



Pragmatic Existential Counseling and Psychotherapy

INTIMACY, INTUITION, AND THE SEARCH FOR MEANING

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Essential Concepts and Themes in Theory and Therapy

The good physician treats the disease;

the great physician treats the patient who has the disease.

Sir William Osler

Existential counseling and psychotherapy are somewhat unique in the panoply of theories of human behavior and healing. The pragmatic existential methods in this book are experiential, phenomenological, and based in the client's subjective experience. Because these subjective experiences are oriented to the here-and-now interaction, the therapist's role is more active and personal.

Rooted in social science and philosophy rather than the natural sciences that highlight discovery and *decoding* of real world phenomena, existentialism is an *encoding theory*. For existential therapists, there is less focus on objective truth to be understood by virtue of carefully planned, progressive, deductive, empirical inquiry. Instead, truth is something to be created subjectively.

Most other theories emerged from deductive science: psychodynamic theories developed out of Freud's physiology training; behavioral theories have a foundation in Watson's social science experiments; even Gestalt therapy, which shares phenomenology with existential approaches, began in perceptual psychology laboratories (cf. Wertheimer & Spillman, 2012; Kohler, 1947; Lewin, 1951, etc.).

Roots

Although origins of existential thinking may be found as far back as the work of Socrates and Confucius, existential philosophy as a field emerged through the work of 19th- and 20th-century European philosophers such as Buber (1970), Heidegger (1962), Husserl (2008), Jaspers (1964), Kierkegaard (1980), Nietzsche (1974), Sartre (1943), and Tillich (1952) and religious thought in Judaism (e.g., Buber; 1970; Frankl, 2006), Christianity (Kierkegaard, 1980; Tillich, 1952), Buddhism (i.e., Miller, 2008), and atheism (i.e., Nietzsche, 1974; Sartre, 1964). Drawing on these influences and a tradition of rebellion against established order and deductive scientific methods, psychotherapists such as Binswanger (1963), Boss (1979), and Frankl (2006) codified and developed the theory during the post WWII period.

Related Influences

In Chapter 2, four existential schools were delineated. Each offers distinct foci of attention in psychotherapy. The current pragmatic approach shares a kinship with and employs constructs from many existential influences and also other forms of psychotherapy.

Person-Centered therapy (Rogers, 1951) has much in common with the *I-thou* relationship focus of existential therapies. Despite different origins, Gestalt therapy (Perls, 1968), Relational-Cultural therapy (Jordan, 2010), Personal Construct therapies (Kelly, 1955), Narrative therapy (i.e., White & Epston, 1990; Zimmerman & Dickerson, 1996), and to some extent, Motivational Interviewing (Miller & Rollnick, 2012) also share with existential approaches an emphasis on phenomenology, the here-and-now, centrality of the clients' frameworks, personal constructs, and subjective experiences.

Emotion-focused therapy has been described as a combination of existential and attachment theories (Greenberg, 2015; Johnson, 2008). Process-oriented group therapy (i.e., Shapiro, Peltz, & Bernadett-Shapiro, 1997) primarily focuses on an epigenetic development of group process and primacy of the here-and-now.

In the family therapy field, structural family therapy approaches (e.g., Minuchin & Fishman, 1981) that stress the basic family structure and members' work within that frame, Whitaker's (Neill & Kniskern, 1982) existential-experiential approach, and systems-oriented strategic family therapy (Haley, 1963; Watzlawick, Bavelas, & Jackson, 1967) share with existential

work the salience of consequences and the intrinsic pull for homeostasis and the status quo in therapy.

It is my strong conviction that pragmatic existential psychotherapy and its unique therapeutic relationship underlie a core of what makes all therapies work, whether or not it is attributed (cf. Norcross & Lambert, 2014; Schneider, 2008; Yalom, 1980).

A Brief Introduction to a Pragmatic Existential Therapy

The nature of existential work, particularly in the phenomenological, here-and-now, real-time moment, makes each therapist and each therapist-client interaction somewhat unique. It is half-joke, half-reality that by definition, no two practitioners of existential work are exactly alike in their approach to patients (DuPlock, 1997). Indeed, the true existential therapist may have quite divergent experiences with each client and from session to session with the same client. This makes a general definition somewhat challenging.

However, there are certain key principles that define the work as existential. Shapiro (2010) listed 12 basic tenets of these approaches to therapy. These are presented briefly in Table 3.1 and described in greater detail below.

Essential to the theory are the clients' examinations and explorations of the true nature of human beings. It is the knowledge of the limits of a person's life that both enervates and enlivens his or her passion to make the most of the life time that is available.

Table 3.1 Twelve Basic Tenets of Existential Psychotherapy

1. Primary focus is on clients' subjective experience.
2. Client's personal attribution of meaning is the reality with which therapist and client are engaged.
3. The therapeutic relationship is the vehicle for healing and dealing with <i>normal feelings of alienation, meaninglessness, and fears of mortality and the clients' adaptations to those basic human dilemmas.</i>
4. In the here-and-now context, the therapist is challenged to make explicit what was previously implicit.
5. Therapy is process centered and all content is viewed within the complexities of context.

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Table 3.1 (Continued)

6. Through use of parallel process, clients experience the same dynamic in the client-therapist relationship as in outside life.
7. Affective, cognitive, and action realms are grist for the therapeutic mill.
8. Enhanced personal awareness is both goal and method for clients to live more deliberately, authentically, and purposefully.
9. Primary attention is paid to awareness of the constant tension between needs for freedom and security. This relationship between fear (of the unknown) and guilt and stagnation (of the status quo) are viewed at both macro and micro (here-and-now) levels.
10. Exploration in therapy is less on what objectively occurred than on what meaning the event is given by individuals.
11. Anxiety is seen as the engine for change and as a healthy aspect of therapy.
12. Initially, many clients come into therapy with an expressed confusion around their sense that they are doing everything right but feeling unhappy or empty.

Subjective Reality and Seeking Meaning

The primary reality is that in which therapist and client are engaged. What actually occurs in a client's life is important but secondary to what meaning the client gives it and what occurs in the therapist-client relationship.

There are many familiar examples of this, none more poignant than Frankl's descriptions of experiences in the Nazi death camps. Even in the state of extreme privation, ongoing torture, and misery, he described the importance of finding love and meaning in suffering and development of mental spirituality—a place to which the guards could not go. Similarly, many people have not given in to a handicap but instead used it as a way to better inform their lives (cf. Feldman & Kravetz, 2014).

