

Existential Vulnerability: Toward a Psychopathology of Limit Situations¹

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Key Words

Limit situation · Karl Jaspers · Vulnerability · Existence · Psychopathology

Abstract

Jaspers' concept of limit situations seems particularly appropriate not only to elucidate outstanding existential situations in general, but also basic preconditions for the occurrence of mental disorders. For this purpose, the concept is first explained in Jaspers' sense and then related to an 'existential vulnerability' of mentally ill persons that makes them experience even inconspicuous events as distressing limit situations. In such situations, an otherwise hidden fundamental condition of existence becomes manifest for them, e.g. the fragility of one's own body, the inevitability of freedom, or the finiteness of life. This fundamental condition is found unbearable and, as a reaction, gives rise to mental illness. This concept of existential vulnerability is illustrated by some psychopathological examples. © 2013 S. Karger AG, Basel

Introduction

*Existenz*² is, for Jaspers, the being of a person at the limit. Therefore, *Existenz* itself does not belong to the sphere of phenomena, i.e. to the sphere of that which is

directly given; it can only be conceptually paraphrased [1, p. 15]. According to Jaspers, however, 'limit situations' represent the pronounced possibility of becoming aware of one's *Existenz*; indeed, he writes: 'Experiencing limit situations and Existing³ are the same' [1, p. 204].⁴

In light of the central position given to the concept of limit situation for the Jaspersian project of the illumination of *Existenz* (*Existenzerhellung*), it is surprising to find that limit situations play only a minor role in Jaspers' psychopathology. Granted, Jaspers indicates that neurosis is in principle understandable as a condition representing a failure in confronting limit situations; yet, he does not explicate this in more detail [2, p. 275]. Psychosis in the end does not even connect with the concept of limit situation at all, for the incomprehensibility of the disease, according to Jaspers, denies access both genetically and existentially. The question to be posed, then, is whether the psychopathological content of Jaspers' concept of limit situation has not remained untapped.

¹ Translated by Alexander T. Englert.

² Translator's note: due to the importance and complexity of Jaspers' concept 'Existenz', I leave it untranslated and capitalized in the following to signify that it communicates a state of conscious being that transcends the basic material, social, and even mental states of personal existence.

³ Translator's note: here, 'Existieren' I translate as 'Existing' in order to communicate that the experiencing of limit situations represents existing with transcendent connotations, as opposed to basic existing, say, in states of less heightened consciousness.

⁴ Translations of Jaspers' are my own, unless otherwise noted (Transl.).

Fundamentally, there are two conceivable possibilities as to how mental illnesses can result from confrontations with limit situations:

(1) Psychic *traumata* arise from experiences that confront one with the immediate threat of death or with a severe injury to one's physical and psychic integrity. The experience of such radical exposure represents not only an extreme situation, but also a limit situation in a Jaspersian sense. The fundamental imperilment of existence – even when it is, as is normal, concealed behind the veil of everydayness – becomes suddenly visible and leaves behind persisting aftereffects, i.e. the traumatization.

(2) On the other hand, the *threshold* that separates everyday experience from limit situations is capable of being shifted in persons with mental illness. They are to some extent especially sensitive regarding the existential implications of certain situations in life. As a result, even relatively harmless and superficially insignificant events can be experienced in a pathological manner as limit situations. In such cases, a truth about one's *Existenz* enters suddenly into consciousness – a truth that, more often than not, is unbearable for those affected. Such limit situations – e.g. perhaps the unavoidability of guilt, the inexorability of being free, the frailty of one's body, or the finitude of one's *Dasein*⁵ – can instigate the development of mental illnesses if they are not overcome in some way.

In the following, I want to explain the concept of limit situation in its Jaspersian sense in order to examine more closely if and to what extent it can be made fruitful for psychopathology and psychotherapy.

Jaspers' Concept of Limit Situation

The concept of limit situation is developed primarily in *The Psychology of Worldviews (Psychologie der Weltanschauungen)* and in *The Illumination of Existenz (Existenzerhellung)*, which is the second volume of Jaspers' *Philosophy (Philosophie)*. In later works, the concept of 'basic situation' (*Grundsituation*) also comes to the fore; this concept is not historically conditioned, rather it char-

acterizes human existence as it has always been, namely, as a 'rupture in being', a searching for unity that is destined to fail time and again [cf. especially 3, pp. 703–709]. Basic situations denote the limits that are common for all persons; the limits against which the supposed wholeness and unity of *Dasein* crashes. To these belong especially the following situations: having to die, having to suffer, having to fight, being at the mercy of chance, and facing the inevitability of guilt. These basic situations become limit situations if they transform from simple generalities into distressing experiences for the individual.

