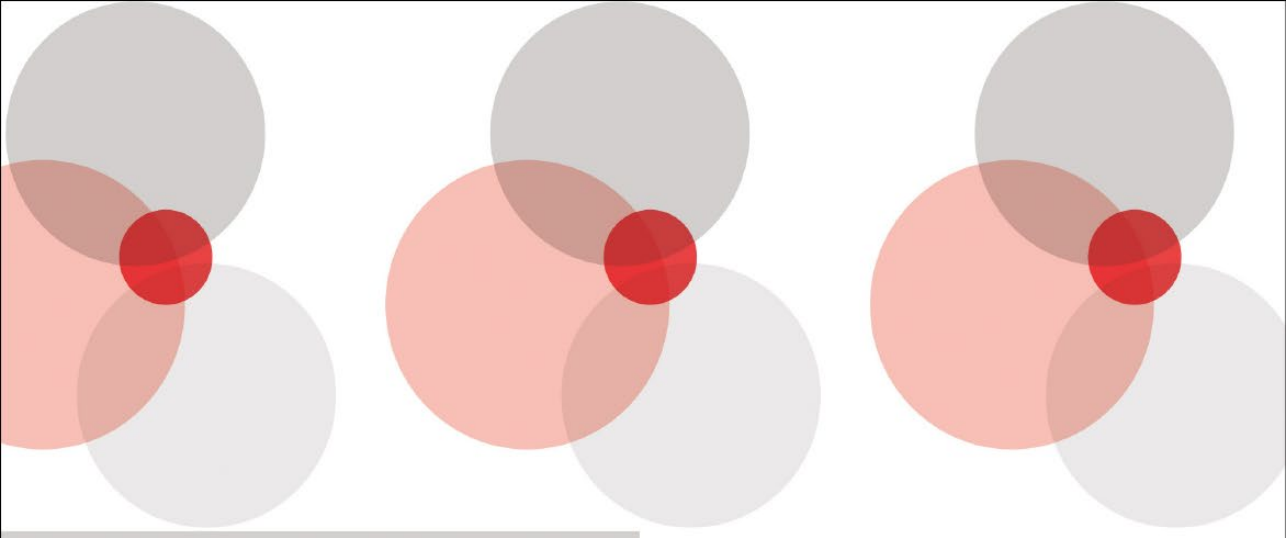


Second Edition

Skills *in* EXISTENTIAL

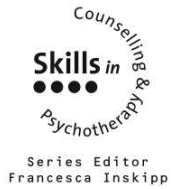
Counselling & Psychotherapy

Emmy van Deurzen &
Martin Adams

Counselling & Psychotherapy
Skills in

Series Editor
Francesca Inskipp

Skills *in*
EXISTENTIAL
Counselling & Psychotherapy



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Skills *in*
EXISTENTIAL
Counselling & Psychotherapy

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Emmy van Deurzen &
Martin Adams

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SAGE Publications Ltd
1 Oliver's Yard
55 City Road
London EC1Y 1SP

SAGE Publications Inc.
2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road
New Delhi 110 044

SAGE Publications Asia-Pacific Pte Ltd
3 Church Street
#10-04 Samsung Hub
Singapore 049483

© Emmy van Deurzen and Martin Adams 2011, 2016

First edition published 2011. Reprinted 2011, 2014, 2015
This second edition published 2016

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Editor: Susannah Trefgarne
Editorial assistant: Edward Coats
Production editor: Rachel Burrows
Copyeditor: Solveig Gardner Servian
Proofreader: Christine Kidney
Marketing manager: Camille Richmond
Cover design: Lisa Harper-Wells
Typeset by: C&M Digitals (P) Ltd, Chennai, India
Printed and bound by CPI Group (UK) Ltd, Croydon, CR0 4YY

Library of Congress Control Number: 2015954536

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library

ISBN 978-1-4739-1191-8
ISBN 978-1-4739-1192-5 (pbk)

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To Penny and Digby, as always.

'The unexamined life is not worth living'
Socrates

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Emmy van Deurzen is a world authority on the existential approach. She has founded both the School at Regent's University and the New School of Psychotherapy and Counselling at the Existential Academy, which she continues to direct, together with her private practice, Dilemma Consultancy.

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ACKNOWLEDGEMENTS

As with the first edition we would like to acknowledge the debt we owe to past teachers and colleagues who have encouraged us to persist with our existential explorations over the years. In a different way we are indebted to all those we have differed with – for they have helped us to refine and clarify our ideas in ways that would otherwise not have been possible.

We would also like to thank our past and present clients and supervisees who have probably taught more than they could have imagined. Their wisdom and courage is embodied in these pages.

We would particularly like to thank all the staff, students and trainees at the New School of Psychotherapy and Counselling: you are the ones who have required us to explain and clarify the practicalities of existential therapy in ever more precise and accurate ways.

In a similar way we would like to thank all those colleagues in the international existential community with whom we have had discussions about epistemology, theory and last but not least practice, for practice is at the centre of everything we do. All our fruitful discussions have involved questioning and those of you have differed or questioned us have always asked the best questions. This is how knowledge advances and is transferred.

For this edition especially we would like to thank all those who helped in the production of the video clips on the companion website, by consenting to be interviewed about your interests, experiences and passions.

Finally we each want to acknowledge the love and support of our spouses, Digby and Penny, without whom this book would simply not have been written.

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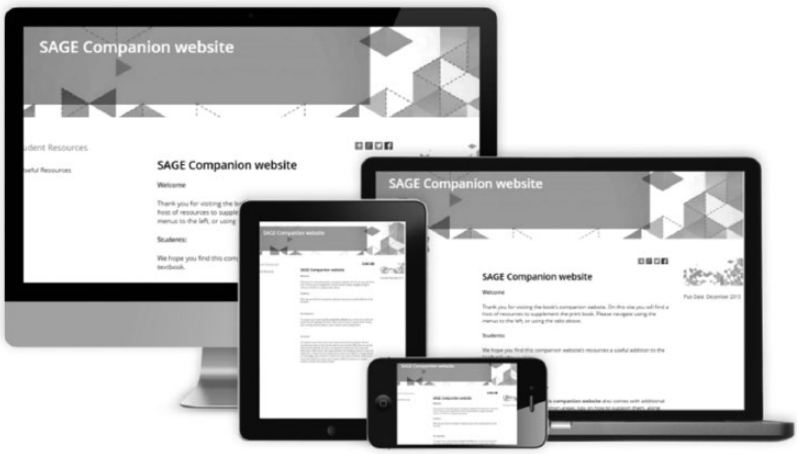

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INTRODUCTION TO THE SECOND EDITION

When we completed the first edition of this book, we did not expect that a second edition would come so quickly. Publishing this new one so soon after the first edition is testament to the enduring and increasing international popularity of the existential approach to counselling and psychotherapy. The first edition has now been translated into Danish, Polish, Greek, Korean, Farsi and Turkish. The first edition was valued for its clarity and we hope this edition will be even clearer. We believe in the virtue of clarity and think that if something cannot be expressed clearly then it may not have been thought about very clearly either. Clarity can also, of course, make it easier for people to dispute and discuss, and as long as our meaning is clear this is to be welcomed. It is how human knowledge progresses.

A recent survey of the prevalence of existential therapy across the world (Correia et al., 2014) found that existential therapy is formally established in 131 existential therapy institutions in 42 countries across all six continents. Representatives from most of these countries and organizations came together at the instigation of the New School of Psychotherapy and Counselling in London in 2015 at the first World Congress of Existential Therapy and an international organization, the World Confederation for Existential Therapy (WCET) was formed. The second World Congress of Existential Therapy will take place in Buenos Aires in 2019.

One concrete result of the Congress was the completion of a project started before the Congress by Stephen Diamond, to come up with a collaborative definition of existential therapy. This was completed after the Congress with the contribution of some 100 or so existential therapists from across the world and can be read on the companion website.

Even in the short time since the first edition of this book, the existential therapy world has moved on. This has certainly been helped by the World Congress and all who took part in it and we think this second edition reflects this spirit of internationalism and cooperation. If it's not a contradiction in terms, it is a part of our existential nature to be in constant and dynamic flux and as we noted in the first edition, the basic framework of existential phenomenology allows for considerable flexibility around its central principles. Because of this existential therapy has developed in different directions at different times and in different places, and will continue to do so. Existential therapy is not owned by anyone. It is highly sensitive to context and therefore highly adaptable to local circumstances. In order to make their survey

coherent Correia et al. used a framework we referred to in the first edition. They sub-divided existential therapy into four branches: Daseinsanalysis, the existential-humanistic approach, the existential-phenomenological approach (once referred to as the British school of existential analysis) and logotherapy. All these different strands have continued to evolve and some strands have become more visible than they once were. A useful further piece of research on the different similarities and differences between the strands has been done by Correia et al. (2014). The philosopher Martin Heidegger said that we can only authentically move into the future with resoluteness and anticipation rather than fear and control by owning our past and not denying it or asserting its irrelevance. In a similar way every existential therapist brings her or his past into their personal interpretation of it. One of us (EvD) comes from a background in philosophy and internationalism and one of us (MA) comes from a background in psychoanalysis and community action. This book then has these threads woven into its understanding of existential therapy. Both of us work firmly within the existential-phenomenological tradition. This tradition itself has also evolved into different strands. One strand of it is represented by Ernesto Spinelli and his relational approach, which draws on his earlier interest in Carl Rogers and which emphasizes relational and experiential themes. By contrast the strand that we represent in this book is that of a more philosophical existential therapy that works with phenomenological, hermeneutic, heuristic, maieutic and dialectical principles. Mick Cooper, who reviewed the range of existential therapies (2017), has in the meantime developed a pluralistic framework to therapeutic practice which is also founded on existential principles and which is allied to both of these forms of existential-phenomenological approaches. His interpretation is informed by his background in the person-centred tradition, and perhaps more importantly by the value and necessity of doing research in existential therapy as well as an interest in social justice. We consider his work to be compatible with our own.

It is our belief when writing this second edition that, notwithstanding the fact that it is written by two authors from the existential phenomenological school, the skills, ways of thinking and philosophical stances embodied in this book are generic across all these four 'branches' of the same existential tree. The characteristics of the existential phenomenological school have arisen dialectically from the meeting of Continental philosophy, which has tended to be extremely abstract and difficult to understand, and the British empirical school, which has tended to be very practical. Consequently it has the joint benefits of clarity and philosophical rigour.

There has been much debate over the years about the perceived differences and similarities between therapy and counselling and while there are useful points to be made on both sides, because of the nature and title of this book we are using the words 'counsellor', 'therapist' and 'psychotherapist', and words derived from them, interchangeably.

There have been great advantages to the spread of existential ideas and we are very pleased and proud to be a part of the greater understanding this has brought, but like everything in life it has come at a cost; more and more people are claiming to be existential in their orientation. It is of course possible that they may be right in this realignment, but it also seems that some misunderstandings about existential therapy have crept in, and we are trying to address these in various ways in this second edition.

Human beings are more important and come before therapeutic perspectives; acknowledging each other's humanity is what we do when we act ethically and, regardless of therapeutic perspective, we all know what ethical action feels like.

In the example of skills – what we do and why we do it – which is what this book is about, it is obvious that there are only a given number of skills available to therapists so it is inevitable that there will be some overlap and commonality between different therapeutic models. This is an area where there can be confusion and misunderstanding.

One way a misunderstanding may come about is when an attitude is taken out of the context of existential and phenomenological philosophy as a whole and then applied to a different context which does not share its basic assumptions about the human being. To use a cooking analogy, just because you use fresh basil doesn't make you an Italian cook. Consistency in how we find things out and what sort of evidence we value is important for effective living and in philosophy we call this 'epistemology'. Just because two therapeutic modalities advocate a particular skill doesn't mean they are doing it for the same reasons. And a different reason will usually mean a different effect. Human beings do not work on simple deterministic principles. In order for the intention and the action to be coherent they need to be founded on the same image of the person and the same principles.

In this second edition we have taken a number of important issues and clarified how the issue is seen by existential therapists. We hope this will clear up some of the misunderstandings that have arisen. These are distributed throughout the text and the major ones are highlighted.

This book is primarily about the skills of existential counselling and psychotherapy and it is not possible in a book such as this not to use words like 'theory', 'practice' and 'method'. These words and others are familiar enough but like many familiar words after a while we forget what they refer to, if we ever really knew, and start to use them interchangeably and consequently imprecisely. This too can lead to confusion. So here are some definitions that are useful to bear in mind.

A theory seeks to describe and explain what is observed and also to predict what will happen. Theories are developed by observation, drawing out common factors, developing a question about the relationship between the elements that have been observed, testing this, evaluating the result and modifying the theory accordingly. A theory is an abstraction; generalizations are made and rules and principles drawn out that will always simplify the complexity of the original data. This is necessary but comes at the cost of precision. Another way to think about a theory is as a map, but we need to remember that a map is not the same as the territory. Maps are only ever partial; not only are they out of date as soon as they are made, but they are also never the same scale as the territory. No map can contain everything, they are made to show particular things and to be blind to others. There are many sorts of maps and each shows a different range of features in many different scales. Each map purports to show a reality of a particular sort for a particular reason and purpose and at a particular time. It is context specific. And if it's not to take the analogy too far, they all view the territory from vertically above as if it is the only viewpoint. It is not. Choices have been made about what factors to observe and notice and give relevance to. So it is with theories. If a theory cannot be modified by subsequent experience it is not useful; that

is, it literally cannot be used and it is not a theory but a dogma, a superstition, a speculation or a belief. Every moment of our lives we are testing and making theories, except that we usually call it learning and understanding. Moreover, in life we gain from having multiple viewpoints, from above, from alongside, from below, from the view of the other and so on. It is the way we construct our worldview. The more viewpoints we can accommodate the more complete and resilient will be our worldview. Just as long as we remember that a complete worldview is never possible. Our knowledge is always partial. Successful living is about discovering in what ways it is partial and incomplete.

More specifically, a therapeutic theory needs to fulfil four criteria: to state the basic assumptions it has about the nature of a person; to be able to explain how characteristics are acquired; to explain how characteristics are perpetuated; and to suggest practical ways of changing these characteristics consistent with the basic assumptions. We are now familiar with electronic ways of map-making to locate ourselves but Google Earth and Street View are still historical and selective and are no substitute for being there. A question we could usefully ask is: 'If there was to be an equivalent to a GPS for therapy, what might it be?' We would have to bear in mind that in life we gain from having multiple viewpoints.

Also something not often acknowledged is that all theories are based on theories of how to make theories. Other therapeutic perspectives and theories do not make it at all clear how they derived the ideas that constitute their theories. In these days of evidenced-based practice and hierarchies of evidence, this is an important consideration. Existential therapy is quite explicit and transparent about what sort of evidence it values. One thing that makes it different from all the other theories is that it has always based itself on the research method of phenomenology. Existential thinking thrives on debate but debate can only be fruitful if the grounds of the debate are clear. One may disagree with the principles of existential philosophy, but what is more important is to know why one disagrees.

Existential therapists have long been suspicious of technique, and with good reason. This is summed up by Viktor Frankl, who says: 'we can see the therapist as a technician only if we have first viewed the patient as some sort of machine' (2000: 26). In its simplest form a technique is a specific description of what you do in a given circumstance to achieve a particular result. It is a way of operationalizing a theoretical principle. But the danger is that by mechanizing the intention into an action and generalizing it into a technique we remove not just the person, but also the relationship. This runs counter to all the principles of existential therapy which focuses on lived human meaning and consistency of the attitude and intention of the therapist. An action becomes a technique therefore when there is a gap between belief and enactment; when we are doing something without full attentiveness or personal commitment. Rather than concentrating on the mutually dehumanizing consequences of technique, existential therapists tend to rely instead on the authority of their own experience, their integrity and their values. Better terms here would be 'skills' or alternatively 'practice' (or praxis) to refer to the way we enact and own our beliefs. We consider here that successful living is a process of skills acquisition rather than technique acquisition. Techniques are tools, skills are owned ways of being; they are how we do being. A hammer is only useful if you have the skill to use it, otherwise it is

dangerous. This distinction is important in the therapeutic world because the presence of technique results in the manualizing and dehumanizing strategies of therapy so easily recognized in limited contract models. In our work the danger of slipping from skills into technique is ever present and existential therapists are certainly not immune to this danger; it is a human failing that we can fall into looking for short-cuts. But if we adhere to existential and phenomenological principles we will both reduce the danger and increase the awareness of its occurrence.

Last but not least, the word 'philosophy' comes from the Ancient Greek and means 'love of wisdom' and is about the study of general and fundamental problems, such as reality, existence, knowledge, values, reason, mind and language. A philosophy is characterized by addressing these issues in a rigorously systematic and analytic way. Since existential philosophy is based on phenomenology, a therapeutic practice based on existential philosophy will therefore look phenomenologically at the general problems of living and attempt to analyse and understand them with a view to an increase in wisdom.

There are some specific new points about the relationship between existential work and other theoretical perspectives in this edition, as you will see. We have aimed to address the misunderstandings so many people have about existential therapy. Some of these are deeply ingrained assumptions and some are caused by a lack of knowledge or erroneous information. We want to address some of the more general misunderstandings about existential therapy straight away:

- *Existential ideas are pessimistic.*

  Nothing could be further from the truth because existential ideas are ideas about human existence. While it is true that human existence has many down sides, it also has many up sides. The fact that we live on our own account and have to come to terms with loneliness and isolation, for instance, rather than being a source of despair can actually become a source of hope since it means that we can claim the consequences of our choices and actions as personal achievements. It would indeed be pessimistic if we had no freedom because it would mean that our fate was determined for us. Life only looks dark or pessimistic to those unwilling or unused to rise to its challenges. Taking the choice to come to therapy is often the first courageous step in doing this.

- *Existential counselling is not concerned with the past.*

  Existential therapists do not limit their work to the here and now. They are concerned with the entire life span. Although the date of biological birth is known, existential birth is more complex and in fact takes the whole of a person's existence. An existential theory of human development is concerned with how our understanding of the givens of existence changes as we develop, mature, decline or approach death. We are only able to face our uncertain future with resilience and openness if we can understand how we have limited our present life by our past choices. When we understand that what we thought were facts are actually choices, we free ourselves from the past persisting into the present and are then able to make more time appropriate choices about how to live.

- *Existentialism is subjective and individualistic.*

  While our autonomy is fundamental, it is also true that we all get our meaning and identity from our basic human connectedness to all other beings and to the world around us. We are defined by the way we relate to each other, to the things around us, to ourselves and to the ideas that we value. One of the questions everyone has to answer is: 'How can I be me and also be connected to others'. It is our connection to others that prevents us from complete isolation but it is also our need to be different that preserves our individuality. This is a dilemma we all share.

- *Existential work is intellectual.*

  Existential therapy is a very practical and experientially based therapy, which is founded on a philosophical understanding of the facts of life. Existential therapists aim to grapple with the difficulties of everyday experience so that we can live more resourcefully. What is more important than reading philosophy is to know what it means to live existentially. The only authority we have as human beings is the authority of our own experience and what we have learnt about life's absurdity. We use this to connect with our clients as brothers and sisters in the same dark night. We are all in the same boat. This experience brings deep knowledge and new confidence but also humility because we know we all share the same paradoxes and dilemmas and we, as therapists, are not exempt from the suffering we are addressing.

- *Anything goes in existential therapy practice.*

  This misunderstanding arises out of existential practitioners' reluctance to talk about what they do, preferring to give practitioners the responsibility of developing their own style. But the truth as always is more complex. Since existential practice is based on phenomenology, it follows that existential practice too is systematic. It is only by being true to the principles of phenomenology that our practice can be true to the givens of existence. It is this that links theory and practice. This is not to say that existential practice is rigid and formulaic - we can never predict how relationships will evolve – but the therapist can be true to the givens of existence by adhering to the ethical and practical principles of phenomenology.

As well as other perhaps more subtle changes, there are also two completely new chapters in this new edition of the book. One is a chapter about a number of different contexts in which existential skills can be applied. These are: supervision, coaching, working with couples and family relationships, working with groups, and working with people at either end of the life span.

The other new chapter is about a number of challenges facing counselling and psychotherapy in the twenty-first century, namely the challenge of working in the health service, doing research, the emergence of the profession of counselling psychology and the challenges of working therapeutically with digital technology.

Another innovation with this second edition is our linked website where you will find a number of interviews, talks, interviews and presentations that will enhance and add to the experience of reading and learning from the book.

We hope that all these new features will further strengthen the contribution this book can make to your understanding of existential therapy.

ONLINE CONTENT

- Collaborative Definition of Existential Therapy
- A conversation between Emmy van Deurzen and Martin Adams talking about the new edition, the changes that are included and some of the discoveries they made in the process of writing and re-writing the book.

1

THE FRAMEWORK OF EXISTENTIAL THERAPY

> 'In the mountains of truth you will never climb in vain: either you will get up higher today or you will exercise your strength so as to be able to get up higher tomorrow.'
>
> Friedrich Nietzsche

THEORETICAL BACKGROUND AND HISTORY

Introducing existential therapy

The questions that existential philosophers address are the questions that human beings have always asked themselves but for which they have never found satisfactory answers. This makes them both familiar and problematic. They are questions like:

- What does it mean to be alive?
- Why is there something rather than nothing?
- How should I act and be in relation to other people?
- How can I live a worthwhile life?
- What will happen after I die?

These are also the questions which clients are preoccupied with.

In spite of this familiarity there are some good reasons why existential ideas are not well known in psychotherapy. First, existential therapy does not have a single founding author with which it can be identified; it has no Freud, Rogers, Perls or Pavlov.

Second, it has its roots in philosophy, which in spite of its intimate connections to the questions of living and its long history has always been a rather academic discipline.

All therapeutic perspectives have a philosophical basis but this is rarely acknowledged. Because of their practical training, most therapists and counsellors are not used to exploring questions in a philosophical manner. They often focus on psychological and behavioural symptoms or on concrete aspects of professional interaction.

Although all existential thinkers have the philosophical stance in common they can hold quite differing views, and it is this dynamism and diversity that give the existential approach its particular strength and resilience. Nevertheless, it is the family resemblances that allow us to identify the characteristic skills and interventions of existential counselling and therapy that we will describe in these pages. We will be concentrating on how to explore our clients' human questions philosophically.

As we said in the Introduction, trying to delineate 'existential skills' is problematic because systematization and technique have generally been avoided in favour of personal freedom and responsibility. Existential therapists are reluctant to say 'This is how you do existential therapy' because one of the central principles of existential therapy is that each therapist has to create her or his own personal way of working. But it is most definitely not a free-for-all. Existential therapy is an enquiry into meaning, and any enquiry that is not systematic will lead to haphazard results and will be influenced by what the researcher wishes to find. Therefore it has characteristic structures, actions, disciplined interventions, methods and specific skills to guide this enquiry, and the task of existential therapists is to make these their own. They are based on the same broad structures that underpin phenomenological research. Indeed, existential philosophy is the result of the application of the phenomenological research method to the study of existence.

Before we go any further, a word of caution is necessary about some specialist words. Many everyday words like 'choice' and 'anxiety' are used in the existential tradition in a special sense, and this needs to be borne in mind. Conversely, there are many unfamiliar words like 'being-in-the-world' or 'thrownness' that sound daunting, but which actually refer to familiar experiences. These too will be explained.

What do we mean by 'philosophical'?

So what does it mean when we describe the existential approach to psychotherapy as philosophical? A wide range of philosophical writing is available to therapists, but not all philosophy is relevant, since it does not all deal with human or moral issues. Much of early Greek philosophy, Eastern philosophy and nineteenth- and twentieth-century Continental philosophy is relevant. Most of analytical philosophy is not so pertinent to therapy.

Counsellors and therapists wishing to work in an existential manner do not necessarily need to have a thorough grounding in this literature and philosophical heritage. But they do have to develop some philosophical method in their thinking about life.

Other therapeutic approaches are primarily biological, psychological, social, intellectual or spiritual in nature and generally neglect philosophy. They also concentrate on what goes on inside an individual or between people and rarely extend to considering the human condition and its wider philosophical and socio-political context.

Most therapies also focus on what is wrong and describe this as pathology and state that their objective is to cure a person of this. They are mostly concerned with intra-psychic or inter-personal factors. While existential therapy may also accommodate these dimensions at different times, its field of vision is wider and reaches beyond individual problems to life itself. Its focus is on the nature of truth and reality rather than on personality, illness or cure, so rather than thinking about function and dys-function, it prefers to think in terms of a person's ability to meet the challenges that life inevitably presents us with.

Although the existential approach clearly involves ideas, it is not simply intellectual like a crossword puzzle and is certainly not abstract like mathematics. Understanding life is as crucial to survival as the ability to talk, walk, breathe or eat. It is practical and concrete. It is always life that is the teacher, and ideas are no use unless they can make a positive difference to our lives.

Action based on experience is everyone's first language. In this sense, existential therapy is the practical application of philosophy to everyday living. It is about coming to understand and therefore live productively and creatively within the constraints and possibilities of life. To engage with existential ideas requires us to have the courage to value diversity over uniformity, concreteness over abstractness, open-ended dilemmas over simplistic answers, and personally discovered and hard-earned authority over pre-existing dogmas and established power.

Fundamentally the skills of the existential therapist begin with the phrase inscribed at the Temple of Apollo at Delphi, 'Know Thyself', because we cannot understand anyone or anything until we first understand ourselves and our relationship to human existence. This means that our primary tool as therapists is the way we are who we are and the way we understand our lives, not theory or technique.

But even this is not so simple since we are always changing and we are also permanently and fundamentally in relationship with others. What this means is that we can never ignore the needs of others when making personal decisions, but neither can we allow others to entirely determine us even when alone. This is a paradox.

What do we mean by 'existential'?

The German philosopher Martin Heidegger and the French philosopher Jean-Paul Sartre both agreed that existence comes before essence. What this means is that the fact that we are is more basic than what we are. We are first and then we define ourselves later. Through our existing our essence is gradually shaped.

Moreover, we are always in a process of becoming something else. A person is first and foremost dynamic, alive, self-reflective and changing and this is the most important characteristic: that we exist, that we are alive and that we can transform ourselves, be aware and learn. For example, the essence of this book is that it is about the skills involved in existential therapy. But this book will always be this book; it will never change and also will not be able to change itself. A person, on the contrary, is different at different times.

We are dynamic, responsive and interactive. In one sense a person's essence is their chemical composition (e.g. as 85 per cent water). In another sense, a person is her or

his genetic constitution, made up of half of each parent's gene pool. In yet another sense we can be said to be the result of our early experiences and education. Or we can say the bio-chemical processes in our brains define us. Existentially, a person is clearly far more than any and all of this.

Let's consider the following incomplete sentence:

Fundamentally people are …

If we were to say that essence is more fundamental than existence, it could be completed in many different ways depending on one's view of human nature, for example:

Fundamentally, people are their DNA, or

Fundamentally, people are out for their own survival, or

Fundamentally, people are social beings, or

Fundamentally, people are made in the likeness of a god.

The fact that we can talk about the human essence in so many different ways explains why there are so many different theories of psychotherapy, because they all consider essence to be prior to existence and they all have different views of what constitutes this essence.

But if it is true that existence precedes essence, the above sentence can only be completed with a full stop:

Fundamentally, people are.

That we exist and *how* we exist determine the essence that emerges, not the other way round. This is the first principle that all existential philosophers share: that their primary concern is the existence of human beings. It is also the most significant defining characteristic of existential therapy. A therapeutic approach can be described as existential if it accepts this premise.

This is of course not the end of the matter by any means. If people are primarily without a fixed essence, then their life becomes a matter of personal interpretation, responsibility and choice. What we take to be our essence, our nature, our sense of self, in fact evolves over time and is a consequence of the way we interpret the fundamental givens, the boundaries, of existence. We only see it as fixed because it evokes too much anxiety, existential anxiety, to acknowledge its innate flexibility and fluidity.

It is the capacity for thinking and reflecting on the constraints of our existence and on our particular way of being that creates a sense of self and it is this reflection that plays the major role in what we are and become.

It is our understanding of these matters that allows us to choose whether we let ourselves be defined by circumstance or find a way to meet life's challenges.

EXERCISE

Make a list of six different identities, characteristics or talents you think you have. For example:

- parent
- gardener
- bi-lingual
- son/daughter
- therapist
- student.

Make your own list and then order the items in your list from least significant to most significant. Starting with the least significant, go through each item and imagine how your life would be without that characteristic. Don't move on to the next one until you've dealt completely with the previous one. The chances are that it will be difficult, though not impossible, to imagine, but that it will also evoke some strong feelings.

We get very attached to these identities; in fact, we often imagine that they are all that we are. We are, however, more (or perhaps more aptly less) than this, and even without these characteristics we still are. We still exist. You may find that at the end of the exercise you have a sudden sense of the being that remains when all your special identities have been temporarily suspended!

This unique ability of human beings to reflect on existence and on ourselves makes us different from other animals and objects, but it comes at a price: that of personal responsibility.

SOME OF THE MAJOR EXISTENTIAL PHILOSOPHERS

The following short biographies, presented in chronological order, give an idea of the diversity of existential thinking.

Søren Kierkegaard (1813–1855) was a Danish philosopher who is sometimes called 'the father of existential thinking'. He wrote in an indirect manner often using pseudonyms and took issue with what he saw as the conformity of nineteenth-century bourgeois society and particularly with its hypocritical way of interpreting Christianity. He advocated learning from anxiety (angst) and despair and he valued subjective truth over given truth. He believed that we all have to learn to live aesthetically first, then ethically, but that in order to learn to think for ourselves we need to dare to doubt, until we are able to make a leap of faith to find our own personal sense of and relationship to God.

Friedrich Nietzsche (1844–1900) was a German philosopher who wrote in a poetic and rhetorical manner and criticized what he called the 'herd mentality' of his fellow citizens. An accomplished iconoclast, he opposed all systems especially value-laden ones. He is famous for stating that 'God is dead' (nihilism). He said that each person must relentlessly question in order to aspire to a sense of truth and reality which goes beyond established values. We have to re-evaluate right and wrong and aspire to become what he called the *Übermensch*: the autonomous superhuman who creates her or his own values and morality, and lives a life of passion and personal affirmative power.

Edmund Husserl (1859–1938) was a logician and mathematician who designed a new method for describing and understanding all objects and acts of consciousness, including consciousness itself. He called this process 'phenomenology': the science of how things appear. He said that consciousness is always consciousness of something and can never be separated from its object. This is known as 'the principle of intentionality'. Phenomenology is a procedure for allowing us to become more aware of the various ways we prejudge physical, personal, social and ethical situations and to become able to grasp the essence of things directly, through the disciplined use of our intuition.

Martin Buber (1878–1965) was an Austrian Jewish philosopher and theologian. He emphasized that human existence was fundamentally relational. He proposed a distinction between 'I–Thou' and 'I–It' modes of relating, with the latter being more like our everyday relating to objects, which is characterized by distance, partiality and exploitation. The former was based on a full and open appraisal and contact with the totality of the other. He described the importance of the space in between two people as it is co-created by them and so changes the quality of their interaction.

Karl Jaspers (1883–1969) was a German psychiatrist and a philosopher who, like Husserl, was dissatisfied with the ability of science to provide any insight into the human condition as we live it. He emphasized the permanent dilemma of the need for a 'worldview' in order not to despair at its absence, and the redemptive power of communication. He argued that it is in the unavoidable 'limit situations' like death, guilt, condemnation, doubt and failure that we are reminded of our existence. He also spoke of the importance of remaining aware of the comprehensive elements of our existence that transcend our everyday preoccupations.

Paul Tillich (1886–1965) was a German-born Protestant theologian who left for the US in the 1930s. He advocated courage in the face of the anxiety of non-being, and distinguished between 'existential' and 'neurotic' anxiety. Tillich's notion of God is as a symbol of reality that we need to come to terms with in our everyday lives. He was a tutor to Rollo May, whose work he inspired.

Gabriel Marcel (1889–1973) was a French philosopher and playwright. He emphasized the basic mystery of existence, and the importance of openness to others, as well as the belief that to live properly requires one to have faith in the harmony for which human existence strives. He spoke of the fidelity to ourselves, to life and to each other and of the need to be prepared to be loyal whatever the future holds in store.

Martin Heidegger (1889–1976) was a German philosopher and is considered one of the most influential of existential thinkers. His work emphasized the human capacity for resolute awareness, through engagement with the anxiety that is prompted by our awareness of time and especially of our inevitable death. He also placed emphasis on what he called the 'ground of Being' and argued that human beings had to be the guardians, or shepherds of being. He worked towards the end of his life with the Swiss psychiatrist Medard Boss, co-creating the method of Daseinsanalysis, and also influenced Ludwig Binswanger, a long-time colleague of Freud.

Jean-Paul Sartre (1905–80) was a French philosopher, novelist, playwright and political activist. Through his novels and plays he is probably the best-known existential philosopher. He is the person who coined the term 'existentialism' and is the only one who actively claimed to be an existentialist. He showed that there was nothingness at the core of human existence, thus giving us freedom. He argued that most people try to escape this freedom by living in bad faith. He believed that to be free is to make choices and take responsibility as we define ourselves through our actions. We have no excuse not to define our life's project actively. He moved from a description of the competitive nature of human relations to a more collaborative model of human interaction.

Simone de Beauvoir (1908–86) was a philosopher who is primarily known for her feminist contribution and for her novels, which illustrate existential themes. She contributed ground-breaking work on issues of sexuality, gender and old age. She wrote about the ethics of freedom and contingency and spoke of the ambiguity of life and of the importance of being prepared to make new moral choices in each new situation. She emphasized the importance of collaboration.

Maurice Merleau-Ponty (1908–61) was a French philosopher and phenomenologist who emphasized the embodied nature of human existence. He highlighted Husserl's notion of intersubjectivity, which is the idea that there is no real separation between the self and the other. He showed how differently we can think of the world if we stop objectifying and separating ourselves from our experience, becoming aware of the intertwined ambiguity of all human experience.

Albert Camus (1913–60) was a French novelist and philosopher who, like de Beauvoir, is known for his novels. He emphasized that what makes life worthwhile is the struggle against what he called the absurdity, the basic meaninglessness of human existence. He argued that it is this engaged struggle itself that brings us into existence and allows us to create meaning.

THE PHILOSOPHICAL AIMS OF EXISTENTIAL THERAPY

Human issues were always the focus of Greek philosophy and the Greek myths are basically stories that explain how these issues can be understood and dealt with, rather like biblical stories also do. Greek philosophy (or 'love of wisdom') explored such

issues more rationally and more effectively. It was indeed a search for wisdom about human existence that would lead us beyond mythology. Ultimately, existential therapy is a contemporary form of practical and applied philosophy that seeks to assist people in acquiring the wisdom to understand and live their lives with greater awareness and understanding. Therapy helps people do so through a process of judicious questioning and sifting through feelings, experiences and intuitions in order to come to clarity of reflection and insight.

The task of being human is not primarily psychological or biological but philosophical, as we need to create a worldview for ourselves to find meaning in our life. The task of the existential therapist is to make this philosophical questioning practical, concrete and relevant to an individual's quest for a better life. The aim for the therapist is to work with the client in their search for truth with an open mind and an attitude of wonder, rather than fitting the client overtly or covertly into established frameworks of interpretation. It means that we have to be prepared to examine our own assumptions about life as much as we help clients question theirs.

The existential approach to therapy is about learning to philosophize in the sense of asking important questions about what it means to be alive. It places a responsibility on both the therapist and client to lucidly apply the ideas and to understand our position in the world and to evaluate the consequences in the light of truth and reality. When we do this wholeheartedly it becomes an enjoyable way of living life.

Rather than seeking to minimize our difficulties, we learn to appreciate them as moments where we gain new insights. Human problems are the puzzles that help us understand the overall picture of life.

EXERCISE

Think of a time when you were mistaken about your evaluation of someone: let yourself think back to how this mistaken judgment came about, without judging yourself. Just observe the process of your own assumptions and prejudice.

- How do you jump to conclusions about other people?
- How do you decide whether something is right or true?
- What principles do you use to guide your decisions? Where do they come from?

It was Socrates and Plato who established this tradition of systematic thinking about human issues. Their aim was always one of helping people to live better lives in tune with sound principles and in search of the good and the true. Socrates gave his name to the process, the Socratic method, whereby the teacher acts as midwife, enabling pupils to give birth to their own understanding of the world. The philosophical teacher's discourse with the pupil was always cooperative and critical, following the virtues of orderliness, deliberateness and clarity. The teacher (therapist) and pupil (client) are both active and independent, though the teacher is able to offer experienced guidance.

It becomes clear when doing this that it helps greatly to have expert guidance in reflecting on ourselves, especially when such reflection involves us having to face up to some of our own errors and mistaken prejudice. We need the extra pair of eyes to see more clearly. Of course, we can get some insights from studying on our own those philosophers who have thought about the complexities of human existence, but without another person present, we are limited by the narrowness of our own vision.

KEY POINTS

- Existential philosophers are concerned with what it means to be alive.
- That we are is more fundamental than what we are.
- The search for truth that existential therapists engage in with their clients is handled like a philosophical research project that cannot be embarked on lightly and requires commitment and full engagement from both.
- While there is an ongoing search for models of living that can improve people's lives, there is no endorsement of any particular model.
- The existential therapist will attempt to resonate with and articulate all aspects of the client's worldview.
- Clients will be encouraged to explore the polarities, tensions and paradoxes that underpin human living in general and their lives in particular.
- The process will consist of careful description of the client's experience and full exploration of its implications, reasons, purpose and consequences, and all interpretations must be verified.
- There is an awareness of the importance of dialogue and open exchange of views, where each person is equal and capable of considering what can be learnt from the collaborative exploration.
- There has to be a willingness to test out hypotheses about human living and revise these in the light of new findings.

SOME OF THE MAJOR EXISTENTIAL THERAPISTS

The following short biographies, presented in chronological order, give an idea of the diversity of existential therapy (see also Table 1.1).

Ludwig Binswanger (1881–1966) was a Swiss psychiatrist who worked with Carl Jung and Eugen Bleuler and was a lifelong friend of Freud. He was the first physician to see the therapeutic significance of existential and phenomenological ideas, and was influenced in this by Martin Heidegger, Edmund Husserl and Martin Buber. He said that the human being can only be understood in the totality of his/her existence, the *Weltanschauung* or world-design, which is how we view and open up to the world around us.

Karl Jaspers (1883–1969) was a German psychiatrist who became a philosopher and who worked his entire life towards a more philosophical understanding of psychiatric problems. His magnum opus on psychopathology proposed an alternative mode of working with problems in living.

Eugene Minkowski (1885–1972) was a Polish-born French psychiatrist who experimented with an existential way of working with his patients in Paris. His alternative understanding of depression and schizophrenia and his emphasis on time were radical new departures at his time and remained influential on many authors.

Erich Fromm (1900–80), born to Jewish parents in Germany, was a philosopher and psychoanalyst who moved to the US in 1934. His writings are social, political and spiritual as well as philosophical and psychological. A major contribution is that he understood freedom as an aspect of human nature that we can either embrace or escape, but that escaping it is the root of all psychological conflicts. Another main contribution is that he saw love primarily as interpersonal creativity and distinguished it from everyday notions of romantic love, which he saw as pathological.

Medard Boss (1903–90) was a Swiss psychiatrist. He was influenced in his early career by Freud and later worked with Eugen Bleuler, Carl Jung and Ludwig Binswanger, who introduced him to the works of philosopher Martin Heidegger, with whom he had a 25-year mentoring friendship. Out of this relationship he developed Daseinsanalysis, which is regarded as being the first systematic description of existential psychotherapy. He contributed greatly to an existential understanding of dreams as relating to the person's existential nature rather than simply from their unconscious.

Viktor Frankl (1905–97) was an Austrian Jewish doctor from Vienna, whose family was exterminated in the concentration camps during the holocaust. He himself conceived of many of his therapeutic ideas whilst interned in Auschwitz. His own existential method is called 'logotherapy' or 'meaning therapy' and his objective was to help people retrieve lost meaning in their lives. His method has been particularly influential in Latin America.

Rollo May (1909–94) was an American existential psychologist. He came to psychology late after a career in the ministry. Influenced by Adler and the North American humanistic tradition and also by Kierkegaard, he wrote *The Meaning of Anxiety* with the general reader in mind after contracting TB. He was also a close friend of Paul Tillich, who had a significant influence on his later work. In 1958, he edited the ground-breaking book *Existence* with Ernst Angel and Henri Ellenberger, which first introduced existential ideas to therapy as distinctly different from psychoanalysis.

Joseph Fabry (1909–99) was an American logotherapist who worked with Viktor Frankl and enabled logotherapy to become established in the US as a meaning-based therapy, contributing the important book *The Pursuit of Meaning*.

James Bugental (1915–2008) was influenced in his early years by Carl Rogers and Abraham Maslow but was greatly influenced by reading May, Angel and

Ellenberger's *Existence*. His major contributions are practical and they focus on the nature and value of therapeutic presence, and the challenge to translate this into an authentic and responsible life.

Hans Cohn (1916–2004), born into a Jewish family in Germany, came to the UK in 1949 via Czechoslovakia, Poland and Canada. From an early training in psychoanalysis he developed parallel but connected interests in groups and in Heideggerian existentialism and was an editor of *Existential Analysis*, the journal of the Society for Existential Analysis. He taught and influenced many UK existential therapists between 1988 and 2002 and wrote two influential books and a number of papers.

Gion Condrau (1919–2006), born in Switzerland, became a significant Daseinsanalyst who attended the Zollikon seminars with Heidegger and Boss. He became the successor of Boss after Boss died in 1990 and contributed much to the recognition of Daseinsanalysis.

Thomas Szasz (1920–2012), born in Budapest, moved to the US in 1938. He was a lifelong libertarian, moral philosopher and critic of the ethical, scientific and social control foundations of psychiatry. He said that psychiatric diagnosis was a socio-political construction designed to mystify experience and to reduce people's freedom and responsibility. In his view, the metaphor of mental illness gave false legitimacy to psychiatry, which both coerced the innocent and allowed the insanity defence to excuse the guilty.

Aaron Esterson (1923–99), born in Glasgow into poverty and deprivation, studied medicine on leaving the Royal Navy in 1945. He came to prominence as a co-author with R.D. Laing of *Sanity Madness and the Family*, which argued that the symptoms and signs of schizophrenia were socially intelligible. He developed this idea further in *The Leaves of Spring*. Both books reflect his lifelong assertion that the fundamental principles of existential psychotherapy are moral and ethical, and not technical or medical.

R.D. Laing (1927–89), born in Glasgow and trained as a psychiatrist and psychoanalyst, was one of the first to popularize the existential approach to therapy. His first book, *The Divided Self*, is as influential now as it was when first published in 1960. In it he questioned the established view on schizophrenia and described how ontological insecurity may lead to alienation when a person is unable to stand up to societal and family pressures imposed upon them. Laing was a prolific writer and a mercurial and occasionally divisive though enormously charismatic figure who continues to influence therapists of all perspectives. He created a movement of therapeutic communities, formed by the Philadelphia Association and the Arbours, to offer emotionally unstable people an alternative to psychiatric care.

Peter Lomas (1924–2010), a one-time colleague and contemporary of Laing's, was a quieter though no less influential figure. His belief in the necessity of psychotherapy having an existential foundation dates from the 1960s and his dissatisfaction with psychoanalysis. His view of the therapeutic relationship as both something very special and also something intensely ordinary is more to do with practical wisdom than anything else.

Irvin Yalom (1931–), a US psychiatrist and psychotherapist, is perhaps the most well-known existential writer, and many people's first contact with existential therapy has been through his book *Love's Executioner*. A prolific writer, he is also known for the unique way he has woven philosophical themes into his many psychological novels.

Paul Wong (1937–), born in Northern China and raised in Hong Kong, established himself in Toronto, Canada and is the founder and president of the Meaning-Centred Counselling Institute. He is a logotherapist who has developed his own form of integrative existential and positive psychotherapy and has published many books and also set up the International Network on Personal Meaning.

Betty Cannon (1943–), US psychotherapist and writer, has applied Jean-Paul Sartre's ideas to psychotherapeutic theory and practice. Her book, *Sartre and Psychoanalysis*, influenced by her long-time colleague and translator of Sartre, Hazel Barnes, is considered a classic in the field of existential psychology. She lives and works in Boulder, Colorado, where she developed a form of existential therapy named applied existential psychotherapy (AEP).

Alice Holzey-Kunz (1943–) is a Swiss Daseinsanalyst trained by Medard Boss and author of many papers and an important book on Daseinsanalysis.

Erik Craig (1944–) is a prominent American Daseinsanalyst from Santa Fe, New Mexico who trained and worked with Medard Boss and who has done work in the hermeneutic tradition of dream analysis.

Alfried Längle (1951–), a doctor and psychologist from Vienna, worked with Frankl for many years before expanding logotherapy into a method named 'existential analysis'. He has tirelessly lectured in Latin America and other parts of the world to spread this method and published numerous books, mostly in German till recently.

Emmy van Deurzen (1951–), born in the Netherlands, studied in France before settling in the UK in 1977 and starting the first existential therapy training programme at Regent's College (now University) and then at the New School of Psychotherapy and Counselling at the Existential Academy. She founded the Society for Existential Analysis and its journal *Existential Analysis* in 1988. The author, co-author and editor of many books, she has written extensively on the application of philosophical ideas to therapeutic work with individuals, couples, groups and organizations.

Ernesto Spinelli (1949–), a psychologist, existential psychotherapist and writer of Italian extraction and born in Canada, trained as a psychologist in the UK. He began working with Emmy van Deurzen at Regent's College and after she left, took over the running of the school and society she had created. Influenced originally by Carl Rogers and the US humanistic-existential tradition, his focus is mostly on the relational aspects of existential-phenomenological practice.

Kirk Schneider (1956–) is an American practitioner and writer on contemporary existential-humanistic psychology. Influenced by James Bugental and Rollo May, he has authored or co-authored many books that extend the boundaries of humanistic psychology into societal and spiritual arenas. He is most known for his contribution of awe-based practice.

Table 1.1 Existential practitioners

Pioneers	Daseins-analysis	Humanistic-Existential	Existential-Integrative	Logotherapy	European School
Ludwig Binswanger 1881–1966	Medard Boss 1904–1990	Rollo May 1909–1994	Thomas Szasz 1920–2012	Viktor Frankl 1905–1997	Ronald D. Laing 1927–1989
Karl Jaspers 1883–1969	Gion Condrau 1919–2006	James Bugental 1915–2008	Aaron Esterson 1923–1999	Joseph Fabry 1909–1999	Hans Cohn 1916–2004
Eugene Minkowski 1885–1972	Alice Holzey–Kunz 1943–	Irvin Yalom 1931–	Peter Lomas 1924–2010	Paul Wong 1937–	Ernesto Spinelli 1949–
Erich Fromm 1900–1980	Erik Craig 1944–	Kirk Schneider 1956–	Betty Cannon 1943–	Alfried Längle 1951–	Emmy van Deurzen 1951–

LIMITS OF HUMAN LIVING: THE GIVENS OF EXISTENCE

One point all these authors agree on is that human life is finite and that this is the basic challenge we have to face. We are thrown into the world and have to accept the non-negotiable givens of our existence.

What we mean by 'thrown' and 'given' is that certain facts of our existence are imposed upon us without us having any choice in the matter. For instance, our genetic make-up, the family, gender, historical moment and culture we are born into are realities that we cannot argue with or alter. The same can be said of the fact that we are born in the first place. We are thrown into a world that existed before us and that has given characteristics and limits. Our task is to make something of what we have been given. Complaining about not having been given a good enough hand of cards in life will achieve nothing. The hand we are born with is the hand we have to play.

The four dimensions of existence

There is no existential personality theory which divides people into types or seeks to label them. Instead there is a description of the different dimensions of existence with

which people from all cultures are confronted in various ways. These are the parameters of human existence.

The way a person is in the world at any particular time of their life can be charted on a general map of human existence (Binswanger, 1963; Yalom, 1980; Deurzen, 2010), which distinguishes four basic dimensions, or worlds of human existence. The four dimensions are represented in Figure 1.1 as concentric spheres. The outer layer represents the physical dimension; the layer below this covers the social dimension, followed by the inner space of the personal dimension with inside it the spiritual core. When we take a section of this sphere, it provides us with a map of the four dimensions of life. Of course, in reality, these realms of existence intertwine and intersect and are never as neatly arranged or separate from each other as this diagram would suggest. They intertwine in different ways for different people. It is a useful tool or map we can apply in our practice to remind us not just of the simultaneous multidimensionality of existence but also of what aspects of their existence clients are currently talking about and, perhaps more importantly, what aspects they are not talking about.

Also known as the 'ultimate concerns', each dimension contains particular challenges or dilemmas we engage with in different ways throughout our lives and which have the capacity to produce anxiety simply by virtue of their being unsolvable. The paradox is that engaging with these challenges can lead to finding the necessary resolve and determination to overcome and transcend them in a new way.

Physical dimension

On the physical dimension (*Umwelt*, or literally 'surround world'), we relate to our environment and to the givens of the natural world around us. This is the outside and most fundamental ring of our world relations and includes the body we have, the

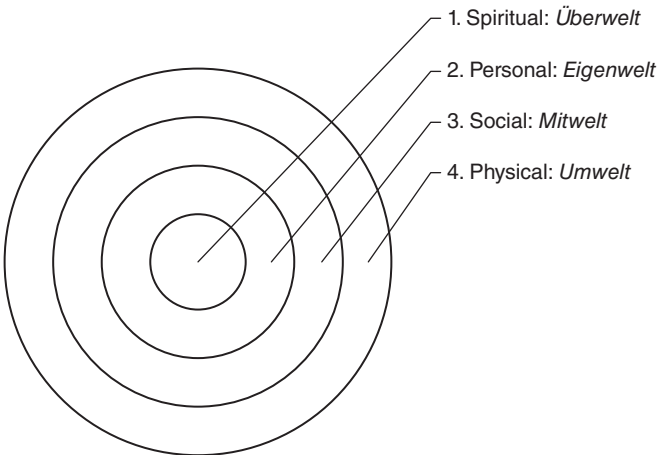

Figure 1.1 The four dimensions of life

concrete surroundings we find ourselves in, the climate and weather, objects and material possessions and our capacity for health and illness as well as our relationship to our own mortality.

The struggle on this dimension, in general terms, is between the search for domination over the elements and natural law, as in technology or in sports, and the need to accept the limitations of natural boundaries, as in ecology or old age.

While people generally aim for security on this dimension – through health and wealth – much of life brings a gradual disillusionment and realization that such security can only be temporary. Physical illnesses, both great and small, remind us of our mortal frailty.

The very early years of life are predominantly concerned with the physical, with survival; through satisfaction of bodily needs and physical safety. This is what love is about at this stage as well: providing physical comfort, satisfaction and security. Conception is the beginning of our physical existence, but birth marks the moment when we become viable and capable of independent survival. Death is the end of that viability and our life occupies the space in between these extremes. We start out very vulnerable and need protection to survive. Often we return to a state of vulnerability in old age, when once again we need physical care and safety provided by others. Paradoxically while everybody has a desire to live a long time, few of us wish to get so old that we become incompetent. Perhaps because we all know it will happen, we try not to think about it too much. We act as if we are immortal.

Although we know our death will come, we never know when or what it will be like. Most of us would agree with Woody Allen when he says, 'Death doesn't really worry me that much, I'm not frightened about it ... I just don't want to be there when it happens.'

When we say goodbye to a friend we say 'See you soon', with actually no more than a hope that there will be a 'soon'. Yet we have to find the courage to carry on as if there will be a 'soon'. We cannot literally choose to live forever, as this is a function of genetics and biology, the condition of our body, and chance, but what we can do is to choose our stance towards our life, and this is intimately tied up with the way we see our death.

In order to truly live, we all need to determine our relationship with death.

EXERCISE

Talk to a partner about one of the subjects below for 5 minutes. Your partner just has to listen, not interrupt or ask you anything. Afterwards reflect on what it was like. Did you say what you intended to say?

- What was it like when you or someone close to you was seriously ill?
- What was it like when you last had an accident that endangered your life?
- What things do you want to have done before you die?
- Describe yourself physically.

Social dimension

On the social dimension (*Mitwelt* or literally 'with world'), we relate to others and interact with the public world around us. This dimension includes our response to the culture we live in, as well as to the class, social, age and gender groups we belong to and also those we do not belong to.

It is about the presence of other people in the world and the necessity of getting on with them. On the one hand, it sometimes seems easier not to have to deal with others, but on the other hand, we need others for our physical and emotional survival and all too often we miss them, or feel lonely without them.

Sooner or later we are all confronted with aloneness and the knowledge that nobody can know what it is like to be me. Nevertheless I am aware that my past, my present and my future are bound up with other people, and though we are all very much alike, each one of us is permanently separate from the other and different. And yet I know I need other people and I need to understand and be understood by other people. Every time we meet and separate from someone who matters to us this is brought home to us.

Each person has a separate body and a separate consciousness and we come up against others in conflict or cooperation. By acquiring fame, social superiority or other forms of power, we can attain dominance over others, but only temporarily.

EXERCISE

Talk to a partner about one of the following subjects for 5 minutes. Your partner just has to listen, not interrupt or ask you anything. Afterwards reflect on what it was like. Did you say what you intended to say? Or did you surprise yourself?

- Monogamy.
- A relationship you have or had.
- Being on a desert island alone.
- Your social existence.

Personal dimension

The relationship with oneself (*Eigenwelt* or literally 'own world') is about having an inner world with views about one's character, past experience and future possibilities. People search for a feeling of being substantial and having a confident sense of self but life events remind us of personal weakness and can plunge us into confusion when we realize that things do not go the way we planned. Some people are confused about who they are.

We often act as if there is a rulebook to life and look for it in different places, including going to counsellors or psychotherapists. It is only when we discover that there is no rulebook, whenever something unexpected happens, that we become aware of the personal dimension.

This evokes anxiety which we then may seek to quell with distractions and/or prescribed or non-prescribed drugs until, after much evasion and denial, we discover that taking personal responsibility for making up our own mind is in fact the only way forward if we want to get a sense of being truly awake and in charge of our own life.

Sartre (2003) says that 'man is condemned to be free'. By 'condemned', he means that we cannot avoid freedom. The only choice we do not have is not to choose. Only when a person takes responsibility for their own choices can they truly learn about the consequences of their actions, their own authority and hence the meaning of their lives.

There are two ways to misunderstand responsibility: one is to take responsibility for things one has no responsibility for, and the other is to deny responsibility for things that one does have responsibility for. One or the other of these is the cause of most distress in life (apart from major disasters that strike us out of the blue).

This essential human freedom is the freedom to take responsibility for your own actions. It is not a freedom from responsibility. A prerequisite for taking responsibility is that the person needs to acknowledge they are free within the constraints of reality to make decisions. What choice means to existential therapists is much more to do with commitment to a course of action than it is to do with the many options we always have available to us. Once you are free to choose and own your decisions, you have earned the right to reap the benefits.

If being human was simply a process of cause and effect, there would be no such thing as creativity or imagination and all of life would be mechanical and predetermined. In fact, life is complex and often contradictory. By committing to an ethical choice of action we create order and meaning in life.

EXERCISE

Talk to a partner about one of the following subjects for 5 minutes. Your partner just has to listen, not interrupt or ask you anything. Afterwards reflect on what it was like. Did you say what you intended to say?

- What is the first thing that comes to mind when you think of the idea of freedom?
- Describe a recent time when things did not go the way you wished. How did it feel?
- Describe the last time you said 'I couldn't help it' or 'They made me do it'.
- Describe the last time you lied.
- Describe yourself personally.

Spiritual dimension

On the spiritual dimension (*Überwelt* or literally 'over world') we relate to the unknown and to the ideas that we use to make sense of existence. We create a

worldview and a sense of an ideal world and a personal value system in this way. It is here that we find meaning and purpose through reflection. Some might think of this dimension as the philosophical or ideological dimension. Others might see the spiritual as being all about religion.

The history of Western civilization over the past 500 years has gradually eroded our sense of specialness in the universe. First Copernicus and Galileo pointed out that the Earth was just one planet circling the Sun and not the centre of the universe. Then Darwin showed that we are just one of the many species evolving from the same gene pool by natural selection. Finally the work of theoretical physicists like Einstein and Heisenberg dismantled the notion of the objective certainty of knowledge and replaced it with one of ambiguity, relativity and intentionality. This parallels the findings of existential philosophers who argued for a fresh approach to living in the face of the new information we have obtained about the world. In the sense that life is about meaning creating, the spiritual dimension is the central axis of existential therapy.

We cannot help but have certain beliefs and ideas about how everything in life fits together. This is our worldview. It orientates us in the world, defines our attitude towards it and allows us to create meaning. Our value system gives us a sense of right and wrong and enables us to succeed in what the Greeks called 'living the good life'. We like to believe that this is absolute or 'god-given' – that the principles are for all time. But we frequently encounter obstacles that make us feel like giving up and come to realize that the value system we live by is defined by us and us alone. And it is not absolute. This is what is meant by 'absurdity'. Meaninglessness and absurdity are common experiences, and most of us fear these so much that we would do anything to avoid them.

