Existential Psychotherapy: The Introduction

Once, several years ago, some friends and I enrolled in a cooking class taught by an Armenian matriarch and her aged servant. Since they spoke no English and we no Armenian, communication was not easy. She taught by demonstration; we watched (and diligently tried to quantify her recipes) as she prepared an array of marvelous eggplant and lamb dishes. But our recipes were imperfect; and, hard as we tried, we could not duplicate her dishes. "What was it," I wondered, "that gave her cooking that special touch?" The answer eluded me until one day, when I was keeping a particularly keen watch on the kitchen proceedings, I saw our teacher, with great dignity and deliberation, prepare a dish. She handed it to her servant, who wordlessly carried it into the kitchen to the oven and, without breaking stride, threw in handful after handful of assorted spices and condiments. I am convinced that those surreptitious "throw-ins" made all the difference.

That cooking class often comes to mind when I think about psychotherapy, especially when I think about the critical ingredients of successful therapy. Formal texts, journal articles, and lectures portray therapy as precise and systematic, with carefully delineated stages, strategic technical interventions, the methodical development and resolution of transference, analysis of object relations, and a careful, rational program of insight-offering interpretations. Yet I believe deeply that, when no one is looking, the therapist throws in the "real thing."

But what are these "throw-ins," these elusive, off-the-record extras? They exist outside of formal theory, they are not written about, they are not explicitly taught. Therapists are often unaware of them; yet every therapist knows that he or she cannot explain why many patients improve. The critical ingredients are hard to describe, even harder to define. Indeed, is it possible to define and teach such qualities as compassion, "presence," caring, extending oneself, touching the patient at a profound level, or—that most elusive one of all—wisdom?

One of the first recorded cases of modern psychotherapy is highly illustrative of how therapists selectively inattend to these extras.[1] (Later descriptions of therapy are less useful in this regard because psychiatry became so doctrinaire about the proper conduct of therapy that off-the-record maneuvers were omitted from case reports.) In 1892, Sigmund Freud successfully treated Fraulein Elisabeth von R., a young woman who was suffering from psychogenic difficulties in walking. Freud explained his therapeutic success solely by his technique of abreaction, of de-repressing certain noxious wishes and thoughts. However, in studying Freud's notes, one is struck by the vast number of his other therapeutic activities. For example, he sent Elisabeth to visit her sister's grave and to pay a call upon a young man whom she found attractive. He demonstrated a "friendly interest in her present circumstances"[2] by interacting with the family in the patient's behalf: he interviewed the patient's mother and "begged" her to provide open channels of communication with the patient and to permit the patient to unburden her mind periodically. Having learned from the mother that Elisabeth had no possibility of marrying her dead sister's husband, he conveyed that information to his patient. He helped untangle the family financial tangle. At other times Freud urged Elisabeth to face with calmness the fact that the future, for everyone, is inevitably uncertain. He repeatedly consoled her by assuring her that she was not responsible for unwanted feelings, and pointed out that her degree of guilt and remorse for these feelings was powerful evidence of her high moral character. Finally, after the termination of therapy, Freud, hearing that Elisabeth was going to a private dance, procured an invitation so he could watch her "whirl past in a lively dance." One cannot help but wonder what really helped Fraulein von R. Freud's extras, I have no doubt, constituted powerful interventions; to exclude them from theory is to court error.

It is my purpose in this book to propose and elucidate an approach to psychotherapy—a theoretical structure and a series of techniques emerging from that structure—which will provide a framework for many of the extras of therapy. The label for this approach, "existential psychotherapy," defies succinct definition, for the underpinnings of the existential orientation are not empirical but are deeply intuitive. I shall begin by offering a formal definition, and then, throughout the rest of this book, I shall elucidate that definition: *Existential psychotherapy is a*

dynamic approach to therapy which focuses on concerns that are rooted in the individual's existence.

It is my belief that the vast majority of experienced therapists, regardless of their adherence to some other ideological school, employ many of the existential insights I shall describe. The majority of therapists realize, for example, that an apprehension of one's finiteness can often catalyze a major inner shift of perspective, that it is the relationship that heals, that patients are tormented by choice, that a therapist must catalyze a patient's "will" to act, and that the majority of patients are bedeviled by a lack of meaning in their lives.