Sometimes Losses Become Victories

One particular patient of mine was diagnosed with a terminal illness and was given only a short time to live by her physicians. After an initial reaction of despondency, she became determined to use the time left in the best possible way; to “take every drop of living out of minutes instead of years.” Although the doctors' prognostications were accurate, she described, in one of her final therapy sessions, that the last 6 months of her life were surely her best.

Of course, this happens on a much smaller scale for most individuals. We regularly suffer losses in relationship, career, personal capability, or appearance and are challenged to find new paths and new meaning in life. Indeed, it is the essence of loss and facing new realities that spurs us forward in ways that victories cannot (Viorst, 1998).

As a young girl, Sandra was identified as “a beauty.” She excelled in many areas in school but learned early how to trade on her appearance. She won key roles in school plays, modelled swimsuits and undergarments in catalogues, and was “pretty much able to get whatever guy I wanted.” At 40, following her second divorce, she was still “playing the looks card.” She began trying to correct the toll of normal aging with plastic surgery. When she entered therapy, she was strikingly attractive for a woman her age, but her skills were those of the “pretty young thing.”

After several sessions dominated by flirtation with therapist feedback, she began to address the question, “Who am I if I am not beautiful?” As therapy progressed, Sandra was able to discover some tentative answers to that question by exploring herself, below the skin level. She then could begin to build a new life—one that didn’t require physical attractiveness as her primary relationship and career skill. She went back to school, finished her BA, and then went to graduate school to begin a new career. When I last saw her, she was struggling to build her new professional identity, but reported, “You know, I feel like I am in the right place for the first time.”

Sometimes Victories Generate an Internal Shift

This is not to suggest that only loss, suffering, or failure can provide the impetus for meaning or personal change. Victories can do so also, if we are able to attribute meaning to them.

Cliff had struggled most of his life to keep up with his peers. As a child, he had learning difficulties and was athletically inferior to his peers. At 40, he was just achieving what others had done in their twenties. He was a loyal and relatively effective worker at a company that managed commercial real estate. During a meeting early in 2008 in which the Chief Executive Officer (CEO) was talking about buying two new complexes, Cliff did the unusual. He disagreed and opined that he was scared that the market could burst. To his amazement, his voice was heard, and additional research led the upper management to consider selling instead of buying. They sold four properties before the market crashed in October of that year.

Although he was rewarded handsomely for his insight, the best part, Cliff reported, “I was so high because Jeff (the CEO) and Roland listened to me and took me seriously.” This victory and therapeutic encouragement led him

to also speak his mind with his family instead of automatically deferring to his wife. Although the first few attempts were “rocky,” Cliff later reported that the relationship with his wife and his two sons had improved markedly.

Most meaningful experiences contain a mixture of wins and losses. For example, one of the most exhilarating experiences in life can be parenthood. It may be filled with anxiety, pain, shifts in life priorities, and new vulnerabilities, but most new parents describe the event as both wonderful and life-changing. In a 25-year study I did with expectant fathers (Shapiro, 2014b), one of the most common spontaneous expressions was exemplified by one new dad, who exclaimed, “it’s the best thing I have ever done.”

Even in the glow of such victories, however, the existential reality emerges that the father’s life is pushed psychologically closer to its end by becoming a member of an older generation and the insidious reality that both he and his new baby will someday cease to be.

Who Is the Patient: Disease or Person With Dis-ease?

When therapy is viewed from the perspective of a supplicant seeking treatment from an expert healer, the complaint (symptom) becomes the focus of attention. The patient is “the phobia” or the “depression” and that is the entity that is treated. Treatment, defined in terms of reduction or purging of the symptoms, involves techniques or education.

That is quite different from the current approach. Here, the person-with-a-symptom is the client. Symptoms are not necessarily something to be eliminated. Instead we explore with the client the cost/value ratio of the symptom and most significantly, how the client can endure, grow, and find meaning in the disquiet. Although techniques and skills may be included, the essential aspect of treatment involves the relationship between two individuals working as a team to address the client’s concerns, within the client’s worldview.

To quote the great Talmudic scholar Maimonides, “*Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.*” Of course, you may want to help him find tonight’s meal while he is learning.

It’s the Relationship!

Since Rogers’ work in the middle of the 20th century, research into what truly makes therapy work has yielded some poignant indications. According to Shapiro (1987), Norcross (2014), and Norcross and Lambert (2014), among others, the key ingredient in successful therapy is the combination of the match between therapist and client and their relationship.

In existential therapy, everything comes down to the personal relationship between therapist and client. Although it is defined as a real relationship, it has unique rules of engagement. It is essentially asymmetrical—the goal is the client’s growth, not mutual growth, and there are professional boundaries and limits on which directions the relationship may go.

Real Versus Transference Relationship

In existential counseling and therapy, the primary goal is to foster *I-thou* moments (Buber, 1966) that create fertile ground for change. The actual relationship between the therapist and client is ideally a deep, present-oriented bond that is explored as experiences arise in the moment. Together, client and therapist explore current issues in the client’s life, the impact of core life conditions, and most uniquely, the interpersonal process occurring between them.

Although the relationship may involve considerable projection, it is distinguished from the traditional transference relationship in that what transpires is addressed directly, rather than interpretively, often with mutual self-disclosure. In short, in this form of therapy, *intimacy is considered an antidote to blocked feelings of alienation, isolation, responsibility, meaninglessness, and fears of mortality.*

Existential therapy works in affective (feelings-in-the moment), cognitive (insight), and behavioral realms. The therapist engages with the client to increase awareness at several levels of perceptual, interpersonal, and intrapsychic experience. The client’s present awareness in-the-moment is perceived both as goal and method for clients to live more deliberately, more authentically, and more purposefully.

Inductive and Deductive

Most scientific inquiry and approaches to psychotherapy are theory centric. The theory of the therapist governs what constitutes relevant data and explains what they mean through logic and hypothesis testing. In short, deductive approaches begin with the theoretical level and prove “truth” through observing client behavior.

The current approach operates in the reverse manner. Existential therapists observe raw data and generate theoretical notions. In this inductive approach, data precedes theory. The therapist and client engage on a mutual adventure to explore the clients’ experiences before putting them into a larger context. This is the essence of encoding versus decoding knowledge.

The philosophical assumption is that whatever occurs only has functional meaning when it is experienced by the person.

This can be seen in the following transcript from an initial therapy session. Note the differences in the nature of the therapeutic relationship and approach between this existential and other, more deductive therapies. The existential therapist (J) is far less a detective looking for some objective truth, than a fellow traveler seeking meaning. J's unspoken thoughts are in *parentheses and italics*.