For some people this is done through a prescriptive worldview like the dogma of a religion; for others, it is more personal. People create their values in terms of something that matters enough to live or die for, something that may even be ultimately and universally valid. Usually the aim is to find something that will surpass human mortality, such as having contributed something valuable and lasting to mankind. Instant celebrity can be seen as an easy and direct but ultimately flawed path to immortality.

Facing the void and the possibility of nothingness are the indispensable counterparts of this quest for the eternal. The contradictions that have to be faced on this dimension are related to the tension between purpose and absurdity, hope and despair.

EXERCISE

Talk to a partner about one of the following subjects for 5 minutes. Your partner just has to listen, not interrupt or ask you anything. Afterwards reflect on what it was like. Did you say what you intended to say?

- A time when I was not treated the way I wanted by someone.
- My parents' values: those I have adopted and those I reject.

- Something I used to believe, but no longer hold true.
- Who I would like to write a thank you letter to or receive one from and why.
- Exploring my views on specific beliefs I have about what happens after death.
- Describe yourself spiritually.

An existential view of religion

Existential philosophers such as Buber and Tillich explored the religious dimension of human life, while others like Nietzsche and Sartre argued vigorously against it.

People often say that they know that God is looking over them and supporting them and that consequently they feel connected to something greater than themselves. Other people while defining themselves as agnostics or atheists will still have a sense of their position in the universe. Whatever we believe is important to us and can be explored in an existential manner, as a manifestation of our worldview, our philosophical or spiritual outlook. It is impossible not to have a philosophical view, though we may be unaware of our own beliefs and values.

It is important to know how people conceive of their connection to a reality greater than themselves, whether they think of it as society, being, the universe, a god or the principle of love or any other overarching principle or entity. Every person experiences something as transcending them, even if it is just nature, the solar system or their forebears. People for whom the idea of transcendence is taboo or absent will often experience a permanent and profound background feeling of insecurity and lack of safety. They may even feel abandoned or persecuted and try to control events. They are out of touch with the way they are connected to the world. They deny their sense of being-in-the-world. They may carry an isolating sense of grandiosity or damning personal duty and responsibility.

Existentially we are a constituent part of our own and other people's worlds. We co-constitute each other. Inasmuch as there is a force, it is both within us and without us at the same time. We are both/and: separate and connected.

Such a force or principle of connectivity is not interventionist or judgmental as understood by some fundamentalist religions. It just is. It is life. Existentially life has to be trusted, and if we can do this and accept our collective dynamic uncertainty, we will not only be able to take advantage of the chances and opportunities that life offers but we will also be able to take responsibility for the consequences of the choices we make and accept the limits of our capacity to take the blame.

Jung was influential in the founding of Alcoholics Anonymous (AA), which is based on the insight that this spiritual dimension, this connectedness, was lacking in the lives of addicts. AA is rejected by some addicts who feel threatened when they experience the AA method as being based in religious dogma. In fact, it may be the idea of connectedness and trust in self and others that may be felt as threatening. In existential therapy people are enabled to discover the ways in which they can rely on the universe, on themselves, on ideas and on other people, and to accept the limits of this

reliance. Finding a centre of balance in this way can be very important to making progress in life and to finding meaning. With a background sense of philosophical clarity and trust people gain a sense of direction and purpose.

KEY POINTS

- We live simultaneously on four different dimensions: the physical, the social, the psychological and the spiritual.
- Each of these set us different dilemmas and challenges, which can only ever be temporarily solved.
- If we do not acknowledge the influence and importance of all the dimensions, our lives will become unbalanced.
- Spirituality is not reserved for religion, but extends to any views and beliefs we hold about the world: it purports to our philosophical convictions;

LIVING IN TIME

We usually think of time in one way and we call this 'clock time', which, as the name suggests, is regular and linear. One minute follows the previous at the same rate and will always do so, because clock time has been set by cultural agreement to relate to the revolution of the Earth around its axis. Time is thus defined by the passing of days and nights. We separate out what happened yesterday from what is happening today and what may happen tomorrow. The past is gone, the present is here and the future is yet to come. Clock time puts an emphasis on causation in the sense that the past leads to the present and therefore seems to cause it. Most therapeutic theories define time in this clock time sense. They see human development as linear and deterministic. They understand people's present problems as caused by problems in the past. But although in one sense this view makes life easier in that it makes it more predictable and simpler to understand, in fact clock time is simply a cultural convention and is a product of our industrialized society. It separates us from our dynamic humanity, from our interactive present experience and from our responsibility for our destiny.

Existentially, time does not exist outside us. It is not an entity in itself. It is a made-up idea which has little validity outside of human cultural context. It is, however, integral to the way we structure our meaning world. Time is the sea we swim in. We experience time in the way we hear a melody: continuously, rather than as separate notes. We gain much of our daily meaning from our need to make something of the short period available to us between birth and death. It is therefore more accurate to say that we are temporal creatures, since we are in time. It is not something that we passively have, it is something that we are actively being.

Existentially, we are primarily future directed in the sense that not only do we do everything for a purpose but that we are always aware of the certainty of our future

death and of the problem of having to find a way to live a meaningful life before this happens.

But being future directed means that we cannot help but also think about our past. How we came to be who we are. How we made ourselves. This is what Heidegger meant when he said that our past comes to us out of our future. The future requires us to look at our past and brings it back to mind, to learn from. When this happens, it makes us present to ourselves. This is the existential meaning of the present.

In this sense then, the past, the present and the future are simultaneous. The present emerges out of the encounter between past and future. Our lives are threaded together from past, present and future and we weave our worlds from the way in which we entwine experiences.

We can meet this realisation in one of two ways:

- *Inauthentically*, by seeing ourselves as caused by the past and by passively awaiting the pre-ordained or desired future to come to us. This is what Charlie Brown does in Figure 1.2. By continuing to deny the possibilities of free action we had in the past, we condemn ourselves to repeat our previous mistakes and reinforce the illusion of causation, often blaming others or events for our difficulties and disappointments.
- *Authentically*, by transcending determinism by considering circumstances as opportunities for acts of self-defining freedom whose consequences we can then own. In this way we actively make the future different from the past. It is not hard to recall moments in our own lives when we have done this and to remember how affirming it was. This can be hard to achieve and to maintain but is crucial to authentic living.

In this way we know existentially that the future is not determined by the past, that the past can change. Charlie Brown has an inkling of this, in the sense that he is disturbed by it, but will not take the opportunity for free action, preferring to retreat into clock time mode and remain stuck. Life in fact is the product of chance and opportunity and responds to our passive fatalism or active engagement.



Figure 1.2 *Peanuts* comic strip

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An everyday example of this is that when we are happy we find it easier to remember happy times we have had, and similarly with sad times.

Letting go of the idea that we are determined by the past gives us freedom but also brings the continuous responsibility to change.

In therapy we need to try to promote awareness of alternative courses of action that both can be taken now and might have been taken in the past, and to explore the connections between them. We also need to be mindful that powerful feelings will be evoked when clients realize that things happened as a consequence of their own choices and actions. This awareness is not simply cognitive, it is experiential and seeps through our entire way of life. It has the potential to challenge everything we thought we knew. It is active not passive, and impacts directly on our attitude and state of mind. To realize that our past experiences were chosen is a profoundly revolutionary discovery, since it means we have the power and possibility to affect the future as well and make new choices now. This presents us with our existential responsibility.

KEY POINTS

- Time is not just about clock time.
- The present includes the past and the future.
- Understanding that we are not determined is to realize that we can own our past and future and not to feel it is imposed upon us.
- Living in time is to become active creators of our lives and not passive recipients of it.

LIVING WITH PARADOX

All life's paradoxes are related to one or more of the four dimensions of existence and clients often try to solve them with an either/or decision. Most problem-solving techniques involve this. But deciding between alternatives cannot be solved by rhetoric or by argument. Rhetoric is useful where certainty is desirable, facts are clear and solutions seem permanent. Dialectical decision making is more appropriate with respect to human issues, which are not mechanical but are about understanding, processing and a personal commitment to a course of action. For Socrates, it was a means of overcoming opposites through dialogue in order to get closer to the truth.

Existential therapy proceeds by dialectically facing up to conflict and polarity, learning to tolerate ambiguity and the unexpected in order to arrive at a solution, which, because of the dynamic nature of existence, is always temporary and provisional. Life in fact is given its excitement by this ambiguity and if we are able to take the paradoxes of existence in our stride and tolerate the anxiety that comes with the freedom of the both/and, we are more likely to live a satisfying life. Tolerating ambiguity and the possibility of change is essential for creativity.

Table 1.2 presents the paradoxes that regularly confront us. It is only if we face the basic challenge at each level that we gain new strength. If we try to avoid it, we lose more than we gain.

Table 1.2 Paradoxes of human existence

	Challenge	Face challenge: gain	Avoid challenge: loss
Physical	Death and pain	Life to the full	Unlived life or constant fear
Social	Loneliness and rejection	Understand and be understood	Bullying or being bullied
Personal	Weakness and failure	Strength and stamina	Narcissism or self-destruction
Spiritual	Meaninglessness and futility	Finding an ethic to live by	Fanaticism or apathy

KEY POINTS

- Life is a mystery to be lived, not a problem to be solved.
- Paradoxes can only be approached in a both/and way and also can never be solved once and for all.
- Ambiguity is essential for creativity.
- We have to be willing to face up to our troubles.

ANXIETY AND THE GIVENS OF EXISTENCE

Awareness of these givens of existence gives rise to what existential philosophers call Anxiety, Angst, Ontological Anxiety or Existential Anxiety. Anxiety in this sense is spelt with a capital 'A' to distinguish it from the more familiar everyday experience of anxiety with a small 'a'. It is a theoretical concept and no one feels Anxiety as such. Instead each everyday anxiety or worry we have, great and small, can be related back to one or more of the basic paradoxes. Since these can never be removed, only evaded, denied or faced, the task of life is precisely to appreciate, understand and live with them. Heidegger says that if we move too far away from our anxieties about the facts of life, we are drawn back to them by the 'call of conscience'. To live is to never be completely safe and it is this engagement with the paradoxes and dilemmas of living that gives human existence its excitement and sense of aliveness. It is in this tension that we find the source of all true creativity and vitality. Anxiety is a teacher, not an obstacle or something to be removed or avoided.

THE EXISTENTIAL AND THE HUMANISTIC VIEW OF GROWTH

Humanistic psychology talks about the person being supported to achieve their potential as if there were a force for good that can move the person forwards naturally, like a seed that will grow and develop into one particular plant as long as the conditions are right. The existential view is rather different. The paradoxes and dilemmas of each of the four dimensions give boundaries to our lives and the tension thus created motivates people in various ways to explore the space within the boundaries and limits. It is that the unsolvable dilemmas of life create a perpetual tension, and meaning and purpose is born out of this tension. As long as we are alive we are in this tension and our potentiality is open to us. Existentially we embody the quality of potentiality and this means that we have both the freedom and the responsibility to live, choose and own our responses to the paradoxes and dilemmas we meet in life. Existentially, as we are perpetually in a state of becoming, we never achieve our full potential.

Growth is not necessarily positive and change is not always for the better. There is decay as well as development and there are always dangers along the way. We have to open our eyes to the various possibilities and limitations that exist and that we are inexorably confronted with. We have to choose our path carefully.

Existence is created out of a mass of contradictory tensions and without our continuous aspirations and desperations, ups and downs, attachments and losses, there would be no human meaning and no motivation to move ahead by making the best possible choices.

KEY POINT

- Anxiety pervades all aspects of existence and engaging rather than evading or denying it gives life its excitement and meaning.

THE MIND AND THE BODY

Contemporary thinking encourages us to believe not just that the body is separate from the world, but also that the mind is separate from the body. But it is just as difficult to imagine a body without a mind as it is to imagine a mind without a body. Since the mind is pretty much synonymous with the brain and the brain is an essential part of the body, it is clear that body and mind are wrapped up in each other like peas in a pod. Similarly body and mind are contiguous with the world they are embedded in, as they cannot exist without a world to sustain them. We get into a muddle because we have displaced our attention from our experience as embodied beings into the abstract notion of an independent material body that behaves like a machine, but has sensations, thoughts and feelings within. Existential therapists do not accept a functional distinction

between the mind, the body and the world, preferring to think of the human being as an embodied consciousness that is able to reflect upon itself always in a context.

In fact, the most fundamental mode of interaction we have is with the world. We are constantly interspersed and engaged with it. Our identity, the way we think about ourselves, is inseparable from the world. Our worldview is literally the view of the world from here, from and including this body. It is not just the perspective we have on the world, it is the way we experience and interpret the world we are a part of. It is the way in which we approach the world and our attitude towards it. We do not passively perceive, in the sense of receive, the world. We are, as Heidegger said, a source of light that illuminates our meaning world. This is what we mean when we 'shed light on' a subject. It is not simply cognitive but more like an atmosphere we both absorb and exude. Heidegger referred to this as 'mood' in the sense that it saturates our lived world with meaning. We are attuned to the world and absorb its atmospheres. We transform these and render them back as moods, which in turn affect the world. Eugene Gendlin referred to this as the 'felt-sense' whose meaning we can become aware of and understand by the method of focusing (this is referred to in Chapter 5). In fact, most of the time we do not notice the interconnected nature of our experience in the world. We take it so much for granted that we are often unaware of our particular way of perceiving the world. In art, perspective refers to both a view of the world and to the view of the world from here. In life we have to learn to understand that there are other just as valid views of the world and that our own views change as we encounter the world from new perspectives.

The nature of our body dictates the nature of our worldview. The rise of technology has contributed to this separation of the body from the world. Until the late nineteenth century, the beginning of the scientific age, all measurements were made in terms of the body; for example, an inch was the width of a thumb, a foot was the length of an adult foot and a furlong, a furrow-long, was how far a ploughing team could be driven without resting. Everyone knew this. With the advent of standardized and objective measures this connection to the body has been lost.

EXERCISE

Find a quiet space on your own and sit as comfortably as you can, shut your eyes and scan through your body starting with your toes and describe each part of your body to yourself. Don't hurry and move through your body slowly, giving enough time to each part. What was it like?

Now find a partner to do the same thing with. Sit facing each other a few feet apart with your eyes shut and go through your body as before. What difference does it make for both of you to do it in the presence of the other?

Now with the same partner sit opposite each other, and look at each other without talking, moving your eyes over the other's body stopping on parts you wish to stop on, for 5 minutes. What was it like?

There are many phrases that we use, often without thinking, that refer to the way we interact with the world through our body. We talk about someone being a 'pain in the

neck'. We refer to someone's weak point as their 'Achilles' heel', from the Greek myth. When we feel confident, we talk about feeling 'grounded'. When we are happy, we feel 'light'. When we are depressed, we feel 'heavy'.

As children we experience settings like playgrounds as large and when we return to them as adults we are surprised to find that they are not as large as we remembered. They only seemed large because we were small. People smaller than average often dislike crowds because they literally cannot see their way out. For anyone who loses their mobility, the world becomes a different place, somewhere they cannot inhabit with the same facility.

Quite often we think in terms of whether our body is acceptable by societal norms. We think about it as an 'it', an object of approval or disapproval. This makes the body, and indeed our self, into a possession or a thing. In contemporary culture the human being is in danger of becoming standardized.

The philosopher Gilbert Ryle (1949) described the problem as a 'category error', because the mind is not a thing at all and therefore is not fixed, and we should not be talking about 'the mind' but of the process of 'minding'. We have to remember that mind is a verb, not a noun. It is dynamic, not static.

Existential therapists consider that the body is not something we have. It is what we are. Nietzsche talks about the 'intelligent body' in the sense that we need to listen to our body in order to become embodied. When we lose this ability to listen when as Fromm (1995) says, we involve ourselves in destructive activities. We see this most characteristically in people with eating disorders who have lost or somehow learnt to deny the ability to know whether they are hungry or not. Food or its absence is then used to separate the person from the message of their body and food and its consequences take on another meaning for a person, much more to do with their acceptability as human beings or their relationship to a depriving or stifling world. Consequently they eat when they are not hungry or do not eat when they are hungry in an attempt to gain some balance.

Concentrating on food intake and its consequences becomes a means of distracting oneself from the paradoxes and dilemmas of existence and is seen in its most extreme form as body dysmorphic disorder (BDD), where people end up having a disproportionate sense of their body shape.

KEY POINTS

- Neither the mind nor the body are things that we have, they are things that we are – they are inseparable aspects of our being.
- Being-in-the-world refers to the way we are always making and being made by the world around us. We are inseparable from the world and constantly interact with it.

ONLINE CONTENT

◆ Video on Emmy van Deurzen's overview of Existential Therapy.

2

THE PERSON OF THE THERAPIST

'An act has no ethical quality whatever unless it be chosen out of several all equally possible.'

William James

WHO ARE YOU?

Existential psychotherapy is a relationship between two people. It is not a technical intervention but a human encounter, a meeting of souls in which both people are equally important and in which the quality of the relationship and the dialogue that ensues changes the way in which the world is understood and encountered. In existential therapy we start with the therapist. We train therapists to become self-reflective and to understand the problems and contradictions of human existence so that they can use themselves purposefully in the therapeutic relationship. It is important to begin by understanding the kind of person you are, and it is impossible to be a good existential therapist unless you have the willingness and ability to look into yourself before you look into other people's lives. This is an ethical and practical principle. But a willingness to know yourself is not enough. You must also be prepared to face up to life's complexity and grapple with the paradoxes and difficulties described in Chapter 1.

The existential therapist will know something about not just how to make sense of things but, even more anxiety provoking, they will know that the sense they make will only be provisional, temporary.

THE USE OF LIFE EXPERIENCE TO REFLECT ON LIFE AND ITS MEANINGS

What makes us special as human beings is our ability to reflect on our past, present and also our future, and this ability to understand life experience in time and also in space, in the physical, social, personal and spiritual dimensions, will contribute to our

ability to monitor ourselves for personal bias. Clients are entitled to have a therapist who has grappled with the issues and questions that life raises and to know that they will not impose their own views and opinions on them.

Although reflecting is something we do automatically, our conclusions are often mistaken either because they are so familiar and we think of them as normal, or because we would rather not examine them too closely because they evoke anxiety. The many ways we deceive ourselves about our experience and our personal responsibility by restricting our worldview is something we need to be alive to.

Existential therapists are likely to be people who have always spent time thinking about the world and their place in it. They are likely to have experimented and travelled and are certain to have been curious about other people and about their own motivations. In order to refine their understanding of all these things, they will have gone through a phase of reflection on life and their own conduct, their personal worldview, values and bias in one-to-one existential therapy. This allows them to fine-tune their vision about themselves and tune out any huge prejudices, presumptions and fears that might interfere with their clear perception of others. Supervision is a way of formalizing this professionally and continuing a process of self and life scrutiny during and after training. This is dealt with in greater depth in Chapter 8.

We tend to think that maturity comes with age, but existential maturity is not automatically linked with age because some younger people may have weathered greater storms and lived their relatively shorter lives with greater intensity than their elders and will therefore have understood more about existence and have matured into fuller human beings. Some people will never arrive at existential maturity, no matter what their age and experience.

The sort of maturity that is required for existential therapists will show itself in an ability to make room for all sorts of – even contradictory – opinions, attitudes, feelings, thoughts and experiences and to have the ability to integrate these into the person you are. You will have the ability to be uncertain, to feel that you do not have to know the answers to problems though you will keep searching.

Rather than clinging to one point of view, existential therapists will be able to oversee and evaluate reality from a range of perspectives and will have the ability to distinguish truth from lies as well as knowing when to be unsure. They will be able to tolerate the tension that awareness of such contradictions generates. They will be able to be in doubt.

There are a number of life experiences that are particularly helpful in preparing people for such maturation:

- Committing oneself to raising a family, or caring for dependents in a close relationship is instrumental in discovering the nature of love.
- Becoming a parent or a stepparent enables a person to see life from the point of view of a father or mother as well as a son or daughter. This can help people understand both how rewarding and also how difficult parenting can be. Some women have little academic schooling but great practical experience in this area. This may be the same for men who have taken responsibility for childcare. Such experience is invaluable.

- Being immersed in society from several angles, in different jobs, different academic studies, different social classes and so on is a definite advantage.
- Cross-cultural experience is also an excellent way to stretch the mind and to provide multiple views on what it means to be human. Spending some time living in another country is a good way to appreciate that there are different ways of living. People who have had to adjust their way of perceiving and dealing with the world, especially when this includes a change of language, have had the all-important experience of questioning previous assumptions and opening up to a new culture and perspective.
- People coming to psychotherapy as a second career are often especially suitable because they have had the experience of wishing to change their life direction and also having the courage to make the change.
- The sine qua non of becoming an existential therapist is to have negotiated a number of significant crossroads in one's personal life. Nothing opens a person more to the mysteries and possibilities of being than to witness birth, suffering, loss and death.

Many existential therapists have first awoken to their interest in human difficulties and the uncertainties of life when they were confronted with a crisis in their own life. Far from adversity being a negative, it is the condition for the kind of mellowing and maturing that is required of someone who takes the role of therapist and facilitator of life understanding.

EXERCISE

Take a few minutes to write down for yourself what you think has been a significant experience of existential crisis, in which you initially thought you might flounder and lose your foothold in reality but then discovered that you were able to let yourself be transformed and transfigured by it instead. How did you let yourself trust the experience and how were you able to let it help you to bend rather than break? What of this experience will help you be a therapist?

The moral stance that existential therapists take is that they would not expect clients to commit to greater depth and intensity than they are prepared to commit to themselves.

Therefore trainees need to commit to a therapy of their own in which they take the opportunity to plumb the depth of their own heart and soul and come to terms with their own conflicts and contradictions. An existential therapist will actively engage with such personal therapy to find out its possibilities and limitations and know for themselves the doubts that need to be faced and the prejudices and assumptions that need to be explored.

KEY POINTS

Although effective existential therapists will be skilful practitioners, it is more important that they have the ability to learn from life experience. Continuing to live reflectively and with awareness is the best way of becoming a good existential therapist.

BEING-WITH: RECIPROCITY, COLLABORATION AND TRUST

As we saw in Chapter 1, human beings are always in relation to others as well as in relation to things, themselves and ideas. Sartre pointed out that there are two ways to be with others, competitively or cooperatively. And there are three ways of being competitive:

- We can aim for dominance, controlling or subjecting the other and fighting when this does not work. In this case, relationships are seen as something to 'win at'.
- We can aim to be submissive, letting ourselves be controlled, placating the other, often trying to soothe them or meet their needs at the exclusion of our own. In this case, we see relationships as something to 'lose at' or 'suffer in'.
- We can merely withdraw from all relationships, refusing to 'play the game'. We can withhold affection and pretend we do not value the company of others. This is usually the last move in a competitive game in which we feel hopelessly inadequate and have been hurt too much to try again.

Cooperative relationships, on the contrary, are relationships in which we dare to put ourselves at the disposal of the creation of something of value. We work together and we respect each other's needs without feeling obliged to meet them. Such relationships are characterized by the following traits:

- We feel we are able to give generously without counting the cost, for we have faith that the other will do likewise.
- We are constantly exploring the differences and similarities between us and make room for the complementarity this affords: we make the most of the additional strength we get from each other.
- We work with an unwritten rule of reciprocity: we are aware that we cannot just take over shared space and time but need to mind both our own and the other's needs and be equitable in dividing up available resources.
- We seek to proceed on a collaborative basis, where each does as much as they can, putting their talents at the disposal of the couple, or group, to the best of their ability, rather than in an attempt to rival or compete with others and while gratefully receiving other contributions as well.

Clearly cooperative relationships can never be taken for granted and are for ever at risk of becoming competitive as soon as one or all partners in the relationship feel short-changed or overpowered and therefore threatened in their safety rather than upheld by each other. This is particularly so in existential couple and group therapy, which is talked about in Chapter 8.

EXERCISE

Reflect on these questions:

- Are you competitive or cooperative?
- Do you tend to engage in competition or do you tend to avoid it?
- What is it like to win?
- What is it like to lose?
- What is your earliest memory of winning and losing?

Now ask someone who knows you very well, what their experience of you is.

As therapists, we need to learn how to be with others cooperatively rather than competitively, otherwise we cannot be fully available to our clients. But of course we need to be capable to stand firm and to face conflict as well. Being a therapist is not just about being positive, caring and empathic.

There often is confusion about the role of empathy in existential work. It was the existential philosopher Jaspers who first promoted the idea of empathy, as a way of 'feeling into' another's experience. He said that therapists need to dare to participate in the client's experience, resonating with it as fully as they can. We need to watch we do not confuse empathy with either sympathy or identification. Sympathy is when we feel similarly as someone else, simply because we have had similar experiences. Identification is when we assume that the other is like us, when often they are very different. In both these cases we have lost track of the difference between the client and ourselves and we are not paying full attention to the client's actual experience. While we can never feel what the client is feeling, what we can do is to take their experience into ourselves and engage and resonate with it. That this is not fool-proof is frequently evident when we discover that what we thought our clients meant was wrong and that we had not fully understood their experience. Our capacity for resonance has to be honed constantly. In that process the client is constantly presented with opportunities to tell more about themselves until we get it. This process requires us to be fully present: co-present with the other and to take part in the therapeutic encounter as a fully engaged human being. Once we have let ourselves be affected by the other's experience of the world, we can hear and understand them inwardly, from the depth of our own experience. This will give us a much sharper perspective on the issues they bring, not by identifying, sympathizing or even empathizing with the other, but rather by applying the reality of the other's existence to ourselves in a real and truthful manner. We do not do this in order to solve the other's problem for them, by

jumping in for them, but to get the philosophical sense and deeply felt experience of the situation that provides us with the long view. From here we can jump ahead for them and so reveal the totality of the experience. Of course this has to be done carefully and gently and with great attention to the relationship that is evolving. It is a given that relationships are difficult. The therapeutic relationship is no exception.

It is what clients come to talk about most and they are difficult because of our co-constituted nature, the fact that we are both individual and together. Even a hermit is aware of the absence of others and his identity is as a person-without-others. We are defined by the way in which others relate to us and the way in which we relate to others. In the contemporary world of constant personal and electronic communication there is no way in which we can escape from each other.

Existential therapy emphasizes the cooperative nature of the work. It is therefore crucial that existential therapists practice cooperative relationships, outside the consulting room as well as inside because if a person is not able to be collaborative in daily life, it is unlikely they will be able to do so as therapists.

Existential therapists will have a clear knowledge from their own experience of what can go wrong in relationships but perhaps more importantly what can go right, and also what they can do to make one into the other and how to tell the difference.

They will know that trust will not grow without risk and without being tested. They will have learnt to judge when a situation can be trusted and when it cannot.

Although it may not seem obvious, it is important to know that gaining and losing trust is active rather than passive. Very simply, trust is gained by being consistent and doing what we say we will do at the time we promised. Mistrust comes out of our disappointment when people are not true to their word or circumstances do not meet our expectations.

This reflects directly on our work as therapists because our clients trust us when they dare to risk telling us something that is important and find out it is treated with respect, interest and understanding. It creates a new sense of hope for them. The principle of trust building is the glue that maintains and deepens relationships and our sense of belonging.

In therapy, we must remember that although reciprocal, the relationship is not equal. The therapist and client are there for different purposes and are in different roles. Many of the breaches of ethics acted on by professional organizations are because of therapists mistakenly seeing reciprocity as meaning equality. Because clients come to therapists in a vulnerable position, we need to respect this and not expect them to respond as vigorously to our interventions as a friend or partner would. We need to give them the leeway to explore themselves without having to defend their behaviour and experience from us.

The personal and the political

Being-with is not just about close relationships; it has a political dimension too. We have an inbuilt capacity to form groups and all groups need rules to operate by. The existential therapist will therefore understand their reciprocal relationship with the world and will often take an active part in political life, whether through professional, community or party politics.

The personal is intertwined with the political, and most of Sartre's plays explore this relationship. For people to be able to change for the better they need to know that the world around them will have a chance of changing for the better too. We are interlinked with our social environment and are as much influenced by it as we can in turn influence it.

Many people have criticized the political stances of Heidegger and Sartre among others, and Heidegger's Nazi affiliation with particularly good reason, but what is not in doubt is that these philosophers were deeply engaged politically and dared to live their lives in accordance with their own beliefs. In doing so, they made mistakes, from which they learnt and which remind us not to blindly follow their authority.

It is a part of our responsibility as a member of a community to vote in elections and this is one of the practical meanings of being-in-the-world, of living existentially. Some people may, of course, opt for abstention from this process and set themselves apart from society. This needs to be understood in terms of what it means to the person who gives up belonging to the wider world of society or who gives up having an effect on it.

KEY POINTS

- Respecting someone's autonomy means to be able to accept them because of their differences rather than in spite of them.
- Without reciprocity and cooperation, the fabric of society will collapse and we will lose our individual and collective humanity and identity.
- Existential therapists explore personal, social, cultural and political relationships in equal measure.

CAPACITY FOR SELF-RELIANCE AND INDIVIDUALITY

In order to feel at ease in their personal world, people seek self-reliance. What is less obvious is that they will only acquire self-reliance through engagement with their own struggles in life. True self-reliance will mean that the person can be happy to be in their own company, and also that they are able to enjoy deeper personal relations with close friends and family members, rather than more shallow relationships with many people. This is another example of the both/and. The closer we are to ourselves, the more we are at ease in intimate relationships.

This results in being more able to get better at judging which relationships will be mutually nourishing and to know how to make them deeper and more trusting. This cannot be done without understanding that being autonomous does not mean being a loner, and it also does not mean simply reacting against what others believe. It means freeing yourself to be part of a group without losing your sense of self. People who can do this may seem at first glance to be quite ordinary people but they will have worked out not just what they believe, but also how to work out what to believe in

unexpected situations. They are independent but not isolated. They are, in fact, non-conformists in the best sense. Often they will have an ability to see something as if they've never seen it before and although it may come across as ignorance or naïvety, it is in fact openness and an ability to tolerate uncertainty.

Another aspect of self-reliance and individuality is that financial independence, the ability to look after oneself materially, to work, to make a living and live within one's means, is a characteristic of healthy living. They will also know that financial independence is something valuable for the client to strive towards. Although often not given much importance in therapy, it is equivalent in importance to becoming reliable and trustworthy in human relationships.

Humour

Humour can be used to connect or to distance. Therapists' sense of humour will not be used to distance, confuse or put down and it will not be tinged with bitterness, contempt or cynicism. The existential therapist's sense of humour will be used sparingly and often to emphasize the irony and tragedy of existence which they are a part of. If clients feel that they are being made fun of or their issue is being made light of, the therapy will be undermined and trust will be lost. When a client frequently uses humour to talk about themselves, therapists need to probe for the reasons for this distancing and this casual view of themselves. It may be that the client has achieved a warm and generous but objective view of themselves, but it may also be that they are in the habit of putting themselves down before somebody else does.

KEY POINTS

- Self-reliance means being able to value your own company as well as that of others.
- Self-reliance comes from learning to trust your own ability to look after yourself and share with others.
- Humour is a valuable but sensitive ally to therapy and needs to be scrutinized for its meanings.

TRANSPARENCY AND WISDOM

Other therapeutic perspectives do not systematically explore people's experience of the sacred or the spiritual. When we talk about transparency, we refer to the spiritual dimension of existence and the ability to see all the parts of life as connected and equally significant. Transparency requires us to be open to our inner thoughts, feelings, sensations and intuitions, and also to the facts of life. To be prepared to face truth, no matter what it is or what it leads us to. This takes humility and courage. It also takes considerable insight and understanding of one's own worldview and ideology.

In everyday life we all struggle with opposing forces of good and evil, meaning and meaninglessness, and often take cover by opting for one side or the other or by dodging or fudging the issue entirely. The principle of transparency, which consists of making ourselves available to all that is, can guide our search for truth. It demands that we no longer see ourselves as the centre of the universe but as part of a greater complexity to which we belong and owe our lives. This is by no means easy because it involves abandoning some beliefs that give the illusion of safety. It is easy to say clichés like 'life is what you make it' or 'it takes all sorts to make a world', and these are no less true for being clichés, but they are much harder to actually live by. People who say them a lot are more likely to be trying to persuade themselves or others than accepting and opening themselves to what is the case. Phrases of this sort in therapy are likely to shut down an examination of the mystery of life.

Transparency and wisdom also relate to how existential thinkers see the 'self' not as a thing but as a process. Using the metaphor of the eye, much Western thinking as reflected in psychotherapy theories sees the self as something relatively fixed and internal that is illuminated when light comes in. Existentially, the self is much more like the iris of the eye that lets in the light of existence. The metaphor of sight is not about looking at the world, it is about letting the world in and being connected to it.

When we open our metaphorical 'iris' we are able to 'see' the world clearly and transparently, in its multidimensional glory, and we are also able to see our place in it and what we can contribute to it. We have to aspire to be as transparent and open as possible so that 'light', existence, can shine in. When this happens, the person can simultaneously and reciprocally be lit up and light up the world.

This is what it means to be a part of the world, to be-in-the-world. From this position of being a part of the world while also being of it and being for it, we can contemplate human existence in a much more philosophical manner. We gain perspective on what truly matters and what is incidental.

EXERCISE

Transparency and wisdom could hardly be put better than by the social and ethical philosopher Reinhold Niebuhr (1892–1971), who asked us to have: 'the serenity to accept the things we cannot change, the courage to change the things we can, and the wisdom to know the difference'.

Think of something in your current life that you want to change and something you want to learn to accept because you know it will remain the same.

KEY POINTS

- Human beings are able to choose when to be open and connected or closed and disconnected.
- It is the active reaching for truth that gives life its meaning, not the finding.

WHO ARE YOU AS A THERAPIST?

Working as an existential therapist makes particular demands on the person. The necessity for a person to know how to make sense of their own life is at the centre of existential philosophy and practice, and the person will need to be able to make full use of their available personal and professional resources in order to function as an existential therapist.

SURVIVING AS AN EXISTENTIAL PSYCHOTHERAPIST

Being an existential psychotherapist can be a lonely job, and private practice can make it even lonelier if it leads to a reduced social world. We need to know what to do in order to survive as a therapist and as a person, for existentially the two are indivisible.

Many existential psychotherapists come to the work from another profession. This is always valuable since it means they have a broader view of human existence. But in order to be effective they need to continue having other interests and commitments in their lives.

If a therapist cannot do this, they will find that they are using their clients to meet the needs that their own interests and personal relationships should be meeting. For the short time we meet our clients they have an absolute right to our full attention but they also need to be assured, though not necessarily explicitly, that we have a productive and stimulating life outside the consulting room. Many existential psychotherapists maintain a parallel career in a separate but related field, and this enhances rather than dilutes their work as therapists. Also it seems that a comparatively large number of existential therapists are also active in the arts. This too can only enhance their work as therapists.

In case all this sounds too idealistic, existential therapists are aware that they are first and foremost human beings and are therefore susceptible to human flaws, imperfections, blind spots, conflicts and dilemmas. They are familiar with feelings like anxiety, guilt, distress, joy and sadness, but there is also a likelihood that they may understand how these things are part and parcel of being alive and that it is possible to make sense of them and that therapists diminish themselves if they try to eliminate them.

Supervision has a part to play but more important to survival is the ability to monitor ourselves for personal bias and hence to learn from experience. It is about knowing when we are functioning below par and when we need a break.

KEY POINTS

- We all need a time to forget there is such a thing as existential psychotherapy.
- We can only help others to live full lives if we live a full life ourselves.

THE IMPORTANCE OF PERSONAL THERAPY IN YOUR TRAINING

The issue of the place of personal therapy as a part of training has a particular meaning for existential therapists. There can be no doubt that to be an existential therapist you have to be prepared to scrutinize yourself and to learn as much about living as is possible. It is not sufficient simply to experience life: you have to systematically reflect on it and learn from ongoing experience as well. To have a special mentor, in the form of a therapist, with whom you can discuss your own questions about life and your own role in it, is just as necessary as to study the philosophers, psychologists and novelists who have created the ideas and theories that help us to understand human nature and the human condition. While we learn a great deal about how to be a therapist from our experience as a client, it is also necessary to learn essential skills in sessions of practical training and then to practise these in a wide variety of contexts and with many different clients under supervision.

KEY POINTS

- Existential training involves becoming familiar with both philosophical and psychological theories.
- It also involves skills training and supervised practice.
- An existential analysis requires active reflection on your life experience.
- Therapy for you as a therapist is about taking the time to learn about your life in a disciplined way.

ONLINE CONTENT

- Talk by Emmy van Deurzen on self-reflection.
- Interview with Iro Ioannou, a newly qualified existential therapist, about why she chose the existential perspective and her experience of training.
- Interview with an experienced practitioner, Dr Martin Milton, about the importance of the political dimension of the existential perspective.

3

WORKING PHENOMENOLOGICALLY: The centre of existential therapy

'The universe is change; our life is what our thoughts make it.'

Marcus Aurelius

PHENOMENOLOGY: ASSUMPTIONS, BIASES, BLIND SPOTS AND THE WORLDVIEW

Any investigation, and therapy is an investigation, needs a method that will produce reliable findings. The physical sciences all use the natural scientific method and it works very well with inanimate objects, which have a predictable and essential nature, but it does not work so well with people, because they are highly responsive to context in their actions and choices.

A method that works a bit better with people is introspection, because it captures an individual's subjective activity. What is absent in introspection, however, is perspective, an alternative point of view. Clients come to therapy because they are unable to come up with viable alternative points of view about their issues and the therapist is there to provide this new perspective.

Neither objective observation nor subjective introspection are appropriate for human research, and in the early twentieth century Edmund Husserl devised phenomenology as a research method more appropriate for the human sciences. Because phenomenology is systematic it has characteristic actions and interventions (skills) which need to be applied carefully and systematically if the results are to be reliable.

Phenomenology acknowledges the objective and the subjective as well as the relationship between them. The findings of recent forms of existential philosophy are based on phenomenology. In counselling psychology research, phenomenological

methods have become more and more important. Phenomenology is also one of the principle methods in the practice of existential therapy.

Phenomenology aims to clarify the assumptions we make about the world and our part in it in order that we may see ourselves, the world and our relationship with it more accurately. When we work phenomenologically with clients, they discover how to separate true beliefs from false beliefs.

Husserl's cornerstone is the principle of intentionality, the idea that when we are conscious we are always conscious of something in particular. There is no consciousness without a subject in relation to a world. Heidegger later described this as being-in-the-world. We are simultaneously conscious of the world, relating to the world and making meaning out of the world – we are never simply observers, we are always participant observers. We are inexorably interconnected with the world around us and we are always interpreting that world. A simple example of this is that one person's view of their relationship with someone will be different from the other person's view of the same relationship.

There are many principles that underpin phenomenology. Here are three that are crucial to existential therapy:

- We are active interpreters and creators of our world.
- No observation we make can ever be free of assumptions. Therefore we need to recognize our bias and set our assumptions aside (or bracket them) as much as possible in order to describe what is actually in front of us, rather than to jump to conclusions or interpret our observations.
- We co-constitute each other's worlds, which means that the qualities of our relationships, including the therapeutic relationship, are pivotal to change and improvement.

In practising phenomenologically we form a clearer conception of how we relate to the world; we come to understand the world itself better and we also get to understand the self which is created in the process of relating.

Literally, phenomenology means the study of events and things as they show themselves. This does not mean that the appearance of something is all there is, just that we should not assume anything about it but look at it more closely. In being phenomenological, the existential therapist endeavours to put aside all assumptions about what the client is saying and aims just to listen and be curious about what it all means.

Husserl called our tendency to see the things we want to see, our 'natural way of seeing'. He proposed a way to reduce the effect of this natural attitude and see things as if for the first time. We sometimes get a glimpse of this when we go on holiday to somewhere new and notice it with a more heightened sense of awareness than at home, where we are surrounded by familiar objects. Children can do this more easily than adults – to them everything is new.

Becoming aware of our worldview allows us to understand that ours is only one vantage point among many. The more we become aware of our own personal map, the easier it gets to put it aside and concentrate on the territory. The task of the existential therapist is to facilitate this process of discovery and appreciation of different standpoints.

Phenomenology asks: How can we understand anything without first understanding that which does the understanding?

EXERCISE

Take an everyday object, like a paper clip, a cup or a newspaper. Without assessing effectiveness or value, think of 20 other uses for the object. What did you have to do in order to stop thinking of the object in terms of its original use?

KEY POINTS

- We are always making sense of the world, we can never be free of our assumptions.
- In order to get a more accurate picture of the world, we need to understand how we make sense of it.
- By attending – just noticing, describing – not explaining, and not prejudging, we can get a better idea of our assumptions.
- Existential therapy is a phenomenological research project for both therapist and client.
- Phenomenology allows us to comply with the rigorous standards of philosophical research and verification as well as those of human interaction and encounter.
- It is the client's own narrative that leads the way, not the therapist's theoretical model or personal biases.

THE ASSUMPTIONS OF EXISTENTIAL THERAPY

It is impossible for any act to be free of assumptions, and clients in existential therapy can only benefit if they go along with its basic assumptions, which are:

- It is possible to make sense of life.
- It makes good sense to do so.
- Each person has the capacity for making informed decisions about life and their attitude towards it.
- Difficult issues will not be resolved by being avoided.
- Human nature is basically flexible and adaptable.
- People are able to learn from life and transcend problems.

Therefore, some clients may leave if they do not get on with these basic assumptions. They may want something more prescriptive or didactic. Existential therapy is not for everyone. It requires the client's willingness and ability to take responsibility for the way they are in the world.

QUESTIONING ASSUMPTIONS

Questioning is at the heart of existential therapy but it is a collaborative 'questioning-with' rather than an interrogative 'questioning-of'. We are trying to find out something we do not already know. We also question ourselves about the best way to tackle life's problems.

But first of all, as therapists, we need to question our assumptions, judgements, biases and prejudices of how life and the world are or should be. The client's own concern and distress about their life, shown by their presence in therapy, indicate that their assumptions are flawed, erroneous, inconsistent or unexamined. We need to show them how they can become aware of their particular way of being in the world.

It is not important initially whether clients are objectively correct. It matters far more to find out what they mean and how these meanings inform the client's decisions about their life, and whether these choices are satisfactory. What matters most is that the client is able to take charge of life and accomplish their goals in life with awareness, courage and understanding.

Existentially, all assumptions relate to the givens of existence. These are:

- *Physical assumptions* like: 'My children will not die before me.'
- *Social assumptions* like: 'Other people are a lot of trouble.'
- *Psychological assumptions* like: 'I never get to do things the way I want.'
- *Spiritual/ethical assumptions* like: 'People should be punished if they do bad things.'

EXERCISE

Write about one of your assumptions on each of the four levels as indicated below for 15 minutes. Then read through it and think about what it was like writing this and what assumptions are embedded in it.

1. What I intend to do before I die.
2. How I get on with my friends.
3. What I owe myself in my life and what I do to get it.
4. My moral values and how I live up to them.

KEY POINTS

- Questioning is done in a spirit of curiosity, not in a spirit of criticism.
- We can become aware of our own bias and prejudice.
- In focusing on our worldview, we make it both more visible and more transparent.

WORKING PHENOMENOLOGICALLY

In working phenomenologically we refocus our attention on the way in which we interact in the therapy and we follow a number of guidelines in doing so, which Husserl called 'the phenomenological reduction'. At more advanced stages of phenomenological work we will also focus more sharply on the objects of our observations, trying to find out what the quintessence of these are, and this is known as the 'eidetic reduction'. Beyond this it is also possible to focus on our subjective participation in the process and scrutinize this with what Husserl called the 'transcendental reduction'. We shall talk about these latter two methods in later chapters. For now let's see what the phenomenological reduction allows us to do.

THE PHENOMENOLOGICAL METHOD CONSISTS OF SEVERAL REDUCTIONS

1. *Phenomenological reduction*: in relation to the Noesis or cogitatio: the process of consciousness.
2. *Eidetic reduction*: in relation to the Noema or cogitationes: the objects of consciousness.
3. *Transcendental reduction*: in relation to the Cogito or Nous: the subject of consciousness.

Attention

Phenomenological practice begins with and is sustained by attention. Our ability to attend fully to our clients is the starting point of all good therapy. When encountering anything, we turn our attention to it. Immediately, we think about it in terms of what seems similar. We can't help it, it's what we do as meaning-creating creatures. It is the 'natural attitude'.

What we need to do instead is just to attend, without jumping to conclusions or making judgements. It is important to train yourself to simply observe, listen and attend. Take time to notice and observe and describe and you will begin to get the hang of working phenomenologically.

Once we have begun to attend and describe properly, we can move on and there are then several further parts to the practice of the phenomenological reduction.

Epoché

In the first part of the phenomenological reduction, through becoming aware of the object of our attention we become increasingly conscious of our assumptions about it. This whole process is called '*epoché*', or literally the suspension of our judgements. As a result of our increasing awareness of our assumptions we are able to put them in metaphorical brackets so that we can separate them out temporarily to see the object of our observation more clearly. But we cannot do it just like that. We have to become aware of our assumptions first. It is also not enough just to know what they are, we also have to understand what they mean to us and how they are a part of our way of habitually understanding the world. At the same time we have to understand that we can never be fully aware of them, nor can we abandon or ban them. We can not un-know things we already know, we can only discipline ourselves to look again, afresh and add a new dimension to our take on the world. This is a part of the principle of intentionality, that I can never be parted from my assumptions about the world but what I can do is to become as aware of them as possible. Although sometimes called a rule, it is better to think of it as an aim, since it can actually never be fully achieved. Though bracketing is an aspect of the *epoché*, it generally only refers to the practical task of dealing with our assumptions by clearly separating them from our observations of the world. *Epoché* itself requires the entire sequence of awareness of world, suspension of judgement, description, awareness of assumptions, bracketing of assumptions, dealing with assumptions, returning to awareness.

Verification

The second part of the phenomenological reduction is called 'verification'. This has a more hermeneutic function, which is to say that it is interpretive. In verification, we discipline ourselves to keep returning to the realities we are presented with and to check that our observations are correct and relate directly to the objects of our observations. We use our intuition and direct grasp of what is real to return to what is actually the case and what it is we are observing and describing. This allows us to start to understand the meanings of what has previously only been described. But each interpretation needs to be verified for its accordance with the truth. We compare what sense we make of the world with what is actual. In the practice of therapy this means of course that we shall continuously check back with the client how closely our descriptions are matching their actual experience. The feedback loop provides essential corrections to our tendency to come to our observations in a biased manner.

PHENOMENOLOGY AND THE CORE CONDITIONS

Although he did not call himself a phenomenological therapist, Carl Rogers had great sympathy with the existential philosophers and was often inspired by them. His theory can be shown to be broadly phenomenological by virtue of his goal of returning constantly to the person's actual experience. Rogers' ideas were generated in opposition to the mechanistic behaviourist and psychoanalytic stances of his time and the 'Third Force' he helped to generate owed much to the ideas of phenomenology and Gestalt psychology, which grew out of phenomenology. While person-centred theory and practice has developed in the intervening years, it is necessary to clarify the points of difference and similarity between phenomenology and the principles behind the three therapist core conditions (Barratt-Lennard, 1998).

Empathy

Rogers talked about empathy as a desire to understand a client's world *as if* it was her or his own, and he also talked about the therapist striving to 'enter the client's private perceptual world and [to become] thoroughly at home within it' (1980: 142). The existential philosopher Karl Jaspers preferred to describe the therapist as resonating with the client, and this is a subtle and profound difference because while we all share the basic experience of being alive, we all have a totally unique view on it. Both Buber (1958) and Heidegger (1962) also warned against imagining we can feel what someone else feels. This means that while we can never fully understand another's experience, we can do something more valuable and that is to share our understanding and experience of the basic ontological dilemmas and paradoxes of being alive, that the other person is struggling with. Our personal understanding and feelings about these issues will enhance clarity of the matter under consideration. This is our true value to clients: that we are the same and different simultaneously and can throw new light on the same issues.

Unconditional positive regard

By virtue of listening phenomenologically we cannot help but resonate with aspects of the client's story. This will inspire within us an openness and a sense of humility and respect. But if this respect is not real it will be noticed and we will be seen as fake. Laing says 'the last thing there is any point in is to pretend more "love" or "concern" than one has. The more the therapist's […] motives for trying to "help" […] converge on a concern for him which is prepared to "let him be", […] the more hope there will be' (1960: 45). What we respect and have faith in is the client's ability for self-determination and autonomy.

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Congruence

Rogers defined congruence as meaning that 'whatever feeling or attitude I am experiencing would be matched by my awareness of that attitude' (1961: 50). It has also been called 'being authentic', which has led to considerable confusion with the existential meaning, which is entirely different. Phenomenological attention will always bring to light personal reactions, assumptions and prejudices that will need to be bracketed if the therapist is to remain truly present for the client. Our ability to do this effectively and ethically is a measure of our value to the client. Bearing in mind that as long as we are attending phenomenologically we are disclosing our selves in relationship with the client, the real skill is to know how to use this therapeutically. Many therapeutic mistakes have been made by too much or too little disclosure, or to put it more accurately, have been made by misjudging the quality of presence needed at any particular time.

BECOMING AWARE OF ASSUMPTIONS

There are many things we have assumptions about. To begin with, we have assumptions in the process of looking, thinking and feeling. We might, for instance, think or feel about something with suspicion, curiosity or glee. This is what Husserl called the 'noesis', or cogitatio, the quality of the process of being aware. Then we also have assumptions about the objects of our consciousness – what Husserl called the 'noema' or 'noemata', or 'cogitationes', the things we think. And finally, we have assumptions about ourselves. Husserl called this thinking subject the 'cogito', or 'transcendental ego' when divested of its assumptions. All of these are like filters that distort and determine how we see the world. The way we look at the world determines what we see in the world. Only when we have become aware enough of the way we habitually distort will we be in a position to respond in a way respectful of the client's autonomy and to reflect on the way our views are restricting their freedom.

But every intervention the therapist makes – and this includes silence – expresses basic assumptions about life, the client and themselves, and on many occasions this will not be particularly intrusive or damaging. We are not saying that assumptions are bad, rather that unexamined or unknown assumptions are likely to restrict the work. One danger of the therapist's unexamined assumptions is that the client will feel that the therapist's assumptions are facts, which they will either agree with or react against. Not understanding what they mean to us is a denial and an evasion of our responsibility to ourselves and our clients.

We can never get away from our assumptions – this is a paradox because we need these assumptions, not just to make sense of the world but also to remind ourselves how we usually make sense of the world. Our clients also need us to have these assumptions, but only if we know what to do with them. Our attempt at bracketing

is the protection our clients have from our assumptions taking over and turning therapy into a sophisticated form of suggestion. As we will see later, supervision is a good time for working out the personal meanings of the assumptions we put in brackets. Life is continuous, so reflecting on our evolving assumptions is continuous.

Before the session

Before seeing a client we need to prepare ourselves for the concentrated attention we will be giving. It is important to prepare yourself for your sessions. Arrive at the room you use some time before the start of the session, arrange the room, sit in the client's chair and imagine being the client to your therapist, move to your usual chair and compare the two experiences. Take note of the different views of the room – what the client can see that you cannot and vice versa. Acknowledge the time of day of the session, because this makes a difference to the quality of attention you can offer.

Ask yourself questions like:

- Am I a morning or an evening sort of person?
- What difference does it make to me?
- What are my current preoccupations? What am I thinking of?
- What are my background feelings?
    - Am I tired? Why?
    - Am I excited? About what?
    - Am I worried? For what reason?
- Am I looking forward to the next few hours? Why?/why not?
- Am I composed and steady? How?

By doing this you begin the process of bringing your biases and blind spots into awareness. This will enable you to see, hear and relate more clearly.

During the session

All the above questions continue when the client comes into the room but they become more specific. We always have some overall emotional tone or colouring that influences how we see the world. We need to start with how we feel because this is the most obvious aspect of our existence. Our emotions connect us to the world. They are what brings colour to our experience.

We obviously need to concentrate on what is being said to us and on maintaining the relationship, but before we can make any sense of this we need to ask ourselves some further questions, such as:

- Bearing in mind how I am feeling today,
  - What is it like to be with the client now, who is scared, resentful, seductive or angry with me?
  - What is it like to never get eye contact/never avoid eye contact with the client?
  - What is it like to sit in silence with this client/never get any silence with this client?

Asking these sorts of background questions enables us to get a sense of the difference between ourselves and the client. It might be that a therapist habitually feels heavy and lethargic with one client but invigorated with another. These observations must be taken note of and wondered about, either in supervision or in personal therapy.

On a skills level, we need to begin in silence and with full attention. The more we are freed up from having to talk, the more we can attend and hear. Our awareness is like a light we shine on things in order to understand them. This is not such a bad analogy because we know that if we shine a very bright light on something, it appears two-dimensional and throws no shadows. We need to throw just enough light in order to see, but not so much that we inhibit and flatten the experience, blinding our client. Bear in mind all the time that you are, despite your best efforts, always influencing the client. But by being phenomenological you might just find out about the nature of this influence.

Our ability to attend is correlated with our ability to live with uncertainty – the two alternatives being, on the one hand, muddle and vagueness, and, on the other hand, unthinking lazy dogmatism. If we find our attention wandering or searching for an explanation or a theory, it might mean that we are not attending well enough.

ILLUSTRATION

WHEN ASSUMPTIONS ABOUT FEELINGS WERE MISTAKEN

Paul came to short-term therapy because he was having relationships with two women, Jan and Lynn, who did not know of each other's existence, and while he felt guilty, he was unable to leave either one. His therapist knew that she should put aside what she thought of the relationships and help Paul to make his own decision, and she did this as well as she knew how. At the end of the therapy, Paul thanked his therapist for listening and helping him tease out some of the issues to do with his inability to choose and commit. He said, 'I still don't know what to do, but I know who you think I should be with: Lynn.' His therapist was taken aback by this because it was in fact true that she preferred the sound of Lynn to Jan. Paul continued, 'because you always paid a bit more attention to my misgivings about Jan than you did with those of Lynn. But at least you didn't tell me what to do.'

Commentary

It is impossible to put aside, to bracket, our opinions completely. Paul felt that the quality of attention he got from his therapist was what he needed to explore his issue in the time available. Although he was aware of his therapist's feelings, he did not find they prevented him from exploring his issue. Not being able to put aside her feelings about Jan, the therapist did not notice that she had expressed a personal preference.

How do you spot your own biases and assumptions?

A good start is five simple questions you can ask yourself about your work with particular clients:

1. What do I want for my client?
2. If I were to give my client some advice right now, what might it be?
3. Do I feel differently towards this client rather than towards other clients? And what is this about?
4. Was my request for information just to satisfy my own curiosity?
5. Why did I make that self-disclosure?

The answers to these five simple questions will enable you to become aware of your assumptions about both content and process. We all want to think of ourselves as good ethical practitioners and often our first answers will reflect this. But we need to develop a way of questioning our own answers, of not accepting the first answer we give ourselves.

ILLUSTRATION

WHEN ASSUMPTIONS ABOUT CONTENT WERE MISTAKEN

Maria was referred by her GP because of difficulties she was having both at work and in getting on with her family. At the first session she described her issues and said that she was sometimes a bit 'cheesed off' by it all but that she had bought a book about depression and was working her way through it. She seemed quite upbeat in this first session so the counsellor decided that there was no more need for sessions, and Maria agreed. The next thing the counsellor knew was a note from the GP asking why Maria had been signed off counselling as she was suicidal.

(Continued)

(Continued)

Commentary

The counsellor's first mistake was assuming that Maria's meaning of the phrase 'cheesed off' was the same as his own, which was as a very mild term describing a temporary state. The second was taking the reference to the self-help book literally and not seeing it as possibly also meaning that there was no point going on with counselling. He did not pick up on the gravity of Maria's situation because he did not query any of the meanings in her communication.

Description

Another way we can help our assumptions to come to light is by trying to keep describing and exploring rather than explaining by attributing causation, problem solving or analysing. At first glance this looks easy, but it is not.

Therapists and counsellors are used to explaining their work to other professionals and it is hard to get out of the habit, but in therapy explanation is both unnecessary and distancing. Everything the therapist says needs to be as close to the client's experience as possible, what we call 'experience-near', and needs to try to make the client's engagement with their experience closer. Theory tends to be distancing, therefore theoretical concepts, including philosophical ones, have little place in the consulting room.

As a general rule, the temptation for the therapist to explain is proportional to their anxiety – to how much discomfort the therapist is feeling about being with the client.

In other words, explanation is invariably given to relieve the therapist's confusion, not the client's. Consequently it usually increases the client's confusion.

EXERCISE

Take an everyday object, like a chair, move it to the middle of a room and look at it for 5 minutes as if you've never seen it before. Describe what you see. Do not describe it in terms of 'chairness' or attempt to explain why it is as it is or what any of the parts are there for or how it was made. If you find it difficult, turn it upside down and try again. At the end, reflect on what it was like to 'see' the chair as you never 'saw' it before.

