

The Death Trauma and its Consequences

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About the Author

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The Death Trauma and Its Consequences

Freud looked at death and its effect on personality formation in terms of denial and in terms of the death drive. This paper attempts to extend Freud's theory and the theories of others by positing a death trauma. The death trauma refers to a human being's first awareness that he or she has to die. According to the author's and other people's research, there seems to be a period lying somewhere between the Oedipal and latency stages during which children first have this awareness. This initial awareness can have a profound effect, contributing to superego formation and the onset of latency, causing one of several defensive attitudes that affect personality.

*Death is here and death is
there,
Death is busy everywhere,
All around, within, beneath,
Above is death and we are
death.*

—Shelley (Davidoff, 1942, p. 58)

Poets have long pondered death and its meaning to human beings. In Western literature, the theme of death permeates the works of romantic poets such as Shelley, Keats, and Byron, the sonnets and plays of Shakespeare, and the verses of Robert Browning, T. S. Eliot, and Dylan Thomas. Indeed, popular anthologies of the classic poems of then and now contain a high percentage of reflections on death, afterlife, and the ephemeral quality of existence. Considerations of death are also prominent in Eastern literature although in a

different way; they are often subtly implied through observations of nature. Chinese poets, from ancients such as Li Po, Tu Fu, and Han Yu, to the modern voices of Lin Ya-tzu and Mao Tse-tung, often talk about the sadness of seeing the petals of flowers falling down or chill of a rainy afternoon. In Japan, Haiku poets are likewise noted for their indirect allusions to death.

Indeed, in reading the poets, one senses that death has had a major impact on the shaping of the poet's personality. For example, the poems of Dylan Thomas, from "Fern Hill" to "Go Not Gently into That Good Night," as well as his life history of suicidal alcoholism, demonstrate a profound anger and regret about death that seem to lie at the root of the poet's personality (Tremlett, 1992).

Freud laid the foundation for a psychological theory about the impact of death on human development; indeed, his concept of a death instinct not only in human beings but also in all living matter is one of the cornerstones of his psychodynamic theory. However, Freud's concept is as much about biology as it is about psychology, using biological analogies to explain the death instinct. Writing about the relationship between Eros and the death drive, he compares it to biology, noting that what eros is aiming at "by every possible means is the coalescence of two germ cells which are differentiated in a particular way. If this union is not effected, the germ cell dies along with the other elements of the multicellular organism" (1919, p. 45). He sees a struggle between these

opposing forces in all living matter. On one hand, there is the instinct toward sexual union and life (eros), and on the other hand there is the instinct to return to the nonliving matter from which life erupted (thanatos). As he succinctly puts it, "The aim of all life is death" (p. 36).

One of Freud's followers, Stekel, made a significant contribution to the death instinct theory. It was Stekel who first used the term "thanatos", and who outlined a theory of the death instinct during meetings of the Vienna Psychoanalytic Society that took into consideration death anxiety. According to Stekel, anxiety was the result of "the reaction to the advance of the death instinct, caused by a suppression of the sex instinct" (Nunberg and Federn, 1967, p. 395). Stekel later examined death symbolism in dreams and, according to Freud, claimed that "the idea of death will be found behind every dream" (Freud, 1917, p. 237), a notion that Freud found confusing. Stekel, unfortunately, did not flesh out his theory, although it seems to be a prelude to the one presented here.

Freud also considered the psychology of death in connection with his thoughts about World War I, observing that in general people are inclined to deny the fact of death, particularly their own death.

Our own death is indeed unimaginable, and whenever we make the attempt to imagine it we can perceive that we really survive as spectators. Hence the psychoanalytic school could venture on the assertion that at bottom no one believes in his own death, or to put the

same thing in another way, in the unconscious every one of us is convinced of his own immortality. (1915, p. 304-295.)

Freud goes on to state, "This attitude of ours towards death has a powerful effect on our lives" (1915, p. 296). Freud only hinted at what that powerful effect is, noting that when death is denied, life becomes impoverished. When we are not in touch with the reality of our own death, we are also not in touch with the deepest wellsprings of life. Instead of participating in life, we read about it in novels or watch it in the theater. In the theater, Freud notes, "We die in the person of a given hero, yet we survive him" (1915, p. 298). Only during times of war, when tens of thousands die in a single day, are we forced to acknowledge the existence of death, and, ironically, that acknowledgement heightens our sense of being alive, but only temporarily.