Consequently, Jaspers posits the precondition of limit situations in the fundamental *antinomical structure of Dasein* [1, p. 249], i.e. in those contradictions of life that one cannot remove and can only speciously overcome, and which in the end one must simply live with. Thus, the primary basic situation consists in the fact 'that I am *as Dasein always in a specific situation*, rather than as the totality of the possibilities' [1, p. 209].⁶ This is a necessary determination, but it simultaneously represents a limitation of my will. It pulls in tow the existential guilt of always falling short of one's possibilities and of failing to realize one's possible *Existenz*. Yet unavoidable guilt also results from the fact that everyone's *Dasein* is struggle, i.e. not only having to exist in connection with others, but also having to do so in competition with them [4, p. 231]. The structure of our duties is antinomical since they necessarily conflict with each other; antinomical is our will itself in so far as it is connected in every act of volition with a negated or a contrary volition, and, finally, even our actions become antinomical in that the realization of all that we strive for is connected with unintended results. This means, 'we ourselves and the world are antinomically divided' [4, p. 230f]. These contradictions are fundamentally impossible to overcome:

The opposites belong to each other, so that I cannot get rid of the one side, which I fight and would like to remove, without losing the whole polarity and, thus, that which I in reality want [4, p. 250].

Through limit situations, the antinomical, basic structure of *Dasein* comes to light. In this respect, they have an 'uncovering' (*Freilegung*) nature. 'In every limit situation, the rug is so to speak yanked from under my feet' [4, p. 249]; something is also broken, which Jaspers calls 'housing' (*Gehäuse*).⁷ Such housing is a consolidated structure of thought and a fundamental attitude, which offers protection from the limit and security with regards to existential questioning. In fact, such housing is to a certain degree necessary in so far as it – as a commonsensical,

⁵ Translator's note: the bane of any translator of German philosophy is the concept of 'Dasein'. In the following, I leave it in its unadulterated German form since no English word can take its place.

⁶ Translator's note: All translations of cited authors are my own.

⁷ Translator's note: 'Gehäuse' I translate as 'housing'. It could, however, also be translated as 'encasement', 'shell', 'cocoon', etc., for it represents a self-protecting structure, which can also restrict one's development. 'Housing', however, is neutral in connotation but can also be understood as restrictive, inclusive, and can be intended as a buffer between oneself and the world.

unquestioned basic assumption – is a part of the communal, culturally specific lifeworld. Simultaneously, it offers in the end false feelings of stability, safety, or self-esteem, and hides the antinomies of *Dasein* by constructing conceptions of the world that harmonize. The paradigmatic characteristic of a limit situation is simply the crumbling of this system that offers a false sense of security: the existential limit is experienced when the ‘housing’ breaks; in other words, one’s plan for how life should be fails utterly, or at least does so in some key aspect:

The conscious experience of the limit situation, which was previously concealed by the secure housing in the objective, commonsensical forms of life, conceptions of reality, ideas of belief, as well as the motion of reflection, of the dialectic let a process begin, which brings the hitherto and taken-for-granted housing to dissolution. [...] [N]ow, it becomes more or less clear what the housing is, and this is experienced as attachment, limitation, or as doubtful, without possessing the strength for offering a sturdy foundation [4, p. 281].