The most useful question to start a descriptive analysis with is not 'Why?', because this distances from present experience and is only answerable with 'Because ...', which

prompts yet another 'Why?' question. The better start to the description is by asking the questions 'What?' and 'How?', which simply request further description.

In terms of specific verbal interventions, this philosophical principle can be translated into the following kinds of questions:

- How do you mean?
- What's that like?
- Can you give me an example?
- Can you say a bit more about that?

These simple requests can easily be translated into your own personal language, with the important qualification that the spirit of description, not explanation, be adhered to.

Closed and suggestive questions like 'Have you thought of getting another job?' or 'Are you going to get a divorce?' not only close down the emerging dialogue but say more about the therapist's unexamined assumptions than about the client's investigation.

At the beginning of the work, therapists need to restrict themselves to what the client has said and concentrate on the various emotions, concepts and actions referred to, while gathering more information. As a general rule, the further away from the present moment you go at the start of the work, into the past or the future, the greater the risk there is that you will hijack the conversation and start talking about what you as the therapist want to talk about. As time goes on, when the therapist and client have built up a rapport, risks can be taken and links can be made. Therefore the use of therapist metaphors in the early part of therapy is not advised because of the likelihood that the therapist will inhibit the client's emerging ability to describe her experience in her own terms, finding her own meanings and metaphors.

While it is important to stay with the client's own words, we cannot assume that:

- what a client says is a complete, accurate or literal description of their experience;
- if a client says 'yes' they agree with us or think the same way as us;
- the client knows what words to use;
- the client wants to tell you about their experience even if they are able;
- the experience is either currently or eventually verbalizable.

To hold to any of these assumptions restricts our openness. But to concentrate only on what is spoken is to put too great an emphasis on the reliability of language. It can be argued that verbal cues are only obvious to us because we live in a verbal culture and psychotherapy is a symptom of this culture.

We are much more than just the words we use.

EMOTIONS AND PHENOMENOLOGY

Description needs to focus initially on emotional experience, rather than on intellectual or cognitive experience. This captures the immediacy of our experience, leading to a fuller understanding of our nature and the limitations we impose on ourselves. Explanations lead away from such understanding. People experience themselves as connected to a particular world in a particular emotional way: the mood and the atmosphere are what they are preoccupied with and how they are tuned into their world.

Particularly at the beginning of therapy we can use our own knowledge of situations similar to those the client is describing to get some clues about what it may be like. In such situations it is better to be phenomenological and ask yourself and your client 'What was that like?', 'What did that feel like?' or 'What does that mean to you?'. You are checking out and eliciting description, rather than speculating and jumping to conclusions like 'You must have been angry'.

The first response, 'What was that like?', will enable you to get a better idea of how the client experiences him or herself and also how accurately we can get into their world. If we predict they will say 'angry' and they say 'afraid', we have learnt a great deal about our ability to imagine our self into their world.

The last response, 'You must have been angry', although possibly correct, can act as a suggestion to someone who has only a tentative or reduced emotional vocabulary. If they are unsure about what word to use, they may take your suggestion as an instruction without really knowing what it means. Also it shuts down the possibility of there being other less obvious, more complex or ambiguous feelings.

It is often useful to simply enquire 'What was that like for you?' or to ask what a person's experience of something is, rather than focus exclusively on their feeling.

The point is to encourage your client to feel their way into their own experience, get in touch with it, describe it, validate it, understand it and find a way to make sense of it and deal with it.

Equalization

Another source of assumptions is that we often think that we can know what is most important in what the client is saying. On many occasions in therapy the client knows no more than they are telling us. And neither of us knows what any of it means.

In equalizing, we make the express effort to consider each part of the content, the process and the experience of the client as of equal importance. Our ability to listen will always be distorted by our own life experience and our ability to convince ourselves of a particular way of seeing is enormous. Therefore our success is dependent on our ability to notice and deal with our assumptions. These will often be due to our identifying with the client too much and forgetting that their life is different to ours. We are mistakenly seeing the client out of their context. Or to put it another way, if we catch ourselves thinking about our clients in particular ways, it gives a clue that we are not equalizing well enough.

ILLUSTRATION

NARROWLY AVOIDING THE CONSEQUENCES OF NOT EQUALIZING

As a therapist, Nick prided himself on his non-reliance on technology. He asked his clients to switch their phones off in the session. His client, Sandra, often forgot and these sessions were interrupted by Sandra's phone ringing. On the twelfth session she arrived 5 minutes late and spent the next few minutes working on her phone. Nick was just about to comment on the maligning influence of mobile phones in general and in the therapy relationship in particular when Sandra said, 'I've been making some notes on my phone about last week's session and my thoughts in the week and I'm just reminding myself because I want to make the best use of this time.' Nick was taken aback because he did not even know that phones could be used for such things.

Commentary

Nick had an assumption that mobile phones were not useful additions to life. He had also decided that Sandra's use of her phone was not helping her. These assumptions were so firmly held that they were not questioned. Alternatives could not be entertained. By Sandra explaining what she was doing, Nick was able to realize that he was wrong and narrowly avoided showing his assumptions and his misplaced anger in such a way that could have risked the therapeutic relationship.

We should also be asking ourselves things like:

- In what way am I influencing my clients so they never talk about sex, or envy, or death, which I also happen to not like talking about, while they always talk about creativity or wholeness, which I do like talking about?

However, as long as one is describing the elements of the narrative if only to oneself, sooner or later certain elements will begin to stand out.

ILLUSTRATION

USING BASIC PHENOMENOLOGICAL INTERVENTIONS TO OPEN OUT A DIALOGUE

Session 14

Don: It hasn't been very good this week.

Therapist: Hmm?

(Continued)

(Continued)

Don: Work has been difficult.

Therapist: In what way?

Don: It's the manager again.

Therapist: How do you mean?

Don: Oh, the usual things.

Therapist: Can you give me an example?

Don: He asked me and my colleague to do the same report.

Therapist: What was that like for you?

Don: Really annoying.

Therapist: Can you say a bit more?

Don: And humiliating, because I feel my colleague is better than me at that job.

Therapist: Hmm?

Don: I feel it's a sort of test, I want to do well but I feel he's trying to catch me out.

Therapist: What's that like?

Commentary

By simple requests for description and detail the dialogue was opened out and the client's engagement with the issue made deeper. The client's natural curiosity about himself was encouraged by attention, description and equalization.

PHENOMENOLOGY AND PSYCHOANALYSIS

That there are some similarities between phenomenology and psychoanalysis is not surprising considering their shared history. Freud had always been interested in philosophy and like many of his era was influenced by Nietzsche. Franz Brentano (1838–1917) was a teacher of philosophy and philosophical psychology at the University of Vienna and taught both Freud and Husserl when they were students there, although not at the same time. Brentano's principle contribution to philosophy was to reintroduce the concept of intentionality that paved the way for Husserl's focus on the phenomenological study of consciousness.

Psychoanalysis can be seen as a way of studying the nature of consciousness and in psychoanalytic practice Freud advocated that the analyst listen with what he called 'free-floating attention', while the client 'free associated'. Freud said:

> The treatment is begun by the patient being required to [….] read all the time the surface of his consciousness, and on the one hand to make a duty of the most complete honesty while on the other not to hold back any idea of communication. (1923: 238)

The relational dynamic being referred to here, where the client talks as far as possible without personal censorship or undue direction from the therapist and the therapist attends both to the client's unfolding story and their own response to it, which psychoanalysis conceptualizes as counter-transference, is a description of the beginning stages of phenomenological practice. Where existential practice departs from psychoanalytic practice is in the view of what is to be interpreted and the nature of interpretation itself. Psychoanalysis has developed a body of theory which it takes as truth and as applying across humanity, so that analyst can interpret their patients' concerns on the basis of that theory. Existential and phenomenological therapists will ensure that it is their client's interpretations of reality that are sought, engaged with and worked with, though not always automatically agreed with.

HORIZONTALIZATION

The skills of the first stage of epoché are mainly clarificatory, and those of the next stage of verification are interpretive. The bridge between the two is 'horizontalizing', when we endeavour to place what is becoming known against a horizon, to contextualize the client's worldview. This prevents the work becoming purely introspective. We also need to remember that every meaning is context dependent, but that the context is often ignored, evaded or denied. Simply placing the experience in its context can provide the client with a new perspective on her or his own life. This in itself can sometimes feel freeing: it is as if the client suddenly sees him or herself as if from the outside rather than feeling trapped in it from the inside. The client's readiness to move from work that is primarily about clarification to work that can include verification will be indicated by their realization that their conclusions, thoughts and feelings are context-contingent, personal responses rather than being derived from causation or fact. Any attempt to verify prior to this will be premature and probably lead to an intellectualized dialogue or to the therapist leading the client.

VERIFICATION AND INTERPRETATION

Attention and requests for further description can be extremely powerful and on many occasions can rekindle genuine philosophical perplexity and personal questioning, but on some occasions it is not enough. This can lead to a morbid going round in circles when, almost literally, nothing happens. You are both busy finding out things you already know or repeating them without really getting to the bottom of things. Our clients deserve something better, and we both have better things to do with our time. Verification in a manner that is sensitive to the client's being is almost a definition of effective therapy. It is a way of joining with the client and extending their sense of who they are in the depth and breadth of their being. It gives a person a feeling that what they experience matters and is taken seriously and can be understood and perhaps even altered or overcome.

In verification we are able to do something with all the impressions and questions accumulated during epoché. It is where we break the principle of equalization and it

is necessary for the therapy to progress. But we have to make sure that when we do it, it is because the client has told us that one part of their life is more important than another, and not just because we think it is. It is also in verification that we can bring to light the way the client is struggling with the givens of existence, such as temporality, paradox, dilemma and evasion of responsibility.

The overall aim of verification in therapy is to explore meanings, both within the content, the process, and the relationship between the therapist and the client and to make links between them. It is about wondering about how all the elements are related. We are wondering what similarities there are, and how the jigsaw fits together, for fit together it must. We are therefore looking for common elements in the content and process to wonder about and draw conclusions from.

There are three dangers here:

- The common elements must belong together by virtue of themselves, and not by virtue of the therapist's unexamined assumptions or desire for cleverness or closure.
- It is extremely difficult to judge at what point enough evidence has been gathered to justify breaking the rule of equalization and to select a particular item to focus on. This is something that has to be learnt through trial and error and applied with continuous monitoring.
- Not acknowledging that some elements are more in evidence than others is doing a disservice to yourself and your clients. A reluctance to rely on the authority of your own experience can lead to an idealization of ignorance. This is sometimes referred to as 'unknowing', but can easily turn into a determination not to know. Hiding behind ignorance can lead to nihilism and insecurity in the client and can be as damaging as hiding behind theory.

Two rules to go by are:

1. If the same issue has been mentioned several times, it is usually worth picking out and referring to directly for further exploration. You may not hear it again if you do not repeat it, for the client may give up mentioning it, presuming you are not interested in their concern.
2. If something clearly has unacknowledged emotional tone attached to it, it may be worth picking out for further examination and probing, especially by referring to the state of mind it is related to.

Characteristic statements or intentions of verification are:

- *'What is your part in what you are describing?'* This brings present responsibility into the dialogue and questions the client's denial of responsibility and their sense of separation from both their own life and the lives of others.
- *'Has this ever happened before in your life? Is this feeling familiar?'* This introduces the past, previous experience, into the dialogue and looks to finding the universals behind the individual properties.

- *'How is this leading you to what you say you want?'* This introduces the future, hope and change, into the dialogue. It reconnects the client with their life project.
- *'On the one hand you feel … but on the other hand you feel ….'* This draws the client's attention to the dilemmas, contradictions and the tension between opposites that they usually try to avoid. It highlights the dynamic nature of emotional life and helps them to face up to their inner and outer reality, gaining strength from their ability to do so. Often this leads to the discovery of a paradox.

Verification is similar to interpretation, and existentially we are always interpreting because we are always making sense of reality. All therapy is interpretive in the sense that issues are considered and meanings and possibilities discerned: new connections are made and new meanings are discovered all the time. This means that all our interventions are interpretive; some are just more explicit or more complex than others. In a narrower and more formal sense, an interpretation is a way of compressing an enormous amount of information into a few words in order to capture, organize and understand it in a new way. This has two functions: one is to bring things out in the open in a way that allows the client to take notice of their experience, get a hold of it and grasp it; and the other is to help them consolidate the work being done and to make clear and clean connections between new and old insights, so that their worldview becomes ever more coherent and consistent with reality. Above all, such interpretations must fit with the client's own evolving understanding of the world and enhance meaning and deepen engagement with the issues at hand. Interpretations should never impose the therapist's worldview or theoretical dogma, nor should they oversimplify the client's experience or distance the client from it (e.g. by having a tone of infantilization or intellectualization).

In the ebb and flow of the interaction the therapist needs to cultivate a spirit of creative uncertainty. Therefore silence itself can have a powerful interpretive value, since it can request the client to think about the meanings that are being traced and stay with their sensations, feelings, thoughts and intuitions. Interpretations should be kept as short and simple as possible, as long interpretations can be confusing and also hinder the development of the client's self-reflective capacity.

There are four qualities that a successful interpretation must have:

1. *Simplicity:* The interpretation must be tentative but also crystal clear for the client to be able to consider it, rather than feel obligated to swallow it whole and agree with it or reject it without considering it. However, there is a danger here since too much tentativeness can be confusing and the client may be unclear about what we are saying. The ideal is an approach which builds gradually until things make sense and fall into place. It is part of an enquiry into the client's truth. The therapist can state emerging meanings firmly, while encouraging the client to verify, correct and refine. Typically this means that the client is the one who formulates the final definition of their experience. The therapist may elicit this by saying things like 'What I just said did not sit quite right with you' or 'That isn't exactly it yet, is it?'.
2. *Connectivity:* Any interpretations we make must have a direct connection between a trigger event that the client is currently preoccupied with and the internal and external consequences it has in the client's life. Ideally it connects something we

already know about how the client is, with a new understanding of it, while highlighting the client's active part in it. Therefore the focus has to be on linking a present experience with the past and/or the future. The aim is to reinforce a sense of ownership and authorship for the client and to ensure that they take pleasure in their ability to trace the truths of their life and make alterations in their own life that improve their sense of living for real.

3. *Coherence:* The duty of a therapist is to make sure that interpretations are made within the client's framework rather than within their own theory or that of their supervisor. This means that the therapist is clear about their own assumptions as much as possible and is willing to enter into a process of debate and discussion whenever a client disagrees with their words or their perceptions. Such disagreements are often the sine qua non of true progress. The angle from which the therapist approaches the client's life may be biased but it is nevertheless a focused view that can serve to help the client get their own focus into sharper detail. At the same time they are gaining a wider perspective because of the therapist's view from elsewhere. As long as the therapist is willing to engage fully in this process in order to be questioned and contradicted, the process will remain alive and vital new understandings will be gathered. Such work invariably teaches the therapist as much as the client; it is challenging, engaging and, though often demanding, usually pleasurable and productive for both.

4. *Relevance:* Timing the interpretive intervention is crucial and the therapist will use a combination of their attunement to the client and their knowledge of the client to place their interpretations. But thinking of interpretations as discrete statements is to miss the point. Interpretations made too early or too late are either irrelevant or distracting and those said at the same time as the client has the insight are unnecessary. It is the work as a whole that is interpretive, or rather hermeneutic, in that therapy is a joint search for meaning. A 'wrong' interpretation at the right time will be as counterproductive, if not more, than the 'correct' interpretation at the wrong time. Therefore the emphasis is ultimately always on the authority of the client. All the meanings that are agreed in therapy must be compatible with the client's own understanding of the world and consistent with a growing capacity of owning their lives as well as with their building confidence in their ability to understand and articulate and make sense of their experience.

ILLUSTRATION

USING BASIC AND VERIFICATION INTERVENTIONS TO OPEN OUT AND DEEPEN A DIALOGUE

(Continued from above)

Don: I feel it's a sort of test, I want to do well but I feel he's trying to catch me out.

Therapist: What's that like?

Don: I can't stand it. It's always the same.

Therapist: 'Always the same': you mean it's happened before?

Don: Well, yes, it's the story of my life. Everyone does this to me.

Therapist: 'Everyone'?

Don: My parents, my partner, they all do it.

Therapist: Do you?

Don: Do I what?

Therapist: I wondered to what extent you catch yourself out.

Don: What do you mean?

Therapist: You say on the one hand that you want to show your competence but on the other hand you back down when there's competition.

Don: I don't understand.

Therapist: I wondered what you get out of making yourself second best, perhaps it's safer in some way?

Don: I don't know, it's certainly familiar.

Therapist: 'Familiar'?

Don: I know where I am with it, it's sort of comfortable.

Therapist: It's comfortable?

Don: Well, yes, more comfortable than succeeding, in a funny sort of way.

Therapist: Can you say a bit more?

Don: I think I'm a bit afraid of success.

Therapist: How do you mean?

Don: I'd feel exposed and have to show myself, which is silly because I know I can, but ...

Therapist: But?

Don: I don't know.

Therapist: But you'd have to change the way you think about yourself as successful rather than unsuccessful?

Don: Yes, I suppose so.

Commentary

By a combination of bracketing and verification interventions the dialogue was opened out and became much more personal so that Don was able to consider the part he played in the circumstances that he previously considered only to happen to him passively.

Getting a wider perspective on life

As we become more attuned to our habitual way of seeing the world, we get to see ourselves as one person among many. It becomes more obvious that 'I' am a part of an interconnected 'we', all subject to the same givens and mystery of existence. This not only brings humility and acceptance but also illuminates a basic paradox of life that my intentionality generates me at the same time as it seems to be generated by me. In this sense horizontalizing becomes a way to explore the context of a person's experience. We broaden out their understanding of their world by extending their perspective and touching the wider horizon of their life.

ILLUSTRATION

(Continued from above, some sessions later)

Don: You know, I've been blaming others for years, like that person at work, for things that I can't do.

Therapist: Yes?

Don: And that's wrong, isn't it? It doesn't make sense, it can't all be his fault, can it, it can only be mine.

Therapist: How do you mean?

Don: I've been making him responsible for how I feel, making out it's his problem, well, it might be, I don't know, but what I do know is that it's mine.

Therapist: Where does that lead you?

Don: Well, I'm beginning to realize what I was doing all that time, no wonder people used to get fed up with me.

Therapist: How does that feel?

Don: A lot of things, foolish, embarrassed, guilty, but also humble. But you know what, it's weird because I think I understand them more now that I understand myself more. Before, I thought I did but I didn't at all. I was imagining it all. I'm just like other people and that's great, I used to think it was bad but it's not, is it?

Therapist: What's that like to come to this now?

Don: It's scary, but liberating.

Therapist: How so?

Don: Well, I know that I have a point of view but also that others have theirs but where that used to be intimidating and depressing, it's now exciting. There's no other choice, is there? I can't decide exactly how other people are going to think can I, but …

Therapist: But what?

Don: But it's up to me, I can make my own life and not wait for it to be given to me or taken away. I can only do it with them and they with me, from here.

Commentary

By a combination of basic and advanced phenomenological interventions Don is able not just to see that some of the things he does are counterproductive and to take ownership of these but also to see himself in the wider context of humanity.

KEY POINTS

- By becoming aware of our assumptions and bracketing them we can cultivate a spirit of active curiosity.
- The intention is always to open out possibility, not to close it down.
- The clarity which comes from an understanding of the complexity and richness of experience is enhanced by description, not by explanation.
- The client's autonomy is respected at all times.
- The client is enabled to combine a subjective and an objective view on their own life in order to get an accurate sense of horizon and depth.
- We need to constantly monitor our emotional responses to our clients and take them seriously but not necessarily literally. They are valuable insights into the evolving therapeutic relationship and can be examined in depth in supervision of personal therapy.
- Meanings and interpretations come from the client's own framework of reference rather than from the therapist's theoretical assumptions.

ONLINE CONTENT

- Video of a lecture by Emmy van Deurzen on phenomenology and its application to therapy.
- Video of Emmy van Deurzen speaking about phenomenological therapy.
- Video of Martin Adams interviewing Helen Hayes, showing the first stage descriptive skills for clarification.

4

DEVELOPING AN EXISTENTIAL ATTITUDE

'If you press me to say why I loved him, I can say no more than it was because he was he, and I was I.'

Michel de Montaigne

OPENNESS TO EXPERIENCE

As we have seen, existentially the sense of self is fluid rather than fixed, being continuously co-created by the person's interactions in the world and reflection upon this. In this way the worldview is constructed. But because it is so personal, we expect others to perceive the world in the same way and we are constantly reminded that they do not. Their view always reveals a new perspective that offers us the possibility of altering our own view and getting a bit closer to truth, if we are open to it. This is phenomenology in everyday life.

However, we selectively interact with the world so that it conforms to our standards and expectations. We unwittingly repeat our past mistakes, often excusing them with comments like 'I don't know why, it's just the way I am'.

Existential therapists refer to this as 'sedimentation': it is as if the sediments of the river of life fall to the river floor and give us an increasingly solid but illusory sense of identity that dams up our life. Much of the time we prefer past certainties over future possibilities. But when the blockage is broken, the flow can get re-established and life can resume its full flow and necessarily unpredictable course. But this is rarely easy because there is always a tension between the wish to be solid and fixed and the awareness that we are not. This is why sometimes we speak of 'mineralization', where people's routines and views of the world and themselves have become written in stone and are so crystallized that they seem unmovable and unchangeable. Mineralization often happens when a person's sense

of self is frozen because life conditions have been so cold and adverse that a strong fortress had to be built and that the person has put all potential creativity and change on hold.

We all have limitations as to how open we can be to chance and opportunity in daily life. Some of us welcome it; others do not. We need to remember that those who are afraid of change often have good reason for this and that they are unaware that they are living in a fortress.

Clients come to see us when they feel out of touch with the natural flow of their lives, but they do not know why that is. Earlier ways of doing things are no longer useful and are likely to be experienced more as restrictions or threats. They may describe such experiences as anxiety, depression, confusion or stress. Much of therapy is about helping another person to return to a position of openness to themselves, to the world, to others and to life itself.

That we feel anxiety at all is evidence of the tension between the necessity to be open and the fear of what may happen if we are. But often we are out of touch with the gains we can make by being open rather than closed. We may fear that it can only be negative. And sometimes we are so open that we feel overwhelmed.

Anxiety is based on the fundamental ontological anxiety of being alive, and there are two principal ways of protecting ourselves from this ontological insecurity. One is by pretending that we are free in a world of facts, and this can be summarized as: 'I can do anything I like.' This is sometimes called a 'manic defence'; others may refer to it as 'self-confidence' or 'attitude'. For people with too much of this sort of confidence, exposure to the reality of vulnerability and limitations will be problematic. For those with too little, it will be necessary to risk taking a chance on oneself and finding that the world can respond differently.

ILLUSTRATION

BEING FREE IN A WORLD OF FACTS

Adam came to counselling because he needed to 'get a bit of perspective on his life and plan a bit'. He had recently lost his job, and his girlfriend had walked out on him leaving him with large debts. Initially his counsellor was impressed by his resilience and ability to carry on and to look on the bright side and think of alternatives but as time went on she noticed he was curiously unaffected by events, almost as if he was totally out of touch. He was unwilling to explore his part in his life. 'I can't see the point ... I want to think about the future.' Although he was polite, she felt disregarded. Although they had contracted for 12 sessions he came to the fourth session saying it would be the last. He had decided what to do. He was going to get a bank loan to go travelling for a year or more and had simply come to say thank you and goodbye.

(Continued)

(Continued)

Commentary

Adam needed to see himself as separate from other people so that he would not be affected by them. This was reflected in the therapeutic relationship, where he could not really allow the therapist to be in close relation with him. His need to see himself as invulnerable led him to disregard not just other people in his life but himself too and also the likely consequences of his actions. He thought he could start all over again simply by ignoring present reality and that he did not need to learn the lessons of the past. It was not surprising then that this strategy turned out not to be successful.

The second way of protecting ourselves is to pretend to be a fact in a world of freedom, which can be summarized as: 'I can't do anything I like.' It is sometimes called 'learnt helplessness' or 'depression'. We make ourselves into rigidly defined entities and dismiss the possibility of change by rejecting the freedom to choose how to respond.

ILLUSTRATION

BEING A FACT IN A WORLD OF FREEDOM

Beth came to counselling because she was 'depressed'. She left university three years before where she did a subject she was competent at but not greatly interested in. She said, 'Everyone thought I ought to do it so I did.' Since then she had had a succession of temporary jobs. The last one of these, in sales, she wanted to continue in but her employers said that she needed to be more outgoing. This upset her. She said, 'I know I've got to be but I don't know how. I'm scared by all the other very bubbly people there ... and also by the customers. I thought it might make me different, bring me out of myself, but it's done the opposite.' A friend said she should try counselling because it would give her new tools she could use. She said, 'I know what I should do but don't get round to it ... I feel the world is leaving me behind.' She tended to talk about 'everyone thinks that ...' and 'other people can do ...'. Although she was keen for the counsellor to tell her what to do, she met even simple requests for clarification or concrete examples with a look of bafflement which often led to her saying, 'Oh, I don't know ... I can't think ... I'm no good at this.'

Commentary

Beth had either not had sufficient experience of making and acting on her own choices or not been able to make use of the experience she had had. Consequently she saw herself as someone who could not act autonomously. She could not tolerate the anxiety of the result of her choice, whether it was

a success or failure. She tried to avoid the anxiety by avoiding the choice, not realizing that the avoidance was itself a choice and blocked her life. Although intellectually intelligent she appeared to prefer the apparent safety of thinking of herself as acted on by others and valuing other people's opinions over her own. Because of her anxiety at taking responsibility for her choices, she gave responsibility for herself to others. Only when realizing how she did this could things begin to ease up for her.

Neither the person who says 'I can do anything I like', nor the person who says 'I can't do anything I like', are true to existence. The reality of existence is that we have to be prepared to do what we can and that sometimes we succeed and sometimes we do not. But in exploring our abilities, we expand and practice them, becoming more able and more flexible in the process. If we are too audacious we may falter and fail and eventually we may give up. If, on the contrary, we are too cowardly and avoid all risk and challenge, we may become paralysed by fear, lose flexibility and become weakened through lack of practice.

Existential therapists make it clear from the outset that they expect the client to have a basic commitment to be willing to examine whatever arises and confront its implications. Existential therapists will also know that trust has to be earned.

Clients for their part are entitled to expect that their therapist will also be open and will listen with sensitivity to the negative emotions such confessions invariably involve. Precisely because of this, the therapist will spend more time listening and understanding than talking and interpreting.

Existential therapists will pay attention to the ways clients are with others and with themselves, from what they say, how they place their chair, their body in the chair, their legs in the space between the chairs and the way in which they take up space in the dialogue. Some clients are reluctant to fill the space while some are reluctant to let the therapist contribute.

The existential therapist's primary concern is to maintain a balance between an attitude, which on the one hand invites openness without abandonment and on the other is attentive without being intrusive. The specific qualities and interventions used to promote this are dependent on the needs of the individual client in that moment and the personal qualities of the therapist and of the interaction they have established.

Judging the amount of silence a client needs at any moment is vital. Enough silence will allow the client to pause for thought and be in the moment, and too much will lead to being overly self-conscious and paralysed.

Once a therapeutic balance is established, it will be possible to explore more deeply, and this may evoke conflicts in the client and also sometimes between client and therapist.

In fact, openness to experience involves conflict and our success at living is about meeting and resolving this conflict rather than avoiding it. The therapist has to model this willingness to face conflict and difficulty with equanimity.

KEY POINTS

- By being phenomenological, we can become more aware of the way we interpret the world in narrow and often unrealistic ways.
- Listening with the right sort of openness and attentiveness is the foundation of all good practice.
- The task of existential therapy is one of facilitating the client to become freer to choose when to be open and when not to be open.
- Openness to experience means to be able to embrace autonomy and this is as true for the therapist as for the client.

BOUNDARIES AND CONSISTENCY

Research and personal experience tell us conclusively that people thrive when they are treated in a respectful and consistent manner and when the boundaries of the relationship are clear and sensitively adhered to. The therapeutic relationship is no different. It is just a specialized type of personal intimate relationship and in order for existential therapy to work, both client and therapist need to know where they stand and what they can reasonably expect from each other. On the whole, what works best is clarity combined with firm though somewhat flexible boundaries. The client thrives on a feeling that the therapist relates to her with sensitivity, attentiveness, openness and fairness. There is a real art to knowing how to precisely keep the therapeutic space open yet safely delimited.

Clients in existential therapy discover that through consistency, the relationship with the therapist can be experienced as freeing rather than restricting or abandoning. This freedom allows learning not only the rewards of intimacy but also crucially to explore its limits: they learn what they cannot get from others and what they need to get from themselves, and that although interpersonal encounter may temper existential isolation, it can never eliminate it. A flexible and responsive boundary does not move unpredictably and is always open for discussion.

'Care' is a common word in therapy and everyday life. It has implications of concern or liking, and in an explicit helping setting it has implications of 'taking care of' as in protection. The existential therapist understands the word 'care' in a particular sense. What is taken care of is the client's autonomy, and this is done by respecting and believing in the client's ability to make their own decisions about their life. This can sometimes be interpreted as harsh or uncaring, but it is actually based in reality and truth. One way in which existential therapists express their care is by being resilient, consistent and firm with boundaries. This is done by acknowledging problems, conflicts, issues and dilemmas, rather than denying or ignoring them. We need to demonstrate that we can live with them and are ready to be responsive and steady in the face of difficulties.

The principle of respect and consistency also applies to the management of the session. It means that therapists need to be reliable. We live busy lives and it is an

element of everyday Western practice that most of our available working time is spoken for and timetabled. If we say we will meet a client at 2 pm for 50 minutes, this means just that: that we will do everything we can to be there at 2 pm and end the session at 2.50 pm. We give no more and no less than we have contracted and are present for our client during this time, whether or not the client is on time. We do not hold grudges for lateness or cancelled sessions, since the client will pay for their time and can dispose of it as they wish. We also have a responsibility to help them become more aware of what choices lead them to be late or cancel.

ILLUSTRATION

HOLDING AND MAINTAINING BOUNDARIES

Danny first got in touch with his therapist by email in which he asked how the therapist worked and what her main theoretical influences were. The therapist focused on the compatibility of their diaries instead. From experience she had found that the first thing to establish was whether her availability coincided with her client. It did, but Danny returned to his original questions. The therapist replied that the conversation should be continued in person in the first session. Danny agreed. He arrived a little late and talked immediately about his issue, which was not being able to trust his partner. Towards the end of the session and after they had finished the contractual details which resulted in her agreeing to a slightly lower fee than usual, he said he had come out without any money. The therapist said that she would accept the money next week, same day, same time. Two days later she got an email from him with some more questions. She replied very briefly saying that she wished to keep the work within the appointment times and would talk with him at the next session. The work continued on in this vein with Danny pushing at the time, content and payment boundaries and the therapist having to stand firm, once saying that unless he paid, she would consider the sessions suspended. Gradually he acknowledged that although initially frustrating, he always knew where he was with the therapist and learnt to use the therapeutic space.

Commentary

The therapist knew that although superficially appealing, little would be achieved by answering Danny's questions. There would always be another question and the net effect would be to prevent Danny looking at his issue. It would be an evasion. At the same time she knew that ignoring it completely would not do. Not trusting his partner was also reflected in not trusting her. She knew she had to address it and risk Danny's disapproval for the sake of the therapy. Indeed, Danny's disapproval and distrust became an issue, which he fruitfully examined for the first time in therapy and he was able to appreciate the reliability of the space and his responsibility for it. This was only possible to happen after the therapist proved herself to be consistent and reliable.

Some existential therapists will begin a session by welcoming the client into the room, others by a handshake, others will do so with a summary hello. What is important is that every session will begin in a similar way, introducing an element of consistency. This will allow a clear and clean framework, within which variations will become obvious and meaningful, and therefore any disagreements or conflicts arising can be addressed and be understood. As said above, a flexible and responsive boundary does not move unpredictably but it is always up for discussion.

Although no particular techniques or interventions are prescribed, any intervention must be consistent with the principles of phenomenology in that they acknowledge the client's fundamental autonomy. The specific context of each therapeutic relationship combined with the appropriate professional and ethical demands will define the principles and boundaries to which the existential therapist will be consistent.

Everything we do has a reference to and a resonance with one or other of the givens of existence. In the case of boundaries, the physical boundaries of our lives are birth and death. They define our lives and the tensions they create can be creative, not destructive. In a similar way, we should be aware of the boundaries of care. It is sometimes easy to take responsibility for the client in such a way that the client's autonomy does not flourish. Many of the breaches of ethics acted on by professional organizations are about occasions when the client's autonomy is undermined.

KEY POINTS

- When we 'care about' someone, what we 'care for' is their autonomy.
- Consistent and clear boundaries lead to trust.
- Living a meaningful life means to acknowledge and live within the boundaries of existence.

MUTUALITY AND DIALOGUE

One of the great puzzles of human existence is to work out what other people are there for and how to get on with them. Each of us enters existence alone and must depart from it alone. And yet we are always surrounded by others, one way or another. What this means existentially is that no matter how close each of us becomes to another, there remains a final unbridgeable gap. There is always a tension between the awareness of our autonomy and our belonging with others.

The human being's universal conflict is therefore that while we strive to be individuals who set ourselves apart from others, we feel compelled to overcome this separation through relationships with others. This can sometimes lead to merging, which in turn becomes threatening. There is no enduring solution to isolation. We have no alternative but to find a way to take it into ourselves and come to terms with it.

That mutuality is difficult is shown by the frequency with which people enter therapy because of relationship difficulties. People fear abandonment and harassment in equal measure. They try to solve the paradox either by fusion (i.e. merging with another) or by fission (i.e. separation from another). Neither of these is ultimately viable.

If people can be helped to tolerate the inherent paradox in relationship they soon discover the freedom that intimacy can offer. This both-and solution can be summarized as: 'I have the responsibility to do what I want in a world of others, but so does everybody else and it works best if we take each other into account.'

In existential therapy we aim for dialogue and the nature and quality of this dialogue defines the effectiveness of the therapy and we need to be sure of the qualities of dialogue and to distinguish it from monologue and duologue:

- *Monologue*: A monologue takes place when one person is talking and another is listening and the talker's main concern is to talk and has little concern about how she or he is received. The listener's experience is often one of being talked at rather than being talked to or with. They do not feel included in the conversation.

- *Duologue*: A duologue is when two people are talking to each other and only superficially listening to each other. They may well take it in turns to talk and to listen and even to respond to what each other says, but they are not really hearing the other. They are more likely to be listening to what they want the other to say and can then respond to. Another way to think of this is as two simultaneous monologues.

- *Dialogue*: A dialogue is when the two people genuinely attend and listen to each other, not for what they want to hear the other say but for what is actually being said, and often also to what is being only hinted at. It involves a dual openness to the other and also to oneself. A true dialogue will always be characterized by a certain amount of anxiety which may be felt as excitement, but it is anxiety in the sense that one never knows what will happen. Anxiety is a quality of a live, dynamic, present relationship. In the therapeutic relationship both the therapist and the client should be feeling apprehensive about what will happen. If one or the other is not, then a dialogue will not be possible and there will be a duologue pretending to be a dialogue. The participants will be finding out things they already know. You can only discover something new if you are open and ready for the possibility of finding a new outlook on the world.

  Although dialogue is usually thought of in terms of talking, it is primarily about listening and searching for meaning. The development of dialogue is down to the therapist evaluating how to provide and maintain an optimum amount of challenge and support. Most often this means the therapist is silent, at least at the start of therapy, but it is not always so. If the client needs the therapist just to listen, it is a mistake to talk, and if the client needs the therapist to talk, it is a mistake to be silent. The route from monologue or duologue to dialogue will be different for each therapeutic relationship, but ultimately successful therapies end with dialogue.

ILLUSTRATION

THE EVOLUTION OF MONOLOGUE TO DIALOGUE

Peter began therapy with a great deal to talk about: his upbringing, his relationship with his brother and his parents, his recent relationship break-up, his unsatisfactory career choice and his unstable housing situation. He prepared what to say in each session and he had no shortage of things to say, and his therapist found that not only did she not need to say anything, since he never asked her any questions, but also that anything she did say was usually interrupted after a few words as he would carry on as if she had not spoken. She felt battered and did not look forward to their sessions. She bracketed her own irritation and realized after a short while that there was a meaning in the process of this monologue, since he simply needed to be listened to. This she did. After a while through a combination of patience and attunement to his need for being attended to, she was able to point the dynamic out, simply as something that she understood about him and not as a criticism. This enabled him to listen to her, to someone else, and eventually to be comfortable enough in her company to be silent and open to whatever came up. He slowly began to feel able not to prepare each session and came to understand that he had used such preparation and holding his ground as a way to both keep people with him in a relationship but also at a distance. He realized he had felt the need to be in control in this way, out of fear of others.

Commentary

Peter's therapist understood after a short time that all he needed to do was to talk and that he needed her to listen and to attend. Her attunement to his narrative, to his being, led her to know when to reflect on the conjunction of both what he was talking about (the content) and how he was talking about it (the process). She understood that his desire to keep her involved but at a distance was a necessary but temporary protection, and that the only way to meet this and to understand the intensity of its current counter-productiveness was by being sensitive but direct. This led in its own time to a more dynamic and vibrant, less controlled and less rehearsed relationship.

KEY POINTS

- Dialogue involves openness to alternatives, which have not yet been considered while keeping the wider picture in mind.
- Dialogue explores the polarities and paradoxes that underpin human living.

- Dialogue consists of careful description of experience and exploration of its implications, as well as verification of any interpretations put forward.
- Dialogue is about mutuality and collaborative exploration. It is dynamic.
- Clients may not be immediately ready to enter into dialogue, they may initially need silence and find monologue or duologue easier to deal with.

SELF-DISCLOSURE

At the risk of stating the obvious, we are all people; we share the same sorts of hopes and fears, desires and insecurities. This is what the therapist and the client have in common. However, in addition to this basic similarity, by virtue of being in the roles of therapist and client, we are different. Therapist and client are in a formal arrangement whereby one of them, the client, has come to the other, the therapist, to find out something about themselves and their own existence that they did not already know. This creates a tension in therapy that often comes out in the question of self-disclosure.

Existentially, just by being in relationship we disclose ourselves. The location and style of our consulting room, the clothes we wear and the objects we surround ourselves with (or not) all disclose our tastes and lifestyle. As therapists we put ourselves at our clients' disposal and in this process disclose ourselves in everything we do and say or avoid doing and saying. Most often we do all this in ways we are only dimly aware of. Every therapeutic relationship has qualities informed by and derived from the two particular people involved with it and the ways they have found to get on. As therapists we have nothing more to draw on but our life experience and what we have made of life so far. Our clients pick up the messages we send out with much greater acuity than we often give them credit for. Of course, we try not to give advice, but clients rarely are in any doubt about what such advice would consist of, if we were to give it.

It is naïve to believe that it is possible to withhold our personality and our world-view and be a neutral presence for the client. It is only natural that in a relationship the two people will be curious about each other. And the client is particularly curious about the therapist, as the latter does not disclose much. Clients will often look up their therapist on the Internet and draw their own conclusions. Nevertheless what we disclose about ourselves often gets read in ways we did not expect, and such misreadings may be representative of the ways the client misreads other people or events around them. We need to be aware of this and work with it.

But requests for disclosures, judgements or opinions from the therapist must be taken carefully with the principle that what is important is what difference it makes for the client to know or not to know about the issue in question. Nevertheless, there may be occasions when not answering a simple question like 'Did you go away in the summer?' may skew the session more than the simple answer 'Yes I did, thank you'. While remembering that it is the client who is there to talk about what they think, feel and believe, it is often more productive to respond politely to simple questions

before asking what made it important for the client to ask the question and how it is different now that they know the answer.

Excessive curiosity about the therapist's actions, thoughts, feelings and beliefs can often be a way of distracting the therapist by overvaluing the therapist's opinion and undervaluing their own and consequently evading their own responsibility as a client. It should be considered and reflected on.

At the other end of the scale are clients who dare not be curious about the therapist. Some clients may find it hard to believe that we are more than just technicians or that we care about them as people. Answering further questions about our integrity or significant life events will not give them the answers they need, but further meditation on their experience of their relationship with us will.

Many of the cases of unethical behaviour heard by professional bodies are of inappropriate disclosure of personal material to the client. Significantly, in most cases the therapist thought they were meeting the needs of the client and were modelling equality. They were not. They were meeting their own needs at the expense of their clients and forgetting what they were there to do: helping the client understand their own lives.

ILLUSTRATION

SELF DISCLOSURE: WHEN IT DID WORK

Sam was a client who had seen his female therapist for nearly six years and who had never really looked at her carefully. He had worked hard in establishing a new sense of selfhood after a total breakdown, which had ended his career as well as landing him in a psychiatric clinic for a while. He had initially been very sceptical of therapy and had been quite reserved, but had gradually unfrozen and taken to the therapeutic process. He had dealt with many complex relationship issues, including his relationship to his mother, his sister, his father and his ex-wife. One day he suddenly, uncharacteristically, looked up at his therapist and said, 'I have just realized you are a woman. This may sound weird, but it has only just occurred to me that you are an actual person. How old are you?' He then blushed and apologized. His therapist responded calmly by telling him her age and remarking that his question, though evidently embarrassing to him, marked an important moment, since he had begun to see her as another person, a real individual, rather than a simple recipient of his concerns. Sam realized not only how this was indeed significant and new, but also how by his therapist's acknowledgement of his need to start relating in a different way he had taken a first step in a new direction. It was then that he became aware that other people had never truly seemed real to him, as he had only experienced them as either the source of judgements or of care.

Commentary

In this particular situation, the prompt disclosure worked because Sam needed to have a direct response and experience a new way of being with another. The

therapist was secure in the knowledge that he was in no way asking this question in order to avoid more important issues, nor that he was playing a social game. He was indeed checking whether his perception about the therapist as a real person was correct. In finding this to be the case he could move forward into a new direction in his other relationships as well. Additionally, he discovered that he had avoided such ways of relating out of fear and out of shame. Both these realizations turned out to be very productive for further work.

ILLUSTRATION

SELF DISCLOSURE: WHEN IT DIDN'T WORK

Beth was seeing a male therapist, who she felt very secure with and who helped her to understand a great deal about her desire to please other people and flatter them. She had just divorced for the second time and was in her early thirties and childless. After about six months of therapy she asked her therapist whether he had children and was married. Her therapist declined to answer, telling Beth that she was testing the boundaries and that she needed to take responsibility for her desire to get closer to him. This angered Beth and she told him that she had simply asked him a question about his marital status and not whether he wanted to go to bed with her. The therapist now got defensive and made the interpretation that she was being seductive by introducing the topic of having sex with him. Beth felt that this was not only a rejection of her as a woman, but also an accusation of her. She felt her therapist saw her as someone who was loose and provocative and she was greatly upset. At the next session she came back to the issue and her therapist now blankly said, 'Why did you want to know, Beth?' She felt as if whatever she would say next her therapist might construe it as evidence of her suspicious behaviour. She felt trapped and condemned. She broke off the therapy and was angry when her therapist wrote to her to tell her that her breaking off the therapy was evidence of her not accepting that her attempt at seduction had not succeeded.

Commentary

Beth's therapist felt out of his depth when his attractive young client asked him a personal question. He had learnt in his (analytical) training not to answer client questions, but to field them until you could come up with an interpretation instead. This is what he tried to do. When asked why he was so worried about letting his client know that he was also divorced and had two children, who lived with his ex-wife, he realized this was mostly because he feared personalizing the therapy. This was because he felt attracted to the client and had had fantasies of having a relationship with her. His lack of security in the knowledge that

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he was purely there to help his client understand her world made him over-react to this demand for disclosure. It did not really matter much whether he would or would not tell her what his marital status was. What mattered was whether he could do so without feeling attacked, manipulated or in danger and without for his part wanting to take advantage of the question for personal gain. It is the client's well-being that is the focus of all interaction. And exploration of the answer given or withheld and of the significance of their asking is always better than a defensive or formulaic reply or refusal.

KEY POINTS

- We disclose ourselves by what we say and what we do, by our attitude to others.
- Requests by clients for us to self-disclose can be a way of undermining the therapy work or a genuine request for information.
- Refusals or agreements to disclose can misfire if they are based on insecurity.
- We need to keep our mind on the client's well-being at all times.

DIRECTIVENESS, DIRECTNESS AND DIRECTION

All this raises the question of whether we are to be directive or non-directive with our clients. There is much confusion about the meaning of these words in psychotherapy. The existential approach is quite clear how it understands them.

When we say that the existential therapist needs to be direct, we mean they need to be purposeful, rather than tactless, straightforward and not obscure, long-winded, or ambiguous. This means, for instance, that they will probably answer a question directly but without saying more than is strictly necessary and that they will not make more than one point in each intervention, that they will not be over-tentative or use theoretical jargon.

The existential therapist does not think in terms of either being directive or non-directive, she aims instead to help the client to find her or his own direction by adhering to the existential principle of respect for the client's autonomy. We do not direct clients, rather we follow their train of thoughts and emotions and show them how to find their own way by self-revelation, self-reflection, and increasing self-knowledge, allowing them to find their own direction in life. As opposed to giving advice, we believe that people learn most from their own experiences by reflecting upon them. At the same time it is important to remember that complete non-directive counselling does not exist because the particular qualities of our attention, as well as our interventions, always provides a new direction for them. When we choose one theme to pick

out of the client's story rather than another, we suggest direction. And each time we do not engage with certain ideas hinted at, we block certain paths. We are always directional, but the art is to enable our clients to find personal direction again, when they had become directionless or rudderless. Our work is a way to enable people to find their own purpose.

Heidegger describes the two basic attitudes a therapist can have towards a client. These are known by the somewhat awkward English translations as 'leaping-in' and 'leaping-ahead'. We have already referred to these in Chapter 2 as 'jumping-in' and 'jumping ahead'. When we jump in, we take over and treat the person as an object. When jumping in, we do not acknowledge the client's autonomy to work out their own direction in life.

When we jump ahead, we are respectful of and care for the client's autonomy. We reveal for them a future they may not have been able to conceive of but which is nevertheless implied by their circumstances. We help them to wake up to their own dynamic self-defining potentiality. On many occasions this is unusual for clients and can evoke anxiety. People aren't used to thinking and choosing for themselves, they are used to reacting to others. A client in this position will be likely to ask for advice or suggestions or for the therapist's opinion. There are many ways this can be translated into the beginning of direction finding, and this can easily be turned into an exercise of exploring options or a playful dreaming about possibilities in an ideal world, followed by reality testing. It is the client's unfolding story that provides the direction, not the therapist's favoured theory, prejudices or their unexamined assumptions about life.

If the principles of freedom and non-intervention are taken too literally, it is easy to stray into non-directiveness and lose our sense of direction as therapists. By doing so we undermine our own autonomy.

Such a laissez-faire approach can do as much harm as an autocratic or prescriptive approach. The existential therapist tries to find the balance between directiveness and non-directiveness in order to enable clients to find their own direction in a manner that is surefooted enough to be safe, and challenging enough to provide the excitement of adventure.

On some occasions, however, a client's autonomy may be better acknowledged by being silent and apparently non-interventionist, and on other occasions by the therapist being active and apparently quite directive.

Why does a client come back? A client will only come back if they feel that as a result of the experience they have had with the therapist, they are a little closer to understanding themselves. This happens in the first instance by feeling that the therapist has understood them and that the two of them are working in tandem. But this is not enough; they have to feel that the therapist is able to help them grasp something new about life and to help them become good at doing so for themselves. This process of learning to clarify and communicate needs to be started and demonstrated by the therapist. This can be done most effectively by being direct and realistic about what can be offered and by respecting the client's ability to take on this responsibility sooner rather than later. On all occasions, therefore, the therapist will be direct and purposeful and all actions and interventions will be consistent with the principles of phenomenology.

This means that it is systematic but not rigid, responsive but not loose or wild, and clear without being prescriptive. It is about being fully available and aware and putting one's capacities for understanding at our clients' service, so as to help them become more able to understand for themselves.

KEY POINTS

- The existential therapist is direct, purposeful and directional, rather than directive.
- Non-directiveness denies autonomy and can easily lead to stagnation.
- A productive therapeutic relationship will be challenging to both people.
- Clients will value a therapist who is willing to stand with them, but who can also teach them something new about life.

ONLINE CONTENT

◆ Video of Emmy van Deurzen interviewing existential therapy student Andrew Biss, demonstrating working with directness and the search for purpose and direction.

5

FROM THEORY INTO PRACTICE

'Love hinders death. Love is life. All, everything that I understand, I understand only because I love.'

Leo Tolstoy

EXPRESSION AND SELF-EXPRESSION: THE PARADOX OF THE SELF

We have already said that the existential approach provides an alternative to the idea of a fixed self. What we know as the 'self' is the product of the choices and connections we have made and will make. The sense of self that we have at any one time derives from the way we reflect on our world connections. Just as we cannot put a bucket into a fast-flowing river and expect the water to have the same quality of movement as it had in the river, the self is inseparable from its life. It is constantly in flux. What we know as the 'self' is the product of the choices and connections we have made so far.

As with the earlier example of the 'mind', it would be more correct to make a verb out of the noun 'self' and to use the verb 'to selve' or the participle 'selving'.

Existentially, the sense of self is the dynamic centre of gravity of a person's network of physical, social, personal and spiritual world relations, and these networks are continuously being reordered and rebalanced. In this process we are either active or passive. Passivity is an important way of being in terms of resting and replenishing ourselves. But activity is also essential to our survival; as we act on the world, we expand and increase our engagement with the world. The active and passive modes usually balance each other out.

Living passively or reactively comes easily to us, but if it isn't complemented by a more active or even pro-active mode of living which understands, reorganizes, reconsiders and readjusts life, passivity inevitably leads to impasse, and reactivity leads to chaos and confusion.

Living deliberately takes energy, determination and considerable self-scrutiny and consequently we feel less lived by circumstances, less acted on by others, and more alive.

In other words we gain a sense of authority, of being the author of our own lives. A sense of self with consistency through time and space is built up by reflecting on our actions and making decisions about the sort of person we want to sculpt ourselves into.

Physiologically all the cells in our body are being continuously renewed. A blood cell lasts about three months and every one to five years our bones are replaced. This is the way healing occurs, by replacement. The same is true for our sense of self: it shifts and changes a little bit each day and adjusts to new situations. Physiologically we have little difficulty having a feeling of continuity through space and time, but psychologically it seems to be more problematic. And we falsely believe that change is not possible although we often desire it. It may be our default setting motivated by anxiety that stops us being aware of the changes that take place all the time. Existential therapy is a method for enabling people to learn to live deliberately rather than by default. We can learn to be more flexible and freer to let ourselves be transformed by time and circumstances.

The paradox is that we gain a resilient and coherent sense of self because of and not in spite of our ability to be different in different circumstances.

Questions that may emerge at this point are:

- Am I being and doing what I want?
- What do I want?
- What do I need to do to be differently?

ILLUSTRATION

DISCOVERING THE PARADOX OF SELF

Eva was a modest kind of person. For many years she had looked after her family faithfully and well. Philip, her husband of 20 years, was the first to acknowledge Eva's merit and he counted his blessings each day for having married such a wonderful wife and mother to his children. Both Eva and her husband were astonished when Eva had a breakdown, just as both their children were coming to the end of their secondary education and needed their mother's support. Eva and Philip were referred for couple therapy after Eva had consulted a psychiatrist for clinical depression. Though on anti-depressants, she repeatedly stated that she needed Philip to prop her up and sort things out for her. She seemed quite out of touch with herself and her own abilities. She felt incompetent and despairing. The couple work turned into personal therapy in order to allow Eva to work alone and to learn to ask her own questions about her life and her self. She had no idea who she might be in her own right and what she might be able to contribute to the world beyond her children's education and her husband's need for a 'reliable routine at home'. At first she rejected the very notion that telling her personal story and reflecting on herself might do her any good. Then, gradually, she became aware of the emptiness in her life, as her children now had different priorities than being with the family and her husband had

become increasingly absorbed by his successful career. Eva began to occupy the therapeutic space with relish as she learnt to play with ideas and with the freedom of experience that human life affords.

Commentary

Eva's therapy rather than focusing on what was wrong with her focused on her ability to think, feel, play, relate, and in doing so she rapidly discovered that there was a lot more to her than she had ever thought. She became, in her own words, 'a very different person' in a short time. She woke up from the dream of life that had soothed her into the belief that she was just Philip's wife and their children's mother and she came to a new self-awareness, which she found liberating and exhilarating. She returned to higher education and wondered why she had thought she needed anti-depressants when life itself was so exciting and full of promise. It would have been very easy for the therapy to get bogged down in a pathologized and diminished picture of Eva rather than help her to recover her considerable capacity and vitality.

KEY POINTS

- The self is not something we are given, it is the product of our reflection on the choices we make.
- Everything we do, every choice we make, is an act of self-expression and self-definition.
- By not choosing to do something or choosing to not do something we diminish ourselves.
- When we reflect on our lives we have the possibility of gaining a sense of personal responsibility and capacity.
- As human beings we continuously change and this change can be modified in line with our self-reflection.

IDENTIFYING AND WORKING WITH THEMES AND ISSUES

Clients are always talking about what matters to them. They cannot help but show us their concerns and opinions about life because they are alive and their existence matters to them even if they initially do so in a veiled way. It is up to the therapist to learn to listen for the themes of the client's concerns and preoccupations and to translate these into concrete issues that can be worked on.

But what we mean by an existential theme is not simply that which is being talked about. We mean rather the way a person is engaging with the givens of existence.

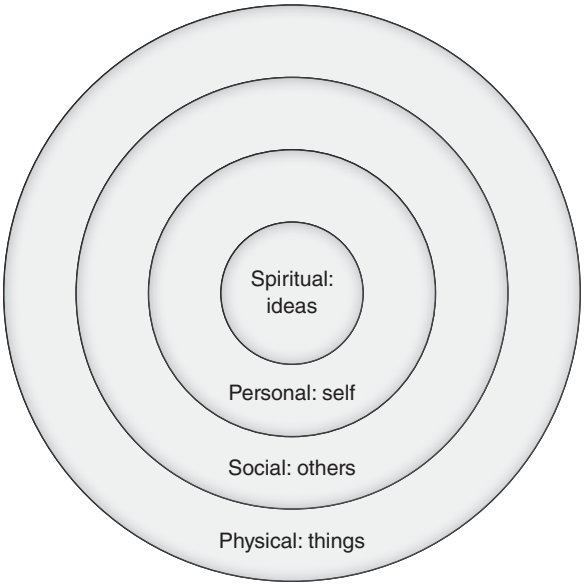

Figure 5.1 Four relational layers

For example, if a client talks about feeling intimidated by her partner, while the subject is 'How I get on with my partner', the existential themes that emerge from this are multiple, and are known as the four relational layers (Figure 5.1):

- In the *physical dimension*, there may be a feeling of having only a limited time left to live to get the relationship right.
- In the *social dimension*, there may be a feeling of not deserving a relationship of mutuality.
- In the *personal dimension*, there may be a feeling of not being able to make an autonomous decision to choose what sort of relationship to be in.
- In the *spiritual dimension*, there may be a nagging doubt about how to decide what is right and wrong, not knowing how to evaluate whether or how this relationship is helpful or harmful.

Existential concerns are frequently signalled by their absence so one of the ways in which a theme can be represented is by not being talked about. Something may impact on people without them realizing it. For instance, a young adult, raised in a family where efficiency and academic performance ruled, may not realize that affection and devotion to another human being make emotional demands that will also add great value. Problems with intimacy with a partner show up this blind spot at the core of existence and a client's perplexity and confusion about their feelings will lead to the need for new discoveries around the existential theme of relationship and intimacy.

Remembering that existence embraces all of these dimensions simultaneously, the therapist can note how much of the dialogue is focused on one or another, or which of them are rarely referred to and wonder:

- How is a theme represented within the present topic?
- How are the givens being evaded or denied?
- How is the client trying to become alive and fulfilled?
- What are the risks and how are they being avoided?
- How resilient are the themes and which situations do they occur in and not occur in?
- What does the theme say about the client's worldview and their experience of life?

The existential therapist will remember to keep all interventions anchored in present experience, and not to intellectualize or abstract too much. They will phenomenologically draw the client's attention to the presence or absence of the theme.

Simply identifying the issues is likely to be of relatively little value on its own, and the client may feel the therapist is just picking elements out of their story and not understand why. It will be of greater value if the therapist can refer to the paradox and dilemma embedded in the way the issue is talked about, as in: 'On the one hand you like being single, but on the other you have rarely been out of a relationship. Can you tell me a bit more about this? It suggests a certain tension or even a contradiction in your life.'