But the existential approach is more than a subtle accent or an implicit perspective that therapists unwittingly employ. Over the past several years, when lecturing to psychotherapists on a variety of topics, I have asked, "Who among you consider yourselves to be existentially oriented?" A sizable proportion of the audience, generally over 50 percent, respond affirmatively. But when these therapists are asked, "What *is* the existential approach?" they find it difficult to answer. The language used by therapists to describe any therapeutic approach has never been celebrated for its crispness or simple clarity; but, of all the therapy vocabularies, none rivals the existential in vagueness and confusion. Therapists associate the existential approach with such intrinsically imprecise and apparently unrelated terms as "authenticity," "encounter," "responsibility," "choice," "humanistic," "self-actualization," "centering," "Sartrean," and "Heideggerian"; and many mental health professionals have long considered it a muddled, "soft," irrational, and romantic orientation which, rather than being an "approach," offers a license for improvisation, for undisciplined, woolly therapists to "do their thing." I hope to demonstrate that such conclusions are unwarranted, that the existential approach is a valuable, effective psychotherapeutic paradigm—as rational, as coherent, and as systematic as any other.

Existential Therapy: A Dynamic Psychotherapy

Existential psychotherapy is a form of dynamic psychotherapy. "Dynamic" is a term frequently used in the mental health field—as in "psychodynamics"; and if one is to understand one of the basic features of the

existential approach, it is necessary to be clear about the meaning of dynamic therapy. "Dynamic" has both lay and technical meanings. In the lay sense "dynamic" (deriving from the Greek *dunasthi,* "to have strength or power") evokes energy and movement (a "dynamic" football player or politician, "dynamo," "dynamite"); but this is not its technical sense for, if it were, what therapist would own to being nondynamic—that is, slow, sluggish, stagnant, inert? No, the term has a specific technical use that involves the concept of "force." Freud's major contribution to the understanding of the human being is his dynamic model of mental functioning—a model that posits that there are forces in conflict within the individual, and that thought, emotion, and behavior, both adaptive and psychopathological, are the resultant of these conflicting forces. Furthermore—and this is important—*these forces exist at varying levels of awareness;* some, indeed, are entirely unconscious.

The psychodynamics of an individual thus include the various unconscious and conscious forces, motives, and fears that operate within him or her. The dynamic psychotherapies are therapies based upon this dynamic model of mental functioning.

So far, so good. Existential therapy, as I shall describe it, fits comfortably in the category of the dynamic therapies. But what if we ask, Which forces (and fears and motives) are in conflict? What is the *content* of this internal conscious and unconscious struggle? It is at this juncture that dynamic existential therapy parts company from the other dynamic therapies. Existential therapy is based on a radically different view of the specific forces, motives, and fears that interact in the individual.

The precise nature of the deepest internal conflicts is never easy to identify. The clinician working with a troubled patient is rarely able to examine primal conflicts in pristine form. Instead, the patient harbors an enormously complex set of concerns: the primary concerns are deeply buried, encrusted with layer upon layer of repression, denial, displacement, and symbolization. The clinical investigator must contend with a clinical picture of many threads so matted together that disentanglement is difficult. To identify the primary conflicts, one must use many avenues of access—deep reflection, dreams, nightmares, flashes of profound experience and insight, psychotic utterances, and the study

of children. I shall, in time, explore these avenues, but for now a stylized schematic presentation may be helpful.

Existential Psychodynamics

The existential position emphasizes *a conflict that flows from the individual's confrontation with the givens of existence.* And I mean by "givens" of existence certain ultimate concerns, certain intrinsic properties that are a part, and an inescapable part, of the human being's existence in the world.

