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Article

Death as an Existential Deadline: Towards a Psychotherapy Grounded in Philosophy and Contextual Science

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ABSTRACT

Death, far from constituting merely a biological endpoint, configures the very condition of possibility and gives shape to human existence. The present article examines *existential procrastination* as the postponement of decisions, relationships, and life projects under the implicit assumption of unlimited time. Drawing on the framework of Acceptance and Commitment Therapy (ACT) and in dialogue with the existential tradition, the paper analyzes the role of finitude awareness in psychotherapy. In particular, it proposes that confronting mortality may facilitate processes of values clarification and expand the variability of the behavioral repertoire. However, contemporary culture, characterized by acceleration, consumerism, and multiple forms of experiential avoidance, tends to neutralize the presence of death in everyday life. This cultural denial may contribute to forms of distress such as hyperactivity, diffuse anxiety, biographical emptiness, or existential disconnection. Clinical processes such as acceptance, cognitive defusion, and values-based work can transform death anxiety into a context for the development of greater psychological flexibility and commitment to meaningful action. From this perspective, integrating mortality into therapeutic practice may contribute to a life less postponed and more fully committed to what is worth living before time runs out.

La Muerte como *Deadline* Existencial: Hacia una Psicoterapia Basada en la Filosofía y la Ciencia Contextual

Palabras clave
Muerte
Ansiedad ante la muerte
Terapia de Aceptación y Compromiso (ACT)
Psicoterapia existencial
Valores

RESUMEN

La muerte, lejos de constituir un desenlace biológico, configura la condición de posibilidad y da forma a la existencia humana. El presente artículo examina la procrastinación existencial como el aplazamiento de decisiones, vínculos y proyectos vitales bajo la suposición implícita de un tiempo ilimitado. Desde el marco de la Terapia de Aceptación y Compromiso (ACT) y en diálogo con la tradición existencial, se analiza el papel de la conciencia de la finitud en psicoterapia. En particular, se propone que la confrontación con la mortalidad puede favorecer procesos de clarificación de valores y ampliar la variabilidad del repertorio conductual. No obstante, la cultura contemporánea, caracterizada por la aceleración, el consumo y diversas formas de evitación experiencial, tiende a neutralizar la presencia de la muerte en la vida cotidiana. Esta negación cultural puede contribuir a formas de malestar como la hiperactividad, la ansiedad difusa, el vacío biográfico o la desconexión vital. Procesos clínicos como la aceptación, la defusión y el trabajo con valores permiten transformar la ansiedad ante la muerte en un contexto para el desarrollo de mayor flexibilidad psicológica y compromiso con acciones significativas. Desde esta perspectiva, integrar la mortalidad en el trabajo terapéutico puede contribuir a una vida menos postergada y más comprometida con lo que merece ser vivido antes de que el tiempo se agote.

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Introduction
From Behavioral to Existential Procrastination

Procrastination has been defined as the tendency to delay tasks despite awareness of the negative consequences associated with such postponement (Steel, 2007). This phenomenon is not uniquely human; it has also been observed in other species. In his classic study *Procrastination by Pigeons*, Mazur (1996) demonstrated that pigeons, much like humans, tended to postpone a demanding task, thereby committing themselves to greater effort in the future rather than immediately undertaking a simpler one. These findings suggest that procrastination reflects basic principles of learning and motivation, particularly those related to the temporal evaluation of costs and benefits associated with action.

When this evidence is translated into the existential domain, the phenomenon extends beyond the management of everyday tasks and reaches the way individuals relate to their own lives. Existential postponement implies the assumption that there will always be a more opportune moment to begin living. In clinical settings, this expectation often appears condensed in recurring statements from clients: "I will start enjoying my life when work slows down," "when circumstances improve," or "when a better opportunity arises." Yet such a future is never guaranteed. The illusion of unlimited time fosters the postponement of significant decisions and undermines commitment to meaningful ways of living. This ontological form of procrastination thus contains a paradox: while avoiding what is perceived as costly or difficult, individuals end up sacrificing lives not lived. What experimental psychology explains through the science of consequences acquires here an existential weight. The question is no longer when to complete a task, but rather what one is waiting for in order to begin living. As one client expressed during therapy: "Day after day, for twenty, thirty, forty years… until one day I look in the mirror and no longer recognize myself at seventy." Such experiences illustrate how the mechanical repetition of a life lacking direction may culminate in anxiety and depression, two of the most prevalent forms of distress today (World Health Organization, 2023).

