

THE EXISTENTIAL PSYCHOTHERAPEUTIC ENCOUNTER:
AN EXAMINATION OF EXISTENTIAL PSYCHOTHERAPY
AND ITS RELEVANCE TO CLINICAL SOCIAL WORK

Nancy W. Ferry

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Institute For Clinical Social Work
The Forum Building, Room 1010
Sacramento, California 95814

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by

NANCY W. FERRY

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Project Demonstrating Excellence

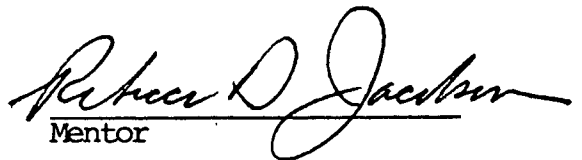
The Existential Psychotherapeutic Encounter:
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by

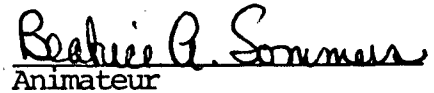
Nancy W. Ferry

candidate for the degree of Doctor of Clinical Social Work

Signed


Mentor

Doctoral Committee:


Animateur


External Member

Date: 23, September 1978

To Art:

for whom I have

Empathy, Philia, Eros and Agape

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CHAPTER I

Formulation of the Problem

Overview

The primary focus of this study is on Rollo May's theory of existential psychotherapy as a conceptual model for inducing therapeutic change. In order to analyze May's theoretical stance, Fischer's "A Framework for the Analysis and Comparison of Clinical Theories of Induced Change"¹ was slightly modified and then applied to May's theory of existential psychotherapy.

A secondary focus of this study was on the relevance of May's concept of psychotherapeutic encounter to clinical social work practice. The data for evaluating this relevance were obtained from the analysis and case material.

Pinkus, Haring, Lieberman, Mishne and Pollock² believe that although clinical social work knowledge is drawn from many disciplines, still it rests on a theoretical framework that draws together human behavior and the social environment. Towle has cautioned that a profession does not come of age until it develops its own theory; oversimplification, generalizations and shoddy practice may result from the annexation of theory from other disciplines.³ This view is shared by Hollis who states that when clinical social work incorporates knowledge from other fields,⁴ or evaluates new findings and theories from within social work, it must carefully evaluate these new theories and this knowledge for their suitability to clinical social work.

In the attempt to further develop a theory of clinical social work psychotherapy, clinical social workers have turned to allied professions

for theories.⁵ The necessity of analyzing these theories for their relevance to clinical social work, in order to derive from them a guiding set of principles unique to the profession, seems apparent. This necessity becomes imperative if clinical social work is to be preserved as well as furthered in its growth as a unique profession, separate and distinct from other professions engaging in the practice of psychotherapy. The assumption is that clinical social work encompasses values, morals and assumptions about man that are endogenously characteristic of clinical social work and distinguish it from other disciplines and fields of knowledge.

To the best of this writer's knowledge, the existential theory of Rollo May has never been examined for its suitability to clinical social work. Corsini, in his attempts to describe varying psychotherapeutic approaches, did not include existential theory in his Current Psychotherapies.⁶ He did examine existential theory in his study Current Personality Theories.⁷ However, that specific study focused on Existentialism as a theory of personality and was not specific to Rollo May. Ford and Urban examined existential psychotherapy in Systems of Psychotherapy.⁸ Their method of theoretical analysis, while similar to the one employed in this study, was not developed specifically to evaluate a theory's appropriateness to clinical social work. They examined existential psychotherapy as a system of psychotherapy; they were not specific to Rollo May, nor did they treat existential therapy in depth. In the present study, the writer draws heavily on her own experience of many years in the practice of clinical social work psychotherapy, where she has experienced the validity and richness of existential theory in understanding the human condition and implementing an effective therapeutic transaction.

Purpose

It was in response to the need for clinical social work to further develop its theoretical system of psychotherapy that an examination of the theory of existential psychotherapy as expounded by Rollo May was examined for its relevance: to the field of knowledge for clinical social work, as curriculum content in a school for clinical social work, to the practice of clinical social work.

In a position paper developed by the Education Committee of the National Federation of Societies for Clinical Social Work, the thesis is presented that clinical social work is a specialization within the field of social work.⁹ Clinical social work draws upon social-work values and encompasses a particular body of knowledge which leads to therapeutic interventions on behalf of the individual, in his own right and as a member of a family, a group, and a society.

Clinical social work is distinguished from other types of social work practice by educational preparation and knowledge, orientation, specific abilities, and the application of shared values.

There are other disciplines within the health care system, such as psychiatry and clinical psychology, whose functions are similar to those of clinical social work. However, educational preparation differs within each discipline. The distinguishing difference, determining the application of skills, knowledge and values, is in the orientation of the clinical social worker.

Clinical social work integrates significant social work concepts with knowledge of human behavior and needs. These integrated principles are applied, in the context of the total environment, to individuals, families,

and groups.

The clinical social worker is concerned with the individual's biopsychosocial functioning within the family, group and community. The focus is on health and well-being; health is not seen as the antonym of illness.

The goal is the facilitation of the individual's ability to cope with demands of self, family and community. The specific goals are those which emerge from the constantly shifting action created by the helping process. They are determined by the client and the clinical social worker in collaboration.

Since precise communication about abstract areas requires careful definition of terms, the following definition of clinical social work practice is offered. Clinical social work practice is a service in which health-care is provided for individuals, families and groups experiencing problems in biopsychosocial functioning. These problems may be the result of internalized personality dysfunctioning, or they may be created and maintained by social, health, or economic stress. They may also be the consequence of the internalization of persistent external stress or the end result of a combination of personality factors and social, health, and economic difficulties. The objectives of clinical social work practice are both preventive and remedial. Utilizing special knowledge of social resources, human capabilities, and the part that conscious and unconscious motivation play in determining behavior, its methods may include any combination of clinical psychotherapy, group psychotherapy, and family therapy. It may also offer concrete services and make interventions on behalf of clients with social systems and the environment.¹⁰

It is believed necessary to comment on some differences between casework and psychotherapy. Psychotherapy, simplistically defined, would mean treatment of the psyche. Pinkus, et. al.,¹¹ hold that if the ego and other psychic structures are modified, either temporarily or permanently, not only by an exclusive preoccupation with the psyche in therapy but also by shifts and changes within the external world, then much of casework is psychotherapy. However, all psychotherapy is not casework. The clinical social worker practices casework within the values of the social work profession and with an integrated way of thinking about biopsychosocial processes influencing the individual. It is the stress on the interactional processes between man and his environment, and the psychosocial nature of the therapy that distinguishes clinical social work from the other therapeutic professions.

For the purpose of this study, psychotherapy is defined as the art and science of helping people with the dilemmas of existence. It includes treatment for mental illness, behavioral maladaptation, and other problems that may be emotional in nature. In psychotherapy, a trained person establishes a professional relationship with a client for the purpose of removing, modifying or retarding existing symptoms, attenuating disturbed patterns of behavior, and assisting him in achieving greater human realization of psychosocial potential.

Existential psychotherapy is that form of psychotherapy which centers around the understanding of the way people experience life as human beings in this world. As a form of psychotherapy it stresses freedom, choice, responsibility, and the subjective feeling experience of the individual.

It emphasizes the human encounter in the here-and-now.

Clinical social work psychotherapy is psychosocial in nature. It is psychotherapy practiced within the clinical social work context which emphasizes understanding individuals in their life situation, their relationships with significant others, and the interactional processes between them and their environment.

Believing that the major therapeutic element in clinical social work psychotherapy is the collaborative transaction between client and therapist, this study makes specific reference to May's concept of the Self Subject-Object Encounter and the Self-Other Encounter in psychotherapy. The Self Subject-Object Encounter is defined as that which occurs within an individual when he experiences himself as a subject with feelings, thoughts and desires, and/or as an object to be manipulated, molded and controlled. For the purpose of this study, the Self-Other Encounter is a relationship between two people which includes four levels of relating: eros, empathy, philia and agape.

Within the field of social work there is a tendency to select from other areas the knowledge appropriate for clinical social work practice. The freedom and flexibility this engenders are some of the great strengths of the profession. At the same time they comprise some of its major weaknesses, in that the profession often fails to evaluate the suitability of borrowed theories for clinical social work practice. Although a considerable portion of clinical social work training and application centers around the theory and practice of psychotherapy, there has been a lack of material to aid in analyzing the relevance of varying psychotherapeutic

approaches to the field of clinical social work. To meet this need, Fischer developed an instrument specifically to analyze theories of induced change for their appropriateness to clinical social work.¹² Working with a modified version of this instrument, this study intends to evaluate the suitability of existential psychotherapy, as seen by Rollo May, to clinical social work theory and practice. By so doing, the merit of including existential psychotherapeutic theory in clinical social work training will be demonstrated.

Although the values of clinical social work are grounded in a positive and optimistic moral and ethical stance toward man, clinical social work psychotherapy finds itself in a problematic situation vis-a-vis society. The efficacy of the whole field of psychotherapy is presently being questioned.¹³ The fundamental problem of delineating a knowledge base is compounded when clinical social work psychotherapy must do so in a climate which is already critical of psychotherapy and allied disciplines from which it tends to adopt its theories. The traditional clinical social work zeitgeist seems closer to and more compatible with an optimistic, moral view of man than does the traditional base of psychiatry and psychology from which current notions of psychotherapy have evolved. In essence, the writer feels that clinical social work has been less than true to its own values and concepts of social work, tending instead to borrow from other fields. Therefore, it becomes increasingly important that clinical social work psychotherapy evaluate psychotherapeutic theories for their relevancy to clinical social work.

Clinical social work values have been drawn largely from philosophical and religious thought, predominantly certain Judaeo-Christian beliefs and

concepts. These are: the worth and dignity of the individual, the responsibility of society to meet the needs of its members, the interdependence of man and society, the right of the individual to pursue his own destiny as long as it does not interfere with the rights of others, and the right to privacy. Pinkus, et. al.,¹⁴ state that while social work is not alone among professions in maintaining a humanitarian stance, its uniqueness lies in the integral relationship between values and principles which provides the guides to their practical application.

In his publication, Psychotherapy: Clinical, Research and Theoretical Issues,¹⁵ the researcher Strupp points out that psychotherapeutic concepts are related to and in many instances built upon philosophical, moral and religious convictions which sometimes evoke prejudices and other resistances. Since attitudes toward psychotherapy are enmeshed with values cherished by a society, society has a strong voice in deciding what is "normalcy" and a "desirable" therapeutic outcome, as well as what constitutes a moral and ethical approach to man.

This current study suggests that the theory of existential psychotherapy is compatible with the values, morals and ethics generally held by society and which are endogenous to clinical social work. Some of these values involve a positive perspective of the nature of man, viewing him as responsible, with dignity and the right of self-determination.

The importance of the existential movement and its impact on society and psychotherapy are shown in Stein's review of the history of psychotherapy.¹⁶ Stein cites the philosophical and religious conceptions of human nature that constitute one of the sources of psychotherapeutic concepts.

At the time of writing (1961) Stein found the most significant philosophical influence in American culture to be that of Existentialism as seen by Rollo May. May was responsible for introducing Existentialism to American psychology and psychiatry and fathering its development in the United States.

While Existentialism has profoundly affected the general field of psychotherapy, the existential movement is yet to have its impact on the field of clinical social work. This study attempts to demonstrate the compatibility of relevancy of the existential theory of psychotherapy to clinical social work.

Methodology

The examination of May's theory of existential psychotherapy proceeded in the following manner: a) An analytic instrument was selected to determine a theory's relevance to the field of knowledge for clinical social work, as curriculum content in a school for clinical social work, and to the practice of clinical social work; b) concepts relative to the psycho-therapeutic encounter were amplified and related to case material to demonstrate their applicability to the practice of clinical social work.

