

Existential Psychotherapy: How The Search For Meaning Can Heal Us

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While previous chapters have examined the psychology of meaning from a variety of perspectives, in this chapter, I will attempt to explain how themes of existential philosophy have been utilized to develop a formal orientation of psychotherapy. I will discuss the main principles of existential psychotherapy and their application in practice. I will also draw upon case examples to specifically illustrate how the approach of existential psychotherapy is utilized in clinical practice.

Before we proceed further, a brief (but yet by no means, complete) historical view of existential psychotherapy is offered at this time. Existential psychotherapy grew as “European psychiatrists took issue with many of the basic tenets of Freud’s psychoanalytic approach” Specifically, Freud’s theories on human behavior were felt to be too reductionist in nature. Additionally it was felt that Freud relied too heavily on the principle of determinism. “The various existential analysts agreed upon one fundamental procedural point: the analyst must approach the patient phenomenologically; that is, he or she must enter the patient’s experiential world and listen to the phenomena of that world without presuppositions that distort understanding.” (1, p.17). Although the field of existential psychotherapy was growing, it was doing so in relative obscurity and in a most disparate way. Many of these thinkers – including Ludwig Bainswanger, Melard Boss and Victor Frankl – “were almost entirely unknown to the American psychotherapeutic community until Rollo May’s highly influential book *Existence* introduced their work into this country.” (1,p.17) Building upon the contributions of previous thinkers, Irvin Yalom’s magisterial opus, *Existential Psychotherapy*, is considered by many to be the most influential and elegant contribution to the field of existential psychotherapy. It should be noted though, that existential psychotherapy “is not a specific technical approach that presents a new set of rules for therapy. It asks deep questions about the nature of anxiety, despair, grief, loneliness, isolation, and anomie.” (2, p.262) It is within the contextual framework of Dr. Yalom’s view of existential psychotherapy that I describe its application in clinical practice.

The Ultimate Concerns

Yalom identified four basic conflicts that drive human behavior – both adaptive and pathological. It is important however, to understand what is meant by “conflict” within the context of existential psychotherapy. “The existential position

emphasizes a different kind of basic conflict: neither a conflict with suppressed instinctual strivings nor one with internalized significant adults, but *instead a conflict that flows from the individual's confrontation with the givens of existence.*" (1,p.8) Yalom referred to these givens of existence as "ultimate concerns".

There are four ultimate concerns: *Death, Freedom, Existential Isolation and Meaninglessness.* The therapist's goal in existential psychotherapy is to partner with and help guide the individual in their journey as they confront these universal facts of life. Through the process of therapy, individuals gain a deeper awareness of themselves. Many aspects of therapy focus on the development of this newly acquired knowledge.

From the existential perspective, anxiety originates from the *awareness* of these ultimate concerns. Awareness may be conscious or unconscious, but anxiety results. One's behavior (both healthy and unhealthy) represents the actions taken in order to mitigate these core existential givens. At first glance, the four ultimate concerns may seem overwhelming or futile. In fact, the simple act of reading them may have elicited some anxiety within you. But take solace, for they are universal concerns. They represent the very essence of the human condition. Everyone one of us, through our actions – but not necessarily through our awareness - face these concerns. We must, because we *are*. Let us examine these ultimate concerns in more detail.

Death

One of the most obvious existential concerns is the theme of death. The gift of human consciousness also places upon us the responsibility to bear the somber awareness of our eventual death. We constantly (though not necessarily consciously) face the undeniable reality of our finiteness. It is an inescapable truth. As Woody Allen states in *The Standup Years*, "Death doesn't worry me that much. I am not frightened about it... I just don't want to be there when it happens." The theme of death is perhaps one of the most common to arise in the therapy setting. Quite often in therapy, I will use the analogy of an "Existential Onion" to illustrate the layers of defense mechanisms (adaptive and maladaptive) utilized in service to basic existential concerns. Depression and anxiety are very effective in their ability to "peel away the layers" of that onion. In so doing, the core givens of our existence become more acutely aware to the individual. This awareness can cause confusion, uncertainty and profound distress. "A core existential conflict is the tension between the awareness of the inevitability of death and the wish to continue to be." (1, p.8).