Literature and philosophy have also explored the dimension of consequences from a different level of reflection, though often pointing to the same pattern. In *The Myth of Sisyphus*, Albert Camus suggests that time can reveal itself as an intimate adversary. Although human beings know they will not remain forever, they often relegate this certainty to a vague or avoided thought. The punishment of Sisyphus, condemned to repeat an absurd task indefinitely, symbolizes the threat of everyday meaninglessness when life becomes automated and existence is reduced to mere habit without project (Camus, 2012). Similarly, Simone de Beauvoir, in *The Second Sex*, analyzes the immanence and circularity historically assigned to domestic labor, showing how the repetition of the same can become a form of gradual renunciation and alienation that silently erodes life (Beauvoir, 1949). In *The Trial*, Franz Kafka portrays how bureaucratic systems can empty individual experience of meaning, to the point that a person's life is treated merely as an administrative case within an incomprehensible procedure (Kafka, 2013).

From literature to clinical practice, the experience of a life perceived as stagnant may give rise to intense forms of despair, as seen in adolescent suicidal behavior. Fonseca Pedrero et al. (2022) describe this complex phenomenon and emphasize the need for multidimensional preventive interventions capable of expanding individuals' possibilities for action.

Suffering may emerge from the mismatch between project and existence, that is, between the directions of action that organize one's life and the contingencies that govern present behavior. From the perspective of functional contextualism underlying Acceptance and Commitment Therapy (ACT), values are better understood as historically configured directions of action whose function is updated within the network of contingencies shaping behavior in the present (Macías et al., 2023). Consequently, the language of values in ACT should be understood less as an axiological thesis about what makes a life valuable and more as a pragmatic strategy aimed at expanding agency and responsibility in the construction of a life with direction. Introducing external normative criteria to hierarchically rank values carries the opposite risk of reinstating a form of normativity difficult to reconcile with the pragmatic orientation of the contextual approach. Psychotherapy therefore occupies a zone of tension between the historicity of behavior, its cultural inscription, and the possibility of its reorganization in the absence of universal normative foundations determining which life directions should be privileged.

From this perspective, fear of death is not limited to fear of the end itself but also reflects the recognition that life may become confined within behavioral repertoires reproduced by inertia while other trajectories remain indefinitely postponed. Psychotherapy may thus function as a point of inflection where the organization of present behavior is examined and new possibilities for reorientation emerge from that analysis.

Perhaps the pain of living does not arise so much from knowing that we will die as from realizing that one's biography may be absorbed by dynamics that fail to expand the life one inhabits. Awareness of finitude therefore introduces a decisive clinical question that guides the present work: which directions of action deserve to be pursued before time runs out?

The Cultural Denial of Death

Every human being knows, at an intellectual level, that they will die. Yet not everyone truly knows death. This distinction may be understood as reflecting different degrees of death awareness: a minimal and universal level that recognizes finitude in an abstract manner, and a deeper level that involves inhabiting existence under the certainty of its irreducibly singular and unrepeatable character. This second degree does not merely consist in regretting that one has "not truly lived," but rather in integrating death as a constitutive horizon of life.

Byung Chul Han, in *Faces of Death*, reflects on this cultural denial, writing that "a society that seeks to dispense with death ultimately becomes a mortal society" (Han, 2020, p. 31). The cultural evasion of finitude produces visible effects such as hyperactivity and a compulsive search for experiences aimed at compensating for the void where death silently emerges (Han, 2017). In a culture dominated by what might be called a hysteria of survival, subjects are gradually produced who are incapable both of living and of dying. Added to this is the entertainment industry, which trivializes death and transforms it into a cultural commodity: it "produces laughter at the expense of death and the dead […]

revealing a repressed horror beneath it" (Han, 2020, p. 32). In a similar vein, Rosi Braidotti observes that mortality has increasingly been captured by the dynamics of infotainment, becoming yet another object of consumption (Braidotti, 2015, p. 137).

The more death is concealed or trivialized, the more it reappears indirectly within culture, in unprocessed grief, abandoned projects, or identities discarded with the speed of fashion. Where life is extended through consumption, productivity, and immediate pleasure, forms of "living death" tend to proliferate: exhausted subjects and life stories unable to take flight.