A question may be raised at this point as to whether existential psychotherapy really constitutes a theory of psychotherapy, since many people consider that existential psychotherapy is an approach or an attitude to human beings. May does not believe that there is a special school of therapy that can be categorized as "existential."¹⁷ He believes that "existential" defines an attitude toward human beings and a set of pre-suppositions about these human beings. Mendel states that existential

psychotherapy is atheoretical,¹⁸ that it is an emphasis, an approach, and an attitude. This is a basic position statement that says existential psychotherapy starts from an atheoretical point of view from which a theory of psychotherapy develops.¹⁹ He points out that even being atheoretical is a theory. Existential psychotherapy is atheoretical in that it goes back to the patient and uses data, such as observation of behavior, and phenomenology. Part of its theory is that the theory should not interfere with observation. Mendel believes that one is safe in saying that there is a theory of existential psychotherapy.

Ford and Urban state that while existential psychotherapy may be regarded by some as an approach or perspective of man rather than a theory of psychotherapy,²⁰ per se, existentialists hold that their approach makes a difference in the way an existentialist does therapy. Therefore, they believe that with assumptions about how behavior works and proposals about the consequences for therapy, existentialists have begun a new theory of psychotherapy. This perspective of existential psychotherapy as a theory of therapy is shared by Corsini and Strupp in their examinations of theory.^{21,22}

It is the position of this current study that existential theory does present a theory of psychotherapy and that it is desirable to examine it for relevancy to clinical social work.

The instrument selected to analyze the theory was "A Framework for Analysis and Comparison of Clinical Theories of Induced Change" developed by Joel Fischer.²³ This instrument is considered appropriate not only because it is specific to clinical social work but because it responds to

some of the questions that a theory would address. Thus, some of the uncertainty and confusion that might confront a student of theories of therapy can be minimized, and some of the superfluous theoretical material bypassed. Based on the way in which a theory is constructed around these dimensions, and the way it does or does not address the criteria, an evaluation of the theory can take place. A judgment about the value of a given theory or aspects of a theory for the practice of clinical social work may take place. One of the advantages of the instrument lies in its utilization of guidelines for studying diverse theories. Every theory can be evaluated against the same criteria.

Fischer does not offer his instrument as a precise scientific instrument, but as a heuristic guide to aid in the process of theory analysis. Most of the categories or dimensions that a theory might address are not independent, and there is an overlapping of dimensions. There is a clear question about the relative weighting of dimensions. Some of the items are more important than others. The framework is offered with the hope that its use will result in a more pragmatic approach to the assessment of theory for their relevancy to clinical social work.

There are some limitations to Fischer's instrument, however, and a critique of these is offered. In attempting to ascertain the dimensions which a theory might address, it is impossible to include every single one. He does not clarify this in his presentation of the instrument. In enumerating the dimensions which he thinks a theory might address, he postulates a perspective from which to analyze theory, but in so doing runs the risk of bypassing significant material, since it is impossible to include all dimensions. The analysis is based on the degree to which a theory or

theorist addresses certain criteria. Although such terms as "incompletely" or "inadequately" are used, there is no clear definition of "incomplete" or "inadequate", and there is no sub-rating that defines the degree of "incompleteness." Some believe that the tool's subjective nature is a disadvantage, because it detracts from objectivity.

Fischer's instrument was selected for this study because for the purposes of this study it offers the most suitable method to analyze theory for relevancy to clinical social work. The subjective nature of the tool can be considered an advantage, since the evaluation reflects one's own experience and thinking.

The theories of Rollo May emphasize an approach to psychotherapy and a perspective toward man which, when implemented in a theory of existential psychotherapy, preclude the prescription of specific techniques. Therefore, certain specific items of Fischer's "Framework" relating to techniques and principles for extinguishing unwanted behavior, the development of new behavior, and the transfer of change were deleted from the present instrument, hereinafter referred to as the "Modified Framework." Also deleted were those items concerning provisions for an environmental approach, specification of client behavior, and facilitation of client understanding of the program. All of the forgoing were deemed inappropriate for the particular approach and objectives of this study. Their exclusion should not influence the results. The evaluation is per item and not cumulative in nature. Some criteria do not apply to existential psychotherapy and are therefore irrelevant. Since the results are not cumulative, there is no logic in believing that deletion of irrelevant material would distort the outcome. It would, however, make a comparative analysis with another theory difficult

if the criteria were not the same in both frameworks. However, the "Modified Framework" is offered only as a way of examining characteristics of the theory of existential psychotherapy; that is, where it lies along specific dimensions, for the purpose of examining its relevance to clinical social work, and not for the purpose of a comparative analysis.

May's principal concepts of the human encounter which will be amplified by case material are those of the Self Subject-Object Encounter and the Self-Other (I-Thou) Encounter. The case material selected to demonstrate aspects of the encounter will be those that most clearly demonstrate the concepts. The sole purpose of utilizing case material is to amplify concepts, not to show efficacy of treatment.

With the "Modified Framework" as an analytic tool, this writer anticipates that the relevance of the existential theory of psychotherapy to the field of clinical social work, to clinical social work in practice, and as curriculum content in a school of clinical social work will be confirmed.

The following material is abstracted from Fischer²⁴ and is offered as an explanation of the instrument. There are five areas in which clinical theories can be analyzed: a) structural characteristics; b) characteristics as a theory of therapy; c) empirical status; d) assumptions about the nature of man and moral implications; and e) applicability for social work. Within each of these areas specific dimensions can be analyzed and rated on a four-point scale. These ratings are:

1. the theory of theorist clearly discusses the particular criterion, and/or indicates there is strong emphasis or

- high value placed on the criterion by the theory or therapist;
2. the criterion is addressed, but incompletely;
 3. the criterion is inadequately addressed, and/or the position of the theory or theorist is highly dubious;
 4. the theory or theorist does not deal with the criterion, and/or there is little emphasis or value placed on the criterion.

Structural characteristics

Theories are statements of the relationships that exist among concepts. Concepts are generalized class names representing certain abstracted properties of a class. They are abstract or generic ideas generalized from particular instances. Propositions are statements about relationships between concepts and observable events. Theories can be analyzed for their structural characteristics along the following dimensions.

Of major import is the degree to which a theory varies along the dimension of formality-informality. Formal theories constitute tightly organized, deductive systems arranged in a consistent, interdependent whole. They are generally related to the theorist's preference for monothetic study, which is a concern with general statements applicable to several members of a given class. Informal theories tend to be inductive, loosely organized collections of empirical propositions. They are generally related to the theorist's preference for an idiographic focus, which is the intensive study of an individual subject.

Explanatory ability is an important analytic criterion since a major goal of theory development is the explanation of selected phenomena. A theory needs to be internally consistent so as to provide a basis for the ordering of pertinent knowledge and clarification of relationships between

relevant variables.

Theories may be reductionistic or deterministic in nature. Reductionism is the attempt to explain and interpret higher-level phenomena at lower, more basic levels of analysis, which in the extreme can lead to oversimplification, while determinism is the attempt to establish causal relationships and is present to some degree in all theories.

The degree of comprehensiveness varies, depending on the range of phenomena which the particular theory purports to explain. For instance, some theories attend more to developmental phenomena than to the theory of therapy, and vice versa.

Theories may be analyzed for their level of abstraction, from molecular to molar. The molecular approach is a way of studying behavior that emphasizes small units and separate responses rather than goals, whereas the molar approach emphasizes large units of behavior and goals rather than detailed responses. The more abstract theory may lack clarity and explicitness. Clarity refers to the clearness of concepts, propositions and assumptions as they are formulated in relation to the areas of concern central to the theory. Along with clarity, explicitness and internal consistency are necessary dimensions. Lack of clarity and explicitness produces vagueness. Hypothetical constructs are terms which clearly do not relate to things, but are offered to clarify observed relationships.

The capacity to generate predictions is a function of theory. Related to this is the construction of propositions as testable hypotheses and the operationalization of its concepts. These are important utilitarian aspects of a theory. Operationalization of concepts refers to the reliability of meanings that are used. This means that a set of operations is specified

for the use of concepts. Concepts used in theory must be tied to empirical referents so that elements of the theory are measurable. Focus on observable phenomena minimizes measurement problems, while focus on inferential constructs, which are unobservable and difficult to operationalize, increases measurement problems.

A major function of theory is to stimulate related study, generate empirical research, and add to the development of a body of knowledge which produces a range of scholarly endeavors. Similarly, a theory should be flexible, in that it is able to stand the test of a range of empirical findings and incorporate them into its domain. This does not mean that a theory must explain everything, but it should be adaptable to the results of empirical research focused on the area of concern to the theory. Congruence with other theories in the same area increases a theory's utilitarian value.

Characteristics as a theory of therapy

A clinical theory may be examined for its characteristics as a theory of therapy.

It is helpful, but not necessary that a theory articulates both a theory of normal development and a theory of abnormal development. When a theory holds that behavior change is independent of the acquisition of a particular behaviour of knowledge of antecedent conditions, then there is no need for articulation of a theory of normal and abnormal development.

The theory of therapy should indicate whether, as a theory of therapy, the client-unit is an individual, group, family or a combination.

A function of a theory of therapy is to detail the behaviors to which

the therapist should or should not attend. There should be a delineation of goals of the theory of therapy to clarify what behavior will be changed. The particular specifications of objectives varies according to the particular theory. Related to issues of goals and objectives is a description of who should set the goals. Theories of therapy vary as to who is responsible for setting the goals of therapy, i.e., client or therapist. Methods of diagnosis and differential assessment are specific to each theory of therapy. The relationship between assessment and treatment reflects the value of the diagnostic procedure. A direct relationship increases the value of the diagnostic procedure, whereas an indirect relationship decreases the value.

Multiple focal points for intervention can be specified by a theory of therapy, including focuses and emphases on the present, interpersonal behavior, intrapsychic behavior, change of observable behavior, and self-understanding.

Theories of therapy differ in their degree of planned use of relationship, and the degree of structure recommended for the relationship. Some theories emphasize that the source of therapeutic change is in the therapist's personality.

Of practicality and utilitarian import are the applicability to the range of clients, range of problems, and the degree of cultural specificity. Efficiency of the treatment process or the length of time required for successful treatment must also be considered, as well as the specification of criteria for termination of treatment.

Empirical status

An important ingredient in assessing the ultimate value of a theory is the degree of emphasis on empirical testing, and its success in measuring aspects of its theory. Clarity about how outcome should be determined and the relationship of outcome to elements of theory is necessary to success in validating effectiveness with clients.

Assumptions and moral implications.

All theories in some way reflect their perspectives of man, indicating if they have a positive view of man and if the theorist is optimistic about the therapy process. Theorists differ with regard to their view of man as responsible and their degree of attention to value issues. The valuation of man's dignity and individuality and the importance of attempting to avoid imposition of therapist's values on the client are critical moral issues.

The particular model represented by a theory of therapy reflects certain basic assumptions. The use of the disease model reflects a set of assumptions about the nature of the client's problem, pathology, or maladaptive behavior. Behavior would be considered disturbed or "diseased" because of some underlying cause or sickness. The symptoms are viewed as symbolic and less worthy of attention than the "basic cause" which should be the proper focus of treatment. The psychological model represents assumptions in which both adaptive and maladaptive behaviors are seen as learned, with no underlying causes presumed. The focus of the therapy is on the symptoms or objectively identifiable behaviors. Assumptions about the nature of treatment are reflected in the medical model. The

dysfunctional behavior is considered analogous to physical illness. The therapist fully controls the treatment and is considered the expert who cures the patient. Quasi-medical terminology is utilized. Practice is conducted in the privacy of an office, within the context of the therapist-patient relationship. The therapist does not deal with the social situation, nor does he work in the environment away from the client. The theory is circumscribed to include only statements regarding behavior change accomplished through the application of techniques directly to the client (that is, in therapy). This is the clinical approach.

