

CHAPTER 1

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, try as hard as we could, 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

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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 non-dynamic—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

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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. A brief review of three contrasting views of the individual's prototypic intrapsychic conflict—Freudian, neo-Freudian, and existential—illustrates by counterpoint the existential view of psychodynamics.

FREUDIAN PSYCHODYNAMICS

According to Freud, the child is governed by instinctual forces that are innate and, like a fern frond, gradually unfurl through the psychosexual developmental cycle. There are conflicts on several fronts: dual instincts (ego instincts versus libidinal instincts or, in the second theory, Eros versus Thanatos) oppose one another; the instincts collide with the demands of the environment and, later, with the demands of the internalized environment—the superego; the child is required to negotiate between the inner press for immediate gratification and the reality principle which demands delay of gratification. The instinctively driven individual is thus at war with a world that prevents satisfaction of innate aggressive and sexual appetites.

NEO-FREUDIAN (INTERPERSONAL) PSYCHODYNAMICS

The neo-Freudians—especially Harry Stack Sullivan, Karen Horney, and Erich Fromm—present another view of the individual's basic conflict. The child, rather than being instinct-powered and preprogrammed, is instead a being who, aside from innate neutral qualities like temperament and activity levels, is entirely shaped by cultural and interpersonal environment. The child's basic need is for security—for interpersonal acceptance and approval—and the quality of interaction with security-providing significant adults determines his or her* character structure. The child, though not powered by instincts, nonetheless has great innate energy, curiosity, an innocence of the body, an inherent potential for growth, and a wish for exclusive possession of loved adults. These attributes are not always consonant with the demands of surrounding significant adults, and the core conflict is between these natural growth inclinations and the child's need for security and approval. If a child is unfortunate enough to have parents so caught up in their own neurotic struggles that they can neither provide

* Throughout this book I have tried to avoid language with sexist connotations. Because linguistic convention lags behind social change, I have not always been successful.

security nor encourage autonomous growth, then severe conflict ensues. In such a struggle, growth is always compromised for the sake of security.

EXISTENTIAL PSYCHODYNAMICS

The existential position emphasizes a different kind of basic conflict: neither a conflict with suppressed instinctual strivings nor one with internalized significant adults, but *instead 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.

① **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.

② **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 ev-

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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.]

3 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.

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4 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 pre-ordained 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.]

EXISTENTIAL PSYCHODYNAMICS: GENERAL CHARACTERISTICS

“Existential psychodynamics” refers, thus, to these four givens, these ultimate concerns, and to the conscious and unconscious fears and motives spawned by each. The dynamic existential approach retains the basic dynamic *structure* outlined by Freud but radically alters the *content*. The old formula of:

DRIVE → ANXIETY → DEFENSE MECHANISM*

is replaced by

*Where the *anxiety* is a signal of danger—that is, if instinctual drives are permitted free rein, the organism is endangered, since the ego will be overwhelmed and retaliatory punishment (castration-abandonment) is inevitable; and the *defense mechanisms* restrict direct drive gratification but afford indirect expression—that is, in displaced, sublimated, or symbolic form.

AWARENESS OF
ULTIMATE CONCERN → ANXIETY → DEFENSE MECHANISM*

Both formulas assume that anxiety is the fuel of psychopathology; that psychic operations, some conscious and some unconscious, evolve to deal with anxiety; that these psychic operations (defense mechanisms) constitute psychopathology; and that, though they provide safety, they invariably restrict growth and experience. A major difference between these two dynamic approaches is that Freud's sequence begins with "drive," whereas an existential framework begins with awareness and fear. As Otto Rank knew,⁶ the therapist has far more leverage if he or she views the individual primarily as a fearful, suffering being rather than as an instinctually driven one.

These four ultimate concerns—death, freedom, isolation, and meaninglessness—constitute the corpus of existential psychodynamics. They play an extraordinarily important role at every level of individual psychic organization and have enormous relevance to clinical work. They also provide a central organizing principle; the four sections of this book will focus on each ultimate concern in turn and explore the philosophical, psychopathological, and therapeutic implications of each.

EXISTENTIAL PSYCHODYNAMICS: THE QUESTION OF DEPTH

Another major difference between existential dynamics and Freudian and neo-Freudian dynamics involves the definition of "deep." To Freud, exploration always meant excavation. With the deliberateness and patience of an archaeologist he scraped away at the many-layered psyche until he reached bedrock, a layer of fundamental conflicts that were the psychological residue of the *earliest* events in the life of the individual. Deepest conflict meant earliest conflict. Freud's psychodynamics are thus developmentally based, and "fundamental" or "primary" are to be grasped chronologically: each is synonymous with "first." Accordingly, the "fundamental" sources of anxiety, for example, are considered to be the earliest psychosexual calamities: separation and castration.