The Death Trauma and Its Consequences

Freud and Stekel hinted at the impact on human development of the fact of death, and Stekel implied that human beings differ from all other animals in that they are aware of their own existence and at some point become aware of their own mortality. Wainrib (1996) a Jungian psychoanalyst, refers to the "vanishing of one's being," asserting that every individual has experienced it; while it leaves no memory traces, it plays a major role in the organization of the unconscious self. He associates "vanishing of one's being" to Freud's "Hilflosigkeit" ("Helplessness"), the original distress without recourse that one

experiences as an infant. Wainrib perhaps hints at what I call a *death trauma* at a point in their lives when they first understand that they must die, when they first become aware of their own body's inexorable tendency toward returning to inanimate matter. This death trauma, encapsulated in Wainrib's concept of the first awareness of helplessness, happens at a later period of time, as I will postulate.

Although Adler (1932) and others have written about a "birth trauma," nobody to my knowledge has written about a "death trauma" per se. The death trauma, as I see it, refers to that moment in a person's life when he or she realizes they have to die and all that such an awareness implies. Many of my patients have talked about the moment they found out that life is finite and how that knowledge affected them personally. This awareness, which can be an earth-shattering recognition or merely a subliminal flicker in their train of thought, is in any case—I would conjecture—a major milestone in their lives. I would say it is probably the most disturbing awareness anyone can ever have. The death trauma happens to everyone to some degree or another and, according to my research, it generally happens from the end of the oedipal stage or the end of latency (but this can vary greatly and can sometimes happen much earlier or later). Something in a child's life will trigger it. The awareness may be set off by the death of a mother, father, sibling, or playmate. It may come on the heels of a suggestion made during a sermon at Church, or as the result of a lesson at school. It may be associated with an injury during

rough play or from an automobile accident. It may be brought about by some devastating occurrence such as a war, hurricane, or volcano. It may be related to a child's oedipal thoughts about killing off a father or sibling in order to possess Mother, or getting rid of a mother to possess Father. It may be provoked by deprivation or by sexual or physical abuse. In any case, the death trauma brings on a period of preoccupation with death that can last days, weeks, months, or even a lifetime.

The severity of this death trauma would seem to depend on three variables. First, it depends on the intelligence and sensitivity of the child. Children who are more intelligent and sensitive are probably more likely to have a deeper personal understanding of death; hence, their trauma will be greater. Freud's (1909a) case history about Little Hans, a creative child who later became a director of operas, describes a horse phobia (a fear of being bitten by, and possibly killed by a horse) that was developed by a 5-year-old child. Freud connected this fear of being bitten by a horse to unconscious castration fear. However, it was also connected to the fear of losing his mother, and it seemed to indicate that Hans at this early age had recognized the possibility that he could die (be eaten by a horse). Children who are less sensitive or intelligent will not have as deep an understanding of death. Some children will have no conscious awareness of the fact of death; it will register only in their unconscious. For such children the trauma may be less, although the unconscious impact may still be strong.

Second, the death trauma depends on the context of the trauma. Does the child find out about death because his mother dies? Does the child find out because her father has to go to war? Does the child find out when someone tells him in an unfriendly way? Does the child find out because a volcano blows through his house and he himself almost dies? Does the child find out because her favorite pet dies and nobody cares?

Naturally, the more overwhelming to the ego are the circumstances, the deeper the possible trauma. Another factor is the duration of the circumstances. A child may be caught up in a war that lasts for several years, in which case he or she must daily deal with the threat of death. This kind of circumstance is likely to leave a lasting imprint, regardless of other factors.

Finally, the severity of the trauma depends on how the child's family and other members of the immediate environment respond to the trauma. This last variable is perhaps the most crucial. If children feel loved and supported in their attempts to make peace with their own mortality, the trauma will be lessened. If not, the trauma will be increased. Obviously, parents who have themselves not come to grips with their immortality will not be able to be supportive to their children. If a boy goes to his father and asks, "Father why do we have to die?" and the father, due to his own inability to accept death, snaps, "We just have to, that's all!" that boy will not be soothed, and his death trauma will linger and fester within his psyche. Similarly, if a little girl goes to her mother and asks the

same question, and the mother has dealt with the question for herself through faith in Judaism or Christianity, she may answer, "Because Adam and Eve ate the apple." This will not satisfy the girl's curiosity or calm her anxiety. She will then say, "But I didn't eat the apple, why do I have to die?" The child will want a reasonable answer, but the parent won't be able to give her a reasonable answer, so the child must repress her feelings and "have faith" rather than resolve her feelings and achieve a mature acceptance of death.