Theories of therapy can be assessed in regard to the degree of attempt to minimize client dependency on the therapist, importance of the client's perspective to the therapist, and maintenance of the client's reality orientation, which ranges from an unconscious-historical-pathology focus to a here-and-now interactional approach.

The degree of therapist involvement varies from the neutral, objective posture to open encounter. Whether or not the therapist has technical flexibility refers to whether the therapist actively searches for procedures that will benefit the client, or instead maintains a rigid, stylistic approach. Controls for incompetent practitioners should be available through training, examination, or some form of evaluation.

Applicability to social work.

A theory's relevance to social work may be analyzed for its applicability to social work.

Obviously the theory should be relevant to the phenomena with which social work is concerned, i.e., theories of induced change. There should

be a convergence of values between the theory and the social work profession. Social work is rooted in its own ethical and philosophical position, the worth and dignity of its clients.

The degree of empirical validation of effectiveness of aspects of theory in terms of success with clients is important in considering the adoption of a theory for social work. Selection of aspects of a theory should consider its heuristic value, which refers to the use of the theory as a tool for guiding empirical investigation, ordering relevant knowledge, and facilitating understanding of complex phenomena.

Adoption or use of a particular theory must mean that its principles and procedures are teachable within the social work curriculum. If, to learn a theory, the student must spend many years of preparation, or the cost of implementing training in or practice of the theory would be excessive, the theory would be impractical for social work. A final dimension for assessment involves the utility of a theory, including the degree to which the critical elements of the theory are identifiable, and the extent to which the theory provides specific prescriptions for action.

Limitations

This study is intended to be a methodological contribution and a means of evaluating characteristics of a purportedly relevant theory. It does not attempt to evaluate effectiveness of treatment, techniques, or modalities of treatment.

The study is limited to aspects of the theory of existential psychotherapy and does not include psychoanalytic or other theoretical orientations. While the study makes reference to the relationship of May's theories to

those of other theorists, it does not include a comparative analysis with other theories.

The specific concepts of May's which are presented are those which seem most representative of and germane to his theory of existential psychotherapy. The study is not intended to cover all his theories, nor to cover aspects of the encounter other than the Subject-Object and Self-Other Encounters. Case material is offered to amplify primarily the concepts of the Subject-Object and Self-Other Encounter, not other concepts of existential psychotherapy.

An overview has been presented, covering the background, purpose, methodology, and limitations of the study of the examination of the theory of existential psychotherapy and its relevance to clinical social work.

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CHAPTER II

Theoretical Context

The theoretical context from which this study of May's theory of existential psychotherapy is drawn is that of the philosophical orientation of existential psychotherapy, its structural base, the therapeutic implications for psychotherapy, and the existential psychotherapeutic encounter. This overview of the theoretical context is offered to acquaint the reader with existential psychotherapy, not to offer a comprehensive or detailed explication of the theory.

Philosophical Orientation of Existential Psychotherapy

Existentialism is a perspective of the human being which emphasizes the experience of one's own immediate life. It is a perspective of the human being which attempts to resolve the Cartesian dichotomy of subject and object, of mind-body split, which has prevailed in Western thought and science since the Renaissance. Existentialism is concerned with the individual's dilemma in the struggle to reconcile the subject-object dichotomy within the self.

The impact of existential philosophy on psychotherapy resulted in the development of existential psychotherapy. Following are some of the major tenets of existentialism which now comprise the philosophical orientation of existential psychotherapy: knowing by doing, the immediacy of experience, the ontological nature of man, the science of phenomenology, and the need for the continual re-examination of presuppositions.

One of the major tenets of existentialism upon which existential psychotherapy is partly based is that knowledge or truth exists for the

individual only as he participates in it and has some relationship to it.¹ This is the concept of knowing by doing, which is predicated on the belief that knowledge becomes realized in action. Thus, the experience of truth depends on one's ability to be centered in one's self, aware of one's self, and to actualize potentiality as a thinking-feeling-acting individual.²

A second tenet of existential philosophy and a corollary of the first is that of the immediacy of experience.³ In psychotherapy, the emphasis is on the experiential aspects of the therapeutic transaction; the patient needs an experience in preference to an interpretation, because learning and change occur only through activity.

A third tenet is that the human being is ontological in nature.⁴ Existentialists hold that Western science has focused largely on viewing human kind from a perspective which emphasizes mathematical quantification, immutable principles, and logical laws. Psychology has tended to see human beings in terms of concepts related to forces, drives, and conditioned reflexes. Not denying the validity of these concepts, May stresses that a science of man should yield an understanding of what it means to be a human being, as well as a comprehension of the reality underlying all human crises situations, such as tragedy, death and loneliness. This science should enable understanding and clarification of the specific characteristics of the human being that distinguish him from other forms of life and matter.

Ontology is the science of being (from the Greek word onto [being] and logos [science]) which seeks to discover the basic structure of

existence.⁵ It is the most basic of all sciences. Ontological characteristics are those distinctive qualities and characteristics which constitute the self as a self, without which this being would not be what he is, a human being. This ontological science of man, according to May, must have as its base the unique, distinguishing characteristic of the individual, which is the capacity to relate to the self as subject and object at once. Ontology must have the ability to study man scientifically and at the same time see his wholeness.⁶

A fourth tenet is the science of the subjective, or phenomenology.⁷ Phenomenology introduces a new way of viewing the reality of the client, wherein truth doesn't consist only of scientific facts but includes the subjective reality of the individual. This is the truth which is known through the senses rather than the intellect. It is the WHAT of experience rather than the WHY. Phenomenologists believe that it is not necessary to answer the question of causality in order to understand and know. Rather, in experiencing the phenomena as it is given to us, in its "givenness", we understand and know. The phenomenon is taken as given, and causal explanations are not sought. It is awareness on a deeper level than the intellectual. Knowing and understanding go beyond the cortical to occur at other levels of experience.

A fifth tenet of Existentialism which has become crucial to existential psychotherapy is that all ways of understanding human beings and all methods of psychotherapy are based on some presuppositions,⁸ thus necessitating that each approach make an ongoing examination of these presuppositions. Existentialists believe that a concept is prior to research. The concept

"transcends" the research in that the particular concept already determines the kind of data that the researcher permits himself to see. Since the concept is the orientation by which perception occurs and one's pre-suppositions determine one's approach to man, they must be continually reexamined.

Some of the major concepts of existential psychotherapy which developed from existential philosophy and form a conceptual base for existential psychotherapy are offered below.

The fundamental contribution of Existentialism to existential psychotherapy is its understanding of man as being. Being is the quality or state of having existence. Dasein is the term existentialists use for the distinctive character of human existence. It is composed of sein (being plus da (there)). According to May,

Dasein indicates that man is the being who is there and implies also that he has a "there" in the sense that he can know he is there and can take a stand with reference to that fact. The "there" is moreover not just any place, but the particular "there" that is mine, the particular point in time as well as space of my existence at this given moment.

Mendel offers further clarification of the concept of Dasein.¹⁰

Dasein refers to the fact that one is embedded in a certain world, and one has to be understood in that world which one has created and in which one lives, not separate from it. One cannot meet with another or entertain another's existence except in the context of the surrounding world, the Mitwelt and Umwelt. One cannot be a nonparticipant observer in a personal transaction or in the world in which both parties to the trans-

action live. Both have actively chosen the world all along.

Man is seen as being-in-the-world with others.¹¹ The two poles of being and world are always dialectically related. Each is understood only in relation to the other. There are three aspects of being-in-the-world. These aspects have no relation to psychic structure and do not compare to Freudian concepts of ego, id, and super-ego. These concepts refer to the model of Dasein, which is the belief that the human being lives in the world of his own creation: a) Umwelt, the biological, environmental world around a person; b) Mitwelt, the world of one's same kind or fellows, with whom one is in relationship; and c) Eigenwelt, or relationship to one's self. The Eigenwelt, the personal world, is the world of the individual, without a relationship to the world that he has created and on which other worlds impinge. The Eigenwelt is the world of fantasy, not the world that one reacts to or the world of relationships. The Mitwelt is where one's world touches those of others. The Umwelt is primarily the relationship to the world of physical structure and reality. It is probably closest to what others call the environment, without taking into account that the environment is in part one's own creation. Existentialists believe that the relational being-in-the-world and being-with character of human beings is the primary construct with which to study human behavior. A human being is at each moment in interaction-with, afraid-of, in love-with, and angry-at. Humans are encountering within the world and with others.

The individual's history, an ever-changing process, has validity in the present moment only as it affects the present.¹² History is constantly revised in terms of the present and future. The past has

meaning as it relates to the present and does not fully determine living. One makes and changes one's self in present living, in the NOW. Not only is man-as-being emerging and evolving as he participates in the creation of his world, but a crucial existential concept of existence is that in terms of time and history, one's existence is also emerging. One's being and existence are always developing in time, never remaining static. Personality can only have meaning when conceptualized on a time continuum evolving toward the future. The role of the future then becomes the dominant mode of time for humans. The future is understood in terms of its influence on the present and is seen as more than a natural consequence of the past. It is recognized as a vital aspect of human existence in the present.

The Structural Base of Existential Psychotherapy

May believes that psychotherapy must be based on an ontological science of man,¹³ that is, a science which considers the basic structure of human existence. He has enumerated the following ontological characteristics which constitute the fundamental structures of human existence and the structural base of psychotherapy. The structural characteristics are centeredness, self-affirmation, participation, awareness, consciousness, anxiety and guilt.

The first ontological characteristic is centeredness. Human beings are viewed as potentially centered in themselves. Neurosis and sickness are seen as methods that the person uses to preserve his existence, or his center, and represent a shrinking from the world.

An individual has a need to preserve this centeredness through self-affirmation, which constitutes the second ontological characteristic.

Courage is the name given to this self-affirmation. May points out that a human being is the particular creature in nature whose being depends on his courage. If one is unable, because of pathology, to affirm his being, he gradually loses it, moving ultimately into the state of non-being or non-existence.

The third ontological characteristic of the human being is participation. All individuals need to go out from centeredness to participate with others. This always involves risk. In therapy, the patient struggles with the possibility of participating with the therapist.

Awareness, the fourth ontological characteristic, is described as the subjective side of centeredness. In relation to awareness, May discusses the distinctive form of awareness, self-consciousness. Self-consciousness is knowledge felt inwardly--the knowledge that "I am the being who has a world."¹⁴

The fifth ontological characteristic, consciousness, is seen as the central, unifying characteristic that constitutes the self in its existence as a self. It is a distinctly human form of awareness, the experience of one's self as an "I" in relation to "Thou."¹⁵ The self is seen as the organizing function within the individual, the function by which one human being can relate to another.

One experiences one's self as a thinking-feeling-acting unity. The self is not merely the sum of "roles," but the capacity by which one knows he plays these roles. It is the center from which one sees and is aware of these "sides" of one's self. It is the experience of one's identity in existence.

A sixth ontological characteristic relates to anxiety. Considered in an ontological context, anxiety is something we are, not something we have. It is "the experience of the threat of imminent non-being" and represents the subjective state of the individual's awareness that his existence can be destroyed.¹⁶ May defines anxiety as "the apprehension cued off by a threat to some value that the individual holds essential to his existence as a personality."¹⁷ It is objectless in that it "strikes at that basis of the psychological structure on which the perception of one's self as distinct from the world of objects occurs."¹⁸

Normal ontological anxiety is not disproportionate to the objective threat and needs neither repression nor neurotic defense mechanisms. It can be confronted in conscious awareness. Neurotic anxiety is disproportionate to the objective threat and is repressed, requiring neurotic defense mechanisms.

