

Title: Post-adaptive fear: A biopsychosocial case analysis and cognitive framework for the treatment of a novel conception of death anxiety tailored to the information age

Paul-Andre Betito MSW

admin@entelocius.com

Independent

The author declares no conflicts of interest.

The author declares no sources of funding.

Abstract

Post-adaptive fear is a proposed permutation of death and generalized anxiety stipulated mainly to convolve death-related cognitions and morbid epiphenomena, which is given expression in terms of a) the increasingly competitive and information-laden modern ecology, b) a cognitive-informatical-dynamical therapeutic framework, and c) the facultative centrality of anxiety to action. The purpose of this original proposal, through deconstruction of two fictional biopsychosocial assessments and related critical-theoretic exposition, is to equip clinicians with a cogent, salient, and productive alternative which admits unique generative and integrative facility and potential against often limited or inadequate clinical means.

Contents

Biopsychosocial Assessment 1	4
Biopsychosocial Assessment 2	5
Introduction	6
Death anxiety, anxiety, and fear	6
Post-adaptation	11
Personality and cognition	15
Epi-phenomenology	21
Future Directions	25
References	29
Tables and Figures	33
Figure 1	33
Figure 2	35

ENTELOCIUS:
entelocius@gmail.com
entelocius.com
patreon.com/entelocius
twitter.com/entelocius
instagram.com/entelocius
YouTube
A MULTIDISCIPLINARY JOURNAL

Biopsychosocial Assessment 1

A healthy, married heterosexual man in his thirties is currently in-between jobs as a labourer. He is presenting to an outpatient private practice clinic for regular psychotherapy. He describes his precipitating concern to be anxiety, stating whereas he has not exhibited any physical symptomatology he has contended with significant impact of a cerebral, more cognitive nature.

Namely, the client has tolerated for many years a self-described fixation with death, as well as a number of attendant, morbid curiosities, frequently manifested in extended Wikipedia and bibliographic research on mostly anatomical subjects and his viewing videos of human death posted on the internet. He also describes his confronting, in lingering but invasive and intensive terms, his own loss and finality; he suggests notice he will be condemned to death by extraneous means and that a variable, in his words either alien or governmental, will inevitably threaten *ex machina* his self and corpus. Additionally he describes less cumbersome concerns, namely that he has missed or misapplied taxes, committed a municipal property violation, or is being subject to intelligence scrutiny for his online activities, which he states to be entirely legal with the exception of some downloads infringing copyright.

He is an active participant in martial arts and at a local gun range, but he does not perceive these to be coping strategies, or even at all helpful. He is equivocal about the pleasure he derives from these activities, and states they are more rote than meaningful. He reports his social life to consist of online and occasional in-person participation in a “Prepper” community, but the apparent paucity of interaction he self-reports does not obviously affect him or otherwise impair his ability or willingness to be prosocial. He does

not have a history of violence, reporting neither suicidal thinking nor a propensity to suicide, and his substance use is negligible relative to his community and, to his own and clinician estimation, clinically trivial. He is falsely convinced the therapist will contact child welfare authorities for divulging this information about himself.

Biopsychosocial Assessment 2

An unmarried, bisexual woman in her early forties with irritable bowel syndrome and eczema who is a self-described psychiatric survivor, is by trade a career counsellor and producer of online adult video content. She is presenting as an inpatient due to recurrent suicidal thinking and impairment. However, during biweekly psychotherapy sessions she disbelieves the value and utility of addressing her precipitating concerns, and proposes the emphasis pertain instead to, in her words, putting to rest her darker anxieties, which have caused the greatest overall impairment.

She describes being affected and impaired by morbid anxiety since early adulthood, stating she has always feared death and loss of soulful countenance, and that she has frequently intimated relating threats. To her own account she has often successfully circumvented literal physical threats to her body. And, in a related manner, she is worried about death affecting, or befalling, her immediate family.

The client is highly active in social-political communities, and asserts the world has become a grotesque, cutthroat environment threatening her professional and personal viabilities. She argues her investment in the social world contests the alienation and remove her suicidal thinking purports to be the case. She holds paranormal beliefs, stating she has gone so far as to deliberately attempt to retrieve dream content wherein, reportedly, she communed with dead friends and relatives, and when she writes poetry she believes she is

transcribing directly the lyricism of the dead. She practices numerous occult habits including tarot reading, astrology, and small-group divinations. She is bombastic, enthused, convivial, and labile during personal interactions with fellow patients and during sessions, which she attributes to experience in the dramaturgical arts and with highly interactive online and telephone applications. Her secondary or moonlight profession, in which she produces adult film content, has her indulging highly vulgar and effacing sexual acts, but she does not comment further about this. She carries injuries to her neck, which upon being brought to awareness are vehemently protested inasmuch they are assumed to derive from anything except her related work, and she peremptorily dismisses the subject.

Introduction

Death anxiety, anxiety, and fear

Without doubt the world is much easier to see through a single pair of glasses. But tediously our predicament is rotational; effusions of importunate, pseudo-random intersection, begging or forcing at their prerogative upheaval, estrangement, and depthful interest for topical incumbency and their most trivial, often undeserving merits. The outright paradoxical demand. Modernity did not have coming its enfeebling cacophony, and the present contention has source and material asserting voluminous montage, dispersing and unravelling wildly, and as these trade expression—waylaying, overwringing, confusing orders and points—they fundamentally depress and re-conform the lucidity and motility of the constructive grammar and immiscible content convening human behaviour.

Small wonder we revolt against death and mismanage its grandiose embellishment. In particular, death anxiety is the a-religious (Jong, 2020; Jong, 2021) expression of fear of morbidity and its constructs of self-relevance (see Kastenbaum, 2007). It is well-documented

in older adults (Khademi, Moayedi, Golitaleh, and Karbalaie, 2020; Benton, Christopher, and Walter, 2007; Fortner and Neimeyer, 1999) and patients with terminal illnesses (Soleimani, Bahrami, Allen, and Alimoradi, 2020) and their caregivers (Draper et al., 2018). Death compels avoidance and is difficult to self-report (Draper et al., 2018), and if practitioners are not always competent to address death in palliative settings (see Cheung et al., 2018) it is reasonable to conclude these specialized workers are the best-case evidence for a lack of competence in their less specialized counterparts.

In healthy samples death anxiety is associated with significant occupational burnout (Silter, Sinclair, Yuan, and Mohr, 2014) and comprehensively, in psychopathological samples, death anxiety has been associated with depression, social anxiety, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, eating disorders, and phobias (Iverach, Menzies, and Menzies, 2014; Menzies, Sharpe, and Dar-Nimrod, 2019) and patients with schizophrenia (Mavrogiorgou, Haller, and Juckel, 2020), whose attitudes to death were described as significantly worse. The interrelationships with other anxiety disorders is a significant rationale for explication later in this paper, as well as a large reason for the treatment of death anxiety as a phenomenon folded into the organicity and exposure of anxiety, and inconsequential in the absence of grounding in informatical mechanisms of anxiety.