Freedom

Throughout all of history, man has sought to be free. So strong has been this belief in freedom that men and women have been willing to sacrifice their lives in its attainment. However, "in its existential sense 'freedom' refers to the absence of external structure."⁽¹⁾ It is not always easy to conceptualize potentially negative

aspects to freedom. While it is human to desire freedom, one does not always stop to consider the responsibility inherent in freedom itself. This responsibility – namely, that an individual is fully responsible for the entirety of one’s life - can be quite anxiety provoking. Within the therapy setting, many situations hint at this underlying distress. For example, the struggle involved in this conflict may manifest itself in the form of a seemingly random, but pronounced increase in emotional distress during the less-structured days of the weekend. In his book, *Man’s Search For Meaning*, Victor Frankl referred to this phenomenon as the “Sunday Neurosis”. (3 p.112) The distress resulting from man’s freedom (and responsibility) of choice may manifest itself as depression, anxiety or - in a less clinical, but much more pervasive way - as boredom. To truly be the author of our lives means that “below us there is no ground, a void, an abyss. A key existential dynamic, then, is the clash between our confrontation with groundlessness and our wish for ground and structure.” (1, p.9)

Existential Isolation

Existential isolation refers to the individual’s true “aloneness” in the world. This sense of aloneness is quite different from that of interpersonal isolation. It refers to the reality that all of us enter and depart from existence alone, regardless of our relationships or how close we feel to one another. In the clinical setting, this sense of isolation is one of the most common presentations of emotional distress. In addition to the literal suffering, emotional pain can also bring to awareness this fundamental, unbridgeable gap of aloneness. A common theme in depression, anxiety (and even physical pain) is this sense of isolation, which no one but the individual can feel. We are truly alone in our suffering. “The existential conflict is thus the tension between the awareness of our isolation and our wish for contact, for protection, our wish to be part of a larger whole.” (1, p.9)

Meaninglessness

Why do we exist? What is the meaning of life? Can it possibly be that there is no true meaning other than the one we must create? If the path of our life is not pre-determined, then the responsibility for creating all meaning and purpose falls squarely upon our shoulders. This is an awesome, yet terrifying concept for one to reconcile, especially today. We are prone to anxiety within contemporary society, as “no instinct tells [man] what he has to do, and no tradition tells him what he ought to do; sometimes he does not even know what he wishes to do.” (3, p.111) Victor Frankl believed the primary motivation in life was one’s search for meaning. He referred to “the striving to find a concrete meaning in personal existence” (3, p.106) as the *will* to meaning. Issues of meaning and purpose are very common themes within the therapy setting. Within the framework of existential psychotherapy, conflict arising from the issue of meaning, “stems from the dilemma of a meaning-seeking creature who is thrown into a universe that has no meaning.” (1, p.9)

These four ultimate concerns constitute the backbone of existential psychotherapy. It is in service to these universal anxieties – whether within conscious awareness or not - that all human behavior occurs. While there are significant thematic differences between existential psychotherapy and classical (Freudian) psychoanalysis, both approaches share the same dynamic structure. For both approaches, the principal cause of psychopathology is not stress per se, but rather the interplay between stress and the individual's mechanisms of defense against it. The past holds relevance in the existential approach, but for much different reasons than the psychoanalytic approach. The key to the healing process mandates an authentic and genuine consideration by the individual of their present existential place in the world. Unlike Freudian theory, one's emotions are not the result of developmentally based drives and conflict. The existential approach "means to think not about the way one came to be the way one is, but *that* one is...the future becoming present is the primary tense of existential psychotherapy." (1, p.11)

The "Existential Onion"