Limit situations, Jaspers states in *The Illumination of Existenz*, ‘are not overseable; in our *Dasein*, we cannot see anything more beyond them. They are like a wall that we run up against, against which we fail. Through us they cannot be changed, rather we can only bring them to light without the ability to explain or to deduce them from anything else. They are with *Dasein* itself [1, p. 203]. Because the (until now valid) frames of interpretation, even the foundational and order-sustaining structure of life itself, are put into question in limit situations, they hinder foresight and calculability. We are also unable to overcome them via rational strategies, rather only ‘... through a totally other activity, the *becoming of the possible Existenz in ourselves*; we become ourselves, in that we enter the limit situation with open eyes’ [1, p. 204]. In them ‘... selfhood (*Selbstsein*) [can] become aware of being through a *leap*: the consciousness, which otherwise just knows about limit situations, becomes fulfilled in a singular, historical, and irreplaceable manner’ [1, p. 204]. With this leap, an entirely new temporality opens: ‘The leap to *Existenz* is not like the growth of a life form, which accomplishes the pertinent steps at its own pace as a matter of reflex according to researchable laws’ [1, p. 207]. The continuity of one’s charted and planned life until this point is interrupted. However, this creates suddenly the opportunity for freedom, namely, freedom to enter the limit situation, to grapple with it, and thereby simultaneously to gain support for the ‘upswing’ (*Aufschwung*) into one’s *Existenz*.

This existential leap is admittedly just one possibility, for limit situations ‘as such are unbearable for life’ [4,

p. 229]. The person always stands before a choice to either accept the opportunity or to try and avoid it, whether it is through denial, rationalization, generalization, or repression. Jaspers warns therefore against every overhasty attempt in trying to make the limit situation vanish; its demand lies in the withstanding of the antinomical pressure. At the same time, however, the acceptance and the withstanding of a limit situation can lead to paralysis, which can block responsible action if an existential decision, i.e. a ‘seizing of *Existenz*’, fails. In it a person decides for a path of action or of life in the consciousness that other possibilities of his will not be realized as a result, also in the consciousness of one’s possible responsibility for unavoidable guilt [1, p. 196]. Because this decision does not follow rational arguments alone, it also cannot be transferred to others or substituted through others.

Limit Situation and Psychopathology

So much for an outline of Jaspers’ conception of limit situation. Of what importance can it be for psychopathology? Jaspers’ conception aims initially at the rather lonely heights of the existential decision, for which the limit situation represents the abutment, so to speak, by which *Existenz* comes to itself. This is indeed also possible as a reaction to an intense psychic crisis; however, it certainly does not characterize psychopathological states in a strict sense. Nevertheless, I want to work out from the thesis that mental illnesses are connected with limit situations in the following manner: the deep felt impact that ‘yanks the carpet away from under one’s feet’ and that breaks down the ‘housing’ around one’s life plan can also shake the foundations of one’s mental constitution to the extent that mental illnesses may result – especially when the limit situation as such remains uncomprehended and does not allow the person concerned any distance and freedom. In the following, I want to test the scope of this thesis.

Trauma as a Limit Situation

Let us begin with limit situations that manifest themselves in *trauma* – namely, as the immediate threat of death or injuries to one’s physical and mental integrity. Trauma represents an occurrence that refuses its appropriation, its symbolization, and its integration into a meaningful context. The person concerned is not in a position to respond to the happening, and his being overwhelmed expresses itself in emotional paralysis, shock, and stupor. The lasting effect of trauma proceeds, how-

ever, not only from an immediate threat, rather also and above all from the interruption of the implicit, basic assumption of the 'and-so-on' [persistence of life]. As Husserl [5, p. 51] puts it, the 'and-so-on' is the silent expectation that one's lifeworld will remain constant and reliable in its familiarity and coherence. Traumatizing is that which surprises me completely and which 'makes me lose my composure' because it disappoints my expectations and forestalls my precautions [cf. 6, p. 326]. A 'housing' is broken here as well, namely the housing of everydayness and its lifeworldly basic assumptions. In the world, a fissure has opened, and from inside the real possibility of violence, abandonment, and death has peeked out.

The loss of coherence continues on beyond the acute occurrence. The trauma becomes a singularity; it produces a radical discontinuity of the inner life story, i.e. of the subjectivity construed as a narrative. The latent feeling remains of being in a defenseless state of exposure, an atmospherically sensible threat. The penetration of the foreign into one's own body, the experience of helplessness and being at the mercy of something can irreversibly shake one's basic trust in the world to its core. Thus, Jean Améry writes that it is no longer possible for the survivors of torture to ever feel at home, secure, and familiar anywhere [7, p. 58]. Trauma puts the person concerned before his bare *Existenz*; however, it withholds from him the freedom to enter the limit situation, not to mention the freedom to position himself accordingly in response to it. The coherence of the 'housing' breaks down, but this does not allow a leap to a new level of one's selfhood (*Selbstsein*). Instead, the victim remains marked by the limit situation to which he was exposed – neither in the position to forget or to suppress what has happened, nor capable of using it to win freedom in the face of his own fears. The limit situation of trauma remains a foreign presence in life, which cannot be integrated.