Following are some case histories to illustrate my thesis:

One of my patients was confronted with death when she was seven years old and a playmate became sick and died. As her family was quite abusive, her bond with this peer was the strongest one in her life, and his death left her shaken. This event was further complicated when her parents refused to allow her to attend his funeral. In her therapy sessions she didn't consciously relate her playmate's death to her development, but there were indications that on an unconscious level her playmate's death affected her subsequent personality formation. Whenever she was sick after that she became very frightened without knowing why, and she developed a lifelong anger about death that remained a part of her personality. In addition, she had a tendency to devote herself to relatives or friends who were dying, as if to make up for missing out on the death of her playmate.

Another of my patients was emotionally abandoned by his mother at the age of five, when a younger brother was born. Until then he had been his mother's favorite. He went through several years of fighting for her attention, during which she made him the scapegoat of all her own frustrations with her abusive husband. Eventually the boy sank into a depression. When he was about nine years old and attending Bible School he learned the words "mortal" and "immortal" with regard to the story of Adam and Eve, and he went through a period in which he felt horrified at the discovery of his own mortality. He began to fear he would die at any moment. He suffered his whole life from a regret about, and fear of death.

Another patient understood death when he lost his pet dog at age seven. He found the dog on the side of the road when he was on his way home from school. He picked up the dog and took it home and showed it to his mother, thinking the dog was sick. His mother explained that the dog was dead and wouldn't return to life. After they had buried it in the back yard, he continued to question his mother about death, and at one point asked her, "Will I have to die?" Her answer was to cry and hug him. From that point on he always had a core feeling of sadness inside him that welled up whenever he was stressed out about something. I saw this patient when he was in his mid-thirties, and he always entered my doorway with an expression of futility. He would continually read the obituaries and bemoan some celebrity's death. Underneath, I felt he was still bemoaning his pet dog's death, as well as the prospect of his own

demise.

Yet another patient's father was murdered when he was ten years old. This patient told me that after this event he spent months in a dark melancholy, perhaps not too different than the melancholy of Shakespeare's Hamlet. He was not only full of a helpless rage towards his father's unknown assassin, but also became acutely aware of the possibility of his own death. As an adult he seemed to always be looking over his shoulder, expecting to be murdered. He went through phases of depression in which he contemplated suicide.

Building on the Theory of Kubler-Ross

Kubler-Ross (1969) in a study of terminally ill patients observed that they went through stages in dealing with death. Their first reaction to the news that they had incurable cancer was denial. They would express disbelief that they could have such a disease or that they were going to die. Next they would verbalize anger about their situation and would often behave aggressively to those around them, manifesting an attitude of "Why me?" Next they would attempt to bargain with God, not yet convinced that the situation was hopeless. After no bargains could be made, they would sink into a depression. Finally, they would reach acceptance of the inevitability of death.

It seems that upon discovering their mortality, children go through stages similar to the ones Kubler-Ross observed in her patients: After the first glimpse

that they themselves must die, children flip in and out of *denial* ("No, it couldn't be true!"); then they are *afraid* ("I don't want to die!"); then they are *angry* ("It's so unfair!"); then they try to *bargain* with God ("Let me live and I'll be good!"), then they are *depressed* ("What good is life?"); then *apathetic* ("Who cares?"), and finally they *accept* death. Like Kubler-Ross's patients, some children get to the last stage (acceptance), and some get stuck in an earlier stage. The stage at which they get stuck has a large influence on their personality development.