How does one discover the nature of these givens? In one sense the task is not difficult. The method is deep personal reflection. The conditions are simple: solitude, silence, time, and freedom from the everyday distractions with which each of us fills his or her experiential world. If we can brush away or "bracket" the everyday world, if we reflect deeply upon our "situation" in the world, upon our existence, our boundaries, our possibilities, if we arrive at the ground that underlies all other ground, we invariably confront the givens of existence, the "deep structures," which I shall henceforth refer to as "ultimate concerns." This process of reflection is often catalyzed by certain urgent experiences. These "boundary," or "border," situations, as they are often referred to, include such experiences as a confrontation with one's own death, some major irreversible decision, or the collapse of some fundamental meaning-providing schema.

This book deals with four ultimate concerns: death, freedom, isolation, and meaninglessness. The individual's confrontation with each of these facts of life constitutes the content of the existential dynamic conflict.

Death The most obvious, the most easily apprehended ultimate concern is death. We exist now, but one day we shall cease to be. Death will come, and there is no escape from it. It is a terrible truth, and we respond to it with mortal terror. "Everything," in Spinoza's words, "endeavors to persist in its own being";[3] and a core existential conflict is the tension between the awareness of the inevitability of death and the wish to continue to be.

Freedom Another ultimate concern, a far less accessible one, is freedom. Ordinarily we think of freedom as an unequivocally positive concept. Throughout recorded history has not the human being

yearned and striven for freedom? Yet freedom viewed from the perspective of ultimate ground is riveted to dread. In its existential sense "freedom" refers to the absence of external structure. Contrary to everyday experience, the human being does not enter (and leave) a well-structured universe that has an inherent design. Rather, the individual is entirely responsible for—that is, is the author of—his or her own world, life design, choices, and actions. "Freedom," in this sense, has a terrifying implication: it means that beneath us there is no ground—nothing, a void, an abyss. A key existential dynamic, then, is the clash between our confrontation with groundlessness and our wish for ground and structure.

Existential Isolation A third ultimate concern is isolation—not *interpersonal* isolation with its attendant loneliness, or *intrapersonal* isolation (isolation from parts of oneself), but a fundamental isolation—an isolation both from creatures and from world—which cuts beneath other isolation. No matter how close each of us becomes to another, there remains a final, unbridgeable gap; each of us enters existence alone and must depart from it alone. The existential conflict is thus the tension between our awareness of our absolute isolation and our wish for contact, for protection, our wish to be part of a larger whole.

Meaninglessness A fourth ultimate concern, or given, of existence is meaninglessness. If we must die, if we constitute our own world, if each is ultimately alone in an indifferent universe, then what meaning does life have? Why do we live? How shall we live? If there is no preordained design for us, then each of us must construct our own meanings in life. Yet can a meaning of one's own creation be sturdy enough to bear one's life? This existential dynamic conflict stems from the dilemma of a meaning-seeking creature who is thrown into a universe that has no meaning.

The Existential Orientation: Strange but Oddly Familiar

A great deal of my material on the ultimate concerns will appear strange yet, in an odd way, familiar to the clinician. The material will appear strange because the existential approach cuts across common cat-

egories and clusters clinical observations in a novel manner. Furthermore, much of the vocabulary is different. Even if I avoid the jargon of the professional philosopher and use commonsense terms to describe existential concepts, the clinician will find the language psychologically alien. Where is the psychotherapy lexicon that contains such terms as "choice," "responsibility," "freedom," "existential isolation," "mortality," "purpose in life," "willing"? The medical library computers snickered at me when I requested literature searches in these areas.

Yet the clinician will find in them much that is familiar. I believe that the experienced clinician often operates implicitly within an existential framework: "in his bones" he appreciates a patient's concerns and responds accordingly. That response is what I meant earlier by the crucial "throw-ins." A major task of this book is to shift the therapist's focus, to attend carefully to these vital concerns and to the therapeutic transactions that occur on the periphery of formal therapy, and to place them where they belong—in the center of the therapeutic arena.

Another familiar note is that the major existential concerns have been recognized and discussed since the beginning of written thought, and that their primacy has been recognized by an unbroken stream of philosophers, theologians, and poets. That fact may offend our sense of pride in modernism, our sense of an eternal spiral of progress; but from another perspective, we may feel reassured to travel a well-worn path trailing back into time, hewed by the wisest and the most thoughtful of individuals.