Closely related to the existential concept of the ontological nature of anxiety is the ontological nature of guilt.¹⁹ The three forms of this guilt are related to: a) forfeiture of our potentialities (Eigenwelt), b) lack of openness with others (Mitwelt), and c) separation from nature as a whole (Umwelt). Ontological guilt has four characteristics: a) every human participates in it, b) it is rooted in the awareness that one can choose or fail to choose, c) it can become neurotic guilt if unconfronted, and d) it does not generate symptoms. Ontological guilt is situation-appropriate, within one's awareness, produces no symptoms, and has a constructive effect. In contrast, neurotic guilt is inappropriate and

outside of awareness, expressed in symptom formation, and has destructive effects on the organism. Normal ontological guilt must be dealt with existentially. All aspects of experience must be considered, including our relationship to our fellow man (Mitwelt) and our relationship to ourself (Eigenwelt). Normal guilt is possible in all aspects of our existence.

May also considers ontological the concepts of care, of love as creative vitality or Eros, and of will as intentionality. These concepts will be discussed later in this work.

Therapeutic Implications

Existential psychotherapy has certain implications for psychotherapy which characterize its difference from other psychotherapies. These implications are for technique, the nature of psychological dynamisms, and the goals of psychotherapy. Additional implications are found in the existential concepts of presence, commitment, emotions and eros, and intentionality.

The first implication is in regard to psychotherapeutic technique, May states:

The central task and responsibility of the therapist is to seek to understand the client as a being and as being-in-his-world. All technical problems are subordinate to this understanding. Without this understanding, technical facility is at best irrelevant, at worst a method of "structuralizing" the neurosis. With it, the groundwork is laid for the therapist's being able to help the client recognize and experience his own existence, and this is the central process of therapy. This does not derogate disciplined technique; it rather puts it into perspective.²⁰

Existential psychotherapists believe that a major obstacle to understanding the human being is the overemphasis on techniques and the

tendency to see the human being as an object to be diagnosed, treated, and analyzed. A distinguishing characteristic of existential therapy is not the kind of techniques the therapist employs, but rather the philosophical context in which the therapy is placed.²¹ An existential therapist may utilize techniques from diverse therapies, but does so with selective attention determined by his existential perspective of man, of the meaning of illness, of therapeutic goals and interventions, and of the psychotherapeutic transaction. The choice of technique would be guided by concern with what will best reveal this human being's existence in his world in the here-and-now. For example, the interpretation an existential therapist might assign to a given dream or a particular behavior might not differ from that of a traditional therapist. However, the context of existential therapy would be quite different. The existential therapist would focus on how the dream or behavior relates to the present meaning of the client's existence, what it says about where he is at the moment and what he is moving toward. The dream is looked at as a world construction from which one learns about the individual who has constructed his world, in terms of spatiality, temporality, causality, and intentionality.²² May points out that this differs from viewing the client as a set of drives, dynamisms, and defense mechanisms to be analyzed. Rather, the human being is viewed as choosing and committing within the context of the dynamic, immediately real, and present.²³ The more absolutely the therapist formulates concepts of forces or drives, the more he is relating to abstractions and not to the living human being.²⁴ Often the effort to understand

the client in terms of mechanisms and drives can block the therapist's understanding of what the client experiences as a human being. Thus, the therapist would grasp everything except the most important thing of all, the human being as an emerging, becoming, experiencing phenomenon.

The second implication for psychotherapy that is inherent in the theory of existential psychotherapy is that psychological dynamisms derive meaning from the existential situation of the patient's own immediate life.²⁵ As an example, the dynamisms of transference, repression, and resistance will be mentioned.

The concept of transference appears incomplete outside the context of the total encounter phenomenon.²⁶ Traditional psychoanalytic therapists have tended to view the therapeutic relationship in the context of transference and counter-transference. These concepts tend to be mutually exclusive. Existential therapists regard them as mutually inclusive and inevitable, but look to the total phenomenon of the encounter. This is a matter of perspective and focus. The concept of transference will be explored later within the context of the encounter.

An existentialist and a psychodynamically oriented therapist view repression and resistance differently. Mendel offers the following clarification:²⁷ The existentialist would not consider resistance or repression, for they require the idea of an unconscious, an entity excluded by the existentialist view. While existentialists believe at any given moment certain processes may be out of awareness, they deny the existence of the conscious, unconscious, ego, id and super-ego. Repression and resistance are similarly psychoanalytic

concepts fitting into that type of topographical concept of the psyche . Although "purist" existentialists do not utilize these psychoanalytic concepts, this writer retains these concepts in her mind while actively choosing to utilize existential concepts in the direct therapeutic transaction.

Psychoanalytic theory maintains that energized unconscious material is repressed by one of the ego's defense mechanisms. Resistance becomes part of the energy used to prevent lifting of the repression . Existentialists do not talk about repression unless they talk to someone from a psychoanalytic or psychodynamic frame of reference in order to communicate.

Repression is a theoretical process which cannot be observed, and therefore its existence is an inference the existentialist is not willing to make. Rather, phenomenology states that clearly in humans there are certain things which are out of awareness at any one moment.. This can be demonstrated with experiments such as hypnosis and examples such as "forgetting." Whatever is forgotten is out of awareness. To the question, "Where is the forgotten thing?," the analyst answers, "It is kept in the unconscious by repression." The existentialist does not have the concept of an unconscious, and insists that it exists only in the psychoanalyst's theoretical framework. It is not the client who has an id, ego, and super-ego, but the psychoanalytic theorist who has these conceptions in his mind. What the client has are verbal and nonverbal behaviors, and self-reported feelings.

Where something is when one is not remembering at a particular time and remembering at another is not a question an existentialist would ask. To the existentialist, it is simply out of awareness. Therefore, one does not, in the psychodynamic sense, have energies and counter-energies, which are the terms in which psychodynamic theory sees resistance and repression.

Existentialists would say that at any one moment there are many things which are out of one's awareness and which can be brought into awareness, if one so chooses, by focusing, by associating and sometimes chemically. However, this material is not taken out of an unconscious and put into the conscious by the force of breaking through the resistance and repression.

The third existential implication for psychotherapy relates to psychotherapeutic goals. One of the therapist's tasks is to help the client transmute awareness into consciousness. "Consciousness consists of the experience, 'I am the one who has this world, and am doing something in it.'"²⁸ This statement implies responsibility in the Buberian sense of responding to the world. The urge and movement for change and fulfillment spring directly from the client's need to fulfill his being.

The aim of therapy is that the "client experience his existence as real."²⁹ The goal is a full confrontation of one's existence, although one may thereafter be less adjusted to society, and experience more anxiety and guilt, joy, love, and creativity.

The goal is not to remove anxiety, but to change it from neurotic to normal, thereby developing the capacity to live with and use it. The goal is not to remove guilt, but to transform it from neurotic to normal, developing the capacity to use normal guilt creatively.

The function of therapy is to give people a context in which they are able to confront and experience anxiety and guilt constructively--a context which is a human world, as well as a real world, a person's own existence in relation to the therapist. ³⁰

The chief concern of therapy is the actualization of human potential.

The "cure" lies not in the removal of symptoms, but in the fulfillment of one's existence. When this happens, symptoms disappear.

The fourth existential implication for psychotherapy is the concept of presence.³¹ The relationship between client and therapist is seen as real: The therapist is not a mirror or shadowy reflection of past relationships, but a living entity, who, in the encounter, is concerned with understanding and experiencing the client as much as possible.

The significance of the personal relationship between therapist and client is not merely that it gives the client a new and good father-mother, but more basically gives the client a new personal world, characterized by stable concern, in which he becomes able to take a decisive orientation to his own existence.³²

The concept of presence will be discussed later within the context of the therapeutic encounter.

The fifth implication of existential psychotherapy is in the concept of emotion and Eros.³³ The concept of emotions as subjective "pushes" comes from the Latin, e movere, meaning "to move out." Feelings are also believed intentional in that they point toward something. They are an expression of wants which demand fulfillment. This concept of emotions as a pulling toward and reaching out parallels the platonic concept of Eros. Eros in psychotherapy impels the client toward health. In contrast to contemporary doctrines of adjustment, homeostasis, and tension release, Eros impels an individual to seek higher forms of truth, beauty, and goodness.

The sixth implication of existential psychotherapy is in the concept of commitment, which is believed a prerequisite to insight, knowledge and change.

We have worked normally on the assumption that, as the patient gets more and more knowledge and insight about himself, he will make appropriate decisions. This is a half truth. The second half of the truth is generally overlooked, namely, that the client cannot permit himself to get insight or knowledge until he is ready to decide, takes a decisive orientation to life, and has made the preliminary decisions along the way.³⁴

The concept of commitment is closely related to intentionality, the seventh implication for psychotherapy and one regarded as an ontological concept by May.

It is necessary at this point to differentiate between intentions and intentionality. Mendel has amplified the distinction.³⁵

A client may say "I intend to work hard in therapy," but that is not intentionality. The therapist defines a client's intentionality after recognizing a consistent behavior pattern appropriate to the world the client has constructed. Intentionality is a dimension that includes experiences of which the client both is and is not aware. Intentionality is a dimension which includes both awareness and that experience which is out of awareness.³⁶ It is an assertive response to one's world, involving the movement from wish to want to will. Intention is the voluntary direction of attention.³⁷ It is the determination to act in a particular way. The client may intend to change in seeking help, but his intentionality may be placing responsibility for his dilemma on others. It is the therapist's task to make the client aware of this. If the client does not assume responsibility for his intentionality,³⁸ he does not fully commit himself, is not fully in therapy, and does not fully encounter himself and his world.

Wish occurs on the level of awareness.³⁹ It is this dimension

which one experiences on the bodily level. It includes the wish to be held, sexual wishes and other infantile wishes. Wish implies the possibility of some state or act occurring.

The next stage consists of the transformation of the awareness of the wish dimension into that of self-consciousness. The transformation and awareness of the self as an "I", make wish fulfillment possible. On this level the client experiences "I-am-the-one-who-has-these-wishes." In this dimension, one accepts the idea of having one's own world. The generic term of these self-conscious intentions is defined by May as will.⁴⁰ In experiencing the self as that which experiences wish and will, it is believed possible to move to the level of relationships. Will is that capacity to organize one's self to move toward a goal.⁴¹

The Existential Psychotherapeutic Encounter

This study makes specific reference to May's concept of the Self Subject-Object Encounter and the Self-Other Encounter.⁴² May's concepts are related to case material presented later in this work in the section on practice.

Subject-Object Encounter

The human dilemma is that the human being is subject and object at the same time. As an object of life, man is victim of time, germs, external pressure, weather and death. As subject, he has freedom to love. If either dimension is negated, his human fullness is lost. A dialectical relationship exists between subject and object polarities within man. The dilemma lies in choosing from moment to moment which

to be. The choice will color all an individual's relationships. As subject, one experiences the self primarily as active, rather than passively directed by others.

As the writer of this paper, I experience myself as an object when I become aware of feeling pressured by the deadlines for this doctoral dissertation. I wonder if my committee will approve or disapprove the project, and what I am saying. I feel mechanical, as though I were just writing words, and I have to force myself since there are other things I want to do. I feel bored with my subject; writing and thoughts seem dull and pointless. I am concerned with putting myself on paper where people can see my thoughts, and concerned with what you, the reader, will think of me. I am sure other people's projects will be better, and that they indeed know more than I do. As a human being, I am not satisfied with this. After struggling along like this for a while, I finally get to a place in myself where I think, "the hell with it. I am going to write the truth as I see it, regardless of what my committee thinks." I feel I don't need to live under all these compulsions. In some of this, I experience a feeling of anger which constructively helps me to withstand the rush of man's technology. I'm going to feel, and express myself, according to what truly feels real for me. The most important thing of all is that I be myself, the self that nature and the rest of me has created. My mood changes, as does my writing, which now reflects me differently, because I feel I know, because I see and experience the truth. While the foregoing is an oversimplification, the point I wish to make is that as an object, I see myself as obligated

(have to, must, should) and as a subject I want, feel, choose, prefer,
take a chance and risk.