Hartmut Rosa describes *social acceleration* as a temporal regime in which life is experienced as a permanent race, where every novelty ages instantly and the only phenomenon that continues to grow is the sensation of emptiness (Rosa, 2016). Modernity gradually displaced death from communal ritual to the margins of institutional life. What once permeated everyday existence has become a sanitized and almost clandestine taboo. Death no longer circulates through the streets but has been relegated to peripheral funeral homes and distant cemeteries, rendered invisible as if its mere presence might disturb the public gaze and the rhythms of consumption.

Mortality and Contemporary Subjectivity

In the *Phaedo*, Socrates reminds Simmias that "those who truly practice philosophy are practicing for dying, and being dead is the least frightening thing for them" (Plato, 1988, p. 46). For the Greeks, to live was, in a certain sense, to prepare for death. Plato argued that philosophy is an exercise in dying, and the Stoic tradition later developed this reflection into a daily practice. In his *Letters to Lucilius*, Seneca (2000) recommended rehearsing death in everyday life, recalling the fragility of time and living each day with the aim of ordering existence and freeing it from fear. By contrast, contemporary culture has transformed this training into entertainment. Constant stimuli, artificial urgencies, and endless novelty dissolve the experience of finitude within an uninterrupted stream of distraction. Miguel de Unamuno, in *The Tragic Sense of Life*, was an early thinker deeply preoccupied with the anthropological limit posed by death. For him, consciousness was not a privilege but a kind of illness: "man, by being man, by having consciousness, is already, compared with a donkey or a crab, a sick animal" (Unamuno, 1982, p. 39). This hyper-reflexivity, introduced into psychological discourse by Pérez-Álvarez (2008), represents a tragic and excessive condition of subjectivity, one that also entails the impossibility of escaping the knowledge of one's own finitude. This idea has been taken up as a potential factor of clinical vulnerability in some of the most prevalent disorders of contemporary society, particularly conditions associated with ruminative processes (Nolen-Hoeksema, 2000).

More recently, social psychology has provided empirical evidence that reinforces this cultural diagnosis. Terror Management Theory (TMT) has shown that awareness of mortality, when not explicitly confronted, tends to be channeled into cultural defenses and avoidance behaviors aimed at preserving identity and group belonging (Greenberg et al., 1986). Rather than dissolving the underlying anxiety, such defenses often displace it. Recent studies confirm that suppressing awareness of death intensifies vulnerability to stress and emotional reactivity (Pyszczynski et al., 2015). A growing body of research has linked death anxiety to various psychological difficulties, interpreting it as an expression of finitude awareness (Major et al., 2016; Menzies et al., 2019).

From the existential tradition, however, this fear is not regarded as a pathology but as an inherent feature of the human condition. In *Nausea*, Jean-Paul Sartre evokes this vertigo before the abyss: "I approach the abyss and my gaze searches for me in its depths" (Sartre, 2013, p. 77). Søren Kierkegaard (2008)) spoke of the "sickness unto death," while Irvin D. Yalom later articulated this existential horizon in terms of four ultimate concerns: death, freedom, isolation, and meaninglessness (Yalom, 1984).

Existential Awakening and the Reorganization of Life

The vertiginous pace and fragmentation characteristic of liquid modernity intensify this challenge. As Dienstag (2006) observes, "to live in the flow of time means that everything that exists is always precipitating into the nonexistence of the past" (p. 22). In a context dominated by volatile relationships, rapidly obsolete experiences, and the avoidance of decline, life risks dissolving into a succession of disconnected moments (Bauman, 2005). This cultural scenario fosters the denial of aging and death, weakening the possibility of constructing life narratives with temporal continuity (Han, 2023).

From this perspective, psychotherapy entails cultivating a different relationship with death and, by extension, with existence itself. A clinical practice focused exclusively on symptomatic relief risks reducing itself to a set of techniques while leaving the decisive cores of the client's biography untouched. Death, therefore, is neither a taboo nor an anomaly but a horizon that structures life. As Eugene Thacker suggests, "what if 'horror' has less to do with the fear of death and more with the fear of life?" (Thacker, 2015, pp. 109-110).

