

Existential Therapy

Many forms of therapy lay scientific or empirical claims to human suffering. For instance, modern psychiatry typically defines human struggle in mostly biological terms – as illness. Cognitive-behavioral therapists define struggle externally in terms of unwanted behavior and, internally, in terms of irrational cognition. Affect-oriented therapists typically find childhood trauma at the core of one’s current difficulties, and encourage emotional expression as a way of working through this suffering. While these broadly defined approaches to therapy may be helpful, each relies on an essential and narrowly constricted definition of human nature that overemphasizes certain aspects of human being. In striking contrast, the existential therapist asks, “What meanings do our thoughts, feelings, and embodied experiences hold for us?” Existential therapists, thus, assert that our existence (from the Latin *existere*, or to “stand out”) -- our ability to stand out from and transcend particular forms of being, to be aware “that I am” (Being), and to reflect on what experiences mean – takes precedence over any particular dimension of our being.

Existential therapy relies on a distinction between the universal “givens” or structures of Being and the particular ways or paths by which the universals are expressed. Certainly, existential therapy is an appropriate adjunct to more experiential kinds of therapy (i.e., Gestalt therapy or person-centered therapy). As such, it begins with the concretely experiential understanding of a client’s concern in the client’s own terms. For example, a client engaged in therapy may describe a life-threatening situation involving her daughter, such as illness or accident. In this instance, the therapist attempts to enter the lived world of the client and understand her specific experience, to “get it.” The existential therapist attends to what “matters” and “touches” the client rather than performing a simplistic reduction of the client’s concerns into cognitive, behavioral, or affective terms. Such experiences are also intentional and inseparable from a contextual horizon of concerns or meaning such as “desire for the continued safety and well-being of my daughter,” and aimed towards the future. At the level of Being, a primary invariant of the existential approach to therapy is, therefore, the intentional construction of meaningful possibility that emerges through lived experience.

In existential therapy, a client’s lived experience is given priority, as are issues relating to the givens of Being or human existence, which include: our inter-relational being-with others and the world in general, our isolation in taking up our own possibilities, our freedom and responsibility for creating meaning, and our anxiety (*angst*) around death. In contrast with some humanistic therapies that speak of “self-actualization,” existentialists hold that as human beings we are always already in relation with others, and always must consider ourselves as such, even as we “individuate.” Moreover, because we at birth we are “thrown” into a particular body, in a particular time, and in a particular culture, our choice and responsibility operate within a matrix of possibilities that we had no hand in creating. Nonetheless, existential therapists often stress to their clients the deep and life-transforming power of their realistically limited and situated freedom and capacities for reflection. Ultimately, it is the responsibility of the client to decide for him or herself the meaning of his or her experiences, his or her overarching

values and ideals, the final and unique projects to which he or she commits his or her limited yet awesome powers.

In practice, existential therapists seek to understand as deeply as possible a client's struggles, to help a client make further meanings out of his or her experience, and to help him or her imagine other possibilities consistent with his or her world-view. Existential therapists do not overly rely on an arsenal of techniques because these technological approaches often do not allow for dialogue or real meeting to take place, and foreclose rather than open possibilities of being from emerging. Likewise, existential therapists de-emphasize directly generated curative aims derived from the "medical model" of mental illness. For existential therapists, what other approaches label as pathologically "neurotic," "dysfunctional," or "irrational" are more properly understood as particularly constrictive ways of being that limit more authentic living which may, nonetheless, bring *angst*, sorrow, and pain. Whereas some other approaches to therapy aim at a removal of symptoms, existential therapy rather promises a direct and honest dialogue on matters of the deepest significance in our lives. In the course of such a conversation, as a person "comes home" to his or her being, he or she often finds a diminishment of the intensity and pain of his or her struggles.

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