

## Review Article

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# Existential Psychotherapy – an overview

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### ABSTRACT

Existential psychotherapy is one of the most insightful and meaningful forms of psychotherapy available in clinical practice. It was presented to us by the psychotherapist Victor Frankl based on his experiences in the concentration camps during the world war. The present review overviews the basic premise on which existential psychotherapy is based, the key tenet involved and provides the busy practitioner a bird's eye view of the principles and practice of this form of psychotherapy. Some limitations of the existential form of therapy and cases where it may be beneficial are discussed.

**Key words:** existentialism, existential psychotherapy, Frankl.

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### INTRODUCTION

Existential psychotherapy, like any other theory of psychotherapy, is a 'school of thought'. But unlike other psychological theories, existential analysis does not have a single founder. Instead, it has roots in rather diverse groups of philosophers. Some of the most important influences have come from the ideas of Soren Kierkegaard, Martin Heidegger, Jean-Paul Sartre, Martin Buber and others. Prominent existentialists like Ludwig Binswanger, Medard Boss and Rollo May extracted and established clinical themes based on the ideas of the above-mentioned existential philosophers. In the recent times, some American systematizers developed a recognizable system of psychotherapy by combining earlier advances and adding their own experiences to it. They are James Bugental, Irving Yalom and Ernst Keen to name a few [1].

### EXISTENTIALISM A BRIEF HISTORY

Danish philosopher Soren Kierkegaard (1813-55) is commonly referred to as the 'Father of Existentialism'. Kierkegaard stated, "I exist, therefore I think." This simple statement influenced an entire group of European philosophers and psychologists. But Kierkegaard's philosophy was not as readily accepted in the United States. Rollo May, one of the existentialist movement's biggest proponents, introduced the existentialist idea in the United States. It was not until May and fellow psychologists Abraham Maslow and Herman Fiefel participated in the American Psychological Association (APA) Symposium on Existential Psychology and Psychotherapy on September 5th, 1959, that the idea of existential psychology and its terms began to reach the forefront of psychological thought and practice.

After the Symposium, the term existentialism had become one of the 'buzz' words of psychology in the 1960s. May described the existential approach to psychotherapy by stating that the task of therapy was to understand the patient fully as the patient truly exists. Such therapy would require a commitment on the part of the patients to fully understand the lives they were living or the lives in which they were existing.

In addition to its significance as a major system of psychological practice, existentialism represents an awareness that emerged following World War II. A new age of people from various educational backgrounds were ready to look into themselves as only a few had done in the preceding years. Many self-help books, as well as Rollo May's writings, such as *Love and Will*, lined bookstore shelves, an indication of the willingness of people to explore deep into their own existence.

### **THEORY OF EXISTENTIALISM**

The existential approach to therapy, healing and transformation is based on the discrete philosophy of existentialism. Existentialism is a sensibility, a perspective on life, not a set of doctrines. 'To try to define existentialism is to freeze it', in the words of Jean-Paul Sartre, who gave the movement its name and identity.

### **WHAT IS EXISTENCE**

Existentialists use the term *Dasein* (literally, 'being there') to refer to human existence. The ordinary German use of the term suggests continuing existence, persistence, survival. *Dasein* has been explained in different ways: Many people use the term 'existence' or 'human existence' to explain *Dasein* existence derives from the Latin *ex-sistere*, meaning to come, step or stand out or forth.

- Heidegger referred to *Dasein* as an 'openness' (*Lichtung*), such as a meadow, an openness in the forest, since it is *Dasein* which permits the world to reveal itself.
- Sartre also acknowledges this sense of openness by referring to human existence as 'no-thing-ness'.

The main quality of *Dasein*, according to Heidegger, is 'care' (*sorge*) - 'being there' is never a matter of indifference. It refers to an individual's experiences and interpretations of the world right here, right now. The person is a being-in-the-world, taking a stand on one's life, active and engaged at all times. This dynamic choosing, valuing, accepting and rejecting means that humans are constantly 'becoming' something different.