These existential sources of dread are familiar, too, in that they are the experience of the therapist as Everyman; they are by no means the exclusive province of the psychologically troubled individual. Repeatedly, I shall stress that they are part of the human condition. How then, one may ask, can a theory of psychopathology* rest on factors that are experienced by every individual? The answer, of course, is that each person experiences the stress of the human condition in highly individualized fashion.

In fact, only the universality of human suffering can account for the

*In this discussion, as elsewhere, I refer to psychologically based disturbance, not to the major psychoses with a fundamental biochemical origin.

common observation that patienthood is ubiquitous. André Malraux, to cite one such observation, once asked a parish priest who had been taking confession for fifty years what he had learned about mankind. The priest replied, "First of all, people are much more unhappy than one thinks . . . and then the fundamental fact is that there is no such thing as a grown-up person."[4] Often it is only external circumstances that result in one person, and not another, being labeled a patient: for example, financial resources, availability of psychotherapists, personal and cultural attitudes toward therapy, or choice of profession—the majority of psychotherapists become themselves bona fide patients. The universality of stress is one of the major reasons that scholars encounter such difficulty when attempting to define and describe normality: the difference between normality and pathology is quantitative, not qualitative.

The contemporary model that seems most consistent with the evidence is analogous to a model in physical medicine that suggests that infectious disease is not simply a result of a bacterial or a viral agent invading an undefended body. Rather, disease is a result of a disequilibrium between the noxious agent and host resistance. In other words, noxious agents exist within the body at all times—just as stresses, inseparable from living, confront all individuals. Whether an individual develops clinical disease depends on the body's resistance (that is, such factors as immunological system, nutrition, and fatigue) to the agent: when resistance is lowered, disease develops, even though the toxicity and the virility of the noxious agent are unchanged. Thus, all human beings are in a quandary, but some are unable to cope with it: psychopathology depends not merely on the presence or the absence of stress but on the interaction between ubiquitous stress and the individual's mechanisms of defense.

The claim that the ultimate existential concerns never arise in therapy is entirely a function of a therapist's selective inattention: a listener tuned in to the proper channel finds explicit and abundant material. A therapist may choose, however, not to attend to the existential ultimate concerns precisely because they are universal experiences, and therefore nothing constructive can come from exploring them. Indeed, I have often noted in clinical work that when existential concerns are broached, the therapist and the patient are intensely energized for a short while;

but soon the discussion becomes desultory, and the patient and therapist seem to say tacitly, "Well that's life, isn't it! Let's move on to something neurotic, something we can do something about!"

Other therapists veer away from dealing with existential concerns not only because these concerns are universal but because they are too terrible to face. After all, neurotic patients (and therapists, too) have enough to worry about without adding such cheery items as death and meaninglessness. Such therapists believe that existential issues are best ignored, since there are only two ways to deal with the brutal existential facts of life—anxious truth or denial—and either is unpalatable. Cervantes voiced this problem when his immortal Don said, "Which would you have, wise madness or foolish sanity?"

An existential therapeutic position, as I shall attempt to demonstrate in later chapters, rejects this dilemma. Wisdom does not lead to madness, nor denial to sanity: the confrontation with the givens of existence is painful but ultimately healing. Good therapeutic work is always coupled with reality testing and the search for personal enlightenment; the therapist who decides that certain aspects of reality and truth are to be eschewed is on treacherous ground. Thomas Hardy's comment, "if a way to the Better there be, it exacts a full look at the Worst,"[5] is a good frame for the therapeutic approach I shall describe.

The Field of Existential Psychotherapy

Existential psychotherapy is rather a homeless waif. It does not really "belong" anywhere. It has no homestead, no formal school, no institution; it is not welcomed into the better academic neighborhoods. It has no formal society, no robust journal (a few sickly offspring were carried away in their infancy), no stable family, no paterfamilias. It does, however, have a genealogy, a few scattered cousins, and friends of the family, some in the old country, some in America.

Existential Philosophy: The Ancestral Home

"Existentialism is not easily definable." So begins the discussion of existential philosophy in philosophy's major contemporary encyclopedia.[6] Most other reference works begin in similar fashion and underscore the fact that two philosophers both labeled "existential" may