There is minimal guidance towards traditional individual psychotherapeutic methods for diminishing death anxiety with the exception of Existential-Humanistic approaches (Iverach et al., 2014), which while having been proven most effective (Menzies, Zuccala, Sharpe, and Dar-Nimrod, 2018) whose applications unfortunately can be conflictual with public health mandates and funding expectations, which predominantly stipulate cognitive-behavioural styles.

There is evidence financial prudence serves as a buffer against death anxiety (Zaleskiewicz, Gasiorowska, and Kesebir, 2013), yet this is hardly helpful to people in precarious job economies or low-income work. Likewise, power has been proposed to mitigate death anxiety (Belmi and Pfeffer, 2016), but imbalance and positionality inherent to the clinical dyad mutually preclude the development of efficacious authority in clients. Emotional complexity has also been suggested to play a protective role against death anxiety (Bodner, Shrira, Bergman, and Cohen-Fridel, 2015), but the client presenting for intervention already requires an extraneous means of complexification—otherwise they would not seek treatment.

In a similar way, resilience in the face of death anxiety due to near-death experience has been attributed to self-efficacy, religious coping, and existential attitude (Hoelterhoff and Cheung Chung, 2016). However, (a) death anxiety is already aside acute precipitating or preceding event(s); (b) self-efficacy is the penultimate achievement of dialogic clinical work, short of therapeutic resolution; (c) religious attitudes are largely irrelevant to the average clinical consumer; and (d) existential attitudes are surely the most liable construct to be upended and compromised in the presence of recurrently invasive instigations, invigilations, and solicitations of death.

Evidence has positioned the effects of music (Cardany, 2017), film (Rieger, Frischlich, Högden, Kauf, Schramm, and Tappe, 2015), and perhaps less helpfully, humility (Kesibir, 2014) to countermand death anxiety. These are positive reports, but they do little to inform the mainstay clinical dilemma. Additionally, the conception of personal structures owing terror management theory (TMT; see Becker, 1973), namely worldview defence and symbolic immortality (Iverach et al., 2014; Kelley and Schmeichel, 2015), is inadequate to explain in situ procedural methods in terms of the triumvirate of cognition, information, and

clinical practice, particularly if reduction in delay discounting, whereby in the clinical context accessible means for mitigation become stingy, disposable, and limited, is a prominent effect (Kelley and Schmeichel, 2015). It is one thing to propose therapeutic alternatives, but quite another to unpack and disentangle the densities of death-related cognitions for sustainable improvement.

The dual-process model of terror management theory, postulating proximal and distal defences respectively against death and its salience (Iverach, Menzies, and Menzies, 2014), assumes there are cognitive demarcations of these deployable means. However, this is highly unlikely in practice, as well as inaccessible without significant clinical effort, and in the absence of apparent implicating client behaviours it falls mainly to the clinician to cleanse the palate from death.

To note, death anxiety is a definitive, poorly exercised subject and classification; it is ill-suited to modern influential vagaries and the confounds and colligative properties of dialogue and related smoothening and extrication. Broadly speaking, a client with salient concerns is liable to concede to suggestions of a fear of dying (and perhaps so for nothing but ease of attestation), but the bigger picture points to a more convoluted, dynamic, and enmeshed presentation, and there is far too much death staking its guises—and too much meaningful, revolving concentration per guise—to allow death anxiety the superior tome for unfurling its possible experiences. Moreover, guessing from the seat of scrutiny, it might not be surmised to be anxiety at all, but something else entirely, and it is thus worth stepping back for better direction.

Anxiety is neither a construct of timidity nor aversion, but instead of content; profusion waxes where determinism wanes, and vice versa, and trapped within and tenable to the strictures of information there is no alternative to this competition. The neurotransmission

of anxiety is successive quite directly to sympathetic nervous system functionality—activational, effectual, and efficacious—and substrates of anxiety are more like hubs of relay or integration than discrete responders. Again there occurs clarification of eminent character or presence that is disproportionately informatical, rather than stolid, separate, and, effectively, stupid: the anxious double-bind bids regulation that is mindful—quite exceptionally so—and its enforcement is, like information, all-or-nothing.

These are precepts making a case for conflict. The profusion of contesting and contestable information is chiefly a modern phenomenon, but integration in evolutionary terms is always a lengthy achievement. Our product is rife for most meaningless dissolution. And the pressures which would have stalled and adjusted our halting thrusts into the future have been outcompeted by tensors of information in hopeless, immaculate abandon.

A resulting loss has suffered chiefly what is achievable. Productive and unproductive action mutually confront existence like tribalistic dialogue, and their collision has transpired with not only what to be made, but in fact how to get about its making. Relevantly for its part anxiety is not counterproductive—it is unproductive. To an informatical standard this is equivalent to failure to thrive, or what cannot be borne legibly the side its conception.

The dilemma of anxiety is not necessarily one of profusion, but of transaction. Contents can exercise interchangeably, and many of these can even be larger than life itself, but the bottleneck is the conversion. How does anxiety translate these sadistic mutant globules, hedging their parities and switching places, and our paltry efforts to retain their comprehensive forms?

To begin with, it is true that that primordial wellspring of anxiety, which is fear, enforces action with relative certainty. Commonly known on average a fear response is an elicitation of one of four sets of action; these are more like taps on convenient behavioural

repertoires. Truly they are not entirely distinct, and their respective—or irrespective—confirmations depend primitively on raw sensation and classification more than shocking or impressive experience, proving how minutely the informatical competition grapples for, so to speak, anxiety itself.

What is the likely state of fear is a secondary article; arguably in every case whatever there is compelling, productive action: a stimulus becomes extinct or mitigated, successfully or unsuccessfully. I argue an ideal state of fear, however, does not necessarily circumvent the condition of its precipitation, becoming instead perpetually informed by its condition. The bottleneck is responsively exponentiated to satisfy quota without suffering filter gross constraint. I call this state post-adaptive fear.

Post-adaptation

We have been liberated from myriad survivalist tyrannies only to be conveyed, quite suddenly, into coercive omnipresence and surreptitious backchannels. This has been a shock. If it is true that adaptation is iterative—disproportionately cumulative—and finely-grained, these arguments do not aim to depend on an exposition of those trivial features of learning, but rather on redefinition of the standard of fear we have eagerly misdirected towards psychopharmacological remedies and displacements against better clinical judgment. Our fear has poorly transcended, or has failed to transcend, an assumption of confrontation with spontaneous, improbable experience. And if anxiety or fear is our faculty for monitoring information responsively, this could not reasonably abate itself without inadvertently compromising the integrity of the apparatus of survival.