Existence is best understood as being-in-the-world. Existentialists reject dualism that assumes a split between mind and body, experience and environment. Being and the world are inseparable, because they are both essentially created by the individual. Moreover, depending on how conventional we are; the construction of our world which we relate to, more or less reflects to us the construction of the world of others. For example, religious people believe in the existence of God but atheists do not have any such concept to live by. An existentialist accepts, thus, that to understand a human being is to understand the world as that person construes it rather than trying to reconcile the differences in worldviews. The worldviews are bound to be different because each individual is unique.

Sartre says that "our existences (being) precede our essences (idea)." We could say that the essence of humanity - the thing that we all share, which makes us different from anyone else in the world - is our lack of essence, our 'no-thingness', our freedom. The 'raw materials' - gender, ethnicity, color, creed, culture, personality traits, physical characteristics, etc. - differ dramatically; but we all share the task of creating our own selves.

### **PERSONALITY IN EXISTENTIALISM**

#### **LEVELS OF EXISTENCE**

We exist in relation to three levels of our world:

- *Umwelt* (being-in-nature) - The physical aspects of both the internal and external environments of an individual.
- *Mitwelt* (being-with-others) - The social world of the individual consisting of personal relationships with other individuals, with community, with culture, and so on.
- *Eigenwelt* (being-for-oneself) - This refers to an individual's own world of consciousness where we reflect upon, evaluate and experience our own self in our own way.

Personalities differ in the way they exist at each of these three levels of existence. For example, the same background of a beach by the ocean would be experienced in different ways by different people. One person may feel scared by the vastness of the ocean and its wildlife another may find it to be a sensuous setting yet another may look at it as a potential land for housing development society; someone might feel sad about the encroachment of buildings already under construction and some person may be contemplating suicide on the same beach.

In being-with-others, we frequently anticipate what the others are thinking or feeling about us, and we guide our observable behavior in order to have a favorable impact on them. This is similar to Reisman's 'other-directed' personality. Fortunately, with some special others we can let ourselves be as we are and be in the mode of being-for-ourselves. If we become extremely self-occupied in this mode of self-evaluation and judging, it becomes painful and may risk a person's existence on the other two levels of being.

An individual normally exists at all these three levels of existence simultaneously. A healthy existence implies an existence at each of the three levels without prioritizing any one level at the expense of the other two. We are constantly faced with the dilemma of choosing the best way to strike a balance between our existence in *umwelt*, *mitwelt* and *eigenwelt*.

Binswanger is equally interested in one's relation with time. How do you view your past, present, future? Do you live in the past, forever trying to recapture those golden days? or do you live in the future always preparing and hoping for a better life? Do you see your life as a long complex adventure? or a brief flash - here today gone tomorrow?

Also of interest is the way you treat your space. Is your world open or closed? Is it cozy or is it vast? Is it warm or cold? Do you see life as movement or do you see it from an immovable center?

None of these things mean anything all by themselves, but combined with everything else learned in the intimate relationship of therapy, they mean a great deal in unveiling the person's world-design.

## **MODES OF EXISTENCE**

### **SINGULAR MODE**

This is the "1" mode. This mode includes a wide range of intrapsychic relationships. Some people live constantly in this mode - alone and self-sufficient. Singular mode of existence signifies the relationship of a man with self (including his body) in various forms. For example, autism is not only a lack of relations to one's fellow men but also a specific mode of relationship to oneself.

### **DUAL MODE**

This is the "You and Me" mode. This mode roughly corresponds with the concept of 'intimacy' and is an extension of Buber's I-Thou relationship. There are several varieties of dual mode, such as the relationships of mother-child, brother-sister, lover-beloved and even god-faithful. Binswanger has extensively analyzed the dual modes of friendship and love. In the dual mode of love, Binswanger says, distance and proximity are transcended by a particular spatial mode where moment and eternity fuse. This forms the core of normal existential experience.

### **PLURAL MODE**

This is the "One and the Other" mode. People in this mode think of themselves in terms of their membership in something larger than themselves - a nation, culture, organization, religion. It corresponds roughly to the area of formal relationships, competition and struggle. Many psychopathological problems can be seen in the light of a person's attempt at 'seizing' ones fellow men through sensitivity, passion, morality, reputation, etc.