An Initial Existential Session

Prior to this session, there was a brief phone interview. At the beginning of this first session, I had an opportunity to scan briefly the intake forms filled out by the client. Ella is a 33-year-old divorced woman, a practicing attorney, with no history of mental/emotional disorders in the past. She married her childhood sweetheart when they were in college. They were married for 9 years. She self-reported as a "religious person" who does not use caffeine, alcohol, or any recreational drugs. She had successful experiences with therapy in the past and did not return to a prior therapist, "because I recently moved here and she's 3 hours away." When she came in for therapy, she had not been dating seriously or involved in a primary relationship for the 3 years since her divorce.

J: How may I be of help?

E: I have a lot of anxiety about relationships. My biggest worry is that I will not be able to get into another relationship. I was divorced 3 years ago.

J: (*Intimacy issues may go both ways: Fears of not being in a relationship and being in one—premature to introduce the latter*) So, anxiety about finding a relationship and also a fear of not being in one.

E: More that I won't find one. I am worried that if I do meet someone, I will turn into this little girl, desperate for attention. And then if I don't get the attention, I will crave it and question my attractiveness and value.

J: (*It will be important at some point to consider the marriage, divorce, early attachment and relationship history. . . . Very tempting to go there and explore roots of her current concerns—better to explore from existential perspective*) What if that fear became true, and there was no relationship?

E: (looking a little stunned) Ooh! I would not feel complete without having that partner that I really want. If I didn't have that, there would be a part of me that was missing.

- J: Tell me about the part that would be missing.
- E: That's hard, it seems a little abstract.
- J: Try to talk to me as if I were the missing part.
- E: (She laughs, extends her hand, and reaches out toward J.) It's hard, because already in my mind, I am looking for a man and you are a male. I want love that's more than a friendship. I have a number of good friends. I get a lot of enjoyment with connection with my family . . . but I still feel the need for a best friend there always to check in with.
- J: (*In most situations the extended hand, nervous smile, and small laugh might have seemed flirtatious—it did not feel that way here—assumption that support is the goal.*) You feel life would be a lot better in a number of ways with that significant relationship.
- E: (Chuckle) Even as you say that, I have to laugh. My marriage was very difficult. My life was not better at all, but even with that, I'd like to have the relationship to work on.
- J: (*Another temptation to probe the marriage . . .*) It's easy to understand that you'd want that. I am still interested in that part that's missing in you.
- E: The part that's missing . . . my own validation of myself. I want someone else to say I'm okay.
- J: What's been your experience when someone in the past does validate you?
- E: Then I believe it! My mom tells me I am great for who I am. My dad tells me how proud of me he is for my accomplishments. When anyone tells me I am valuable, then I care for and love them as well.
- J: There is a "but" coming. . . .
- E: Yeah. Because then a smaller critical voice in my head starts questioning if I am okay, and it grows stronger until someone else can tell me I'm okay.
- J: (*Very aware of the rising anxiety in the room*) (After a pause) I just had an experience of anxiety as you were saying that (touching chest)—a tightness in my chest—and what came to mind was a sense of how vulnerable a position that is. I felt more vulnerable—that another voice could be more powerful than your inner voice.
- E: (tearful) I want my own voice for sense of self . . . it's so difficult. I do feel very vulnerable letting another person be that powerful. During the

divorce, my ex-husband said things that were so hurtful. It's taken me a lot of time to think that I'm . . . not flawed. I still think about some of the things he said to me. They weren't even true. I know that, but . . .

J: Even now, you feel really vulnerable to his criticism.

E: Lately, I have felt a little more like I can own my own identity . . . feel stronger. No, I know who I am when a person criticizes me, I can think, "no, they are wrong, or even if they are right I'm still okay"—but not as strong as I want to be. This is where anxiety comes through in relationships—I absolutely want them to tell me I'm wonderful—but then I'm vulnerable again.

J: That does seem like a very vulnerable place. Giving away a lot of power . . . As if, whoever it is was almost objective in their perceptions.

E: Like they are judges.

J: (*Wondered about going into how this squared with her profession as a litigator, preferred staying with the anxiety.*) It sounds like that when you say it.

E: If I go and talk to a guy I like, and he's not that interested . . . Oh no, I must have come off horribly. I must be unattractive.

J: So, rather than see it as his horrible taste, you see it as your defects exposed.

E: It's getting better, but that's the weak reaction.

J: So what could we do right now that would help grow the voice, of "I like Ella, I respect Ella"—not to ignore the other voice but to balance it somewhat—to cut down on the whipsawing.

E: I don't know . . . probably go through the thought process.

J: (*That last intervention seemed to close her off. Perhaps I got too cognitive and avoided the affect. Want to get reconnected.*) Let me ask you a question, what went on inside just now when I asked you that?

E: I felt a responsibility.

J: (*Back to feeling*) What are you aware of happening inside in your body now?

E: (Very thoughtful and teary, speaking slower)—I don't know if I can put a finger on it or words.

J: Try to take just a moment to focus inside.

- E: Another judgment.
- J: *(She avoided by becoming cognitive, let's see if it's resistance or just needing a little support.)* Like a sinking feeling?
- E: Like guilt.
- J: Guilt?
- E: Yeah.
- J: Wow! Somehow you should . . .
- E: Like I'm struggling with something and need to work harder. Sounds to myself like a little kid.
- J: That's okay. What does the kid feel? What is your fault, little girl?
- E: I'm not appropriate. I struggle to please. . . trying to be perfect.
- J: I can probably confirm that you are not perfect. Even though everyone shares that goal, for you it seems more powerful a problem to not attain perfection.
- E: Yeah!
- J: If you were perfect right in this moment, what would I be seeing?
- E: (smiling) Competent, and in my mind I would be all put together . . . animated, outgoing, and attractive, but you know, I really like the part of me that is not all put together. (continuing in a more adult tone) I like coming off as vulnerable and still trying to learn. I do like her, even though I have both sides.
- J: *(Want to give her more space to come forth without trying to please me . . .)* (taking an animated stance and shifting seat to be slightly less in front and more beside client) Tell me about those traits that you like.
- E: That I like? Animated—I like talking with people and admit the struggle (hands active now), and I like sharing that and it helps them.
- J: Are you aware of what you just did (therapeutic amazement voice)? Wow! . . . It was fascinating. . . . You talked about liking something about yourself because it had an effect on someone else. That's fascinating—you seemed very excited.
- E: I think that is exciting for me to talk with others, not in the judgmental way, but both of us getting closer. Like being the good girl.
- J: And, what's the bad girl part?