Existentialists feel that psychology falls into grave error when it omits either object or subject dimension. Man needs his objective side to experience responsibility and to structure his thoughts. Feeling an experience will not bring about lasting change unless accompanied by an understanding of the meaning of the experience, with a concomitant change and development of concepts. People perceive only insofar as concepts give inward structure to what is perceived.

May warns against the psychology which does not go beyond the cathartic level. He believes lasting change is accomplished by the merging of feeling and thought, out of which evolves a new structure of life. This new structure, illuminated by the realization of one's full humanity, informs one's theory of life and ontology and one's experiences of love, friendship and art; it deeply accords with one's relationship to one's self and to others. He believes it is the responsibility of psychology to identify with both objective and subjective, and to create a dialectical relationship between the two that will give structure to feeling and theory to ideas. One will act on feelings, but will do so responsibly with another, who as a feeling, experiencing Thou forms out of his freedom a relationship for which he has responsibility. As an enjoying human being, he can be affirmed by the love and friendship of the experience.

May proposes that the encounter between the objective and subjective polarities within one's self begins with birth and the cutting of the

umbilical cord. The individual begins that pilgrimage of being alone in the world and of dying alone. This is human privacy, the right to be alone, the right to have emotions and feelings that one keeps as one's own. This privacy is an inseparable part of meaningful fulfillment. This is the Subject-Object Encounter that carries over into all of life. Finite and infinite, man is capable of love and of being part of the cosmic process and of the whole of humanity.

Self-relatedness is the human being's capacity to stand outside himself, to know he is the subject as well as the object of experience, to see himself as the entity who is acting in a world of objects.⁴³ Self-relatedness is not merely a subjective experience, but rather the ground from which one sees the real world. It is a grasping of the world's meaning.⁴⁴

Self-Other encounter

This writer believes that the Self-Other or I-Thou Encounter is the most crucial part of all psychotherapy. It is seen as a force which impinges on the client's world, creating the atmosphere, and providing the experience wherein change may take place. The total encounter can be most useful for understanding the client as well as most efficacious in helping to open the self to the possibility of change. There are characteristics which sound in one and resonate in another, much as vibrations on a musical instrument affect other instruments. The meeting with the other person occurs on a level different from the level of specific knowledge. To encounter is to experience the phenomena, not merely to observe. It is to know, to feel, to grasp, to experience

another human, and to make at the same time a human affirmation of one's self. It is the feeling that one's heart and mind will work more richly because of knowing another. It is the sitting together and sharing meaningful, complex interchange. In the therapeutic hour, a total relationship is going on between two people at four different levels: real persons or empathy, friends or philia, esteem or agape, and erotic attraction or eros.⁴⁵ Genuine encounter is both anxiety-creating and joy-creating in that one's self-world relationship experiences some impingement. There is a moment of decision about opening one's self to the other and risking vulnerability and the opportunity of enrichment.

The first point of genuine encounter is at the empathetic level, the level of real affection. Upon meeting, one is aware of a quality of experience, an interchange occurs in the exchange of looks during the attempt to meet. The qualitative aspect to the encounter is in the feeling that one has known the other person for an eternity. Empathy here means that one human being can feel into the other. It is not sympathy, but a basic way of relating that is characterized by a sense of caring for one another, even though meeting for the first time. It is a feeling with rather than for the other. Empathy is a necessary, basic ingredient in psychotherapy that expresses compassion and appreciation for the unique personhood of the other.

The second level of an authentic encounter is that of philia. The Greeks regarded philia or friendship, as one of the kinds of love. In philia, one affirms the other, enjoys the other, and is glad that the other person is present. The other person's presence helps lessen the loneliness to which all human beings are heir. Idiosyncrasies are

forgiven. In psychotherapy one is glad that the client is present. One likes to be with the other, shows faith in sharing, and expects that trust will develop. Philia allows relaxation in the presence of the other and accepts his being. Philia does not require anything but acceptance, presence, and enjoyment of the friend. It is friendship in the simplest, most direct terms, a liking of the other's whole being. It gives a width to eros; it gives it time to grow and to sink its roots deeper.

Eros, the third level of authentic encounter, cannot survive without philia, brotherly love and friendship. The tension of continuous attraction and passion would be unbearable if it lasted forever. Eros may be described as a total feeling of excitement, of combustion that goes on in meeting somebody. It happens most obviously in meeting someone of the opposite sex. It is the sensual drive toward the other, which is part of the individual's need to fulfill himself. It is frankly erotic, in the general sense of having a sexual tone. It makes the environment more alive. It is the excitement that comes out of bodies as Eros unites oneself with significant others. There is a mutually experienced incandescent effect. It is not homosexual in nature. Eros rejoices in being with another, finding him enchanting and comforting.

The Greeks defined Eros as the god who shot the poison arrow and made one free. Eros is not a god who is above humans, but is rather the power that binds all things and all persons together. Eros reaches toward union with another in a new dimension of experience which broadens and deepens the being of both persons. It is a reaching out, a stretching of the self.

The fourth level of authentic relationship is that of agape. Agape is the capacity to relate on a caring level, and a level of concern. It is the Greek concept of charity, a desire to help the other person. It is a joy to help him find fulfillment and meaning. Agape is not a sublimation of eros but a transcendence of it that consists of enduring tenderness and lasting concern for others.⁴⁶ It is esteem for the other, the unselfish concern for the other's welfare.

Total human encounter incorporates these four levels, empathy, philia, eros and agape.

Transference is regarded as a distortion of the encounter. Distortion and manipulation of the genuine encounter occurs when one relates to the other on one level alone. For instance, a therapist who only relates to a client on the level of agape but has no empathy, or liking for the client, is playing god. The therapist is trying to help the client without having any other relation to him. Agape alone is the pure love that God has for man. If a therapist wants to help the client, he also needs to like him and have some appreciation for the fact that the client is a person in a body. He needs to have the empathy for the client which enables him to understand the client's language, the story within him, and how he experiences his world. In other words, he must have some friendship and liking for the client as well as genuine concern for his progress. If the therapist lacks these feelings, he is not relating to the client as a person. If the elements of empathy, philia, eros and agape are completely missing in a relationship, there would be no relationship at all. If any of the elements of empathy, affection,

philia, or agape are missing there exists manipulation of the relationship. One relates to the other not as a person, but as an object or thing.

Transference without genuine encounter is destructive. Either the client or therapist can manipulate the encounter. When relationship is defined as a transference, there is no relationship. May gives the following example of a woman client who said to him, "I love you because you are taller than I am." He interprets -- "This can't be a very important aspect. It must be transference from another relationship." She was hurt, and May realized he had taken away something very important and precious from her. She had never been in love with another man and was trying to tell him she had an erotic feeling for him. He decided to change his approach. He responded by affirming her feelings, and letting her know he respected the fact that she was expressing some genuine erotic feelings for him (not that he would have sex with her). He felt if he had made an interpretation based on principles of transference alone he would have destroyed a chance to help a woman get through her problems. May postulates that transference, when used by itself, is a terrible affront to a client.

Existentialists accept the phenomena of transference and counter-transference as given, believing they enrich the relationship. Transference and counter-transference are brought into the relationship, not taken out of it. These phenomena empower the relationship. For example, in the case cited above by May, the transference is defined only within the meaning of the full encounter and previous encounter; that is, the woman was afraid to get involved with others and instead brought her erotic feelings to the therapist. The existential therapist would res-

pect this and by expressing creative respect for her feelings of attraction toward him, help her develop.

The genuine encounter is by no means achieved with each individual client or in each individual hour. The concept represents an ideal in the existential therapeutic transaction wherein two human beings, the patient and the therapist, accept the human predicaments in which they both became entangled while trying to find a way out of the client's difficulties. Neither the client nor the therapist may be ready for the impact of genuine relationship and encounter. Both the client and the therapist experience their vulnerability. That the client has sought the therapist out for the purpose of seeking some help is in itself a courageous act. It involves the courage to face one's self and the willingness to have another be witness to and participate in the descent into one's self. This courage and willingness to risk create the possibility of encounter. The therapist often finds the possibility of an honest relationship threatening and may have even more anxiety than the client. He may have considerable difficulty in getting beyond viewing the client as a "case," or as a diagnostic category, instead hiding behind conceptualizations and interpretations of such notions as transference and counter-transference, as well as utilizing various techniques which reduce his anxiety as well as the possibility of full human and therapeutic encounter.

The existential therapist attempts to focus on understanding the other in his existence, as well as experiencing the other. This involves meeting him in the area of his perception and experience of himself, his significant other, and his world. This involves a will-

ingness on the part of the therapist to make full emotional contact, and attempt to feel to what degree the other is centered within himself in the present. One can only do this to the degree that one is centered and in touch with one's own being, since the self is the only avenue through which to meet and experience the other. There is great value in setting aside preconceived notions about diagnosis and looking at disturbed behavior and symptoms not as pathology, but as possible keys to the meaning of the other's experience. One looks for integrity and responsibility in the Buberian sense of "ability to respond."

In the process of meeting another, one is acutely aware of what one is experiencing, of what feelings and thoughts one is creating and of what genuine reaction the other is evoking. As one awakens to the real possibility of genuinely meeting another, one finds this process a dialectical meeting of one's self in the other.

The theoretical context on which this study is based was drawn from the areas of existential psychotherapy, therapeutic implications, and the psychotherapeutic encounter.

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CHAPTER III

Analysis Of Data

The basic focus of this analysis is Rollo May's theory of existential psychotherapy. The "Modified Framework," which is used to analyze this theory, points to some of the dimensions which a theory might address. The theory may then be analyzed for its characteristics and its suitability for clinical social work. Since this instrument establishes standardized guidelines in the analysis of the characteristics of a theory, it may be used to compare diverse theories.

The instrument sets forth the following dimensions for the purpose of analyzing theory: structural characteristics, characteristics as a theory of therapy, empirical status, assumptions about the nature of man and moral implications, and applicability for social work. Specific criteria within each dimension are analyzed and rated on a four-point scale. What is rated is the degree to which the theory addressed the criteria. There is no rating of the degree to which the theory meets the criteria. A rating "1" indicates that the theory or theorist clearly discusses the particular criterion, and/or there is strong emphasis or high value placed by the theory or theorist on the criterion. A rating "2" would indicate that the criterion is addressed, but is addressed incompletely, while a "3" would indicate that the criterion is inadequately addressed and/or that the position of the theory or theorist is highly dubious. A rating of "4" would indicate that the theory or theorist does not deal with the criterion, and/or that there is little or no value placed on the criterion. It must be stressed that a higher rating

on a particular criterion does not necessarily indicate that a given theory is "better" than one with a lower rating, but merely that it supplies information about the characteristics of a theory in relation to specific criterion. Likewise, a lower rating on a particular criterion does not necessarily mean that a theory is deficient. The "Modified Framework" is not presented as a scientific instrument, but as a heuristic guide to aid in analyzing a theory. In actuality, most of the categories are not independent and there is a clear question about the relative weighting of dimensions, since some items may be considered more important than others. The ratings are subjective, and reflect the evaluator's judgement. Periodically, references are made to other authorities, such as Ford and Urban, in order to provide some degree of objectivity. However, the advantage to the subjective nature of the analysis is that it reflects the evaluator's thinking and experience.

Table 1, "Modified Analysis" which immediately follows, presents in tabular form the ratings attached by the evaluator to specific criterion in the analysis of the existential theory of psychotherapy.

