

DEAD AND BURIED – ABJECTION AND COTARD'S SYNDROME

VERITY CLAYTON

PODCAST DESCRIPTION

Scary Stories Session 23 explores the fear of being buried alive, looking at both supposed real-life cases in which this may have happened and the hysteria that subsequently followed. It also discusses the two related fears of claustrophobia and suffocation, both of which are thought to be key to the fear of being buried alive. But, while these deal with the fear of being alive and buried prematurely, it leads to the question of what would happen in the reverse? What would it mean to be dead and still walking around to see one's own funeral?

There is a rare condition called Cotard's Delusion (Debruyne and Audenaert 2012; Huarcaya-Victoria et al. 2016), that sees sufferers convinced that they are already dead. Those suffering what the

neurologist Jules Cotard (1999: 275) dubbed to be the “delirium of negation (*dilire de négation*)” suffer from this to varying degrees but generally begin with severe depression and if left to progress will result in a complete lack of self-care, ranging from failing hygiene to starvation.

Cotard’s Delusion is thought to be similar to Capgras Delusion (Ellis and Lewis 2001). In this psychiatric disorder, the sufferer believes those close to them, such as parents, siblings, partners and friends, have been replaced by imposters. In this instance, it most likely is caused by neural misfiring, which affects the mechanisms through which we recall and recognize people’s faces and objects. Cotard’s Delusion is thought to act in the same way, but rather than being unable to recognise others, one’s own body becomes a stranger to the self.

As a psychiatric condition, it raises important questions about the relation of the self to the body if the body is no longer recognised as the self at all. But, even more interestingly, it raises questions about the self if the self believes it is no longer in existence. Such a state of being would have devastating consequences on the sense of a person as a discrete self—and how they interact with others and live day-to-day. For all the ways in which human culture understands the varying degrees of the self and our expression of that, all cultures universally see death as a transformation or cessation of that self. To sever this connection would result in a severe break in one’s understanding of cultural norms of autonomy and what it is to be human.

PODCAST TRANSCRIPT¹ – SCARY STORIES – SESSION 23: A DELUSION OF NEGATION

Lay down in the dark with me.

Close the curtains, turn off the lights. Pull the cover over you. Get yourself warm and relaxed. Note your eyelids gradually feeling

¹ An audio link to the original podcast recording and more information about this episode is available at <https://www.scarystoriespodcast.com/>.

heavier and heavier with each breath you take until they are closed entirely.

Sense the wide-open room around you as you breathe deeply and slowly. Listen to the sound of your breath in this space. It is airy and spacious. Let's get a little more cozy. A little safer. A little warmer. So, feel now the walls and the ceiling shrink just a little. And with it, you have a deeper sense of enclosure, of protection. Keep track of your breath, still at a steady pace.

We all need a haven, somewhere safe where we can feel small. And, so, feel those walls and the ceiling come in further around you. They're coming closer to the sides of your bed. Don't be scared. Still remembering to breathe, a little faster now. This is nice. This is what it feels like to be protected. You are warm. Perhaps a little too warm, feel free to let the covers down a little.

Those walls are still coming in, not too fast but still there. You're still breathing, a little quicker. You can feel the compression of the room. It's ok, but you're feeling warmer still. Kick the covers off now and stretch your arms out to feel a little cooler. A little more comfortable.

And now feel that you can't. The wall is at your feet. You can't bring your hands up more than a few inches. Your breath, fast now, hits back on your face. Hot and clammy. The air is humid now, as you are sealed in, walled up, completely, entirely enclosed, and you are steadily running out of breaths. You are now completely entombed. Quite literally buried alive.

This is Scary Stories.

Take a seat and let me tell you about this thing that happened to a friend of a friend of a friend.