Existential dynamics are not wedded to a developmental model. There is no compelling reason to assume that "fundamental" (that is,

* Where the *anxiety* springs from fear of death, groundlessness, isolation, and meaninglessness, and the *defense mechanisms* are of two types: (1) conventional mechanisms of defense, which have been described thoroughly by Freud, Anna Freud,⁴ and Sullivan,⁵ and which defend the individual generally against anxiety regardless of its source; and (2) specific defenses, to be discussed shortly, which arise to serve the specific function of coping with each of the primary existential fears.

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important, basic) and “first” (that is, chronologically first) are identical concepts. To explore deeply from an existential perspective does not mean that one explores the past; rather, it means that one brushes away everyday concerns and thinks deeply about one’s existential situation. It means to think outside of time, to think about the relationship between one’s feet and the ground beneath one, between one’s consciousness and the space around one; it means to think not about the way one came to be the way one is, but *that* one is. The past—that is, one’s memory of the past—is important insofar as it is part of one’s current existence and has contributed to one’s current mode of facing one’s ultimate concerns; but it is, as I shall discuss later, not the most rewarding area for therapeutic exploration. The future-becoming-present is the primary tense of existential therapy.

This distinction does not mean that one cannot explore existential factors in a developmental framework (in fact, chapter 3 explores in depth the development of the child’s concept of death); but it does mean that development issues are not germane when an individual asks, “At this moment, at the deepest levels of my being, what are the most fundamental sources of dread?” The individual’s earliest experiences, though undeniably important in life, do not provide the answer to this fundamental question. In fact, the residue of earliest life creates a biological static that serves to obscure the answer. The answer to the inquiry is transpersonal. It is an answer that cuts beneath any individual’s personal life history. It is an answer that applies to every person: it belongs to the human being’s “situation” in the world.

This distinction between the developmental, dynamic, analytic model and the immediate, ahistorical, existential one has more than theoretical interest: as I shall discuss in later chapters, it has profound implications for the technique of the therapist.

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 categories 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 common-sense 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 this regard the existential model does not differ significantly from every major competing theory. Every individual passes through certain developmental stages, each with its own attendant anxiety. Everyone passes through the oedipal conflict, the disturbing emergence of aggressive and sexual feelings, castration anxiety (for males at least), the pain of individuation and separation, and many other severe developmental challenges. The only model of psychopathology that does not rest on universally experienced factors is one based on acute trauma. However, traumatic neuroses are rare. The overwhelming majority of patients suffer from stress that to differing degrees is part of every person's experience.

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

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In fact, only the universality of human suffering can account for the 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." 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 into 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!"

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Systems
ANALOGY
Anxiety/panic
Disease/trauma

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,"⁸ is a good frame for the therapeutic approach I shall describe.



If some existential issues are processed without counterbalance, it may result, define, or seem like madness. Wisdom, by definition, provides a balance between the existential issues of the daily grounding.

The Field of Existential Psychotherapy

Existential psychotherapy is rather much 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.⁹ Most other reference works begin in similar fashion and underscore the fact that two philosophers both labeled "existential" may disagree on every cardinal point (aside from their shared aversion to being so labeled). Most philosophical texts resolve the problem of definition by listing a number of themes relating to existence (for example,

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being, choice, freedom, death, isolation, absurdity), and by proclaiming that an existential philosopher is one whose work is dedicated to exploring them. (This is, of course, the strategy I use to identify the field of existential psychotherapy).

There is an existential "tradition" in philosophy and a formal existential "school" of philosophy. Obviously the existential tradition is ageless. What great thinker has not at some point in both work and life turned his or her attention to life and death issues? The formal school of existential philosophy, however, has a clearly demarcated beginning. Some trace it to a Sunday afternoon in 1834, when a young Dane sat in a café smoking a cigar and mused upon the fact that he was on his way to becoming an old man without having made a contribution to the world. He thought about his many successful friends:

. . . benefactors of the age who know how to benefit mankind by making life easier and easier, some by railways, others by omnibuses and steamboats, others by telegraph, others by easily apprehended compendiums and short recitals of everything worth knowing, and finally the true benefactors of the age who by virtue of thought make spiritual existence systematically easier and easier.¹⁰

His cigar burned out. The young Dane, Søren Kierkegaard, lit another and continued musing. Suddenly there flashed in his mind this thought:

You must do something but inasmuch as with your limited capacities it will be impossible to make anything easier than it has become, you must, with the same humanitarian enthusiasm as the others, undertake to make something harder.¹¹

He reasoned that when all combine to make everything easier, then there is a danger that easiness will be excessive. Perhaps someone is needed to make things difficult again. It occurred to him that he had discovered his destiny: he was to go in search of difficulties—like a new Socrates.¹² And which difficulties? They were not hard to find. He had only to consider his own situation in existence, his own dread, his choices, his possibilities and limitations.