Post-adaptive is quaint terminology, but it is adequate. The modern context has decompressed its potential options to such an extent that only bottlenecks, the literal

substrates of our anxieties, meaningfully exceed noise and pose calculable methods for adaptation. So to speak, the stations are the remaining outlets. Similarly, a modern need can be understood as that which has manifested to a unique extent given the emerging preponderance of exclusively modern designs, and a modern design is that making exigent voluntary, as opposed to involuntary, involvement—that is to say, action. Thus the regulation of modern fear is a question of action, and the question of action is no longer a comfortable certitude.

Post-adaptive fear is presumed to exist in an approximate balance of neurological ratios similar to anxiety disorders, but instead to be regulated discretely and to lack behavioural conversions affecting universal or quasi-universal standards, except unproductive helplessness and the highly general transcendent fixation on death or memento mori. For these same reasons fear and anxiety ought to be manipulated interdependently; to the brain there is no concrete or abstracted threat, merely its quantification and relative or limited abandon, and the scope of threat is necessarily staunch and immediate—based on the closed system and influential appurtenances of the cellular benthos and motifs of anxiety. The veritable difference is the presentation or, mainly for this present explication, embodiment of the construct or object of fear, and for this reason semantic pointing is stagnant cavilling; or else the imperative of anxiety, when it concerns death, may in every chance measure detract in profound quantities from the absolute iota and demonstration of anxiety, and reflect nothing less than a grasping chance at identical regurgitation of its insidious choler. This point will be recapitulated closer to the conclusion of this paper.

Contrariwise, in its own—perhaps frustrating—divisive form, post-adaptive fear is not presumed to be directly or meaningfully attributable. This admits the rare opportunity to do away with circuitous reasoning and the mistaken or foolhardy assumption of etiological

panaceas. For once to see the trees before the forest. Instead, it is posited to be recurrently inchoate, burgeoning its admonishment against the classical quizzes of inveterate moment, and also to be self-sustaining, that is, caused and maintained by and responsive to its own subthreshold schemas elaborated from pertinent cogitations, as opposed to owing some historical contingency, organic malaprop, or dubious inheritance. These cogitations are offered to derive from conducive personality complexes and overdetermined developmental and ongoing epiexperiential phenomena, which is defined as that which is not a direct reaction to sensation or perception but which magnifies existing disposition, towards building and translating into effective comprehension, any series's or sets of information given salient priming and prototypical learning processes: an applicable, more recurrently possible, and beyond-rational, but static and receptive configuration. Beyond-rational is to mean independent of rationality of conception; the framework of rationality has traditionally been loosely wielded to support the integrity of psychopathological nosologies, but recent standards of information—and our their processing—assume there can be no rational response to dissembling infinitudes that are subjugated egregiously within a finite manifold of physical exigencies, and a common psychiatric pitfall is thereby avoided.

The analyses by Jong (2021) put in stark context the reality of death. It is some or less remove away from every individuated fear, such as fear of bodily injury, which is likely an under-evolved iteration of the fear of death, given that, as children learn to abstract—as they learn to extrapolate logical risks of harm—the ratio of respondents endorsing one or another fear would likely gradually trade to favour fear of death. This is sensible under an assumption death is nominally and categorically implicated, or evoked, in bodily injury. Insofar as death is the subject matter these upstream and downstream play-outs are grossly favoured: degrees

of remove provide an exceptional and, for the most part, increasingly inescapable portraiture of the material and symbolic foundations of death and their complementarities.

In the second case example, the described sexualization illustrates to an extent the lowest critical denominator, whereby death is made to belong to its own mirror's edge: the guarded and acerbic tolerance of the client for damaging, throttled, and invasive sexuality is the condoned—as opposed to sought—predicate for precisely the directive from bodily injury to death, and to her extents its regressive indulgence or infantilization prevaricate the obstacles and competitions of her higher-order admonitions and assertions; they make impossible the logical solubility of her self- and political commitments and dislodge her container of values from its optimal entrenchment and informatical centre of gravity. It makes sense the first case example would not present with any parallel sexual concerns, given that where ownership of sex continues to accommodate men the transactivities of sex, in fact, disproportionately favour women, and for post-adaptation we are gathering transactivities in our arms—and horizons—en masse.

For present purposes it is entirely incorrect that miserly-quotient death (i.e., pain) and translocated death (i.e., death affecting someone else) “are not directly germane to our concerns” (Jong, 2021, p. 25). A contention of this nature assumes there is no interest in building rapport between death, the construct, and death, the actual, and death, the habitual, and if there is clinical exigence for such a thing—as the author would avow—direction, that is to say valence, occurs irrespective of germanity or salience. Translocated death brings to bear, whereas miserly-quotient death is conceptual tinkering; both, however, are inescapable facets of the putative subjugation of death-related fear. And heeding witness to its promulgation, for equally circumstantial (such as COVID-19) and environmental (defensive fantasies) reasons, it is clear the local rabidities of information economies have punctured or

defaced the adaptive film—the physical recursion or involution—that allowed tangible recollection from systemic confrontation and consequent bifurcations and quasi-settled circularity. The postulate of TMT that conscious suppression of death increases its unconscious accessibility (see Jong, 2021, p. 27) is nothing more than an indelicate patronization of inviolable informatical dynamics: for some content there is yet some other, and between these—within spatial limits—tireless competition, resulting in surfeit or, more aptly, distension.

Personality and cognition

From the purely cognitive perspective post-adaptive fear could or could not be predicated on the neurotic manifold. In the presented case examples, the delivery of anxiety to psychodynamic claim is firstly achieved in paradoxical oblivion, separating its confused and morbid course from its nearly ataraxic or blissful remove. Nothing is allowed to enter the manifest of therapeutic field except universal actions—painful trifles and pleasantries. Further, each example presents their own, albeit similar versions of remote or vicarious antipathy or denigration, whereby the formality of conferring an action to the regard of failed sense-making (namely of anxiety) is placated and diluted at the expense of therapeutic communion, of alliance, and for lack of resolution clients are positioned tensely to withdraw their commitments, to elide success, or to begrudgingly admit folly. The entirety of the clinical setting is directed to their univocal prerogative, which, presented in frustrating remove from its exponential figure, is the presumable pervasion of dialogical remedy to pervasion of experience, and where in the first case transference acquaints an interrogative, a stasis, and in the second this supersedes, encompasses, negates, and loosens the formal constriction of the psychodynamic attire, thereby succumbing the client to base affective

recapitulation: the known and, ironically, diminished or pathologized trajectory. An expectation conceptually, furthermore, is that both of these clients have acquired tolerance for macrocosmic, affronting phenomena, like information in competition for integration, and contrariwise suffer susceptibility or vulnerability to pressing, incumbent, or accessible microcosmic phenomena. As such social issues assume preponderant material precedence, having to resume quintessential precession to newly or present-optimally fastened values and processors, whereas daily interactivities begin to occupy a larger, more deliberate—and likely concerning—sphere of relevance, independent of patterns over time. Post-adaptive fear thus posits paradoxically adaptive pressure towards prosociality in the absence of convincing, syntonic impetus, situating its own indelicate, off-putting prism of mandatory micromanagement against the scales of terror.