Encountering death constitutes one of the irreducible nuclei of human experience and may trigger what Weisman and Worden (1976) termed *existential plight*: an intensification of reflection on life and death that emerges as an existential shock. Such moments of radical awakening are often accompanied by anguish, as they reveal the fragility of existence and the transience of relationships, health, and personal projects. This experience describes an oscillating movement between suffering and growth, or a fluctuating awareness of mortality that, while capable of generating distress, may also open the possibility of a renewed sense of connection with oneself and with others (Tarbi & Meghani, 2019). Indeed, multiple studies have highlighted that when confrontation with death is addressed explicitly and within a supportive context, it can foster coping mechanisms, autonomy, and what some authors have termed *existential health* (Rosa et al., 2022).

Within this framework, the therapeutic encounter may become a space in which an existential awakening is rehearsed, or in which the variables organizing behavior can be examined. Karl Jaspers introduced the concept of *limit situations* to refer to experiences such as suffering, guilt, or death, capable of shattering the illusion of self-sufficiency and revealing the fragility of existence (Jaspers, 1993, p. 222). At this point, decisive questions emerge for psychotherapy: what life is being lived, and which life remains postponed? Finitude may thus function as a compass that reorders vital priorities.

Acceptance and Commitment Therapy and Existential Psychotherapy

Contextual Behavioral Science (CBS), and in particular Acceptance and Commitment Therapy (ACT), has shifted the focus of psychotherapy beyond the mere management of symptoms. From this perspective, life acquires meaning not through the absence of anguish but through commitment to what is considered significant even under adverse conditions. Within this model, values are not understood as achievable goals or external mandates, but rather as life directions that orient everyday action (Hayes et al., 2012).

Existential psychotherapy, in dialogue with ACT, begins from the premise that therapist and client share the same wound of finitude. Clinical practice, therefore, cannot be reduced to an asymmetrical relationship in which the therapist possesses the answers. Rather, it constitutes an intersubjective encounter in which both participants engage in shaping existence through questions and consequences generated within the therapeutic interaction itself. In this line, Macías et al. (2025) have described this convergence as a praxis of coexistence in which existentialism, philosophy, and behaviorism intertwine as a methodological framework for clinical work. From this contextual existential perspective, suffering is not conceived as an internal error to be corrected, but as a signal of a life in tension with its own contingency. The therapeutic task thus consists in reconciling determinism and freedom, technique and meaning, context and choice.

Empirical evidence indicates that existential interventions can reduce death anxiety and strengthen a sense of meaning in life (Breitbart et al., 2015; Vos et al., 2019). Likewise, personal values function as buffers against anxiety, promoting indicators of psychological well-being (Routledge & Juhl, 2010; Taubman, 2011). These findings support Neimeyer et al. (2010) assertion that the construction of meaning constitutes a central organizing principle within existential psychotherapy.

Experiential avoidance of death tends to perpetuate patterns of suffering that may become chronic, whereas its acceptance within the framework of personal values opens the possibility of greater psychological flourishing (Ciarrochi et al., 2022; Jiang et al., 2024).

In the context of grief work, Russ Harris (2010) proposes two key ACT strategies. The first is cognitive defusion, which allows individuals to observe death-related thoughts as transient mental events rather than literal truths. The second involves a shift from attempts to control distress toward an attitude of acceptance, where one learns to coexist with the inevitability of death without becoming paralyzed by it. Complementing these strategies are metaphors and experiential exercises such as writing one's epitaph or imagining one's own funeral. These practices function as devices for values clarification: symbolically confronting death allows individuals to reconsider their hierarchy of values and translate finitude into concrete steps and actions.

When examined more closely, these ACT procedures resonate strongly with existential philosophy. Defusion can be related to Kierkegaard's description of anxiety as the vertigo of freedom, while acceptance echoes Jean Paul Sartre's insight that every choice necessarily closes off other possibilities: "human existence is choice, and to choose, therefore to act, is to annihilate possibilities" (Sartre, 1993, p. 415). The symbiosis between psychotherapy and philosophy thus provides a framework for understanding death as a liminal space, while psychotherapy contributes concrete procedures such as psychological distancing, acceptance, and experiential exercises like the funeral or epitaph, which systematize these reflections within clinical practice with a coherent rationale. Philosophy names the vertigo of freedom; psychotherapy trains pragmatic ways of sustaining it. Where philosophy offers anthropological depth and conceptual context, psychotherapy ensures practical applicability and methodological rigor. Conversely, where psychotherapy risks becoming merely instrumental technique, philosophy restores horizon and direction.