Kierkegaard devoted the remainder of his short life to exploring his existential situation and during the 1840s published several important existential treatises. His work remained untranslated for many years and exerted little influence until after the First World War, when it found fertile soil and was taken up by Martin Heidegger and Karl Jaspers.

The relation of existential therapy to the existential school of philos-

ophy is much like that of clinical pharmacotherapy to biochemical bench research. I shall frequently draw upon philosophical works to explicate, corroborate, or illustrate some of the clinical issues; but it is not my intention (nor within my range of scholarship) to discuss in a comprehensive fashion the works of any philosopher or the major tenets of existential philosophy. This is a book for clinicians, and I mean it to be clinically useful. My excursions into philosophy will be brief and pragmatic; I shall limit myself to those domains that offer leverage in clinical work. I cannot blame the professional philosopher who may liken me to the Viking raider who grabbed gemstones while leaving behind their intricate and precious settings.

analogy
borrowing
ideas

As the education of the great majority of psychotherapists includes little or no emphasis on philosophy, I shall not assume any philosophical background in my readers. When I do draw upon philosophical texts, I shall attempt to do so in a straightforward, jargon-free fashion—not an easy task, incidentally, since professional existential philosophers surpass even psychoanalytic theoreticians in the use of turbid, convoluted language. The single most important philosophical text in the field, Heidegger's *Being and Time*, stands alone as the undisputed champion of linguistic obfuscation.

I have never understood the reason for the impenetrable deep-sounding language. The basic existential concepts themselves are not complex, they do not need to be uncoded and meticulously analyzed as much as they need to be uncovered. Every person, at some point in life, enters a "brown study" and has some traffic with existential ultimate concerns. What is required is not formal explication: the task of the philosopher, and of the therapist as well, is to de-repress, to reacquaint the individual with something he or she has known all along. This is precisely the reason that many of the leading existential thinkers (for example, Jean-Paul Sartre, Albert Camus, Miguel de Unamuno, Martin Buber) prefer literary exposition rather than formal philosophical argument. Above all, the philosopher and the therapist must encourage the individual to look within and to attend to his or her existential situation.

THE EXISTENTIAL ANALYSTS: OLD COUNTRY COUSINS

A number of European psychiatrists took issue with many of the basic tenets of Freud's psychoanalytic approach. They objected to Freud's model of psychic functioning, to his efforts to understand the human being by way of an energy-conservation schema borrowed from the physical sciences, and suggested that such an approach resulted in an inadequate view of the human being. If one applies one schema to ex-

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plain all individuals, they argued, one misses the unique experience of the particular person. They objected to Freud's reductionism (that is, tracing all human behavior to a few basic drives), to his materialism (that is, explaining the higher in terms of the lower), and to his determinism (that is, the belief that all mental functioning is caused by identifiable factors already in existence).

The various existential analysts agreed on one fundamental procedural point: the analyst must approach the patient phenomenologically; that is, he or she must enter the patient's experiential world and listen to the phenomena of that world without the presuppositions that distort understanding. As Ludwig Binswanger, one of the best known of the existential analysts, said, "There is not one space and time only, but as many spaces and times as there are subjects."¹³

Aside from their reaction against Freud's mechanistic, deterministic model of the mind and their assumption of a phenomenological approach in therapy, the existential analysts have little in common and have never been regarded as a cohesive ideological school. These thinkers—who include Ludwig Binswanger, Melard Boss, Eugene Minkowsky, V. E. Gebattel, Roland Kuhn, G. Caruso, F. T. Buytendijk, G. Bally, and Viktor Frankl—were almost entirely unknown to the American psychotherapeutic community until Rollo May's highly influential 1958 book *Existence*—and especially his introductory essay¹⁴—introduced their work into this country.