ILLUSTRATION

CLARIFYING AND WORKING WITH THEMES AND ISSUES

Mike was a 42-year-old man with a successful career who loved driving his convertible at speeds well beyond the legal limit. He had numerous male friends and colleagues that he got on with fairly well and considered himself popular, not just for taking people out for a spin or for drinks (and offering to pay). Yet he found it very hard to approach women 'to go out with him'. He was quite talkative and reflective about many events and experiences he had during the day at work, but remained aloof about a fact of his life that only emerged at the third session, which was that he still lived with his parents and had never lived independently. Initially it was taboo to bring this issue up for discussion and he did not want any help in tackling the autonomy issues he was avoiding. It was only when the therapist had the wisdom of pointing out that he was keen to claim his independence of mind and that he was adamant about making his own decisions about which problems to bring or resolve, that Mike suddenly unfroze and began to consider the ways in which his lifestyle hampered this autonomy. It then became clear that he was

(Continued)

(Continued)

deeply ashamed of his dependency and that it was this that prevented him inviting women out as well. He feared having to admit to them that he would not be able to take them 'home to his pad', but would have to introduce them directly to his parents instead. It was the very fact of facing these issues and speaking them out loud for the first time that made a difference to Mike's sense of who he was. He knew immediately that he did not want to carry on sticking his head in the sand or hanging it in shame. He wanted to hold his head high instead and have his own place, in which he could choose to do as he wished, especially with women. It occurred to him that his car was nothing but a toy and that he had never really given himself a chance to grow up, preferring to play with toys instead. He sold his car and used the money as a down payment on his own flat. His life quickly transformed after that initial step towards independence and maturity.

Commentary

The therapist, picking up on Mike's reluctance to invite women out, might have fallen into various interpretive traps, such as suggesting that Mike might prefer male over female company and that he might be struggling with his sexual identity. Or she might have assumed that Mike was afraid of female attention because his mother had been a castrating influence. In reality, Mike was well aware of what he called 'his cowardice in self-indulgently remaining in the family home'. It was embarrassment at this lazy habit that had made him keep women at bay and that undermined his self-esteem.

KEY POINTS

- Existential themes are present in all human issues.
- Awareness of the themes can be used by the therapist to make sense of different aspects of the client's narrative.
- Clients invariably feel a great sense of relief when they begin to tackle existential themes that have hitherto been hidden or out of sight.
- The initiative needs to come from the client rather than from the therapist, but the therapist's search for clarification will often prompt this development and will focus understanding of it.

IDENTIFYING AND WORKING WITH VALUES AND BELIEFS

Values and beliefs refer quite simply to what we give value to and that we believe to be morally right. Everything we do indicates something about our personal value

system and all of our actions are based on our beliefs and values. To put it even more simply, our values are at the root of why we get up in the morning and how well we sleep at night.

We like to think of them as fixed and beyond discussion, and certainly feel more secure if we can do so. But actually they arise out of our understanding of particular personal and social experiences and then evolve into apparently fixed laws.

Values and beliefs are the basis of a personal code of ethics, which is about:

- How I want to live my life.
- How I want to treat others and be treated by others.
- How I evaluate my actions and those of others.
- How I feel about human existence as a result.
- How I evolve a sense of overall purpose and meaning.

They are the connecting threads that give us a feeling of integrity and connectivity and constitute the framework of meaning that make our lives worthwhile. Our task as human beings is to come up with a value system, which is coherent and resilient, yet also flexible enough to live by and to adapt to new circumstances. Many clients talk about lacking this sense of rightness and sureness of direction in life.

One of the values of existential therapy is that people are encouraged to discover and live by their own value system, to understand why it is important and why they have chosen it and how it ties them in with the people around them and connects them deeply to those they love.

Whereas themes and issues will generally be explicit, values and beliefs will often be more implicit because they relate to the spiritual dimension of existence, the *Überwelt*. In therapy, though, the focus is always on the client's specific experience and the way in which their implicit beliefs and values determine the way they live their lives.

Existentially we can only be in a position to choose our own values if we can live with the anxiety of there being no absolute values. Therefore the existential therapist will need to be prepared to question and challenge values, beginning with their own, and it is essential that values ultimately are arrived at as a result of personal choice and reflection rather than by default or by following the crowd.

Working with the client's value system

We all have to live with value systems that we did not choose and on many occasions we adopt one which is familiar to us. No one likes to have their values questioned but occasionally something happens in life that forces us to question the very things that we hold most dear. Clients often come to therapy when their values are in doubt. This evokes great anxiety because they realize perhaps for the first time that it is up to them

to make sense of a world they have grown out of touch with. In the process of re-evaluating a value system it will be necessary to decide how much something is worth – what its value is – in relation to other things. Indeed, value is determined by how much we are willing to sacrifice for it.

We need to consider:

- Which values are useful now?
- Which belong to an earlier time of life?
- What feelings are evoked by the value?
- What contradictions exist between the client's values and the way they act on them?
- Which values have been accepted without reflection and choice and which have not?
- What does it mean to define yourself as someone who believes and values what they do?

Because values are implicit, we are more likely to find out about a client's value system from finding out about their relationships, their actions, their thoughts and their fears than by asking about their values directly. We get strong clues about people's values from the way they talk. People say things like, 'It's just not right when …' or, 'It's not fair that …'. Using the word 'should' usually indicates an implicit value. These can be looked at phenomenologically, noticing the beliefs and assumptions the person holds. We should not be surprised initially to hear responses like, 'Well, it just is, it's obvious isn't it?' It may seem obvious to a person that something is the case when in fact it is not, because they have simply not reflected on it and take it for granted. Existential therapists do not proscribe or prescribe values, they point out to clients where their values become apparent and how such values may lead to contradiction or tensions with other givens of reality or with stated desires and objectives.

EXERCISE

Think of a time when you were forced to re-think your values on an important issue. What did you feel, think, do and learn before, during and after the event?

Many issues clients bring are about conflicts between different values, either their own or those of other people. For example, a person may want to buy something for themselves, but feel that they should be saving the money to spend on their family. There is a conflict of values between spending on oneself and spending on others.

This conflict needs to be examined, and underlying this specific conflict we may find a deeper conflict between, for instance, our desire to be liked by others and our desire for things we like. All the assumptions underlying such conflicts can be examined and if clients do not bring up their unease with their values and beliefs, it may be necessary to bring it to their attention.

Clients who are in a crisis or in the middle of a process of transformation often need time to come to terms with their changing values and allow themselves to think differently about life and replace old values with new ones.

EXERCISE

- What is it like when you meet a client who has the same value system as you?
- What is it like when you meet a client who has a value system you strongly disagree with?
- What makes you think that your value system is best, and how will this enable or interfere with your ability to listen to your client?

Every relationship is an example of what happens when one value system meets another and sometimes a client's struggle with conflicting values is echoed by the therapist's own struggle. Such clashes need to be brought to supervision or personal therapy. Training is about recognizing value-based contradictions and learning to handle them, remembering they can never be eliminated.

Sometimes it is difficult not to react to what a client says with either 'That's right' or 'That's bad' or some such. These are clues to your own values, which need to be acknowledged, owned and bracketed so that they do not contaminate your listening too much. With experience, this becomes easier.

In therapy, the client may disagree with some of your stated values, for instance, with your policy of paying for missed sessions. The issue is not whether they agree or disagree, but the dilemma of managing difference. The alternative is that the disagreements are denied and so become cemented by strong defensive and self-protective feelings on both sides. This will ultimately lead to the breakdown of the therapeutic relationship. Therapy is a place to reflect on the consequent feelings, thoughts and actions. Sometimes therapists find it too threatening to openly discuss their values and set their own views aside in order to accommodate the client. It takes a lot to be at ease with conflict and difference and to be able to meet differences without struggle but with fairness and clarity. This is an essential part of therapy training.

If both therapist and client are open and flexible enough, they will find a new value system to live by. It is not unusual for a therapist to begin questioning their own values while being confronted with a client's life crisis that evokes anxiety in both of them and which requires a review of what is right and wrong, real and imagined.

ILLUSTRATION

BEING CONFRONTED BY VALUES AND BELIEFS

Mark rode his bicycle everywhere and never wore a helmet, giving the reason to his many questioners that it probably would not make any difference and that he did not like the feel of it. He liked the freedom of being on his bike and quite resented people's questions and challenges of his habit. He valued his independence of thought and action. Coming back from work one dark evening only 200 yards from home, he came off his bike and hit his head on the road. The next thing he knew was coming round in his local hospital to the sound of the doctors talking to each other about his injuries. He had been unconscious for about 45 minutes. Considering the circumstances, his injuries were comparatively superficial. When he recovered, he carried on riding his bike but bought a helmet.

Commentary

Reflecting afterwards on this unforeseen brush with death forced him to reassess his value system. He acknowledged that his situation in life was not simply as an individual, but as a member of a family and that his wife and children (among others) would be affected by anything that happened to him and moreover that he was responsible for more than he had previously acknowledged, including his clients. He realized that he was no use to himself or them if he was dead. After the accident his interconnectedness with them was more tangible. The situation he had been in when he had made the original choice to maintain independence of thought and action and which subsequently gave rise to the decision not to wear a helmet was made in childhood under rather different circumstances, but still adhered to and there had never previously been an occasion that called it into question. This original decision was revisited and he realized he could make a new, more context-consistent choice without being compelled to. This new choice involved a sacrifice but this was valued as being worth it. While he was generally aware of the unpredictability of other road users and of pedestrians, he could not take account of contingency. His situation, the givens of existence and his responsibility came into focus in a near-death encounter and the effect was transformative. This encounter enabled him to be more open to clients who were confronted by contingency and chance such that they had to reconsider their value system.

KEY POINTS

- A person's values are about what they consider valuable to them.
- It is always useful and often transformative to reflect on the values we live by.
- Many of a person's values were decided long ago. It is important to consider which are useful now and occasionally re-evaluate.

- People often experience anxiety and confusion when there is a contradiction between their values and the actions they take.
- Any change in values involves a sacrifice.
- Values and beliefs are the basis of our role in the universe and are present in all our statements and actions.

EMOTIONS AS A COMPASS

Emotions have a central position in existential therapy because emotional experience has the most direct connection with our intentional nature. Feelings are neither solely caused by the world nor are they solely independent of the world. Emotions are far more than simply physiological experiences that lead to certain behaviours. They are constant reminders of what matters to us and what it is that we value. They are the evidence of our resonance with the world, with others and with the principles we live by. But this is not to say that emotions are simple or that their meaning is always obvious. Emotions are the ebb and flow of human experience, with currents and undercurrents and cross-currents. They are like the weather, and there is never no weather. We are always in a certain mood. Our emotions tell us how we are currently disposed to the world and how we are moving towards (or away from) it.

A radical difference between the existential and some other traditions is that existentially we consider that there are no intrinsically positive or negative emotions. Whether we label them as positive or negative is simply a measure of how comfortable or unfamiliar they are and whether they lead us in the direction of what we value or what we dread. Emotions locate us within our existence and offer us both possibility and necessity of action, responsibility and choice. They give meaning.

But there is a paradox too, that while they point us towards what matters, they can also blind us to alternatives. For example, if I feel fearful about an aspect of my life, I will tend to see that aspect of the world as frightening and reduce any other way of interpreting the world.

Because emotions are connected to our basic dilemmas, we never have just one feeling about an event. We usually have a mixture of emotions. We might feel hope and fear, are excited and overwhelmed, feel guilt and anger and sadness. This can be very confusing to many people. Some people find this so confusing that they cut themselves off from their feelings completely. Someone who has trust in their emotional life will have a way of guiding themselves through life's unpredictability while savouring the feelings it throws up.

Someone who loses the ability to trust their emotions ends up denying them, and by doing so, denying themselves, their meaning and their existence.

At the other end of the scale are people who are thrown about by too much emotion. Their emotions may become so magnified that they prevent good contact with the world and especially with other people, but also with themselves. They are taken over by waves of emotion.

Therapy is a time when our emotions may become explicitly clarified. As they become more obvious and more articulate, we can learn to make sense of them to find new direction in life.

The aim of existential psychotherapy is to learn how we resonate with the events in our world and to learn the significance of our consequent moods and emotions.

WORKING WITH EMOTIONS

In order to make it easier to work actively with emotions in therapy, we can use what we call the 'emotional compass', shown in Figure 5.2.

This can help us recognize the quality and meaning of an emotion as well as the value each emotion points to, and to find our position and sense of direction in relation to our emotional movements. The north on this compass indicates the direction of our aspiration and goal. When we achieve this, we call this 'happiness'. The South on the compass indicates the bottom line of our experience, when we are as far removed from achieving our objectives as we can imagine. This rock bottom position is often experienced as depression or sadness. The eastern region, when going down from the north to the south, is where we resist change and fight against being deprived of what we value. The epitome of this experience is that of anger. The western region, going up towards that which we aspire to, is the experience of hope, where we feel we may actually ascend to the position of happiness as we are beginning to move in the direction of what we value. The various in-between emotions are described below. Of course there are many complex variations in emotional tonality and the subtleties of our emotions are important to trace and become familiar with. The compass merely gives a sense of direction and increases our understanding of the whereabouts of any specific feeling on the general spectrum of emotions. It helps us to make sense of the continual flow of emotions and to accept that they

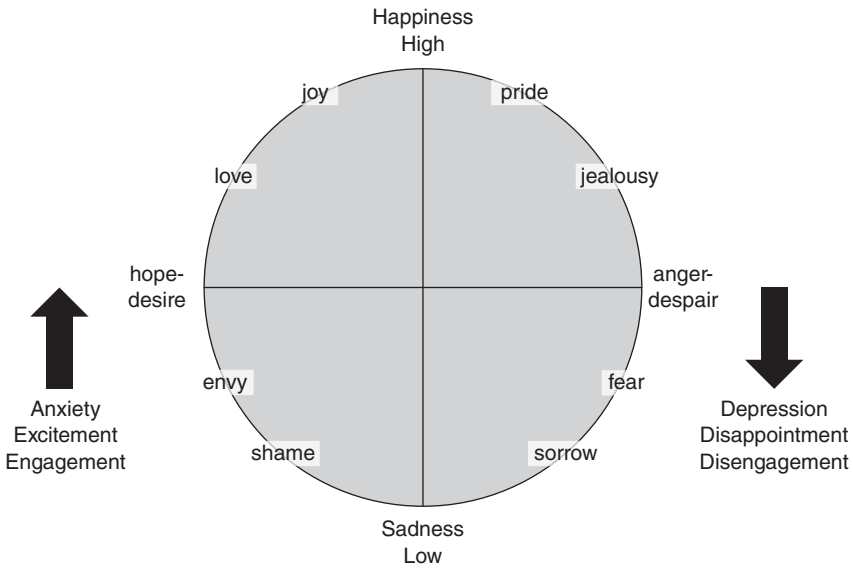

Figure 5.2 The emotional compass

are not random, nonsensical or static. Emotions are not just a nuisance, even though clients are likely to come to therapy because they see their emotions as static, bothersome and obstructive. We need to help them to get moving again and to understand the message their feelings are sending them.

All emotions point towards a value and indicate the nature of our anxiety or despair about it. Starting from the top right we can make sense of each emotion as relating to the value we are trying to achieve and maintain:

- *Pride* shows a certain taking for granted of what we value and enjoy. As the saying goes, it almost certainly comes before a fall. It feels like confidence, but may look to others like arrogance.
- *Jealousy* shows that what we value and enjoy is under threat and we try to guard it desperately, lest we may lose it. It feels like cautiousness but may look like possessiveness.
- *Anger* shows our sense that what we value is dangerously threatened and that we feel entitled to try to retrieve it with a final push of energetic effort. It feels like righteous self-assertion but may look like aggression. It turns to despair when we give up on our sense of entitlement.
- *Fear* indicates that we feel at risk of loss and do not believe we can save that which we value, and that we want to remove ourselves from the threat to our prized value. The experience of loss takes over from that of possession. It may feel like self-preservation, but may look like cowardice.
- *Sorrow* is the expression of loss and shows that we are letting go of the valued possession, letting ourselves become empty of it. This leads us back to the rock bottom position of sadness, where we may well be tempted to wallow for a while, since it affords a paradoxical safety and a state of letting go which may lead to apathy. It feels like pain, but may come across as giving up.
- *Shame* indicates that we still experience the emptiness of loss but that we have begun to swing back upwards. We are comparing ourselves to what might be or should be. We already aspire to regaining what we value or gaining a new value, but we are failing to achieve this for the moment. We feel ashamed at our own lack, though this may jolt us in to action. It feels like inferiority but may look like guilt.
- *Envy* indicates our aspiration to achieve a new value without a definite sense of what that exactly is and whether it will be concretely feasible to achieve it. This is the experience of seeing the value we aspire to in others, without as yet believing that this is a possibility for us. This is the forerunner of our ability to recover our motivation to strive for our own values. It feels like yearning, but may look like rivalry.
- *Desire* is our awareness of what it is we aspire to, and shows the possibility that we may actually be able to attain what we value, while still feeling quite far removed from that objective. We now have a firm purpose as well as the belief that we might achieve this. It feels like courage but may look like wishful thinking. It turns to hope when we resolve to actively engage with it.

- *Love* is the experience of going out of ourselves towards that which is prized with great commitment and care: our intentionality is fixed deliberately and clearly on the object that we value and we are prepared to stay true to it so it can develop and thrive. It feels like passion but may come across as obsession.
- *Joy* is the emotion that accompanies our grateful union with what we value, in a movement of fusion. It feels like pleasure, but may look like giddiness. It leads to happiness, since we have now obtained our value. This happiness may in turn lead to a certain complacency and pride, so that the cycle of emotions can start all over again.

Clients often talk about their feelings in particular ways:

- As constraints on their freedom – 'I want to go see my mother but I feel too angry.'
- As too much – 'I've been feeling very emotional in the last few weeks.'
- As too little – 'I can't get excited about anything.'
- As not rational – 'It doesn't make sense, I don't know why I'm feeling like this.'
- As not mine – 'My partner makes me feel so angry.'
- As needing to be controlled – 'I just need to get a grip on how I feel and get on with it.'
- As having the wrong ones – 'I need to stop feeling so resentful and start feeling happier.'
- As either positive or negative – 'I want to have some better feelings, I shouldn't be feeling like this.'

All these indicate that the significance of these emotions is not fully understood, since each of our emotions is valid and has a story to tell us.

EXERCISE

Thinking about your life, make three lists of feelings you have:

1. Frequently.
2. Occasionally.
3. Rarely.

Then consider:

- What occurs to you about these lists?
- How did you learn the words for your feelings?
- What attitudes do you have towards those feelings you rarely have?
- Were the feelings sensations, emotions, thoughts or intuitions?

Sensations, feelings, thoughts and intuitions

Emotions are the more complex as we may be confused between different sorts of feelings, or indeed between sensations, feelings, thoughts and intuitions:

- *Sensations* are what we pick up at bodily level, derived from the five senses: hearing, sight, smell, touch and taste. These experiences are then translated into feelings, which are labelled as 'pleasant' or 'unpleasant'.
- *Feelings* are often equated with the experience of the expression or suppression of our emotional life. We can learn to recognize how feelings are always indicators of our values.
- *Thoughts* can intervene to describe or make judgements about our sensations and feelings. Although they can help us articulate what we feel, they can also take over, so that we become out of touch with what we really experience.
- *Intuitions* are the way in which we directly apprehend the value of things in an immediate appraisal of the sum total of the input of our five senses, our complex emotional response and of the fleeting thoughts that remain unarticulated.

Sensations and feelings relate respectively to bodily and emotional experience, whereas thoughts are generally attempts to explain something intellectually, and intuitions are moral evaluations of our experience. It is most helpful to learn to tune into all of these different dimensions of being in the world. Sensations relate to the physical dimension of our experience, feelings to the social dimension, thoughts to our personal dimension and intuitions to the spiritual dimension of our experience. As sensations become sharper, feelings become more articulated and in turn this leads to awareness of more deeply held thoughts and values.

It helps for therapists to elicit all of these experiences and it generally works better if they refer to feelings as 'important' or 'significant' rather than as 'interesting'. 'Important' or 'significant' indicates presence of passion, whereas 'interesting' indicates something worthy of note but of no great meaning.

ILLUSTRATION

FEELING AND THINKING

Compare these two responses:

1. Feeling

Therapist: How did you feel when he said that to you?

Client: Upset.

(Continued)

(Continued)

Therapist: How do you mean?

Client: Well, angry really, angry with him and angry with myself.

Therapist: What's that like?

Client: Really frustrating … I want to scream.

Therapist: Can you say a bit more about how that feels?

Client: Strangely powerful, but scary too.

Therapist: Two very important feelings.

Client: Yes, familiar too.

2. Thinking

Therapist: What did you think when he said that to you?

Client: I didn't like it.

Therapist: Do you know why?

Client: Not really, except that I usually feel upset when I'm ignored.

Therapist: Why is that?

Client: It's because I was often ignored in the past.

Therapist: You think that may be the reason?

Client: Yes, maybe that could explain a few things.

Therapist: About how you came to be this way?

Client: Yes, maybe. It's interesting, I suppose.

Commentary

By concentrating on the feeling dimension of experience, within a short space of time the client was able to engage with a deeper level of experience, in contrast with the thinking responses which stay at a theoretical level. Note the use of the words 'important' and 'interesting'.

THE PROBLEM OF LANGUAGE FROM A THERAPEUTIC PERSPECTIVE

We know that different therapeutic perspectives have different ways of expressing things. Language is a double-edged sword, it can help us to think but it can also constrain and skew our thinking. We need to remember this.

Perspectives like psychoanalysis are linked strongly to biology and use words like 'instinct', 'maturing' and 'development'. If we take these too literally the essence of the

human being can become biological. This points people in one particular direction and may stop them thinking about themselves in a broader and more varied way.

Some others describe the process of psychological change with metaphors like 'letting off steam' and 'releasing pent up emotion'. This connects with a nineteenth-century hydraulic model of the person that believes that catharsis alone is the agent of change. Twentieth-century technology has led us to think of the self as something that we can make, construct or build, and there are also computer-derived words that talk of retrieving memories as if the brain was a hard drive. Such ways of talking about a person's experience will lead to people thinking of themselves as needing to be re- or de-programmed. It might take away their sense of personal freedom to create something new in the world.

The twenty-first century version of a language straightjacket is that of neuroscience, which although fascinating, suggests and maintains the fiction of a 'psyche' within the body, which is subject to causation as much as it ever was (Tallis, 2011).

Awareness of your client's emotional vocabulary

We must always remember that a person's emotional vocabulary, the words they use to represent their emotional life, will be constrained by their personal and cultural experience and that their vocabulary is unlikely to represent the full breadth of their experience adequately. There are many dozens of words used to refer to feelings and some will be more easily named and owned than others. Whether the therapist or client speaks in their first language makes a difference to how their feelings are experienced and understood. Speaking in a second language can place a limitation on how strongly feelings can be expressed or even experienced. Different cultures favour different emotional registers. Often feelings that cannot be experienced will be acted on instead. A client who is angry with their therapist may find it easier to miss the next session. We need to be aware of this and be prepared to raise it.

ILLUSTRATION

SPEAKING IN A SECOND LANGUAGE

Client: … and that's why I came to this country, I needed to get away.

Therapist: How do you mean?

Client: Because I hate everything Italian, I've always loved the English and speaking English.

Therapist: What is it about speaking English?

(Continued)

(Continued)

Client:	I can forget things.
Therapist:	Like what?
Client:	How I felt growing up, feeling confused, lost … you know, I've just realized that I've never said '*Ti amo*', I still can't, I used to hate it when my parents said it, but I can say 'I love you' easily. Why is that?
Therapist:	I don't know, what occurs to you?
Client:	It helps me to distance myself from the feelings?
Therapist:	Could be, how does it feel saying it?
Client:	Yes, it feels much more difficult saying it, and hearing it too, much more vulnerable.

Therapists need to ask themselves:

- To what extent do my clients or I have access to the full range of emotions?
- Which do I feel most comfortable or uncomfortable with?
- How broad is the client's emotional vocabulary?
- What words do they use a lot?
- What words do they hardly use at all?

Tracing emotions back to dilemmas

All interventions should promote a stronger engagement with the complexity of emotional experience. Invariably the therapist will ask questions in the present tense, as in 'What is that like?' rather than the past tense 'What was it like?'.

This will help the person focus in on the essential aspects of the dilemma, and this can be followed up with interventions like, 'What about that is important?' or, 'How is that relevant to you at this moment?' or, 'What does that mean to you?' This tracing back is adventurous and challenging for both the therapist and client and will usually reveal a dilemma which can be expressed as: 'On the one hand you feel [angry] and on the other hand you feel [scared]. What is that like for you?'

These double-sided values need to be faced so that the tension that is generated can be used more productively.

The purpose of tracing back through the emotions is to ensure that the consequent choice is made in circumstances of greater freedom and knowledge than previously.

By tracing back to the original intention we will be able to consider:

- What led me to do that?
- What I am doing this for and how do I want to approach this new situation in my life so that it becomes a building block of the future I want for myself?

- What will be the consequence of me acting this way or that in relation to this emotion and the value it points towards?

Although this will often lead to catharsis, to an expression of emotions, it will only lead to insight if the feelings are worked with so that they become familiar and are accepted, welcomed and understood. As always, the feelings will lead to a more profound recognition of current values and beliefs. It is important for people to start befriending their feelings.

ILLUSTRATION

THE EFFECT OF WORKING WITH EMOTIONS

Kate came to therapy on the suggestion of a friend. She had been having 'panic attacks' and the friend suggested she learn some techniques for managing them. She was told it would only take a few sessions to learn them. The therapist began by asking her to recount the situations in which she had the panic attacks and she described them in a very matter-of-fact way: 'I was walking along on the way to work and suddenly I couldn't breathe and thought I was going to faint.' She did not know what was happening and her friend told her it was a panic attack. In answer to an enquiry about how it felt, she said, 'I don't know … what do you mean? … I just felt I couldn't breathe.' Subsequent sessions focused on her emotional vocabulary, which was very small. She described other situations past and present where she had somehow skipped over awareness of how she felt in favour of noticing what she thought or what she believed she should think. At the beginning of the work she would come in and read her diary of the week's events, which was extensive, but which left little room for dialogue. She gradually did this less and less and came in one session saying that she had had a revelation. She said, 'You know, I've just realized something, and I don't know why I never knew this, but my feelings are not things I have, they are what I am, and that makes them OK, doesn't it.' She said this as a statement, not a question.

Commentary

Family life in Kate's early years had involved much expression of feelings but little reflection on them. She had consequently not developed an awareness of her emotional life or an emotional vocabulary. She had, however, developed ways of managing or suppressing them, which had been largely successful until the 'panic attacks', when they spilled over. Therefore she wanted other ways of managing them. She was fortunately sufficiently curious about her psychological life to follow her therapist's request to openly explore the meaning of her feelings and their relative absence. Although it took some months, she was able to arrive at a point where she could understand the message of her emotions specifically and also generally in such a way that she was able to own them in their dynamic complexity.

KEY POINTS

- Our emotions are like a compass and are what connects us and locates us within our existence. They point us towards what matters to us and what we value.
- Emotions are not things we have, they are aspects of how we are in the world.
- Emotions are more complex than our vocabulary leads us to believe.
- Focusing on feelings can help us pinpoint what it is that matters and makes life meaningful.
- When understood our feelings help us to decide on our actions.

MINDFULNESS AND FOCUSING

In recent years mindfulness meditation has been integrated into therapeutic practices, particularly, but not only, in cognitive behavioural therapy (CBT). Space does not permit a full description of the variants of mindfulness and their connections with meditation but it is worth clarifying the similarities and differences between mindfulness, focusing and existential practice.

Mindfulness has its roots in Buddhist Vipassana meditation, which aspires to see things as they truly are, and its central principles are equanimity and impermanence. 'Equanimity' means that by non-judgmentally attending to present experience we can learn to see our anxieties in a more detached way, giving us a greater sense of detachment and self-control. This leads to an understanding of impermanence, of transience; of the self, of one's emotional state and ultimately to an appreciation of the permanence of change (Nanda, 2009).

The origin of focusing is in the Western research tradition and came out of the work of philosopher and psychologist Eugene Gendlin, who was inspired by Heidegger, but also by the question of what made psychotherapy effective. He found (1996) that success came about when the client gained an intuitive awareness of a subtle quality of their bodily awareness that he called the 'felt sense'. He regarded this somatic, non-cognitive awareness as primary and essentially non- or pre-verbal. He thus focused the work on something closer to what Heidegger called our 'mood'.

What mindfulness and focusing share therefore is the phenomenological principle of suspending or bracketing the natural attitude in order to attend to the depth of our present experience.

There are, however, two main areas of difference. First, while the technique of mindfulness can be taught and integrated into therapeutic work, it is not necessary that the awareness either be gained with or communicated to another person. It can be thought of as a self-help technique and it has certainly been used as such in Improving Access to Psychological Therapies (IAPT) programmes (see Chapter 9). Focusing, on the other hand, centres on the

body's awareness and existentially the body's primary awareness is its connectedness to other bodies. A body is not neutral, inert or enclosed. Imagine a body as a magnetic field, permanently impacting on other magnetic fields. Focusing therefore views human beings intersubjectively as complex dynamic interactions. The value of the listener's attention is ontological and cannot be underestimated. In essence the listener keeps the focuser company while they both try to make sense of and put the 'felt-sense' into words.

The second area of difference is to do with what each approach does with what is bracketed. Mindfulness aspires to identification of, and distance from, problematic emotions so that their hold on everyday life can be loosened. Focusing does not aspire to this kind of distance. It acknowledges that many aspects of the 'felt sense' are so profound, so ineffable, so dynamic, that they probably cannot ever be fixed into words but also that it is these experiences that we have lost touch with that we need to learn to tune into in order to regain balance in our lives. The therapist must therefore take care not to impose an order, but to allow it to emerge. In this sense the aim of focusing is not to be detached from, but to be passionately curious about the problematic aspects of existence.

We could say that both have a phenomenological leaning, but that mindfulness emphasizes the ontic dimension, while focusing has a more existential, ontological dimension.

WORKING WITH CHOICE AND RESPONSIBILITY

The word 'choice' is used a lot in everyday life, but what it means to choose and what it means to select are often muddled. 'Selection' is when we decide between options. These may be partners, holiday destinations or items on a menu. In everyday life, although we may not have a number of options before us, we are constrained by the givens of existence in general and the conditions of our own personal existence in particular. These are the boundaries and limits that guide and restrict our choices. But we still have an existential choice to own or disown our course of action. We also have the option of learning from our experience or resenting it. This is the freedom we have, and it has the potential to release us from determinism and to help us embrace responsibility.

Existentially there is only one question, whether to embrace life and the consequences of our actions, or whether to evade and deny it. As Shakespeare's Hamlet says, 'To be or not to be, that is the question' (Hamlet, 3.1). What this means is that everything we do is in some way chosen. Even passively not choosing has just as strong a consequence as any active choice we may make. There is no way of avoiding this challenge.

The latter will lead to a greater and more passionate engagement with life, and the former will lead to a lesser engagement with life and our responsibility for it. It may also lead to us opting out entirely. We can never blame anyone else for our actions and their consequences. We live on our own account. This also applies to the positives that

occur: if we can own them, we cannot dismiss these as merely fortuitous and we can then take some credit for making them happen.

The philosopher at the end of Woody Allen's film *Crimes and Misdemeanors* says:

> 'We are all faced throughout our lives with agonizing decisions and choices. Some of these are on a grand scale, some are on a lesser scale, but we define ourselves by the choices we make. We are in fact the sum total of these choices.'

An underlying principle of all existential work is to introduce, or re-introduce, the client to the reality that not only did they contribute to the situation in which they find themselves now but that they can also take responsibility for it changing.

ILLUSTRATION

WORKING WITH CHOICE AND COMMITMENT

James referred himself for what he called 'careers counselling'. The issue was, as he put it, whether to stay in his present job or to move to a new one. He couldn't decide and wanted to think through his options. It seemed to him that all he needed was to get a clearer idea of the pros and cons of each job and then the answer would be made for him. At the end of each session, he came to a conclusion, only to reverse it by the next session. He didn't understand what he was doing wrong. He said, apparently flippantly, 'If only the decision could be made for me.' He realized that job choices in the past had always been made for him. It was put to him that perhaps there was something else going on that was not necessarily anything to do with the relative merits of the two jobs and was more to do with the consequences of not choosing. He reluctantly agreed, saying that he did not want to give up either. 'For what do I do if I'm wrong,' he said, 'it'll be my fault then.' 'As it will if you don't decide,' his counsellor said. The turning point, which did not come suddenly, was when he realized that not choosing was just as much of a decision, and also one that he did not feel proud of. 'Whichever choice I take, go, stay or procrastinate, it's me that takes it, and each one involves rejecting another.'

Commentary

James moved from a point where he saw making decisions as being a technical exercise of adding up objective pros and cons which had implications of certainty and predictability, to one where he was going to have to risk the unknown and reap the consequences. The pay-off, whether 'successful' or 'unsuccessful', would be the same, which was that he would gain a greater sense of autonomy and ownership of his life. This would be scary or exciting, depending on how he chose to look at it.

KEY POINTS

- Choice is about owning rather than disowning the consequences of our actions.
- We need to learn what we can realistically take responsibility for and what we cannot.
- When we become aware of the risks involved in living, we may be able to liberate ourselves of our fears and dare to live with anxiety.
- The ability to take responsibility for our actions will lead to the realization that persistence, and not luck, will lead to success.

WORKING WITH ANXIETY: AUTHENTICITY AND INAUTHENTICITY

Although we may not actively think about the givens of existence all the time, there are constant reminders in everyday life. Illness reminds us of frailty and mortality. Loss of relationships remind us of our isolation and our need for others. Events not going the way we planned remind us of freedom and chance. Discovering that our beliefs about existence are not facts reminds us of the relativity of morals and ethics. These dilemmas of life niggle at us at least in part because they are unsolvable and we like to be able to complete tasks. They evoke a sort of background hum that cannot be ignored and that tells us we are continuously responsible for our lives. This is what we mean by 'existential anxiety'.

As practitioners we need to understand the relationship between everyday responses like stress, phobias, depression, sleeplessness or addiction and our fundamental existential anxiety. It can be said that one-third of suffering is ontological and the other two-thirds occur because we cannot accept the one-third. Each everyday anxiety is a pointer to existential anxiety.

Reflecting on existence inevitably brings anxiety, which we can either embrace or evade and deny. Each option has its consequences:

- *The consequence of embracing anxiety* is a feeling of aliveness, excitement, and is the source of all creativity. It is ambition. We get this when we do something we haven't done before and are prepared to take a risk and face the consequences. We are prepared to face our own limits as well as our possibilities. This is 'authenticity', and this meaning of authenticity has nothing to do with what is genuine or closest to the true self. Existentially, since there is no essence for the person to be true to, we cannot talk about a person being authentic. We can only speak about the person taking ownership of their existence. 'Authenticity' is the English translation of a term (*Eigentlichkeit*) used by Heidegger, and its existential meaning is in the first four letters 'auth', as in authorship. It refers to how much a person is able to be open to existence, anticipate its truth, oversee its difficulties and take responsibility for the consequences of their choices. Authenticity cannot be standardized or normalized.

- *The consequence of evasion and denial* is equivalent to evading and denying life. The path of least resistance leads to the place of least existence. This is 'inauthenticity' and is about denial of authorship and personal responsibility. A characteristic of inauthentic living is that one sees oneself as being caused, and that life is a technical problem to be solved.

Both options are hard to sustain for any length of time, and for this reason we prefer to talk about the single idea of authenticity/inauthenticity. There is always some amount of each in our attitude. Sometimes we need to keep our heads down and be inauthentic. Sometimes we are able to truly embrace life and be for real. It is vital we know which is which.

Authenticity can only be an aim of psychotherapy as long as we remember that:

- it is a general statement of intent and direction rather than an expectation of a particular end result;
- it is not a norm;
- we can never rid ourselves of inauthenticity, and any claims to have done so are inauthentic themselves.

The sort of unease that inauthenticity leads to is called 'existential guilt'. This is different from everyday guilt, when we do something we should not have done. It is also different from neurotic guilt, when we imagine we have done something wrong simply because we have learnt to be afraid of our own freedom to act. Existential guilt is when we realize we have failed to achieve our potential and could have done more. Sartre calls it 'bad faith', which is when we deny our freedom and responsibility. It happens when we pretend that something is true when it is not, or deny that something is true when it is. It often means that we do not act when we know we should, or we pretend there is nothing we can do about a situation when there is.

Existential therapists bear these things at the back of their minds.

Figure 5.3 illustrates how people continuously move through a cycle of inauthenticity and authentic awareness.

In therapy, the relative presence or absence of authenticity can be seen in the way the client denies freedom and responsibility for her life, or takes responsibility for someone else's. The existential therapist will be alert to these and when the time is right draw them to the client's attention.

These are some of the signs to look out for:

- *Pronoun switching*: this is when the personal pronoun 'I' is substituted with other pronouns or other people. The intention is to make the issue less personally meaningful by pushing the immediacy of the feeling away. Often the personal 'I' will change to a more impersonal 'you', 'he', 'she', 'they', 'people' when the issue becomes more sensitive.
- *Excessive referring to the past*: as in wanting to tell the therapist what has happened in the past, at the exclusion of what is happening now or what is desirable to achieve in the future. This can include justifying the present in terms of the past as in 'I am like this because of what happened to me'.

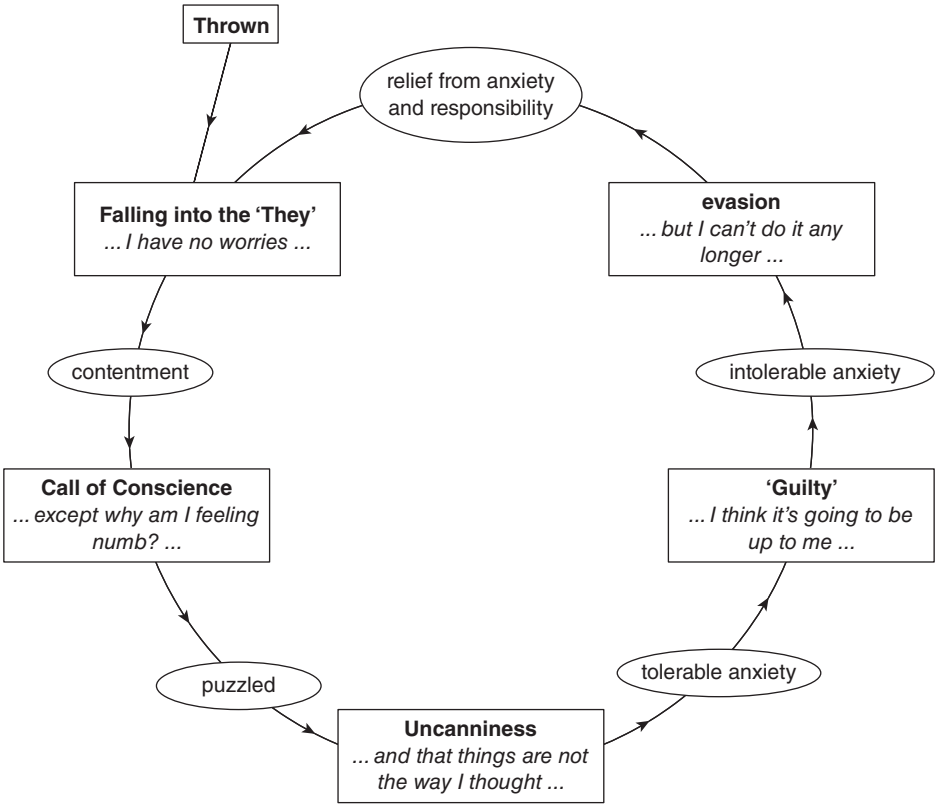

Figure 5.3 The existential cycle of authenticity

- *Excessive referring to the future*: in an unrealistic manner. The person concentrates on what might happen, usually at a time not in the immediate future. It can also include making new plans, which rarely get put into action or evaluated. This is a form of wishful thinking.
- *Being reactive rather than active*: as in seeing themselves as determined by others and waiting to see what someone else in their life will do before making a decision about what they want.
- *Seeing the therapist as the authority*: this has two dimensions, first, as an authority to rely on. This can come out by the client asking for advice about what to do, or trying to tap the therapist's theoretical knowledge, or by agreeing with everything the therapist says. These can all be hard to resist, especially the last, because we all like to think that our interventions are accurate. The second dimension is when the client is intimidated by the therapist's authority and is excessively wary of revealing anything for fear of judgment. This can show as disputing everything the therapist says. We must remember that we are not right, or wrong, all the time and what we aim for is a discussion of the issues, enabling the client to find their own authority.

Of course all of the above also apply to the therapist's contribution. The therapist has to live with authenticity/inauthenticity but also be aware of it. Pronoun switching, referring

to the past or the future inappropriately, and feeling reactive are all ways the therapist can reduce her effectiveness. In addition, there is a danger of the therapist using his/her authority to impose his/her knowledge and power. Similarly, denying the authority of his/her knowledge and experience will lead to a less effective therapeutic relationship. As therapists get better at self-monitoring their own tendency to fall into these traps, they will also become better at helping their clients understand their struggles with these things.

ILLUSTRATION

PRONOUN SWITCHING

Client: … and then she shouted at me.

Therapist: Mmm?

Client: It's not right, is it?

Therapist: How do you mean 'it'?

Client: People shouldn't talk to people like that, should they?

Therapist: But what about you, you don't like it, do you?

Client: Of course I don't, nobody would, would they?

Therapist: How is it for you, though?

Client: How do you think?

Therapist: I don't know, and I think it's hard to admit to another person, me, that 'I feel hurt'.

Client: Yes, I think so. It is hard for me to be aware of what I feel and to talk about it, but I do feel quite cross about it.

Commentary

The client finds it hard to take ownership for his feelings of hurt and gains validity for his experience by attempting to normalize it. He externalizes the authority of his experience by appealing to a general rule as represented by the therapist rather than relying on his personal experience. The therapist remains focused on that fundamental issue and invites the client to begin to reflect on his own situation and become aware of his own experience in order to validate it, make sense of it and reflect on how it informs his own thinking about general rules.

ILLUSTRATION

WORKING WITH AUTHENTICITY AND INAUTHENTICITY

Zack came to counselling complaining that he could not sleep and had outbursts of anger at work. His line manager had suggested that he come. He said, 'It's just

not like me … I want to get back to how I was, the real me. I was told you could give me some tips as a professional and tell me what the matter is. I've read that this sort of thing only takes a few sessions to sort out.' The counsellor replied, 'I don't think I'll be giving you any tips as such but I'm sure we can work together to find some.' Zack said, 'Oh, okay then, you're the expert.' The counsellor asked Zack to say something about his current life. He thought of himself as someone who helped other people, 'It's good to think of other people, isn't it?', he said. He stated that he had 'a pretty normal life, nothing special. It's just that people at work just keep doing such stupid things, deliberately to annoy me, like ….' He carried on with a story about other people's ways of doing things. Although it was not the sort of thing she usually did, the counsellor interrupted Zack to ask how he felt about a particular event. Zack said: 'Angry, I suppose, but anyone would, wouldn't they?' The counsellor said, 'Perhaps they would, I don't know, but I asked you how you felt, not how other people may have felt.' Zack could not see the difference. He had recently changed jobs, which meant he was now more self-directed. He agreed that it was a challenge but that he wanted to show his managers he could do it. 'They are really good people, they know their stuff.' He was always a bit baffled by counselling and said that the latest problem was that his manager was encouraging him to go to counselling but his colleagues had found out and were critical of him. He said, 'What do you think? Do you think I should come?' His counsellor answered, 'Whether I want you to come or not is much less important than you being able to decide whether you want to come.' This led to an exploration of Zack's difficulty in knowing what he wanted and he finally began to see that he usually deferred to others' authority, giving up on his own.

Commentary

For a long time Zack had developed a number of ways (like pronoun switching and deferring to others) of avoiding having to know what he wanted, felt and needed. He had become an expert at finding out what others wanted and then would do exactly this. With his new job being self-directed this was beginning not to work any more and he was thrown back on his own authority only to find that he had little experience of using it or relying on it. It was crucial for him to have a therapist who could help him understand what had happened and how he might come into his own.

KEY POINTS

- Awareness of the irresolvable dilemmas of existence always evokes anxiety. Since anxiety can never be eliminated, our task is to find ways of living with it and perhaps even thriving on it.

(Continued)

(Continued)

- Authenticity is not just about being yourself or being real, it is about claiming authorship, taking responsibility for our actions and our life. It requires us to know life.
- Inauthenticity or self-deception is as much a part of living as authenticity since it is not possible to be constantly aware of all the factors of existence. Sometimes we just need to get on with things.

WORKING WITH DREAMS AND THE IMAGINATION

Existentially a dream is any product of the imagination. This can include a conventional dream we have when asleep, as well as a daydream, a fantasy, a story we make up, a picture we have painted, a poem we have written or an image we have of what we wish for the future. It can also include a story from a film or book that has significance for us.

Dreams are an integral part of our everyday life – they are the way we think and feel when we are asleep and they are just as important to us in relation to how we think and feel when we are awake. There always is a dreamlike quality to the atmospheres and moods we live in our everyday life. To understand how we are in the world in this dreamlike, spatio-temporal emotional world is very important. Just because these dreamlike stories and structures of our life may not be so immediately understandable does not mean they can be disregarded – far from it.

They are an expression of the way we are embodied in the world and write our personal myth, about who we are, how we came to be and what we want to be. The dream images we use will be chosen for their evocative and emotional power rather than for their literal accuracy. This is the main reason the language is often different from everyday speech.

We will always inadvertently edit the dream in the telling and it is also all too easy to fall into the trap of interpreting and deciding what the dream 'really means' before carefully looking at it. Therapists too must resist this temptation, however obvious a meaning may seem. Like poems, dreams gain their power from having multiple resonances, from being both/and rather than either/or. In this way they are over-determined. This means that there is no one correct – or two or three for that matter – meaning or interpretation of a dream. There are multiple angles to them. But this does not mean that any meaning is as good as any other. The truth of a dream is decided by its resonance to the dreamer, and this will always be decided by the dreamer. Dream interpretation is a hermeneutic task. It is a search for finding those many accurate meanings that the dreamer can detect in their story. It is the dreamer who is the judge of the rightness of the interpretations.

Existential issues are likely to be put more articulately in dreams and stories because they are ways we re-present our existence to ourselves. As such, they will include all the characteristic denials and evasions, paradoxes and dilemmas of our everyday life. They will also contain references to each of the four dimensions: the physical (embodiment),

the social (kinship), the personal (selfhood) and the spiritual (our overall worldview). The significance of the presence or absence of these is there to be understood.

Exploring dreams is done in the same way as exploring anything else the client brings: phenomenologically. The therapist will encourage the dreamer to tell the dream exactly as it was and is experienced, without immediately imposing the logic and reactions of everyday thinking on it in order to reveal its real significance. Because the meanings are often less immediately accessible to the client's understanding, we need to take extra care not to impose any simplistic or obvious meanings, but rather show the client a way for finding their own meaning.

We can systematically explore dreams by following some of these existential dream-work guidelines.

Resist the temptation to jump in for the client. Do not lead by suggesting interpretations, but rather by sticking to the task of grasping the structural reality of the dream and encouraging the client's search for stronger engagement with this. Remember: it is the dreamer's dream, not yours. The dreamer must remain in charge of the process of unravelling.

When the therapist takes over, they take over the client's autonomy. Also be aware that all conclusions are provisional and that the meaning will be discovered by the dreamer and can be changed by the dreamer as the dreamer wishes. It may be that nothing seems to come of exploring a particular dream. It cannot be pushed or forced and perhaps the meaning is not ready to be revealed until another time.

On the first telling of the dream, postpone seeking clarification until the client has finished telling you the whole dream:

Client: I was in a car … going on a long journey … I don't know where … with some other people, I didn't know them and it was getting quite hot in the car and the windows didn't open.

Then, rather than asking what the client thought it meant, ask them what it was like to tell the dream:

Client: I don't know … a bit uneasy … uncomfortable.

Depending on what this reveals, then ask them to tell you the dream again but this time in the present tense. Ask for a complete, careful description with as much detail as possible, including descriptions of the background scene and atmosphere and also of any people or creatures present. It sometimes helps to ask the client to shut their eyes when re-telling:

Client: I'm in a car … I'm in the back seat … I think it's my father's first car … we're going away somewhere, on holiday I think … it's going to take a long time … there are three other people, my father's driving, I don't know the other two, I'm in the middle and they're talking to each other but I can't see them … it's hot … the windows won't open … I can smell the hot leather and petrol … I've got my hand on the door handle, I don't feel very well.

Again ask what it was like re-telling, and elicit what came up for them:

Client: It was always like that when I was young … holidays … going somewhere I didn't know where or who with … I wanted to be home with my friends and my mum … even now, I don't like small spaces but I like staying at home, maybe that's why I never learnt to drive.

An alternative to the present tense can be telling the dream as a sequence of emotions rather than events, but still in the present tense:

Client: I'm anxious, a bit scared but also a bit excited, lonely, missing mum, annoyed with the other people who are enjoying themselves, sulky, isolated, having to pretend, frustrated, despairing, nothing I can do.

When you have done this, explore the dream systematically with the client. Don't interpret, but ask them what things in the dream remind them of and conjure up in terms of the four worlds. This has to be done carefully and the points below are not intended to be used like a questionnaire, merely as pointers to keep in the back of your mind for thoroughness of exploration.

Investigate the physical dimension:

- What is the material world that the dreamer is in: is it the natural, manmade or fantasy world?
- What are the laws observed, the material realities encountered?
- What are the objects, the animals, the creatures?
- What are the sensations experienced?
- Is the dreamer at ease in this physical world? Is it safe?
- Does the dreamer have control over movement and action? Is she active or passive?
- What is the experience of the dreamer's own body?
- Is there interaction with the bodies of others?

Client: Things are familiar but unusual … it took me right back to being 8 years old and holidays with my Dad and his new family. I didn't like them. I was just taken there and back, never really knew where or for how long. Trapped. I was too close to people I didn't know, I could smell them … it makes me want to hide in a corner.

Therapist: The physical environment in the dream is small and cramped and imposed on you. It limits you and it is in movement. You cannot get out. It is hot and you are uncomfortable and unable to open the windows to give yourself more air.

Client: Yes, it felt suffocating. There was no room to breathe. I felt out of control of my environment. It was unfamiliar and unpleasant.

Investigate the social dimension:

- What is the cultural context, the social context, the political context?
- Is the dreamer alone, or connected? Is she or he important or prominent?
- Anonymous or maybe just an observer?
- How many others are there? Are they close, familiar or distant and strange? Are they friendly or threatening, helpful or dangerous?
- Are they male, female, older, younger, similar or different to the dreamer?
- Is there co-operation, appreciation, community, or hostility and threat? Is there love, or aspiration to love?

Therapist: And what about these other people in your dream?

Client: Who are these people? I don't know. Are they anything to do with me? They seem to be but I didn't know them, they are ignoring me, looked through me as if I'm not there. Lots of things I've got to do but I don't know why. Close, oppressive but untouchable and untouching … horrible. I hate it I don't like crowds or parties even.

Therapist: So your experience is that you are taken for a ride by other people and have no authority to oppose or change this. You are squashed by several other people that you are surrounded by, but they are unknown and anonymous. It all makes you feel awful for they do not pay attention to you.

Investigate the personal dimension:

- What is the personal world implied in the dream?
- Is the dreamer strong or weak? Confident or hesitant?
- Does she or he have a sense of identity and of recognition of this identity?
- Do they know what they want?
- What character traits are sketched out through the actions of the dream: courage or cowardice, intelligence or stupidity, self-reliance or need of others?
- What sort of a person is this person in the dream: what are her or his actions and motivations?
- What are her or his intentions and objectives?

Therapist: And what is it you do and want in the dream?

Client: What do I want? Nothing. No, that's not right at all. I'm just there waiting for time to pass before I can get back home to my Mum … you know, I saw a photo of a holiday I had at that time with my Dad and I was smiling, I must have enjoyed myself, I suppose, but it didn't feel like it … I wanted

him to think I was, I really did … but I couldn't show it … he always seemed pleased to see me but … I feel so bad now he's dead and I can't tell him how much I loved him.

Therapist: You tried hard to fit in and secretly you wanted to be back with mum. In the dream you are long suffering and passive, but doing your best to not be trouble. Now you feel you might have done better and be more connected, even show love to your dad. But in the dream you don't feel safe, let alone loved and are unable to show love.

Investigate the spiritual world:

- What is the worldview expressed in this dream?
- What sort of world does the dreamer believe she or he lives in?
- What are the values expressed?
- What kind of morality is displayed?
- What is it that makes the dream meaningful?
- What are the expressed wishes and desires?
- What is it that really matters at the end of the day and what stands in the way of achieving it?

Therapist: So, what does the dream tell you about the purpose you were after and what values do you live by in this story?

Client: That people are OK, I suppose, and that they don't bother me if I don't bother them. I know how I'm supposed to be and act and I behave myself. I can't ask for much, I've got no room to move, I have to put up with things. But I guess I know that they are not going to hurt me, just ignore me, it's fixed, they've decided for me what is right to do. I have no choice.

Therapist: The dream shows that you think it is important to go along with what other people think is right and wrong and that you have to be tolerant of this, accepting that you have no choice in the matter. But it also speaks of your desire for more space and more air and it shows you as wishing that at least you could open a window to make yourself more comfortable and to make some more room for yourself. Is this also an important value for you? To find a way to live more freely, with more respect from others for what is important to you?

Think about the following:

- What is the relationship between the dreamer and the dream?
- Is the dreamer in the dream, or looking at themselves in the dream?

- What is the dreamer's attitude to the dream?
- What is the dreamer's attitude to dreaming?
- In what way may the dream be relevant to the therapist–client relationship?
- Can the dream be thought of as one in a sequence?

When you have carefully explored all these dimensions, ask the dreamer how all this applies to their everyday experience. It is at this point that you can wonder about the elements that have been missed out:

- What has the dreamer learnt about her or his own style, mode of being in the world?
- What has she or he learnt about her own attitude and actions and their possible consequences?
- What lessons are there here for the future?
- What are the paradoxes and dilemmas in the dream?
- What changes might be required in everyday life in order to accommodate the teaching of the dream?
- What is the existential message?

Client: It's like everything in my life, isn't it? I'm a player in somebody else's plan. You asked about the door handle – that I can get out but I don't. I want to go but I want to stay as well, like with Jim, my boyfriend. People are perfectly nice but I want them to make the first move, silly, isn't it? How would it be different if I got out or if I talked to them? Risky, they may not want to talk to me, but they don't anyway and it's me that's making it happen that way. The fear's worse than the thing, and it's not getting me what I want. It's like what we were talking about last week isn't it? I expect you to ask me questions and then I don't answer them.

Therapist: Yes, the dream powerfully shows you how you are inclined to put up with things and experience other people as limiting and squashing you. But it is also teaching you something about possible solutions to that problem.

Client: You mean that it shows how passive I am and can learn to do something about it?

Therapist: Yes, for instance: how might you want to improve that dream if you dreamt it again?

Client: Hmm, yes, I suppose I really could perfectly well have asked my dad if he could open a window. Thinks quietly for a moment. Or, well, if I were really bold I suppose I could have asked him to let me sit in the front seat. [Laughs…]

The session goes on from here to explore the ways in which the client fits in and could make more room for himself in the world. A very productive exploration.

KEY POINTS

- A dream is anything which is the product of the imagination.
- Dreams have multiple meanings.
- The client is the ultimate judge of the meaning of a dream.
- Dreams must be explored phenomenologically.
- The meanings of a dream will be revealed through careful description.
- A systematic exploration of the multiple layers of the dream will increase understanding.
- Applying the message or lessons from the dream back to daily reality opens new possibilities.

ONLINE CONTENT

- Video content demonstrating how to work with dreams.
- Video content demonstrating how to work with emotions.

6

WHAT REALLY MATTERS TO THE CLIENT

'We can't have full knowledge all at once. We must start by believing; then afterwards we may be led on to master the evidence for ourselves.'

Thomas Aquinas

SOME FIRST PRINCIPLES

The majority of clients have little interest in how psychotherapy works. They just want help in living a better life. They have reached a point in their lives where they do not want things to continue as they are, but do not know how to change them. They simply want to get on with their lives and not get into their usual traps and dead ends. Some clients hope for a painless solution – instant symptom relief. This puts the existential therapist in something of a dilemma because we see symptoms (i.e. depression, phobias, addictions and anxiety) not as relatively meaningless events to be removed by magic words or medication, but as indicators that the way the person is living their life is unsatisfactory to them – they are the ontic (everyday) correlates of ontological (being related) anxiety. These experiences are there for a reason: they are meaningful attempts at overcoming a problem. They deserve to be respected, worked with, understood and overcome, gradually.

The ways we evade and deny reality form the basis of symptoms. Beneath every symptom is an unfaced dilemma. Essentially clients come to therapy when their usual evasions and denials are not working as well as they used to and they need a new way of tackling the problem, but feel at a loss to find one.