Robert E. Lee, the general of the confederate army, was almost never born. His mother, Anne Hill Carter Lee, suffered from narcolepsy, and would often end up in semi-paralyzed trances. One day she came down with a terrible fever, and with it, she slipped into a trance so deep it gave the appearance of death. Her body was laid out and interred in the family mausoleum. After a few days, when a man came to bring

flowers for the deceased woman, he heard knocking and cries coming from her coffin, and to his surprise, when he opened it, the woman sat up, eyes wide and tears running down her cheeks. Fifteen months later, she gave birth to a son named Robert.

There is a name for a fear of being buried alive, taphophobia. On one hand, it feels so rational, after all, who wouldn't be in a state of deep distress at the thought of being entombed in the ground with no escape. Alive, awake, conscious, but running out of time, losing air with every breath, and yet unable to slow that march to death. Unable to call for help. Worse than that, for no one to even be looking to help. It all sounds like a rather reasonable thing of which to be scared.

But what is the likelihood that any of us will ever have to face such a thing? It is a phobia without a reason. Yes, it makes sense. But why be scared of the improbable? Why feel anxiety about the almost impossible? It is like having a fear of drifting untethered in space. It is a terrifying thought, but not one that should crowd our minds. Instead, it should be one so easily pushed aside. So why isn't it?

Because it has taken on a collective memory. Such horrors did occur, and they were so traumatic and so pervasive that society enshrined them into lore and made sure that this trauma would not be forgotten.

There was, after all, a long period where being buried alive was not that inconceivable. Before the advancements of medical science, the end of life could be difficult to diagnose. Comas, temporary paralysis, concussion and unconsciousness when coupled with faint heartbeats, slowed and near undetectable breathing, it was all too easy to be pronounced dead. And then to be buried.

In fact, people became so fearful of such mistakes that coffins took on a new lease of life. Safety coffins, built with trap doors, tubes for breathing, tubes for smelling putrefaction, tubes for crying out were fitted into the ground, and of course, there was that very useful bell that one could ring if they found themselves prematurely underground.

So widespread was this fear that societies sprung up to warn people about the misidentification of death. Many took precautions to make sure that once they were interred, they were not going to wake up.

Chopin insisted that his heart be cut out to ensure death. Washington asked for his body to be laid out for several days, while Hans Christian Anderson requested his veins be slit open.

But really, even back then, it was probably all a much ado about nothing. We believe such things happened because urban legends around it proliferated and took hold. But in reality, numbers of real cases were wildly exaggerated by newspapers, adding fuel to the fire. And a big problem about death? Those first stages can look a lot like signs of life, but we have them backwards. Hair and nails haven't grown, dead skin simply shrinks and recedes.

So why was it exaggerated in the first place? Perhaps taphophobia isn't a discreet fear in itself but much more about another, more fundamental dread.

BREAK

There's something inherently terrifying to us about being enclosed and confined, and at its core, that is what the fear of being buried alive is actually about. Nothing more than claustrophobia.

But claustrophobia is one of the most common and most interesting fears (Rahani et al. 2018: 231). Unlike many of the most prevalent phobias that appear to be built into us, claustrophobia doesn't seem to be one.² There is no physical system in place that makes small cramped places so unsettling for us, and yet we do seem to have a predisposition towards it. It is not only common, but very easy to develop, and strangely enough. It is a phobia that can strike at any point in life. And it hinges on two premises that are often rather distinct. One is the fear of entrapment, the other the fear of suffocation.

So, perhaps, there is no specific biological trait that causes this fear but rather an evolutionary inclination because, after all, being scared of both of these things gives us a biological advantage. Wild animals,

² Phobias, delusional thought, and hallucinations become present due to both social conditioning and genetic factors. These complicated relationships are still being sussed out by clinicians and scientists.

for example, are deeply scared of being trapped, and quite rightly so because it can often mean the certainty of death.

But in modern society, we have so many opportunities to experience this fear without the danger, and so it breeds a lifetime of anxiety. Think of children playing hide and seek, hiding in a cupboard, locking it and finding to their dismay they are trapped. Of course, their parent is on the other side and will soon be at the rescue, but our brains have already reverted to instinct.