### **ANONYMOUS MODE**

It is the mode of an individual living and acting in an anonymous collectivity; quiet, secretive; in the background of life. Certain individuals seek refuge in this mode as the means of escaping or fighting their fellow men. Most of us live in all these modes from time to time and place to place.

## **DOMINANT EMOTIONAL THEME**

Bugental suggested a concept called 'dominant emotional theme' that runs through an individual's experience, and around which the therapists' interventions need to be organized. He referred to the theme as more immediate at the moment the client is talking. Let us discuss the four primary existential positions. Most people are engaged in all four categories but find some one of them may be overriding or consistently predominant through their life span:

### **RESISTANCE TO LIFE**

"I don't want to be here" or "I don't want to do this anymore". One may have grown up with a feeling of not wanting to be in one's born family, of one's race or gender or in one's marriage. If the existential belief is that you shouldn't be or don't want to be here, then that feeling gets projected on to almost every situation in one's life. Such an attitude would continue to attract unpleasant people and situations which would reinforce that belief and would be easy to resist.

Resistance exists on a continuum, ranging from,

- a. Active or passive resistance - the resistance creates overt obstacles to acceptance. The individual usually denies any personal responsibility for those obstacles in his/her own life.
- b. Avoidance - it is manifested either as active or passive non-confrontation or a longing for something other than what actually is. Such a longing works as a distraction from engaging in what is real in one's life.
- c. Grudging compliance - compliance is a strategic acceptance in order to gain specific rewards and/or avoid punishments. But it falls short of internalized acceptance of something as congruent with one's values and beliefs.

Variants of this position may be –

- An unconscious 'death urge' or death anxiety
- Fear of annihilation or suicidal tendencies (don't be)
- Despair and separation anxiety
- Longing for connection (fear of intimacy or engulfment, 'divine home-sickness')
- Struggle with hardships
- Feeling stuck or claustrophobic
- Fear of needs not being met (money, time, safety, material things)
- Isolation or terror of abandonment
- A deep basic lack of trust
- Numbness, avoidance, disconnection and dissociation
- The nagging question of "Why am I here in this (relationship, predicament, family, job, etc.)?"

### **PERSONAL POWER**

(the extent to which "I am at the mercy of uncontrollable forces." Or "I am accountable for my own experience). An individual develops deep existential anxiety when confronted by the conclusion that "I am helpless and powerless." A passive response is to withdraw from participation in life; an active response is to become overwhelmingly active in the belief that being busy is the cure for powerlessness.

Personal power is different from manipulative or abusive power. It is an expression of self and not domination over another. To develop personal power, children must have their words and thoughts validated, and be free to participate in intellectual curiosity and questioning. This existential position is based on the premise of limited or non-existent choice and feeling victimized.

The antidote of this need unmet is creativity.

The variants of this existential position are –

- Authority issues (intimidated by authority, rebellion against authority, competition to gain authority)

- Compulsion or addictive patterns
- Self-destructiveness, self-sabotage or self-hatred
- Deep sense of shame or feeling judged
- Powerlessness (blame others for problems or failures)
- Injustice ("life is not fair" leading to vengefulness or pity)
- Entitlement ("the world owes me")

Being born into human life carries a biological developmental striving toward adult existence as a separate, self-sustaining individual, toward fulfilling one's potential and toward the need to experience freedom of choice for one's actions, based on one's own intrinsic strivings.

### **REFLECTED IDENTITY**

Appropriate identity formation is largely a function of the primary caregivers' capacity or willingness to allow it. A child, naturally unable to reflect on itself, internalizes the caregivers' reflections and regards itself in terms of how it appears to others. The power to validate the self lies in the hands of others leading, to (co)dependence and ultimately to a sense of meaninglessness and despair. One aspect of the reflected identity that is rampant in modern cultures is that of identifying oneself with doing, having, or achieving at the expense of simply being.

The experience of formlessness and comfortable solitude is essential in the development of a healthy self-identity. If the child is repeatedly interrupted in these experiences by a demanding caregiver, s/he becomes compulsively and prematurely attuned to the demands of others. This child loses awareness of its own spontaneous needs and develops a false sense of self-based on compliance and performance. Thus, a child has to be given a space to be and rest in unstructured being, supported by sustained emotional bonding.