The case examples juxtapose social tendencies and reveal converse repertoires: the first client omits or does not specify his social conclusions, whereas the second warmly recognizes, embodies, and projects her social conclusions, desiring that the clinical interaction evolve at a pace out of reach to the clinician and imputing a quantity of herself sufficient to convince the exercise against its expectation. The first case diminishes the opportunity of clinical exercise to achieve rigorous metrical evolution, and, hence, these are paths in an identical direction. Each client abstains specifically in the clinical context from detraction or corruption of notice of their social milieus, suggesting post-adaptive fear develops asocially—lending conveniently to its aggrandizement of personal, as opposed to implicated, mortality. The orthogonality of the presented familial politics further supports these conclusions, where in the first case the family is obviated, having neither role nor contribution to make and, thus, bespeaking or suggesting subliminal parcellation and introjective fallacy, and in the second the family is selected for an alternative to aggressive or

sexual drives, attesting to the fearful action deriving from attachment policy squandered to contain conditions of baseless threat without credit.

In light of the association between social aversion and death anxiety (Iverach et al., 2014), the social dispositions of the exemplified clients are remarkably telling. As much different, their conditions are heavily determined, dispositive, and concise, and they refract the continuation of a policy of mournful segregation. There is also far too pronounced a paucity—and equally, conflation—in the case examples to posit, in practice, something like social curiosity (Fitri, Asih, and Takwin, 2020). Rather, the fixture of their unique social consequences is precisely their equal remove of social indulgence from its salvage. Neither client expresses concern for their social environs, modularities, and investments, suggesting perhaps either the entire satisfaction of social curiosity, or else its co-optation, whereby interpersonal success becomes diminished and retrograde on account of an adopted holistic stance towards death.

It is helpful to consider the role of the actor or actress in these terms. He or she can be posited to assume a disproportionate enmeshment within daily interactivities whose significance is, at least within interactions relevant to acting, heightened by an imperative to draw serious characterizations — namely the actor is presumed to take acting seriously. Actors tend to manifest a nervous, to mean mindful, charisma, inadequately explained by extraversion, or propensities for soliciting observation. The actor requires a spectator to credit his action, for the role is denied its perceived integrity in the absence of corroboration; in the case examples above, corroboration is seen to have been displaced from its original iterative value and possession and to have been disposed of in exchange for the confidence to diminish death or incumbence of mortality. The charisma of the actor or actress can surely derive from his or her predilection for local, as opposed to global, linkages. As such the actor is plausibly

held to cognitive mortality, for realistically there is nothing less inherently meaningful to human mortality than the macrocosm.

Both case examples portray curious reciprocals to the dilemma of the actor. That is, each case procures an ease and modularity from factorial, convenient means, yet nothing succeeds to enliven its unique cause so as to accost the exacted community of dynamic opportunity. Strictly, that is to say, nothing at all is sought; their expectations shout or yearn for closure, or else not to be conflated with the calibre of appropriate relational tribute — that is, to avoid being given weight and anchor and, rather, to be vitalized truthfully in their assemblances—and death is proven the lone, tamping or mitigating excision of appropriately inexhaustible fount, when connectivity is misgiven to the improbable count of vapid terminality. The severity of post-adaptive fear is such that it is realized in its minimization—nearly its extinction—of social continuity, and a therapeutic commitment is thus tantamount to kneading or relenting its continuum.

Conscientiousness plays a more conspicuous role in post-adaptive fear, and interestingly posits the closest outcome likeness with information management — that is, transmuting something or nothing. That is to say, within the state of post-adaptive fear the predicament of suffusion compels a significantly restricted number of self-objects for healthful and subsistent imbrual; so few options exist that, in a peculiar disadvantage, post-adaptive fear becomes like the staunch purification or distillation of anxiety, permitting nothing to take place except a vague, yet exceptionally dense, complaint. The first case example illumines a series of severely conscientious adaptations, in that the man not only projects mortality to derive from without, having himself defaulted and relieved his helpless stature towards a helpful constructive ethic, but he also sublimates death to its most ready and, distinctly, highly consequential and deterministic opportunities: the loss of breath, the

brain injury, and the bullet. This is pro forma organization work. On the other hand, detail is caused to suffer to such an extent embodying the exact aversion he projects onto the clinician; detail is sacrificed and separated poignantly and, to an effectual impression, at significant cost, and the client undertakes an erudite invigilation of his possessing material at all times.

However, the second example depicts a surrendered and unsophisticated apparatus, wherein behaviour seeks to rectify not only its vexation, but its closure namely to arable, mutable, and liberating theoretical infinitude. The second client is debased to standards reflecting the inexpressibility of the unknowable, and structures of worth and note are said to have sacrificed malleability and an adaptive edge against pernicious informational vitiation and its perforating onslaughts. Furthermore, accedence to the inpatient experience reflects not only pruning and inaccessible diminution of locally possible action, but also confusion of purpose: a medical unit with transitory stay is not necessarily the environment to seek feasible actionary diversification, expansion, and commitment.

Roughly, recapitulating moment-to-moment a figurative or preconscious desire to attend to detail is, consequently, to have every moment less finitely informed except according to self-relevant measure; this, in effect, is the mechanism of anxiety. And the distribution of effect is highly relevant to death anxiety in particular, for cognitively death and mortality are inadequately focal—having to be removed or in removal to prove evolutionary intransigence—and are the least comprehensible subject matters: thus they are represented diffusely, widely, or poorly, relative to proximal, diametric, or (more importantly) contributing ideations. The experience of acute and transformative mortality is posed to the body, not to an idle acquisition for cerebral-contemplative standards, and ample evidence bears out this conclusion: for instance severe post-traumatic stress disorder lacks cognitive

ENTELOCIUS:
 entelocius@gmail.com
 entelocius.com
 twitter.com/entelocius
 instagram.com/entelocius
 A MULTIDISCIPLINARY JOURNAL

hallmarks, in that it comes to be known and is better or preferably known in terms of its compact, autonomous functions, and compaction is then the plausible discrimination of post-traumatic stress disorder from post-adaptive fear. Generally mortality is known most closely in terms of grief, which is an involuntary procedure of resolution—significantly unlike what transpires for post-adaptive fear, where resolution is no longer logically disentangled from the essential premise of survival and a more rote, less sophisticated therapeutic stalwart is required. Mortality comes to be depicted virtually, to be wagered in configurations varying from one attire of sentience to the next; the mind cannot ever adequately support its conception nor conceive its actuality.