TABLE I
Modified Analysis

A. Structural Characteristics	
1. Formality	4
2. Informality	1
3. Explanatory ability	3
4. Internal consistency	3
5. Reductionism	4
6. Determinism	4
7. Comprehensiveness	1
8. Level of abstraction	4
9. Clarity	3
10. Explicitness	3
11. Hypothetical constructs	1
12. Capacity to generate predictions	3
13. Construction of propositions as testable hypotheses	2
14. Operationalization of concepts	2
15. Focus on observables	4
16. Stimulation of related study	1
17. Flexibility	3
18. Congruence with other theories	1
B. Characteristics as a Theory of Therapy	
19. Articulation with theory of normal development	2
20. Articulation with theory of abnormal development	2
21. Dependence on knowledge of antecedent conditions	1

22. Identification of client-unit	1
23. Detailing of behaviors to which therapist should attend	1
24. Delineation of goals of the theory	1
25. Emphasis on specification of objectives	4
26. Description of who should set goals	1
27. Use of differential assessment	1
28. Relationship between assessment and treatment	1
29. Focus on the present	1
30. Emphasis on interpersonal behavior	1
31. Emphasis on intrapsychic behavior	4
32. Emphasis on change of observable behavior	1
33. Emphasis on self-understanding	1
34. Planned use of relationship	4
35. Degree to structure in relationship	4
36. Source of change in therapist's personality	1
37. Applicability to range of clients	1
38. Applicability to range of problems	1
39. Degree of cultural specificity	4
40. Efficiency	1
41. Specification of criteria for termination	1

C. Empirical Status

42. Emphasis on empirical testing	1
43. Success in measuring aspects of theory	2
44. Clarity about how outcome should be determined	1
45. Relationship to outcome of elements of theory	2
46. Success in validating effectiveness	1

D. Assumptions and Moral Implications

47. Positive view of nature of man	1
48. Optimism about therapy process	1
49. View of man as responsible	1
50. Attention to value issues	1
51. Primary value on man's dignity and individuality	1
52. Attempt to avoid imposition of therapist's values on client	1
53. Use of disease model	4
54. Use of psychological model	4
55. Use of medical model	4
56. Attempt to minimize client dependency	1
57. Importance of client's perspective	1
58. Maintenance of reality orientation	1
59. Therapist involvement	1
60. Technical flexibility	1
61. Controls for incompetent practitioners	4

E. Applicability for Social Work

62. Relevance to phenomena of concern	1
63. Value convergence	1
64. Degree of empirical validation	2
65. Heuristic value	1
66. Teachability	1
67. Utility	4

Structural Characteristics

The structural characteristics of a theory which may be analyzed are those regarding the degree of: formality or informality, explanatory ability, internal consistency, reductionism, determinism, comprehensiveness, level of abstraction, clarity, explicitness, hypothetical constructs, capacity to generate predictions, construction of propositions as testable hypotheses.

Formal theories are tightly organized, deductive systems that indicate that theorist's preference for monothetic study, or a concern with general statements applicable to several members of a class. In contrast, informal theories are inductive, loosely organized systems illustrating the theorist's preference for an idiographic focus, or intensive study of an individual.

Existential theory is informal (1) rather than formal (4). Existentialism's distinguishing characteristic is a set of assumptions about the nature of man. However, apart from these initial assumptions about the nature of man, there is little identification of the ways in which men are alike. Rather, the predominant emphasis is on understanding the individual and his experience of his own unique existence. This intensive study of the individual constitutes an idiographic focus. May's preference for an idiographic focus may be seen in his insistence that a true science of man should be ontological, describing and clarifying the specific, distinguishing characteristics of man.¹ In order to bring about this understanding and clarification, he believes that a theory of man must place at its center the concrete, existing human being.

Explanatory ability is important, because a major goal of theory development is the explanation of selected phenomena. Internal consistency is the base from which pertinent knowledge is ordered and in which the clarification between relevant variables is grounded. May's theory seems inadequate in explanatory ability (3) and internal consistency (3). May's descriptive examples and his illustrations of concepts such as centeredness, awareness, and will do not always give a clear and consistent theoretical exposition. As a result, concepts are hard to grasp and explain.

Existential theory does not attempt to explain and interpret higher level phenomena at lower, more basic levels of analysis. Therefore, it is not reductionistic in nature (4). May places strong emphasis and high value on the belief that the simpler should be understood in terms of the more complex. He does not deny the importance and validity of dynamism, nor the usefulness of study of specific behavior patterns, but he is convinced that meaning and significance are to be found in the ontological structure of human existence. Such concepts as freedom, individuality, responsibility, as well as the need constantly to renew these aspects of self, are components of this structure. Man is seen as struggling daily with the conflict in himself between the free, autonomous, and responsible subject and the manipulated object. Personality is seen not as static, but as continually emerging.

Existential theory is not deterministic (4), in that little emphasis is placed on causal, linear thinking. The "what" and "how" are emphasized more than the "why." Existential theory holds that no

particular causal explanation can account for the unique human being.²

The range of phenomena which the theory attempts to explain is comprehensive and universal (1). The theory is based on the ontological nature of mankind, and on the understanding of the vicissitudes of life which all men experience, such as anxiety, guilt, loneliness, tragedy and death. The emphasis is on understanding the nature of man and human existence.

The level of abstraction of May's theory is molar (4). The rating of "4" was assigned to the molar and "1" to the molecular level of abstraction. Concepts developed predominantly from the existential perspective are molar in nature, such as Mitwelt, Umwelt, Eigenwelt, Dasein, being-in-the-world, etc. Ford and Urban concur in this evaluation,³ and point out that molar concepts have considerable utility, but that this utility is diminished if the higher order abstractions are not well related to the lower abstract levels. They believe that these existential molar concepts are not well related to lower levels of abstraction. This lack of relatedness is shown by the multi-hyphenated labels given to concepts, i.e., being-in-the-world means "the-person-who-is-behaving-with-the-intent-in-this-situation-now-and-knows-it." Several concepts are used in a variety of ways, and different labels designate what appears to be the same phenomenon, such as world-design, or being-in-the-world. These concepts integrate subjectively and objectively observable responses and situational events into a single unit. This inclusion of both situational and response events under a single concept results from the existential belief that behavior is related to the situation in which it occurs. For example, a smile has no meaning except as a gesture toward another. As a result, the existentialist rejects the splitting up of

events into the categories of situational and behavioral and instead sees the behaving person and his environment as one.

The more removed from relatively discrete observable events one becomes,⁴ the muddier and more confused may be the relationships between the concepts and the behavioral and situational events. There is a tendency to categorize individuals into dichotomies or into one of a limited number of classes or types.

This writer believes that more research is necessary to clarify the relatedness of the higher level to lower units of analysis. While most scholars agree that haziness can result and sometimes does, existentialists believe nevertheless that the focus on the person in interaction with his world is a more viable perspective from which to do therapy than are the smaller units of analysis which give a fragmented, piece-meal picture. The use of these molar concepts, such as man-as-being, will be discussed later in the text in the presentation of case material.

Certain concepts, such as guilt, anxiety, centeredness and participation need more clarification and specification (3). A similar lack of clarity is found in May's treatment of such concepts as awareness and consciousness. This evaluation accords with those of Reeves and Ford and Urban.^{5,6}

Similarly, the theory's degree of explicitness is incompletely addressed (3). Reeves found May's formulations mostly implicit rather than explicit.⁷ Ford and Urban had the same objection to existential theory.⁸ There is little attention paid to propositions that define how various aspects of behavior and situations interrelate, although May tends to see

everything involved in understanding the whole person as related. Such concepts as man-as-being and being-in-the-world illustrate this tendency. Propositions about behavior acquisition and change are unclear. For instance, the propositions make no clear distinction between "nature" and the products of learning. Thinking, remembering, and imagining are seen as derivatives of basic sensory experiences. There are few criteria for determining what is learned and what is innate.

Hypothetical constructs are terms which clarify observed relationships. The theorist places high value on hypothetical constructs (1). Existential concepts are treated as abstractions, not as entities in themselves. May states that the existential approach in psychology seeks theory not in abstraction, but in the concrete, experiencing human being.⁹ He also states that the more completely the therapist formulates concepts of forces or drives, the more he is relating to abstractions and not to the living human being.¹⁰ Forces, instincts, and drives are abstractions from reality; concomitantly, the individual is often reduced to the terms of the scientist's particular theory.

Ford and Urban write that to Americans, existential theory appears nonscientific, and that to existentialists, the Western scientific approach which demands exactitude and certainty misses the essence of life.¹¹ Binswanger asserts that existential analysis is an empirical science, but one that has a method of investigation peculiarly its own.¹² Existential theory does not propose an ontological thesis about an essential condition determining existence, but makes ontic statements, that is, statements of factual findings about actually appearing forms and configurations of existence. In this sense, existential analysis is an

empirical science, with its own method and particular ideal of exactness, namely those of the phenomenological empirical sciences. Discursive inductive knowledge is a means of describing, explaining, and controlling "natural events," whereas phenomenological empirical knowledge is a methodical, critical exploitation or interpretation of phenomenological contents.

Binswanger argues that the phenomenological method of theoretical reflection is just as exact and methodical as the objective method. It seeks to interpret the "phenomenological contents" of a person's behavior and thus does not focus on observables (4). Favoring a descriptive method, Existentialism attempts to expand perspectives, going beyond causality and scientific fact to the phenomenological understanding of the ontological structures of human existence. The ontological structures are centeredness, self-affirmation, participation, awareness, consciousness, anxiety, guilt, love and will. Existential concepts cannot be expressed solely through current methods of experimentation, quantification, and measurement. This writer believes that a disciplined, experientially grounded, descriptive elucidation of the essential characteristics of the human person can give psychotherapy its theoretical basis. The pursuit of an ontological science places the scientific quest in a broader context than that available to current Western scientific methods. Throughout history, it has been recognized that man is capable of two kinds of knowledge, or two modes of consciousness, the rational and the intuitive. In the West, the intuitive type of knowledge has often been devalued in favor of rational scientific knowledge. Existentialists

are concerned with a direct experience of reality which transcends not only intellectual thinking but also sensory perception. Eastern mystics, along with existentialists, hold that the ultimate reality can never be an object of reasoning or of demonstrable knowledge. It can never be adequately described by words because it lies beyond the realm of the senses and of the intellect from which our words and concepts are derived.

Although existential concepts by and large do not lend themselves easily to methods of experimentation, quantification, and measurement, May has repeatedly emphasized the need for empirical testing (1).¹³ While remaining the theorizing psychologist integrating empirical data, May has also been deeply concerned with gaining insight into the nature of man as an individual being-in-the-world. Until recently, there has been a paucity of systematic research on existential theory and concepts. This perhaps can be attributed to the relative disinterest of existential theorists for doing research and to the general unfamiliarity of researchers with the existential approach. Over the last four years, there have been some empirical studies which have attempted to operationalize the study of existential concepts. Corsini indicates that Kobasa, Maddi, and Hoover systematically have used existential concepts in their formulation of existential personality types, conceptualization of development across life cycles, and research into such existential subjects as the growth-facilitating effects of the acceptance of death.¹⁴ Rogers has been particularly successful in setting up studies that operationalize these existential concepts.¹⁵

Despite recent accomplishments in creating the new methods of

research and analysis necessary to study existential theory, the following ratings are ascribed to the ensuing criteria. The theory's potential for generating prediction appears inadequate (3). The construction of propositions as testable hypotheses seems incomplete, as is the operationalization of concepts (2,2). Because of the relative newness of existential research, the theory is rated weak or incomplete in its ability to stand the test of a range of empirical findings (3). It must be stressed that these ratings do not necessarily indicate that the theory is deficient; their purpose is to offer information about the perspective and characteristics of the theory.