E: (laughing and in a flirtatious tone) Well . . .

J: You got a kick out of that.

E: I got a little embarrassed. I wasn't quite sure about where that was going.

J: That's embarrassing. . . . Tell me about her. She has a lovely, impish smile.

E: (laughing a lot) Well—the bad girl . . . she makes decisions on a whim, no planning . . . is very much driven by the moment.

J: The spontaneous side.

E: (She is smiling now.) My brain goes from what I haven't accomplished to just letting it be.

J: Are you aware of what's happening inside?

E: Well, I kind of like it.

J: Your face lit up. You smiled.

E: Like that's the more natural me.

J: So this is a real dilemma—that's the bad part and you are looking for others to say you are good. You are desirable for being good, and you enjoy personally both the good and the bad. This is a real dilemma . . . disquieting.

E: It's because I don't want them to see how I really am. I am really this person that's trying to be real and be loved. I read dating advice online and dating books and my best friend tells me—don't do that—a guy won't like it. I start to think there must be something wrong with me.

J: So let me play back for you what just happened here. I observed you having a little fun with yourself and enjoyed the "real," more complex Ella, and then you went back to "I should." You didn't even change the paragraph. Right in the middle of enjoying some parts of yourself, you shifted suddenly into something you are doing is not okay.

E: (With energy) Yes! And I have anger about it because there's a part of me that believes her. At least a little bit.

J: Are you feeling the anger now?

E: Yes. (In a cautious tone of voice)

J: Tell me!

- E: I am thinking of my ex and others shushing me when I was having fun—don't be exuberant. Be proper. Part of me believes that, I should always be considerate, but I am still angry.
- J: (*Again, a tease to go historical and find root causes*) (excited, shifts seat again closer toward a side-by-side angle) What does the "bad" girl want to say here?
- E: Killjoy. Consider the surroundings, be proper.
- J: That's a good description, what would you want to *say*?
- E: Figure it out on your own, and don't bother me. I was happy with myself, and now I feel guilty.
- J: When I heard that he and others scolded you, my response was a different verb beginning with the letter "f" and a pronoun.
- E: Yeah. My version of that is 'forget it.'
- J: Good! But you are still holding it. Let's talk about right now between you and I—about being scolded or judged.
- E: Maybe I *was* wrong. I wasn't being perfect.
- J: Let's say that is accurate. You really were not being perfect then, and you are not perfect now. Then what?
- E: Inner voice is scolding me.
- J: (*Wondering who the inner voice is*) Go ahead and speak that voice out loud
- E: You're interfering with others' lives! You are inconsiderate!
- J: Ella is really bad! She is so self-centered. And the tiny almost inaudible voice (spoken in a kid's voice) . . . I was just trying to have some fun.
- E: Laughing. Yes. That little voice is cute. . . .
- J: Tell me what she's saying.
- E: (In a small voice) You're cute?
- J: (Laughing) So much for cuteness conviction.
- E: (Laughing) Am I cute? I am cute!

There are differences here between this form of existential work and the more traditional historically focused, deductive, technique-driven, symptom-centered approach to mend a self-esteem problem, even in the first

session. In other forms of treatment, information about her marriage, prior relationships, family, and early attachment would be very interesting and potentially quite valuable. Here, however, rather than analyze or try to get it to change, we try to bring it as live as possible into the current relationship in the present.

Notice the point where I became aware of the loss of connection following a cognitive intervention and quickly went back to a more affective focus. Notice also the teamwork, rather than doctor-patient ambiance. We are doing something together and in the process allowing her to express some self-esteem and positive feelings around the playful “naughty” parts of herself.

Hanging the Unmentionables on the Clothesline

One aspect of the therapy is the therapist making explicit what was previously implicit particularly in the here-and-now relationship. Exploration in therapy is less on what objectively occurs than on what meaning the client attributes to the event.

Earlier, I mentioned my client who has received a terminal diagnosis. We had a long-term therapeutic relationship when she got the terrible news. After telling me what the doctors had said about her condition, she began discussing how her doctor and the specialist who gave a second opinion might be wrong about the extent of her illness. I felt it was important to help her face the possibility. To do this, I took the position that we would have to deal with it together.

J: (*Feeling very sad*) If it is true and you only have less than a year, how would you like to spend that time?” (avoiding all normal conventions when she suggested a possible false positive diagnosis for the second time)

C: Well, I don’t believe it. I think the docs are overdoing the diagnosis.

J: If that’s right, it’ll be a real plus, but just for a moment, let’s consider your “bucket list.”

C: You mean like jump out of a plane or something? I don’t really have a bucket list. Oh, I’d like to see my friends and family more. I’d like to have a good time with my husband and . . . you’re going to laugh at this, I always wanted to sing in a choir.

J: What would that be like if you prioritized those things and let go of some of the busy work that takes up so much of your time?

- C: I guess, what are they going to do to me, right? If I don't get all the work done, they'll just be firing a dead person, ha, ha.
- J: Let's talk about what you really want in your time left, whether it's 6 months or a year or who knows?

By holding her feet to the fire in a firm, gentle way, I asked her to focus more on the end of her life than on her denial of the end. When she did that, her face became animated, and she began to look at what the best possible days would be like, regardless of how few there might be.

This is not an easy task. A therapist who asks clients to face their own deaths in his or her presence must deal with his or her own fears and demons as well. By suggesting that she adapt to what the doctors said, instead of encouraging her questioning of the diagnosis, I brought the end-of-life into the session and offered to deal together with the ultimate loss she was facing. Rather than frightening or disturbing the client, it paradoxically led her to a more positive awareness.

This is similar to the results of studies of supportive-expressive groups for patients with metastatic breast cancer, by David Spiegel and his colleagues (2007). The studies of the group therapy, compared to treatment-as-usual control (educational literature) indicated lower levels of stress, neurotic anxiety, and pain for the group patients. The content of the group discussion was on the disease, distress, and mortality. Although follow-up studies indicated that mortality rates for both experimental and support groups were not different, quality-of-life measures favored greatly the women who were in the group treatment.

Value Conflicts

There are other times when a client's behavior or intention opens the doors for the therapist to "say the unsayable." What is a therapist to do with a client's flirting? What about intimidation? What happens when a client's life issues push on the therapist's personal ones?

These are all important ethical questions. What does a therapist do when there is a values conflict between what is appropriate for a therapist and a client? How do therapists, who are striving to enter the client's world view and perspective, maintain their own values and how do they deal with major discrepancies?