So we need to find a way to take our clients' concerns and their desire for relief seriously while at the same time promoting an open curiosity about the challenges of existence. This is not always easy. Many clients will have struggled with their questions for some time and maybe only found temporary relief. Which is why they have turned to therapy. Even those clients on medication know at some level that

they will have to manage without it sometime, and that although it can buy them symptom relief and this can have some value, it ultimately makes things harder rather than easier. Neither of us, in the many settings we have worked in over several decades, have ever met one client who was happy to stay on medication indefinitely, though some felt they had to. They know that the issues that brought them to therapy will remain unchanged unless they look at them, engage with them and try to change them.

So although clients want immediate relief, they are also aware that they are unlikely to get it and that in order to get better they will need to put in some really hard work, facing up to their problems and difficulties.

Clients who wish solely for symptom relief are best advised from the outset that existential therapy may not be their best bet. It is very difficult, if not impossible, to do existential work with a client who is not ready to ask questions about the human condition in general and their own way of living life in particular.

In general, clients wish to:

- be understood and to feel that if they keep working at it they will ultimately understand themselves a bit better;
- be supported in their tentative steps into the unknown;
- feel they are not the only person to feel as they do and to be released of shame about not coping as well as they feel they ought to.

They are unlikely to know these things by simply being told that they are so or by being reassured. They will need to discover all these strange and amazing things by themselves, with our help, so that they can experience and understand them. Existential therapy is a process of uncovering and discovery.

DILEMMAS, CONFLICTS AND TENSIONS

Existentially, the client's question is evidence of a keenly felt human dilemma that needs exploring. Many issues are experienced and reported as simple polarized opposites when they are in fact far more complex. Although polarizing is an attempt to simplify, it actually makes the issue more intractable because it excludes aspects that have to be included for it to be understood. In these cases we need to take the person back a step or two to reconsider the issue from all sides. We may say things like:

- Hang on a minute there, let's not jump to conclusions.
- Perhaps we need to backtrack a bit and consider things more carefully.
- You are assuming quite a lot here, let's pause and look at this again.

Sometimes it is difficult for people to make a decision because they are reluctant to take the responsibility of sacrificing something they thought essential. They wish to

hang on to the illusion of not having to give anything up and erroneously assume they can avoid anxiety by not choosing or by getting someone else or circumstances to make the decision for them. Therapists have to be able to recognize such hesitations for what they are and gently encourage further explorations.

Initially, in their search for quick and clear answers that will cure all their ills, clients may ask direct questions of their therapist like 'What should I do?' or 'You're the expert, so what's the answer to my problem?'. We have talked about such questions and self-disclosure in Chapter 4, but formulaic evasion on the part of the therapist may well demoralize and disempower the client, and especially so early on in therapy. Therapists can underestimate the client's ability for reflection. It is not that these interventions are always wrong, but they can be felt as persecutory or abandoning because they seem to wilfully deny the client the help they need in finding direction. Sometimes a simple answer can be useful, and especially so when it leads to a consideration of the value of the answer. Another way we can respond is by encouraging the client to consider their predicament in a new way by saying, 'What is it like not to know what to do and not to know what the answer is?' and the client may reply something like, 'Pretty awful, actually, but I would really like you to tell me what the answer is.' At this point we can ask the client to consider whether this is truly what they wish for or whether they have come to counselling to learn for themselves how to find their own way around their problems.

When people are lost they are better off with a map they can use to find their own way, rather than remaining blindfolded while someone leads them out passively to safety (or into an impasse). Therapists need to be imaginative and sensitive to help their clients articulate their sense of direction. They also need to encourage them to gradually take off their blindfold.

In this we need to have faith in our clients' potential, and this trust can be established most effectively by going slowly, step by step.

It is often valuable to start by agreeing with the client what the precise problem is and to reformulate it as a dilemma so that its various contradictory elements can be explored. In this process we ask them to describe the sensations, feelings, thoughts and intuitions they have without trying to justify, explain or put them into good order. This is not as easy as it sounds because it is difficult to experience opposed feelings at the same time, but it will eventually bring all facets of the dilemma into view.

One of the most effective existential interventions is to paraphrase the experience of having the dilemma, as in 'So, on the one hand, you feel angry/disappointed/triumphant, but, on the other hand, you also feel sad/relieved/guilty.' This is often followed up with 'What does that tension feel like?'

This is an attempt to open out the previously polarized and intractable problem so that all facets can be examined anew and it can be examined dialectically. The final solution might not even involve either of the two options that brought the dilemma to light and it will often be found that the initial polarization was due to incorrect assumptions about the obstacles.

Resolving a dilemma involves truthfully knowing one's desires, strengths and weaknesses and committing to a choice. In the process of working this out, life becomes

much more fluid and far more promising than it ever was before. The client derives confidence in this process from seeing how confident the therapist is that these conflicts can and have to be faced rather than avoided or 'cured' away.

KEY POINTS

- Symptoms are created by avoidance of dilemmas and by denial and disengagement.
- Clients need to be helped to become aware of the contradictions they are dealing with and this means increasing their awareness of the tension.
- Clients may initially evade this tension and often have spent many years refining their own personal ways of pretending it does not exist.
- Awareness of tension first happens through facing contradictory emotions.

THE EXISTENTIAL AND THE PSYCHOANALYTIC VIEW ON DEFENCES

Freud's psychoanalytic view was that the defence mechanisms arise as the ego's response to instinctual needs being frustrated. Classical psychoanalysis thought of the instincts as being purely biological, while contemporary psychoanalysis think about them more relationally. Existentially what we call 'defences' are the person's responses to their awareness of the paradoxes and dilemmas implicit in the givens of existence. It is important to note that existentially they are not 'mechanisms' in any sense, but a person's natural, human, lived protective response to their awareness of being-in-the-world. Psychoanalysis has a well developed way of classifying the defence mechanisms but the primary ones are *repression* and *splitting*. Existentially, our primary ways of protecting ourselves from the immediacy of the givens of existence are by evasion and denial and each of the four dimensions inspire different ways of doing this. For example, we can evade and deny the reality of death by delusions of specialness, the reality of separateness from others by asserting our independence from others, the reality of personal responsibility by seeing ourselves as caused by our past, and the reality of the relativity of human existence by putting our head in the sand or by finding a magic god who will save us. All of the dilemmas can be responded to by either/or simplification.

But there is a paradox at the centre of the existential view of defences, and it is that we treat everyday sayings like 'See you tomorrow' as absolutisms that do not need to be questioned even though we also know they are delusions because they assume the certainty that both people will indeed be alive tomorrow in order to meet. The paradox is that we need these delusions, these defences, this bad faith, to carry on everyday life.

THE PHYSICAL WORLD

Coming face to face with life and death: the reality of change and loss in the *Umwelt*

Of all the dilemmas and tensions that we have to contend with, the tension between life and death is the most fundamental. None of us can avoid the remarkable irony that we are all born to die. Ultimately everything is temporary. Our desire to note important life events is evidence of this. Our birthday or the date we originated is celebrated, as is each New Year or the first day at school or college because they are each symbolic of a new beginning. We value other milestones too: the first separation from our parents, our first secret, our first sexual experience, parenthood, mid-life or the death of someone close to us all remind us of the reality of change and loss.

In fact, every passing moment reminds us our time is getting shorter, although we often do not discover this until there are few moments left to enjoy.

EXERCISE

Imagine your life as an hourglass where sand runs through the narrowing from the top to the bottom. You can see the amount of sand in the lower bulb, but the upper bulb is covered up so you cannot see it. How much sand do you think is in the upper bulb? Now uncover the upper bulb. What do you see? What do you feel?

PARADOX AND DILEMMA IN THE PHYSICAL WORLD

The paradox of the physical world is that although physical death will kill me, the denial of death will destroy the time I have left, while the idea of death will save me in the sense that it will prompt me to live my life more resourcefully and more fully.

The unsolvable dilemma is that mortality is a constant fact of our lives, which we can either welcome or deny. We are reminded of it every time something comes to an end. The reality of present and future loss is inscribed in our hearts as much as our desire to postpone or avoid it. It is in the discovery of the physical constraints to existence that we discover the social world.

So, the basic question we address in this dimension is: 'How can I live my life fully while knowing I may die at any moment?'

When a client first faces the fact that 'My life is mine and nobody else's and it will end soon', they realize paradoxically both their difference from and also their similarity to other people. We all die alone – yet we all share the fact of this reality. We do

not engage with this dilemma easily, and rarely by choice. It is mainly when we are forced to – when things go wrong.

We can deny this by:

- being 'logical' about it or pretending it does not matter;
- imagining death as a peaceful and restful sleep, rather than as the absence of being;
- believing in an after-life, or by leaving a memorial of some sort;
- believing in an 'ultimate rescuer' – God, a parent, a doctor or even a therapist;
- having a tendency for dependency on others;
- being depressed, helpless and withdrawn;
- pursuing youthfulness;
- opting out of life before it can opt out on us (i.e. by attempting or committing suicide).

All the above strategies may bring some temporary relief, but they ultimately do more harm than good. Rigid and protective strategies require constant shoring up in the face of reality, with the result that the individual's existential anxieties take on an increasingly extreme and dysfunctional form.

ILLUSTRATION

WORKING WITH THE PHYSICAL WORLD

Adrian had run marathons for many years. He had been proudly working towards becoming part of the 100 club: a group of people who had run 100 marathons. He spent most of his time training and preparing for the next feat. His family life was by now almost non-existent, since his wife objected greatly to his obsessive behaviour and resented him spending so little time at home. Eventually, on the eve of one of his most important runs, she set him a huge dilemma and challenged him to 'choose for your running or for me'. He could not solve this dilemma and went to his marathon with a heavy heart. He collapsed in the race and had to be taken into hospital, with heart problems. He had no idea how this had happened and felt his wife had thrown a spell over him. He came to counselling only because he was so puzzled about how this was possible.

Commentary

It took quite some time before Adrian was able and willing to question himself and to understand the profound meaning of what had happened. After a while of talking about his preoccupations and worries he began to realize there was a paradox underneath his predicament. He had been so busy proving his fitness

and immortality that he had lost track of everything else in his life, including, ironically, his own health and his relationship: the two things that it was worth caring for. Now that he had seen the possibility of death, he could think of it in a different way. He decided to be less excessive in his pursuit of fitness and let go of the idea of the 100 club. Ultimately he found a way to include his wife in his sport and they began exercising together, trying out a variety of options and finally settling on sailing. But what really made the difference for Adrian was that he had been able to let go of his obsession with beating others and beating life and that he felt he had finally come to himself. Adrian's fear of death, which led him to devote himself to running and which nearly killed him, was actually based on his fear of his unlived life. Confronting his fear of death enabled him to live his life.

KEY POINTS

- It is important the therapist acknowledges and respects the client's defences, as well as being willing and able to challenge them.
- Since it is so difficult to engage with death, extremely strong avoidant reactions are likely.
- It may not just be the client who is unwilling to talk about death, the therapist may also be unwilling.
- Since existence is about both life and death, we must not concentrate on one to the exclusion of the other.
- Since loss may be easier to talk about, it may be talked about instead of death.
- We need to be alert to the client's references to their mortality and time remaining.

THE SOCIAL WORLD

Isolation and connectedness: relationships in the *Mitwelt*

No matter what clients first bring to therapy, difficulties with relationships will invariably emerge. Adrian's problem, for instance, was at least as much about his relationship with his wife as it was about his consuming desire to be fit and athletic and overcome his emerging physical limitations.

Relationship patterns are often based on the sedimented assumptions we made about relationships when we were most impressionable, in our childhood and teenage years. Consequently we get used to expecting certain qualities in our relationship and find it difficult to see any alternative. Most of the time it works well enough but a

client may come to psychotherapy when either the client or someone in their circle changes their priorities.

Different layers of social relationship

Some relationships are more public and anonymous than others: they range from our chance meetings with strangers to the formalized relationships we have with bureaucracy. Other relationships are more personal: these are with the people we get to know as individuals in our social and work networks. Then there are those with people we really open up to. These are reserved for the people we love and are included in the personal world that will be discussed later. The distinguishing factor between all these is the extent to which we are prepared to share intimate details and secrets with others.

A characteristic of therapy is that it takes place in all these areas at the same time and this is why it is so hard and so necessary to maintain appropriate boundaries.

In common with other technology-based cultures, our society not only idealizes personal independence but also tends to technologize relationships by leading people to believe that there are simple tricks and gimmicks that can be learnt to make them better. Thinking of sexual relationships in terms of sexual technique and prowess rather than in terms of interpersonal intimacy is a good example of this. Co-creating good relationships – for it is never a purely individual task – is an art that takes a lifetime to perfect.

PARADOX AND DILEMMA IN THE SOCIAL WORLD

The paradox of the social world is that it is only by awareness of our separateness from others that we are able to get close because it allows us to learn to understand them – and ourselves. As long as we treat others as if they are the same as us, or should be, we will be disappointed.

The unsolvable dilemma is that we want to bridge our distance from others and fuse with them, while simultaneously needing to establish our separateness and our individuality.

The basic question clients address in this dimension is: 'What are other people there for?'

The foundation of all relationships is the need to belong, to be acknowledged, appreciated and valued. But it is also the need to be able to love, appreciate, acknowledge and value in return.

Existentially, the right sorts of relationships are characterized by mature interdependence with others, not by either dependency on or independence from others.

We need other people to appreciate us, but we also need to have our separateness and difference appreciated and validated. We find it hard to face up to the utter

strangeness and mystery of love: of what it means to love, to be loved or not loved, to be wanted or to be left alone.

We often deny this by:

- avoiding intimate relationships altogether, preferring to keep relationships on an acquaintance level;
- finding many excuses to not spend time alone, talking or just being with the other;
- seeing relationships as competitive, with winners and losers;
- bossing other people about or letting ourselves be bullied;
- mistaking challenging for fighting, lust for intimacy and infatuation for love;
- reducing our social world to the bare minimum we need to survive.

Clients want to:

- manage their relationships better;
- appreciate others and be appreciated by others;
- understand how relationships work and what their part in them is;
- understand why they keep on having particular sorts of relationships and mess them up over and over again.

EXERCISE

Think of five people in your life. Take a sheet of paper and draw a circle and write their names equidistantly on the outside of the circle. Put yourself in the centre of the circle. Draw a line between yourself and all the people on the outside of the circle like spokes in a wheel. Think about the relationship you have with them in terms of support, sharing and disclosure. Taking each relationship in turn, think about how much you feel supported by the other or support the other. If you feel you support the other a lot, put three arrows going from you to that person; a moderate amount, two arrows; a little, one arrow. Similarly, draw inward pointing arrows for how much you feel you are supported by them. You will end up with a chart that tells you how much support is going out from your circle and how much is coming in.

- Are the amounts equal?
- What does this tell you about the kind of relationships you have?
- What are the different sorts of support in your life? Are they enough?

(Continued)

(Continued)

- What are the strengths and limitations of each relationship?
- How would you like it to change?
- What are the obstacles to change?
- What does that feel like?

If you have an opportunity to discuss your observations with the people in question, find out whether their perception is the same as yours. Often we emphasize the support we give and we may even resent it, while being unaware of the support we receive in turn but take for granted. One issue revealed by this exercise is that the way we find ourselves in a world with others varies from moment to moment and from person to person. With respect to our clients we need to know:

- Are there many people in their life or only a few?
- Are they dominant or submissive in relation to these others?
- Are they competitive or cooperative, active or passive, engaged or withdrawn, trusting or suspicious?

Trust and control

Existential therapy is a relationship, which is founded on trust and the value of understanding, but in order to be understood, we have to be known and therefore we have to risk showing our weaknesses and shortcomings. The overall aim of therapy will be to discover that intimacy can bring an experience of liberation rather than constraint and threat. But in order that the intimacy can be gained, its future loss must be risked, for true intimacy cannot be controlled or forced. Both people must be able to make a free choice to be with the other.

More often than not it is the process of the therapy rather than its content that will reflect this trust. Clients are more likely to believe our respect when we respect our own authority as much as theirs. If this means that we challenge them on how they treat us, then this is a natural part of cooperation and respect. Progress will be measured at least as much by an increase in cooperation and trust between the therapist and client as by what the client says they do outside therapy.

Competitiveness and objectification

Both Martin Buber and Jean-Paul Sartre said that we reduce people's unpredictability by making them into objects, by making them into an 'It'. But in doing so we make ourselves into objects too. We think it will make things simpler, and it does, but at a cost. It leads us to attribute human qualities to objects, material qualities to humans and causation to interpersonal relationships. We end up living in a mechanistic and instrumental world.

Sartre's trilogy *The Roads to Freedom* (2002) vividly describes how the various characters see themselves not as dynamically co-constituted in-the-world, but rather as objects who are caused by the world, but are unable to see their way out.

It helps to remember that most relationship problems rest on the fears of losing both our individuality and the love of the other. This comes out by taking on the roles of victim, persecutor or rescuer in the relationship. Of the three, the victim role is often seen as the favoured position, to feel most 'done to' – to have the least agency:

- *The person in the victim role* feels and presents themselves as 'done to' by the other and as powerless to stand up to them. While there is a possibility that in yielding, a tension may be overcome or that the other may be made aware of their own impact, usually it leads to defeatism and despair.
- *The person in the persecutor role* seeks to cajole or control the other so that they do things 'properly'. It may help us to feel good about our ability to move things forward, but since we do it for our own benefit, the other person is actually diminished and feels bullied.
- *The person in the rescuer role* looks for other people to help and they make saving the other person their project. While we can feel good about our own capacity for care, since we rescue for our own benefit, the other person is prevented from finding their own dignity and independence. It depletes them and takes away their autonomy.

These roles are taken up in co-dependent relationships where although a person may wish for the other to change in some way – which is why they act as they do – in fact if one of the couple changed it would destabilize the relationship and risk something new happening. Addiction is often a strong component in co-dependent relationships.

The word 'role' is used to indicate that it is a position we take up in order to protect our vulnerability. Although superficially different, what all three roles have in common is that they all deny personal responsibility and objectify themselves and others rather than acknowledging the difficulty of trust.

EXERCISE

Which of the positions of victim, persecutor and rescuer do you find yourself in most frequently?

- In everyday life, as a therapist and as a client?
- And second most frequently?
- What are your gains and losses of being in it?
- What do you do to get out?

The therapy situation can easily replicate the rescuer–victim relationship with the therapist as the rescuer and the client as the victim to be rescued, with people in the client's world as the persecutors. It takes a lot of training and experience to recognize such patterns and also to use this recognition to good effect.

ILLUSTRATION

WORKING WITH THE SOCIAL WORLD

Cliff, a 27-year-old man, came to therapy after the break-up of a two-year relationship with Marie. He found it hard to say why they had decided to finish except that they were making each other unhappy. He did not understand what went wrong except that they had become very critical of each other whereas they used to support each other. They had stopped fancying each other. He talked about how lonely he was. At one point during this phase his therapist suggested some ways to meet more people and he missed the next session. Fortunately she realized that his absence was related to her advice and this led to an understanding of his protective self-sufficiency and how he felt people were trying to control him by telling him what to do but also that he felt scared of the therapist's attack if he said so. All he wanted was for his therapist to listen to him. This was quite challenging because he was not used to sharing his thoughts and feelings with another person. He also did not understand why he and his partner cared about each other now that they were apart whereas when they were together they did not. Although he wanted to be back with her, she did not. He thought he could get her back by being understanding.

After some time trying to understand why just being close to someone could bring up such confusing feelings he met someone else, 'fell in love'. He was sure that it would work this time. His therapist was not so sure and said so, but he took no notice and gave up his job and therapy and moved to Spain to be with her. After six months he came back as the relationship had not worked out, at least in part because he had slept with one of her best friends. This in fact had been a pattern of his. The work resumed. He had frequently come a few minutes late for every session. This had been referred to but had been met with excuses of traffic, alarm-clock or work problems. The therapist felt that although Cliff seemed to work hard in therapy when he was there, she never felt that he took much notice of her or what she said. This was put to him and it revealed a connection he had between trust and control, 'Either I can be myself on my own, or I lose myself with someone else … what am I supposed to do?' He realized that by coming late he retained some control over the therapy by reducing the time he had. Short-changing himself seemed a small price to pay to maintain control. But he did not want to pay that price any more. This marked the beginning of the next phase of therapy where he came on time. The relationship with his therapist was beginning to matter. He allowed himself to talk about his anxiety about breaks and holidays. He was in dialogue. Also during this time he decided that sexual relationships were just too problematic and he gave them up until he knew what he wanted from others. He later met someone and this time it was different: 'I used to think that closeness to another person meant I had to give things up, that we had to think the same, but we don't and it doesn't matter and what's more I still fancy her, I feel closer but also freer than I've felt before. I was always looking for the right one before, but it's not about that at all, it's about my ability to commit to a choice.'

Commentary

Prior to therapy, Cliff's relationships were either short, with little emotional involvement or had a strong but dependent quality in which he and the woman needed each other for mutual support. He moved between too much distance and too much closeness, which usually degenerated into blame. In therapy he was able to experience what it meant to be listened to and discovered that trust could be freeing and not constraining and conditional. His way of relating to others paralleled his way of relating in therapy and the combination of talking about his issues of intimacy went hand in hand with experiencing his therapist in a different non-abandoning and non-intrusive way. This in turn led to his being able to experience others in this way. For the first time he was able to make a choice and commit himself to his choice.

KEY POINTS

- Relationships are unavoidable, but risky as well as satisfying.
- In the search for new ways of being with others, a client may fall back on earlier ways of justifying their self-destructive behaviour.
- Close relationships enable us to tolerate the terror of death.
- It is important to get a measure of the quality of the client's intimate relationships.
- Some people end up in a position of social isolation through unemployment, shift work or through a commitment as a full-time carer.
- Sometimes meeting with a therapist will be the only meaningful social contact a client gets.
- It is rarely possible to talk about relationship issues without the issues being present and worked on in the relationship between therapist and client.

THE PERSONAL WORLD

Freedom and a personal sense of integrity: life patterns and the original project in the *Eigenwelt*

One of the landmarks in the work with Cliff was when he saw his repeating sequence of denying his needs, finding flaws with others, moving away from them and then looking for someone else, only to discover that they too were not right. He came to realize that the common factor in all his relationships was himself and that his pattern was a way of avoiding taking responsibility for his relational style by simply repeating what was familiar. This marked the beginning of him being able to think about his life

and to take responsibility for it, to realize that rather than being created by it, he created it himself. This realization allowed him to have choice over a situation he previously thought was automatic. He became active rather than passive, reflective instead of reactive. He accepted that his weakness and confusion had been due to his denial of personal responsibility.

The personal world is concerned with issues of choice, freedom, responsibility and personal integrity. It is produced by the inner thoughts that are mine and no one else's. Awareness of this sense of 'mineness' evokes anxiety, since it makes us not only responsible for our own experiences and aware that others are responsible for theirs, but also shows us that we are connected. My sense of who I am is derived from my response to my relationships with others. As long as we allow others to define us without taking charge of our own life, we remain helpless, reactive, passive. When we wake up and take authority over our response to what is happening around us, we finally come into our own. When this happens, it becomes possible perhaps for the first time to see our lives as chosen, but also as being influenced and determined by many factors that influence us and have to be accounted for. This makes us anxious.

We may seek to quell our anxiety by various means, taking the easy life, until we discover that taking personal responsibility for making up our own mind is the only way forward if we want to become truly awake and in charge of our life.

Original project

We have an overriding need to make sense of ourselves and the world we are in and we do this in different ways depending on our age and our knowledge. Sartre says that this leads us to opt for an 'original project' of how to be. It is initially always a reactive, emotionally based and age-appropriate unspoken choice that we make, as children, to try to make the best of the cards that have been dealt us and to find a way to preserve our autonomy. But it is always a choice. It is us who give events their meaning by our choices. And we can take ownership of these choices and make them deliberately rather than by default. There is always a possibility of changing our perspective on our choices.

For example, someone who was ill-treated when young may grow up to see themselves as a victim. Or they may think of themselves as a survivor. Neither is determined. Both are choices. There are clearly contextual constraints, but what is important is the way the event or quality is used by the person as a restricting act of self-definition so that it becomes a self-fulfilling prophecy. This is how our original project shapes our lives and becomes sedimented as our sense of self. If that sedimentation becomes hardened and mineralized, it may start to feel as if it is written in stone. Because of the emotional stakes involved, an original project is rarely negotiable at the time and it is only when it becomes well past its 'sell-by' date and starts to cause problems that people may realize it exists as a barrier to the flow of their lives. This often coincides with a person's decision to come to therapy.

Existentially the past, present and future are equally important. The present holds the possibility of breaking free of past decisions and of facing the future with courage,

but only if choices made in the past are understood and owned. When they are they become fluid again and can be altered.

If a client does not understand the meaning of the present, they will be repeating the past over and over again. It is by discovering this and by observing their own denial and noting its consequences that the client can find out how they evaded responsibility in the past. And as they puzzle over the new meanings that their past now acquires, they see how their choices impacted on their world and they begin to get an inkling of how they currently limit their own lives and start wondering whether they might change this for the future. This breaking free of past choices and deliberately making new choices and commitments is often felt like an existential birth. It is about understanding the Law of Existential Consequence (Adams, 2013a) and the person's place in it. It is being able to say, 'I did this, I made this choice, and as a result I can take responsibility for the consequences of my choices and actions.'

Where previously a person reacted to existing rules with either passive agreement or automatic rejection, they can now consider which course of action to own and take personal responsibility for. It may well be that what is chosen is similar to what others have chosen. This is not important. The point is that it be owned.

The following interventions may be useful when thinking about the personal world and the original project:

- Is there anything familiar about what happened then and what is happening now?
- What's it like when you find yourself making the same mistake?
- What was your part in that sequence of events?
- What's it like now that you discover you were covering up the truth from yourself?
- How did your action lead to that unexpected conclusion?

PARADOX AND DILEMMA IN THE PERSONAL WORLD

The paradox of the personal world is therefore that when we realize we are weak and vulnerable and that we keep getting it wrong because there is no external rulebook, we discover that this freedom brings responsibility, personal strength and the possibility of choice. As long as I act as if I am invulnerable, I cannot come to terms with the vulnerability of being a person.

The unsolvable dilemma is that we can never be so strong that we are invulnerable and we are always faced with our own limitations and weakness. We have no option but to act as if we are strong and know where we are going until we learn from experience proving us right or wrong.

The basic question a client addresses in the personal world is: 'How can I be me?'

Questions about who we are will lead inevitably to questions about how the past has made us who we are: 'How did I become the person I am?' Hopefully this will eventually lead to questions about the future too: 'How will I be able to stop making the same mistakes and live more resourcefully in the future?'

Personal world work is demanding on the therapist because the dilemmas will often be denied by:

- excessive assertion of individuality and the uniqueness of ideas and actions;
- affirmation of powerlessness or lack of agency;
- avoiding being alone so as to not have to face the anxiety of thinking about our own world and the choices and responsibilities it holds;
- being alone and withdrawing from the world in solitude, refusing to engage out of fear;
- excessively deferring to others for an opinion or judgement, including the therapist;
- systematic rejection of others' viewpoints, including the therapist's;
- using comfort-seeking behaviour (i.e. 'addictions' to tranquillize ourselves, thereby subverting the therapy);
- maintaining either that we have achieved everything in life or that we are unable to achieve anything in life.

ILLUSTRATION

WORKING WITH THE PERSONAL WORLD

Sophie first contacted her therapist by email, saying, 'I am currently in a confused, destructive space and hope to find an environment in which to learn more about myself.' She was 23 years old and worked in the popular music industry and was in an on–off relationship with Alan who was 10 years older, and who, while he was very interested in her, also told her how she should conduct her life. She was drawn to him though she did not think the relationship was safe and was reluctant to open up to him. She had given up on expecting the relationship to be equal. She had been experiencing a recurrence of bulimia, was drinking too much and was fighting a desire to cut herself. She knew this just wasn't right but didn't know how to deal with the overwhelming feelings. She had not confided in anyone else about these problems since she found it hard to talk about herself, even in therapy. She was more used to listening than talking. She wept for almost the whole of the first session, apologizing. Her therapist just listened. She knew immediately that this was what was so special about the relationship – Alan was the first person she could remember who had been interested in what she thought and felt. She talked about when she was growing up, and when her two older brothers would play together and exclude her, while her parents argued.

She found solace from a young age in going for long walks in the woods nearby where they lived and had found a dark hollow in which she could sit and hide. It was still easy for her to go for days on end without seeing anyone. She wanted to leave her job because she had begun to realize that she had no interest in it and did not like the relationships she had there with lots of 'self-absorbed, narcissistic people' who she had to pander to. They were like her family – 'high maintenance'. She took pride in the fact that she was not. In therapy she slowly became aware of experiencing other people as a threat to herself. She had dreams of being hounded by dragons and other monsters. And while her response initially was to turn away and hide, feeling weak in herself, through the therapy she began to see that she had courage and strength. She found that she was capable of tending to others while staying separate and safe in herself, instead of being destroyed by their demands and conflicts. What she had never done, however, was to express any of this to other people or even admit it to herself. Her frustrations were kept inside of her body, which she then treated as badly as other people treated her.

Commentary

Sophie had to begin to affirm herself as a person of worth and a person with strength, as well as a person who had rights in relation to others. Instead of feeling guilty in her rather odd relationship with Alan, she began to see that his interest in her was an opportunity to find out who she really was in relation to others. But also that it was restricting in rather familiar ways. She began to formulate her needs and desires and started practising expressing her own thoughts to other people as well as letting them know when she didn't want to talk to them. Her struggle was one of finding her inner strength as well as accepting her needs and desires in relation to others. As this capacity to affirm herself improved, so her symptoms slowly became redundant.

KEY POINTS

- A client's willingness to get to know themselves is a measure of how hard they have found it in the past.
- In order to make a free choice we need to go back to the feeling that we had when deciding on the original project and re-examine the choice.
- As we become more familiar with the personal world, we learn to appreciate what we value about ourselves and understand and forgive what we find problematic or difficult.
- The prototype dysfunction in the personal world is to take responsibility for things one does not have responsibility for and to deny responsibility for those things one does have responsibility for.

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- Clients may need to help to formulate strengths and weaknesses and help in making the most of both.
- Finding a sense of direction that can be affirmed for the good of those around us as well as for ourselves is not a bad aim for therapy.
- Maturity is about the ability to be flexible in our experience of our fallibility and limitations.
- Existentially, human development is largely the consequence of how we engage with chance and opportunity in the context of uncertainty.

THE SPIRITUAL WORLD

Consistency of values, beliefs and principles in the *Überwelt*

The *Überwelt* refers to the world above, or to put it another way, the ability to see the world from a bird's eye view, from above. This is how we learn to make sense of things, and find meaning in life. As long as we remain engaged exclusively with the bodily, interpersonal and intrapersonal realities, we find it hard to have this sort of perspective.

Sophie's problems were focused on the way she experienced herself in relation to other people and this meant that she could only change if she dared to take up more space in the world. Without realizing it, she had learnt to live her life in terms of other people's desires, needs and expectations. She was very good at this, but was paying the price of feeling like a shadow rather than a real person. Stuffing herself with food and injuring herself were ways of experimenting with self-enlargement and self-intensification without bothering other people with her needs and her presence.

Beneath her unspoken and initially unknown assumptions were a myriad of values and beliefs that blocked her and stifled her capacity for change. One of these beliefs was that people should be considerate to each other, and deep down she believed that inconsiderate and demanding people like her family and work colleagues were bad and that she was good for being self-effacing. This was one of her core values. But she was also unable to admit that she longed for someone to pay attention to her and put her needs first for a change. Her relationship with Alan initially appeared to offer this, but did not come about because his view of her collided with her own view of herself – as someone without needs. This confused her greatly because she saw Alan as good for giving her attention but also bad for often disappointing her. And she concluded that she rather than him must be doing something wrong.

As she became more self-reflective about herself in human relationships she began to see that who she thought she was might not be who she really was. Her self-image had been based on a wrong and partial view.

None of this would have been possible to discover if her therapist had not given her space to take some perspective on herself and ask herself some new questions about the meaning of her life and the way in which human beings related to each other.

Faith, crisis and trauma

Even the most rational person's assumptions about the world and its future are based on faith rather than fact, on probability and hope rather than certainty. Faith in science is about the predictability and linearity of the universe, and faith in religion is about the existence of a god and specific rules for living. Existentially, faith is about relying on the idea that the universe makes sense. It is important to make a commitment to making sense of our existence even though we may never fully understand what it is for or how best to conduct it. We cannot help but fall back on belief in predictability and coherence as a necessary ontological delusion that enables us to achieve our ambitions. Even suicide involves a faith that we will not be punished for our actions and that it is better to be dead than alive. Since we cannot know for certain if this is true, this is a gamble, to say the least. Nevertheless, life is predictable much of the time, but whenever it stops being so our value-laden universe unravels and we lose the capacity to be purposeful. Existentially we are traumatized by randomness, chance and unexpected malice. These are a reminder that our place in the universe is uncertain and ephemeral.

Whether such trauma is sudden or cumulative, it cannot be easily integrated, so we shut down instead or resort to self-blame and flounder in hopelessness.

But such unravelling contains within it the possibility of taking a broader view of existence and of reconsidering some of our previously strongly held beliefs that have been shown to be faulty or incomplete. Moments of crisis, trauma and catastrophe have this redeeming feature of allowing us to review and rebuild our lives. This is the gift of despair. It provides us with perspective, with humility and also with stronger roots into existence, as it forces us to dig deeper. It is therefore hugely important that we take such opportunities rather than giving up or harking back to past arrangements and defective worldviews.

EXERCISE

1. Ask yourself in which way you are efficient in the world. What physical skills do you have (think of basic ones like walking and talking as well as more complex ones like typing, skating or swimming)? What gives you pleasure in terms of how you use your body in harmony with the physical universe?
2. Now describe to yourself how you create value with other people. What is your role in relation to others and how do you provide the human world with added value?
3. What is cause for self-worth? How have you shown yourself to be a separate and worthy human being? How do you live in such a way that your life could be considered to be that of a person who deserves respect?
4. Finally, ask yourself what the purpose of your life is. What is it you aim to accomplish by the end of your life? How will your life have made even a small difference to the world?

PARADOX AND DILEMMA IN THE SPIRITUAL WORLD

The paradox of the spiritual world is that realizing that there is no grand design prompts us to engage more resiliently with our own life and spurs us on to make our own ethical system in order to make our lives meaningful.

The unsolvable dilemma is that even though we may accept the relativity of existence, we continue to look for ultimate meaning and purpose.

The basic question clients address in this dimension is: 'How should I live?'

The fact of the relativity of values is often evaded and denied by:

- adopting a belief system that provides wholesale answers to all of our predicaments;
- wishful thinking (e.g. pretending that all people are good or that everything will be alright in the end even without us doing anything about it – this may be simple and easy but leads to confusion;
- hopelessness and despair;
- either/or thinking, attributing all that is good to one side of the universe and all that is bad to the other (i.e. by seeing some people as wonderful and others as evil).

Denying the dilemmas of the spiritual world always leads to confusion, which may be felt either as an acute crisis or like a consistent dull ache, a sense of dis-ease. It is as difficult to think about as it is crucial to think about it. Our capacity for consciousness, especially of consciousness of the paradoxes of existence, create our centre of gravity. Life may not have a god-given meaning and purpose, but it still works better when we are able to find meaning and purpose in it.

The sort of questions that people ask themselves and their therapists at times of turmoil are:

- Why me?
- Am I being punished for something I did wrong?
- Am I a bad person if bad things keep happening to me?
- Is there any meaning or purpose in life if I feel I cannot control it and when fate seems so fickle and unreliable?
- Are there any ways in which I can align myself to fate or to the universe that will enable me to transcend this horror?

These are all philosophical questions that require careful contemplation rather than quick answers.

ILLUSTRATION

WORKING WITH THE SPIRITUAL WORLD

Amanda could not understand why she kept experiencing so many difficulties in her life. She had, she thought, lived an exemplary life, but had only been rewarded with some remarkable catastrophes. Her parents had divorced when she was just about to go to university, spoiling her pleasure at finding her independence from the battles her parents had fought when she was at home. She had always mediated in their conflicts, as being an only child she had given herself the purpose of keeping them together. She had tried to be fair to each of them, even though she thought them very childish in their behaviour. Her mother had made a fool of herself falling for a rich guy who was just having a bit of fun and who had left her mother promptly after she had split up from Dad. Her father, in an act of revenge, then had an affair with a young woman hardly older than Amanda, and had ended up marrying this woman, probably because he could not think of any other way to conclude the relationship. Ever since his remarriage he had been extremely unhappy and had come to Amanda for solace. Her mother would not speak to him and Amanda was really fed up with their 'stupid antics', as she called them. She took the view that having parents that were so irresponsible was a great misery, which had led to her own boyfriend leaving her, because he thought her far too closely involved with her father. She thought this was extremely childish behaviour on his part, since all she was doing was trying to mend her parents' marriage. She had come to consult a student counsellor at university because she wanted to understand why she had been cursed with such idiotic parents and a stupid boyfriend.

After two sessions she decided to arrange for her parents to meet without them realizing this is what she was doing, and she set them up with a double blind date which was in fact a date with each other. She was run over by a motorbike as she was waiting near the restaurant where her parents were to meet, where she tried to spy on them to see whether they were talking to each other. Her parents saw the ambulance take her into hospital but they did not realize it was their daughter who had just had an accident across the road from the restaurant. Amanda spent many weeks in hospital and only came back to counselling several months later, for she had had serious injuries, including a broken leg and a broken rib. She had been thinking about the miseries in her life and had wondered whether there was a god arranging all this. She was not so sure any more that she had always been exemplary and had begun to think that perhaps the opposite was true and that she was being punished for interfering in her parents' life. Her counsellor neither reassured her on this point, nor reassured her that she had in truth been exemplary and did not deserve her fate. Instead she helped her to think about the way in which all these events might

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or might not be connected and helped her elucidate how her own actions and interventions may have influenced the situation. It was crystal clear to Amanda that her hanging around across the road from the restaurant had directly led to the accident since she had constantly stepped into the road from which she could see inside of the restaurant where her parents were. She accepted that her hazardous conduct had caused the accident, even though the motorcyclist had been held responsible by the police and had in fact been over the limit. Upon reflection, she could see that there was a dual cause to the accident and that accidents often do occur when several things go wrong at the same time. She became worried about the motorcyclist's fate, for he had had his licence taken away and now she felt guilty for harming him. Her preoccupation with all these moral issues led to her taking an interest in ethics and reading up on it a bit. She began to question her interference with her parents' marriage and her judgements of their bad behaviour, but she also began to wonder whether the way life worked was actually very fortunate in that apparently one was constantly given new chances to come to terms with one's mistakes.

Commentary

Amanda benefited enormously from counselling during these difficult months and she used it to form a much clearer view of morality, purpose and meaning in life. She felt as if an opportunity had presented itself to her to understand what was wrong with the way she had been with her parents and because of that also with her boyfriend. She began experimenting with different ways of thinking and acting and found it gratifying that she seemed to acquire a lot of new friends who had similar interests. She became more detached from her parents and soon experienced this as a liberation. It was, she said, as if she had only just started living her own life, rather than theirs.

KEY POINTS

- A value of existential therapy is that it is important that clients are able to discover for themselves how they wish to live.
- The spiritual dimension is most likely to be addressed indirectly in therapy, by the client re-evaluating what is really important to them.
- Where a person is in their life (how old they are) will lead them to value different aspects of life and to understand wisdom differently.
- In therapy, the aim is always ultimately to help a person to get a clearer vision of their life. But sometimes it is better for a person to remain protected for a while. They need to be allowed a rest. It is a measure of our skill to know when this is.

- We can never be certain about what may give meaning and purpose, but the search for meaning rather than the search for symptom relief or happiness can be a useful aim for therapy.
- It is in the spiritual world that a person gains the greatest intensity of paradox, of being free and constrained, of being between life and death, of being alone and together, of being thrown into an absurd universe and being able to find meaning.

Table 6.1 summarizes the four dimensions discussed in this chapter.

Table 6.1 Overview of conflicts, challenges and paradoxes of four dimensions

World	Umwelt	Mitwelt	Eigenwelt	Überwelt
Physical	Nature:	Things:	Body:	Cosmos:
	Life/Death	Pleasure/Pain	Health/Illness	Harmony/ Chaos
Social	Society:	Others:	Ego:	Culture:
	Love/Hate	Dominance/ Submission	Acceptance/ Rejection	Belonging/ Isolation
Personal	Person:	Me:	Self:	Consciousness:
	Identity/ Freedom	Perfection/ Imperfection	Integrity/ Disintegration	Confidence/ Confusion
Spiritual	Infinite:	Ideas:	Spirit:	Conscience:
	Good/Evil	Truth/Untruth	Meaning/ Futility	Right/Wrong

ONLINE CONTENT

- Interview with, Sue Marshall, about her experience, challenges and learning as an existential therapy client.
- Video of Emmy van Deurzen on how to work with dreams using the four dimensions of reality.
- You may also want to review the interview from Chapter 4 which demonstrates phenomenological enquiry, directness and the search for purpose and direction, illustrating Adrian's predicament in this chapter.

7

THE PROCESS OF EXISTENTIAL THERAPY

> 'We are born, so to speak, twice over; born into existence, and born into life; born a human being, and born a man.'
>
> Jean-Jacques Rousseau

There are as many different issues as there are clients and there are as many different therapies as there are therapy sessions. At the same time there are many similarities that unite clients in terms of their response to the therapy process. This is what we shall look at in this chapter. We will consider what factors affect the process and how further knowledge about therapeutic interaction can help us to do therapy better. We will also see how all these matters affect therapists at least as much as their clients.

EXISTENTIAL THERAPY AS STORYTELLING

On the simplest level, the therapist and client are just two people sitting together in a room, talking and telling stories to each other. Clients tell the story of their life, focusing on what is important to them and how they came to be the person they are now. Often their stories have gaps, either of time, so that some periods of their lives appear to have been forgotten, or of meaning, where significant events like the death of a parent appear to have gone unnoticed. The therapist tells stories based on her understanding of the client's world, which she is trying to connect up and make sense of. Her life experience and her existential interests inevitably inform these stories. These have to be monitored and bracketed.

We all like to tell and to listen to stories. It is how we relate to each other. Some of the stories we tell are in order to entertain, some are in order to get insight, some are in order to remember, but they are all in order to share and come to a joint understanding of life events. The therapist needs to understand that different clients and cultural groups have different narrative styles, different ways of telling stories. It is up to us as therapists to remember this diversity and also to remember that stories change

in the telling and that the events talked about can be looked at from many different angles and will evolve. Therapists do not define the right way of telling a story.

Our task as therapists is not to shore up the current story or to change it and find another story that fits. The task can be better understood by changing the noun 'story' into the verb 'to story', in a similar way that we changed 'self' to 'selve' earlier. What the therapist and client do together is to re-story the client's experience so that new possibilities can be entertained and alternative meanings can be uncovered, adopted and owned. It is about being able to make and to break narratives. It involves discovering that life is dynamic, life is change, so that one story may be a good way of understanding events now, but not in a year's time. In a year's time, or even just tomorrow, the new information we have gathered requires us to change the story to include the salient facts we now know are important. Husserl spoke of this in terms of what he called the 'eidetic reduction', which consists of systematically considering what the quintessence of the objects of our consciousness are and keep piercing their surface to try to get a sharper picture all the time. He pointed out that things come to us under many different aspects, or adumbrations. Looking at something from different directions creates a different view. We have to go around the house to discover what it looks like in three dimensions and we have to go inside as well, into each room. Similarly things change over time. They are not static. This house will be different today than it was yesterday. Nature is never the same two minutes in a row. It is in movement, and so are people and their stories: they are always in flow. Change is the natural state. It takes some doing to oppose it.

Working with another person on finding the essences of a story and tracking its changing qualities over time is a fascinating and important process. It involves trusting another person, the therapist, enough so that alternatives can be entertained without fear that the therapist will impose their own story on the client and constrain their emerging autonomy.

It is about the paradox of choosing and committing to a course of action whilst recognising that one's knowledge can only be partial. It is also about discovering that we are capable of learning more about ourselves and our lives than we ever thought possible and to see the many ways in which it is constantly changing and in movement.

PHENOMENOLOGY: THE PHENOMENOLOGICAL AND THE EIDETIC REDUCTIONS

We have seen in earlier chapters how the phenomenological reduction helps therapists to be aware of the importance of monitoring the process of interaction between themselves and the client. The emphasis of the phenomenological reduction involves, in summary:

1. *The Noesis*: focusing on the process of awareness.
2. *Epoché*: suspending assumptions.
3. *Description* rather than interpretation.

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4. *Equalization*: having an open mind and balanced attention.
5. *Horizontalization*: awareness of context and perspective.
6. *Verification*: returning to actual experience to check our findings again and again.

As we proceed with the therapy and start to gather information by the phenomenological method, we need to pay attention to the *eidos*, or shape, of the information we have gathered. This is done by applying the eidetic reduction. The emphasis of the eidetic reduction involves, in summary:

1. *The Noema*: focusing the objects of our awareness.
2. Things come to us under different aspects: profiles, adumbrations or *Abschattungen*.
3. We tune into our intuitive grasp of things, by the *Wesenschau*: the seeing of essences.
4. We remember that things are genetically constituted. They are not static but dynamic and change over time.
5. We look for universals beyond the apparent properties and qualities of something.

KEY POINTS

- Different people have different ways of telling stories.
- By attending, clarifying and verifying, the therapist facilitates the client to understand their life in different ways.
- There is more than one way of understanding life events.
- It is important to explore things from many aspects and to be aware of the changes that happen in time.
- We come to realize that we can endlessly transform our lives and with it the stories we tell about them.

THE INFLUENCE OF THE FRAME AND THE CONTEXT OF THERAPY

In the broadest sense, a frame or boundary is a line marking where one thing stops and another begins. The frame round a painting tells the viewer where the painting stops and the wall begins and is often distinctive. Whereas the boundary between material objects is often clear, the boundaries between people are much less obvious and often fluid. Nevertheless the therapy can only work if the therapist and client are clear about their roles. It is the therapist's task to remain a therapist and to be available

for the client in their understanding of their life. Nevertheless, we know that people do not thrive when subject to inappropriate or insecure boundaries and each setting will bring a different set of boundaries, which will make a difference to the quality of the work.

There are three influences on the therapeutic relationship that affect it and give it its particular characteristics:

1. *What the client brings*: This includes the client's history and their hopes and fears for the future. It includes their expectations of the therapy and of the therapist. The client's bias might also touch off specific reactions in the therapist.
2. *What the therapist brings*: This includes the therapist's personal history and aspirations as well as their theoretical background. Their bias may also affect the client in particular ways.
3. *The characteristics of the context of the therapy*: This includes:
    - the occupational setting – therapy in a doctor's surgery will take on different characteristics from that, for example, in an alcohol agency, or in private practice, even if the therapist and the client are the same;
    - the effect of payment;
    - the location, decoration and layout of the room – whether it is a designated room in a private house or a multi-purpose room in an institutional setting;
    - the time of day the sessions take place – a session at 8 am will be different from a session with the same person at the same place at 8 pm. It is harder for some clients to come to therapy at the beginning of the day. Others prefer it. Similarly with therapists.

For these reasons as well it is difficult to think of assessment as being any more than simply an impression of what one person experienced in the relationship at one particular time and in one particular place. Caution about jumping to conclusions is therefore a very important aspect of our therapeutic frame and boundaries. This is so the more important in light of our phenomenological understanding that things only come into full evidence when given a chance to be seen from multiple angles and to develop over time.

EXERCISE

The effect of the setting on the therapy

Fill out Table 7.1 and think about how the answers contribute to the nature of the work in each setting. 'Referral' means how the client got to the agency. 'Payment' means whether there is payment, how much, and who pays and who decides. 'Confidentiality' refers to who is legally bound to know about what is said in sessions. 'Issue' means what the client comes to the therapy to talk about. 'Contract length' is the number of sessions assumed to be needed.

(Continued)

(Continued)

The settings in the left-hand column and the issues on the top of the chart are just examples. There are many more. Only the first row has been completed.

Table 7.1 The effect of the setting on the therapy

	Referral	**Payment**	**Confidentiality**	**Issue**	**Contract length**
General practice/IAPT	By the doctor in the practice	None	Within the primary care team	General, but usually not chronic	6 to 12 sessions
Alcohol agency					
Prison					
Bereavement agency					
Private practice					

KEY POINTS

- The context of the therapy has at least as much influence on the therapy as either the therapist or the client.
- It is important to keep track of the frame and boundaries of the setting if we want to have clarity about how we influence the client.
- We must remember to postpone judgement about a client's way of being in the world until we have had ample time to consider it from all angles.

MEETING, ASSESSMENT AND DIAGNOSIS

Therapy begins even before the two people meet for the first time. For the client, it begins when they start to ask themselves questions about their life. The moment they consider what they want and how they might go about achieving it, their therapy has started – even before they have found a therapist. The very act of deciding to go for therapy and finding a therapist are part of the therapy and demonstrably make a significant difference to the client's frame of mind.

For the therapist it begins when we ask ourselves what we can expect to accomplish as a therapist. Every therapy benefits when we question ourselves in this way. This is the beginning of what Husserl called the 'transcendental reduction', which we shall say more about later.

Coming closer to the first session, it evolves into the client thinking how they may be perceived and received by their therapist. Every client will wonder whether to risk saying the things they usually keep to themselves. Although they may be close to despair, they will also have some hope that coming to therapy will make a difference for the better. In one important sense this despair is a gift. It is what tipped the person from their habitual position of not doing something about an issue to doing something about it. It is what spurred them on to ask questions and do something to improve their life. Above all, the client knows that they will not just be talking about difficult issues, they also know that they will be talking to another person who will be giving them their full and whole attention. This is not something we often obtain from another person and it can be both scary and attractive. The therapist for their part will also be wondering how the two of them will get on. With every new client an entirely new relationship is created and we can never take it for granted that it will work. Each therapeutic dynamic is different. Each therapist discovers new capacities and new blind spots in working with each new client and often in each new session as well. Awareness of this is part of the transcendental reduction.

Paradoxically, the more experience a therapist has, the less she or he may be able to remember what the first session is like for a client. It may be the first time a particular client has been to a therapist, but for that therapist it may be the 200th time they see a client for the first time. Experienced therapists need to remember this. It takes a few moments of preparation to ready yourself for a new client. But the same can be said for seeing any client, since in a sense every client is a new client whether or not it is their first session.

EXERCISE

Getting ready for the session

Try to remember (or imagine) the first time you went to a therapist:

- What did you think and feel before you arrived at the therapist's consulting room?
- And afterwards?
- What did you expect?
- What was your experience?
- Why did you go back?
- What were your doubts?

Cohn (1997) says that assessment in existential psychotherapy is not possible because there is nothing to assess. He goes on to say that 'the client you meet is the client who meets you' (p. 33). What he means is that the quality of each session is so particular to time and place that any generalization will distract from the creation of a therapeutic relationship. Any assessment for therapy is inevitably saturated with the qualities of the assessor and most probably in ways they are unaware of. Existential therapists who work in settings where they receive formal assessments of their future clients frequently find a disparity between the description of the client in the assessment and

their own perception of the same client. Nevertheless, even when there is no formal assessment, there is still some informal assessment. For as soon as two people meet, especially in a therapeutic relationship, they will try to get a measure of the other person and to gauge how the relationship may develop. This is mutual and will evolve over the weeks and months. In some ways this changing mutual evaluation and understanding are what focuses the relationship and what allows change to occur.

Although most existential therapists would take the view that a formal assessment is not possible, existential therapists and existential counselling psychologists who work in multidisciplinary agencies will need to find a way to talk professionally to their colleagues about their work. In these cases they will write a client formulation based on phenomenological principles. It will:

- stay as descriptive as possible;
- focus on the way the client engages with existential issues of freedom and responsibility at critical moments in their lives, with examples;
- give a clear understanding of 'why now?';
- come to an agreement with the client about issues to be worked on, the clients' commitment to therapy and the contract being offered;
- have an element of risk assessment;
- comment on the relationship between the therapist and client;

It may use the more formal and systematic approach of structural existential analysis (SEA) (Deurzen, 2014):

- A structural approach will consider the four worlds systematically, exploring how the client is positioned at each level and what their particular tensions and dilemmas or sedimentations and mineralization are on each level.
- SEA also takes into account how the client is situated in time, in relation to past, present, future and temporality in general.
- It furthermore uses the emotional compass to explore how the client is moving in the world in terms of their values and fears of loss of what matters to them.

AN EXISTENTIAL FORMULATION

Annie self-referred to the service on the advice of her GP for anger, depression and worsening feelings of despair. She was 39 and a single mother of a 13-year-old daughter.

Following the death of her own mother from cancer when she was four, Annie's early experiences left her desperate to be needed by someone. She talked about being collected late from nursery, playing on her own a lot, and of her birthdays often being forgotten.

Despite or because of these challenges, Annie became determined to make herself useful, willingly accepting hard work and responsibility. She helped her stepmother look after her new brother and sister, excelled at school, often sacrificing her peer friendships. Being useful to others became a substitute for needing and being needed. She got married in her late twenties to a man who was a reluctant father, husband and provider. As the main earner she always maintained her career as an efficient office manager but she wondered if she had always taken on too much. As family responsibilities increased the relationship between her and her husband polarized even more and she became more resentful while he became more secretive and absent. His gambling debts mounted to such an extent that the family's safety was at stake and this led to him leaving the marriage three months previously.

Annie was now in a deep crisis of meaning characterized by overwhelming feelings of anxiety in which she berated herself for having destroyed everything she had striven for. She felt her marriage was a mistake and that she should have known about her husband's gambling. She was also upset about the way in which the breakup had affected her relationship with her adolescent daughter and feared she had become powerless to repair their increasingly strained relationship.

Physically she felt that her career was mediocre, socially she felt the loss of friends that she never made time for, personally she realized that she took far too much responsibility for others in order to make them need her and proved herself worthy, and ethically she realized that her value system which was based on being useful to others was not really working.

This full-blown existential crisis had led to Annie being off work for two months with her sick pay running out in four months' time. This had created a pressure and an urgency to sort things out. Annie found it hard to leave the house and her sleep was generally disrupted by obsessive thoughts about her difficulties. She did not understand how everything could have gone so wrong and felt very powerless, lonely and lost. She judged herself harshly for taking some of this tension out on her daughter and struggled with these strong guilty feelings in addition to everything else. Although she believed that she was too old to start again she said she would never contemplate suicide. She said, 'I'm a fighter'.

With her father now dead and her contact with her stepbrother and sister minimal, Annie often felt overwhelmed by anger and resentment towards her ex-husband for not having supported her and her daughter better. Annie's sense of meaninglessness was very much the result of her failure to tackle the dilemma of her own vulnerability on the one hand and her need to control others on the other hand. She could not see how she was keeping others dependent on her because she wrongly assumed this was the only way to be loved. While her determination and strength had often saved her life, they had paradoxically also become her downfall.

When asked how she had found the session she said that it had been very uncomfortable to open up to a man, but that she had felt encouraged and glad

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she had not been pushed too hard in the first session. When asked what she would do if therapy became too difficult, she said quickly, 'I wouldn't leave, if that's what you mean'.

In the formulation session Annie and her therapist discussed the way forward and agreed an initial period of 12 weekly existentially oriented therapy. It was also agreed that the repeating issue of her denial of her own vulnerability and her personal needs should be the initial focus of the work.

With respect to diagnosis, although existential therapists do not accept the medical principles of diagnosis, they will invariably work in settings that require or refer to diagnoses and they will often see clients who are familiar with diagnosis, even if these are only self-diagnoses. Existential therapists will rarely willingly comply with diagnostic activities, though in their training they will have had an opportunity to critically engage with existing categories of psychopathology (DSM, ICD) so that when they do they will be fully aware of the issues around diagnosis and will be fully conversant with the categories their colleagues refer to. The objective in existential therapy is to understand and actively engage with the way the client experiences issues and difficulties in their life, no matter how these have been diagnosed. The accuracy of any diagnosis given is always secondary to the meaning of the diagnosis for the client. What matters more than anything is how the person actually experiences the world and that they are able to understand their difficulties and transcend them. This often requires a willingness to go beyond diagnosis.

KEY POINTS

- An assessment done by one person will be different from an assessment done by another.
- Assessment in existential therapy is mutual, both the therapist and client assess each other.
- Assessment is ongoing and focuses on meaning and understanding rather than on diagnosis.
- Getting to grips with how our client experiences the world is what matters.