Responsible for introducing existential psychotherapy to America, May's theory has stimulated much related study (1). In the United States, Existentialism is usually classed with other similar views, such as humanistic or third force psychology. Out of humanistic psychology other movements developed, such as sensitivity, encounter, organizations and growth centers, such as the National Training Laboratory, Carl Roger's Western Behavioral Institute, and Esalen. Most of the existing empirical research is a result of this existential boom for which May is chiefly responsible. Some empirical studies have been done by Rogers,¹⁶ Gendlin, Tomlinson, Crumbaugh, Maddi, Burton, Cahn, Ellis, Gibb and others which attempt to operationalize concepts. Arthur Burton,¹⁷ in his survey of encounter groups, cites some of the research by Burton, Cahn, Ellis, Gibb, Malone, Steinzor, Thomas and Warkenton that has come out of that movement.

In the foreward to the 1950 edition of The Meaning of Anxiety,

May states that the study sought to bring together theories of anxiety offered by different theorists, to discover common elements in these theories, and to "formulate these concepts so that we shall have a common ground for further inquiry."¹⁸ In the foreward to the revised edition of 1977,¹⁹ he pointed out that while only a half-dozen papers explored anxiety prior to 1950, at least 6,000 studies and dissertations on anxiety and tangential subjects have appeared since 1950.

Existential theory is seen as generally congruent with other theories (1). Existential psychology does not deny the validity of concepts relating to conditioning, formulation of drives, defense mechanisms, structural aspects of the psyche, transference, and counter-transference. It holds, however, that one can never explain or understand any living human being on that basis alone. May was heavily influenced by Freud, Sullivan, Tillich, Adler, and Goldstein, and retains many Freudian terms, such as repression, resistance, and transference. But May believes that these concepts have meaning only in terms of the whole person.²⁰ This is evidenced in his conviction that psychological dynamisms are rooted in ontology. May rejects Freudian instinctual determinism and Adlerian social adjustment as ultimate criteria of personality health on the basis that neither of these theoretically allows for human responsibility and individuality.²¹ Goldstein was influential in May's thought with his ideas of self-actualization and anxiety.²² May agrees with Freud and Jung in their postulation of unconscious levels and "collective unconscious" although these concepts are relocated within ontological perspectives of human

existence. In The Meaning of Anxiety, May examines interpretations of Spinoza, Pascal, Kierkegaard, Freud, Horney, Jung, Adler, and Sullivan, among others, and views them in their cultural, historical, biological and psychological dimensions. He then seeks the common denominators in these theories, assesses the points of disagreement, and as far as possible, synthesizes the various viewpoints into a comprehensive theory of anxiety.

The structural characteristics of existential theory have been analyzed; its characteristics as a theory of therapy are now examined.

Characteristics as a Theory of Therapy

A theory of therapy can be examined for its articulation of a theory of normal and abnormal development, and for the degree to which it depends on knowledge of antecedent conditions. Some other dimensions of the theory are: identification of client unit, a detailing of behaviors to which a therapist should attend, delineation of goals, emphasis on specification of objectives, description of who should set the goals, use of differential assessment, and the relationship between assessment and treatment. A theory can specify multiple focal points for intervention. Theories vary in use and degree of structure in the client-therapist relationship, and the relative importance they attach to the therapist's personality as a source of therapeutic change. Applicability to the range of clients and problems, degree of cultural specificity, efficiency, and criteria for termination of treatment are practical and utilitarian aspects of theory.

Existential theory addresses but does not present comprehensive

theories of normal and abnormal development (2). Each person is considered unique with a unique development. Emphasis is on understanding the nature of man as a basis for effective psychotherapy. As a means to this end, certain innate characteristics of normal development are presented. The total model is not a medical model as such; emphasis is on the emergence, becoming, or actualization of the individual. The focus, therefore, is not on the mentally ill man, but is on the healthy individual and the development of his potential. Therapists from differing orientations may be existential. As a result, one finds existential theorists holding different developmental theories. This is looked at as a positive attribute of the theory.

Existentialists focus not on causality, but on change and growth in the here and now. Behavior change is independent of acquisition of a particular behavior or knowledge of antecedent conditions (1).²³ Further emphasis on the present comes from the fact that phenomenological concepts do not employ linear thinking or causality. Less dependence on knowledge of antecedent conditions implies less need for articulation of a specific theory of normal and abnormal development.

Since May has an existential psychoanalytical background, his experience is with individual client-units. However, an overview of the literature indicates an existential approach is appropriate for group, family and other.^{24,25} It is the writer's belief and experience that this approach is appropriate for individual, group, family and other forms of client-units (1).

Existential theory clearly discusses elements in the therapeutic

situation which require the therapist's attention (1). There is an emphasis on the importance of subjectively observable responses, such as sensations, images, feelings and thoughts. Attention and awareness are fundamental, not only as they affect a person's present behavior, but as they determine his future actions. The client's performance of new and constructive responses in the everyday world has great positive value. The importance of the client's performance of new and constructive responses in the everyday world is stressed. These patterns of interaction become the test of psychotherapy's success. The analysis of behavior in terms of all the conditions under which it occurs, including the characteristics of the situation and of the person is fundamental, as is the dictum that behavior is determined by the condition under which it appears. This leads to analysis of the behavior in terms of the present.²⁶

In May's writings the goals of therapy have a primary importance (1). Some of the goals of existential psychotherapy are: the transmitting of awareness into consciousness, the experiencing of one's existence as real, the full confrontation of one's existence, self-actualization, and the changing of neurotic anxiety and guilt into normal anxiety and guilt. The primary objective is that the client experience his existence as real. There is little emphasis on curing specific symptoms since the major goal is self-actualization. Therefore, there is little emphasis on the specification of objectives insofar as specific objectives are tied to specific symptoms (4). Goals and objectives of therapy tend to be broad in nature. There is a clear discussion of the position and responsibility of the therapist and client in establishing therapeutic goals (1). At

one level, the client chooses his own goals, and at another, the existential assumptions about the nature of man define the therapeutic goals.^{27,28}

The use and meaning of the differential assessment is important (1,1). Diagnosis and differential assessment have a significance different from other approaches to therapy, since they focus on self-actualization and development of the individual's potential. The existential perspective of illness and the view of the client differ from that of psychodynamic psychotherapy. Therefore, the kind of diagnostic tests may reflect this perspective. For instance, tests may measure degrees and qualities of the patient's health, rather than his pathology, such as Shostrom's Personal Orientation Inventory, a measurement of self actualization, and Gendlin's Experiencing Scale.^{29,30} The diagnostic problem in existential psychotherapy is to understand how the client experiences his existence and how he relates to and shapes his own world. The therapeutic problem is to help the client experience his existence as real and to actualize his potentiality.

A differential diagnosis may be important so that areas, degrees and qualities of the client's distress can be evaluated. A differential diagnosis may be reached with the use of traditional diagnostic tools, such as the Minnesota Multiphasic Personality Inventory, Rorschach, and other tests, in consultation with psychiatric, psychological and other colleagues, as is done in psychodynamic therapy.

Central to the process of assessment and the establishment of a diagnosis is the client's perception of himself, his significant others,

and his world. The therapist attempts to ascertain how the client is interfering with his own growth or the development of his potential. The diagnosis would reflect the therapist's perception of the client and his manner of relating to the world.

Extremely strong emphasis and high value are placed on the present as a focus for intervention (1). The existential concepts of the here and now and the immediacy of experience evidence this. Interpersonal behavior is also a focus for intervention (1). The concepts of presence and encounter and "being-in-the-world" give depth to the interpersonal dimension. The individual is not seen as man-being-alone, but as a being-in-the-world with others, always in relationship.

In contrast to Freudian therapy, there is little emphasis on intra-psychic behavior (4). This is not seen as a weakness in the theory, but rather as a matter of perspective. The emphasis is on understanding man as he exists in life. The client is not seen as a set of drives, dynamisms, and defense mechanisms to be analyzed, but as a human being who is choosing, committing and moving toward something now.

A goal of therapy is behavioral change (1). Self-awareness and consciousness are strongly emphasized and a high value is placed on them as a focus of therapy (1).

Primary focus is on the presence of the therapist and on genuine meeting in the encounter. Within the encounter there is a minimum of structuring of the relationship (4). The major source of therapeutic change is found in the therapist's personality, in that the relationship itself acts as the primary force for creating change (1).

Existential therapy involves a perspective of man which appears appropriate for most clients and problems (1,1), although it seems most effective with client's who are experiencing existential crises, such as middle life, and who are asking the questions: "What's it all about?," or "Where do I go from here?" There are questions involving choice, freedom, commitment and responsibility, all of which are strongly emphasized in the existential approach. Reeves states that May's emphasis on intentionality, responsibility and commitment would seem to have universal relevance for contemporary psychotherapy, as would the polar dimensions of self and world.³¹ He also concurs that there is little emphasis on cultural specificity, since each person is seen as individual and unique, and the emphasis is on understanding the human being in the world (4). The lack of cultural specificity contributes to the appropriateness for different clients and problems. Corsini concurs, stating that a common misconception about existential psychotherapy is that its applicability is restricted to the highly intelligent, relatively healthy and socially secure.³² He states that most existential therapists, notably Binswanger, Boss, Laing, Frankl and Gendlin have treated more psychotic clients than Freud and his followers.

While there is little specific emphasis in May's writings on the issues of efficiency, length of time involved in treatment, and criteria for termination, the issues are addressed indirectly and are implicit in the nature of the existential approach to psychotherapy (1,1). The dominant theme of existential thinking is that the goal of therapy is to enhance the experiencing of one's awareness, life, and self in the here

and now. An individual may enter therapy at different phases of life, for shorter or longer periods of time. The goals of therapy--self-actualization and the fuller experiencing of existence--become ongoing processes. Life, the therapeutic encounter, and self-actualization are open-ended processes. Whether or not termination takes place earlier or later is not a paramount issue. The important issue is that the client learn the process of self-actualization, which he takes from the therapeutic encounter to create fulfillment and actualization of his being. The success of the therapy is related to the client's ability to restructure his existence toward authenticity. The decision as to when termination takes place will evolve out of this process as the client becomes more responsible and self-actualized. In so far as the client learns to develop his own potentiality for fulfillment, existential therapy is seen as a very effective form of psychotherapy.³³

Characteristics of existential theory as a theory of therapy have been examined and rated. Dimensions of the empirical status of the theory are now analyzed.

Empirical Status

Important criteria for evaluating a theory are the extent of emphasis on empirical testing and the degree to which research has validated the position of a particular theory regarding each dimension: success in validating effectiveness with clients, the relationship of outcome to elements of the theory, and success in evaluating the quality of research.

Corsini states that the existential theory of psychotherapy has been and is being validated by research (1).³⁴ He refers to the work of Rogers,

Maddi, Gendlin, Tomlinson and others. A brief discussion of some of these studies follows.

Gendlin and Tomlinson have introduced the "Experiencing Scale," which demonstrates a positive correlation between a subject's level of experiencing, and the outcome of psychotherapy.

Rogers developed his Process Scales which was applied to tape recordings of clients by Tomlinson (1959, 1962), Tomlinson and Hart (1962), Walker, Rablen, and Rogers (1959). In these studies, the findings showed that the more successful clients showed significantly higher levels on the Process Scales both early and late in psychotherapy. The meaning of the finding is that the Process Scale measures a manner of interview behavior which eventuates in a successful outcome of psychotherapy.

The same finding was again arrived at with hospitalized schizophrenic patients at Mendota State Hospital, in Wisconsin, in studies done by Gendlin (1966), Matarro (1965), Roger (1967), and Truax (1963).

Crumbaugh (1968) measured the existential concept of meaninglessness. Positive correlation with the Minnesota Multiphasic Personality Inventory was found. Shostrom's Personal Orientation Inventory has been proven to be a valid measurement of self-actualization, as well as a measurement of progress and success of therapy.