In the 1980s, during the AIDS crisis in the Bay Area, a quiet, reserved client in a long-term gay relationship told me that he believed his partner had a brief sexual encounter on a recent business trip. My client had not

been tested and was planning a “retaliatory” weekend with potential for new sexual encounters with other men. Rather than share in his anticipatory anxiety about meeting new partners or the value of breaking out of his introverted shell, I decided to focus instead on his potential homicide or suicide. This was more clearly my value system than the one he avowed, but my personal moral compass would not allow me to do otherwise. By expressing my concerns directly, there was potential for a rupture in the relationship and for losing him as a client.

His response was interesting. He responded not to the death threat but to his surprise that I wasn’t down on him for cheating, even as retaliation.

J: Is that what you are mostly concerned about?

C: I really love G, and I don’t know he cheated for sure, but I feel like I have to do something.

J: I am struck by how scared and angry you are and how you don’t seem to have a way of even confirming what you suspect.

C: If I ask him, what does that say to him?

J: That seems daunting but far less so than dealing with harming yourself or others.

C: I knew you’d make me ask him!

J: (Ignoring the fact that I had not done so) What does that idea bring up for you?

Process Is Content in Context

A focus on process is fundamental and needs to be explored in its full personal bio-psycho-social-cultural context. We really do not know what something means to another person without more fully comprehending the setting for his or her life.

Recently in group therapy, a young woman, Lisa, was talking about her desire to leave her parents’ home and build a life of her own. In particular, she wanted to pursue a deeper relationship with a man her parents did not know existed and of whom she was certain they would disapprove. As she told the story, she revealed that her parents were refugees from China who lost everything in Mao’s “Cultural Revolution.” They worked hard and put great pressure on their children to succeed in school and to maintain the culture of their ancestors in a new country, just as they had.

The man with whom she had developed a relationship was not Chinese and was not in a particularly high status profession. She admitted that they had a sexual relationship for 5 years, but that they could never spend the entire night together. When other group members primarily encouraged her to confront her parents, she became very quiet, and although she seemed polite, withdrew her emotion from the room.

T: Lisa. It seems like the dilemma you have at home is replicating itself in this room. (As the client looked expectantly for more information, he continued.) You were brought up by your parents to be in both worlds, Chinese and American, you are the bilingual generation in your home, with one foot in each tradition. And you are truly a success at being bicultural. Now, in the group you are hearing members of the group support the American side of you, and you hear your parents' voice inside yourself supporting the Chinese side.

C: Yes. It's like a trap.

T: Perhaps, more like a Chinese finger puzzle? The more you try to pull out, the more it holds you tight.

C: So are you saying I shouldn't try?

T: The solution to the Chinese finger puzzle trap is to go into the problem. At this moment, I'm aware of the tremendous pressures on you and how you now are in a situation where the two sides are in balance, at least while you keep your friend Mel out of your parents awareness, and you hold him at what might be a safe distance, because you know your parents so well.

C: But I am still stuck.

T: I think the question I'd like you to explore is, how well being stuck works for you, at least right now?

C: I can't go against my parents, because they would cut me off, and I couldn't finish my MBA.

T: So, maybe as expensive and at times limiting, the status quo is . . . At least for now, you have a sexual relationship and peace with your parents. You just need to keep them separate.

C: I don't know if I want to marry him. There are things I like and things I don't.

T: So that explains one of the good reasons to rely on your parents' rules and customs. It's safer, and you don't have to risk a big mistake.

- C: Aren't you supposed to support my leaving home and getting on in my life?
- T: What if I did?
- C: (Smiling, and then a lengthy pause) I'd reject you as an American who didn't understand.
- T: One of the things you are very good at is having one foot in each position, whether it's cultural or personal.

The full context aids the client's burgeoning awareness of a constant process tension between the natural push toward freedom and the often unconscious pull of security. The therapy allows her to experience and explore both macro and micro (here-and-now) level tensions.

For Lisa, the status quo is to have two separate parts to her life. If they were integrated, she would have to make a decision that involved significant loss. Any movement in one or the other direction instigates a pull back to center. The fear and shame about disappointing her parents are on one side and the fear of committing to a life with Mel are on the other. As long as she keeps them in balance, she can continue in her life as it is. As she begins to indicate in the group, she will need to face the fear of the unknown and deal with discord with parents or a loss of the relationship. By staying with the status quo over the long term, she will have a somewhat bifurcated life. However, it is important to note that until she completes her graduate studies, she has a strategy that works, albeit with some discomfort.

What the therapist is doing here is presenting her with her relational process. Later in the group, he will gently encourage her to look at her parallel process in the group—as she asks for help in changing something and rejecting the help as too dangerous, she is unconsciously replicating in the group her inner experience, and by having an unresolvable dilemma, she is effectively avoiding a fuller intimate connection with other members.

The beauty of this process is that it occurred in the group, a setting in which she was able to explore and experiment with both sides of her life, without a major personal risk. Lisa was able to become aware that by being unable to commit to any one person or direction, she was effective at avoiding facing intimacy with her parents, with Mel, with the group members, and with the group coleaders. The emergent questions for her were the extent to which the emotional safety was worth the emotional cost and when and how she could experiment with her dilemma without taking extraordinary risks.

At the end of this exploration, the therapist strongly recommended that she become more aware of this ongoing process in her life and that she avoid making any precipitous decisions, because the method was working. He

concluded, “perhaps we can explore in the group any alternative methods that would keep you safe but with less strain, stress, or emotional cost.”

Freedom and Security

Both freedom and security needs are basic to human beings. As we develop, each stage is punctuated by periods of going out into the world to assimilate new experiences and periods of making those new understandings part of ourselves by accommodating to them (i.e., Flavell, 1968; Piaget, 1967).

If we were to place the freedom and security needs at opposite ends of a continuum, it is readily apparent that as one gets too far in the direction of either polarity, the other begins to exert a greater pull. Indeed, too much freedom is often experienced as a fear of abandonment, and too much security as fear of suffocation or stagnation.

Existential therapists hold up these contrasting needs and their accompanying dangers to a client. It is often the case that the goal of therapy is to push the freedom—fear of the unknown—envelope but not at the expense of fully losing the equivalent need for security. Sometimes, the therapist is the one who is holding the security, while the client explores the freedom. More often, the therapist is present to hold both sides of the dilemma.

Clients like Lisa, the woman caught between two worlds, become particularly frozen by ambivalence. When they push too hard toward one side of the tension, the opposing force pulls back vigorously, leading to immobility.