THE FIRST SESSION AND THE CONTRACT

As already said, the first session is characterized by a mutual checking out by the therapist and client of each other. This can be seen in terms of a number of tasks that the therapist needs to do:

1. Establish rapport (i.e. connect with the client).
2. Get a measure of how the client thinks about themselves and their issues, establishing what they already know and what they wish to know.
3. Ask the question, 'Why now?' Issues may have been present in the client's life for a long time and we need to know what it is that has brought them to therapy now. The greater the awareness of this, the more likelihood there will be of a determination to work.
4. Find out the client's ability to be challenged about their assumptions.
5. Start to think existentially about the issues that are being brought. Are any of the four worlds over- or under-represented? What level of responsibility does the client feel they have for their lives?
6. Monitor their own reaction to the client and their story.
7. Come to some tentative conclusions about how the work will proceed, including the number of sessions that will be agreed on.
8. Decide whether referral is a better option.
9. Complete all the administrative tasks necessary for the smooth running of the therapy and of the agency in which it is taking place.
10. Find out how clients feel about the session they have just had. It is useful to ask the client at the end of the first session: 'What has it been like to talk to me for the last 45 minutes?' If, for example, the client's issue is about relationships with older men and the therapist is an older man, this can be modified to, 'What has it been like to talk to me, an older man, for the last 45 minutes?' The response to this can be illuminating. Consider the differences between the following responses which would not have been obtained had the question not been asked:
    - 'It's been good, I didn't think I'd be able to open up to someone like you, so soon.'
    - 'OK, I've said pretty much everything I thought I would say.'
    - 'What's that got to do with it? I've come here so you can help me sort out my problems.'
    - 'Interesting. I chose you because you saw my friend, but it turned out to be very different to how I expected.'

EXERCISE

Ending of first session

Sit in the chair your clients sit in and imagine sitting in that chair after having had the very first session having been listened to by you.

1. What is it like?
2. What do you need?
3. What do you conclude?

In answer to questions about how the therapy will proceed, it is generally not useful to talk about theory or existential philosophy, as this can be a distraction from the task in hand. Clients have a right to know what to expect and something like the following may be found useful:

> 'Although this is the first session and it is slightly different because of that, the other sessions will be similar in that you are here to talk and to think about your immediate issues, some of which you've talked about today, and also what you want to do in life. I am here to listen and to help you to clarify and think with you about the things that matter. This may well involve things coming up that you had not thought of or would rather not think of and may also bring up difficult thoughts and feelings.
>
> 'Being in therapy is a bit like doing a very big jigsaw puzzle. The pieces are yours, but although you do not have a clear idea of the picture that the puzzle makes, I believe that you know what it is or what you want it to be. You certainly know more about this than I do. What I know is how jigsaw puzzles sometimes fit together and where the pieces are likely to connect. So what we do here is a cooperative effort, where we look at the pieces and see how they may fit together, except the pieces are your thoughts and feelings about what you hope and fear and desire. It will be very important to talk about everything that comes to mind and not hold back, so that we can work things out together.'

Many existential therapists are in private practice and need to find a way to make a clear and explicit contract with their clients. Contracts will also often be used by voluntary and statutory agencies. It is good practice to provide the client with a clear information leaflet and to use a written contract which indicates what is expected of client and therapist and to ask the client to sign a consent form that states that they have read and accepted the conditions of the therapy.

The information given to the client should include:

- the qualifications of the therapist, their training, professional body and insurance;
- the location and timings of the therapy;
- the fee payable and the conditions of payment that are expected;
- the ways in which sessions will be contracted and may be cancelled;
- the rules around confidentiality, disclosure and referral that apply;
- some guidelines for how sessions may be of most benefit to the client;
- the complaints procedure that the client may use in case there is a problem that cannot be overcome in the therapy.

The purpose of the contract is to make sure that all the boundaries of the work, time, cost, payment time, policy on absences, purpose, are in place and are known and

agreed by both the therapist and client at the start of the work. You will sometimes find it necessary to remind the client of this agreement and these rules.

KEY POINTS

- The first session is different from all the rest.
- A written contract is a useful way of clarifying important administrative and ethical issues.

Length of the contract

Because it is based on phenomenology and phenomenology is sensitive to context, existential therapy can be adapted to fit the time available.

If there are 12 or fewer sessions available, homework, in the form of a reading, journal-writing or film-watching projects between sessions may be considered, simply to focus and make the best use of the time available. Importantly though, such homework will always arise out of the work currently being done and will not be predetermined. The client will be encouraged to react freely to such homework and will not be punished for omitting to complete it. Instead this will become an important topic for exploration of the client's desire to affirm their will in some way. While longer-term therapy will enable a full and wide-ranging existential analysis, in general, the shorter the contract, the greater will be the necessity to focus on just one or perhaps two related issues and because of this the therapy may resemble a coaching relationship. This may also happen if sessions are spaced out more than fortnightly.

Very often – and this would apply as much to short-term as to long-term work – clients find it valuable to write an account of their therapy and to make it a part of the therapy as well as being an intimate record of an important time in their life. Discussing this account is often a good way into a session. Existential therapy, like all therapy is time-bound and always limited. This brings up existential issues around mortality, abandonment, loneliness, autonomy and disappointment and can be very fertile ground for new explorations.

KEY POINTS

- The flexible nature of phenomenology means that it can be adapted to all varieties of contract.
- Existential therapy works well both in the short and the longer term.
- Clarity is of the essence.
- The limits of therapy are natural existential boundaries that are up for discussion.

EXISTENTIAL THERAPY AND COGNITIVE BEHAVIOURAL THERAPY

Therapeutic theories and the practices derived from them should always be changing in order to be useful. If they do not, they turn into fundamentalist dogma and literally become useless. Starting from a natural scientific, technique-driven position the last decades have seen great changes in the theory and practice of CBT. Research has consistently found that technique represented only 15 per cent of the curative value of therapy and that the rest was a combination of client and relationship factors. CBT has responded to this by incorporating elements of therapeutic models that emphasize relational qualities, borrowing from many methods, including from existential therapy. Whereas the differences between existential and cognitive behavioural therapy used to be clear, they are now less clear.

To understand the differences we need to remember that their origins and therefore the founding principles and identities were in markedly different contexts. Existential therapy arose from European philosophy, whereas CBT grew from British and American experimental psychology. Existential therapy is founded on the relational nature of experience and also on the individual's responsibility for creating personal meaning for a life that has an uncertain but finite duration. Since existential change is ontological or basic to existence, change in terms of symptom removal cannot be a primary aim, while understanding and ownership of life choices in the context of uncertainty can be. Existential therapists would reject the claim that symptom relief is a good enough objective.

CBT is concerned with how we process information about the world in order to achieve a consistent sense of ourselves in our social environment. It is concerned with the way in which childhood experiences are used to create knowledge about ourselves that continues into adulthood. It focuses on the dysfunctional aspects of this knowledge, which can lead to cognitive distortions. Modification and removal of these cognitive distortions and their behavioural consequences is then a primary aim.

It will be evident from this that although coming from different traditions (i.e. existential therapy from 'being', and CBT from 'doing'), both these methods favour dynamic and constructivist theories of human existence, in the sense that they both view reality as constructed by the individual, rather than predetermined or genetically given. They both emphasize the importance of considering the individual in interaction with her or his environment and are both concerned with the generation of personal meaning. Both are interested in turning past experience into learning for the future. But all this gives rise to an important difference. Whereas for existential therapy the focus is on the meaning that a person can find in understanding their own purpose and in living by worthwhile values that are highly specific and personal, though interpersonally derived, the central pivot of CBT is that of pinpointing individual cognitive dysfunction with the primary aim primarily to correct this.

CBT and its many variants is always technique-based. A long-standing existential objection to the idea of technique is that it threatens to mechanize and

hence dehumanize the essentially human therapeutic interaction, which is central to the process. This leads to another distinction. As we said in the introduction, the difference between skills and technique is one of personal ownership. Trying to delineate a difference between cognitive behavioural and existential practice in terms of how many or how few discrete therapeutic actions are defined is to miss the point. Although the emphasis on technique in classical CBT, the 'doing' function has been softened and reduced in recent years, to be replaced with protocols that emphasize not just the emotional dimensions of cognitions but also the relational aspects of therapy, it is still a long way from the existential emphasis on a collaborative philosophical exploration of human existence that is at the core of existential therapy. Examples of cognitive behavioural therapies that come closer to existential therapy are dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT) and mindfulness-based stress reduction (MBSR).

But while these ways of conceptualizing therapy add a more existential flavour to CBT, there remains a gap whose origin is in the different epistemologies and which can be summarised in terms of CBT's concentration on, and explanation of, the ontic dimension of existence, and the existential concentration on understanding and interpretation of the wider ontological and values-based dimensions of existence.

Fees

Many therapists find the discussion of fees difficult. It is hard for therapists to put a monetary value on their care and attention without feeling they are demeaning it or exploiting the client. Nevertheless the money that changes hands, either directly or indirectly – since no therapy is actually free – has a powerful symbolic value. It clarifies that the relationship is a transaction between one person and another and reinforces the continuity of the work. Everything in our culture has a monetary value, and this is how we express what something is worth. It is not an issue that can be ducked. Psychotherapy is a profession and this means the therapist needs to be able to earn a living. It is therefore crucial for the therapist to become clear for themselves about what they think about their monetary worth. They should carefully cost their own work in relation to their standard of living and the number of hours they are able and willing to work. Having said that, the therapist must manage their cash flow in such a way that the client must never feel that they are responsible for the therapist's financial survival. If the therapist is unclear on any of this, it will reverberate through the work and the therapy will run the risk of being derailed. If they charge too little to cover their overheads, they will feel resentful and become lazy and seek other gratifications from the client. If they find they are charging more than the client can afford, the client will be resentful and leave, or the therapist may feel they have to give better value for money that will lead them into doing more and taking more responsibility for the client than is healthy. It is important that the client feels that the transaction (the relationship) between themselves and the therapist is

fair and equitable. Correct payment enables this and prevents the client from feeling either resentful or indebted to the therapist.

Discussion of the meaning of money can rarely be done in the first session and may only come to light subsequently. Nevertheless the therapist has to be alert to the implications. Money is also important because existential autonomy (the ability to make and own one's decisions and actions) is correlated with economic independence (the ability to work and to earn one's own living and support oneself and contribute to the support of others). One of the authors (MA) found that clients who did not pay for counselling in general practice not only had greater absenteeism but also were more likely to give a present at the end of the work than clients in private practice, indicating both that counselling was given a lesser value and also that the clients felt more indebted to the counsellor.

KEY POINTS

- Many people, including therapists, find handling money difficult.
- It is important for many reasons to establish firm agreements on payment.
- The therapy needs to be based on a fair and equitable exchange.

THE BEGINNING AND END OF SESSIONS

If the client comes at the same time each week we must remember that 167 hours will have passed since the last session. This means that a great deal may have happened between sessions and we must resist the temptation to assume that the client is preoccupied with the same issue as the week before. Therefore the client should be encouraged to begin with whatever they are preoccupied with at that moment. In this way the client's autonomy is reinforced. Over the course of time, as clients get used to taking charge of their sessions they will get better at thinking between sessions as well, and the sessions will join up. Some clients do this very quickly, others less so and therapists can actively encourage this process by making links between themes pursued in different sessions. This is also the purpose of homework, to help the sessions join up and become more productive. Ideally, phenomenologically we would allow the sessions to unfold at their own speed but often the constraints of the setting and contract mean that we can make modifications to technique and suggest, but not dictate, a starting point.

The position on the end of sessions is similar. Life is continuous and therapy only takes up a small but significant part of life. The temptation for the therapist to use the last few minutes of the session to summarize in order to reduce ambiguity and treat the therapy as something distinct from the rest of life should be resisted. It is likely to reduce the client's own analytic capacity. It may well be that what is being considered is not ready to be summarized anyway, in which case to do so would be inappropriate.

Many existential therapists ensure that the client has sight of the clock in the session and it then becomes the existential therapist's responsibility simply to point out that the time is up.

ILLUSTRATION

THE BEGINNING OF A SESSION

Session 3

Client: I don't know what to talk about today. What were we talking about last week?

Therapist: What do you remember?

Client: I don't know, what was it? Do you remember?

Therapist: If I said what I remembered, it may not be what was significant for you, bearing in mind that you were probably thinking and feeling many things that did not get put into words.

Client: Hmm.

Therapist: What's it like to come here, talk about important matters and then forget them? It's important for you to remember?

Client: Well, yes. I feel disjointed … yes, that's what I was talking about … feeling disjointed.

Commentary

By staying with the client's current experience and resisting the request to remember the last session, which may well have not been what the client remembered, the client was able to recall a significant issue, which was the reason she had forgotten.

Door-handle comments

On some occasions the client says something between the formal end of the session, between when the therapist says 'We have to stop for today' and when they leave the room. This may be something like, 'Oh, I forgot, I can't come for the next two weeks' or, 'Your job looks easy, how do you get to be a therapist?' or, 'I don't know how you put up with seeing people like me all the time, it would drive me around the bend'.

We can call these sorts of comments 'door-handle comments' because they are usually said with one hand on the door handle. They are often highly significant because they are invariably about both how the client sees their relationship with the therapist and also issues that were not discussed in the session, possibly because the therapist was following her own agenda. They are always difficult and the response calls for extreme sensitivity, but the therapist needs to take note of them and try to find a way to weave

them into the next session. They are only outside the session because the client was not able to find a way to put them in the session.

KEY POINTS

- The client must be encouraged to set the agenda.
- What is said at the very beginning of the session before the formal start of the session, and at the end after the formal end of the session, is usually highly significant.
- Breaks and holidays should be mentioned in good time and also at the start of the session.

WORKING THROUGH, RELUCTANCE AND RESISTANCE

The terms 'working through', 'reluctance' and 'resistance' are familiar from psychoanalysis, but what we mean existentially by *working through* is the active process of addressing the obstacles we put in our own way, and as Nietzsche said, accepting reality for what it is. Existentially life is in flux and dynamic and consequently in existential therapy we do not work on change, we simply help people to stop interfering, out of fear, with the process of change.

Dysfunction and unhappiness are more likely to be caused by resisting change than by the change itself.

Overcoming *reluctance* to change hinges on the ability to accommodate the anxieties elicited by unexpected circumstances, crises or catastrophes. Facing fear and danger and uncertainty is the first step in the process of coming to terms with who we are, what others make of us and how fate and chance will change us. When we dare to face what we are and what life brings, everything comes clear and we can actually start to live without holding back the whole time.

This does not mean that once we accept our vulnerability, our *resistance* immediately diminishes. In therapy, working through entails persevering with the work of therapy as best one can, despite inevitable obstacles and despite the client's initial reluctance and avoidance. In working through, disowned experience becomes owned and changes our way of seeing the world.

The difference between reluctance and resistance is that while the reluctant client is likely to know what they are avoiding, whilst deliberately not talking about it, the resistant client is likely to be unaware of the significance of their avoidance and will therefore dismiss the possibility without considering it first. Existentially we need to judge how open the client is to alternatives. We need to be careful that we do not label as resistance every case of the client's disagreement with what we are saying. It is quite possible that we are wrong. We need to remain open to our own learning.

ILLUSTRATION

RELUCTANCE AND RESISTANCE

Uncharacteristically, a client did not attend their previous session and also did not let their therapist know.

Client: I'm sorry I didn't come last week, I was held up at work.

Therapist: You seem to have a lot of hold-ups at work at the moment.

Client: Yes I do.

Therapist: What was it like not being able to come?

Client: What do you mean?

Therapist: I wondered if you didn't come to the last session not so much because you were busy, although I'm sure you were, but because you were angry with what I said the last time we met.

If the therapist's assumption was wrong, the client would say:

Client: Oh that, yes, I was hurt at first, but then I thought about it and realized you had a point, but I was busy at work – I'm sorry I didn't let you know.

The reluctant client would say:

Client: Ah, yes, I wondered if you knew … I was really, eh … it was hard when you said … and I found it difficult to know what to do… when I feel like that… well, I thought I'd ignore it and hoped it would go away.

Therapist: And has it?

Client: I hoped it had … oh dear, no, obviously not. I've actually been thinking about it all the time since. I wondered if I'd talk about it. OK, here goes … I was really upset and angry when you said …

But the resistant client would say:

Client: No, I don't think so, I don't remember what we were talking about now, I was just very busy, it's that new project I told you about, it's been crazy at work, that's really all it was.

KEY POINTS

1. Existentially, working through is about staying with our anxiety until it can be tolerated and understood as a part of living.
2. Reluctance to face up to the difficult aspects of living needs to be welcomed and met by the existential therapist.
3. Resistance is when the client is unaware of their evasion and denial.

BRIEF EXISTENTIAL THERAPY AND SOLUTION-FOCUSED THERAPY

When making parallels between therapeutic approaches, the most important consideration is to ascertain whether the two approaches have compatible epistemological bases. Although its theoretical basis is not highlighted, solution-focused therapy (SFT) (O'Connell, 1998) can be thought of as a social constructionist approach closely aligned to the narrative approaches.

This means that SFT considers that problems, and therefore solutions, are co-constructed with language. Language is seen to create reality rather than simply reflect it. SFT does not subscribe to a predetermined set of psychological dispositions beyond the need to make sense of experience. It is not an essentialist theory and hence both validates the worldview of clients as well as providing a basis for 're-authoring' the client's narrative.

This emphasis on a client's co-constituted nature coincides well with phenomenology (Langdridge, 2006).

The existential approach lends itself well to short-term work because it follows from the existential focus on the awareness of death and the necessity to face up to our limits and make the best use of our time.

The central philosophical issue that brief existential therapy and SFT share is the issue of time and the experiential difficulty of moving through time into an uncertain future that can be owned rather than be evaded or denied.

The central practical issue is that of devising a way of delivering an effective and ethical therapeutic intervention in a small number of sessions that is acceptable in a mental health setting with limited resources, such as employment assistance programmes (EAPs), or in the UK, the IAPT protocol in the National Health Service.

When faced with such economic pressures, notwithstanding the need to understand the desirability of helping the client understand how the past led to the present when the client finds it hard to imagine a future, we are forced to come up with methods that reduce the contract length. This usually means that the work needs to be symptom relief and future-directed. SFT solves the problem by focusing on resilience, competence and the clients' ability to learn from mistakes. These aspects are all part of existential therapy, but they are not sufficient to make a therapy existential.

Something else existential therapy and SFT share is the emphasis on autonomy, enabling clients to find their own solutions. Many essentialist approaches of therapy also work towards solutions, but SFT does not employ pre-determined solution frameworks, preferring instead to trust the client's ability to generate their own solutions based on an understanding of their current and past ways of living.

For short contract work then, the discrete skills package of SFT may be more appropriate than ET, which requires more depth and freedom of exploration. SFT can offer a way of working with clients that is respectful of their existing competence in a way that makes it compatible with the principles of existential practice outlined in this book. However, SFT is not a full-blown existential-phenomenological therapy and it does not have room for the kind of philosophical exploration that may allow clients to come to terms with their own situation in life and make deliberate, thought-through changes.

ENDINGS AND TERMINATION

Compared with the amount written on the start and the maintenance of therapeutic relationships, the amount written on endings is almost insignificant and it is hard not to put this down to a universal avoidance of the issue of death and endings.

As Strasser and Strasser stated (1997), brief existential work closely echoes the human condition because the end is in sight from the beginning and this may be enough to prompt clients to take charge of their lives. Bearing in mind that our awareness of death can help us to make the most of our lives, we need to remember from the very start of the work that it will end at some point. The termination of therapy is not just a cessation of activity, it is a process to be worked through. This itself can be effective in helping people to wake up and take charge of their lives, and on occasions it may be enough. It can also focus the mind of the therapist. It obviously means that we need to be mindful from the start of how we are going to end the relationship. Some clients get very worried about this and they keep threatening to stop therapy. This may be a way for them to come to terms with the limitations imposed upon them.

Many clients come to therapy with issues about unsatisfactory endings or losses, and it is important that the client does not experience the end of the therapy as something else that ended unsatisfactorily.

It is the therapist's responsibility to know how to provide a constructive new model that tailors the work so that they get to the end of the work at the end of the available time. As with loss and bereavement, the termination of therapy is not just the point where we stop and say goodbye, it is a process of closure to be worked through. Both the task (what the client came to do or understand) and the relationship issues (the fact that they shared these important issues with the therapist as another person) need to be addressed.

Whatever the contract, it is recommended that no less, and in many cases more, than one-sixth of the total time together is spent considering the ending. With a

fixed-term contract the decision of when to stop is taken away, but what remains is to work out how to evaluate and end the work. Therefore, clients who have a particular sensitivity to loss and endings will need more time and care in working through the implications of the ending. In these cases the whole time may be spent considering the ending. Placing an emphasis on the number of sessions left and monitoring its meaning will reduce the likelihood of premature termination.

Given that endings are universally difficult, with an open-ended contract the issue for both the therapist and client is to arrive at an ending, which is at the right time for both of them. This can only be known by the two people on the basis of their work together, but in assessing the end it is useful to bear in mind the risks and signs of poorly managed endings, which are characterized by:

- the client leaving suddenly;
- leaving when either the outcome of the task and/or the relationship has not been evaluated;
- leaving with a denial of feelings of loss;
- ending after a specific goal has only been partially met;
- leaving before the work has had a chance to establish itself.

The therapist has to be able to face endings with openness and to know when they either prolong or shorten the ending for their own reasons. Supervision is very important in throwing light on these blind spots.

As therapy is about relationship as well as task, the client will probably wish to know that the therapist will remember them in future and would be happy to see them again if they were to return. Giving the client this sense of being valued is less likely to come about simply by saying so. It is more likely to be reinforced by the quality of the therapist's attention over the whole time and especially at the end. Often the way the client will remember the therapy will be related to the nature of this ending, for it is in the end that they are sent on their way to take charge of whatever problems their life brings and it creates the final sense of what has been achieved. The better the ending, the more the work will be remembered as valuable and the gains sustainable. But a good ending does not mean that all loose ends have been tied up and that the work is considered to have been 'completed' or that the client has been 'fully analysed'. On the contrary it means that both therapist and client have confidence that the client has learnt enough about self-reflection and philosophical understanding of living to be equal to any further challenges that life will inevitably throw their way.

It is not the job of the existential therapist to advise the client to stay or to go but to ensure that the reasons for staying or for going are sufficiently examined. Whether it is an appropriate decision or not cannot be known unless the issue is discussed.

To this end, if a client is reluctant to discuss a sudden departure, the likelihood is that the ending will not be well managed, but if they will discuss it, the likelihood is that it will be well managed.

Nevertheless, it is important to remember that since life is constantly unfolding there can be no point at which any therapy can be said to have finished – it can only ever be enough for the time being.

In the final analysis, only clients themselves can know what is right or wrong for them at any one time, though therapists would fail in their duty of care if they did not challenge or carefully examine sudden decisions to relinquish the work.

EXERCISE

1. Think of something that ended 'well'.
2. Think of something that ended 'badly'.
3. What did you think, feel and do, before, during and after each of these examples?
4. How did you prepare for them (if you did)?
5. Was your involvement active or passive?
6. What did you learn about the way you manage endings?

KEY POINTS

- The end of the therapy begins at the beginning of the therapy and is worked on throughout therapy.
- Many people, including therapists, find endings difficult, so that they avoid facing them squarely.
- The nature of the ending of therapy can be the benchmark by which the client remembers the therapy.
- It is important to think through the therapeutic relationship and its ending and model good endings for the client.
- Good endings are likely to be about a person being prepared to learn from experience and have the confidence to be able to meet further challenges.

THERAPY AS A LEARNING PROCESS

Being a client in psychotherapy is about learning how to live more effectively and discovering strengths as well as weaknesses. It is about finding out what obstacles one puts in the way of getting what one claims to want and it is an emotional task, an existential task, more than it is a technical or intellectual task.

Although we usually move in the direction of greater competence, events outside of our control occur that make us feel considerably less competent than we thought we were. Resilience in the face of life's slings and arrows is constantly tested, and we continue learning throughout our professional career. This applies equally to therapist and client.

In therapy the client not only has to learn the skills of living more resourcefully but they also have to learn the skill of using therapy. It is easy for therapists to forget this. Ultimately it is about learning to be open to life's difficulties and be capable of self-reflection so that we continue learning.

The process of acquiring skills is marked by a characteristic sequence of thoughts, feelings and actions that can evolve backwards and forwards through what can be thought of as four qualitatively different phases. However, each contains the other and is as important as the other, and the significance of all have to be acknowledged in order that learning be consolidated and owned. It is moreover a model of how we learn to live effectively and is just as applicable to everyday life as it is to therapy.

First phase

The starting point for many clients is when they know that things are not working for them, but generally feel unable to make any changes.

This phase can be summarized as: 'There are a lot of things I don't know but I don't know what they are.'

The feelings at this time can be:

- excitement – at finally deciding to do something about it;
- anxiety, fear and apprehension – at what they may discover;
- curiosity – at finding out something new.

But they may also be in a state of despair or discouragement about life in general and their own life in particular; in this case they may feel little hope for the future. This is where they are in the first session, and often for some considerable time.

Our task during this period is mainly to listen and clarify. By our clarifying, the assumption that led to the client seeking therapy begins to come to light and we make explicit what is hidden. We start to get an idea of how the client inhabits the world and organizes their physical, social, personal and spiritual dimensions. We get a sense of how they see themselves and their position in the world, how they see their relationships, how they see themselves as active agents and what their values are.

Second phase

Gradually, as clients talk, and we listen, and they listen to themselves, and they experience themselves being listened to by us, and they wonder about the significance of what they are saying, they get an enhanced awareness of their position in life.

This phase can be summarized as: 'I now know a great deal more about what I don't know.'

This can be a very difficult stage of therapy and many clients can be tempted to leave at this point. The sort of things clients say are:

- I came here to feel better but I'm feeling worse.
- You are really trying to help me, but I realize I just cannot do it, it is too difficult and I will just keep getting it wrong.

Or they may say:

- This is extraordinary, I always knew there was stuff going on I had no idea of, and at long last I'm beginning to get a handle on it.
- This is really hard but I feel I am finally getting a grip on things.

The sort of feelings that come up here are:

- *anxiety* – at facing the void of not knowing and of having to take responsibility;
- *disgust or shame* for their own way of being, but also at finding out things they did not want to find out;
- *frustration* – at not feeling able to do anything about it;
- *cynicism* – at why things should ever get any better than this;
- *guilt and blame* – at how they have led their lives;
- *'sour grapes'* – they may say they are not very interested anyway, they can get along quite well without it;
- *envy and rejection* – saying it is alright for some, but they have never had any luck and their situation is just too hard and they will never get where some people are able to get.

They may also say that therapy is 'boring'. This use of 'boring' means anything but uninteresting and dull. It means there is too much going on and that it is new and doesn't yet make sense. It means they feel overwhelmed by the complexity of their feelings that then turn to a kind of fog. They are falling about in a world without form or shape. Facing our ignorance can be extremely unsettling as the foundations of what we thought was solid are now being questioned. Calling therapy 'boring' is a way at keeping our anxiety at bay in the face of emergent change.

Our task here is to try to understand this anxiety, both intellectually and emotionally. This is a necessary step as the client begins to tolerate their anguish, to come face to face with the human condition and begins to understand it differently. At this point we will be making descriptive interpretations, which means that we will be verifying and searching for an accurate description of the client's experience, with our client. We will carry on trying to find images and stories that capture the client's life experience without distorting it but that nevertheless brings it to light in a new way. Quite often it will mean bringing ambiguity to the fore and pointing out the paradoxes in the client's life, or how they repeat past patterns, over and over again.

This too can be difficult for the therapist and they need to use their therapy and supervision to get some perspective and to learn to tolerate the anxiety, which is an

inevitable part of learning. The clients are facing the facts of life, and we need to be with them as they pluck up the courage to begin the long journey of finding out what might need to change.

ILLUSTRATION

WANTING TO GIVE UP JUST WHEN IT GETS DIFFICULT

Session 12

Mick had come to therapy because of panic attacks. He had been to three therapists before but left them all after a few sessions. He said rather vaguely that he left because the therapists had not helped him.

Mick: I don't know about this therapy … it's not working. I keep on having the anxieties and I haven't learnt anything to stop them. All we do is talk … I'd like to make this the last session.

Therapist: What is it like to be wanting to leave now?

Mick: OK.

Therapist: Just OK?

Mick: Erm, frustrating, disappointing.

Therapist: Because?

Mick: I won't have done anything about it … it just seems too difficult … I don't think I can be bothered.

Therapist: Bothered with?

Mick: All the going into it … and thinking about everything again.

Therapist: Yes, I was wondering about that. That far from it being pointless to go on, perhaps there is rather too much point, so much so that it becomes distressing and that you are afraid to tackle it.

Mick: That's what one of my last therapists said too.

Therapist: And perhaps we have a point?

Mick: Maybe there is something in it.

Commentary

The therapist decided to focus on the dilemma that Mick felt between wanting to stay and wanting to go in order that he might engage with it and discover for himself that he needed to do so and carry on. It would have been a mistake for the therapist to take at face value Mick's statement that he wanted to leave. It

would also have been a mistake to persuade Mick to stay. Mick's autonomy had to be respected even though it may have been difficult for him to express it in a constructive way rather than in a self-destructive way. The art, as always, is in enabling the client to push that bit further than they have done before, without doing it for them, or putting them off.

Third phase

Gradually the client gets used to the new experience of thinking and feeling differently, and the feelings at this time are likely to be:

- *excitement* – at something new having happened;
- *optimism and hope* that life might actually change for the better;
- *unease* – because it is so unfamiliar and delicate and because changes for the better have never lasted before;
- *fear* – that something soon will go wrong, or that the therapist may get fed up or leave.

This phase can be summarized as: 'I know it's what I wanted and I can't really believe it and fear I will lose it again.'

Changes are still very new and cannot yet be owned. Clients may swing from hope to despair and may come back each week wielding proof of their incompetence, only to be quickly reminded of how they have actually handled their life far more effectively and creatively and so far with more awareness and courage than they ever did before.

ILLUSTRATION

GETTING USED TO DOING THINGS DIFFERENTLY

Session 18

Jane came to therapy because whenever she met a man she was interested in and she could tell was interested in her, she found herself unable to talk to him and usually 'made a fool' of herself, got embarrassed, often drank too much and this led to the end of the relationship before it had begun.

Jane: It was really weird because I was talking with David, who I've talked about, at lunch yesterday and I remembered everything we'd been talking about. I was being a different sort of me. I didn't say very much to him, but at least I didn't say anything stupid, and he was asking me things.

(Continued)

(Continued)

Therapist: Like?

Jane: Oh, where I was born, what I liked doing on holidays and at weekends, I thought he was going to ask me out.

Therapist: What was it like?

Jane: Good, scary, it was good, but a bit odd, it felt like he was interested in me, but I kept thinking it won't last, that it was only because he hadn't got anyone else to talk to, you know all the stuff we've been talking about that I do.

Therapist: How did it feel that you were able to do something different?

Jane: Yes, I suppose I did, didn't I? I did it. Like I had a new toy, and it was mine, and I deserved to have it, I didn't used to believe that. This is scary though. I'll probably mess it up tomorrow.

Therapist: Who would?

Jane: OK, OK, OK, the old me would do that, the one that's so stuck in the past and sabotages little old Jane who doesn't believe in herself. I don't have to, do I?

Commentary

Jane was discovering how it felt to be doing things differently. This was in equal measures empowering and unsettling. Whereas she used to identify with her self-destructive potential, she was beginning to see that this was not actually what she wanted, it was just what she had previously become used to and was now in the process of disowning in favour of a way of being with her anxieties that acknowledged them rather than avoided them.

Our task at this point is to try to consolidate the changes made so they can be integrated into the person's idea of themselves. This often means pointing out how the client has actually done things differently, more competently, more courageously and more fairly to themselves and others. We need to be affirmative and quite outspoken in pointing out such progress, in order to sustain the progress at this point.

Fourth phase

As the client gets used to doing things differently a more resilient excitement can appear, which can be summarized as: 'I know how to do it now and I don't have to think about it.'

There is something particularly powerful about this but it is also dangerous. Powerful because of the excitement of the feeling that the person can do something where before they were unable, but dangerous because the complacency can lead to arrogance and even to hubris. This is a manic kind of sense of power where the givens of existence are disregarded. This always leads to a fall.

ILLUSTRATION

CHALLENGING COMPLACENCY

Session 24

Anthony had been unemployed for some months after having been asked to leave previous jobs because of his unreliability. He had just been offered a job at a recent interview.

Anthony: Well, I love the job, so everything's going to be great now.

Therapist: I'm glad you got the job. How will you approach it, after what we have discovered about how you sabotage things?

Anthony: Oh, it'll be fine, I just know it.

Therapist: How do you know it?

Anthony: What, are you saying? I'll mess it up? I thought you believed in me. That's really disappointing.

Therapist: I'm not saying you will or that you will not, for I don't know. I certainly hope you won't. I'm just remembering that this is the sort of situation that has been difficult for you in the past and that it's important that you be aware of the traps you may be setting yourself.

Anthony: Hmmm. How annoying. Well, alright, I suppose you're right to remind me.

Commentary

Anthony had come to the conclusion that as he now knew what he had been doing wrong before that it would not happen again. This is not necessarily so because we need to test ourselves in as similar a situation to the original one as possible before we can have any certainty of success. In many ways we can never take success for granted and have to remain attentive to all we do and think. Old patterns die hard and we need to be on the alert at all times.

Our task here is to encourage the emerging competence and confidence while guarding against over-confidence, and sometimes the therapist can be seen as a bit of a killjoy at this point.

The equivalent danger for the therapist is to begin to feel as if they know how to be a therapist and become complacent. This is the moment they will make a mistake and not realize that it is a mistake and see the consequences of it as the client's responsibility.

EXERCISE

Learning to be a therapist

This process is also a model of how therapists learn to be therapists. Remember back to when you started learning how to be a therapist or when you first went to your personal therapy:

1. What was it like?
2. How did it feel?
3. What did you discover about how you learnt?
4. What were the obstacles on the way?
5. Did you want to give up?
6. What made you carry on?

PHENOMENOLOGY: THE TRANSCENDENTAL REDUCTION

The task of checking back with your own process as a therapist is as important as the phenomenological reduction which allows us to be aware of what is happening in the therapeutic process or the eidetic reduction which helps us to be more careful about how we consider the client's issues. The focus on self-reflection is referred to in phenomenology as the 'transcendental reduction'. It consists of the following:

1. It is about focusing on the cogito, or the consciousness of the thinking self.
2. It seeks to reach towards the transcendental ego; that is, the thinking self rather than the characteristics of the ego that we put forward into social situations.
3. When we turn to our consciousness as a source of understanding and clarity we are not being selfish or ego-centric or solipsistic. On the contrary, we are going to a place where we connect with other people's own pure transcendental consciousness and overcome the separation of our varied world situations.
4. We become aware of our own limits when we do this, as we can never look beyond the horizon of our intentionality. We realize that we cannot look over the horizon unless we move to a different position.

5. Whatever we do and however much we can put ourselves in other people's shoes, the reality remains that our consciousness is always centred around itself. Our self remains the point zero of all our experience.
6. When we do try to stand beyond our normal position of a biased worldview, we begin to translate human experience into a *lingua franca*, from where we can start to understand different points of view. This is what Husserl called 'transcendental inter-subjectivity', because we connect with other people in a new way.

The objective of existential therapy is for the therapist to purify their consciousness as much as possible and to show how this can be done. This provides an experiential model of connectivity and understanding for the client that will encourage them to do the same from where they stand. It will also lead to moments where therapist and client connect in a surprising and very special sense of togetherness that is that of lived inter-subjectivity.

The final phase of therapy has already been discussed. It is a time when we summarize and transcend the troubles and worries that have been worked on for so many months and which have led to new understanding and a sense for the client of having worked through the obstacles. Now the client thinks: 'I am as ready to live life as I will ever be, for I can deal with whatever may come.' As soon as this moment arises, it is important for therapists to encourage the client's independence. Quite often it is helpful to propose a review meeting in three or six months. This allows the client to feel cared for and also trusted. It can also give them something to work towards, in the knowledge that they will have a chance to have some further life supervision if they need it. Regular six-month or yearly 'check-ups' with existential therapists are not uncommon. It is a way of touching base with the person who helped you find your way and a good way of being sure that you will carry on with the work on your own. Clients often find it very heartening and look forward to seeing their therapist in a year's time to show off the troubles they have faced and have an opportunity to refine their competence in fully dealing with them.

KEY POINTS

- Both therapist and client go through the same process when learning about life and about therapy.
- The key to understanding the way we learn is how we feel towards the process.
- Every new client is a challenge to our ideas of our competence.

(Continued)

(Continued)

- Learning skills is not a one-way process.
- We need different skills at different times.
- Therapists need to work on their own inner process and be aware of the limits of their understanding.

ONLINE CONTENT

◆ Video content demonstrating these points in the counselling process with reference to the emotional compass.

8

APPLICATIONS OF EXISTENTIAL COUNSELLING AND PSYCHOTHERAPY

'They lose the day in expectation of the night, and the night in fear of the dawn.'
Seneca the Younger

SUPERVISION

Although existential therapists set great stock by supervision, they object to the kind of supervision that imposes a prescriptive way of working and is mainly critical. We can arrive at what we mean existentially by supervision when we take 'super' to mean 'over' or 'above', in the sense of rising to an eye level from which we can gain perspective and 'vision' in the sense of understanding alternative perspectives. Supervision in this respect is a fair description of a phenomenological attitude. The existential extra is to add a bird's eye view of existence and the human condition, allowing for an even broader perspective to emerge.

Supervision is therefore about learning to oversee all our different professional interactions in order to gain an understanding of the ways in which they interlock so that we may get a better grasp of them. Supervision is a joint search for the truths of human existence by taking a wider view of the client's predicaments and taking a more careful and moderated account of their experiences. By doing this it will consider both implicitly and explicitly the human and philosophical issues brought up by the work, and illuminate these so as to expand the horizon of both the client and therapist in their grappling with the tasks and challenges of human living.

It is a place where we can reflect on our co-constituted nature, as evidenced by the complexity and interweaving of the client's the therapist's and the supervisor's outside relationships and life circumstances. We can often see how the therapist/client relationship and also the supervisor/supervisee relationship mirror the client's intimate relationships. And it is no wonder that this is the case, for it is inevitable not only that

human similarities will show up, but also that some aspects of our lives will find echoes in other parts of life and so it is with supervision.

This is how we understand the concept of 'parallel process' referred to by many other writers on supervision (e.g. Carroll, 2014; Page and Wosket, 2014) and is how we make sense of it in a new way (Deurzen and Young, 2009). See Figure 8.1 for a visual depiction of this concept.

Like counselling, existential supervision is based on the practice of phenomenology. An existential model of supervision is derived from a developmental and evolutionary rather than a deficiency model of the person. This means it is a collaborative process carried out in the spirit of dialogue and not a prescriptive or punitive exercise. If the supervisor is being phenomenological there is nothing that will make supervision intrinsically persecutory. It is a joint search for truth.

Not only that but a supervisor who practices phenomenologically will be sensitive and flexible to differences in the theoretical orientation of the supervisee. This can make the existential supervision model especially appropriate to group supervision when the counsellors have different theoretical orientations.

By working phenomenologically, hidden assumptions will gradually come to light and the metaphorical brackets we put round them will remind us they are assumptions and not facts, and therefore more likely to limit our field of vision. A supervisor cannot expect to have a sufficiently clear awareness of another person's assumptions unless they are aware of their own. And if this is done sufficiently rigorously the supervisee will reflexively be enabled to do the same.

What comes next is learning how what was said was understood or misunderstood, in order to decode the interlocking meanings. As phenomenologists we need to know about the person who does the perceiving as well as about what is perceived.

The question in supervision then becomes one of: 'How could it be that these two people are having a relationship with these qualities?' Concentration on the dialogue between the two people will enhance concentration on the co-created nature of the work.

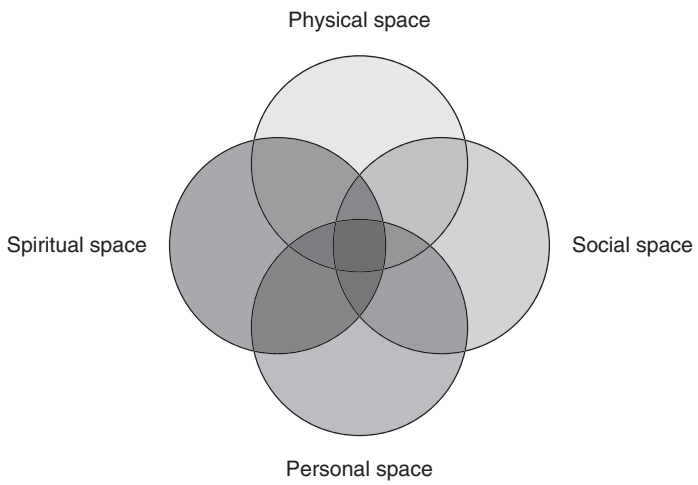

Figure 8.1 Existential aspects of supervision

EXERCISE

Questions on supervision

1. How do you evaluate and monitor your practice?
2. What do you need in your work in order to be effective? And what happens when this is lacking?
3. Describe a good supervisory experience. What were its characteristics?
4. Describe a bad supervisory experience. What were its characteristics?
5. What do you know about how you learn?

It is likely that supervision will be different during training and the early post-qualification years than after the therapist has matured and gained a lot of professional experience. Seasoned therapists may prefer to have supervision in a peer relationship, either in one-to-one or in a peer group or both. At the beginning of the therapist's career the supervisor will usually and necessarily have a greater level of experience. As the existential counsellor or therapist gains experience and resilience she or he will gain enormously from choosing someone from outside the existential tribe, as long as that person is sympathetic to existential ideas and ways of working. This will contribute a challenging additional perspective and will include aspects such as a different understanding of the client's past, internal world and relationships, including the therapeutic relationship. This will enable the therapist to broaden her or his knowledge base at the same time as gaining a deeper understanding of the existential perspective and its connections with other perspectives. We have nothing to fear from other therapeutic perspectives and can, on the contrary, learn much from them. It is also good practice to get a different experience of supervision periodically. A supervisory relationship that has become too comfortable contradicts the two principles of 'super' and 'vision' mentioned above. Having said that, it is perfectly possible for a good supervisor to maintain a fresh outlook and not settle for a merely cosy, comforting supervisory relationship, even after many years of working with a particular supervisee.

The issue of responsibility is central in both existential philosophy and existential supervision. An important question is that of the extent of the supervisor's responsibility, especially about the nature of this responsibility. How can we exercise such responsibility for the therapist's work, while simultaneously acknowledging our own autonomy and that of the supervisee and the client?

We need to remember that:

- supervision can only ever be about the last session and not about the next session;
- the supervisor should not tell the supervisee what to do next;
- for the client's sake the supervisor needs to believe in the supervisee's ability to practise professionally – though obviously if the supervisor has doubts about this it needs to be addressed;

- the focus should always be on the supervisee's work with clients – which of course does not exclude the supervisee's own experience or the relationship with the supervisor.

Having said that, there are differences that revolve around the issues of freedom and responsibility. The main one is that the supervisor has to reserve the right to take on different roles where necessary. Supervisors must:

- *Be supportive* of the supervisee's work. They must be alert to any gaps in the supervisee's factual knowledge and decide how these gaps may be filled. It can be very tempting for the inexperienced supervisor to try to impress the counsellor with their knowledge and to explain too much. This sort of explanation is invariably given to relieve the supervisor's anxiety or to impress the supervisee with the supervisor's learning and will inevitably lead to a reduction in collaborative dialogue.
- *Be challenging* of the supervisee's work. Nevertheless, it will often be apparent that the therapist is unaware of how she or he is, for example, contributing to a problematic situation which she or he is attributing to the client or the supervisee. It is the supervisor's responsibility to both therapist and client to address this. Occasionally it may be useful to speculate about other ways of being that might be available to the client of which the therapist is unaware. This will, however, always be in order to return to the main idea, which is to help the client to learn to be attentive to who they are and learn to just be themselves.
- *Be aware* of any lapses in ethical standards and decide how to meet these.

These roles will be modified in different ways if the supervisor is paid by an agency to supervise the counsellors in that agency.

Existential supervision will look at how the client's way of being in the four dimensions is translated into the issues they are preoccupied with and tries to understand and make sense of these. It will encourage the therapist to put themselves in the client's place and feel into the client's world, to look at the therapist's understanding of what the client says, does and experiences and look for connections between their lives, both in terms of similarities and differences.

Note-taking and presenting work in supervision

Existentially the therapist needs to find a way to reflect on their experience with their client while at the same time embracing the aliveness of the encounter. Since the supervisor will never be present at the actual time of the session we need to find some way to make a record of the session that we can use later, in order to reflect on it and learn from it.

In presenting work in supervision, given that we cannot have access to the session itself, what the counsellor needs to cultivate is a way of recalling the spirit of the session, the thoughts, feelings and dialogue that when presented in supervision can offer the possibility of an embodied recollection of the experience of the session, rather than an intellectualized and sanitized version of it. There is a danger in any reflection process, and supervision is primarily about reflection, of losing track of the unfolding relationship between the client and the therapist. Consequently we need a way of presenting in supervision that reduces the possibility of objectification; when the therapy is seen as a technical rather than a human intervention, and also the possibility of subjectification; when the client becomes a figment of the supervisee's imagination and appears within supervision as a collection of memories, desires and impressions which are hard to separate from the supervisee's own un-bracketed assumptions. To untangle these, supervision will sometimes need to concentrate on the therapeutic relationship. At other times it may need to focus on the supervisee's own related issues.

MAKING A RECORD OF YOUR SESSIONS FOR USE IN SUPERVISION

Here is a formal framework you can use to record your sessions. It is important to make these notes as soon as possible after the session as the accuracy and detail of your memory will diminish very quickly and be replaced by assumptions and constructions. If these dimensions are recorded then there is more likelihood that the spirit of the session can be reconstructed faithfully afterwards.

Client

The client was mainly preoccupied with ….....

The obstacles and dilemmas she was facing in that process were ….....

Her ultimate purpose seems to be ….....

She is undermining this purpose by doing ….....

What she wants to do differently or understand better is ….....

Therapist

I did ……. (e.g. what you said, how you acted, what your timekeeping was like).

I thought …. (e.g. what thoughts occurred to you before, during and after the session about what how the session went).

(Continued)

(Continued)

I felt…….	(e.g. what feelings came up for you before, during and after the session).
I learnt……	(e.g. what you learnt about your client, your relationship with your client and your practice that you didn't know before, and what you might do differently).

It is compulsory in some work settings to make notes for the use of the work setting. If this is the case then the workplace supervisor will give guidelines of what they want. It is a professional requirement for therapists to have proper records of their work. If the therapist is required to give evidence in a legal context, not having notes will be considered to be a sign of lack of professionalism. It is therefore good practice to summarize your experience of each session in writing. Also it is difficult to use supervision effectively without notes. Our memories are not that good or reliable. Notes can be about thoughts, feelings, questions, impressions, hunches, the client's purpose and problems, but may also involve small excerpts of dialogue.

Notes should be made as soon as possible after the session because impressions and feelings will be forgotten first, then thoughts and finally actions. It is good practice to make your own notes, which are different from and in addition to those required by your workplace; they are more of a record of your personal experience of the sessions and a record of your professional learning.

If you work with 50-minute sessions, on the hour, that leaves you 10 minutes to write your notes and reflect on your work. If 10 minutes is not enough, you can fill your notes out later. Jotting down what you want to remember of a session makes it easier to move on to the next client. You will feel free to let go of the client's issues, knowing that you have made a record of them. Having the notes reinforces the experience of the session and makes it more likely to be recalled in the next session. It is impossible to recall an entire session, so what results will inevitably be selective; everything is subject to inadvertent omissions and revision. But accurate record keeping is a skill that can be learnt and will improve as experience accumulates.

The act of writing notes is different from the act of reading notes. It is often enough just to write them. Reading the notes of the previous session immediately before the next session can sometimes be useful if we need to recall a detail, but it can also prevent the therapist from being with the client in the present, concentrating too much on the previous week.

As already suggested earlier, you may at some point be required to testify about what happened in a piece of work with a client and keeping notes will be invaluable and help you to be realistic about your work. Some existential supervisors advocate the use of verbatim records, but like all ways of presenting in supervision, these have advantages and disadvantages.

Another way to do this is making an audio or video recording of the session, but this is rarely possible for both ethical and practical reasons. Some clients like to record

sessions for their own sake and if you do not mind this happening, it may help them benefit doubly from the work. It may be helpful to ask them to bring their reflections about the work to the next session if they are doing this.

KEY POINTS

- Existential supervision starts from the experience of the therapeutic relationship.
- The existential supervisor will always acknowledge the autonomy of the therapist while at the same time taking responsibility for her or his own autonomy and knowledge.
- Existential supervision is a collaborative search for the truth of human existence.
- Making notes is a part of being an effective and professional practitioner.

COACHING

Although many counsellors may be new to coaching, coaching itself is not new, being established for many years in sport and business. There are many points of contact between coaching and counselling and particularly so in the skills that are needed. Because coaching has been a very flexible discipline it has been able to draw from many fields. Existential coaching has added a new and important dimension to this developing field (Deurzen and Hanaway, 2012).

One of the differences between psychotherapy and counselling is that psychotherapy arose within the medical model and therefore has assumptions of pathology, dysfunction and cure embedded in it. Counselling arose within an educational context and in some ways as a reaction against the prevailing medical model in mental health, so counselling has contrasting assumptions of health, well-being, personal effectiveness and of life as a process of continuous development. Although coaching developed independently it has much in common with the assumptions of counselling and it is eminently compatible with an existential approach.

Many counsellors may think of coaching as sophisticated advice giving, but this is to misunderstand it. Although in its narrowest form coaching can be seen as focusing on problem solving, of being concerned with the 'doing' aspects of existence, good coaching is more than this: it is learning to learn, rather than teaching. Like counselling, the effective coach will need to have struggled in the areas she or he is coaching in.

We have said earlier that counselling practice based on phenomenology will be closer to the truths of human existence. This means that since phenomenology is a research method, as long as the ethics of the particular work environment are consistent with the ethical principles of phenomenology there will not be a problem.

What an existential approach can bring to coaching practice is that of emphasizing the 'being' aspects of existence. Experiences like those of uncertainty, the frustrated search for meaning and purpose, or for freedom and responsibility and the inevitable struggle with paradox and dilemma will be at the centre of existential coaching, thus shedding a different light on the goal of problem solving.

Existential coaching will enable a person to explore different aspects of existence, so as to understand them better. For instance, they may come to realize that two ways of experience that are often seen as opposed, that is, doing and being, in actual fact complement each other. Existential coaching will rely on the practice of phenomenology and will avoid unethical practices. Existential coaches will not fall for the trap of suggesting behaviours to their clients, but will stick with the phenomenological exploration of their experience so as to allow a widening of the focus of coaching from simple learning techniques to understanding life and a person's place in it. Coaching can be seen as a form of life supervision in which mastery is achieved not simply by learning new tools and techniques to control and fix problems but by engaging with mystery and expanding our range of human experience.

Every setting brings a new set of constraints and opportunities, and coaching is no exception. One of the opportunities coaching brings is to reconsider the rationale behind some counselling traditions, like session times, frequency and length of contract. Because the work environment is different, different values and expectations apply. There is a tradition within counselling of short-term contracts, particularly within the NHS and in Employee Assistance Programmes, and most therapeutic approaches including the existential approach have devised short-term models. The same is true in coaching. Victor Frankl's (2000) logotherapy was an early version of short-term existential coaching, and Strasser and Strasser's (1997) is a more contemporary model. Psychotherapy has, however, been much more reluctant to reconsider the issue of length and frequency of sessions. Within coaching, while the work is invariably time limited, the sessions are not necessarily 50 minutes long, nor weekly. The length and frequency will be determined by many issues such as availability of the coach, the needs and availability of the client and the resources of the funding body. Consequently, the contract for example may be for six 2-hour sessions spread unevenly over a period of 6 months. Another difference is that the coaching may well take place in the workplace, and one reason this is possible is that it is seen as a legitimate non-pathologizing part of work life. It is about maximizing performance and potential in a professional setting, rather than targeting psychological problems. It is not evidence of a deficiency or a punishment for poor performance. Existential coaching, with its emphasis on ethics and philosophical understanding, fits right into this model.

The coach will spend some time at the beginning of the work tuning into the client's worldview by use of the skills of phenomenology. At the same time the coach will be monitoring the relationship to see how the client is making use of the coaching and will also be formulating and reformulating the issue as the client is explaining it and focusing it into discrete goals which will be checked with the client. This calls for a great deal of skill and humility. On occasions it may be necessary to reiterate and explain the purpose and different responsibilities of the coach and the client. Bearing in mind the focused short-term nature of the work, it will often be necessary to introduce information or facts that the client does not know but needs to know. In this situation being a coach is a bit like being a supervisor. Also because of its focused fixed-term nature, coaching will typically employ a number

of techniques and strategies. One of these is the use of psychometric tests like the Myers Briggs (MBTI). Used phenomenologically and existentially, this has the purpose of putting the client in touch with forgotten life projects. It is like a snapshot of what is and can be a way for the client to engage with denied aspects of their freedom. In a similar way techniques like guided fantasy, collaborative goal setting, self-help including homework, mindfulness and focusing can be used and taught. This can obviously endanger the existential phenomenological nature of the work, but this is always retrieved because of the meaning focus of existential coaching. The client is enabled to consider their life's purpose, or lack of it, and to become much more aware of assumptions and values.

In common with all short-term counselling models, the work of the coach tends to be less aimed at looking at psychological problems as such and more aimed towards action, goal directedness and structured learning. Taking a phenomenological approach can allow the coach to focus on goals at the same time as offering a space for the client to slow down and take time to reconsider aims and objectives, decisions and strategies. It can be a space for both coach and client to use their imagination. While this may be more familiar for the counsellor who does coaching, a phenomenological approach might not be familiar to the ambitious business client who is more accustomed to techniques and solutions. Therefore the coach may need to explain the rationale behind their approach. This is not that there is no structure to the session but that the structure will allow for a focus on values and meaning and lead to a different quality of decision making and goal setting.

EXERCISE

Questions on your effectiveness at work

1. Think of a past work situation that was causing you some problems.
2. What was your part in the maintenance of the problems?
3. Why did it take you so long to do something about it?
4. How did you solve it?
5. In hindsight, what other solutions may there have been?

There are no issues that do not have an existential dimension and all work-setting issues resonate in all the four worlds.

In the physical world, a client unfulfilled in his job is not just thinking about his job, he is facing a life-changing event – reconsidering what he wants to do for the rest of his working life. This can impact on the ethical world in terms of the need to do something in accordance with one's values, but in itself it creates an important issue to explore: how will my concrete physical existence alter if I am to make the changes envisaged?

In the social world, we all have to work with and to get on with other people – this is an existential given, and one of the givens of corporate work is the potential

conflict between the needs of the organisation and the needs of the individual. One manifestation of this will be that it is frequently the company who pays for the coaching. This means that the company will have a vested interest in the outcome of the work that may be at odds with what the client wishes to get from it. The coach may also feel this dilemma, but it is one that can rarely be solved by being avoided or with an either/or solution. It has to be identified, faced head on and opened out.

Psychologically, a common issue is that of managing leadership. We all have different qualities and the corporate world invests certain people with different amounts of authority depending on their role in the organisation. An existential perspective on this would not simply be framed in terms of the corporate structure and responsibilities, but in terms of our need to cooperate and the different needs of the leader and the led and of everyone's interlocking and co-constituted identities within the microcosm of the company. The individual has certain desires, talents, qualities and interests that fit more or less well with the company's requirements. The interlocking microcosm of the company and the macrocosm of the wider world form the backdrop to the way in which each individual fits into the niche they have made or earned in their department. Dissonance in this respect is rife. Conflict is common and moreover is expensive and not just in financial terms. Employees who are discontent are not only inefficient, but they create a further atmosphere of dissatisfaction around them. It is a paradox that conflict is contact of a sort that both expresses and masks the need for contact of a different, more understanding sort. Disputes in a culture where winning and beating is the norm can cause problems for all and calls for a different approach to conflict resolution, where people can learn to examine and respect different points of view. This involves both parties in the dispute winning something new, for instance the sense of being seen, respected and understood, rather than one party winning and the other being beaten. In the long term, the model of competition is destructive to organizations as well as to people. Existential coaches can teach alternative conflict resolution models and generate a new atmosphere of respect for individuals in an organization.

It is well known that people work more effectively when they are able to act in accordance with their chosen ethical set of values and when these are reflected in the values of the workplace. When this occurs the employee will be more able to own their actions and those of the organization with pride, rather than with shame or embarrassment. Existential coaching will encourage the client to examine their chosen ethical values and consider the extent to which it is meeting their needs and whether it is echoed by the workplace, to consider what active changes they may wish to make as a result.

Companies that are undergoing organizational change will frequently encounter conflict and stress in their staff. This can be seen existentially as a natural human response to change, powerlessness, absurdity and uncertainty. It will not help the transition to label the problems as caused by a difficult and resistant staff group or trade union. If brought in early enough in the process, an existentially informed coach can bring a new and more cooperative and creative perspective on organizational change.