Indeed, Kubler-Ross's stages may well represent emergences into consciousness of attitudes that were already there in the unconscious. I would conjecture that the stage at which one of her patients gets stuck when facing a terminal illness is probably the stage at which the patient was fixated in childhood. The strength of the fixation and the stage of the fixation are related to the circumstances surrounding the child's discovery of death. The death trauma continues to have an affect on an individual's moral, emotional, and intellectual development. Depending on the stage in which the child is fixated, the child, and later the adult, will develop a particular attitude toward death and a particular way of dealing with death, which in turn will influence his or her personality formation. There are seven attitudes, that is, seven primary ways that people may deal with death and its ramifications, according to my clinical experience:

1. *Denial*. We refuse to acknowledge the reality of death or our deepest feelings about death; this can lead to

superstition, religion, sublimation, and reaction formation.

2. *Anger*. We regard death as a major betrayer; this may lead us to rebel against it by taking life-threatening risks.
3. *Fear/Dread*. We become develop a fear of death and sometimes a particular kind of anxiety that Kierkegaard called "the sickness unto death" (1954).
4. *Bargaining*. We make deals such as doing good deeds for poor people or accomplishing "great" achievements designed to win immortality.
5. *Depression*. We ponder the meaningless of life; this may lead to despair and to contemplation of suicide.
6. *Apathy*. In some cases we give up completely, lose interest in life, and allow death to take us.
7. *Acceptance*. We resolve our feelings about death and come to an understanding that it is an inevitable reality.

I have observed each of these stages in my patients. One of my patients told of how he tried to bargain with God after he realized, at the age of nine, that he was mortal. Another related going through a dark period (a depression) that lasted about two years. Yet another reported that after trying unsuccessfully to talk about his fear of death to various adults without getting a comforting response, he fell into a state in which "I didn't care about anybody or

anything anymore.” He said he felt numb inside and had no feelings at all when he attended his grandfather’s funeral. Some of my patients were still stuck in a stage and had not reached, in childhood or in the present, acceptance.

Stages of Awareness of Death

Until the Oedipal stage or later, children cannot be aware of death in the deepest sense. They know about death and have fantasies about the death of parents, siblings, pets and the like, but this knowledge is more of an intellectual than an emotional thing. They don’t yet understand that they really won’t live forever and that nobody will. It hasn’t registered.

According to Piaget (1952), until around the age of six, children view all objects in the world as alive; he refers to this as animism. Children have little ability to discriminate between the animate and inanimate: to the pregenital child, rocks are as alive as horses. As the child grows older, such animistic thinking begins to diminish, so that from the ages of six to ten it becomes limited at first to objects that move and then to objects that move spontaneously. According to Piaget, children don’t have the ability to appreciate the finality of death until around the age of ten or eleven. Although they may be preoccupied with death before that age and express that concern through play or through more direct activities, they harbor the view that death is temporary and that it can be reversed.

Similar stages of awareness of death have been described in psychoanalytic literature. From the earliest months of life, the child is aware of separation from mother and experiences separation anxiety when she disappears. To a one-year-old child, a mother's disappearance from sight means she no longer exists: she is dead. Piaget termed the ability to realize that mother still exists even when she is out of sight "object permanence," which he believed develops toward the second year of life. If a mother creates too much separation anxiety, a child may begin to have murderous fantasies about her.

Klein (1932) was one of the first to document the many aggressive fantasies of preoedipal children. Trude's mother gave birth to a younger sister when she was two years old, at which time she began to attack her mother by "wetting and dirtying herself," according to Klein. Trude had wanted to rob her pregnant mother of her children, "to kill her and to take her place in coitus with her father" (p. 5). Mastering separation anxiety requires that children learn to externalize aggressive and sometimes murderous feelings about separation to give themselves a sense of control.

Klein and Reviere graphically describe an infant's love and hate relationship with the mother's breast and its association with death. In the beginning, an infant is unaware of its dependency on the mother and her breast. However, if mother and her breast are withholding, the infant becomes

painfully aware of the dependence. When the infant discovers that it cannot supply all its own milk and other needs, it explodes with hate and aggression. The authors describe such an infant as going through uncontrollable and overwhelming emptiness and loneliness accompanied by an aggressive rage that brings "pain and explosive, burning, suffocating, choking bodily sensations" (1964, p. 9). They assert, "This situation which we all were in as babies has enormous psychological consequences for our lives. It is our first experience of something like death, a recognition of the non-existence of something, of an overwhelming loss, both in ourselves and in others, as it seems" (p. 9). What Klein and Reviere may be describing is a body-ego version of the death awareness that will eventually deepen to a full-blown cognitive preoccupation later on during the first stage of latency.