At 58 years old, Robert was a manager in a successful company. He was approached by a former coworker to partner in a new business. The opportunity had considerable upside potential and was in an industry that Robert always wanted to try.

After talking to every possible consultant, including a therapist, he remained stuck. One week he'd be sure that he was going to jump to the new opportunity. The next he was finding himself fearful of the risk and drawn to the security of his current job, but then he felt trapped and worried about missing out on his “dream.” Each time he got close to deciding one way, the other need, freedom or security, pulled him back into the middle.

His other advisors were adept at clarifying his financial risk and opportunity, the number of work hours it would take either way and other practical considerations but not the conflicting psychological needs. His wife was particularly supportive, telling him she would be on board whatever he chose.

The impasse was going to come to denouement because of a critical deadline, and he was still caught going “from pillar to post.” Robert admitted that he would be relieved if someone or something made the decision for him, “like if I got fired.”

Once he explored the two contrasting needs and anxieties directly in therapy and acknowledged that he had to make an active choice, he was able to set his future path. The therapist's supporting both needs and acknowledging that anxiety in both directions was legitimate finally gave him the space to make a decision that was anxiety provoking but for all the right reasons.

Existential Anxiety; Neurotic Anxiety

Robert's dilemma brings up another significant aspect of existential therapy—the acceptance of anxiety as a core component of therapy and of life. For this form of therapy, anxiety is seen as the engine for change and is welcomed as part of the therapy.

Existential Anxiety

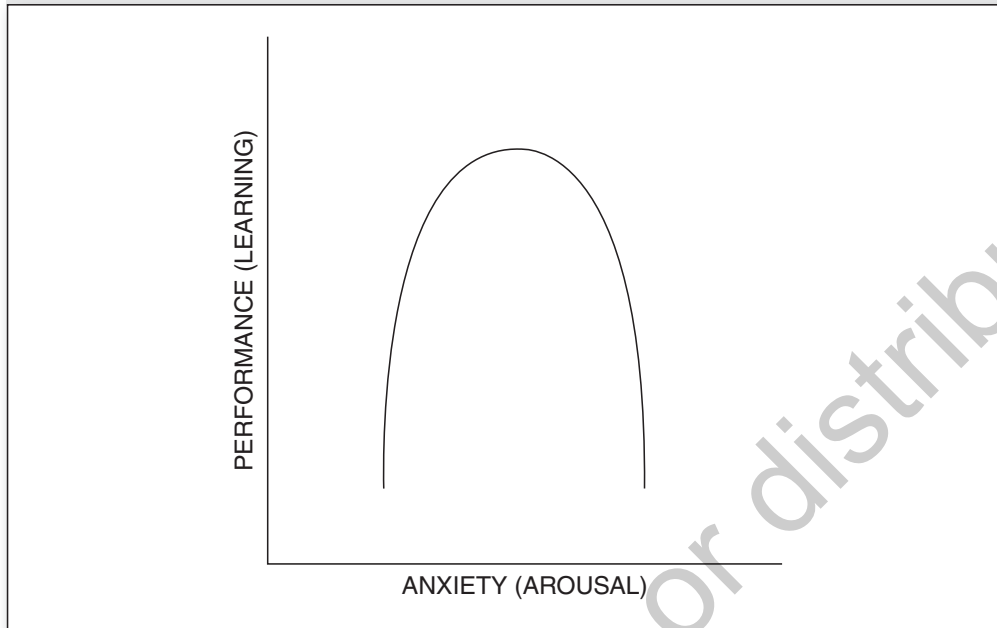
There is an important distinction between existential anxiety, sometimes called “death anxiety” (Yalom, 1980) or the disquiet that comes from a sense of life as meaningless and limited (Kierkegaard, 1980) and neurotic anxiety. The former is a normal, healthy component of life related to awareness of life's true limits. May (1983) argued that approaching and becoming increasingly aware of one's limits, ultimately death, was the *sine qua non* of growth, freedom, and responsibility.

To existential therapists, it is healthier to face the big questions and to experience angst, than to deny mortality and become stagnant, hopeless, and despondent (Spiegel et al., 2007).

In the experimental psychology literature, the terms *anxiety* and *arousal* (such as system arousal) are used almost synonymously. Results of experiments on the relationship of performance and arousal all follow an inverted U-shaped curve. When arousal is at the lowest or highest ends of the *x*-axis, performance is poor. When arousal is at the mid points, performance increases. So it is with anxiety in life and therapy.

This is presented in graphic form here. The curve represents a summary of hundreds of studies of learning involving the relationship of anxiety to performance. Note the alternative term *arousal* for anxiety. This is quite concordant with existential notions of anxiety as the engine of growth, rather than something to minimize or eliminate.

Most athletes can describe the way they “psych themselves up” prior to a contest. For most, this means increasing the anxiety to the middle of the performance curve—basically psyching oneself up is equivalent to scaring oneself to a point. Of course this can go both ways. I recall many a pregame bus trip where some of the team members were hopping around, increasing anxiety (arousal), and others were yawning or napping. This latter group

Figure 3.1 The Relationship of Anxiety and Performance

was modulating already too high anxiety to bring it into the optimal range. In managing their anxiety, they were all maximizing chances for a better performance.

Another example of this is the pre-performance theatrical paradoxical injunction “break a leg!” This is not a wish for a trip to the emergency room. It is a way of getting hold of the preperformance jitters and to use effectively the anxiety about failing in an embarrassingly public forum. Therapists often help their clients experience their real anxiety and to use it effectively.

Neurotic Anxiety

In contrast to existential anxiety is another form of anxiety that is deleterious to successful living. Neurotic anxiety arises in defending unconsciously against existential anxiety. Husserl (2008) described this unconscious avoidance as “automatic response,” a phenomenon other psychotherapists characteristically refer to as “resistance,” “defences,” or “symptoms” and that reflects a pressure to return to the status quo.

One major goal of therapy is help clients become more aware in the here-and-now, of their automatic reactions and the underlying pull of security, consistency, and predictability of the status quo. Once aware of their automatic defenses, clients may choose to continue the avoidance consciously or to opt for the freedom to explore, experiment with, and challenge their existential fears of the unknown, which their automatic responses obfuscate.

Existential therapists do not directly treat the symptomatic expression of neurotic anxiety. Instead, we help the client evaluate its value. As will be seen in Chapters 5 and 7, during early stages of therapy (Transition), the therapist enters the clients' systems by empathizing with their characteristic "automatic" process of resistance, initially joining and supporting the clients' resistance. This apparently counterintuitive, paradoxical approach often allows clients sufficient security for them to consider more of the options at the freedom end of the equation.