KEY POINTS

- Coaching is about learning to learn.
- Coaching work has a more flexible stance towards session regularity and contract length.
- Existential principles are always present in work-related issues.
- An employee who is able to work according to her or his ethical principles and with autonomy will be both happier and more productive

WORKING WITH COUPLES AND FAMILY RELATIONSHIPS

We have talked earlier about the principle of being-in-the-world that underpins all existential philosophy and practice. This means that relationships, or rather relationality, is central to existence and in this sense individuality is secondary to relationship and all our work is done against the backdrop of our relationships with features in the physical, the social, the personal and the spiritual worlds.

However, it is only recently that the issue of how to work existentially with relationships has been written about (Tantam and Deurzen, 2005; Deurzen and Iacovou, 2013).

Although the main existential philosophers have looked at different aspects of relationships in different ways they are all in agreement on the following:

- Our lives are embedded in relationships to others and that human life finds its meaning in relationships. (*Buber*)
- In order for our relationships to be loving and respectful of the other we have to be able to love ourselves and our lives first rather than expecting others to take responsibility. (*Kierkegaard and Nietzsche*)
- There will always be a tension between our need for individuality and our need to be a part of a whole. Between the need to join, to fuse, with another in order not to feel alone, and the need to separate from others in order to feel individual. (*Heidegger and Sartre*)
- The problem of maintaining a secure yet fluid sense of self within an intimate relationship will only be solved by embracing the existential reality that other people have their own autonomy and it is only the awareness of our difference that can help us to understand and to respect each other. This is the meaning of love. (*Buber, Levinas and Sartre*)
- While being a valuable quality, a life built round self-sufficiency is an impoverished life. Without honest and reliable feedback from others we are able to trust, we are less than human. (*Jaspers*)

In working with relationships an issue that frequently arises is that of sex and sexuality. It is often the issue that brings people to counselling in the first place.

Of the philosophers, Merleau-Ponty (1962) has said the most about sexuality. His point is that, rather than separating sexuality off as a separate part of existence, we should instead recognise the way it is present in all our relations with others. It is an inseparable part of our being-in-the-world. We can think of the sexual act as being the aspect of sexuality that is driven by desire, but sexuality is more than just sexual acts. We are permanently and unavoidably sexual beings. Although sexuality is ontological, the meanings we take from it are ontic. As Simone de Beauvoir (1973) said, 'One is not born, but rather becomes, a woman.' The same could be said of being a man, or anybody who questions the meaning of their gender. Sexuality unites our physical, social, personal and spiritual worlds and enables us to be truly embodied. By thinking of it in this way we move everyday notions of sex and sexuality towards an inevitable and de-pathologized sexual element in all encounters. It is remarkable that something that is so much a part of every one of us can cause so many problems. There is a strong sedimented social and cultural effect here and much talk, and indeed much of the language of sexuality is couched in heterosexist male terms. A simple example of this is that heterosexual intercourse is talked about in terms of the erect penis penetrating rather than being engulfed by the vagina.

The extreme sedimentation of beliefs about sex and sexuality means that therapists have a responsibility to examine their own assumptions about what constitutes a 'normal' sexual relationship and what part sex and sexuality has in their lives. Without this therapists may either impose their own assumptions on the client or be unable to understand the client and their relationships.

EXERCISE

Questions on sex and relationships

1. Describe your idea of a normal couple relationship.
2. What is your view on pornography?
3. What qualities do your relationships with friends tend to have?
4. What qualities do your relationship with sexual partners tend to have?
5. What are the differences between the friendships you have with men and with women?
6. How do you know you are a man (or a woman)?

Since sexuality is a part of existence it follows that we try not to think of sex in simply mechanistic terms, but the ways in which sexual phenomena may relate to broader aspects of a person's life (Barker, 2012; Richards and Barker, 2013; Langdridge and Barker, 2008). For example, a difficulty in reaching orgasm may relate to an inability to let go and be vulnerable, and treating it as a mechanical dysfunction without understanding its meaning may be harmful. Nevertheless, although it is important for possible organic causes to be ruled out prior to counselling, we must not forget that even such organic causes will always have an existential meaning.

Relationships are sustained by love and many people who come to couple counselling think they are good at giving love but that others, usually their partners, are not good at loving in return. This sees love as a commodity that can be passed between or done to people. Existentially love is not a commodity, and seeing love and sex in this way will inevitably lead to a sense of personal alienation and a consequence is the commodification and technologizing of the body and of sexuality and its removal from the experience of love. Nevertheless it is in feeling able to love and be loved that people thrive. As well as confusing love and sex, people often confuse love and need, love and like, love and friendship, love and lust and love and control. Existential therapy will address such issues openly and enable people to examine the way in which they use others in an instrumental way or allow themselves to be so used. Of course this may also bring up more disturbing issues of abusing others or allowing oneself to be abused.

Love is connection and respect and when couples come to counselling they are trusting us with their connections to others, therefore there is a primary need for the counsellor to be sensitive, open and even-handed. As with working with individuals, we do not see the work as primarily about problem solving. Existentially there is a commitment to liberation and autonomy rather than to particular predetermined concrete outcomes.

Overall we can think of the aims of existential relationship counselling as being to:

- Create a climate in which the couple feels able to explore their way of being individually and together that can be witnessed by the other. We do this by being phenomenological and genuinely interested in the world that the two people have created together.
- Encourage each person to note how they impact on the other. We may say something like, 'John, did you hear what Jane just said? How was it for you when she said that? What did you make of it?'
- Recognize the otherness of the other through true dialogue with the other. We may say something like, 'What would you like Jane to know that you don't think she knows?' taking care to discuss this and also giving John the same opportunity in return.
- Uncover entrenched worldviews that block understanding. We do this by phenomenologically exploring, clarifying and challenging the meanings that emerge in the dialogue. We can also do it by working with and through the body in a way more familiar to Gestalt practitioners, for example through sculpting. In this way the client will better understand the emotional quality of their relational dynamics by physically enacting aspects of their experience. We also do this by exploring the points of similarity and difference in the couple's value systems using our own knowledge of which sort of differences are likely to be insurmountable and which not.
- Assist the development of the individual's autonomy and ability to take responsibility for their actions. We do this by asking the couple to own their thoughts and feelings and not to blame or attribute them to the other. We may say something like, 'John, can you repeat how that was for you without seeking to blame or point fingers?'

- Help the individuals to understand that conflict in relationships is inevitable and that it is important to meet it in a calm and robust manner rather than to evade, deny or despair at it. Many couples are afraid of the destructiveness of anxiety, anger and resentment. Existential relationship therapists will encourage conflict and difference and show couples how to express it openly without reproach or judgment. This allows partners to learn that it can be managed and understood, and this immediately leads to greater trust and more intimacy.

Since the existential relationship counsellor is guided by the same principles of phenomenology and a commitment to the client's autonomy that inform individual work, she will feel freer to decide on the basis of the clients' needs whether they need to be seen individually or together, in what proportion and with what frequency. Whether seen individually or together, the focus of the work should always be their relationship.

Many couples seek counselling because of the existence or threat of violence. In these cases when love gets confused with control, counsellors need to assess the likely risks of such work. It is particularly important in these cases to ensure that both partners make informed decisions to participate. The risk to client safety is also rarely static and is likely to increase if feelings of fear, vulnerability and lack of control become unmanageable (Adams and Jepson, 2013).

It is important to note that suspicions about love, respect, and being listened to and being understood are almost always in the background in couple work. Counsellors and therapists need to show that these things can be taken seriously and are important. They need to ensure that they are even-handed and have no favouritism. Issues like the age and gender of the counsellor, which one of the couple is most committed to the counselling and which person's view is perceived to be preferred by the counsellor need to be addressed openly so as to stop them interfering with the trust the couple can put in both counsellor and the work itself. It is helpful to remember that having two different perspectives represented in the room is an asset from a phenomenological perspective. We can all learn from seeing ourselves as another, especially as someone who knows us well perceives us.

When seeing couples individually another point to be aware of is that of confidentiality. It is almost inevitable that one of the couple will say something individually that they have not said or would be wary of saying with their partner present. This is, after all, a part of the issue that led them to be in counselling in the first place. How this is dealt with will vary depending on the context and the individuals involved. Such tensions of confidentiality and secretiveness give us something to work with and towards. Ideally in the long run such gaps of confidentiality and trust will be bridged as partners create greater closeness, safety and resilience with each other. It is not the counsellor's responsibility to open up issues, though it is for the counsellor to help create an atmosphere that is safe and robust enough to make it possible for partners to face up to such issues of their own accord.

One of us (EvD) has developed a way of working with couples where individual work is carried out with one partner in front of the other partner, so that each learns to see the other in all their intimate fears, worries, longings and desires, and also learn to listen to each other before they learn, perhaps for the first time, to be in dialogue (Deurzen, 2012).

The existential and phenomenological study of families was pioneered by Laing and Esterson (Laing, 1960; Laing and Esterson, 1964; Esterson, 1970) and the principles of working with families are very similar to those of working with couples. One big difference between couples and families is that, with the exception of some arranged marriages, couples choose in adulthood to be with each other. Being in a couple is the product of a mutual active choice. Being a member of a family is of a different order. We do not choose the families we are born into and we do not choose our fathers, mothers, sons and daughters.

EXERCISE

Questions on families

1. What was the stated or unstated motto of your family of origin?
2. Describe your position in your family or origin.
3. Describe a typical family mealtime.
4. How did your family of origin express feelings of love or hate?

Heidegger talks about the facts of our existence that are imposed upon us without any choice, like our family gender and culture, and that we are thrown into these. Such features can never change, though they can take on different meanings to us as we get older. Alongside these are those circumstances that arise out of a personal action. He described these as circumstances we 'fall' into, and we can change these when we understand our responsibility for them. Every family is both unique and similar, and understanding how families work is necessary for existential counsellors because the task of understanding your place in your family of origin and to authentically transcend it by owning it rather than inauthentically disowning it is at the core of any existential search for self knowledge (Stadlen and Stadlen, 2005).

Most clients are implicitly or explicitly trying to understand their past and present family relationships and the existential therapist needs to understand not just how theirs worked but also how they have managed or may manage to transcend it.

KEY POINTS

- We are fundamentally relational.
- Our sexuality is present in some way in all our relationships.
- Love is connection and respect, but can often be confused with need, control, liking, friendship and lust.
- A counsellor cannot understand couples, relationships and families until they understand their own.

WORKING WITH GROUPS

The interest and concern that existential philosophers have with respect to groups mirrors the stance of wider society. This is to say that while acknowledging that we live in a world of others, philosophers (e.g. Kierkegaard and Nietzsche) have been extremely wary of the power of groups. Kierkegaard said that 'wherever there is a crowd there is untruth' (2005: dedication) and Nietzsche talked about the 'obligation to lie according to the fixed convention [of the] herd' (1982: 46). Heidegger was only slightly less suspicious when he talked of the anaesthetising effect of the 'they' (*das Man*) to divert the individual from their personal commitment to discovering the nature of Being. He calls this 'averageness' or 'everydayness' (Heidegger, 1962: 164) and says that falling into and accepting this takes away the anxiety of choice and responsibility by allowing the person to defer to others and to convention when asking personal questions about how to live. There is also a tendency, as Sartre said, to find societally approved predetermined roles to play in order to evade and deny our freedom. There is, of course, an emotional and existential payoff for this, and it is that one is relieved of major worries and questions about how to be. But there is also an existential consequence, that the person will be made aware of their inauthenticity or bad faith by feelings of existential guilt experienced as depression or anxiety of one sort or another.

This suspicion that the group cannot help but override the needs of the individual has been present through the ages and is echoed in contemporary political and cultural discourse. We are both attracted to and fear groups. They encapsulate our greatest fears of annihilation at the same time as our hopes of belonging. Attempting to solve the dilemma of how to be an individual in a world of others either by taking an oppositional stance to social conventions and institutions or by going along them uncritically can never be a long-term solution. The only solution can be one that accommodates both and makes them personal.

Of the philosophers, Sartre has said more than most about groups and he started from the observation that groups are a part of everyday life and that we have an inbuilt ability to recognise the degree of groupness, or cohesiveness, of a group. This sense of cohesiveness is a consequence of the recognition of a common task or purpose and leads to the desire to maintain the group relationship by what he called 'reciprocity'. In this way group identity is formed. Once a group has formed out of common purpose its next task is for the individuals to work out how to be with each other, and each member of the group has the freedom and responsibility to decide whether to be controlled by the group or try to control the group. While many will try to dominate, others will offer themselves to be dominated. Others will find the situation so difficult that they will try to withdraw from it all together. Eventually, if the group finds a way to affirm its common purpose with reciprocity and respect, the members of the group may discover the possibility of collaboration, where each is respectful of self and others and all benefit. The existential facilitator will aim to actively propagate this situation of learning and communicative cooperation.

Whether we are aware of it or not, we are all members of different sociocultural groups that define who we are; these include peer groups, occupational groups, religious entities, societies and so on. Each of these has their own particular systems of meaning, modes of interacting, possibilities, constraints and limitations. In our

everydayness, we act in accordance with these identities, which partially have been foisted upon us and partially we have created.

An existential view of groups sees the individual as always being part of a network and this idea underpins the phenomenological basis of group analytic practice, which was developed by S.H. Foulkes (Tantam and Deurzen, 2005) who, in turn, was influenced by Husserl, Heidegger and Merleau-Ponty. Foulkes saw psychological disturbance as essentially a disturbance of communication, as a kind of individualism that rejects contact with others. In this principle there is some overlap with the work of Laing and Esterson (1964). The group is the place where this disturbance of communication and relatedness can be seen to be enacted, not simply talked about. It can therefore be worked on more directly. In this sense the real therapeutic work does not just go on within people but between people.

EXERCISE

Questions on groups

1. What groups are you a member of and what are their values?
2. Do you regard yourself as a 'team player'?
3. Do your friends know each other?
4. What role(s) do you tend to take in groups?
5. How do you use social media?
6. What is your ideal social, or work, environment?

Therapeutic groups, including the self-development groups that are a part of therapeutic training courses, all share the purpose and value of reflecting on and sharing emotional experiences and reactions in order that personal learning may occur. That groups are universally problematic is demonstrated by how common the fear is of being overwhelmed by the emotional experience of the other members of such groups. The resolution of this problem is to find a way to be with this fear such that it is understood, tolerated and even savoured.

The role of the group facilitator in these sorts of groups is critical because she or he has the responsibility to establish reciprocal relations with the group members, or in other words to provide a model of how people will be treated. Existentially, effective leadership comes about if the leader can act with the values of respect for individual freedom and autonomy, for diversity and for honesty rather than deception and dominance. The group leader must constantly monitor the level of fear and anxiety in the group and try to maintain it at optimum level for the group. Too little anxiety and the group will becoming boring, avoidant and may even grind to a halt. Too much anxiety and members will attack, withdraw, hide, or freeze. Reciprocity will be impossible if there is either too much or too little tension. Although the leader may model reciprocity, the task of achieving group reciprocity is more difficult to achieve. This is because the ability to have and maintain a dialogue that respects emotional, social and existential experiences of difference is related to the ability of the members individually and collectively

to maintain a both/and stance to the basic dilemmas of being in a group. The facilitator will need to directly address people's ambivalence to groups for this reason.

Across all therapeutic modalities the history of therapeutic groups has shown that pragmatic considerations, the need to provide value for money has often been the driver for understanding how therapeutic groups operate and how they work best.

There are two main ways of working with groups. One is to regard the group itself as the object of study and therapeutic change. This corresponds to the group analytic approach. The group conductor regards him or herself as a part of the group but directs all comments to the group as a whole rather than to individual members, and as in individual therapy is both outside the group but also involved in the group. The group conductor will endeavour not to engage in conversations with individual group members as this can be divisive and hinder the group process. There is only one group task and that is for the individuals to find a lived solution to the dilemma of how to be an individual in a world of others and how to communicate honestly and be open to them. This method places equal responsibility on each group member with the faith that such a thing is possible and that the different ways individuals do this will constitute the group process. This is the work of the group. The conductor's job is to point out when and how this is not being done.

The other way of working with groups is for the leader to be rather more active and focus on individuals and their relationships to each other and to comment on these, rather than on the process of the group as a whole. The objective of such groups is often more for individuals to work out their personal issues as they experience these in relation to other people and get honest feedback on them. Groups run in this way tend to have more explicit tasks, like managing depression or addiction. While these are the two alternatives, many groups are run in a way that combines the two when necessary. This is shown well in Yalom's *The Schopenhauer Cure* (2007), which describes a more existential model of groupwork.

Yalom (2007) has reviewed the research and practice on group psychotherapy and arrives at the following findings:

1. Leaders have four functions:
    - Emotional stimulation – challenging.
    - Caring – support and encouragement.
    - Meaning attribution – explaining and interpreting.
    - Executive needs – maintaining boundaries and rules.
    - Of these, a high degree of caring and meaning attribution, and a moderate degree of emotional stimulation and boundary keeping are correlated with a good outcome.
2. Heterogeneous groups tend to work less well than homogeneous groups because there is less opportunity to develop a sense of cohesiveness. The homogeneity of addictions anonymous groups is a large contributor to their effectiveness.
3. Generally groups will work better for people with interpersonal, relationship issues.

4. Because the setting of a group is social, there is a large pull on the facilitator to make interpretations or give explanations about participants' motivations. Consequently they are less likely to be effective. Instead the phenomenological group therapist will confine themselves to:

    - describing what the participant's behaviour looks like;
    - describing what feelings the participant's behaviour generates;
    - describing how the participant's behaviour is impacting on the group and on other people;
    - making clear how this is affecting the way in which the participant is being seen and related to by others;
    - describing how the participant's behaviour influences the opinion each person has of themselves;
    - describing how individuals are contributing and being generous towards the group or other members;
    - describing the purpose and values held by group members, or pointing out where these may clash or be unclear or undecided;
    - describing how existential challenges are being handled or avoided.

KEY POINTS

- Our attitude to groups is one of ambivalence.
- The existential group leader or facilitator should model openness and respect, while pointing out how the existential givens are being evaded and denied.
- Most existential group leaders tend to combine the group analytic and the individual approach.
- In line with phenomenological practice, the group leader's interventions will generally be descriptive and purposeful in exploring meanings, rather than interpretive.

WORKING WITH PEOPLE AT EITHER END OF THE LIFE SPAN

In counselling training, the tradition has developed that working with children and young people requires specialist knowledge and skills that are in addition to or different from those needed to work with adults, and that this need is met by specialist courses. This in turn is reflected in the lack of emphasis on human development throughout the life span on training courses and when it is present it is always through the lens of the therapeutic perspective of the course. For example, there is a great deal on child development on psychoanalytically orientated courses, but little on others.

Consequently most counsellors feel ill equipped to work with children and may claim not to know anything about children, in spite of having been a child themselves and therefore having had direct experience of childhood, and in many cases being parents themselves. One can speculate on what it is that has conspired to make many adults lose touch with their own experience and knowledge of childhood, but however it happens the temptation to standardize and objectify children by age, maturity, academic ability, medical diagnosis, behaviour and so on is very strong. Existentially, a person does not develop by moving sequentially from one stage of development to the next. This is a natural scientific, biological view which encourages a normative view of human development.

Existentially we are 'thrown' into our lives at birth. We are also thrown out of our lives in the sense that we do not know when we will die. On our path through life from birth to death we start with something we are given, which is neither ours nor requested (our individual existence) and our life task is to make it into something which is personal and owned – only to lose it when we die. The most basic challenge of life, of our development as human beings, is to find a way to live with this absurdity and to learn to struggle, persevere and discover ways of being that get us what we decide we need, bearing in mind that what we need changes as we go through life. Existentially human development is a gradual, fluid but permanently cumulative and meaning-based process from the sudden moment of birth to the uncertain moment of death, and all people, no matter how young or old, or close to birth or to death, continually strive for meaning and purpose and a lived understanding of the meaning of the paradoxes and dilemmas of life. In this sense life is always incomplete, though death forces a premature completeness on it because after death the person's potential ceases. Maturity, which is by no means guaranteed but is a measure of this active understanding, is correlated more with life circumstances, conditions and choices than with age (Adams, 2013b, 2014).

Existentially therefore, children are no more and no less human beings than adults. This is not to say that there is no difference between a child's and an adult's experience, but it is important to remember that the criteria we use as adults will have such a strong cultural overlay as to make it hard to think clearly about precisely what these differences may be. For example, in Europe the idea of a post-infancy childhood is relatively recent and is an artefact of economics. Until the nineteenth century, after the end of biological dependence, people were distinguished only by their physical ability to work. While the 1870 Education Act in the UK brought in compulsory education for children between 5 and 10, the age at which a (dependent) child becomes an (independent) adult, which is formalized as the legal age of responsibility, varies considerably in different cultures.

One way childhood is objectified is in terms of the cultural dominance of the idea that the child should go through fixed stages in order to reach maturity. Looking at human development phenomenologically reveals something far more complex and dynamic.

We are born as pure existence and with no essence except for our bodily facticity and our thrownness. Our consciousness is like a light we shine on the world in order to create meaning and it is through this natural process of illumination that the child begins to notice itself, others and its place in the world, and a sense of self begins to

develop. This sense of self coalesces round the sense of an 'original project' and the child's almost infinite number of random, and largely incoherent, experiences come to be reduced into a small number of coherent and prototypical 'memories' which are actually highly selective and constructed. These epitomise our fundamental relationship to others and to the world. This is the process whereby the infant gradually acquires knowledge of itself in the world, and as Sartre (1997) says, infancy is a 'crucial event'. Because of its existential rather than cognitive nature, the original project is more likely to be embodied and is about our place in the world – our stance to dilemma, paradox and uncertainty.

Working with younger people

All human life is about flexibility and change but one obvious difference between children and adults is that adults have simply had longer to ferment or sediment their 'original project' into the so-called facts of their personality in order to avoid the anxiety of freedom and choice. Children have an immediacy of experience that is forgotten and often pathologized and standardized by adults. Maybe as adults we have become afraid of children's flexibility, imagination and passion.

In the movement from birth through to death a major task is to understand the difference between those things one can or cannot take responsibility for, and this involves understanding the world physically, socially, psychologically and ethically. A child is involved in this as much, if not more than, an adult. Adults believe they have understood it, children know they have not.

The issue of responsibility is, if anything, even more important to acknowledge in working with children and young people than it is with adults. Struggling with the nature of autonomy and responsibility is an issue for children just as much as it is for adults. Therapists must be even more aware of the ways they subtly guide and use suggestion in their work with children so as not to leap in or jump in and take over the child's emergent autonomy.

But there is another dimension to the issue of responsibility that impacts on our work with children, and that is the legal dimension. A cornerstone of work with adults is that they freely consent to the therapy contract. It is an ethical *sine qua non* that work cannot start without it. The alternative is coercion or dishonesty. Adults are assumed to be able to know what they are consenting to. Perhaps existentially, but certainly legally, children do not have the ability to consent, so work with children will always involve working with those, most often the parent(s), who will need to give their consent on the child's behalf. This means that unlike working with an adult who we can meet for the first session without knowing anything more about them than their name, we will always know a great deal about the child's history and relationships from the point of view of other people. We have to try to bracket this at the same time as understanding the child as a relational product of their very particular context. Quite apart from the child's understanding of the concept of confidentiality almost certainly being different from an adult's understanding, the reality of who is entitled to know what about our work with the child will also be different and will need to be negotiated. This makes our work with children that much more complex as we are never just working with

the child, although our allegiance should always be with the child in the context of their life at present (Scalzo, 2010). This of course reflects the reality of the child's life, as the existential principle of being-in-the-world is a product of relationships and this is never more true than for a child. This makes the tendency towards the objectification and standardization of childhood even more important to resist.

EXERCISE

Questions about childhood

1. What does it mean for you to play? Describe what you do when you play?
2. What is the difference between a child and an adult?
3. Describe your childhood. When did it end?
4. Would you like to work with children? What age? Why? Why not? What does this mean about how you see your own childhood?

We have already mentioned how central dialogue is to existential practice. The principles that guide our understanding of adult behaviour are the same as those that guide our understanding of child behaviour. These are that our sense of identity and understanding of life is drawn from our relationships, and the way we use language is intimately bound up with these relationships.

In our work with adults we use language without really thinking about it. We think of dialogue and language as being almost synonymous. But they are not, and it is in working with children that we realize this because our adult grasp of language is so different – not necessarily greater – than theirs. This can be difficult in a verbal culture, and adults can find it difficult to use language differently. It is truer to say that the use of a common spoken language is not the only way that dialogue can develop, and the first task of the counsellor working with children is to establish a language they can both use and this will frequently not be a verbal, cognitive language, it will be an embodied language, it will be a language of play, of drawing, of enactment. A shared embodied language of play will aid communication and the development of dialogue. As such it will not need to be interpreted; to do this is to misunderstand the nature of language and will be likely to fracture the rapport. It will simply need to be understood as a communication from one person to another. On many occasions by interpreting we will be attempting to put something into words that need not be put into words, and importantly cannot be put into words. The dialogue that follows from immersion and enactment in play will inevitably result in a freeing of the emerging sedimentation, to allow the child to re-discover choice.

Working with older people

Therapeutic work with people at the other end of life makes an interesting contrast. Not only do other therapeutic perspectives have even less to say about old age, but it

does not have a status of a specialism either. It is so side-lined therapeutically that practitioners are able to maintain an active and institutionalized bias against working with the 'old' (Nelson, 2011). If anything, old people are more stereotyped, objectified and standardized than young people. There has long been a widespread perception (Kastenbaum, 1964) that working with older people is a poor investment of time and that they would be unlikely to benefit from psychotherapy.

In contrast to the 'young', the 'old' are hard to define. There is, for example, no legal definition. Age brings no extra cultural privileges, only exemption from societal obligation and this leads to a gradual disenfranchisement. There is even unease about what word to use to refer to them. They are variously described as 'old', 'elderly', 'elder', 'senior', 'pensioner', 'grandparent', usually pejoratively or patronisingly. Old people are complimented on how not-old, how young they look. Even researchers cannot agree when old age begins (e.g. Hill and Brettle, 2006), but one UK marker is having a bus pass, though this is not exclusive to old people and is also invisible. Retirement is another marker, and although it is beginning to be researched (e.g. Milne, 2013; Edwards and Milton, 2014) it is also invisible. In any case the retirement age in the twenty-first century Western world is being pushed later for political and economic reasons.

Although the old are stereotyped as a homogenous group, in fact they are an extraordinarily heterogeneous group and as policy makers realize, it is not an issue that will go away and by 2035 more than one-third of the population of the UK will be over 65. If, as some say, old age starts at 50, then the age span of old age can be as much as 40 or more years – nearly two generations. In 2015, the average age expectation in the UK for women is 82 and 78 for men and rising. There are also enormous individual and socio-economic differences between individuals, with some older people being well and high-functioning while others 20 or 30 years younger may be showing signs of frailty (Munk, 2010). Because of social conditioning, men who are more likely to have worked consistently throughout their lives will have greater problems using the freedom of retirement. Women, on the other hand, who have been carers will find there is always someone else to care for: children, then parents, then grandchildren, then partners. Also personal appearance will be less of an issue for men than for women. Simone de Beauvoir's book *The Coming of Age* (1970) has described all these issues very well and forms a good basis from which to understand ageing existentially and working with older people in therapy.

It is important when working with people at the end of life to help them formulate their own perceptions and experiences of how many gains and losses they are suffering. While some may consider the wisdom they have accumulated to outweigh their losses and aches and pains, others may be very preoccupied with the process of struggle with decay and decline. Existential ideas challenge the loss-deficit model, but we must also acknowledge that the opposite counter-myth that over-emphasizes the positive elements of getting old may be fuelled by the therapist's own death denial. This is a young person's prejudice. Working with people at the far end of life requires the same balanced and open approach that all existential therapy requires. It will focus on finding out how each different individual is able to understand the many experiences they have had in their lives and how they are preparing themselves to harvest that learning in preparation for the final summary of the ending.

EXERCISE

Questions about ageing

1. Imagine yourself in 30 years time. What are you like?
2. What assumptions do you have of ageing?
3. What fears do you have of your ageing?
4. When did you first realize you were getting old?

We said earlier that just as an emphasis on the beginning of the work is echoed in an emphasis on the beginning of life in therapeutic theory, the downplaying of the end of the work is echoed by the end of life being ignored. Laura Barnett's book *When Death Enters the Therapeutic Space* (2008) is one of the few that takes this issue on. Moreover, and in spite of the IAPT intention, people aged 65 and over are not only an under-represented client group (0.8 per cent of all referrals in 2014–15) but they had the highest recovery rate (Health and Social Care Information Centre, 2015). Most work is with people who are of the same generation or younger than the counsellor. It is hard not to put this down to a wider cultural avoidance of death and endings. Research has corroborated this on a personal level and has shown (Woolfe and Biggs, 1997) how therapists' reluctance to work with old people reflects their personal fears about their own ageing and mortality. Nevertheless, having exposure to and knowledge about working with older adults will give them the opportunity to confront their own anxieties and fears about ageing and mortality.

Rather than thinking that the issues older people bring to therapy are connected directly to death and dying, it is better to reframe them as issues associated with the everyday challenges of a life being lived in a context in which less time remains than has been lived.

The existential perspective is able to address the needs of individuals approaching boundary situations like loss, death, isolation, as well as developmental milestones like retirement because it can offer an alternative framework to the traditional models that emphasize only pathology, achievement and adjustment.

In one sense though, the work is no different than with any other client group. Phenomenologically we work with every individual as they are, regardless of their chronological age. Having said that, because phenomenology is sensitive to context and to individuals it is inevitable that there will be some differences. For a start, some people in their seventies and eighties might just not know what therapy is or assume it to be about psychoanalysis. This will mean that there will be a need for a less formal and consequently a more active engagement to gain an understanding of what the client wants to achieve through therapy. What may start as an ordinary counselling relationship may become more like a pastoral friendship which both enjoy and benefit from.

Existential change is always related to humility in the face of the givens, and the skill and confidence of the counsellor is correlated with their capacity for humility in the face of death. Contradicting directly the prejudice that old people are

unlikely to benefit from psychotherapy, Orbach (1999) and Yalom (2011, 2015) say that probably at no other time in life is there as potent a force towards self-awareness operating as in old age. Confrontation with death and dying will invariably evoke a reassessment of life's achievements and values for both therapist and client on a par with the most effective therapy. In this sense old people have an uncanny way of exposing a central existential dilemma of life. Therapists will get to understand that talking about death can never be theoretical, it will always be about 'my death' (Cooper and Adams, 2005).

As de Beauvoir (1970) said, 'We must stop cheating. The whole meaning of our life is in question in the future that is waiting for us. […] let us recognize ourselves in this old man or in that old woman.'

It is also likely that this process of self-questioning will begin not just in connection with our own sense of mortality but in relation to loss in general. The greatest existential problem of all is the encounter with approaching death. The way individuals deal with this loss is directly related to their earlier experiences of loss, and this principle applies equally to client and therapist. If the therapist is reluctant to ask herself questions like 'How would I live if I had only three months left?' or 'When am I going to retire?', their avoidance will only compound the client's sense of inner isolation. The more anxious the therapist is about ageing, the more likely they will stereotype the older client to avoid having to acknowledge their own future death. And the more vulnerable older people are, the greater the anxiety younger people will have about death, which will in turn increase their tendency to pathologize ageing into socially acceptable ageism.

A major issue will be the assumptions the therapist and client have of each other with respect to their relative ages. The therapist may be uneasy talking to someone the same age as their parents, and the client may be uneasy talking to someone the same age as their children. For the therapist this will inevitably bring up thoughts about their own and their parents' ageing and death, and for the client it will bring up thoughts of when they were a generation younger with more years ahead. It is important for the therapist to be ready to learn from their clients about their experience of a different generation. This is one of the biggest obstacles in working with older people: the fact that the work will impact deeply on the therapist. Paradoxically the 'old' are more able to address ageing than the young, and if they are open to it the young have a great deal to learn about ageing from the old. Not only should the therapist aiming to work with older adults be aware of their own beliefs and biases towards older people, but they must also take the time to gain an understanding of the existential reality of old age.

Längle notes that:

> Man ages the way he has lived. […] everything that was only appears in more clear cut shapes in old age. To be able to see and accept this requires that we find our own personal answers to the basic questions of being human […] Only then can we talk to them without falling silent, and only then can we accompany them, stand by them and guide them, make them develop their last personal touch. (2001: 195)

KEY POINTS

- Therapists must be aware of the ways they use suggestion in their work with children so as not to take over the child's emergent autonomy.
- Both young people and old people are as likely to be stereotyped, objectified, and standardized.
- Developing dialogue through a common language involves more than just words.
- Neither a loss-deficit model of ageing nor its denial is a useful base for effective therapy.
- Confrontation with death and dying will invariably evoke a reassessment of life's achievements and values for both therapist and client.
- The therapist aiming to work with older adults must be aware of their own beliefs and biases towards older people.

ONLINE CONTENT

- Video interview with Sasha Smith about her work as an existential coach.
- Video interview with James Gordon about his experience as an existential supervisee.

9

PROFESSIONAL ISSUES AND CHALLENGES

'Difficulties strengthen the mind, as labour does the body.'

Seneca

THE CHALLENGE OF WORKING IN THE NHS

Existential therapy has an ambiguous relationship to working in public health services. As existential therapists approach mental health in a free and open philosophical manner they may find it difficult to fit into a system that is based on a medical model. As mental health services evolve, it may become possible to include an existential way of working. The disparity between the treatment of physical and mental health has long been an issue in statutory health and social care provision and the last decade has seen a rapid expansion in the therapeutic services offered or sponsored by government agencies.

The Improving Access to Psychological Therapies (IAPT) programme and the associated 'Talking Therapies' four-year plan that started in 2011 in the UK aimed to improve access to psychological therapies for adults presenting with depression or anxiety, and it also aimed to increase uptake by people of over 65 years as this age group is under-represented. Moreover these programmes were to be combined where appropriate with medication, which previously was the only option. In 2014–2015 of the 1.2 million individuals who were referred to IAPT services, 0.8 million entered treatment. Of these, 0.4 million completed treatment at average length of six sessions. (Health & Social Care Information Centre, 2015). The programme acknowledges the link between mental and physical health by aiming to include people with long-term physical health conditions, medically unexplained symptoms and severe mental illness. It also places emphasis not just on the use of psychological treatments that have an established evidence base, but also on the individual therapeutic needs of clients and their social context. The research evidence suggests that when given the choice most people would opt for counselling rather than antidepressant medication (Schaik et al., 2004) In addition, The Royal College of

Psychiatrists and the Royal College of General Practitioners (2008) have argued that 'an active preference by individuals for the method used is associated with better outcomes'. This has been echoed by Professor David Clark (Philosophy for Life, 2013).

This emphasis on therapeutic practices that have produced research to back up effectiveness has led the National Institute for Clinical Excellence (NICE) to give a formal backing to CBT-based therapeutic practices, while acknowledging the validity of any modalities that can provide evidence of effectiveness.

Working on the idea that therapy is not 'one size fits all', an important feature of the IAPT programme is accurate assessment and diagnosis and with this in mind, delivery of IAPT programmes is divided into low-intensity and high-intensity interventions.

Low-intensity interventions are designed for mild to moderate anxiety and depression and involve guided self-help with materials including bibliotherapy, homework and problem-solving techniques, and because they are more didactic can be thought of as psycho-education rather than psychotherapy. Appointment times are likely to be less than 50 minutes or weekly, and in addition to being face to face may be delivered via the telephone, synchronous chat or asynchronous email, Skype contact or by the clients' use of pre-existing computer programs. These programs are delivered by members of a new group of professionals called psychological wellbeing practitioners (PWPs) trained specifically for the purpose.

High-intensity interventions are designed for moderate to severe anxiety and depression and people may be referred to a high-intensity programme after having been on a low-intensity programme and having shown greater need than was first thought. A high-intensity programme will still be short term but will typically be face to face. The client will also have an option to choose the treatment they feel is best for them. Trained psychological therapists deliver high-intensity interventions.

Another important characteristic of IAPT work is that consistent with the principle of evidence-based practice, the entire programme is assessed and evaluated by each session being monitored with the use of a questionnaire known as the CORE form.

Many of these characteristics (very short-term contracts, diagnosis, questionnaire-based monitoring, quantitative evaluation and prescribed aims) would on the face of it present challenges that an existential therapist would find it hard to work with.

Notwithstanding the issues around gathering evidence of effectiveness, which are looked at in the next section on research, these issues are actually not so difficult for existential therapists to engage with as might at first be thought.

As has been said, existential therapy is based on the practice of phenomenology, which itself is a research method. Unlike some methods, the fact that phenomenology is not rigidly formalized is a strength rather than a weakness in that as long as the principles are adhered to, phenomenology is flexible enough to adapt itself to any setting whose values do not contradict the principles of phenomenology as referred to in Chapter 3.

With respect to contract length, existentially informed and trained therapists and counselling psychologists will be practised at modifying their technique to fit the client, the context and the conditions. Existential therapists have been working in and managing such settings effectively for many years and have been adapting existential phenomenological practice accordingly and finding ways to work without sacrificing their values.

With respect to diagnosis and questionnaire-based monitoring and evaluation, the point was made earlier that while existential therapists will question the medical principles of diagnosis, the practical aim is always to investigate the meaning of the diagnosis for the client. Therapeutic technique will therefore be modified according to the dynamics of the particular relationship, not to the diagnosis. The point was made earlier that not only is assessment and monitoring of some sort always being done, but assessment and monitoring that focuses on meaning and understanding is an integral part of existential practice, and has also been found to promote client motivation and hence improvement. It is also a professional necessity.

With respect to the prescribed aims of high-intensity work, although one of the rationales for the IAPT programme is socio-economic (i.e. to reduce the demand on the benefits system and help a return to work), one of the consequences of this is the existential value referred to earlier, of encouraging economic self-sufficiency. It is important to note though that the socio-economic aim of a return to economic self-sufficiency is an aim of the programme as a whole rather than an aim imposed upon each patient in each session. Nor are the aims of IAPT solely behavioural, or doing based; the items on the CORE forms are the meaning or being-based questions that all existential therapists base their work around.

Existentially, living is about doing as well as being, and the aim of existential therapy is that the client is able to get on with living their life more effectively and with greater meaning and purpose. This is promoted through open and direct dialogue in a way that illuminates for the client the way they live out their values, attitudes, beliefs and assumptions. This echoes NICE guidelines, which acknowledge that although CBT-based therapies are preferenced, they do not replace therapists' knowledge and skills (DoH, 2010).

Moreover, third-wave CBT practices like dialectical behaviour therapy (DBT) and the use of mindfulness for the prevention of recurrence of depression pay far more attention to relational factors in CBT than formerly, and this is shown by phenomenology being included in the curriculum of high intensity therapists (DoH, 2011).

KEY POINTS

- Phenomenology is flexible enough to adapt itself to any setting whose values do not contradict the principles of phenomenology.
- While existential therapists question the medical principles of diagnosis, the practical aim is always to investigate the meaning of the diagnosis for the client.

RESEARCH AND EXISTENTIAL THERAPY

Fundamentally, researching is about asking questions and seeking answers. It is about testing the usefulness of theory and finding out what the facts about something are. A commitment to research is a characteristic of reflective practice, and is also a part of

existential philosophy's practical search for truth and love of wisdom. Existential therapy is founded on the principles of phenomenological research, which provide a methodology to investigate the nature and process of therapy. Phenomenology is equally important to psychological research.

Existential therapy is an enquiry into meaning, and any enquiry that is not rigorous and systematic will lead to results that are influenced by what the researcher wishes to find. Phenomenologically this is about the influence of unexamined assumptions. In research terms it is called the 'allegiance effect', where results frequently bear a similarity to the therapeutic orientation of the researchers. We need to have a way to ensure that our theory, our way of conceptualizing what we do, is derived from practice, not from our assumptions about practice.

Finlay (2011) notes that in spite of existential counselling being based on phenomenology there has been surprisingly little research into its effectiveness and qualities, and this is partly because of the technical difficulties in designing the research. However, formal existential research into outcome is beginning to change (Vos et al., 2015; Rayner and Vitali, 2014), with the emergence of a generation of existential counselling psychologists working in the NHS who have been trained in both qualitative and quantitative research methods.

Research in the general sense of monitoring, evaluating and reflecting on experience is what we do all the time as reflective human beings in order to make the continuity of the past, the present and the future more coherent. As such our practice is influenced by our experiences outside therapy, our experience as a client, and our supervision. This evidence is a result of our personal experience and is a valuable source of knowledge, but there are other sources which are from outside our experience: the theory that underpins our training; and from the findings of formal research.

In our training we are encouraged to read, understand and discuss theory but we also need to be able to read, understand and discuss research findings. Just as our practice should be theory informed rather than theory directed, so should it be research informed rather than research directed. This is consistent with the American Psychological Association's definition of evidence-based practice as 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences' (APA, 2006: 273). On a personal level, by researching into our own practice we monitor our effectiveness as therapists. We should always be reading both theory and research and pushing the boundaries of our personal knowledge. Consistent with the wider vision of the existential modality, therapists should also be reading outside the narrow confines of theory and philosophy and reading fiction as well. Research has corroborated the widely held intuition that fiction broadens the mind (Kidd and Castano, 2013). We have said before that what we find is a function of what we expect to find and this applies to research in terms of what is researched into as well as what is found. But we have to start from somewhere and rather than looking to confirm previous findings, attitudes, viewpoints, or prejudices we need to look for phenomena that challenge or contradict our assumptions.

One way we can do this is by keeping records of our clinical work and by using these in supervision so as to stay critically aware of what we do and what we do not yet know about it. This leads us to focus on the questions that are still remaining rather those that have already been answered. Also communicating with others about what

we do prompts us to open our practice up to question, and this in turn prompts us to examine our own practice from new directions.

Existential counsellors have traditionally been sceptical of quantitative research because of its natural science foundation and its focus on reduction and causation. The argument against such research was that every course of counselling or therapy is unique. While this is undoubtedly true, it is also true that we all have our humanity in common. The trend towards evidence-based practice makes the debate about what makes therapy effective particularly relevant, and Wampold (2001) suggests a combination of technical and relational factors that are common across all counselling models. This has also been described as the 'Dodo bird verdict' in which 'all have won and everyone must have prizes', and while this argument has some appeal it has led to the reductive and simplistic conclusion that all practices are as effective as each other and takes us little further on than we were at the start. Lambert and Barley (2001) go further and say that 40 per cent of therapeutic successes are due to client attributable factors, with the therapy relationship representing 30 per cent and therapeutic technique representing only 15 per cent. Clearly more rigorous research needs to be done.

Cooper (2008, 2015) argues strongly for more research on the basis that there is no doubt that evidence-based practice is better than theory or imagination-based practice. But existentially to think that there will ever be an answer to the specific/non-specific factors question is a technological way of thinking. The questions of existential therapy are the same as the questions of life, and while we can find out many fascinating and relevant things, essentially life is a mystery that has no end and we need to acknowledge that there are limits to our knowledge. Research, both formal and informal, can only ever give a clue to the likelihood, the probability, that such-and-such an event will happen. It can never bring certainty. Notwithstanding the existential ideological objections to quantitative research, Cooper (2015) says that a stance of 'methodological pluralism' that accommodates the best aspects of both qualitative and quantitative research would better reflect the existential position of openness along with a need to engage with the world of health care in the twenty-first century.

With respect to formal research, there is a wide disparity between the amount of medical research and psychological research. There is little commercial appeal in researching psychological therapies and statutory academic and health care institutions are unlikely to have the budgets required to fund research, which tends to be enormously complex and to have huge ethical implications. Nevertheless, although psychological interventions are qualitatively different from medical interventions, it has led to the same criteria being used to assess psychological research as are used to assess medical research. This may work for short-term interventions when they are used instead of drug treatment, but does not work for medium- or long-term therapy. NICE guidance has historically relied upon randomized controlled trials (RCTs) as the studies that produce the evidence based upon which guidelines are created for treatment. According to these widely available criteria (Evans, 2003), the research judged as 'excellent' is deemed to be the systematic review of large numbers of similar pieces of research. The next best is the RCT. Interpretive research is judged 'good' and descriptive research as 'fair'. Significantly for psychotherapy training, the case study research method is judged as 'poor'.

RCTs are extremely costly and complex to run, but the huge amount of material generated by CORE forms will make it possible to do research of this sort. But even so, such research will only pertain to symptomatic change and not to existential changes. In the meantime the more readily measurable outcomes of such treatments as CBT have proven to make such therapies to be the most attractive candidates for quantitative research. This is the main reason why they have been favoured for the IAPT programme alongside interpersonal psychotherapy (IPT) and dynamic interpersonal therapy (DIT). Quantitative research into the effectiveness of existential therapy has been slow in coming but some studies have been done that show encouraging results. Rayner and Vitali (2014) for example, using the CORE goal attainment form, showed that a significant number (80 per cent) of their sample attained their stated first goals between 'moderately well' or above.

This research is an example of how outcome research can be done on existential counselling and produce transferable results that cannot just meet the rigorous standards of research but also may meet NICE guidelines for research.

COUNSELLING PSYCHOLOGY — THE RELATIONSHIP OF COUNSELLING TO THE PSYCHOLOGY PROFESSION

Psychology and psychotherapy have had until recently a largely separate but parallel history. Psychology started as a discrete discipline in the mid-nineteenth century and has been closely allied to the natural sciences. Psychology has always had a strong research base and as such the theory that was developed was always derived from quantitative research. Because of this psychology has been primarily concerned with the measurement and recording of behaviour and in the early days this led to the development of learning theory, and then to the development of behaviourism as a discrete discipline. Most of the earlier experiments were done on mice, rats or pigeons, the principle being that all animals – and humans are animals too – learn behaviour in the same way. If these principles could be discovered, then they could be applied to human beings. While there were some early applications of learning theory (e.g. in psychiatric hospitals where token economies were introduced), psychology has tended to be a rather academic discipline.

The emergence of the humanistic tradition in the 1940s was a reaction to the tendency of both psychoanalysis and behaviourism to see the person as essentially passive and reactive. The humanistic tradition wanted to return to the person and aimed to make psychology a human science rather than a natural science. Meanwhile and independently of both psychology and counselling and psychotherapy, existential philosophy had been advocating an experience-based study of the person since the mid-nineteenth century in the work of Kierkegaard and Nietzsche.

In the mid-1970s there was a radical change of emphasis in psychological research and a far greater importance was acknowledged for the role of thinking, of cognitions, in the understanding of behaviour. This paralleled not just the movement of

psychology into the therapeutic field, but also the rise of the cognitive therapies in the world of counselling and psychotherapy.

This laid the foundations in the UK for the more recent development of counselling psychology. The Division of Counselling Psychology within the British Psychological Society held its first annual conference in 1990, and one of us (EvD) gave the founding talk on philosophical underpinnings of counselling psychology, in which she emphasized the importance of phenomenological methods. The Division is concerned with the integration of psychological theory and research with therapeutic practice and has continuously supported the development of phenomenological research. In 2014 there were 13 institutions in the UK offering a doctorate-level counselling psychology training, including the New School of Psychotherapy and Counselling (NSPC) and Regent's University, both in London and both founded on phenomenological principles. Counselling psychology does not favour any particular therapeutic perspective. Instead it takes a more practical and pragmatic view and favours empirical models of practice and research with a base in the primacy of the therapeutic relationship. Many of the 13 trainings include a substantial existential component alongside other perspectives. Counselling psychology stays close to the research tradition of psychology but instead of being based just in quantitative natural science research it also accommodates the qualitative phenomenological research tradition.

Both Orlans and van Scoyoc (2008) and Cooper (2009) emphasize the practical values of counselling psychology, and Kasket (2011) reinforces this by referring to counselling psychology as a 'particularly honest, realistic, courageous member of the family of Applied Psychologies'. This point about application is significant and echoes a point made earlier in this book about existential counselling being the practical application of philosophy to everyday living. It is also a point made by Sartre in *Existentialism and Humanism* (1973) which positioned existentialism as a practical discipline to address the process and contextual nature of human issues.

Counselling psychology also embodies a philosophically orientated set of values (Goldstein, 2009), and its competencies are founded on six principles:

1. A prioritization of the client's subjective, and intersubjective, experience.
2. A focus on facilitating growth and the actualization of potential rather than treating pathology.
3. An orientation towards empowering clients rather than seeing empowerment as an adjunct to an absence of mental illness.
4. A commitment to a democratic, non-hierarchical client–therapist relationship.
5. An appreciation of the client as a unique being rather than as an instance of universal laws.
6. An understanding of the client as a socially and relationally embedded being. (Orlans and van Scoyoc, 2008)

These principles align counselling psychology strongly with the existential tradition in that the overall aim of the existential counselling psychologist is to work with the

client in their search for their own truth throughout their life with an open mind and an attitude of wonder, rather than fitting the client overtly or covertly into established frameworks of interpretation (Milton, 2010, 2012, 2014).

By preferencing human meaning, both counselling psychology and existentialism acknowledge a plurality of viewpoints and a variety of potential meanings.

What counselling psychology can bring to psychotherapy and counselling is a broader understanding of human nature and also an understanding of the value of research in developing theory and practice.

What counselling psychology and existential therapy have in common in terms of therapeutic practice and skills are their shared ethical values and their commitment to phenomenological practice.

THE CHALLENGE OF WORKING WITH INTERNET-BASED TECHNOLOGY

The emergence of internet-based technology has not only transformed our lives but also the way we think about and practise psychotherapy. It is reasonable to suppose that the more familiar people become with this technology, the more it will become integrated into everyday life and also therapeutic practice.

In the world of psychotherapy and counselling, technological approaches have developed relatively slowly and are sometimes viewed with suspicion. The debate has often been cast in the mould of face to face (f2f) versus online, with the idea that there is no substitute for two people being in the same room at the same time. This way of thinking supposed that to be as good, online therapy should be able to reproduce all elements of f2f work. This has been shown to be not only not so, but it has also prompted more research into what is therapeutic about the therapeutic relationship.

From this perspective f2f and online counselling are not viewed as separate and distinct, but as variations of the same phenomenon – a relationship – and that online counselling is considered as a new, versatile and flexible resource with the potential to complement and support f2f work and vice versa. Each has its own advantages and drawbacks.

Working with internet-based technology has been embraced by existential practitioners who have used the possibilities offered in their practice as well as in delivering training courses, for example at the New School of Psychotherapy and Counselling (NSPC).

There is not space here for a review of the impact of these technologies on the way we live so we will confine ourselves here to the constraints and opportunities offered by them on our counselling practice.

Technology has always mediated human communication from the use of gongs to the printing press and beyond. Telephone counselling has for many years been a part of counselling practice, but what is new is the range of other mediums. Included in these are the use of webcams, synchronous and asynchronous chat sessions and texting. As has been noted, the most obvious contrast with conventional practice is geographical location, but this does not present as large an obstacle as it may at first seem. While Heidegger talked

about the capacity for television to abolish remoteness and while he foresaw that it would 'soon pervade and dominate the whole machinery of communication' (1977: 163), he would probably have been shocked and surprised by the ability of the Internet to diminish time and space in a far more dramatic way than television. Internet-based media in fact have the capacity to connect us in a way that better reflects our being-in-the-world with others. 'Being together' does not necessitate physical proximity because through the Internet with its capacity to shrink space we can 'be together' with others wherever they are. In this sense 'being-in-the-web' is just another way of being-in-the-world. While technology may enhance and modify modes of communication, the fundamental human need for relatedness and mutual understanding endures and finds ways to manifest itself.

Heidegger also reminds us that we do not simply live 'in space'. The way he puts it is that we are spatial; it is a part of our existential nature to be both in and of space. A consequence of this is that in the absence of the physically shared space, a different kind of space develops, a shared virtual space, which is no less or more imaginary that the shared psychic space than happens in conventional face-to-face work. In a sense this resembles the space that develops in the psychoanalytic use of the couch but with greater equality between the therapist and client. This virtual space has been called 'telepresence' by Rochlen et al. and is the 'feeling of being in someone else's presence without sharing their physical space' (2004: 272).

Regardless of medium and whether the therapist uses internet technology in their counselling work, this theme of increased equality and transparency is reinforced by both therapists and clients alike having a web presence independently of their relationship as therapist and client. It is almost inevitable that a client will look up their therapist on the Internet to find out more about them, and probably vice versa.

Every change to the therapeutic frame, whether in terms of space, time or technique, has the effect of challenging assumptions about therapy but also presents different advantages and disadvantages which impose modifications to practice. Being a research method and essentially flexible, there is no reason why phenomenology cannot be modified to take all these changes into account.

The two main categories of internet-based counselling are synchronous sound and vision with the use of webcams, and text-based chatrooms, which can be synchronous or asynchronous on a forum. There are in addition many other creative new aids that can assist with online therapy, which are widely available; for instance, psychology-based games, tests, chatbots, self-help materials, a 24/7 connection to international peer support, phone mood trackers, text-based methods to pick up on mood or suicidality, and of course methods of tracking the progress of therapy.

So there are many reasons why people feel the benefit of these new therapeutic resources.

The most common reason though is convenience (Chester and Glass, 2006), as online therapy can overcome barriers like limited mobility due to geographical isolation, physical disability or time availability. Additionally some people who feel great shame about their troubles may find it easier to use impersonal methods to talk to someone. The point about geography is particularly significant existentially and becomes more significant the greater the geographical distance. Counsellors who practise phenomenologically will be familiar in their professional and their personal

lives with the importance of bracketing and understanding the meaning of their assumptions and prejudices. Freed up from working in a single geographical location will mean that counsellor and client will more than likely be from very different cultures, as well as working in very different cultures. Not working in the same geographical location will also mean that the people will have a variable facility with a common language. This will bring home the existential fact of the relativity of values and will force the counsellor or supervisor to question their assumptions about reality and existential issues. Other stated reasons are privacy, the advantages of relative anonymity, and ambivalence about f2f counselling based on the traditional social stigmas about seeking help.

Suler (2004) has noted that people tend to behave with less restraint in cyberspace and those who actively choose non-f2f mediums find that the lack of social cues promotes rather than inhibits greater feelings of safety (Leibert and Archer, 2006). A factor in promoting this disinhibition will be the fact that more than likely the client will be talking to the therapist from the comfort of their own home, rather than the therapist's home or a neutral space of the therapist's choosing. What happens is that the loss of visual cues leads to others becoming more acute. It is as if the telepresence allows clients to experiment, to disclose things that usually remain hidden and to reflect on their responses in their own time and at their own pace. This is further enhanced in text-based work where there is a permanent record of the session. It is possible then that individuals who are socially isolated and anxious are more able to access counselling online than f2f. However, familiarity with counselling as accessed online may prompt a shift in preconceptions about f2f encounters, leading some clients to seek out f2f opportunities to test out their new-found ability to relate to people in a way they have previously avoided. There is considerable evidence that online counselling is effective for young people if only because of their familiarity with the technology.

It is of course possible that anonymity could lead to the client engaging in identity and impression management, but this is not necessarily unique to online counselling.

The use of webcams makes counselling work more similar to f2f, but it still remains more convenient and geographically easier. Although there are fewer social cues available on webcams, they are still more than on text-based mediums so anonymity and disinhibition, while present, will not be such a factor. Webcam-based work is also dependent on the quality of the technology. Grainy, pixilated pictures, feedback on the sound and intermittent breaking up of the signal can make it hard to work effectively. There are also confidentiality issues if public servers are being used.

EXERCISE

1. What is your personal history of writing?
2. When do you use writing as a way to understand yourself?
3. What is your experience of internet-based therapy or supervision?
4. What part does internet-based technology play in your life?

As has been stated, although it may seem counterintuitive, text-based work has many advantages because of and not in spite of its difference from f2f work.

The use of writing, including journal writing (Thompson, 2010), in therapy too has a long and established history, and there is a wide body of evidence supporting the effectiveness of addressing emotional difficulties through writing.

Text-based counselling work is usually thought about in terms of whether the work is synchronous (i.e. the counsellor and client agree to meet for a chat session of a particular length at a particular time) or asynchronous (i.e. when the time delay between the counsellor posting text and the client responding may be variable). This pacing is a bit more like email communication. In practice there are more similarities than differences.

The sense of mind-to-mind meeting, free of visual cues and scrutiny encourages disinhibition and the generation of a sense of telepresence which allows participants to reflect on responses at their own pace, and because the session is written it offers the unique opportunity to return and re-experience the actual dialogue as and when participants choose. This allows both counsellor and client more opportunity to understand the process and content than f2f work would. When it is working well, both the counsellor and client will develop a unique personal shorthand written language.

As the relational autobiographical history is written down, the use of text makes the work similar to narrative approaches because it facilitates the close examination of the development of a personal narrative. It allows for an examination similar to that of the research method of conversational discourse analysis (CDA).