Within this intersection between ACT and existential psychotherapy, the lived experience of clients becomes particularly salient. One client once remarked: "Perhaps my fear of death comes from my inability to have made the decisions I truly wanted." What was feared was not merely the cessation of existence, but the possibility of not having existed fully enough. As Peña (2024) suggests, in harmony with Sartre, "one dies with every choice, for doors are closed that will never open again" (p. 41). In this sense, fear of death may also emerge as a form of mourning for lives not lived, rather than merely as dissatisfaction characteristic of modernity. This becomes fertile terrain for clinical work, where therapy intervenes by clarifying values and opening possibilities for action in the present (Cázares Blanco, 2024).

These procedures illustrate how confronting death may function as a form of applied ethics within the contextual existential convergence. ACT, therefore, should not be understood merely as a repertoire of techniques, but as a *paideia*-a pedagogy of finitude-within a form of psychotherapy conceived as a human science rather than a purely technological one (Pérez Álvarez, 2019).

What Makes a Life Valuable?

From the Aristotelian paradigm of eudaimonic well-being, values do not merely refer to pleasure or relief but to a way of being-in-the-world consistent with what is recognized as worthy of pursuit. Eudaimonia does not describe a fleeting affective state but rather an examined life sustained through narrative continuity, in which even suffering can be integrated into a broader life project (Ryan et al., 2008; Waterman, 1993).

From the perspective of functional contextualism, valuable choices do not arise in a vacuum but at the intersection of personal history, social practices, and shared contexts of meaning. Speaking of chosen values does not imply that any life direction is equally valuable; rather, individuals can evaluate the orientations organizing their behavior in light of their consequences within lived experience.

This issue introduces a significant philosophical problem. If all value is reduced to individual preference, the notion of a valuable life loses substantive content. Yet if substantive normative criteria are imposed to determine what should count as a good life, the pragmatic ground of contextualism is abandoned. At this point, it is useful to revisit the Aristotelian tradition itself: the discrimination between ways of living depends on practical wisdom (*phronesis*), understood as the capacity to integrate values, emotions, and deliberation within concrete situations. From this perspective, what is valuable can be understood in terms of its contribution to psychological well-being within particular contexts. Recent

research in moral psychology has begun to operationalize this idea, showing that *phronesis* functions as an integrative metavirtue coordinating moral perception, identity, emotion, and practical deliberation (McLoughlin et al., 2025). For this reason, psychotherapy does not prescribe in advance which values should guide a person's life, yet neither does it simply validate any individual preference. Rather, it accompanies individuals in the search for this criterion of living and in examining how certain courses of action generate greater coherence and biographical continuity than others.

Confrontation with finitude can facilitate this practical clarification. Recognizing death prevents life from dissolving into a succession of distractions that indefinitely postpone what gives direction and density to existence.

Temporality and the Tragic Consciousness of Existence

As a counterpoint to the foregoing discussion, the figure of the tragic philosopher acquires particular therapeutic resonance. Rather than seeking refuge in illusions of transcendence, this figure confronts reality in its contradictory nakedness, fleeting and exuberant at once (Rosset, 1976). For such a thinker, the joy of living ultimately appears unthinkable, since it lacks rational justification and cannot be derived from any ultimate foundation. Yet precisely for this reason, the tragic philosopher endeavors to think this groundless abundance to its very limit, allowing it to appear in the fullness of its contingency. This perspective resonates with existential psychotherapy, where living is not reduced to the mere prolongation of biological life but involves appropriating existence under the dim light of finitude. Within this horizon, vital joy, though irrational and unjustifiable, remains possible even in the face of the certainty of death. To live under the light of finitude is to accept that there will never be an ideal moment to begin, for existence may grant no postponements.

When vital joy does emerge, it does not follow plans or guarantees but appears almost accidentally, without justification or warning. A psychotherapy that engages with death does not aim to neutralize this exposure to contingency, but rather to help the client learn to inhabit it with a certain dignity, recognizing that every choice entails loss and that life nevertheless deserves affirmation. What is truly tragic is not dying, but indefinitely postponing the fact of being alive.