Vulnerability for Limit Situations

While in cases of trauma it is the suddenness, brutality, and intensity of the limit situation that leads to the collapse of one's mental framework, for other mental disturbances limit situations often have a subtler role to play. They enter the perspective of the persons affected without being necessarily recognizable to others; this means that they presuppose a certain sensitivity or disposition, in

contrast to traumatic limit situations that can affect, in principle, everyone. As a thesis, I would formulate it as follows: persons with predispositions for becoming mentally ill carry with them an 'existential vulnerability', a heightened sensitivity or fragility, which allows them to experience seemingly insignificant events as limit situations. In such situations, an existentially basic condition, which is otherwise kept concealed, becomes for them undeniable – e.g. the fact that becoming guilty is unavoidable; the inescapability of freedom; the frailty of one's own body; the 'mineness', the nonsubstitutability, and thus, finally, the loneliness of one's *Dasein*, and, lastly, one's inexorable finitude. This confrontation with the basic conditions of existence is unbearable for those affected and leads to the manifestation of mental illnesses should the situation not be overcome by other means.

The vulnerability is by no means to be understood only as an objective (e.g. genetic, constitutional, or physiological) variable of personality, rather it is also subjectively experienced as a foundational, 'ontological' uncertainty and confusion. Therefore, existentially vulnerable persons establish themselves in a housing of defense strategies, precautions, and safeguards in order to escape confrontation with limit situations along with their ontological implications – i.e. isolation, guilt, finitude, and death. The housing protects them against the fear that would grab them in relation to the limit situations of life. Alas, the walls of this housing are thin: the patients remain hypersensitive or vulnerable regarding the existential implications of certain life situations during which, as it were, ruptures in the housing open up and behind which the basic facts of existence are recognizable.⁸

Vulnerability with Regards to One's Body

As an example for this conception, I would like firstly to take into consideration the vulnerability of a hypochondriac. It consists in a particular sensitivity for one's susceptibility to disease, proneness to injury, and frailty of body. Thus, to some extent I can comprehend recurring headaches as a troubling but everyday occurrence, which to prevent and to remedy call for certain practical measures. I can, however, also on the occasion of my headaches become aware of the unsettling fact that I remain irreversibly dependent on my own body – that I am at the mercy of its hidden processes, its autonomous activity, without being able to fully fathom or control them. I can realize that, being embodied, I am fundamentally susceptible to disease and prone to injury, indeed am mortal, so that every pain already intimates principally the possibility of death. By this, the primarily everyday,

⁸ A. Holzhey-Kunz [11], speaking from a Daseinsanalytic perspective, talks of a special 'alertness' for the 'ontological implications' of certain situations; to these thoughts I owe thanks for significant inspiration, which led to the considerations that follow.

banal phenomenon receives a precipitous, dizzying meaning. The headache refers to the breakability of my bodily existence and to the uncertainty as to when and in which way death will come knocking for me [8]. In this way, the occurrence of headaches turns into a limit situation.

How does the hypochondriac react to this situation? In the same way that he is sensitive about the ontologically given proneness to injury of his bodily existence, so too is this knowledge unbearable for him. He tries, therefore, to banish the permanently present sense of danger from disease and death via the anxious monitoring of every bodily event. He insists on the goal of having complete control over his body through constant preventative measures against every assault of disturbance and disease. Medicine and medical doctors are to reseal the tear that opened in his *Dasein*, as though the foundational fact of susceptibility and mortality of the body could be resolved through vigilant observation, investigation, and forced rituals of self-control and diet. The neurosis of hypochondria becomes often a lifelong struggle against the basic conditions of *Dasein*, which are neither accepted nor negated.