So, claustrophobia and in a version of it, taphophobia, are a fear of threat. A fear that your life is in peril, and worse still, that you are helpless, you are trapped, and that what you need to live is completely cut off from you. Which all begs the question, what happens when this fear becomes so heightened, and the delusion of danger is so great that you walk in your waking life beyond the veil of death?

BREAK

A group of British medical students decided to play a prank. A laboratory assistant who was rather priggish and overbearing, had caused them all considerable consternation and the students thought it would be funny to get their own back. They told the assistant that they were doing an experiment concerning the suggestibility of people under hypnosis—their thesis? A hypnotized person could never be forced to do something that they would not otherwise do, and in this case, that was to kill someone. They told the assistant they would bring in a hypnotized student with a hatchet and tell them to execute him. Not to worry, if they were right, the student would not comply. If they were wrong, there were safety precautions in place.

The assistant nervously lay his head over a wooden block, face down, and the apparently hypnotized student came in holding not a hatchet but a wet tea towel, to some stifled laughs. The assistant was obviously becoming increasingly scared, but the students were pleased and hoped it would teach him a lesson. They started the so-called experiment, and the not so hypnotized student, with some gusto, pulled back his arm and brought the towel to smack on the assistant's neck to uproarious laughter. But the laughter soon dissipated when the assistant pulled back white as a sheet and declared hysterically that he

was dead. In fact, it turns out he completely lost his mind and was eventually incarcerated, believing for the rest of his life that he had that day died.

Being buried alive is more than the fear of dying but of going through one's own death and funeral and still being conscious, both alive and yet not. And the realities of such a thought are enough to drive us mad.

There is a psychiatric disorder called Cotard's Syndrome, whose sufferers believe just this. That they are dead. And if you're thinking of the idea that you would suddenly think you were a ghost in the vein of Casper and, with it, would become increasingly gregarious, then you haven't really thought about what death entails. Because they don't just think they're dead, but they come to the logical conclusion that they are rotting, putrefying, that their bodies are indeed breaking down. What they lose is all sense of self, a complete and utter delirium of negation.

Most likely, it is theorized that the delusion stems from a neural misfiring in areas of the brain that control facial recognition (Ellis and Lewis 2001; Barrelle and Luauté 2018). So, when they look at themselves, their face in the mirror, their hands on their knees, their body in the shower, they do not recognize it as their own. It is something alien, foreign to them and yet attached, part of them. Something that feels and yet does not feel right. And so, believing that it must be one's own body after death perhaps makes sense.

What a paralyzing thought. And, indeed, it stops the sufferers dead in their tracks. It leads to a complete lack of self-care, to malnutrition, dehydration and starvation, severe depression and little response to pleasurable stimuli. A complete and utter inertia just waiting for their body to disintegrate.

Because after all, if you survive your own funeral, you are slowly and suffocatingly waiting for your life to rot away.

BREAK

A young girl grew up poor. Not so poor that she wanted for the basics but poor enough that extravagance was not in her vocabulary.

Everything was cheap, or discounted, or on offer. And though she felt it, the girl was of a sunny disposition and tried never to show her disappointment, or the pain of being bullied. As she got older, of course the teasing became worse, and while she had a few friends, the teenage girl now felt like she was always looking on from the outside.

And, it just so happened that the girl took a job at a funeral home to earn some extra money. Prom was fast approaching, and for once, she wanted to look nice, like she belonged. The hours were not so long, and the work not so hard. Occasionally she had to go downstairs to get one of the morticians for something. This was the only part of the job she did not like. Despite it being cold, it seemed suffocating down there. Enclosed and devoid of light, and she had the most unpleasant feeling of being trapped down there with bodies that were a hairsbreadth away from rotting.