### **EXISTENTIAL IDENTITY**

Existential identity is the ultimate expression of agency, of experiencing everything as choice. Such an individual avoids the narcissistic beliefs in being the center of the universe, however, through a clear need for relatedness with nature, with others and with his mere own conception of God.

Three factors are crucial in developing an existential identity –

- The understanding that I am not defined by the roles I enact, whether self-oriented or other-oriented, nor by the response I get from others, whether supportive or critical.
- The recognition that every experience chosen serves some intrinsic need or striving of my own, whether it be healthy or pathological.
- The acknowledgement of an indwelling lucidity for making conscious choices that are capable of expanding healthy aspects of self and extinguishing any maladaptive functioning.

The variants of this position are –

- Fear of abandonment and/or engulfment
- Identity confusion
- Social exclusion ("I don't belong") -Inhibition ("don't be me")

### **WORTHINESS**

(degree to which "I accept myself and embrace life fully")

Unworthiness is egocentric, manifested either as inferiority or grandiosity. We need to be connected to others, and may concentrate that connection around competition, comparison avoidance, emotional detachment or various alternatives to intimacy. We also need connection with a spiritual source, and may structure that relationship around struggle, longing, blame, abandonment or confusion. We need to believe that our life is significant, that we have some purpose for living, and may experience that as a burden or a boon, as clear or inscrutable.

The variants of this position are –

- Perfectionism ("I am never good enough")
- Living in the past or future, not in the present
- Lack of clarity regarding one's purpose in life
- Fear of intimacy
- Narcissism
- Spiritual struggles (not worthy of God's love or acceptance)
- Blaming God
- Abandonment by God ('spiritual exile')

## **EXISTENTIAL PRINCIPLES FOR PSYCHOTHERAPEUTIC TRANSFORMATION**

### **PRESENT-CENTEREDNESS**

Most existential approaches view the present as the only reality; that is, all forces are seen to be acting now, in this immediate moment. The past exists here and now as memories, regrets, sources of shame or pride. The future exists here and now as anticipation, hope, rehearsing, dread. Some functions of the ego remain preoccupied with either the past or the future in an attempt to grasp, define, neurotically defend and thereby fixate oneself against existential anxiety.

- Completion with past, resolving unfinished business of the incomplete developmental tasks; allows one to live fully, prepared to meet the uncertainty of each moment without regrets.

The therapeutic steps involved in resolving unfinished business are analyzed by Greenberg and Malcolm –

- First step is to bring to awareness one's sense of blame toward another by expressing hurt over the damage done.
- The next step is to enact or anticipate the negative behaviors of the others as she imagines others to be.
- Next, the individual experiences intense primary emotions (anger, shame, sadness) by fully becoming aware of personal consequences of other's vengeful behaviors.
- Next, the wished-for-aspects of the relationship are focused on to identify the unmet interpersonal needs and experience a sense of entitlement.
- Finally, affirmations of self as worthwhile either helps to understand and forgive the other person or hold the other accountable for the violations experienced. Either way, the individual experiences a sense of resolution.
- Acceptance of change is also one way an individual can learn to exist in the present moment.
- Another way of staying rooted in the present is by 'letting go' of the self-centeredness of personal preferences, opinions and attachments while maintaining our responsibilities.

Being fully present in the experiencing of each moment also implies that the meaning and purpose to be found is in the engagement itself, not in some result.

### **IMPLICATIONS FOR THERAPY**

Van der Kolk notes that "our biggest challenge for traumatized people is to help them be 'here' and not always 'there' and not to replay the same things over and over again."

Presence in a therapeutic encounter implies 'one existence communicating with another'. The relationship between the therapist and the patient is taken as a 'real' one where the therapist is part of the patient's relationship "field". Not as a projective screen, but as a real person of his own.

Another imperative is of the anxiety caused to the therapist as an effect of a real confrontation between two people. The 'technical view' of the client may be used by the therapist as an anxiety-reducing device. Therapy attempts to 'analyze out' any such ways of behaving which destroy presence in therapy.

## COMMITMENT

Kierkegaard said, "truth exists only as the individual himself produces it in action."

By commitment, existentialists imply a 'decisive attitude towards existence'. Existentialists hold that an individual cannot be open to knowledge and insight till s/he decides to commit to any specific area or direction of knowledge.