Yet at the same time, acute mental illnesses can represent reactions to the existential implications of a physical disturbance. As an example, I offer a case history:

A 64-year-old patient fell ill to a deep, delusional depression half a year after his retirement. Already the end of his career had caused him much discomfort and trouble. The triggering event of the depression was the extraction of three teeth and the fitting of a poorly positioned prosthetic tooth. The patient grew up in a family of moderate means in which sickness remained prevalent; he reported about them somewhat contemptuously. He himself had worked his way up the ladder to becoming a human resources manager for a large company through very hard work and the utmost ambition. His wife reported that the job always came first for him, which brought about much suffering for his family and marriage. Over the course of 45 years on the job, he took only 10 sick days. The depression was distinguished by a feeling of collapse. All his strength, according to the patient himself, was gone; his arms and legs would no longer obey him. He had burned the candle at both ends, had failed to take care of his family, and was now paying the price for it. Life was over for him. In due course, delusional ideas developed: drops of sweat signaling his death ran down his forehead; one could already see livor mortis discoloring his face. 'One should move him to a basement morgue and leave him there.'

The patient's life plan was characterized by a rigid orientation towards achievements at the cost of interpersonal relationships. Retirement, however, ended his lifelong-

⁹ Again, I owe thanks to the analysis of Holzhey-Kunz [13, p. 183ff] for valuable inspiration that led to these interpretations.

pursued ascending motion, and the removal of the teeth brought with it suddenly the consciousness about the frailty of his existence, which he had always repressed and despised. The persistently denied, but latently feared, took its toll on the patient, who had never dealt with these feelings and who now had nothing with which he could block them out. The fall into depression was a response to an experience, in which the housing (maintained until that point) turned out to be an illusion. The patient could not accept the limit situation coming to light – he could not continue on living life under its conditions. The depressive delusion appeared against this backdrop as overpowering via the dark side of his own *Dasein*: aging and disease, guilt and neglect, death.

In passing let it be briefly mentioned that one's own embodiment can become a limit situation in very different ways. For example, *anorexia* with young women can be conceived of as a denial in relation to the basic condition of one's dependency on a material, impulsive, and uncontrollable body. That I cannot be the 'totality of the possibilities', but rather am forced into a determined gender role by my own body; that I am not free when it comes to the answering of the needs of my own body; that I can contrast myself with my body but, nevertheless, remain inextricably connected to it – this dichotomy, based on the ambiguity of the body, becomes an unbearable limit situation for women with anorexia, which they try to counter by striving for 'dis-embodiment'. While for persons with hypochondria the primary affect consists in *fear* and *concern* for the body, for persons with anorexia it is rather the repelling affect of *disgust*, which is expressed by the basic condition of one's dependency on the body and which results above all from attention to its materiality including its nourishment.

Vulnerability with Regards to Freedom and Guilt

I transition now to a further type of existential vulnerability that corresponds to the basic situations of freedom and guilt.⁹ Let us consider, then, an everyday situation: I have to make the decision as to whether I undertake a hike in the mountains in the last, beautiful days of autumn, or whether I go to a meeting, which I planned quite a while back with someone else. The consideration of the two possibilities, their pros and cons, will lead normally to a decision after some further thought. Yet the situation can be experienced also in a more fundamental, unsettling manner. To begin, it can make me painfully aware of the basic fact that only one possibility can be realized, and that others must be foregone. No consideration, no matter how long, can prevent the possibility that I will be dis-

appointed by the decision because things progress other than planned, e.g. the hike could end in bad weather or the meeting could turn into a very boring rendezvous. In the end, it may become evident that just as is the case for these last days of autumn, so too there is a last time for everything. If I decide to actually go to the meeting, then I might be able to take the hike next year; I might, however, never be able to do so again. Everything has its time. If the opportunity for something passes by, it may never return. And finally, just as I have to decide, so too will I be in every situation in a certain sense guilty, whether that means guilty for refusing the possibility of a pleasurable experience, or guilty for cancelling a meeting that upsets another person. If I then come to realize that there are no ultimate moral rules, no absolute points of reference for right and wrong, then the bottomless nature of my own *Existenz* may reveal itself.