It is often helpful in clinical therapy to discuss basic principles of the existential approach in the illustrative form of an "existential onion". The ultimate concerns of our existence make up the very "core" of this existential onion. Like layers of onionskin, various psychological mechanisms of defense are utilized throughout the course of one's life in service to - and protection from - these core existential anxieties. Resulting behaviors may be healthy (i.e. mitigating the anxieties of aloneness and mortality, for example, by marrying and raising children) or quite unhealthy (i.e. use of alcohol or drugs to mitigate the anxieties of meaning and purpose) depending on the psychological health of the individual. Much of this anxiety exists unconsciously, away from daily awareness. The closer one gets to this existential core however, the more one gains conscious awareness of the ultimate concerns of existence. It is only when levels of defense begin to "peel away" - like the layers of onionskin - that one begins to feel increasing levels of psychological distress.

Before going any further, I must again emphasize the ubiquity of this psychological process. The awareness of - and reaction to - the ultimate concerns of existence is not a measure of psychopathology. Rather, one's confrontation with these ultimate concerns is a basic part of the human condition. This psychological process occurs not because we are unhealthy, but this process stands as testament to the fact that we *are*. Confronting the basic dilemmas of our existence (death, freedom, isolation and meaning) need not be an exercise filled with dread. "The confrontation with the givens of existence is painful but ultimately healing." (1) Pragmatically, this is an inescapable part of our humanity. One should not approach this process with trepidation; for there is great wisdom to be gained, both about one's self and our individual place in the world.

Existential Psychotherapy in Practice

While the ultimate concerns of existence are part and parcel of the human condition, they truly come to the fore in the milieu of psychotherapy. The core issues of existence manifest themselves in the lives of the individuals we are privileged to treat. Existential conflicts of meaning, isolation, freedom and mortality are clearly evident in the daily struggle of those who suffer from depression and other forms of emotional illness.

Before proceeding further, it is worth taking a moment to sound a cautionary note to the therapist as well. An understanding of a therapist's own emotional landscape – and vigilance to inherent vulnerabilities therein – is of critical import. The universal concerns of existence do not escape the domain of the therapist's own emotional and intellectual world. For the unprepared therapist, issues of transference, counter-transference and projective identification (to name a few) can be fertile ground for diminishing the therapeutic benefit for the patient. In fact, a higher level of vigilance may be necessary in the existentially-oriented therapist due to a therapist-patient power structure that is much more equal, when compared to other psychotherapeutic approaches. For example, in existential psychotherapy, it is helpful for the therapist to attempt to “join” the patient in their struggle. Clinically appropriate self-disclosure on the part of the therapist can be quite helpful in exemplifying the ubiquitous nature of existential themes. But while this stance is helpful and potentially healing, vulnerabilities exist. With humility and respect, the therapist must always be willing to self-monitor in order to best serve the patient.

Existential Anxiety Manifested Through Emotional Symptoms

Existential themes are clearly evident in the individuals who seek treatment for their emotional conditions. Manifestation of existential conflict appears in many forms. Existential anxiety can be especially prominent in the individual during times of transition. Whether these transitions represent change that is positive (marriage, childbirth, retirement) or negative (death of a loved one, divorce, effects of military action) existential conflict arises. Additionally, an individual's thoughts, feelings and comments expressed during an episode of depression or anxiety are often dominated by existential themes. From the clearly overt presentation to the less obvious, once the existential onion begins to “peel”, the givens of existence (death, meaning, isolation and freedom) begin to fundamentally alter one's emotional landscape.

One of the most commonly presenting existential themes in the depressed and anxious patient is that of existential isolation, or aloneness. Depressed patients will often acknowledge a feeling of “separation” from the rest of the world. Impairment in the ability to engage in activities of daily living (work and family obligations, for example) may become quite pronounced, further adding to the feelings of isolation.

In therapy, the anxiety of existential isolation is exemplified by comments such as; “I feel so alone”, “No one can understand how I feel right now” and “No one cares.”