Therapy in Real Time: The Here and Now

Among existential therapists, the most important focus for intervention is in the shared reality of the counseling relationship. Existential therapy is primarily ahistorical.¹ This does not indicate disinterest in the client's history or what occurs outside in the client's life. It is a basic existential postulate that the past is gone, except for what meaning we take into the present, and the future has yet to occur.

Thus, the most salient time frame is the present. Past experiences of Buber's *I-thou* moments may make current intimacy more available, and future intentionality (i.e., May, 1969) may deeply impact how we function in the present, but the actual moment-by-moment experience of connection and aliveness all occur in real time, in a flow of moments in the here and now.

The successful existential therapist needs to be intensely aware of what is happening in the room between self and client. To best understand and intuit the client's intrapsychic and interpersonal functioning, most existential therapists are aware both of focused attentiveness on the client and their own internal processing during sessions. In addition, great use is made of identification of and awareness of parallel process, in which the client enacts with the therapist the same dynamic as what occurs in outside life.

Work that focuses on the immediate interaction and relationship between therapist and client is the most poignant and the most impactful. Awareness in real time allows the client to choose directions with an appreciation for consequences. When the awareness occurs within an intimate therapeutic relationship moment, the effect may be profound and may be subsequently transferable to the client's back home life.

Attribution of Meaning

In Frankl's (1959a) formulation, the most salient aspect of existential work is to help clients better understand their personal encoding processes and the ways in which they give meaning to life experience. It is a significant yet essential challenge to help people experience themselves as subjects

rather than as objects. In *Man's Search for Meaning*, Frankl (1959) famously wrote,

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

At 35 years old, Marcus was just embarking on a new career. Although he had some trepidation, he had decided that he would “make something of myself, out of the game.” A professional football player, he became aware at age 29 that younger and faster athletes were surpassing him. He came into therapy while he was recuperating from an injury. “When I blew out my ACL for the second time, I knew it was just a matter of time before I was no longer among the employed.”

He was referred for treatment with the intent of finding another job, probably as an assistant coach at the college level. He talked a lot about his love for the game and how he really didn't know anything else. “I was one of those Phys. Ed. guys at the U. to get grades that kept me on the field until I went pro. So I got the degree but not the education.” He was devoted to his family, especially to the memory of his late grandmother, who was his primary caretaker during his early years. When he was asked what she would say to him now, he laughed and said, “She always said the same thing: ‘When one door closes, another opens.’”

T: What does that mean to you now?

C: I ain't gonna be playing football no more, so that door is closed, unless I get a job coaching or something in the game.

T: You seem unenthusiastic about that door. Is there another one?

C: (Bashfully) I'd like to do what you do, only mostly for athletes. Counseling, but also to help them with managing money, because you never know when it'll stop suddenly.

T: There was a lot of energy when you said that.

C: I'd like to be like my grandma, who was always helping out me and everyone else.

T: So your new open door would be to become a counselor.

C: Can you tell me if I could get into a school with my grades?

T: As you wonder about that, what is happening inside?

C: Worries. I don't know if that's a challenge I can win. School and grades are not exactly my strong suit.

T: Tell me about the worries (anxiety), and then we can discuss options.

Marcus was faced with following an old (status quo) script for former players in football; one became a coach once the playing days were over. His dilemma was that something inside was yearning for a new challenge. Ultimately, after a year of remedial work and facing his anxiety of academic failure, he was accepted into a good graduate counseling program and later relished his new career as a counselor/life coach—specializing on work with athletes.

A slammed door like a terminal diagnosis, a divorce, or a blown-out knee isn't the only way that people are pushed to find new meaning. Robert, the business man with the new option, had to choose between two positive options and how he would see himself after a decision.

Any major transition may generate questions about life. Often, clients report confusion around their sense that they are doing everything right but feeling unhappy or empty.

At 45 years old, Carla said that she had “had the dream life . . . I got into a good college, started my career, which has gone well, married a great guy, have two kids that I adore, and I love being a mom. So why aren't I feeling fulfilled? I know who I am as a division chief, as a wife, as a mom, and it used to be wonderful. . . . Now, not so much! A lot of my friends are having a midlife crisis and doing all sorts of things. One is having a new romantic affair. Another left her job and took up painting. This guy I know is always joking that he and I could hook up and run away. I never take him seriously, and I wouldn't cheat on my hubby, but when he talks, I do get some stirrings about a more exciting life.”

T: You're asking yourself, now that I'm all grown up, who am I?

C: Sort of. I know I love my family, and my job is stressful but on the plus side.

T: What does it mean to you to have “the perfect life” and still feel like there's something missing?

C: Selfish and guilty.

In most forms of therapy, that would be a great opening for a therapist to probe either her history or behavior change possibilities. In existential work, however, it may be more important to explore the moment and the meaning she is giving to her life.

T: What if you have been blessed and lucky and are selfish?

C: Yuck!

- T: Tell me what it means to you to see yourself as selfish.
- C: Like I said, I feel guilty. There are a lot of people who have a lot less than I do.
- T: . . . and?
- C: I should be happy with what I have.
- T: I am blessed with a good career, a great family, a loving husband. If I am not happy with that, maybe I am not satisfiable.
- C: (Sarcastically) You been reading my journal? I just should be happy.
- T: What does it mean to you that you have so much and it's not enough?
- C: My life is just too predictable . . . not creative.
- T: One solution to finding your creativity would be to blow up your life like the friend who is having an affair, another would be to recalibrate what in your life brings you meaning and find some ways of expanding that.
- C: I want to take a vacation just the two of us, without the kids, but whenever I bring it up, my husband opts for a family vacation. It's been 12 years since we had a week alone together.
- T: A second honeymoon?
- C: Exactly. He just doesn't get that we are a couple, too. The past several months he is calling me "mom"— not just to the kids.

This evolved into a discussion of how she could tell her husband what it would mean to her emotionally and personally to have a romantic week with him alone, rather than trying to convince him with logic, expressing needs to get him to want what she wanted. The therapist left her with homework for the week to talk to him using the words, *I want*.

- C: What good will *that* do?
- T: I can't predict the impact on him, but I think it will be interesting to see what it's like for you to state what you want directly.
- C: You think I don't ask him directly, then sulk when he doesn't know what to do.
- T: That's an interesting idea. It's almost like what's happening here. I recommended that you say what you want and you are questioning

my motives and thoughts, rather than agreeing or disagreeing. How do you understand that?

C: Okay. I'll try it, but don't count on him listening.