We mean decision not in the sense of a product of the unconscious impulsive and habitual nor a short-cut to long-term process of self-exploration but rather a conscious commitment to personal meanings and goals where the individual feels as a subject, integrated and ready for action.

In fact, which particular aspect of the past will be recalled by the patient is determined by how s/he has chosen to commit to the present as well as the future.

Meaning in life is not determined by specific orientations or contents of beliefs, but by the degree of devotion employed to realize these meanings. For example, a terrorist suicide bomber may subjectively feel his life to be as meaningful as Mother Teresa did hers.

A person is committed to one's existence insofar as s/he can find some meaning or purpose attached to it. The context of the source of meaning may differ from person to person and from time to time. For example, one person chooses to stay committed to his career while the other may find a more fulfilling experience in committing himself to an intimate relationship.

Source of meaning and commitment to it may also follow a developmental track. For example, adolescents are committed to self-centered meanings and needs whereas a person's search for meaning involves self-transcendence in the adult years of life.

Effective psychotherapy must engage the passions of both, client and therapist; the passion for growth and for health the passion that provides the motivation to persevere in the face of challenges. The commitment of both, the client and the therapist are essential - commitment to the relationship provides continuity; commitment to integrity and ethical practices insures safety; commitment to deep interpersonal honesty and openness creates a window of opportunity for change.

One significant point to be noticed here is that, patients carry a never-quite articulated belief; no doubt connected with childhood omnipresent beliefs associated with parents; that somehow the therapist will see that nothing harmful will happen to them, and therefore they don't need to take their own existence seriously. Such a non-committal attitude of the client is surely a defense against his| existential anxiety which comes as a realization of a possibility of non-being. At such times, the therapist has to introduce the positive basis of commitment, not by taking away the realization and existential anxiety, but by exploring deeper and creating an inquiry in therapy- "what is going on that the patient has not found some point in his own existence to which he can commit himself unconditionally.

Commitment also does not imply intellectual discussions of patient's life. A patient may keep on talking about him/herself to cover up reality or to stop being in the present. S/he will generalize such talk under the idea of unprejudiced inquiry into data. Only when the patient will confront his/her anxiety head on, realize his inner suffering or outer threat rather shockingly, will he be able to finally commit to getting help. The therapist can aid the patient in absorbing the real impact of such experiences by helping him develop the capacity for silence (another form of communication).

## FREEDOM OF CHOICE AND RESPONSIBILITY

Existentialism is a philosophy of "no excuses"! (Solomon). We choose, and in choosing (in good or bad faith), we define ourselves. Freedom of choice allows each of us to transcend the immediate circumstances of our lives; we don't have to be victimized by nature, others or self, unless of course, this freedom is underdeveloped or denied.

Intentionality is that construct, a uniquely human quality of being capable of generating an unlimited number of options to choose from in any given eminent. It is our teleological ability to consider and work toward a larger goal, meaning or purpose that can transcend the limitations imposed on us by human existence. Such a state of existence is called 'being-beyond-the-world'. (Walters)

Freedom and responsibility are inseparable. We are responsible for what we do, what we are and also, ultimately, for the way world is because the world as we perceive it, is strictly of our own making.

The effective therapist must empower the client to make clear choices, and then acknowledge and honor these choices, setting aside his/her own agenda for that client's therapeutic experience and outcome. From the very beginning of therapy, the decision of what will be talked in the therapy and how the client will be in therapy is the client's responsibility.

### **AUTHENTICITY - OPENNESS TO EXPERIENCE**

For existentialists, authenticity is its own reward. An authentic existence is healthy in part because the three levels of our being are integrated rather than being in conflict. Authenticity brings with it openness to nature, to others and to ourselves, because we have decided to meet the world straight on without hiding it from us or us from it. An authentic existence also brings the freedom to be spontaneous with others, because we do not have the fear that we might reveal something about ourselves that contradicts what we have pretended to be. Authentic relationships allow us to truly trust others because we know they will be honest about their experience and not tell us what they think we want to hear.