This thought process has turned the harmless decision into a limit situation. The transition from the abundance of possibilities to the determination and singularity of reality turns into an unbearable limitation, indeed an experience of guilt and of failure. In the case of such an extreme sensitivity for situations having to do with decisions, which is exhibited to some degree by anankastic and perfectionistic persons, clearly every decision, especially when of life-changing import, has to become a serious problem. Consideration becomes endless; the spontaneity and the security of the decision go missing, even if the decision is eventually made. The fear of decisions and their consequences settle more and more into one's life. A further case history will help illustrate this situation:

A 33-year-old dentistry student is seeking psychotherapeutic care because his final examinations are imminent and he is no longer capable of preparing himself with full concentration. Through dialogue, it becomes clear that he has been suffering for years from a compulsive disorder, which extends from constant brooding over compulsive thoughts to compulsive controlling. Again and again, he must think through whether he reached the right decision a few days back; most of the time, he regrets his decisions and criticizes himself for them. Ideally, he would take back every decision made, even those that cannot necessarily be considered wrong or harmful. In the meantime, this has made even the act of shopping an agony, for he sometimes spends hours going back and forth between the varying products. Even if he finalizes his choice, he will brood in the days to come over whether he should have actually bought another article instead: 'I always think that I'm on the wrong track, and I want to go back to the decisive moment ... I cannot accept that, yet again, so much time has passed since then, and fall regularly into a state of anguish because of this.' Recently, he has been gripped more and more by panic because many difficult decisions wait for him in connection with the finishing of his degree.

The patient cannot handle the uncertainty and simultaneous finality that comes with every decision. He wants to stop time and make it so that nothing happens; this is not because he despairs about some decision, but rather because of the fact that one possibility must become permanently realized *at all*. The finishing of his degree becomes a limit situation; the new realm of possibilities that would be opened by it leads the patient to fear the abundance of possibilities along with the new and painful decisions or commitments, instead of leading him to feel free. Thus, it triggers in a way an existential agoraphobia or fear of too many options (*Weiteangst*).

Even independent of such compulsive-neurotic personality traits, the antinomical fact that the realization of freedom can only occur by paying the price of limiting one's possibilities may lead to a profound fear of decisions and bonds. This may result in a foundational neurotic attitude, which Jaspers described as follows [9, pp. 316, 318]:

An escape route is searched for: In the actualizing [of something] no possibility should be lost. Therefore, the actualization transpires along with the internal condition that nothing final be reached, rather that in the actualization the reality be negated. It should only be an attempt that one can call off. Life becomes trial and change. Self-identification in the hazarding of a 'for good and all' decision is opposed, for every limit is experienced as a prison. [...] The will to perpetuating the infinite possibilities rejects its commitment to reality. [...] The momentary actualization remains unserious, because of the reservation of switching again away in favor of another. The nonbinding participation without real actualization cements life in indecision, in which everything touched is betrayed, in which fickleness becomes principle.

Jaspers is describing here a 'neurotic tentativeness' or 'inauthenticity', which is by no means a rare lifestyle since we find it, for example, with narcissistic personalities. It corresponds often with the personality type of '*puer aeternus*', or the eternal youth, who stays in a state of noncommitment regarding his relationships and decisions in order to escape in this manner the frightening basic situation of the increasing limitation of possibilities. Here, there is thus no rigid housing preventing confrontations with existential truths, rather actually quite the opposite, i.e. the avoidance of every commitment.

We find, by contrast, a housing that serves the *avoidance* of limit situations dealing with freedom in personalities that tend towards severe depression, and whose structure Tellenbach [10] described as '*typus melancholicus*'. Such persons are characterized by persnickety orderliness, selfless fulfillment of duties, a rigid orientation towards external norms, and close, often symbiotic relationships to their nearest significant other. From an exist-

tential point of view, this rigid structure serves in the end the avoidance of existential angst. The moral, irreproachable behavior, the yearning to hold oneself in the boundaries of the established order, has the deeper sense of protecting one against experiencing the inevitable 'mineness' of one's existence. That is to say, it protects against the isolation caused by freedom, indeed against the bottomlessness of one's own existence. The constant care for others should neutralize one's guilt, which, according to Jaspers and Heidegger, is itself given with existence. Our life progresses constantly at the cost of others; every decision also brings with it the guilt for rejected possibilities; even our *Dasein* itself is not a justified part of the world, it is 'guilty' as such. With patients belonging to *typus melancholicus*, due to their vulnerability for conditions of existence, dilemmas surrounding decisions can result in acute depressive illnesses.