However, today, more than twenty years after May's book, it is striking that these figures exert little influence upon American psychotherapeutic practice. They mean little more than the unknown faces in faded daguerreotypes in the family photo album. In part, this neglect has resulted from a language barrier: aside from some of the writings of Binswanger, Boss, and Frankl, these philosophers have been seldom translated. For the most part, however, it is due to the abstruse nature of their writing: they are steeped in a Continental philosophical *Weltanschauung* far out of synchrony with the American pragmatic tradition in therapy. Thus, the Continental existential analysts remain scattered and, for the most part, lost cousins of the existential therapy approach I intend to describe. I do not draw heavily from them here, with the single exception of Viktor Frankl, an eminently pragmatic thinker, whose work has been widely translated.

HUMANISTIC PSYCHOLOGISTS: FLASHY AMERICAN COUSINS

The European existential analytic trend arose both from a desire to apply philosophical concepts to a clinical study of the person and as a reaction to Freud's model of man. In the United States an analogous

movement began to rumble in the late 1950s, it surfaced and coalesced in the 1960s, and it rode madly off in all directions at once in the 1970s.

Academic psychology had by the 1950s been long dominated by two major ideological schools. The first—and, by far, the longest dominant—was a scientific positivistic behaviorism; the second was Freudian psychoanalysis. A minor voice first heard in the late 1930s and 1940s belonged to abnormal and social psychologists who coexisted uncomfortably in the experimental psychology bastions. Gradually those personality theorists (for example, Gordon Allport, Henry Murray, and Gardner Murphy and, later, George Kelly, Abraham Maslow, Carl Rogers, and Rollo May) grew uncomfortable with the limitations of both the behavioristic and the analytic schools. They felt that both of these ideological approaches to the person excluded some of the most important qualities that make the human being human—for example, choice, values, love, creativity, self-awareness, human potential. In 1950 they formally established a new ideological school which they labeled “humanistic psychology.” Humanistic psychology, sometimes referred to as the “third force” in psychology (after behaviorism and Freudian analytic psychology), became a robust organization with growing membership rolls and an annual convention attended by thousands of mental health professionals. In 1961 the American Association of Humanistic Psychology founded the *Journal of Humanistic Psychology*, which has included on its editorial board such well-known figures as Carl Rogers, Rollo May, Lewis Mumford, Kurt Goldstein, Charlotte Buhler, Abraham Maslow, Aldous Huxley, and James Bugental.

The fledgling organization made some early attempts to define itself. In 1962 it formally stated:

Humanistic Psychology is primarily concerned with those human capacities and potentialities that have little or no systematic place, either in positivist or behaviorist theory or in classical psychoanalytic theory: e.g., love, creativity, self, growth, organism, basic need-gratification, self-actualization, higher values, being, becoming, spontaneity, play, humor, affection, naturalness, warmth, ego-transcendence, objectivity, autonomy, responsibility, meaning, fairplay, transcendental experience, psychological health, and related concepts.¹⁵

In 1963 the association’s president, James Bugental, suggested five basic postulates:

1. *Man, as man, supersedes the sum of his parts* (that is, man cannot be understood from a scientific study of part-functions.)
2. *Man has his being in a human context* (that is, man cannot be understood by part-functions which ignore interpersonal experience.)

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3. *Man is aware* (and cannot be understood by a psychology which fails to recognize man's continuous, many-layered self-awareness.)
4. *Man has choice* (man is not a bystander to his existence; he creates his own experience.)
5. *Man is intentional** (man points to the future; he has purpose, values and meaning.)¹⁶

Much in these early manifestos—antideterminism, the emphasis on freedom, choice, purpose, values, responsibility, the dedication to appreciating the unique experiential world of each individual—is of great importance in the existential frame of reference I present in this book. But by no means is the American field of humanistic psychology synonymous with the Continental existential tradition; there is a fundamental difference in accent. The existential tradition in Europe has always emphasized human limitations and the tragic dimensions of existence. Perhaps it has done so because Europeans have had a greater familiarity with geographic and ethnic confinement, with war, death, and uncertain existence. The United States (and the humanistic psychology it spawned) bathed in a *Zeitgeist* of expansiveness, optimism, limitless horizons, and pragmatism. Accordingly, the imported form of existential thought has been systematically altered. Each of the basic tenets has a distinct New World accent. The European focus is on limits, on facing and taking into oneself the anxiety of uncertainty and non-being. The humanistic psychologists, on the other hand, speak less of limits and contingency than of development of potential, less of acceptance than of awareness, less of anxiety than of peak experiences and oceanic oneness, less of life meaning than of self-realization, less of apartness and basic isolation than of I-Thou and encounter.