The open field of possibilities can bring overwhelming fear to that part of a person that wants to settle for being an adjusted, normal automaton, anxiety to that part that spurns the openness of freedom of choice. The individual faces symptoms of pain, unhappiness, anguish, anxiety, fear and depression, symptoms of mental disease, in an attempt to distance oneself from deep inner self.

To live authentically, thus, means to be aware of yourself, of your circumstances (thrown-ness), of your social world, of your duty to create yourself (understanding), of the inevitability of anxiety, guilt and death. It means further to accept these things in an act of self-affirmation. It means involvement, compassion, commitment and honesty.

The existential approach sees these painful states not as targets of therapy, to be reduced or healed, but rather as points of entry into the deeper self where resides the very real opportunity to choose from among the vast possibilities.

Notice that the ideal of mental health is not pleasure or even happiness, although existentialists have nothing particularly against these things. The goal is to do your best.

### **AWARENESS**

"Just as it is possible to awaken, to become lucid, in a dream, so it is possible to attain moments or periods of heightened awareness—"wakefulness'-in waking life" (Metzner Awakening from the "trance of ordinary life" (Deikman) is to disidentify from role, image, or identity. When an individual identifies with an image or an identity, he/she "takes on" the accoutrements associated with it.

One way to begin to escape from the "trance of ordinary life," is to pay enough directed attention to your mental processes so that you can distinguish between primary perception coming in from the external world and your particular associational reactions to it. If you can keep your primary perception and your reactions to it clearly distinguished in your consciousness, you are less likely to project your reactions onto others, or to distort incoming perceptions to make your perceptions consistent with habitual internal reactions. One's intentions in therapy, healing and transformation must be clearly identified. Waking up to one's dysfunctional defenses and patterns is one thing. Transcending the "trance of ordinary life" is quite another. How far one might go in therapy, i.e., the extent to which assumptions of the consensus reality are questioned in it, should be determined by the client's intentions, but is in fact also limited by the power and implicitness of the therapist's own enculturation.



### EXISTENTIAL DEATH AWARENESS

The humanistic-existential psychological perspective, in general, accepts the precept that people's attitudes toward death, their realization of their own mortality, contribute to their personal development, level of self-actualization and their search for meaning in life. Existential death awareness experience is understood to be the collection of feelings, thoughts, perceptions and bodily sensations that express the person's attitudes toward the finiteness of his or her own life or that of a closely related person. It is the quality of one's present-moment experiencing of the certainty of a future experience of death.

Yalom and Lieberman (1991) describe existential death awareness, or existential awareness, to be people's active exploration of existential issues in life, with honesty and authenticity, not self-deception; consciously dealing with the issues of finitude, the inevitability of death, life's brevity and, hence, preciousness, the fragility, capriciousness and contingency of being, one's personal responsibility for one's life and one's choices, one's ultimate isolation as an inherent quality of being human, and the significance or meaning of one's life. Existentially aware individuals look into, rather than away from, death.

### VALUES

Values are what we deem important and meaningful. In infancy: love, care, nourishment; in childhood and adolescence: approval, success, status among peers and autonomy from parents; in adulthood: those which transcend the immediate situation in time and encompass past and future, extending outward toward the good of the community and the larger world; holding mature values is more important than satisfying those values, i.e. search for beauty and truth is more important than actually finding it. Without functional values, we are alienated from the world and lose our sense of identity, worth, and significance there is a sense of helplessness and aimlessness "if you don't stand for something, you'll fall for anything": values and commitment go hand in hand; mature values allow a person to deal effectively with reality, to empathize with others, and to form meaningful interpersonal relationships, and to be future-oriented; without an adequate system of values, people depend on things outside themselves to indicate worth and significance-status, income, possessions, prestige

The existential view of morality is that there exists a deep, intrinsic morality of the organism which, when liberated from the constrictions of conventional morality, is infallibly oriented to the highest good of all

### MEANING IN LIFE

When these aspects of existence are a part of an individual's traits, he/she is capable of creating Meaning in life which makes his experience of his existence as real, which is one of the primary goals of therapy - to help the client actualize his/her own potentialities. When individuals state that their lives are meaningful, this implies that (a) they are positively committed to some concept of the meaning of life, (b) this concept provides them with some framework or goal from which to view their lives, (c) they perceive their lives as related to or fulfilling this concept, and (d) they experience this fulfillment as a feeling of significance." As people approach the reality of their own death, e.g., through a serious accident, a terminal illness, or the loss of an intimate friend, they tend to assign a profoundly higher value on each moment of their remaining life and significantly less importance to the accumulation of fame or fortune.