A 55-year-old woman fell ill in the following manner: she tortured herself long and hard with the decision of whether she should sell her house, which had become too large for her after the death of her husband, in order to move into a smaller apartment. Influenced by advice from friends and family, she sold her house in the end. However, afterwards she soon experienced a serious crisis in which she bitterly regretted her decision, criticized herself intensely, and finally fell into a deep depression. While afflicted, she complained relentlessly about her wrong decision; she had suffered a significant financial loss, hurt her children beyond repair, and was incapable of completing the move. After the amelioration of the acute illness through further therapy, it came to light that above all two aspects of the decision were particularly unbearable for the patient: first, its irreversibility, which was connected with the ultimate acceptance of the death of her husband, with whom she had lived in the house for over 20 years; second, it was the first time that she had made a life-changing decision without her husband, which revealed her loneliness and, lastly, her unavoidable personal responsibility.

As is typical of *typus melancholicus*, the patient was sensitive in a special way: she was vulnerable to the irreversibility, the personal responsibility, and the loneliness tied up with the decision. Certainly, a limit situation is not always to blame for all everyday instances of indecisiveness or of a weakness in making decisions of the persons concerned. Yet, if a serious mental illness results from it, then it is highly likely that it has to do with more than just the respective conflict, namely, with its existential implications.

For the *typus melancholicus* patient, the loneliness and the guilt of decisions represent a fundamental disappointment, in that his housing that has been attentively sustained until now is revealed to be an illusion. Despite all precautions, he cannot escape the burden of living his own life alone and unsecured, without any guarantees.

The descent into depression is a response to an experience in which the futility of all avoidance and all safeguarding strategies is revealed. Whatever stayed hidden before in the housing of the *typus melancholicus* structure, is now lamented about in the depression in a hyperbolic manner [11, p. 194]: in place of the rigid precautions for avoidance of guilt arises the patient's excessive self-accusation for being irreversibly guilty; in place of symbiotic-altruistic relations with others arises the complaint about his own intractable loneliness, and in place of the selfless sacrifice for the well-being of others arises the complaint that he is of no more use and, therefore, completely worthless.

Conclusion

Persons with sensitivity for existential basic situations can be faced with fundamental and unsettling questions due to the seemingly most trivial events. Can I depend on the intransparent functioning of my body? How should I know what my place in the world is? Can I live with the guilt of always living at the expense of others? Can I endure the wasting of myriad possibilities since I can only live this one life and must do so without any instance of authoritative guidance instructing me as to how I should live? Why must I live under these conditions? Do I want to even engage in this world with its contradictions and with its inevitable destination being death?

Clearly, it is not primarily philosophical considerations that bring about such questions, and not even reflection as such. In most cases, the patients would not be capable of formulating these questions explicitly at all. It is rather fundamental affects and dispositions that arise out of confusing situations and that already contain these questions prereflectively, which lead to their being posed: angst, feelings of guilt, shame, nausea, emptiness, boredom, or feelings of foreignness. The existentially vulnerable person senses the vast depth of these affects and dispositions more than others and tries to escape the existential agitation caused by them through a housing of everyday precautions and avoidances. Yet, the housing only provides an apparent security; indeed, as far as it weakens his 'existential resilience', he is even more helplessly exposed to the occurrence of limit situations.

I have offered some examples of such vulnerability: a hypochondriac's sensitivity to the perils of bodily existence; an anorexic's sensitivity regarding the dependency on a material body; a compulsive neurotic's or depressive's vulnerability in relation to freedom and guilt,

which above all can turn situations involving decisions into limit situations, and a narcissist's vulnerability to the limitation of possibilities. Finally and independent of any individual susceptibility, trauma (as a life-threatening danger) represents the limit situation of existential imperilment.

These examples may be adequate for indicating that a 'psychopathology of limit situations' can really be developed. One could counter that the situations remain uncomprehended by the patient and, thus, only implicitly existential in nature, thereby failing to fulfill the Jaspersian demand of a limit situation offering the revealment of the human basic situation, and even less so of offering the possibility for the 'seizing of *Existenz*'. In order to know, accept, and overcome limit situations as such, a minimum standard of stability, courage, and reflective capacity is required – in short: a 'competency for limit

situations', as Kaegi [12] put it. Nevertheless, it seems to me that the task of a psychiatrist or psychotherapist should include gaining such a competency (at least, in his understanding) in order to help the patient recognize the existential implications of his crisis and, thereby, understand them not only as a self-caused misfortune, but also as an expression of human existence in general, in which we all participate and through which we all suffer. This support can then wake in him the strength to bear the situation and to cope with it, even if he cannot use it as a 'leap to freedom'.

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