In the 1960s the counterculture with its attendant social phenomena—such as the free speech movement, the flower children, the drug culture, the human-potentialists, the sexual revolution—engulfed the humanistic psychological movement. Soon the association conventions developed aspects of a carnival. The big tent of humanist psychology was, if nothing else, generous and soon included a bewildering number of schools barely able to converse with one another even in an existential *Espeñanto*. Gestalt therapy, transpersonal therapy, encounter groups, holistic medicine, psychosynthesis, Sufi, and many, many others pranced into the arena. The new trends have value orientations that bear significant implications for psychotherapy. There is an emphasis

* To be distinguished from the technical philosophical use of intentionality which refers to the phenomenon that consciousness is always directed toward some object: that is, consciousness is consciousness *of* something.

on hedonism ("if it feels good, do it"), on anti-intellectualism (which considers any cognitive approach as "mind-fucking"), on individual fulfillment ("doing your own thing," "peak experiences"), and on self-actualization (a belief in human perfectibility is common to most humanistic psychologists, with the major exception of Rollo May, who is more deeply grounded in the existential philosophical tradition).

These proliferating trends, especially the anti-intellectual ones, soon effected a divorce between humanistic psychology and the academic community. Humanistic psychologists in established academic positions felt uneasy about the company they were keeping and gradually disaffiliated themselves. Fritz Perls, himself far from an advocate of discipline, expressed great concern about the "turner-oners," the "anything goes," the "instant sensory awareness" approach,¹⁷ and eventually the three figures who supplied humanistic psychology with its initial intellectual leadership—May, Rogers, and Maslow—grew deeply ambivalent about these irrational trends and gradually decreased their active sponsorship.

Existential psychotherapy, thus, has a hazy relationship with humanistic psychology. They share many basic tenets, however, and many humanistic psychologists have an existential orientation. Among them, Maslow, Perls, Bugental, Buhler, and especially Rollo May will be cited frequently in this text.

HUMANISTIC PSYCHOANALYSTS: FRIENDS OF THE FAMILY

There remains a group of relatives whom I shall refer to as "humanistic psychoanalysts," and who split off early from the genealogical branches I have described. Though they never considered themselves a clan, they closely parallel one another in their work. The major voices in this group—Otto Rank, Karen Horney, Erich Fromm, and Helmuth Kaiser—were all trained in the European Freudian psychoanalytic tradition but emigrated to America; and all, with the exception of Rank, made their major contributions while immersed in the American intellectual community. Each objected to Freud's instinct-powered model of human behavior, and each suggested important correctives. Though the work of each was far-ranging, each, for a period of time, turned his or her attention to some aspect of existential therapy. Rank, whose contributions have been brilliantly augmented by latter-day interpreter Ernest Becker, emphasized the importance of the will and of death anxiety; Horney, the crucial role of the future as an influencer of behavior (the individual is motivated by purpose, ideals, and goals rather than shaped and determined by past events); Fromm has masterfully illumi-

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nated the role and fear of freedom in behavior; while Kaiser has dealt with responsibility and isolation.

In addition to these major branches of philosophers, humanistic psychologists, and humanistically oriented psychoanalysts, the genealogical tree of existential therapy contains another important segment constituted by the great writers who, no less fully than their professional brethren, explored and explicated existential issues. Thus, the voices of Dostoevsky, Tolstoy, Kafka, Sartre, Camus, and many other distinguished teachers will be heard frequently throughout this book. Great literature survives, as Freud pointed out in his discussion of *Oedipus Rex*,¹⁸ because something in the reader leaps out to embrace its truth. The truth of fictional characters moves us because it is our own truth. Furthermore, great works of literature teach us about ourselves because they are scorchingly honest, as honest as any clinical data: the great novelist, however his or her personality may be split among many characters, is ultimately highly self-revelatory. Thornton Wilder once wrote: "If Queen Elizabeth or Frederick the Great or Ernest Hemingway were to read their biographies, they would exclaim, 'Ah—my secret is still safe!' But if Natasha Rostov were to read *War and Peace* she would cry out, as she covered her face with her hands, 'How did he know? How did he know?'"¹⁹

Existential Therapy and the Academic Community

Earlier I likened existential therapy to a homeless waif who was not permitted into the better academic neighborhoods. The lack of academic support from academic psychiatry and psychology has significant implications for the field of existential therapy, since academically dominated institutions control all the vital supply routes that influence the development of the clinical disciplines: the training of clinicians and academicians, research funding, licensure, and journal publication.