### THERAPEUTIC RELATIONSHIP

Binswanger's 'empathic' approach to psychosis was highly original when he developed it. Empathy is not a matter of understanding the psychotic person's ideas, it involves 'being-together' with him, i.e., understand the existential structures that function in his/her world-design. Binswanger borrowed the term "I-Thou Relationship" from Martin Buber, in his attempt to explain an authentic being-with-the-other. The I-Thou relationship is characterized by mutuality, openness and immediacy. In therapy, two subjects, the therapist and the client, come together, not to dissolve the sense of individual self, but to enhance it through mutual interaction, respecting personal boundaries and recognizing individual differences. Such a relationship

between the client and the therapist is termed as an encounter, "the intimate edge" of therapy. An I-thou relationship is the opposite of an It-It relationship, where the interaction is between two objects, or an I-It relationship, where the therapist is the subject who changes the patient as an object.

The therapist, in an authentic relationship with the client, does not bother about posing himself as an objectified projective screen, but strives to gain a footage as a 'real' person in the client's relationship 'field'. The therapist is open about his own experience of the patient. By staying authentic even in the face of the anxiety of being rejected by the client or making mistakes, the therapist sets an example for the client as an alternative way of being.

The therapist encourages the client to shed his/her objectified victim image so that he can experience him/herself as a subject, capable to create and control his/her own existence. The therapist's function is to be there (with all of the connotation of Dasein), present in the relationship, while the patient finds and learns to live out his own *Eigenwelt*.

An existential therapist understands that loss of relatedness is central to the development of mental disorders which come from hopeless loneliness, frozen isolation, schizoid detachment, the nothingness of anxiety, or psychotic delusion. Conversely, achieving intimate relatedness leads to mental health, personal growth and self-realization.

If a patient is being demanding of the therapist, like she would be from her father, for example, it is partly due to unconscious determinism, but also of significance is the fact that she chooses to do so in this specific moment of time. The therapist lets the patient experience what she is doing until the experience fully grasps her. For the patient to become aware that she is demanding this particular unconditional love from this real person in this immediate hour, it may indeed shock her - and thereafter - she should become aware of early childhood antecedents. Such an insight will make it possible for her to change in the long run.

### **THERAPEUTIC TECHNIQUES**

Techniques are slighted in existential therapy because technology is an objectifying process in which the therapist, as subject decides the best means by which to change the patient as an object.

Psychotherapy on existential-analytic bases investigates the life-history of the patient to be treated, just as any other psychotherapeutic method, albeit in its own fashion. It does not explain the life-history and its pathologic idiosyncrasies according to any theoretical categories. Instead, it understands the life-history as modifications of the total structure of the patient's being-in-the-world. It includes the temporal, spatial, thematic as well as other aspects of the patient's world-design. Such a reconstruction of the subjective world of the patient is not done as an intellectual, one-sided, academic exercise; but is done with a genuine interest in the patient himself, alongwith the patient. The context of understanding the patient is dynamic, immediately real and present.

Existential technique should have flexibility and versatility, varying from patient to patient and from one phase to another in treatment with the same patient. A second implication related to this idea is that the psychological dynamisms to be explored in the therapy always take their meaning from the existential situation of the patient's own, immediate life. Trying to understand these dynamisms technically and prematurely is at best, irrelevant, and at worst, 'structuralizing the neurosis'.

Good psychotherapists have always known that there are specific times when a certain patient is inwardly ready for a certain kind of intervention and that the intervention is likely to be fully successful at such times, whereas it would be premature before and without prospects later. At such critical, decisive point - called *kairos* - time suddenly acquires a qualitatively different value. Such critical points are not rare among neurotic, psychopathic or even psychotic individuals. If the therapist is skilled enough to recognize and handle them, he can obtain a surprisingly rapid cure of cases which were considered severe!