With respect to equality and transparency, because the client is in greater control of the content and depth of their material and also the pacing of the session, this can foster a greater sense of psychological safety. For counsellors unused to this dynamic it can be unnerving. Usually typing appears on the screen only when the send button is clicked and because no new typing appears on the screen can lead to both people not knowing if the other person is there and thinking, there and waiting or there and blank. This is uncertainty, and the ambiguity in the no-reply can become a blank screen where one can easily project one's own expectations, emotions and anxieties. One has to learn to trust the void. For both client and counsellor it can be either a fertile ground for anxiety and feelings of abandonment or alternatively for the freedom of shared intimacy. It is extremely challenging and demands 100 per cent attention from both the counsellor and client in order that the intersubjective experience of telepresence not be broken.

Another point about text-based work is a consequence of the obvious fact that it takes longer to type than to speak. This means that both counsellor and client need to learn to be concise and to the point. This too can be challenging for some counsellors, but learning to distil thoughts accurately into writing is a skill well worth refining and is transferable to f2f work. Some online therapy is conducted by email exchange, where certain dates are set for replies, allowing for more measured interventions. This can also be a useful method of supporting very distressed clients who come for one f2f session with an additional allocation of an hour of the therapist's email time per week. Such arrangements can work well, but require clear boundaries.

Other online presence in existential therapy

The NSPC has been a partner in a series of European grant-based projects to establish online training of existential therapists. These projects have been supported by the European Union and have generated a considerable amount of research on self-disclosure and disinhibition in this format. Online existential materials can trigger in-depth discussion and dialogue, both in asynchronous and synchronous format. The ability to refer directly to online philosophical and psychological resources adds a dimension of depth to the explorations (see Deurzen et al., 2006, 2008).

KEY POINTS

- F2f and online approaches should not be viewed as separate and distinct, but as different ways of manifesting our being-in-the-world.
- Both f2f and online counselling have advantages and disadvantages.
- Telepresence is the feeling of being in someone else's presence without sharing their physical space.
- One of the advantages of internet-based work is that fewer social cues allow disinhibition and anonymity.
- Because of the lack of social cues, internet-based work can be challenging for the therapist.

ONLINE CONTENT

- Interview with a researcher, Mark Rayner, about their research into outcomes in Existential Therapy.
- Interview with a practitioner, Dr Elaine Kasket, about working in the digital age.

10

SUMMING UP: Putting it all together

> 'What I really need is to get clear about what I must do, not what I must know; the crucial thing is to find a truth which is truth for me, to find the idea for which I am willing to live and die.'
>
> Søren Kierkegaard

SUMMARIZING THE PHILOSOPHICAL BASIS OF EXISTENTIAL PRACTICE

Although people wishing to work existentially do not necessarily need to know the philosophy in great detail, they do need some discipline and method in how to think philosophically.

There has long been a debate about how to define existential philosophy, and it is in the nature of existential thinking that it will always remain controversial. It will always give us food for thought. The problem of definition is an important one, but one we should be careful with. It is important in that we need to know who we are and what our principles are, otherwise it can get too amorphous and end up meaning everything and nothing at the same time. But it is also a mistake to think we can nail it down once and for all. We cannot. Life is not like that. A classification is like a map, selective, provisional and an abstraction, and attempts to distinguish by rigid lines need to be taken with a degree of scepticism. All the interesting and valuable things happen when one thing meets another, not when things are kept separate. The defining principles such as they are can only be philosophical and epistemological and not simply technical or behavioural. If we try to define existential therapy in terms of technique, little useful will come of it. Classifying animals by appearance and habitat will put bats and birds, moles and earthworms, fish and whales in the same groups when bats, moles and whales have more in common with each other than, respectively, birds, earthworms and fish. We need to be sure what we are talking about so that we can compare like with like. The principles we have adopted for the purpose of this book are listed below.

Existential philosophy and phenomenology are nothing if not context sensitive, and what this means is that the ways these principles are operationalized (i.e. lived) will be down to the individual and the way they construct their meaning and purpose in their particular time and place and in the light of their own conscience and understanding.

Because existential ideas and phenomenology are context sensitive they will by definition have different qualities at different times and places. Like the self, these ideas gain resilience and truth by existing and adapting to different circumstances.

These epistemological principles are:

1. Existence comes before essence. Existential therapy has a primary concern with human existence rather than with various essences or so-called personality characteristics. *That* we are determines *who* we are, not the other way round.
2. This being the case, a person's identity, how they think about themselves and how they write their own autobiography becomes a matter of personal interpretation, responsibility and choice.
3. Every body of knowledge – and existential therapy is a body of knowledge – has to have a research method consistent with its principles and phenomenology, with its belief in the value of experience-near reflexive description, is the appropriate method to investigate existential therapy and other human sciences.

SUMMARIZING THE PRINCIPLES OF EXISTENTIAL PRACTICE

In applying these philosophical principles to everyday life (and counselling and psychotherapy are just specific examples of everyday life), the following practical principles emerge:

- There is a belief that not only is it possible to make sense of life, but also that it is good to try to make sense of life.
- Existentially we search for a model of living that can improve this particular person's life, without endorsing any particular model. The guiding principle here is that the client should choose in the sense of owning and taking responsibility for whatever they select. Our task is to enable them to do this. Freedom without a sense of necessity, obligation, duty or responsibility does not exist. This applies just as much to what we aim for in our work with clients as it does to our relationship with them and also to how we live our own lives.
- We engage in a form of applied philosophy based upon the principles of phenomenology whose medium is dialogue and which requires commitment and full engagement for success. It consists of a careful and exhaustive description of experience leading to an understanding and verification of their implications and consequences.

- We aim for openness in understanding individual experience and a belief that personal problems can only be truly understood against the wider background of the physical, social, personal and spiritual dimensions of experience, and not purely as personal or intra-psychic issues.
- The search for well-being should be seen in relation to an understanding of the human condition, of life's contradictions, tensions and dilemmas, and such problems that arise are best seen as context-derived paradoxes and dilemmas and consequently can never be successfully solved by once-and-for-all either/or solutions. They can only be solved dialectically with a both/and solution and an understanding that any conclusion arrived at will only be provisional.
- Personal resilience comes from engagement with, not avoidance of, life's contradictions, tensions and dilemmas.
- A successful outcome is not to make people happy or to enable them to live such that problems no longer exist but rather to enable people to have the courage to experience all the challenges and difficulties that a life in flux inevitably produces.

DEVELOPING A PERSONAL STYLE

We have seen in these pages that the existential approach is not only distinguished by its philosophical clarity but also by its directness. While some specific interventions are suggested in this book, the task for aspiring existential practitioners in work as in life is to develop their own style, but one that is based firmly on the principles described here. While other people may well inspire in different ways, no one will get very far in life simply by copying other people. We live and die on our own account. Life is the teacher as well as the judge, and existential interventions always come out of an understanding of the human interaction between this particular client and this particular therapist at this particular time and place. We have made a careful distinction between skills and techniques. We have described skills as intensely personal ways of being that only become owned by perseverance and experience of failure, and have spoken of techniques as mutually dehumanizing manualized strategies. Techniques on their own are only appropriate if we see people as machines.

What can be learnt in therapy, as in life, will always surprise us and it can never be fully summarized in books or in prescriptive teachings. Human beings have to keep searching to understand the realities of the human condition and of existence, rather than taking it on authority from someone else without thinking.

We are all responsible for our own point of view and our own learning but we also have to acknowledge the autonomy of others. The difference between the person we are and the job we do as therapists is only in the constraints of the setting and the ethical boundaries. We are the sorts of therapist we are because of the sort of person we are.

Like life, this takes a lifetime to get right.

ONLINE CONTENT

- Video interview with an experienced existential therapist, Claire Arnold-Baker, about what it means to work existentially and what challenges need to be met.
- Video about personal style in existential therapy and the many different forms of existential therapy that exist.

APPENDIX

FURTHER READING, FICTION AND FILM

FURTHER READING

Beauvoir, S. de (1963) *Memoirs of a Dutiful Daughter*. London: Penguin.
Becker, E. (1997) *The Denial of Death*. New York: Simon and Schuster.
Binswanger, L. (1963) *Being-in-the-world* (trans. J. Needleman). New York: Basic Books.
Boss, M. (1957) *The Analysis of Dreams*. London: Rider.
Boss, M. (1963) *Psychoanalysis and Daseinsanalysis.* New York: Basic Books.
Camus, A. (2005) *The Myth of Sisyphus* (trans. J. O'Brien). London: Penguin (original work published 1942).
Cohn, H. (2002) *Heidegger and the Roots of Existential Therapy*. London: Continuum.
Cooper, M. (2003) *Existential Therapies*. London: Sage.
Cox, G. (2008) *The Sartre Dictionary*. London: Continuum.
Cox, G. (2009) *Sartre and Fiction*. London: Continuum.
Cox, G. (2009) *How to be an Existentialist or How to Get Real, Get a Grip and Stop Making Excuses*. London: Continuum.
Danto, A.C. (1991) *Sartre*. London: Fontana.
Deurzen, E. van (2008) *Psychotherapy and the Quest for Happiness*. London: Sage.
Deurzen, E. van and Kenward, R. (2005) *Dictionary of Existential Psychotherapy*. London: Sage.
Fabry, J. (1980) *The Pursuit of Meaning: Viktor Frankl, Logotherapy, and Life*. New York: Harper & Row.
Frankl, V.E. (1964) *Man's Search for Meaning.* London: Hodder & Stoughton.
Friedman, M. (ed.) (1991) *The Worlds of Existentialism*. London: Humanities.
Jacobsen, B. (2007) *Invitation to Existential Psychology*. Chichester: Wiley.
Kierkegaard, S. (1970) *The Concept of Dread* (trans. W. Lowrie). Princeton, NJ: Princeton University Press.
Laing, R.D. (1961) *Self and Others.* Harmondsworth: Penguin.
Laing, R.D. (1967) *The Politics of Experience*. Harmondsworth: Penguin.
Langdridge, D. (2007) *Phenomenological Psychology: Theory, Research and Method*. Harlow: Pearson Education.
Lomas, P. (2005) *Cultivating Intuition: A Personal Introduction to Psychotherapy.* London: Penguin.
Macquarrie, J. (1972) *Existentialism*. London: Penguin.
May, R. (1969) *Love and Will*. London: Norton.
May, R., Angel, E. and Ellenberger, H.F. (1958) *Existence.* New York: Basic Books.

Merleau-Ponty, M. (2005) *The Phenomenology of Perception* (trans. C. Smith). London: Routledge (original work published 1962).
Moran, D. (2000) *Introduction to Phenomenology*. London: Routledge.
Nietzsche, F. (1961) *Thus Spoke Zarathustra* (trans. R.J. Hollingdale). Harmondsworth: Penguin (original work published 1883).
Sartre, J-P. (2000) *Words* (trans. I. Clephane). London: Penguin (original work published 1961).
Schneider, K. (2007) *Existential-integrative Psychotherapy: Guideposts to the Core of Practice*. London: Routledge.
Schneider, K. (2009) *Awakening to Awe: Personal Stories of Profound Transformation*. New York: Jason Aronson.
Schneider, K. (2013) *The Polarized Mind: Why It's Killing Us and What We Can Do about It*. Boulder, CO: University Professors Press.
Smith, J., Flowers P. and Larkin M. (2009) *Interpretative Phenomenological Analysis: Theory, Practice and Method*. London: Sage.
Spinelli, E. (2005) *The Interpreted World: An Introduction to Phenomenological Psychology* (2nd edn). London: Sage.
Spinelli, E. (2014) *Practising Existential Psychotherapy: The Relational World* (2nd edn). London: Sage.
Stadlen, N. (2011) *How Mothers Love: And How Relationships Are Born*. London: Piatkus.
Stolorow, R. (2007) *Trauma and Human Existence*. New York: The Analytic Press.
Szasz, T.S. (1984) *The Myth of Mental Illness*. New York: HarperCollins.
Tillich, P. (2000) *The Courage to Be*. London: Yale University Press (original work published 1952).
Warnock, M. (1970) *Existentialism*. Oxford: Oxford University Press.
Wong, P. (ed.) (2012) *The Human Quest for Meaning: Theories, Research, and Applications*. Hove: Routledge.
Yalom, I. (1989) *Love's Executioner and Other Tales of Psychotherapy*. London: Penguin.
Yalom, I. (2003) *The Gift of Therapy*. London: Piatkus.

Existential philosophy, phenomenology and the practice of existential counselling and psychotherapy tries to stay as close to lived human experience as possible. There is a paradox here that was not lost on Picasso when he said, 'We all know that Art is not truth. Art is a lie that makes us realize truth' (Fry, 1966: 165). Philosophy is valuable but because it is abstract and aims to generalize, it involves a distancing from everyday experience. Novels, narratives and fiction provide a greater possibility of an experience-near description. The following list is of novels and films that contain and expand existential themes in their different ways. This list is personal and idiosyncratic, simply of works that resonate with us and that we believe will prompt philosophical and personal reflection.

FICTION

J.G. Ballard (1997) *Cocaine Nights*. London: Flamingo.
J.G. Ballard (2006) *Empire of the Sun*. London: Harper.
Simone de Beauvoir (2006) *She Came to Stay*. London: Harper (original work published 1954).
Samuel Beckett (2010) *Malone Dies.* London: Faber and Faber (original work published 1951).
Ray Bradbury (2008) *Fahrenheit 451*. London: Harper (original work published 1953).
Paul Bowles (2004) *The Sheltering Sky*. London: Penguin (original work published 1949).

William Boyd (1987) *The New Confessions*. London: Hamish Hamilton.
William Boyd (2002) *Any Human Heart*. London: Hamish Hamilton.
Mikhail Bulgakov (2007) *The Master and Margarita* (trans. L Volokhonsky and R. Pevear). London: Penguin (original work published 1967).
Albert Camus (2006) *The Outsider* (trans. J. Laredo). London: Penguin (original work published 1942).
Lewis Carroll (2007) *Through the Looking Glass.* London: Penguin (original work published 1871).
J.M. Coetzee (2000) *Disgrace*. London: Penguin.
Joseph Conrad (2007) *Heart of Darkness.* London: Penguin (original work published 1899).
Philip K. Dick (1977) *A Scanner Darkly*. London: Gollancz.
Fyodor Dostoyevski (2003) *Crime and Punishment* (trans. D. McDuff). London: Vintage (original work published 1866).
Fyodor Dostoyevski (2004) *The Idiot* (trans. D. McDuff). London: Penguin (original work published 1868).
Ralph Ellison (2001) *Invisible Man*. London: Penguin (original work published 1952).
Helen Fielding (1997) *Bridget Jones's Diary*. London: Picador.
Johan Wolfgang von Goethe (1998) *Faust* (trans. D. Constantine). London: Penguin (original work published 1790–1832).
William Golding (1997) *Lord of the Flies*. London: Faber and Faber (original work published 1954).
Gunter Grass (2010) *The Tin Drum* (trans. B. Mitchell). London: Vintage (original work published 1959).
Thomas Hardy (1998) *Jude the Obscure*. London: Penguin (original work published 1895).
Joseph Heller (1994) *Catch-22*. London: Vintage (original work published 1961).
Herman Hesse (2012) *Steppenwolf* (trans. D. Horrocks). London: Penguin (original work published 1927).
Patricia Highsmith (1999) *The Talented Mr. Ripley*. London: Vintage.
Nick Hornby (1996) *High Fidelity*. London: Indigo.
Michel Houellebecq (1998) *Whatever* (trans. P. Hammond). London: Serpent's Tail.
Aldous Huxley (2007) *Brave New World*. London: Vintage (original work published 1931).
Franz Kafka (2007) *Metamorphosis and Other Stories* (trans M.Pasley). London: Penguin (original work published 1915).
Nikos Kazantzakis (2008) *Zorba the Greek* (trans. C. Wildman). London: Faber and Faber (original work published 1952).
Jack Kerouac (2011) *On the Road*. London: Penguin (original work published 1957).
Ken Kesey (1973) *One Flew over the Cuckoo's Nest*. London: Picador.
Arthur Koestler (1994) *Darkness at Noon* (trans. D. Hardy). London: Penguin (original work published 1940).
Milan Kundera (2000) *The Unbearable Lightness of Being* (trans. M.H. Heim). London: Faber and Faber (original work published 1984).
Ursula LeGuin (2001) *The Lathe of Heaven*. London: Gollancz (original work published 1971).
Ian McEwan (2001) *Atonement*. London: Jonathan Cape.
Iris Murdoch (2001) *The Sovereignty of Good*. London: Routledge (original work published 1970).
Anthony Powell (1997) *A Dance to the Music of Time*. London: Arrow (original works published 1951–75).
Marcel Proust (2003) *In Search of Lost Time* (trans. C. K. Scott-Moncrieff). London: Penguin (original work published 1871–1922).
Philip Pullman (2007) *His Dark Materials.* London: Scolastic.
Luke Rhinehart (1999) *The Dice Man*. London: HarperCollins.
Philip Roth (2001) *The Human Stain*. London: Vintage.

Antoine de Saint Exupéry (2011) *The Little Prince* (trans. K. Woods). London: Egmont (original work published 1943).
J.D. Salinger (1994) *A Catcher in the Rye.* London: Penguin (original work published 1951).
Jean-Paul Sartre (2000) *Huis Clos and Other Plays* (trans. K. Black). London: Penguin (original works published 1945, 1951, 1947).
Jean-Paul Sartre (2000) *Nausea* (trans. R. Baldick). London: Penguin (original work published 1938).
William Shakespeare (1604) *Hamlet*.
Muriel Spark (2012) *The Prime of Miss Jean Brodie*. London: Penguin (original work published 1961).
Wallace Stegner (2013) *Crossing to Safety*. London: Penguin (original work published 1987).
John Steinbeck (2006) *Of Mice and Men*. London: Penguin (original work published 1937).
Leo Tolstoy (2003) *Anna Karenina* (trans. L. Volokhonsky and R. Pevear). London: Penguin (original work published 1878).
Salley Vickers (2006) *The Other Side of You*. London: Fourth Estate.
Kurt Vonnegut (2008) *Cat's Cradle.* London: Penguin (original work published 1938).
Oscar Wilde (2009) *The Picture of Dorian Gray*. London: Penguin (original work published 1890).
Irvin Yalom (1992) *When Nietzsche Wept*. London: Harper.

FILMS

A Beautiful Mind (2001) Ron Howard. USA: Universal Pictures.
A Streetcar Named Desire (1951) Elia Kazan. USA: Warner Bros.
Amadeus (1984) Milos Forman. USA/France: AMLF.
American Beauty (1999) Sam Mendes. USA: DreamWorks.
Anatomy of a Murder (1959) Otto Preminger. USA: Carlyle Productions.
Apocalypse Now (1979) Francis Ford Coppola. USA: Zoetrope Studios.
Avatar (2009) James Cameron. USA/UK: 20th Century Fox.
Barry Lyndon (1975) Stanley Kubrick. UK/USA: Warner Bros.
Being John Malkovich (1999) Spike Jonze. USA: Propaganda Films.
Birdman (2014) Alejandro Iñárritu. USA: Regency Enterprises.
Blade Runner (1982) Ridley Scott. USA/Hong Kong/UK: Warner Bros.
Boyhood (2014) Richard Linklater. USA: Detour Filmproduction.
Braveheart (1995) Mel Gibson. USA: Icon Entertainment.
Breakfast at Tiffany's (1961) Blake Edwards. USA: Jurow-Shepherd.
Breaking the Waves (1996) Lars von Trier. Denmark: Argus Film Produktie.
Cat on a Hot Tin Roof (1958) Richard Brooks. USA: MGM.
Cinema Paradiso (1988) Giuseppe Tornatore. Italy/France: Cristaldifilm.
Citizen Kane (1941) Orson Welles. USA: RKO Radio Pictures.
Cria Cuervos (1976) Carlos Saura. Spain: Elías Querejeta Producciones.
Crimes and Misdemeanors (1989) Woody Allen. USA: Orion Pictures.
Crouching Tiger, Hidden Dragon (2000) Ang Lee. Taiwan/Hong Kong/USA/China: Columbia Pictures.
Death in Venice (1971) Luchino Visconti. Italy: Cinematographica.
Defiance (2008) Edward Zwick. USA: Five & Dime Productions.
Dirty Harry (1971) Don Siegel. USA: Warner Bros.
Donnie Darko (2001) Richard Kelly. USA: Flower Films.
Easy Rider (1969) Dennis Hopper. USA: Raybert Productions.
eXistenZ (1999) David Cronenberg. Canada/UK: Alliance Atlantis Communications.

Fight Club (1999) David Fincher. USA: Fox 2000 Pictures.
Gone with the Wind (1939) Victor Flemming. USA: MGM.
Groundhog Day (1993) Harold Ramis. USA: Columbia Pictures.
Hidden (2005) Michael Haneke. France: Les Films du Losange.
High Noon (1952) Fred Zinnemann. USA: Stanley Kramer Productions.
Hiroshima Mon Amour (1959) Alain Resnais. France/Japan/Mexico: Argos Films.
Ikiru (1952) Akira Kurosawa. Japan: Toho Studios.
Infernal Affairs (2002) Andrew Lau Wai-Keung, Alan Mak. Hong Kong: Media Asia Films.
It's a Wonderful Life (1946) Frank Capra. USA: Liberty Films.
Jean de Florette and *Manon des Sources* (1986) Claude Berri. France: DD Productions.
Jules and Jim (1962). Francois Truffaut. France: Les Films du Carrosse.
Kes (1969) Ken Loach. UK: Kestrel Films.
Last Tango in Paris (1972) Bernardo Bertolucci. France/Italy: MGM.
Le Cercle Rouge (1970) Jean-Pierre Melville. France/Italy: Rialto Pictures.
Leviathan (2014) Andrey Zvyagintsev. Russia: Russian Ministry of Culture.
M (1931) Fritz Lang. Germany: Nero Film AG.
Memento (2000) Christopher Nolan. USA: Newmarket Capital Group.
Mia Madre (2015) Nanni Moretti. Italy/France: Arte France Cinéma.
Midnight in Paris (2011) Woody Allen. US: Gravier Productions.
Miller's Crossing (1990) Joel and Ethan Coen. USA: 20th Century Fox.
Modern Times (1936) Charlie Chaplin. USA: United Artists.
My Neighbor Totoro (1988) Hayao Miyazaki. Japan: Tokuma.
Once Upon a Time in the West (1968) Sergio Leone. Italy/USA/Spain: Paramount Pictures.
Ordinary People (1980) Robert Redford. USA: Paramount.
Paris, Texas (1984) Wim Wenders. West Germany: Road Movies Filmproduktion.
Red Desert (1964) Michelangelo Antonioni. Italy/France: Film Duemila.
Ride in the Whirlwind (1966) Monte Hellman. USA: Walter Reade Organization.
Rosemary's Baby (1968) Roman Polanski. USA: William Castle Productions.
Seven Samurai (1954). Akira Kurosawa. Japan: Toho Company.
Shame (1968) Ingmar Bergman. Sweden: Lopert Pictures Corporation.
Solaris (2002) Steven Soderbergh. USA: 20th Century Fox.
Stalker (1979) Andrei Tarkovsky. Soviet Union: Kinostudiya.
Talk to Her (2002) Pedro Almodovar. Spain: El Deseo.
Taxi Driver (1976) Martin Scorcese. USA: Columbia Pictures.
The 400 Blows (Les Quatre Cents Coups) (1959) Francois Truffaut. France: Les Films du Carrosse.
The Big Sleep (1946) Howard Hawks. USA: Warner Bros.
The Bridge on the River Kwai (1957) David Lean. UK/USA: Columbia Pictures.
The Discreet Charm of the Bourgeoisie (1972) Luis Bunuel. France: Greenwich Film Productions.
The Elephant Man (1980) David Lynch. USA: Brooks Films.
The Emigrants (1971) Jan Troell. Sweden: Svensk Filmdustri.
The Enigma of Kaspar Hauser (1974) Werner Herzog. West Germany: Werner Herzog Filmproduktion.
The Fifth Element (1997) Luc Besson. France: Gaumont.
The French Connection (1971) William Friedkin. USA: D'Antoni Productions.
The Great Escape (1963) John Sturger. USA: The Mirisch Company.
The Hours (2002) Steven Daldry. USA/UK: Paramount.
The Last Temptation of Christ (1988) Martin Scorsese. USA: Cineplex-Odeon Films.
The Lord of the Rings Trilogy (2001/2/3) Peter Jackson. New Zealand/USA: New Line Cinema.
The Painted Veil (2006) John Curran. China/USA: WIP.
The Passenger (1975) Michelangelo Antonioni. Italy: Compagnia Cinematografica Champion.
The Passion of Joan of Arc (1928) Carl Theodor Dreyer. France: Société Générale des Films.
The Pianist (2002) Roman Polanski. France/Germany/UK/Poland: R.P. Productions.

The Red Shoes (1948) Michael Powell, Emeric Pressburger. UK: The Archers.
The Return (2003) Andrey Zvyagintsev. Russia: Kino International.
The Searchers (1956) John Ford. USA: Warner Bros.
The Seventh Seal (1957) Ingmar Bergman. Sweden: Svensk Filmindustri.
The Shawshank Redemption (1994) Frank Darabont. USA: Castle Rock Entertainment.
The Sound of Music (1965) Robert Wise. USA: Robert Wise Productions.
The Trial (1962) Orson Welles. France/Italy/Germany: Astor Pictures.
The Truman Show (1998) Peter Weir. USA: Paramount Pictures.
Unforgiven (1992) Clint Eastwood. USA: Malpaso Productions.
Viridiana (1961) Luis Bunuel. Spain/Mexico: UNINCI.
Waking Life (2001) Richard Linklater. USA: Detour Filmproduction.
Wings of Desire (1987) Wim Wenders. West Germany/France: Road Movies Filmproduktion.

GLOSSARY OF EXISTENTIAL TERMS

Anxiety is more than stress, depression or agitation. It is more like an apprehension: a basic background unease, which nevertheless can come to the fore and sometimes disables us in times of crisis. It involves a vague and discomforting awareness of the unsolvable dilemmas of existence and usually includes a non-specific sense of danger, a sense that we may die, that we are separate from other people, that we are responsible for our own lives, and that we may fail to live up to our own moral code. This specific form of anxiety is often termed 'existential anxiety' and it is assumed that we cannot live without this form of essential discomfort, since it points us towards our fundamental freedom and responsibility, without which we would not have consciousness nor be human. In final analysis, anxiety is our life energy.

Assumptions Human beings are meaning-making creatures and cannot help but construct meanings in terms of the values, beliefs and meanings they already have. These meanings are simply assumptions that we have made in order to understand the world. Such assumptions help us to make sense of things. By working phenomenologically we can become more aware of the assumptions we habitually use to understand the world and we can sharpen our own capacity to question them, reflect on them and alter them as new information becomes available.

Authenticity/inauthenticity does not refer to what is real or genuine but instead to our ability to own and to be the author of our lives in full awareness that it will end and that it is up to us to make something of it. There is no such thing as an authentic act. Authenticity only arises when our attitude towards existence is one of facing truth and when we allow this stance of truth seeking to inform our actions. As such it is rarely sustainable and we inevitably come to deny our existential responsibility and so revert back to inauthenticity, which is our more usual mode of being. When this in turn becomes intolerable we may once again respond to the call of conscience and own up to our responsibility. Authenticity and inauthenticity are two sides of the same coin and are inseparable.

Autonomy refers to the basic desire and ability of human beings to make their own decisions about their lives and to be independent in their conduct and their thinking. Such self-motivated behaviour is never an excuse for ignoring other people's needs and views.

Bad faith (*mauvaise foi*) is a term used by Sartre to refer to the way in which we actively evade and deny our freedom and our nothingness. To be in bad faith is to pretend to ourselves that we are either completely helpless and condemned to our fate or completely free and able to be just anything we choose to be.

Change is not something the existential therapist works to bring about. Since our basic nature is one of permanent change, what we work to bring about is an understanding of how clients habitually resist, evade and deny change in their lives in order to help them become aware of how they are avoiding making their own decisions and choices.

Choice and responsibility An existential choice is about commitment to a course of action and is not always simply about selection between alternatives. On many occasions there is only one alternative on offer. It is about grasping life rather than evading and denying life. Responsibility is a central theme of existential thinking. It refers to an acknowledgement of personal accountability for one's choices and actions. This goes for those actions actively taken as well as for those which are attributed to our context or to contingency. It is important to note that abstaining from choosing is also a choice. The only choice we do not have is not to choose.

Crisis A crisis is an opportunity and a moment when we realize not just the necessity of action but when we become aware of the fragility of existence. We also become aware that our future depends on what decision we make now. In a crisis we are called to account for ourselves, and it is when we show our mettle. It is a time when we realize that we can never guarantee with any certainty what will happen. Every moment potentially has this quality but we habitually deny it, thinking that we are passive recipients of our lives rather than active creators.

Death marks the end of our physical life and is the boundary that informs all our decisions of how to live. Our life as a totality only becomes complete and therefore fully meaningful on death. Living with awareness of the temporal nature of our lives makes us aware of the urgency of living life to the full and makes it easier to appreciate what is truly of value.

Defences Not simply a psychological term, it refers to the way we remove from awareness, principally by evasion and denial, the impact of the givens of existence that threaten to expose us to ontological anxiety. Existential therapists will be inclined to think more in terms of self-protection or avoidance of life, than in terms of defence mechanisms as formulated by analysts.

Description/explanation This is a crucial distinction in existential practice. Description is central to phenomenology, which asks us to bracket off our assumptions about the nature of something in favour of an experience-near description of what affects us. Asking the client to describe will enable them to get closer to the truth of their experience and hence uncover its meaning. Explanation will, on the other hand, promote a distancing and a more superficial understanding that will inevitably be in terms of someone else's understanding. Description reduces the influence of suggestion in therapy whereas explanation increases it.

Determinism Human beings are undoubtedly moved and affected by numerous complex forces, including forces of nature, such as gravity and entropy. We are biological creatures shaped by our genes, but we are also shaped by social influences upon us, such as those of education and economic factors. These dynamics affect our character, but we are not entirely determined or caused by them. Human consciousness provides us with the capacity to take a particular attitude towards these givens and go beyond them in making sense of the world and also by affecting the way in which it will change in future. We make something of what has been made of us. We transform our world.

Dialectic is the way dilemmas are solved, by bringing together two apparent opposites to make something entirely new. It is not about compromise. Resolutions arrived at dialectically are never fixed but permanently changing. Each new formulation contains some of the former opposition whilst proposing a new idea. In dialectical living we are prepared to continuously evolve and develop whilst learning from the past. In the dialectic we hold the paradox and transcend it. We continuously evolve through this dialectical process.

Dialogue is the essence of therapy, human interaction and the source of human meaning. Buber says it is fleeting, challenging, difficult to achieve and sustain and can often become two simultaneous monologues. Heidegger refers to the absence of dialogue as 'idle talk'. To be in dialogue is to be interactively involved in our intersubjectivity and fully address each other and therefore come into our own and work our way through whatever it is we are speaking about and engaging with.

Dilemma All the important questions in life involve a dilemma, which cannot be solved with a simple yes or no, right or wrong. For their meaning to be revealed the tension within the dilemma needs to be engaged with resiliently. The existential therapist's job is to promote this greater engagement with the tensions of the dilemma. This often involves making a person aware of the paradoxes of existence.

Embodiment is the term given to the principle that the body is not something I have, it is something I am. Perception, as Merleau-Ponty says, is only possible with and through the body that is permanently attuned to the world it is a part of. To be fully aware of something and experience and live it deeply and concretely rather than to have opinions or theories about it is to become fully embodied. This is engaged living.

Empathy in the sense of being able to 'stand in someone else's shoes' and feel what they feel is an existential impossibility. What we call empathy is not a magical or telepathic connection but an act of imagination borne out of our similarities as human beings. Our ability to do this and to resonate with another person's experience is related to how well we have understood the lessons of life and how able we are to comprehend the other's experience. What is crucial for therapy and for life are not just our similarities but also our differences, our ability to see things from different viewpoints, to entertain alternative meanings. It is to be the same but also different.

Engagement is to let the world and our own actions in it matter to us and to let ourselves care about our life and actively connect with it. We can either try to detach ourselves as much as possible and become withdrawn from our experience in order

not to feel the hurt and difficulties that living involves, or we can be fully engaged and passionately live our lives to the full no matter what.

Faith is at the root of every meaningful action. We need to have a personal value system that guides our actions and meanings. The paradox of faith is that we can never be certain of anything but we have to act as if it is so, in full knowledge that it may not be. This produces anxiety which we try to reduce by seeking certainty. Kierkegaard spoke of taking a leap of faith and living like a knight of faith, which means to live in a way that is fully engaged and where we do not try to exempt ourselves from life by denial or special pleading.

Felt sense is a term used by Gendlin to describe the essentially non- or pre-verbal quality of a person's bodily awareness. He regarded this somatic awareness as primary and essentially is similar to what Heidegger called our 'mood', involving a complete immersion in our world in a particular tonality. This includes sensation, emotion, thought and intuition.

Four worlds, or dimensions This refers to the way we are not simply physical, social, psychological or spiritual beings, but all four simultaneously. Each one of these ways of being gives rise to an understanding or particular world or dimension of experience. We are inevitably engaged in the world at all these different levels at any time, sometimes actively, sometimes passively, sometimes negatively by avoidance. We face conflicts and contradictions at each level.

Freedom is a core concept in all existential thinking. While we have a desire for a firm and permanent moral code we know that one does not exist, and that we are therefore free to make our own and are therefore also responsible for living up to it. As Sartre says, 'We are condemned to be free', meaning that making something of our lives within the constraints we all have is no one's responsibility but our own. This also means that we have to be prepared to think about an issue anew each time it presents itself to us. To be free is not an option, but a given: human beings are fundamentally free and capable of many different modes of being.

Givens These are the conditions of existence, each of which has an unsolvable dilemma at its core. Also known as 'ultimate concerns', they each relate to one of the four worlds: the physical, the social, the psychological and the spiritual. Some of the inevitable givens of the human condition are that we are born to die, that we are always with others and that we have to make our own decisions to the best of our abilities. We have to work for our living and we will inevitably falter and fail; we shall also be in doubt and feel guilt, know hardship, illness, doubt and despair. At the same time it is a given that we have the capacity for consciousness, which allows us to rise above all of these givens.

Guilt in an existential sense refers not simply to having done something wrong in a legal, common law or personal way. It refers to a sense of a debt or unease because of having evaded or denied the givens of our existence or having betrayed our moral or relational obligations to ourselves or others as fellow beings. The ultimate arbiter of whether something is 'wrong' or not is not whether the culture deems it so but whether it is coherent with the person's value system, which has been developed in

the light of the givens of existence. Existential guilt often refers specifically to us not having done something we should or might have done, rather than to having done something wrong. It is a feeling of being in debt to ourselves or to life.

Intentionality is a fundamental given of the nature of our consciousness: that we are always conscious of something. There can be no human activity, physical, mental, emotional or otherwise, without it having a certain direction, intention, object and purpose. It is the nature of consciousness to go out of itself towards something. Often it is enough to become aware of what our original intentions are if we want to live more in tune with ourselves.

Knowing/unknowing, uncertainty/certainty Some things, few things, are knowable and these are likely to be physical, factual and everyday things. When enquiring into existence and meaning, however, we need to suspend – but not negate – what we think we know. We temporarily become unknowing, which means that we are open to surprise, to discovery, to something we did not expect. We are once again naïve as children and full of wonder for what is. This is often experienced as doubt or self-doubt, for in this process everything is in question. This leads inevitably to the anxiety of uncertainty, which we may try to remove by prematurely coming to certainty – persuading ourselves that we know, when we do not. It may also lead to curiosity and more careful investigation. Sometimes, when it is not yet possible to know something, this is where faith and the leap of faith are important.

Leaping in/leaping ahead Terms used by Heidegger. Leaping in (or jumping in) refers to when, usually out of their personal anxiety, a person takes over and suggests, directs or advises the other in such a manner that another person's autonomy is disabled. Leaping ahead (or jumping ahead), by contrast, refers to an attitude of care for the other, which acknowledges and respects their autonomy. In leaping ahead we are available and prepared for the other's discovery of the road ahead with all its obstacles and opportunities, without forcing their hand or making them decide which way to turn at the crossroads.

Meaning and purpose/meaninglessness The desire and need for a personally defined meaning and purpose to life is central to existential therapy as is the belief that a person is able to define it for him or herself. The ability to define meaning and purpose can only be resiliently arrived at when the person is able to confront the possibility of meaninglessness.

Mineralization is a term used by Sartre to describe how, when understanding the world, we cannot help but make it seem fixed so that it seems as if set in stone. This then hampers and restricts our freedom to see the world in any other way. This also refers to Husserl's term 'sedimentation', which is one of the ways in which mineralization might occur.

Mood We are always in some mood and our mood is not passive or irrelevant. It may seem so constant, familiar and habitual that we do not question it. But it is active and chosen and indicates how individually we make the world matter and how we are pervasively immersed in world in a certain way.

Ontological/ontic A distinction made by Heidegger and other philosophers to refer to the difference and relationship between, on the one hand, the essential, necessary and universally valid conditions of human existence – the ontological – and on the other hand, the concrete, changing and practical aspects of existence – the ontic. Existential therapists endeavour to bring clients back to the root of their everyday (ontic) problems so they can be seen in the light of the inevitable (ontological) givens of existence. For example, ontological anxiety arising from the inevitability of death and ageing may lead one person to ontically attempt to deny ageing and hence death by cosmetic surgery, another to desire immortality through fame and a third to want to commit suicide so as to escape from the perceived threat.

Paradox Human existence is paradoxical in that, for example, we can only come truly to life by facing up to the reality of the inevitability of death. We can only be close to others if we have become capable of being strong in our loneliness. Paradoxes are part of life and the existential therapist does not aim to eliminate them but to live constructively with their tension. Indeed, it is this tension that creates the force of life.

Possibility/Potentiality This does not refer just to what might happen in an everyday sense but to the essential freedom of humankind to choose our actions and live with the consequences. It is often referred to as 'potentiality' and is an ontological quality of Being. Heidegger claimed that potentiality was always greater than actuality. Existentially, as we are perpetually in a state of becoming, we never achieve our full potential.

Relationship/Relationality Existential thinking rejects the notion of the individual person who has relationships with others and with the world, for the idea that person is no more and no less than their relationships. Human beings are essentially relational. We cannot be without a world, without others and without consciousness, which is essentially relational in nature. This goes deeper than simply needing relationships in a social sense. The person does not exist separately from their relationships. We are connective with the world, we are not separate from it, but intertwined with it. As with the body, a person does not have relationships, they are their relationships. With respect to therapy, the nature and quality of the relationship determines how well the therapy progresses. It is the ways in which the therapist and client strive to have a true dialogue and together overcome the obstacles they face that constitutes the work of therapy.

Sedimentation Similar to mineralization but is a term used by Husserl and then Merleau-Ponty to refer to the notion that we often believe or act as if truth is fixed, and therefore that our lives and identities are fixed. In actual fact nothing is fixed but our ideas and conceptions of reality. They form through experience and can then become like sediments that settle in the river of life, creating obstacles in the flow, but also footholds and stepping stones when they become mineralized (see: mineralization).

Self Existential authors reject the idea of the self as something which is fixed in favour of the self as a process. It makes more sense to change the noun 'the self' into a verb 'to selve'. The self is always in flux, always in process of becoming and always in relation. In this sense the statement 'I am an angry sort of person' says, for example, more about the way the speaker restricts their possibility than it says about their 'true' nature.

Situatedness Although, as Sartre says, we are condemned to be free, our freedom always takes place in a particular context. It is always situated, and this is what makes our freedom meaningful in the sense that potential can be real-ized (i.e. made real). Human existence can never be abstracted from its world because we are always in-the-world.

Thrownness and fallenness Thrownness refers to the existential fact that we are born into this world with no say about where or when or even if we come to life. Our first task therefore is to acknowledge this, to choose it in the sense of owning it. Our life starts from a position of randomness and chance. Having owned our thrownness, the next task is to make something of the world we find ourselves in. By constantly looking to others for a lead we fall out of touch with our autonomy and our authentic potential. We often confuse thrownness with fallenness in an attempt to avoid responsibility.

Time and temporality Time is one of the boundaries to human existence – the way we live our lives is defined by how we see death and the passing of all things, including ourselves. Temporality is the quality of living in time. We do not have or use or waste time, we are time. Time is manifest in us, for time is transformation and human beings are the instruments and the place of change.

Truth is usually defined as what is factually correct or real. Existential thinkers are concerned with truth as a value. This is not just a subjective evaluation of correctness – 'It feels right so it must be true' – but an evaluation in accordance with the givens, dilemmas and paradoxes of existence. To arrive at truth requires a dialectical combination of subjective, objective and existential factors. It is to be expected that we can rarely know the entire and total truth of anything, but this does not mean that such truth does not exist or that we should not strive for it.

Understanding is an essential value in existential therapy and can be contrasted with the idea of knowledge. Understanding is about an embodied, engaged awareness of something in a meaningful way, rather than in terms of purely being able to quote the facts and figures of something. It is about comprehension rather than about explanation.

Values and beliefs are central to meaning. Psychotherapy is not amoral, not value-free, and encouraging a client to examine their values and beliefs in order that they better understand their implications will enable a client to more clearly establish and therefore choose which values to live by and which possibilities to actualize. While existential therapists start by challenging established and frozen frameworks of norms and standards, they embark on a search for the values that are in tune with what is and that work for individuals and the wider community.

Worldview refers to the sense we make of the world we are a part of. There is a paradox in that it provides us with structure, without which we might despair. This explains why we get so attached to our viewpoint. But it also prevents us from considering alternatives and to continue our search for truth. A worldview can be made explicit and questioned or transcended; it can also be turned into a dogma and a prescriptive ideology. Existential therapists have to guard against these dangers like everyone else.

REFERENCES

Adams, M. (2013a) 'Human development from an existential phenomenological perspective: some thoughts and considerations', *Existential Analysis*, 24(1): 48–57.

Adams, M. (2013b) *A Concise Introduction to Existential Counselling*. London: Sage.

Adams, M. (2014) 'Human development and existential counselling psychology', *Counselling Psychology Review*, 29(2): 34–42.

Adams, M. and Jepson, M. (2013) 'Working with violent and abusive relationships', in E. van Deurzen and S. Iacovou (eds), *Existential Perspectives on Relationship Therapy*. Basingstoke: Palgrave Macmillan.

APA (2006) 'Evidenced practice in psychology', *American Psychologist*, 61(4).

Barker, M. (2012) *Rewriting the Rules: An Integrative Guide to Love, Sex and Relationships*. London: Routledge.

Barnett, L. (2008) *When Death Enters the Therapeutic Space: Existential Perspectives in Psychotherapy and Counselling*. London: Routledge.

Barrett-Lennard, G.T. (1998) *Carl Rogers' Helping System: Journey and Substance*. London: Sage.

Beauvoir, S. de (1970) *The Coming of Age* (trans. P. O'Brian). New York: Putnam.

Beauvoir, S. de (1973) *The Second Sex* (trans. H.M. Parshley). New York: Vintage Books (original work published 1949).

Binswanger, L. (1963) *Being-in-the-world* (trans. J. Needleman). New York: Basic Books.

Buber, M. (1958) *I and Thou* (trans. G. Smith). Edinburgh: T&T Clark (original work published 1923).

Cannon, B. (1991) *Sartre and Psychoanalysis: An Existentialist Challenge to Clinical Metatheory*. Lawrence, KS: University of Kansas.

Carroll, M. (2014) *Effective Supervision for the Helping Professions*. London: Sage.

Chester, A. and Glass, C.A. (2006) 'Online counselling: a descriptive analysis of therapy services on the Internet', *British Journal of Guidance and Counselling*, 34(2): 145–60.

Cohn, H. (1997) *Existential Thought and Therapeutic Practice*. London: Sage.

Cooper, M. (2008) *Essential Research Findings in Counselling and Psychotherapy*. London: Sage.

Cooper, M. (2009) 'Welcoming the other: actualising the humanistic ethic at the core of counselling psychology practice', *Counselling Psychology Review*, 24: 119–29.

Cooper, M. (2015) *Existential Psychotherapy and Counselling: Contributions to a Pluralistic Practice*. London: Sage.

Cooper, M. (2016) *Existential Therapies* (2nd edn). London: Sage.

Cooper, M. and Adams, M. (2005) 'Death', in E. van Deurzen and C. Arnold-Baker (eds), *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice*. Basingstoke: Palgrave Macmillan.

Correia, E.A., Cooper, M. and Berdondini, L. (2014) 'The worldwide distribution and characteristics of existential counsellors and psychotherapists', *Existential Analysis* 25: 321–38.

Department of Health (DoH) (2008) 'IAPT Implementation Plan: National Guidelines for Regional Delivery'. London: DoH. From www.iapt.nhs.uk/silo/files/implementation-plan-curriculum-for-high8208intensity-therapies-workers.pdf (accessed 6.11.15).

Department of Health (DoH) (2010) 'Good Practice Guidance on the Use of Self-help Materials within IAPT Services'. London: DoH. From www.iapt.nhs.uk/silo/files/good-practice-guidance-on-the-use-of-selfhelp-materials-within-iapt-services.pdf (accessed 8.3.16).

Department of Health (DoH) (2011) 'National Curriculum For High Intensity Cognitive Behavioural Therapy Courses'. London: DoH. From www.iapt.nhs.uk/silo/files/national-curriculum-for-high-intensity-cognitive-behavioural-therapy-courses.pdf (accessed 8.3.16).

Deurzen, E. van and Arnold-Baker, C. (eds) (2005) *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice*. Basingstoke: Palgrave Macmillan.

Deurzen, E. van, Blackmore, C. and Tantam, D. (2006) 'Distance and intimacy in Internet psychotherapy training;, *International Journal of Psychotherapy*, 10: 15–34.

Deurzen, E. van, Blackmore, C. and Tantam, D. (2008) 'Evaluation of e-learning outcomes: experience from an online psychotherapy education programme', *Open Learning: The Journal of Open and Distance Learning*, 23(3): 185–201.

Deurzen, E. van and Young, S. (2009) *Existential Perspectives on Supervision*. Basingstoke: Palgrave Macmillan.

Deurzen, E. van (2010) *Everyday Mysteries: Existential Dimensions of Psychotherapy* (2nd edn). London: Routledge.

Deurzen, E. van (2012) *Existential Counselling and Psychotherapy in Practice* (3rd edn). London: Sage.

Deurzen, E. van (2014) 'Structural Existential Analysis (SEA): A phenomenological research method or counselling psychology', *Counselling Psychology Review*, 29(2).

Deurzen, E. van and Hanaway, M. (2012) *Existential Perspectives on Coaching*. Basingstoke: Palgrave Macmillan.

Deurzen, E. van and Iacovou, S. (2013) *Existential Perspectives on Relationship Therapy*. Basingstoke: Palgrave Macmillan.

Deurzen, E. van (2015) *Paradox and Passion in Psychotherapy* (2nd edn). Chichester: Wiley.

DoH (Department of Health) (2008) *Improving Access to Psychological Therapies Implementation Plan: Curriculum for High-Intensity Therapies Workers*. London: Department of Health.

Edwards, W. and Milton, M. (2014) 'Retirement therapy? Older people's experiences of existential therapy relating to their transition to retirement', *Counselling Psychology Review*, 29(2): 43–53.

Esterson, A. (1970) *Leaves of Spring: Study in the Dialectics of Madness*. London: Tavistock.

Fabry, J. (2013) *The Pursuit of Meaning*. Birmingham, AL (original work published 1967).

Finlay, L. (2011) *Phenomenology for Psychotherapists: Researching the Lived World*. Chicester: Wiley-Blackwell.

Frankl, V. (2000) *Man's Search for Ultimate Meaning*. New York: Perseus.

Freud, S. (1923) *The Ego and the Id*. Standard Edition 19. London: Hogarth Press. pp. 1–66.

Fromm, E. (1995) *The Art of Loving.* London: HarperCollins.

Fry, E. (1966) *Cubism*. London: Thames and Hudson.

Gendlin, E. (1996) *Focusing-oriented Psychotherapy: A Manual of the Experiential Method*. New York: Guilford.

Goldstein, R. (2009) 'The future of counselling psychology: a view from inside', *Counselling Psychology Review*, 24.

Health & Social Care Information Centre (HSCIC) (2015) 'Psychological Therapies, Annual Report on the Use of IAPT Services: England – 2014/15 Experimental Statistics'. London: HSCIC.

Heidegger, M. (1962) *Being and Time* (trans. J. Macquarrie and E.S. Robinson). New York: Harper and Row (original work published 1927).

Heidegger, M. (1977) *The Question Concerning Technology: And Other Essays*. (trans. W. Lovitt). London: Harper and Row.

Hill, A. and Brettle, A. (2006) 'Counselling older people: what can we learn from research evidence?', *Journal of Social Work Practice*, 20(3): 281–97.

Kasket, E. (2011) 'Counselling psychology research in training and beyond'. Paper presented at the Division of Counselling Psychology Trainee Talk, British Psychological Society, London, November. From www.academia.edu/1705538/Counselling_Psychology_Research_in_Training_ (accessed 16.12.13).

Kastenbaum R. (ed.) (1964) *New Thoughts on Old Age*. New York: Springer.

Kidd, D. and Castano, E. (2013) 'Reading literary fiction improves theory of mind', *Sciencexpress*. From www.sciencemag.org/cgi/content/full/science.1239918/DC1 (accessed 17.12.14).

Kierkegaard, S. (2005) 'That single individual', in *Upbuilding Discourses in Various Spirits: Kierkegaard's Writings*, vol. 15. (trans H.V. Hong). Macon, GA: Mercer University Press (original work published 1847).

Laing, R.D. (1960) *The Divided Self.* London: Penguin.

Laing, R.D. and Esterson, A. (1964) *Sanity, Madness and the Family: Families of Schizophrenics*. London: Penguin.

Lambert, M.J. and Barley, D.E. (2001) 'Research summary on the therapeutic relationship and psychotherapy outcome', in *Psychotherapy: Theory, Research, Practice, Training*, 38(4): 357–61.

Langdridge, D. (2006) 'Solution focused therapy: a way forward for brief existential therapy?', *Existential Analysis*, 17: 359–70.

Langdridge, D. and Barker, M. (2008) *Safe, Sane and Consensual: Contemporary Perspectives on Sadomasochism*. Basingstoke: Palgrave Macmillan.

Längle, A. (2001) 'Old age from an existential-analytical perspective', *Psychological Reports*, 89(2): 211–15.

Leibert, T. and Archer, J. Jr. (2006) 'An exploratory study of client perceptions of internet counseling and the therapeutic alliance', *Journal of Mental Health Counseling*, 28: 69–83.

May, R., Angel, E. and Ellenberger, H.F. (eds) (1958) *Existence: A New Dimension in Psychiatry and Psychology*. London: Simon and Schuster.

May, R. (2015) *The Meaning of Anxiety*. New York: Norton (original work published 1950).

Merleau-Ponty, M. (1962) *Phenomenology of Perception*. London: Routledge (original work published 1945).

Milne, D. (2013) *The Psychology of Retirement: Coping With the Transition from Work.* Chichester: Wiley-Blackwell.

Milton, M. (2010) *Therapy and Beyond: Counselling Psychology Contributions to Therapeutic and Social Issues.* Chichester: Wiley-Blackwell.

Milton, M. (2012) *Diagnosis and Beyond: Counselling Psychology Contributions to Understanding Human Distress*. Ross-on-Wye: PCCS.

Milton, M. (ed.) (2014) *Sexuality: Existential Perspectives*. Ross-on-Wye: PCCS.

Munk, K.P. (2010) 'New aspects of late life depression: Feature article', *Nordic Psychology*, 62(2): 1.

Nanda, J. (2009) 'Mindfulness: a lived experience of existential-phenomenological themes', *Existential Analysis*, 20(1): 147–63.

Neibuhr, R. (1987) *The Essential Reinhold Neibuhr: Selected Essays and Addresses* (ed. R.M. Brown). New Haven, CT: Yale University Press.

Nelson, T.D (2011) 'Ageism: the strange case of prejudice against the older you', in R.L. Wiener and S.L. Willbourne (eds), *Disability and Aging Discrimination*. New York: Springer.

Nietzsche, F. (1982) 'On truth and lie in an extra-moral sense,' in *The Portable Nietzsche*, (ed. and trans. W. Kaufman). London: Penguin (original work published 1873).

O'Connell, B. (1998) *Solution-Focused Therapy*. London: Sage.

Orbach, A. (1999) *Life, Psychotherapy and Death: The End of Our Exploring*. London: Jessica Kingsley.

Orlans, V. and van Scoyoc, S. (2008) *A Short Introduction to Counselling Psychology*. London: Sage.

Page, S. and Wosket, V. (2014) *Supervising the Counsellor and Psychotherapist: A Cyclical Model*. London: Routledge.

Philosophy for Life (2013) *David Clark on Improving Access for Psychological Therapy (IAPT)*. From www.philosophyforlife.org/david-clark-on-improving-access-for-psychological-therapy-iapt/ (accessed 8.3.16).

Rayner, M. and Vitali, D. (2014) 'CORE blimey! Existential therapy scores GOALS!', *Existential Analysis*, 25: 296–313.

Richards, C. and Barker, M. (2013) *Sexuality and Gender for Mental Health Professionals: A Practical Guide*. London: Sage.

Rochlen, A., Zack, J. and Speyer, C. (2004) 'Online therapy: review of relevant definitions, debates, and current empirical support', *Journal of Clinical Psychology*, 60: 269–83.

Rogers, C.R. (1961) *On Becoming a Person*. Boston, MA: Houghton Mifflin.

Rogers, C.R. (1980) *Way of Being.* Boston, MA: Houghton Mifflin.

Royal College of Psychiatrists/Royal College of General Practitioners (2008) *Psychological Therapies in Psychiatry and Primary Care*. College report CR151. From www.rcpsych.ac.uk/files/pdfversion/CR151.pdf (accessed 1 Dec 2015).

Ryle, G. (1949) *The Concept of Mind*. Chicago, IL: University of Chicago Press.

Sartre, J-P. (1973) *Existentialism and Humanism* (trans. P. Mairet). London: Methuen (original work published 1946).

Sartre, J-P. (1997) *Existentialism and Human Emotions*. New York: Carol Publishing.

Sartre, J-P. (2002) *The Roads to Freedom (The Age of Reason, The Reprieve, Iron in the Soul*) (trans. E. Sutton and G. Hopkins). London: Penguin (original works published 1945–49).

Sartre, J-P. (2003) *Being and Nothingness: An Essay in Phenomenological Ontology* (trans. H.E. Barnes). London: Routledge (original work published 1943).

Scalzo, C. (2010) *Therapy with Children: An Existentialist Perspective.* London: Karnac.

Schaik, D.J.F. van, Klijn, A.F.J., Hout, H.P.J. van, Marwijk, H.W.J. van, Beekman, A.T.F., Haan, M. de and Dyck, R. van (2004) 'Patients' preferences in the treatment of depressive disorder in primary care', *General Hospital Psychiatry*, 26(3): 184–9.

Stadlen, A. and Stadlen, N. (2005) 'Families', in E. van Deurzen and C. Arnold-Baker (eds), *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice*. Basingstoke: Palgrave Macmillan.

Strasser, F. and Strasser, A. (1997) *Existential Time-limited Therapy*. Chichester: Wiley.

Suler, J. (2004) 'The online disinhibition effect', *Cyberpsychology & Behavior*, 7(3): 321–6.

Tallis, R. (2011) *Aping Mankind: Neuromania, Darwinitis and the Misrepresentation of Humanity*. Durham: Acumen.

Tantam, D. and Deurzen, E. van (2005) 'Relationships', in E. van Deurzen and C. Arnold-Baker (eds), *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice*. Basingstoke: Palgrave Macmillan.

Thompson, K. (2010) *Therapeutic Journal Writing: An Introduction for Professionals*. London: Jessica Kingsley.

Vos, J., Craig, M. and Cooper, M. (2015) 'Existential therapies: a meta-analysis of their effects on psychological outcomes', *Journal of Consulting and Clinical Psychology*, 83(1): 115–28.

Wampold, B.E. (2001) *The Great Psychotherapy Debate: Models, Methods and Findings*. Mahwah, NJ: Lawrence Erlbaum.

Woolfe, R. and Biggs, S. (1997) 'Counselling older adults: issues and awareness', *Counselling Psychology Quarterly*, 10(2): 189–94.

Yalom, I. (1980) *Existential Psychotherapy*. New York: Basic Books.

Yalom, I. (2007) *The Schopenhauer Cure*. New York: Harper.

Yalom, I. (2011) *Staring at the Sun: Being at Peace with Your Own Mortality: Overcoming the Terror of Death*. London: Piatkus.

Yalom, I. (2013) *Love's Executioner*. London: Penguin, (original work published 1989).

Yalom, I. (2015) *Creatures of a Day: And Other Tales of Psychotherapy*. London: Piatkus.

Yalom, I. and Leszcz, M. (2005) *Theory and Practice of Group Psychotherapy*. New York: Basic Books.

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