Questioning the meaning and purpose of one’s life represents another example of existential anxiety during these negative mood states. Fundamental beliefs and important goals may completely lose their motivational energy and relevance. Emotionally, the individual feels as if they are pin wheeling, desperately trying find footing on solid ground once again. In therapy, the existential conflict of meaning and purpose is exemplified in comments such as, “There really is no purpose to my life”, “Why should I even try anymore?” and “Is this all there is?”

Finally, existential themes of death are quite common in depressed and anxious states. It should be noted that, in the clinical setting, a therapist has professional (and legal) obligation to differentiate between a patient’s philosophical consideration of death and overt suicidal ideation or intent. For the purposes of our discussion, I am referring here to the former, as the latter is a medical emergency. Issues of mortality arise as one questions the purpose of their suffering. Additionally, philosophical fantasies of death may serve as an emotional relief-valve, serving to mitigate one’s constant pain and suffering. In therapy, the existential theme of death is exemplified in comments such as, “I am not sure how long I can go on like this.” and “I wish I could go to sleep and not wake up.” or “Why does life have to be so painful?” or “I am better off dead.”

Case Example:

Michael is a 38-year-old veteran of The Iraq War. He had multiple tours of duty during his service. On several occasions, he engaged in direct combat with enemy forces. While personally not involved in any combat killing (or directly witnessing any deaths) several members of his troop were killed in the course of the conflict, one of whom was a close and personal friend of his.

Michael presented to me for treatment of his depression and anxiety. Symptoms of PTSD (including bad memories, flashbacks, nightmares, and hypervigilance) were also present. In addition to medications, Michael was interested in psychotherapy. Beyond the overt symptoms of depression and anxiety, what bothered Michael the most was a sense of being “disconnected from the rest of the world”. He could never remember at any previous time in his life experiencing this kind of “detached” feeling. He was an extravert by nature, but since returning back from the war, he found it quite hard to relate to family and friends. He didn’t “see the point”.

As we continued in therapy, multiple existential conflicts clearly became evident. Most prominent was Michael’s loss of meaning and purpose. In returning back home after the war, it was hard for him to find relevant meaning in the daily routine of life. He anguished over trying to reconcile the disparity between his daily existence in wartime combat - literally fighting for his life - and the relative peace of his existence now, safe at home.

Existential themes of death were evident as he was greatly conflicted between feelings of happiness for having made it home alive and feelings of guilt for that happiness, because several of his fellow soldiers died in combat. As he stated, "How do I deserve to be happy when I know [my friends] died back there? Why did I make it out alive? How do I make any sense of all of this?"

Themes of existential isolation and aloneness were evident as well. Michael became increasingly depressed and withdrawn, which was once again a significant departure from his extraverted personality prior to the war. He felt very alone in his struggle. He did not want to be a burden to his friends and family. Additionally, he felt they could never truly understand what he was going through. "How could they know what I am feeling? They weren't there. They don't know". This further added to his sense of isolation and despair.

As the sessions progressed, Michael's existential understanding and acceptance grew. He was able to see how his struggle was but his unique manifestation of the human condition. He was able to understand that, while his specific struggles were uniquely his, the core existential concerns – death, meaning, isolation, and freedom - were universal. As a result, Michael's mood slowly began to improve. He began to reconnect with his family and reclaim friendships without being burdened by guilt. He realized that he possessed the freedom to decide how he reconciled the war deaths of his fellow soldiers. In addition to seeing their deaths as a symbol ultimate bravery, Michael began to realize that it was his duty to reclaim his life (and happiness) in their honor. In an authentic and genuine way, he found meaning - not only in their deaths, but in his life as well.

Existential Anxiety Manifested Through Physical Symptoms

Whether one looks back historically to Freud, or more contemporary references like the DSM-IV, psychiatry has long recognized the psychosomatic expression of emotions. Unfortunately, past cultural stereotypes and stigma minimized the validity and relevance of these conditions. In recent years however, significant discoveries have been made in the field of mind-body medicine. Additionally, major technological advances - like sophisticated imaging technologies (fMRI, PET) and human genome mapping - have ushered in an unprecedented era of research into the mind-body connection. While this field of research is in its infancy, science continues to validate the relationship between emotional and physical well-being.