The therapist maintains an empathic presence in being-with-the-client during *kairos*. The therapist lets a patient freely experience whatever s/he is doing until the experience grasps him/her as a 'real' one, to an extent that can facilitate change from habitual fixations or reflexes. Instead of saying whatever comes to mind, the patient is encouraged to be whatever s/he wants to be.

In order to understand the phenomenal world of the patient, the therapist begins by using a phenomenological understanding which focuses on- the immediacy of experience, the perception of experience, the meaning of that experience and observation with a minimum of priori biases.

To convey such an understanding to the patient, most existentialists seem to use clarification, a type of feedback through which they more fully illuminate the patient's experience, using the patient's own language.

Next in the process comes the interpretation to analyze or make conscious the patient's transference reactions or repeated patterns of being. They rely heavily on existential explanations, such as pointing out how the patient repeatedly runs from the experiences related to death, decisions, or other aspects of non-being.

Other traditional existentialists seem to prefer a type of existential confrontation, in which the information they provide the patient is generated by the therapist's own genuine reaction to or experience of the patient. By being authentic, the therapist refuses to be frozen into the role that the client expects him to play. The therapist confronts the patient, both, verbally and experientially.

### **DIFFERENCES BETWEEN PHENOMENOLOGY AND EXISTENTIAL ANALYSIS**

- Existential analysis does not restrict itself to the investigations of states of consciousness, but takes into account the entire structure of existence of the individual.
- Whereas phenomenology had emphasized the unity of the individual's inner world of experience, existential analysis emphasizes that one individual may live in two or sometimes more than two conflicting worlds.
- Phenomenology takes into account only immediate subjective worlds of experience. Existential analysis strives to reconstruct the development and transformations of the individual's 'world' or 'conflicting worlds'.

Thus, existential analysis differs from phenomenology in that it operates within a larger frame of reference.

### **PSYCHOANALYTIC PSYCHOTHERAPY AND EXISTENTIAL-ANALYTIC THERAPY**

- In psychoanalytic psychotherapy, transference is understood to occur due to instinctual fixations whereas in existential-analytic therapy, transference is understood as objectifications of self. Instead of the client transferring his/her feelings of early childhood relationships, it's more that the client has not learnt to behave in any different way than what he did earlier.
- In psychoanalysis, the patient is encouraged to 'say what comes to mind'- to freely associate whereas in existential therapy, the patient is encouraged 'to be' what s/he wants to be - to freely experience.
- According to psychoanalysis, instinctual drives (sex and aggression), produce anxiety and thus defense mechanisms whereas existentialists believe that the awareness of ultimate concerns (death, meaninglessness, isolation and necessity to act) produce anxiety and thus defense mechanisms.
- Freudian intrapsychic dimension stresses separation and autonomy from the other whereas existential-interpersonal approach relies on deepening understanding of our continuing relationship to others.
- Psychoanalysis uses theoretical concepts like 'reality principle' and 'pleasure principle' etc. but existentialism treats a patient with regards to his total structural existence in being-with-the-world.
- A classical psychoanalyst believes in presenting himself as a blank screen but an existentialist is more concerned about being present with the client as a real and authentic human being of his own, experiencing the client and confronting the client with his own experiences of the client.
- Existentialists do not accept a split in a person as unconscious and conscious. Although they can't dispense with the conscious and unconscious aspects of mind, they still believe that it is the whole individual and his existence which need to be a matter of study rather than just parts.

- Existentialists also consider dreams to be an important part of therapy, but they do not give any 'theoretical' explanations of dreams like psychoanalysts do. Instead, a dream is considered to be a specific way of being-in-the-world, a structural reality of the patient which is dynamic and developmental rather than a static concept.
- Freud saw repression as the patients need to preserve an acceptable picture of himself and therefore to hold back thoughts, desires and so forth which are unacceptable according to bourgeois moral codes. Rather, says Boss, the conflict must be seen more in the area of patient's acceptance or rejection of his own potentialities. Out of the many ways a person chooses to relate to his freedom to express potentialities, repression is one way of so relating.

A major point of difference, we can say, between psychoanalysis and existentialism is that existentialists stress extensively on a person's freedom of choice whereas psychoanalysis talks about the unconscious forces which are beyond a person's control.

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