Providing that mortality is an ongoing, accessible intimation, as in for death anxiety or post-adaptive fear, conscientiousness could build it into a working, productive fabric; non-obstructive confrontations with sub-dimensional peril—so to speak—should, after all, always biologically undergird assumed positive adaptations and epigenetic adjustments. Hence whereas most conscientious behaviour does not necessarily confer any truly evolutionarily adaptive edge, a basis of post-adaptive fear would arguably bolster conscientious behaviour which could, as an extrapolated rule, become adaptive within the modern—post-adaptive—context.

Moreover, if that given post-adaptive fear for every meaningful decision exists a rampart of physically concordant deathly or terminal meaning, in the case of action coincident with subject and desire—so to speak, action that is what is wanted to be done, and how and where it is wanted to be done—post-adaptive fear would operate by provocation directly from the absence presumably inherent to a self incapable of willful production, otherwise knowable as a vacuous self. Post-adaptive fear postulates omnipresent candid hostility to organizations without its input, and nothing is less conscientious cumulatively

than a state which cannot logically conscient, so to say, separately; the remainder is eternally spellbound and obdurate and, thus, inimical to reactive-adaptive organization.

The question of death is an interpolation, but it is also an abstraction, and to follow from the material essence of abstraction whether intentionally or unintentionally is to position exhaustive subjection of curiosity. However—and again, paradoxically—in post-adaptive fear curiosity is thwarted or extirpated. The pronouncement of life in terms of death procures tractation essentially indifferent to either classic or interditive (spontaneous) strictures. The presence of the client stipulates this caveat, for no sooner has a clinical setting been sought for resolution than has patience towards the furnishing mantle of death been abandoned. And so whether or not morbid material becomes encoded with sufficient weight to be retrievable through unfolding, permutable extension, the finality is a blind concourse and exposition—having arrived at death already in virtual exponentiation—and a receptivity and an openness that are, initially, infantile, are transmuted to static and repetitive augurs, incidents, and into cautious, indigent torpor. The social-political activism practiced in the second example, while surely meaningful in its own rights, speaks from the idea of its counterpoint to personal futilities, un-structures, and her déjà subjugation (being a psychiatric survivor with persistent, unmet concerns) to her callous eradication of sentimental indoctrination—what for having continually surmounted, braved, and destroyed—to the superlative qualities of estrangement, privation, and mental loss.

Epi-phenomenology

Moving from personality, the epi-experiential or epi-phenomenological contribution to post-adaptive fear is comparatively transparent. But there should first be admitted to exist deterministic sources of information, far apart from conventional human givens, whose

indelible orbits may or may not be accessed intentionally, but which partake the human course unintentionally. Within these are proposed to be more-or-less predominant, homogeneous categories, but none more so than death and morbidity. It would thus require intention-to-death to retain and constellate in situ modules of experience tied up with death; having for the most part, in most places, transcended the more dismal affront of death, post-adaptive fear states that, if we continue to abide death as if it retains its indiscriminate appetites, we are either collectively managing an immutable predilection or some human condition, or else we are suffering our faculties gravely. The average, summative collection of modern experience is particularly somber and forthcoming with death; death underscores the play, and the concept of risk infests and confounds human experience more than any other single artefact in existence. And more recently COVID-19 has pandered a bleak denial and, in some cases, acute or mournful reminder of particularly biological risks, as well as death anxiety itself (Lee, Jobe, Mathis, and Gibbons, 2020). Thus it is possible post-adaptive fear most adequately recognizes the superior machinery of salience intrinsic to anxiety.

Post-adaptive fear is non-urgent in practice but urgent in material, and a state in perpetual, urgent affirmation, particularly of imperilment, exists in constant tension with an achievement of morality, which is roughly to equip the space bridging birth and death with measures of quality removed from the essentials of survival. In contrast, where post-adaptive fear causes failure to issue from dormancy of mortality—which is the pre-maternal paralysis—moral dedications are hardly possible. Death additionally affects anticipatory regulation (see Sterling and Laughlin, 2017) in such a way as to minimize reward anticipation and encourage resource frugality. The loss of empathy becomes exclusive, for concern becomes subject to a necessity that is principal and supra-ordinate to morality. From the standpoint of the clinician this can be ameliorated with sufficient invigoration and prioritization of self-

relevant conditions and their concern to the Other, but it begs an interesting series of questions pertaining to the ultimate complementarity of empathic distribution and social regard. And for the clinician this would equally satisfy the compelling rationale to purvey a more purposive, deliberate sociality, in which the grasping or negligent action suffering post-adaptive fear devious strain or resistance is attenuated in favour of courting the unprofessional vanity of friendly, miserly (or discriminant) difference.

Logically the various cognitive schemata articling or circumnavigating death position restraint mostly in informatical terms, and this is not necessarily problematic: truly death has been unfairly maligned, for latent, albeit operational death-notice encourages metabolically sympathetic restraint, and it lends urgency, severity, and mature gravitas which anxiety confuses for its own. However, death does not have anything to lend most of our present clinical characterizations. It has not been a feature of psychopathology in and of itself since its vapid, inchoate paternal and maternal rhetorical makings. Nor do such things as morbid mental symptomatologies exist in credible fact. Yet, we frequently divulge our dependence on the iconic moment of death. I suppose there could be no sustaining mechanism without a loaded term. We evolved to progressively repudiate the reality of mortality, and the inability to do so—or the inability to confine or escape our attributions—is becoming clearly an effort to a large extent, and in terms of rectification the modern effort, for sheer fretful, pleniform visions, condones ignorance. Yet respite from mortality is a lassitude, a laziness or deceit, and these acquire quickly their own unbidden bramble.

The proposed state of post-adaptive fear, with death at its conceptual centre and functional periphery, from possibilities of its expression stands to benefit quality of life over and above mere anxiety, in that it draws closely and tactfully the most incumbent organismic paradigm, without affectation, poetical grist, or needless elaboration, and produces from it a

virtuous stepping point. Judging his practicality and plaintive vanity or pleading solutions, the first client could itemize his literal risks into a larger-scale and dutiful restoration of his validated status, embedded in the living, as opposed to dead, nexus. The second client Improvement, for our weathering its frittering, inertial, and largely presumptive psychometric qualities, can also be humanistic.