The night before her prom, she was left in charge of locking up. Business was slow, and there was only one funeral being prepared in a few days' time. She had been given brief instructions of how to check the room temperature and then locked up downstairs before she finished up with the reception area. As the girl descended the stairs, she could smell something stale, hanging low in the air. She peered in to see the body with the plan that she would lock up quickly and return to safety. But that is when she saw the girl on the table. A girl who looked like she could be the same age. A girl who seemed to be the same size. A girl who had the most beautiful dress on, flowing and draping in all the right ways, with soft luxurious material. She had never seen something so lovely, let alone come into contact with it. Acting purely on impulse, she gently and lovingly undressed the lifeless body. This was her chance, she could be beautiful, the belle of the ball, the extra money she earned could never have bought such a dress, but it could pay for a rather spectacular night. And it wasn't stealing. It was borrowing. She would wear it to prom the next evening and return it in time for the funeral.

Hurriedly she placed the dress in her bag and left. At home, with a sense of deep urgency, she pulled it out and saw just how lovely it was. She immediately tried it on and, of course, the dress fit like a glove. For the first time ever, she felt rather lovely, and with a feeling of contentment, she drifted into a deep sleep.

Sadly, the girl was found dead the next morning. The doctors told her parents it had all been rather painless. She had simply fallen asleep and never woken back up. Her parents phoned the funeral home to prepare her body and burial.

For their part, the funeral home gave their deepest sympathies and told them they could arrange the funeral in a couple of days' time. They would contact soon to finalize the details, but unfortunately, they were rather busy that morning. It turned out a body in the mortuary woke up and walked out of the funeral parlour. A teenager appeared in town dressed only in her underwear and a blanket, saying that she had been rendered unable to move ever since she tried on a dress she'd bought at a thrift store. It was supposed that the dress had come from a previous funeral home and had absorbed chemicals that paralyzed the wearer. The really unpleasant thing, the girl said, was that she was completely aware of what was going on around her and had had to lie there while everyone around planned her burial.

BREAK

The fear of being buried alive is a throwback, whether that's to a time when it was very possible, or further back when our instincts controlled the lay of the land. It is something that runs surprisingly deep in our psyche. So deep that it can cause sudden and irreparable mental snaps.

But more than anything, this fear of being trapped, being suffocated rests on our fear of being helpless, of being vulnerable. It is about being unable to escape and yet having no help in sight. And perhaps we express it is a fear of the grave because that is our ultimate vulnerability. The one thing we are all helpless in the face of, and the one place that we will all one day find ourselves on the inside of.

[GROUND BEING DUG UP]

You might need to wake up and tell everyone you're still alive...

REFERENCES

- Cotard, Jules. 1999. On hypochondriacal delusions in a severe form of anxious melancholia. *History of Psychiatry* 10(38): 274–278.
- Barrelle, Alain, and J-P Luauté. 2018. Capgras syndrome and other delusional misidentification syndromes. In *Neurologic-Psychiatric Syndromes in Focus - Part II: From Psychiatry to Neurology*. Pp. 35-43. Basel: Karger.
- Debruyne, Hans, and Kurt Audenaert. 2012. Towards understanding Cotard's syndrome: an overview. *Neuropsychiatry* 2(6): 481-486.
- Ellis, Hadyn and Michael Lewis. 2001. Capgras delusion: a window on face recognition. *Trends in Cognitive Sciences* 5(4): 149-156.
- Huarcaya-Victoria, Jeff, Mario Ledesma-Gastañadui, and Maria Huete-Cordova. 2016. Cotard's syndrome in a patient with schizophrenia: Case report and review of the literature. In *Case Reports in Psychiatry*. London: Hindawi Publishing Corporation. <https://www.hindawi.com/journals/crips/2016/6968409/>.
- Rahani, Vida, Alireza Vard, and Mostafa Najafi. 2018. Claustrophobia game: Design and development of a new virtual reality game for treatment of claustrophobia. *Journal of Medical Signals & Sensors* 8(4): 231-237.