In the anal stage, from about 18 months to 3 years, children deal with death through fantasies about magical powers. By their very wishes (Klein, 1932), they believe they can cause the death (temporary removal) of anyone who offends them. At the same time, they fear that others can do likewise to them. Just as feces can be flushed away, so also Mother can be flushed away and the child can be flushed away. (Movies such as the classic horror film *Carrie*, about people with magical powers to kill others with their thoughts hark back to this stage of development.) Also at this stage there begins to be a fusion of the libidinal and aggressive tendencies; children begin to take pleasure in aggression, as when they laugh with delight at aggressive cartoons

on television. Traversing this stage successfully depends partly on learning to channel aggression into play and later, as an adult, into sublimated activities such as art, music, dance, athletics, or business.

During the oedipal stage, fantasies of death revolve around the oedipal triangle. Whereas earlier children's fears of death often concern animals that chase them, now the threatening figures are more human, witches, monsters, giants, robots, or men from outer space, often reflecting the figures they see on television. The threatening figures represent a parent or sibling who is a rival for either the mother or father's affection. The fear of death is connected with castration fear and the talion principle: if a boy has fantasies of getting rid of the father, then he will fear the father will get rid of him. The child's notion of death becomes more emotional during this stage, and gradually loses its sense of reversibility. Freud's case of Little Hans, alluded to earlier, documents a case of an oedipal-age boy whose horse phobia went on for several months and symbolized, according to Freud, the boy's castration fear (fear of annihilation) linked to the father. He wanted to get rid of the father, so he feared the father also wanted to get rid of him. Based on the degree of Hans's fear, it didn't appear that he believed this state of affairs was reversible.

Toward the end of the oedipal stage and the beginning of latency, it appears that many children go through a period of preoccupation with death. Hall (1964) and Yacoubian and Lourie (1973) have noted this phase of

preoccupation with death and suicide. Yacoubian and Lourie state, "This phenomenon appeared during the course of interviews with "normal" school-age children and those with emotional problems" (p. 157). The authors conclude that thoughts of suicide during this stage are normal. It is during this phase, roughly between the ages of six and nine, when the death trauma would often appear to occur. However, depending on other variables, it can happen earlier or later. In my own research I have also noticed that this period occurs with regularity. During this phase children will be consciously or unconsciously concerned with death in its many guises; this concern may appear directly through questions about death and related matters, or it may show itself indirectly through dreams or play fantasies. Sometimes there is a preoccupation with suicide, while at other times there is a concern with, and fear of, sickness, accidents, or catastrophes. This period of death awareness may be quite subtle, and it may be hardly noticed by parents, if at all. However, for the elementary school child, it is a highly painful and meaningful period of life.

Bowlby (1961) asks the question: "At what stage of development and by means of what processes does the individual arrive at a state which enables him thereafter to respond to loss in a favourable manner?" (p. 323). He is referring to the fact that until a certain stage of development, when children lose a loved one, they tend to deny the reality of the loss. In their mind the loved one could not really be gone forever, and they are always expecting their

return. In psychoanalytic terms, they are not able bring about the decathexis of the lost object. In normal development, when children have reached latency, they are able to accept loss realistically and move on. However, sometimes cannot accept a loss well beyond latency and into adult life. There may be many reasons why this happens. One reason may be that if people develop a fixation due to the death trauma and other traumatic factors, they may have problems in accepting loss for the rest of their lives. Wolfstein (1980) believes that children learn to decathect lost objects during adolescence, when they normally go through the process of separating from parents. The process of separating from parents, however, does not begin in adolescence, but evolves throughout early childhood and particularly during the end of the oedipal stage, when children must give up their desires for the opposite-sex parent and their aggressive impulses toward the same-sex parent. Therefore, the first decathexis probably happens then.

Death Trauma, Superego, and Latency

The death trauma would seem to have an influence on superego development. The child's awareness of immortality has a sobering effect, giving way to a prolonged conscious or unconscious preoccupation with death that in turn leads to moral considerations. When Adam and Eve in the Bible learn that they are immortal, their shame and guilt is intensified; they realize they are naked and quickly get dressed; that is, they begin to have moral standards.