Post-adaptive fear is a compromise structure, in which mastery and risk-taking have been engulfed by channels and informatical hullabaloo significantly remote from quotidian pragmatism. This is not to say its stable of concerns and escapisms are alien, but, on the contrary, to provide grounds for determining the scale of mutiny and usurpation. And the demonstration of intervention-seeking is tantamount to fear having gracelessly exited its quarters, in which behavioural targets could have been posed for generalist adaptive diminution; consequently their reflections are fetid, leeching the core of integral self-regard away from unmoored, and thus expansive, ideation, and the colour of sustainable reflection becomes darkness.

Information and epi-phenomenology are mutually indistinct; effectively, each is a form of hibernation requiring as much the instigation of its place as contention of modal tourniquets, and to the subjectified brain there cannot be except a permanent lingering disposal and continual biopsy of its confrontations. Thereby, the difference becomes largely a question of natures and physical divides. Those effects stemming from the qualities of information, when they are embodied to the conditions of post-adaptive fear, struggle between permissivity and insolence, from pernicious obviation to subsistent antinomy, and within these parameters a great deal is both tempered and squandered. Figure 1 illustrates the extent of action from the proposed paradigm, assuming receptive, dynamic transduction and behavioural activation.

Future Directions

Post-adaptive fear is either a state or also a practice. Providing to clinical considerations it need not effect escalation, and in fact to the client—having to their ample credit procured treatment—namely alarmist, impassive, severely bureaucratic protocols dismantle the narrow exit strategy he or she always successfully locates, and further de-realize the likelihood of future products. Certainly patients with terminal illnesses do not find the subject of death aversive for discussion (Lipsman, Skanda, Kimmelman, and Bernstein, 2007) and neither should your typical mental health client. Procedural aversions prove a costly tax, and mute pathologization pits him or her in exceptional disadvantage: firstly there is not ample starting ground to remedy the state, qua presenting concern, and failures constrict un-amenable territory even further than its existing, distributed, and suffocated bind.

Unlike treatment for other disorders, treatment for death anxiety is possibly quixotic, and its beseechment can be, in a rather perverse, perpendicular conversion of expectation, little more than a question of diminished opportunity for alternative exercise, leaving grounds to argue the introduction of less conventional clinical acumen. Namely, there is something strange about treating, in and of itself, anxiety: it is unconventional to receive a client whose salient concern identifies anything additional to pedestrian fancy for its term, for anxiety, and, equally, revulsion to its feeling. Compelled by clinical frustration as much as squalor and vagrance in counterposition—whose relative tidiness procures challenge of anxiety proper—the clinician can too easily regress to playing magician, to pulling panicky argot or overflow, referential introductions from textbook sleeves, needlessly diluting and complicating an exercise which, in terms of the above point, is perhaps in better regard for coordination than reticulation. Instead, there is more optimal possible achievement. Clinicians have much to

gain from a staid cognitive-informational-dialogic formulaic composition against post-adaptive qualities, including fear or anxiety, where behavioural attestation, integration, and remission are assumed to be implicit to time-limited therapeutic work. Figure 2 depicts an expectable approach using a tangible cognitive regimen for a 10-session habitual practice.

In practice, post-adaptive fear is much like minor reifications of the laden premises of palliative care, albeit lacking credible verifications of impending loss, expected grief, or self-loss. The achievement of a functional state of post-adaptive fear, where as much as life can be measured, thus can also be achieved the informative, unaffected self, depends on its cognitive embodiment, not on physical actual ongoing threats to life. An extent of death in perpetual waking contact is an unequivocal hindrance. And moreover, as the first client makes clear, methods for apparently controverting mortality are subject to mere subsumption, to accede helplessly to informational riptides and become disgorged at the behest of an exhaustible, undesirable measure, and in the process losing polite or decorous superation and other qualities.

Modern warfare brings this counterintuition to mind. Specifically, in theory, given their peril and subjection continuous exposure to Improvised Explosive Devices (IEDs) should exercise a rigorous, perhaps even formative effect on a state like post-adaptive fear. But this is untrue. The management of legitimate threats to life requires active intervention moment-to-moment, and where the tragedy is hidden and, through its placement, in flux and ramification, high-cost physiological elicitations are not rife for integration except behaviourally, except that function is an iterated, paradigmatic acquisition. Behaviour can be ameliorated with function, but not necessarily vice versa. The transactive costs of IEDs are too steep to be enduringly mechanized, and are more likely to default and co-opt homeostases and, particularly, allostases. It also stands to reason being compelled into positions of

legitimate threat, as opposed to holding these voluntarily, is at odds with mastery, which is rarely achieved by necessity.

There is here apparent also an important distinction to make from the analyses of Dr. J. T. McCurdy (1917), who reasoned in situ emergence of virtues like courage and resilience in oblivious civilians in response to physical proximity to death during wartime. This line of reasoning is highly preferable to the conservative patronization of traumatic effect—assuming peremptorily it has little wisdom—yet forcibility is not only a military rigour, largely unassigned and inimical to systemic practice, but a driven and divulging fantasy whose locus wishfully and impossibly bridges the court of succession and morbid tangibility to civilian animation. Aerial warfare is an inescapable condition for civilian populations, to whom raids would have been stochastic expressions; perhaps stochastic immutability is little more than some conducive circumstance, but it is not within the scope of civilian affairs, and, more to the point, clinical work is entirely civil. Just as the client who has become intimate with fears relating to death (not necessarily fears relating from death) can be presumed to be seeking power (Belmi and Pfeffer, 2016), perhaps clinical resolution is a question of anything but force.

Post-adaptive fear and its correlates provide a striking attestation of the verisimilitudes across anxieties. However, it remains a sumptuous question whether or not post-adaptive fear and, perhaps less so death anxiety, do not reveal and enlimit the very quintessence of anxiety itself: recombinant forces turning back to, and in the pathological extent against, our most lasting, inspiring, and humbling dispute with nature. As quite is the insisting standard, surprisingly few reasons justify the evolutionary development of the ability to be anxious except, in its privy and immaculate dissemination, fundamentally existence.

Death is not the exquisite perversion and exaggeration more existential and poetic theorization has purported it to be; it can be comfortably reasoned death no longer “haunts the human animal like nothing else” (Becker, 1973, p. ix; see Jong, 2021). The present offer purloins from death the signature nonrhetorical spellbind and circumflexes its venerated qualities into profane, indigent, and replicated spaces. The havoc it wreaks becomes like a lost, intransigent cause, rather than from religious meticolation vapid encroachment and subordination.