In addition to the psychological manifestations discussed in this chapter, existential conflict can also manifest itself as physical symptoms as well. One way emotions can be somatically expressed is through pain and physical discomfort. To be clear, there are many medical disorders of various etiologies – infectious, neurologic, and cancerous, to name a few – where physical pain is part of the symptomatology. Here, I am referring to pain that either has no obvious etiology (all causes have been ruled

out) or pain that presents in an anatomically inconsistent fashion (ex. pain that migrates across the midline of the body or skips from one anatomical area to the next). In these patients, emotions will often be the *originating cause* of their physical symptoms.

How exactly do emotions create physical symptoms? To answer this question, a brief review of physiology may help to provide a contextual framework. The involuntary biological function of the body is regulated by the autonomic nervous system (ANS). "The autonomic nervous system controls the nerve fibers that affect every area of [the] body." (4, p.23) The ANS is also responsible for our body's "fight or flight" reaction to acute stress. Emotions can – and routinely do - impact the ANS, which in turn impacts our physical state. For example, the blushing of the face when embarrassed, a dry mouth right before a big presentation or a bad headache after a stressful day at work are but a few ways by which our emotional state can manifest itself as physical symptoms. Emotions routinely trigger a biological cascade that results in a change bodily function. "Often we are not aware of the emotions that are triggering these automatic physical responses." (4, p.23) It is through this mind-body pathway that unconscious emotions and conflicts manifest. They do so through a variety of physical symptoms, including pain.

While we can appreciate the process by which emotions impact the biological function of the body, it begs the question of purpose. Specifically, *why* do emotions manifest themselves as painful physical symptoms? "It was Stanley J. Coen, of Columbia University College of Physicians and Surgeons who first suggested that psychosomatic physical symptoms were in all likelihood a defense against noxious unconscious emotional phenomenon." (5, p.92) Inspired by Coen's research, Dr. John Sarno of New York University developed his groundbreaking theory of Tension Myositis Syndrome (TMS). The pain of TMS serves as a dramatic and purposeful distraction when unwanted negative emotions threaten to escape into conscious awareness. According to Sarno, "The altered physiology of TMS appears to be a mild, localized reduction of blood flow to a small region or specific body structure, such as a spinal nerve, resulting in a state of mild oxygen deprivation. The result is pain." (5, p.15) The pain is very real, but the origin lies in the emotions, not an injury or a disease process.

While the initial psychological explanation of TMS derived from psychoanalytic (Freudian) theory, existential anxiety can often be at the root cause of pain these patients. While not overt, existential themes – mortality, meaning, isolation, and freedom – dominate the emotional landscape of these individuals. Existential psychotherapy often results in profound relief of both emotional and physical symptoms.

Case Example:

Matthew is a married, 62-year-old, microbiology professor with full tenure at a local university. He sought treatment for his worsening mood, brought about from years

of chronic, severe neck pain. In the two years prior to our appointment, he had been seen by a variety of medical professionals for his neck pain. The diagnostic studies (x-ray, EMG, CAT scan and MRI) done during that time revealed no significant pathology. His neck pain persisted despite courses of physical therapy, traction, exercise, yoga and even steroid injections. He was so frustrated, that at one point he was even willing to consider spinal surgery. "But the surgeons told me there was nothing 'wrong' with my neck as far as they could see," said Matthew. "They said there was nothing in my neck that needed surgery." Frustration was turning into depression and despair. It was at that point that he chose to enter into therapy with me. As our sessions progressed, a very clear picture emerged.

When our treatment began, Matthew was approximately one year away from his retirement from the university. He had spent the prior 34 years of his life teaching, doing research and publishing in the field of microbiology. He looked fondly upon his career. He acknowledged the stress earlier in his career to gain tenure, but was pleased overall with his professional life. He took a great deal of pride in his ability to consistently bring in the most research grant money to his department. About three years ago, seeing retirement in the future, Matthew decided to stop doing research and refocus his energies solely to teaching. Other colleagues were now bringing in much larger research grants than he. He felt it was "the right time" to focus solely on teaching.