This Biblical story can be seen as a symbolic telling of the beginning of each person's life and of the development of the superego. Adam and Eve become aware that they have had sinful sexual feelings (synonymous with a child's oedipal urges) and they connect the sinful sexual feelings with the fact that they now have to die ("returning to dust"). For Adam and Eve it was the birth of morality. For each child, it is the birth of the superego: of self-consciousness, shame, guilt, and standards (i.e., the ego-ideal). Incidentally, Freud did not consider his death instinct as having an impact on superego development, but rather, saw the superego as an agency that might obtain mastery over the individual's instinct of aggression and thereby help to sustain civilization (1930).

Regarding the development of the superego, Freud states it is "most intimately linked with the destiny of the Oedipus complex, so that the superego appears as the heir of that emotional attachment which is of such importance for childhood" (1933, p. 57). He goes on to explain that when children give up their intense sexual and aggressive impulses for their parents, they are compensated for this loss of important objects by an intensified identification with them. Hence on the heels of the object loss, and through this identification with parents, the superego is formed. However, before children get to the point where they give up their oedipal wishes, they go through the vicissitudes of the castration complex. For boys this entails the threat of castration (death). For girls, it entails actual castration (in their minds), and also loss of mother's love (a kind of death). Hence, the reason children give up their intense sexual

impulses towards parents is that they are scared off by fears of annihilation; these fears, in turn, prod them towards morality.

The element in Freud's theory that is perhaps implied but not directly stated is that the fear of death (symbolized by castration fear) motivates the child to become moral, that is, to identify with the parents rather than seduce or oppose them, and to adapt the parent's conscience and standards. The boy's fear of castration and possible annihilation by the father, and the girl's fear of rejection and abandonment by the mother (another form of annihilation) scare them away from the id-impulses, which have no morality but are tied to the pleasure principle, and catapult them toward a concern for others (their parents). This initial fear of annihilation, on the cusp of castration fear, is then reinforced during the later period of death awareness at the end of the oedipal stage and the beginning of latency.

Incidentally, it should be mentioned that other psychoanalysts do not share Freud's contention that superego formation primarily occurs during the oedipal stage. Klein (1932) believes that it starts in infancy, when a child responds to the "good" and "bad" breast of its mother, and adopts either a depressive or paranoid attitude. Ferenczi (1925) asserts that superego formation begins during the anal stage, when the child's anal and urethral identification with parents brings about a physiological forerunner of the ego-ideal. "A severe sphincter-morality is set up which can only be contravened at

the cost of bitter self-reproaches and punishment by conscience" (p. 267). More recently, Shengold (1988) points out that the child's toilet training is accomplished both out of love and fear; the child wishes to master the sphincters in order to be like the idealized parents, but also fears and feels aggressive toward the parents and devaluates them. This leads to the formation of the ego-ideal and the primitive superego. Shengold then points to a connection between anality and death: "Death is *the* open door. Anality, the involvement with *things*, denies death as it scants life in its insistence on the fixed and the eternal" (p. 38).

Regardless of when the superego starts to form, the fact of death appears to contribute to its formation all along. During the oral stage, separation anxiety leads to fears of mother's death and frustrated dependency to fears about one's own death; during the anal stage, death becomes evident in fantasies about flushing people away and in fantasies of magical powers; and in the oedipal stage death is associated with castration fear or with the loss of a parent's love and approval. In each instance, the awareness of death deepens and results in an increasing sense of morality.

The death trauma may also exert an influence on the child's transition from the oedipal stage to latency. Freud (1920, 1930) associated latency to the development of the superego, which, as previously stated, arises in connection with the resolution of the Oedipus and castration complexes. The child gives up

libidinal pleasure due to the threat of losing the opposite-sex parent's love and the threat of castration, and this leads to the asexual attitude of the latency stage. However, it also seems likely that the death trauma adds to the child's avoidance of sexuality during the latency period. When children go through the period of death awareness that is often accompanied by a preoccupation with suicide, it is a sobering rite that turns the child away from libidinal thoughts. When we are most in touch with feelings about death, we are least in the mood for sex. This holds true for children perhaps even more than for adults.