I recall the placid, neutered figuration is an expectant demeanor. How, then, to act? Curious that, for death anxiety, “belief and disbelief in an afterlife are equally effective strategies” (Jong, 2021, p. 33). But we are unsatisfied to entrust demure subject about positive vacuums like death, least of all in the business of forging crossroads of contentious beliefs from thin air, and post-adaptive fear has belonging to it additionally the vigour of emphasis, placation, and momentousness. These qualities affect so much the approach can either be codified and serialized (see Betito, 2021, IN-PRESS) or usurpative, as follows.

Ideally the person with post-adaptive fear should look to the developmental calling, to feats of maturation, to obtain from it resurgent decompression against the hued and pervading replicational post-adaptive combat. Pockmarking the adult developmental trajectory with abruptive inducements and analogous denials and displacements, of course along with their precious cargo and dismaying expenditures, allows the entirety of a panoply of disturbing, acrimonious, burdened connectivities, like the information-meting equivalent of speed-dating demons, to be eviscerated and retouched. The extent of design is the desperation of person. At our greatest life, deathly anxieties are at their most flexible crux, and for millenia the iconic experience is what has regularly cast our timorous souls new denizens—and so, thus, to be breathtaken into our own.

References

- Bassett, J. F. (2007). Psychological defenses against death anxiety: Integrating terror management theory and firestone's separation theory. *Death Studies, 31*, 727–750.
- Becker, E. (1973). *The denial of death*. Free Press.
- Belmi, P., & Pfeffer, J. (2016). Power and death: Mortality salience increases power seeking while feeling powerful reduces death anxiety. *Journal of Applied Psychology, 101*(5), 702–720.
- Benton, J. P, Christopher, A. N., & Walter, M. I. (2007). Death anxiety as a function of aging anxiety. *Death Studies, 31*(4), 337-350.
- Betito, P. A. E. (2021) *Cognitive-informatical therapy (SIT): A clinical paradigm and therapeutic guidebook*.
- Bodner, E., Shrira, A., Bergman, Y. S., & Cohen-Fridel, S. (2015). Anxieties about aging and death and psychological distress: The protective role of emotional complexity. *Personality and Individual Differences, 83*, 91–96.
- Cardany, A. B. (2017). Mitigating death anxiety: Identifying music's role in terror management. *Psychology of Music, 46*(1), 3-17
- Cheung, J. T. K., Au, D. W. H., Chan, W. C. H., Chan, J. H. Y., Ng, K., & Woo, J. (2018). Self-competence in death work among health and social care workers: a region-wide survey in Hong Kong. *BMC Palliative Care, 17*(1).
- Draper, E. J., Hillen, M. A., Moorse, M., Ketf, J. C. F., van Laarhovend, H. W. M., Henselmans, I. (2019). Relationship between physicians' death anxiety and medical

- communication and decision-making: A systematic review. *Patient Education and Counselling*, 102(2), 266-274.
- Fitri, R. A., Asih, S. R., Takwin, B. (2020). Social curiosity as a way to overcome death anxiety: perspective of terror management theory. *Heliyon*, 6(3).
- Fortner, B. V., Neimeyer, R. A. (1999). Death anxiety in older adults: a quantitative review *Death Studies*, 23(5), 387-411.
- Hoeltherhoff, M., & Chung, M. C. (2017). Death anxiety resilience: A mixed methods investigation. *Psychiatric Quarterly*, 88, 635–651.
- Iverach, L., Menzies, R. G., and Menzies, R. E. (2014). Death anxiety and its role in psychopathology: reviewing the status of a transdiagnostic construct. *Clinical Psychology Review*, 34(7), 580-593.
- Jong, J. (2020) Chapter 2. Death anxiety and religious belief: A critical review. *The Science of Religion, Spirituality, and Existentialism*, 21-35.
- Jong, J. (2021). Death anxiety and religion. *Current Opinion in Psychology*, 40, 40-44.
- Kelley, N. J., & Schmeichel, B. J. (2015). *Thinking about death reduces delay discounting*. *PLoS ONE*, 10(12).
- Kesebir, P. (2014). A quiet ego quiets death anxiety: Humility as an existential anxiety buffer. *Journal of Personality and Social Psychology*, 106(4), 610-623.
- Khademi, F., Moayedi, S., Golitaleb, M., Karbalaie, N. (2021). The COVID -19 pandemic and death anxiety in the elderly. *International Journal of Mental Health Nursing*, 30(1), 346-349.
- Lee, S. A., Jobe, M. C., Mathis, A. A., & Gibbons, J. A. (2020). Incremental validity of coronaphobia: Coronavirus anxiety explains depression, generalized anxiety, and death anxiety. *Journal of Anxiety Disorders*, 74.

- Lipsman, N., Skanda, A., Kimmelman, J., & Bernstein, M. (2007). The attitudes of brain cancer patients and their caregivers towards death and dying: A qualitative study. *BMC Palliative Care*, 6.
- McCurdy, J. T. (1917). *The psychology of war*.
- Mavrogiorgou, P., Haller, K., & Juckel, G. (2020). Death anxiety and attitude to death in patients with schizophrenia and depression. *Psychiatry Research*, 290.
- Mikulincer, M., Florian, V., Birnbaum, G., & Malishkevich, S. (2002). The death-anxiety buffering function of close relationships: Exploring the effects of separation reminders on death-thought accessibility. *Personality and Social Psychology Bulletin*, 28(3), 287–299.
- Menzies, R. E., Sharpe, L., Dar-Nimrod, I. (2019). The relationship between death anxiety and severity of mental illnesses. *British Journal of Clinical Psychology*, 58(4), 452-467.
- Menzies, R. E., Zuccala, M., Sharpe, L., Dar-Nimrod, I. (2018). The effects of psychosocial interventions on death anxiety: A meta-analysis and systematic review of randomised controlled trials. *Journal of Anxiety Disorders*, 59, 64-73.
- Neimeyer, R. A., Van Brunt, D. (1995). Death anxiety. In: Wass, H., Neimeyer, R. A., editors. *Dying: Facing the facts*. 3rd ed. Washington (DC): Taylor & Francis.
- Rieger, D., Frischlich, L., Högden, F., Kauf, R., Schramm, K., Tappe, E. (2015). Appreciation in the face of death: Meaningful films buffer against death-related anxiety. *Journal of Communication*, 65(2), 351-372.
- Sliter, M. T., Sinclair, R. R., Yuan, Z., & Mohr, C. D. (2014). Don't fear the reaper: Trait death anxiety, mortality salience, and occupational health. *Journal of Applied Psychology*, 99(4), 759–769.