The desired vacation was less important than her awareness of her pattern of behaving in ways that continue the status quo, rather than risking something unknown. For Carla, the pull of the familiar was particularly tempting because she had filled in all the usual squares for an anticipated "happy-ever-after." The current life transition (mini-crisis) ensued when her current reality failed to match that expectation. The therapist's intervention about her "selfishness" was both disquieting to her and generated the question of what was desirable to her at this point in time.

It is no surprise that prior life adaptations were no longer successful at this life transition. As we age and adjust to life circumstances, novel approaches to finding meaning must emerge.

Carla did not get what she wanted immediately. Rather than risk facing new fears when she went home, she unconsciously opted for the status quo by telling her husband that he was insufficiently romantic. That prompted a familiar mutual-blaming fight. She began the next session,

C: Well. You were wrong. I told him what was wrong, and now we are fighting.

T: *(Very aware that this was the opposite of the homework: She is making me wrong like she does her husband.)* What's that like to be unable to get your husband to do what you want and also to find my advice lacking? That's two people who are not providing for you.

C: Well, I don't blame you. It probably was good advice. It just failed.

T: Well, it did fail in getting the second honeymoon going . . . although it succeeded in keeping things the same.

C: What do you mean?

T: You said that all the appearances in your life were working well and in an attempt to do something new, you ended up back where you started. What's that like for you?

C: . . . it sounds like a defeat.

T: It's only a defeat if you want to risk doing something new. If you wanted to stay safe and secure, it worked pretty well.

C: Are you saying I sabotaged the conversation with my husband?

- T: No. I am saying you had a conversation and the result was a very familiar one.
- C: So what should I have done (in an annoyed tone)?
- T: What would you most like in here right now?
- C: I want my husband to come up with the idea. It won't count as much if I tell him.
- T: That's a real dilemma. You can get what you want if you ask him, but then it doesn't count, or you can wait for him to read your mind, which I suspect he is poor at doing.
- C: Yeah. I want to control my own surprise party. (Laughing)
- T: The perfect way to get the appearance of the party right and remove the excitement.
- C: So you are saying I should just tell him what I want, let the chips fall, and see what happens.
- T: That would be scarier.

Carla began the second session by recreating in the therapist-client relationship a parallel with the one at home with her husband. He is wrong at home, and the therapist is wrong in the office. If this conversation occurred in a balanced, mutual relationship, he too might have taken umbrage. Because of the nature of the therapeutic contract (an asocial relationship), he contains his personal protective emotional reaction and instead of expressing it directly, he uses it to understand how she managed to avoid engaging in a more anxious conversation with her husband.

Parallel Process: *Déjà Vu* All Over Again

When mentors supervise beginning or advanced therapists, it is common for the process that the supervisee is describing to be duplicated during the supervision. This is usually referred to as parallel process. While describing a particularly difficult and resistant client the supervisee hands off the problem to the supervisor in the interaction.

- B: I have this kid at Juvie who just does not want any part of the counseling.
- S(upervisor): Do you have a recording or notes of the last meeting?

- B: It wouldn't matter. Nothing is happening!
- S: Well, what have you tried without success so far?
- B: Basically everything. Nothing reaches this kid. He just doesn't want to be there and won't talk about what's troubling him.
- S: (*Very aware of the help-rejecting pattern replicating in supervision.*) How did you get assigned to such a person who doesn't want help?
- B: He requested a male counselor and one who spoke Spanish.
- S: So you qualify, but he's unwilling to connect in two languages.
- B: Yeah. Well. No. I mean I don't know. We have only spoken English.
- S: If you were to describe your frustration in here in Spanish, what would it sound like?
- B: *Habla Espanol?*
- S: No. But go for it anyhow. You can translate anything important for me afterward.
- B: (*In Spanish: there was a torrent of words, mostly angry and coming out in a rush.*)
- S: Even though I didn't understand the words, I sure got the anger and frustration.
- B: Well, what can I learn from clients like this kid?
- S: Seems like you really empathize with his anger and frustration.

B. was able to express verbally in Spanish in supervision what his client was sharing in their abortive sessions. The supervisor used the replication to help B. discover what was happening in his counseling sessions. Later the supervisor helped him understand that his anger and frustration in supervision was a perfect model and method for understanding his client in sessions.

By dealing with it at a process level in supervision, they could make adjustments without experimenting on the client, who sounded already pretty fragile. She also offered the trainee a window on a way to experience his client by focusing inward.

Another more direct use of the parallel process would have been to ask B. to be his client and the supervisor to be the therapist or vice versa.

Parallel process is not the same as the psychodynamic construct of transference. It is similar in the way the same feelings and events get projected into the therapy or supervision session. The differences occur in how it is identified and approached. If we construct it as the client's trying to resolve the problem by reissuing it in a new situation, then our responses will not be to interpret the projection but to use it in the real relationship. A resolution in the here-and-now relationship may then be able to be applied in some related form to the original issue.

The use of parallel process is essentially an exploration of the metacommunication that occurs in all interactions but especially in meaningful, more intimate ones. Therapy is a rare opportunity to address some of the nuances of the communication process. An implicit aspect of in-depth therapy is that the therapist has the right to comment on what is happening in the room and to describe the implication of clients' behaviors and words.

The Goals of Existential Counseling or Psychotherapy?

Bugental (1987) describes this type of therapy as "life-changing," but what does that mean? Isn't eliminating a phobia or alleviating any symptom potentially life-changing? In a sense, every challenge in life, whether one surmounts it or is negatively impacted, can change the course of life. Ella's divorce was life-changing in some ways, but the manner in which it impacts her will be what she does subsequently. What meaning will she give to the event? How will she adjust? In what ways will it impact her future in or out of primary relationships?

The Method Is the Goal

The kind of therapy presented here is designed to create and nurture a process of change in the manner of relating to self and others. Existential therapy often does result in symptom changes, but that is secondary to a client developing a process in which he or she may address his or her life challenges by the acceptance of his or her reality and the courage to face fears of the unknown.

In existential therapy, the goal of the therapy mirrors the nature of the therapeutic interaction. This is quite different from, say, psychopharmacology or behavior therapies. The action of pill taking or learning new habits may have a host of specific results, but the end goal is to stop.

Many forms of treatment consider the therapeutic relationship a precondition for change. In existential work, the intimate *I-thou* relating, search for meaning in life and facing life's demons with courage is precisely the preferred process to transfer into everyday life.

Note

1. There were several moments in the case study of the first session with Ella that I considered the importance (and seductiveness) of her history, before refocusing on the present.

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