It is worth taking a moment to consider why the existential approach is so quarantined by the academic establishment. The answer centers primarily on the issue of the basis of knowledge—that is, how do we know what we know? Academic psychiatry and psychology, grounded in a positivist tradition, value empirical research as the method of validating knowledge.

Consider the typical career of the academician (and I speak not only from observation but from my own twenty-year academic career): the young lecturer or assistant professor is hired because he or she displays aptitude and motivation for empirical research, and later is rewarded and promoted for carefully and methodically performed research. The crucial tenure decision is made on the basis of the amount of empirical research published in refereed scientific journals. Other factors, such as teaching skills or nonempirical books, book chapters, and essays, are given decidedly secondary consideration.

It is extraordinarily difficult for a scholar to carve out an academic career based upon an empirical investigation of existential issues. The basic tenets of existential therapy are such that empirical research methods are often inapplicable or inappropriate. For example, the empirical research method requires that the investigator study a complex organism by breaking it down into its component parts, each simple enough to permit empirical investigation. Yet this fundamental principle negates a basic existential principle. A story told by Viktor Frankl is illustrative.²⁰

Two neighbors were involved in a bitter dispute. One claimed that the other's cat had eaten his butter and, accordingly, demanded compensation. Unable to resolve the problem, the two, carrying the accused cat, sought out the village wise man for a judgment. The wise man asked the accuser, "How much butter did the cat eat?" "Ten pounds" was the response. The wise man placed the cat on the scale. Lo and behold! it weighed exactly ten pounds. "Mirabile dictu!" he proclaimed. "Here we have the butter. But where is the cat?"

Where is the cat? All the parts taken together do not reconstruct the creature. A fundamental humanistic credo is that "man is greater than the sum of his parts." No matter how carefully one understands the composite parts of the mind—for example, the conscious and the unconscious, the superego, the ego, and the id—one still does not grasp the central vital agency, the person whose unconscious (or superego or id or ego) it is. Furthermore, the empirical approach never helps one to learn the *meaning* of this psychic structure to the person who possesses it. Meaning can never be obtained from a study of component parts, because meaning is never caused; it is created by a person who is supraordinate to all his parts.

But there is in the existential approach a problem for empirical research even more fundamental than the one of "Where is the cat?" Rollo May alluded to it when he defined existentialism as "the endeavor to understand man by cutting below the cleavage between subject

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and object which has bedeviled Western thought and science since shortly after the Renaissance."²¹ The "cleavage between subject and object"—let us take a closer look at that. The existential position challenges the traditional Cartesian view of a world full of objects and of subjects who perceive those objects. Obviously, this is the basic premise of the scientific method: there are objects with a finite set of properties that can be understood through objective investigation. The existential position cuts below this subject-object cleavage and regards the person not as a subject who can, under the proper circumstances, perceive external reality but as a consciousness who participates in the construction of reality. To emphasize this point, Heidegger always spoke of the human being as *dasein*. *Da* ("there") refers to the fact that the person is there, is a constituted object (an "empirical ego"), but at the same time constitutes the world (that is, is a "transcendental ego"). *Dasein* is at once the meaning giver and the known. Each *dasein* therefore constitutes its own world; to study all beings with some standard instrument as though they inhabited the same objective world is to introduce monumental error into one's observations.

It is important to keep in mind, however, that the limitations of empirical psychotherapy research are not confined to an existential orientation in therapy; it is only that they are more explicit in the existential approach. Insofar as therapy is a deeply personal, human experience, the empirical study of psychotherapy of any ideological school will contain errors and be of limited value. It is common knowledge that psychotherapy research has had, in its thirty-year history, little impact upon the practice of therapy. In fact, as Carl Rogers, the founding father of empirical psychotherapy research, sadly noted, not even psychotherapy researchers take their research findings seriously enough to alter their approach to psychotherapy.²²

It is also common knowledge that the great majority of clinicians stop doing empirical research once they finish their dissertation or earn tenure. If empirical research is a valid truth-seeking, truth-finding endeavor, why do psychologists and psychiatrists, once they have fulfilled academic requirements, put away their tables of random numbers for good? I believe that as the clinician gains maturity, he or she gradually begins to appreciate that there are staggering problems inherent in an empirical study of psychotherapy.

A personal experience may be illustrative. Several years ago two colleagues and I conducted a large research project on the process and the outcome of encounter groups. We published the results in a book, *Encounter Groups: First Facts*,²³ which has been at once hailed as a bench-