- Soleimani, M., Lehto, R., Negarandeh, R., Bahrami, N., & Nia, H. (2016). Relationships between death anxiety and quality of life in Iranian patients with cancer. *Asia-Pacific Journal of Oncology Nursing*, 3(2), 183-191.
- Sterling, P. & Laughlin, S. (2017). *Principles of neural design*. The MIT Press.
- Zaleskiewicz, T., Gasiorowska, A., & Kesebir, P. (2013). Saving can save from death anxiety: Mortality salience and financial decision-making. *PLoS ONE*, 8(11).

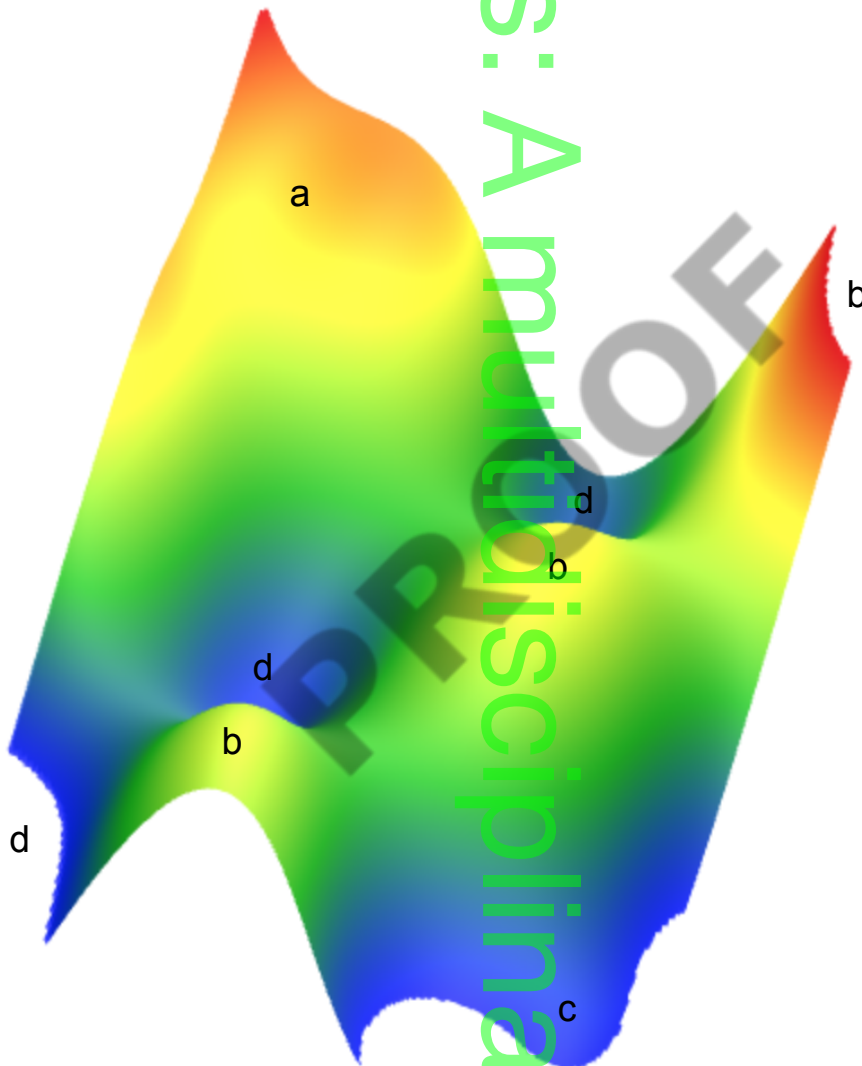
ENTELOCIUS:
entelocius@gmail.com
entelocius.com
twitter.com/entelocius
instagram.com/entelocius
A MULTIDISCIPLINARY JOURNAL

PROOF

Tables and Figures

Figure 1

Three-dimensional finite post-adaptive cognitive-informatical territory



Note. The Y-coordinates, ranging from approximately -0.9 to 0.9, to denote, respectively, an unmeasured, inflexible floor and ceiling, refer to behavioural activation; the X-coordinates, ranging from approximately -1 to 1 to denote entirely incomplete to entirely complete

transduction, refer to informational transduction; and the Z-coordinates, ranging from just over 0 to 4, to denote levels of increasing abstraction, refer to extrapolation.

^a Wide peaks: Risk. Post-adaptive assurance.

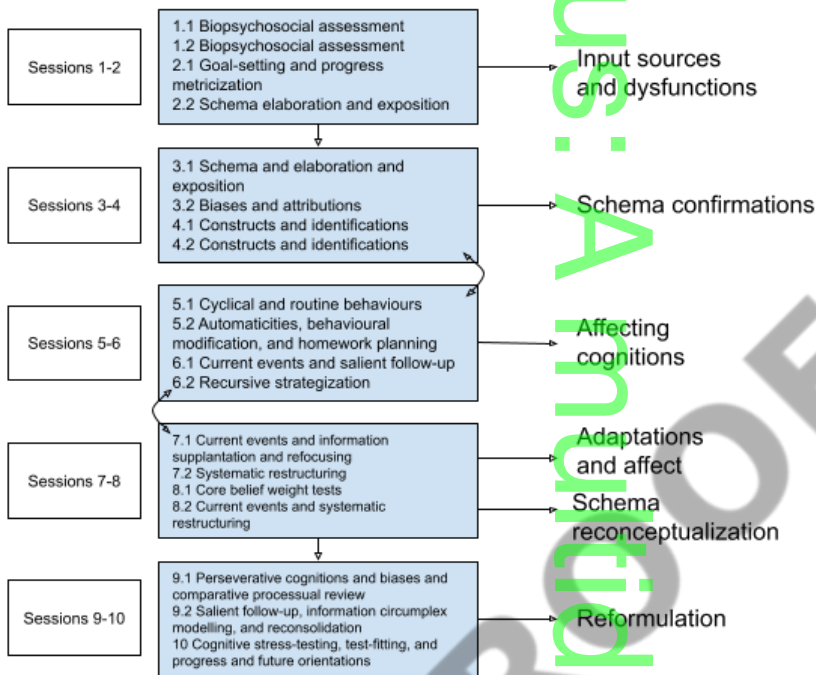
^b Narrow peaks: Self-efficacious moments. Post-adaptive transcendence.

^c Wide valleys: Essential moments. Post-adaptive regulations.

^d Narrow valleys: Trite moments. Post-adaptive detritus; squandered but pernicious, i.e., interferential with governable space.

Figure 2

Clinical flow diagram for a 10-session cognitive and information-centric therapeutic paradigm.



ENTELOCIUS:
 entelocius@gmail.com
 entelocius.com
 patreon.com/entelocius
 twitter.com/entelocius
 instagram.com/entelocius
 YouTube

A MULTIDISCIPLINARY JOURNAL