Yacoubian and Lourie studied forty children aged three to fourteen who had attempted suicide. They also interviewed controls who had not attempted suicide but who had gone through a period of suicidal ideology. They found that all children went through a period of preoccupation with death, and they noted, "These suicidal preoccupations are as common at six as they are at fourteen" (1973, p. 157). At the same time, there is often a spurt of religiosity during the latency years, sometimes leading to even more intense religious feelings in adolescence. For the first time, there is a great concern on the part of children about afterlife, and a child will typically wonder about the meaning of life, what happens after death, who goes to heaven, and who goes to hell. These concerns reflect their awareness of their mortality and their attempts to deal with it as best they can.

Erikson (1950) viewed the latency years as a period during which a child

had to master the conflict between "industry" and "inferiority". During this stage, children either develop feelings of competence and confidence in their abilities or they experience inferiority, failure, and feelings of incompetence, while at the same time forgetting about sexuality. Just as adults often attempt to master various types of anxiety through busywork, so also the death trauma, coming on the heels of the Oedipus complex, may have the effect of motivating children to become more industrious during the elementary school years so as to avoid thinking about death. And if the death trauma is too severe due to an inappropriate response by parents, teachers, and others, it may contribute to feelings of inferiority.

Death Attitudes in Personality

Fixation leads to repression, and repression leads to a permanent defensive attitude toward death. Fenichel (1945) was one of the first to succinctly point out that in certain cases when people suffer from what we nowadays call anxiety disorders, the fear of death is an omnipresent part of their personality. He cites the examples of the person who becomes obsessed with death because of an unconscious wish to join a dead spouse, parent, or other loved one. Such people are usually diagnosed as suffering from *depression*. Then there is the person who harbors a *fear* of death because of an unconscious fear of castration or fear of loss (of love)—an indication perhaps of how fear of death informs personality. There is the person who

denies death as a way of compensation for an unconscious death wish against another. And finally, there is the person for whom the *dread* of death represents an unconscious fear of excitement (sexuality). Often these latter conflicts are found in cases of histrionic personality disorder or in phobic disorders, and they can be overwhelming and all consuming. Fenichel further notes that in cases of obsessive-compulsive disorder, the *fear* of death takes the form of a fear of infection, which covers a deeper fear of castration, impregnation (for females), or reingulfment. Freud (1909b), in his case about the Rat Man, interprets the patient's obsessive fear that some fatal accident will happen to his ladylove as an unconscious wish for her death. However, in other cases of obsessive compulsion, *bargaining* about death may lie beneath the compulsive rituals such as never stepping on a crack (and never breaking Mother's back).

Binswanger (1944) describes a young woman who suffers from anorexia nervosa and has a preoccupation with thinness. Toward the end, the theme of suicide becomes prominent and she begins to exult in thoughts of death. "I'd like to die just as the birdling does,/That splits his throat in highest jubilation,/And wildly be consumed in my own fire" (p. 246). Binswanger interprets this in existential terms: "The existential exultation itself, the festive existential joy, the 'existential fire' are placed in the service of death" (p. 285). Putting aside Binswanger's existential psychoanalytic terminology, which serves to glorify rather than clarify West's condition, it appears that she suffered from both hysteria and masochism and that both have a defensive function with

regard to the dealing with death: for her, death was a triumph over her controlling father. There was both *apathy* and *acceptance* in her attitude toward death.

Conclusion

In explaining my theory of the death trauma, I have borrowed from different schools of psychoanalysis, psychology, and sociology. As such, my terminology may at times seem mixed and old-fashioned. This terminology reflects my view that these schools, both past and present, are still relevant.

As I have noted previously, there is no greater shock than that of first discovering one's own mortality. Freud wrote about the shock of a child's first discovery of the difference in sexual anatomy. This shock pales in comparison with the larger shock of death. The discovery of our own mortality literally changes everything. Whereas before this shock, children can think only of an infinitely extended here and now, afterwards they can only think about the end of here and now. Whereas before they harbored a magical belief in their own indestructibility, afterwards they must become preoccupied with how vulnerable they are, how tenuous life is, how easily they can become ill, and how easily they can be stabbed, choked, poisoned, shot, beaten, or injured. This great shock that only humans (and perhaps dolphins and other higher animals) must go through, cannot help but have a profound effect on our personality

formation. Indeed, it may be the most profound effect of all, underpinning all that we think, feel and do. It also affects superego develop and translates into a variety of traits that manifest themselves in adulthood.

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