As our sessions progressed, he was able to recall (after some considerable retrospection) the first time he remembered feeling the pain in his neck. It was during the first semester of teaching classes after he had made the decision to stop doing research. At first, he thought the pain was due to the increased teaching load. He stated, "I figured since I was teaching more classes, maybe I was holding my head and neck the wrong way." At first, he didn't think much about it. But his pain persisted and proceeded to worsen over the next few months. Worried, he began to seek out medical help. "I never thought my pain would last for this long," as he described his course of treatment over the last few years. He was exhausted, both physically and emotionally.

I asked Matthew if he thought there might be a relationship between his neck pain and the decision to no longer do research. I will never forget the incredulous look he gave me! With his legs and arms crossed (a classic defensive posture, I might add) he continued to listen to what I had to say. I explained how I found it rather interesting that his neck pain began in the semester *after* he chose to stop his research. Research was such a central part of his life for so long, after all. I reminded him of how proud - almost boastful - he was of his ability to consistently bring in the most research money to his department over the years. Although he voluntarily made the choice to no longer do research and focus on teaching, I wondered if that decision might have evoked some rather profound existential anxieties. I noticed his shoulders relax as he leaned just a bit towards me. I proceeded to describe how, from a psychological perspective, his decision might have evoked existential issues - of mortality, meaning and purpose - creating anxiety. He did acknowledge feeling as

if “things were really changing in the department” when the younger faculty - in pursuit of their tenure - began to bring in much larger grants. He uncrossed his legs, leaned forward and in a soft voice acknowledged that he missed doing his research over the last three years. I asked him to consider the possibility that, in response to the existential anxieties evoked, his mind may have created his neck pain as a defense against bringing those existential givens to conscious awareness. Chin in his hand (in a posture reminiscent of Rodin’s famous *The Thinker* sculpture) Matthew fell silent for a minute or two. Still looking out the window, he asked rather rhetorically, “So if I understand this correctly, you are asking me to believe that my neck pain is due to the fact that my career is ending?” I asked him to consider the fact that these ultimate existential concerns are part of the human condition, that all of us will struggle with basic issues of meaning, purpose, freedom and death in our lives. I explained how we all defend against these anxieties, in both healthy and unhealthy ways. I explained how, for some people, physical pain could be generated as a means of protection against this anxiety. The mind determines it is “less painful” to have physical pain than suffer the emotional pain. I discussed the basics of TMS and my specific existential approach to the treatment.

Although somewhat skeptical, he was very willing to do the reading I recommended and continue down this path in our therapy. In the following weeks, we continued to explore these existential anxieties and their role in his physical symptoms. A very beautiful thing happened a few weeks later during one of our sessions. Matthew came in, sat down and proceeded to tell me how - for the first time in nearly two years - he had *no* neck pain. “I am not sure what happened, but I just woke up a few days ago and it was gone,” he said. That was two years ago. Matthew has continued to be pain-free. On occasion he will get a brief flare, but he is able to see the connection it has to his psychological stress. By acknowledging the existential anxieties and their ubiquity in the human condition, Matthew properly equipped himself with the tools he needed to prevent these psychophysiological symptoms from dominating his life in the future.

Conclusion

Existential psychotherapy is a dynamic approach based upon the ubiquitous and universal concerns that are an inexorable part of the human condition. Throughout our lives and with different levels of awareness, we courageously confront the questions of our existence. All of us approach these ultimate concerns – death, freedom, isolation and meaning – in a way that is uniquely ours. At times, our vulnerabilities, insecurities and fears will be exposed. It is inescapable. But while painful, confronting the universal concerns of our existence is also a journey of unequivocal redemption. It is a journey that is so beautifully and uniquely human. It is a journey that each and every one of us must take.

We must, simply because *we are*.

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