At this point, the notion of temporal limit becomes particularly relevant. In existential terms, death constitutes the inescapable horizon that Martin Heidegger in Being and Time (2003) described as the "ownmost possibility" of Dasein: the only certainty that, when genuinely acknowledged, opens the possibility of a more authentic life. By contrast, Theodor W. Adorno, in *The Jargon of Authenticity*, questioned Heidegger's ontology, arguing that the notion of "being-toward-death" transforms finitude into an abstract and dehistoricized individual destiny (Adorno, 2009). Against the idea of death as a purely existential horizon, Adorno emphasized that the experience of finitude is mediated by concrete social conditions such as exploitation, violence, and catastrophe. In this sense, rather than affirming the Heideggerian "ownership" of death, Adorno argued that philosophical truth requires recognizing the historicity of negativity, that is, the forms of suffering, violence, and injustice inscribed within social life.

Discussion

Death marks the end of biological life, yet it also orients biographical life, compelling individuals to distinguish between what is essential and what is superfluous. The awareness that time is limited provides an existential metric that dissolves the illusion that everything can be postponed in a culture oscillating between a conquering *carpe diem* and the perpetual promise of "tomorrow."

This awareness of temporal limits also functions as a principle of practical clarification in Nietzsche's notion of the eternal recurrence in *The Gay Science*: "What if some day or night a demon were to steal after you into your loneliest loneliness and say to you: 'This life as you now live it and have lived it, you will have to live once more and innumerable times more…?'" (Nietzsche, 1990, p. 273). Awareness of finitude thus becomes the existential condition of life's meaning, insofar as temporal limitation is precisely what confers urgency and direction to human projects (García-Haro et al., 2018).

What Heidegger described as the "ownmost possibility" of *Dasein*, that is, the awareness of finitude as a structural condition of existence, appears in contemporary clinical practice as a practical challenge: how to help individuals inscribe death into their biography without becoming paralyzed by it. From this perspective, ACT does not aim to provide an ontology of the human being or a metaphysical theory of death. Its philosophical foundation, functional contextualism, deliberately adopts an a-ontological stance, focusing not on describing what reality is in itself but on analyzing which processes expand or restrict people's lives within specific contexts. Nevertheless, precisely because of its pragmatic orientation toward action and lived experience, ACT operates in a terrain bordering existential ontology. Processes such as acceptance, mindfulness, and values clarification allow awareness of temporal limitation to cease functioning as a paralyzing threat and instead become a criterion guiding behavior (Gloster et al., 2020).

Exercises such as writing an epitaph, imagining one's own funeral, or working with certain therapeutic metaphors illustrate how to operationalize what philosophy has long formulated as "learning how to die in order to learn how to live" (Lewis, 2014). From this perspective, working with death in psychotherapy does not mean inducing fatalism but opening a space for clarification: if time is finite, which relationships, projects, and choices deserve to occupy it? Death ceases to be an abstract enemy and becomes a teacher guiding each decision. Existential acceptance entails embracing the paradox that life is fragile and limited and that precisely in this fragility its meaning resides.

Drawing again on humanistic insights, the convergence of philosophy, clinical practice, and literature enriches the repertoire of psychotherapy. Borges expressed this idea with metaphysical irony in *The Immortal*, included in *The Aleph*: "No one is someone; a single immortal man is all men" (Borges, 1949, p. 21). In a different but convergent key, Simone de Beauvoir explored the same theme in *All Men Are Mortal* (Beauvoir, 1992). In the novel, immortality appears not as a privilege but as an experience that ultimately empties life of urgency and meaning, revealing that it is mortality that gives weight to human decisions. Immortality would dissolve the value of lived experience into indefinite repetition; mortality, by contrast, singularizes us and grants gravity to each moment.

Ultimately, psychotherapy does not prolong chronological life, but it can deepen the life within that chronology by teaching the art of not wasting it. When death is understood as a deadline, it reminds us that there will be no second examinations in September and no sequels to the saga. In this sense, as Montaigne observed, whoever has learned how to die has unlearned how to serve (Montaigne, 2007). Looking death in the face does not lead to morbid obsession but to a clarifying awareness. Once this gaze has fulfilled its task, death recedes from the center of the stage and moves to the margins. It remains there, at the silent edge of the path, yet it no longer dominates life. A paradox then emerges: the more death is accepted, the less we need to think about it. We simply live. And living, in this deeper sense, means inhabiting time with deliberation caring for relationships, repairing bonds, and embodying one's values in everyday action. As Baruch Spinoza famously wrote, "A free man thinks of nothing less than of death, and his wisdom is a meditation on life" (Spinoza, 2000).

If life grants no postponements, what sense is there in continuing to procrastinate the moment to begin living?

Conflict of Interest

The author declares no conflict of interest.

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