May himself places high value on empirical testing.³⁵ This criterion was addressed to a great extent in an earlier discussion of operationalization of concepts, focus on observables, and stimulation of related study. In The Meaning of Anxiety May tests his theoretical synthesis

by investigation of actual anxiety situations and selection case studies to discover possible concrete evidence to support his conclusions on the meaning of anxiety and its purpose in human experience.

Ford and Urban point out that Rogers has been unfailing in his commitment to the use of scientific procedure in the study of therapy.³⁶ Rogers has made consistent efforts toward systematization and has sought to represent his propositions in as clear and concise fashion as possible. They point out that his studies have used almost every means of evaluation available in clinical psychology: projective tests, ratings by expert observers, ratings by patients, the Discomfort-Relief Quotient, paper and pencil tests such as the Minnesota Multiphasic Personality Inventory, and questionnaires.

There has been high value placed on the degree of emphasis on empirical testing (1). While Rogers has been very successful in measuring aspects or particular dimensions of theory, as has Gendlin and others previously mentioned, May himself, while emphasizing the need to do so, has not accomplished this.³⁷ Therefore, existential theory is rated as incomplete in the criteria of measuring particular aspects or dimensions of the theory (2). This evaluation is corroborated by Ford and Urban who state that the referents of constructs are aspects of behavior which are difficult to analyze and to identify.³⁸ For instance, the therapist as an objective observer does not have access to the client's immediate reality. Uncertainty then arises over how to integrate what the therapist sees with what he conceives to be the client's behavior.

The degree of clarity in determining outcome or the degree of success in validating effectiveness with clients are criteria for measuring the

success of psychotherapy. Ford and Urban state that concrete patterns of interaction become the ultimate test of the success of psychotherapy and that these are clearly identified (1).³⁹ Gendlin's studies as well as those of Rogers, Tomlinson, Crumbaugh, and others substantiate this opinion.

In relating the outcome of therapy to elements of the theory, the changes that are the goals of therapy come from the individual's view of himself and himself in the world. Because of their abstractness, it is difficult to relate these concepts of self to elements of the theory. Nonetheless, it is being done. Rogers has been successful in this, as has Gendlin, Shostrom, and others. This writer believes, however, that more needs to be done to develop means of measuring the relationship of outcome to elements of the theory (2).

The existential theory of psychotherapy has been examined for the purpose of analyzing its empirical status. The analysis of assumptions and moral implications inherent in the theory will now be presented.

Assumptions and Moral Implications

Theories reflect assumptions and perspectives of man. A theory may be examined for its position in regard to: a positive view of the nature of man, optimism about the therapeutic process, and its view of man as responsible. It may be evaluated for the degree to which it addresses value issues and the particular framework model. It may be assessed in regard to the degree of attempt to minimize client dependency, importance attached to the client's perspective, and extent of maintenance of the client's reality orientation. Other dimensions are the degree of therapist involvement and flexibility, as well as the

existence of controls for incompetent practitioners.

Existential theory gives major emphasis to assumptions and moral implications in its view of man. Strong emphasis and high value are placed on a positive view of the nature of man (1). He is seen as emerging, creative and self-actualizing. His freedom and responsibility allow him to choose how and what comes together in him. Postulating a positive view of man, existentialists are positive about the therapy process, seeing it as a growth situation (1). The encounter in psychotherapy generates the conditions in which self-actualization and healing can occur. Through the authentic human relationship the individual becomes human.

Responsibility is strongly emphasized and a main focus in the therapeutic process (1). Existential theory is highly oriented toward value issues and places supreme importance on man's dignity and individuality (1). The central value issue is finding one's own values and making a commitment to them (1). The imposition of the therapist's values on the client is antithetical to the concepts of responsibility, freedom and choice (1).

Neither medical, psychological, nor behavioristic models are adequate as frameworks from which to view the human person and on which to build a theoretical basis for psychotherapy (4,4,4). May believes that since psychotherapy is concerned with the human being, it must be grounded in a human model adequate for the purpose. Psychotherapy is seen not as treatment in the narrow sense, but as encounter with one's own existence.

There is a maximum attempt to minimize client dependency (1). The goal of psychotherapy is the steady development of the person's

freedom, his awareness of himself and his world, and his ability to make responsible choices. The therapeutic process seeks to free the person to develop in his own way and to integrate his existence.

The importance of the client's perspective receives maximum emphasis, with primary focus on the client's experience of his own experience (1). The ontological characteristics which constitute the structural base of psychotherapy, such as centeredness, self-affirmation, participation, awareness, consciousness, anxiety and guilt, all emphasize the client's perception of his experience.

The major goal in existential psychotherapy is that the client experience his existence as real. There is primary focus on maintenance of the client's reality orientation (1). Existential theory holds that truth exists for the individual only insofar as he participates in it, is aware of it, and has some relationship to it.

Great emphasis is placed on the therapist's involvement, as evidenced in the existential concepts of presence and encounter (1).

Since the major emphasis is on encounter and genuine meeting rather than on technique, the therapist is free to be creative in meeting the client. An existential therapist may utilize techniques from diverse therapies, but will do so with selective attention determined by his perspective of the individual's meaning of illness, therapeutic goals and interventions, and the psychotherapeutic transaction.

Since existential theory does not address the problem of evaluation of practitioner competency, it is rated inadequate in this dimension (4). In fact, with the mushrooming of growth centers throughout the nation,

the opportunity for incompetent practice is considerable. Not only has society been inundated with quasi-professionals and lay people who have attended workshops of a humanistic and experiential nature, and then attempt to establish centers of their own, but there is within the professional community a great opportunity for either deliberate or unintentional abuse of the practice and application of existential theory. The fact that the therapist has a high degree of involvement with the client and freedom to be creative and to use diverse techniques, provides the potential for misuse of the therapeutic role.

This is a serious problem that existentialists as well as other mental health professionals need to deal with more directly and completely. There are some trends in this direction. Hopeful indicators are licensing laws, peer review systems, ethics committees, as well as continuing education programs and requirements for professionals. A more careful selection of students and an upgrading of professional training is necessary. This should include an emphasis on continuing supervision and consultation. The regulation of lay growth centers is an issue that needs to be addressed and studied. This area of concern is one which suggests the need for further study.

The existential theory of psychotherapy has been examined along the dimensions of its moral assumptions and implications. It has been analyzed for its structural characteristics as a theory of therapy, and its empirical status. The applicability of existential theory to social work will be addressed in the sections pertaining to relevance to the field of knowledge of social work and to curriculum content in a school of social work.

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CHAPTER IV

Application to Clinical Social Work Practice

The case of "Anne" is presented for the purpose of amplifying the concept of the existential psychotherapeutic encounter. It is not intended that this presentation demonstrate all aspects of the encounter in existential psychotherapy. Certain other existential concepts are discussed, although the main focus is on the encounter. Those existential concepts are : Ontological characteristics, being-in-the-world, anxiety and guilt, and intentionality. Those aspects of the existential encounter that are amplified are its experiential nature and the Self-Other Encounter.

It is neither the purpose nor intent of this study to attempt to interface existential psychotherapy with any other form of psychotherapy. However, it is acknowledged that the psychoanalytic and psychodynamic theories of psychotherapy are the orientations of most clinical social workers; therefore, some aspects of the interfacing between those theories and the existential theory will be explored within the context of Bibrings framework of basic concepts of psychotherapy.¹

Existential presentation of "Anne"

Anne is a 19 year old woman who was referred in 1976 by her family physician who knows the family well. He had found her depressed, eating compulsively, gaining weight, and withdrawing socially. Unable to cope with the demands of academic life, she had withdrawn from a local prestigious college. The physician described her father, Bob, a scientist of international repute, as brilliant, intellectual and removed. Anne's mother, Sally, was described as downtrodden, unsure and afraid to go out by herself. The physician felt that Sally was transmitting

this fear to the children. Anne is one of four children: John, 21, was away at college, as was Paul, 18, Debbie was 15 and at home with Anne and her family.

Anne presents herself as a very sweet person who is eager to please. It is obvious that she is compliant and placating, and that this posture has become a manipulative way of being for her in which she attempts to control her world of relationships. She is very attractive with blond, shoulder-length hair. Always neatly groomed, she dresses typically for college girls her age. At 5'3", her weight of 150 pounds makes her obviously obese. She seems flat and apathetic. Although initially shy, she seems to have no overt hesitancy to relate to the therapist.

In the first session she shares her experience of her existence as a being-in-the-world. When she left for college a few months previously, she began to eat compulsively and to gain weight. Sneaking food and sweets, she eats alone, gaining 50 to 60 pounds. She alleges she is embarrassed to go out because of her weight, and has withdrawn from all social contact. Tense and anxious, she is unable to sleep at night.

Anne denies contemplating suicide but feels incapable of facing life and the world. She often purposely puts herself in a dangerous situation by walking down a bridal trail where there had been some rapes. She felt her reason for doing this was to create some excitement in her otherwise dull life.

In response to gentle inquiry, Anne readily relates how she experiences the development of her dilemma. She has always been afraid of groups of people. Talking with people makes her nervous. She finds this aspect of herself disturbing, and often she becomes mad at herself for this. As a child in grammar school, she often hid behind bushes to

avoid meeting schoolmates.

Anne is jealous of her sister, Debbie. Debbie is outgoing, has friends, and no weight problem. Anne believes her best relationship in the family is with John who she describes as quiet, withdrawn, and sensitive. She feels she had a good relationship with Paul.

Anne had been a straight A student in high school, excelling in the sciences. Her father, a Ph.D. in science, is head of research for a large corporation. He has been responsible for several inventions in the scientific field. Through his company, Anne won a scholarship to study science in college. She had entered a small prestigious college which was just far enough from home so that it was necessary to live on campus. Anne believes that she was not ready for the social life in the dorm since she had not had much social life in high school. As a result, she became depressed and withdrew during the second semester, thereby defaulting on the scholarship. After flunking out, she went to a local state college, lasted until the end of the semester and then withdrew. At the time of our initial session she had withdrawn into bed and was sleeping most of the day. She verbalized a desire to return to a local school, but wasn't sure she was ready for it emotionally,

Sessions with the parents reveal Sally, Anne's mother, as an extremely apathetic, insecure, frightened individual who had had a lengthy hospitalization for depression. The treatment had involved considerable shock therapy. She is miserable in her relationship with Bob, who travels a great deal and is deeply involved in his work. He seems quite severely schizoid. It became obvious that Anne had been used by the parents as a go-between since their communication was so poor. Neither parent was able to be present to Anne as she grew up,

and indeed, she was often placed in the position of having to be a mother to Sally. The result was that a symbiotic relationship developed between Sally and Anne. Anne never had the opportunity to resolve the separation-individuation process, much less enter it to any great degree.

Anne has a great amount of rage and anger toward her parents which she has been unable to express to them. Indeed, most of the communication in the family was indirect. Anne handles intense internal reactions and anger in self-destructive ways, by withdrawing from involvement and isolating herself emotionally. She evidences much ambivalence, indecisiveness, and avoidance of responsibility and commitment.

Ontological characteristics

Anne manifests a notable lack of centeredness. It is the need to preserve her centeredness and some ability for self-affirmation that brought her to participate with the therapist. She is not yet aware she is the-one-who-has-a-world. Working toward full participation in an authentic relationship with the therapist, Anne's minimal awareness and self-consciousness develop and evolve into consciousness, wherein Anne will be able to experience herself as a thinking-feeling-acting unity relating as an "I" in relation to a "Thou", or a "Self" in relation to an "Other".

Subject-Object dilemma

The Subject-Object dilemma within Anne may be observed in negation of her existence. She has deadened herself and her life, suppressing full expression, openness and directness. To Anne, aliveness means responding to others with open and direct expressions of wants, needs, feelings and choices. Responding in this way opens her to the risk of disapproval, loss of love, abandonment and ultimately a state of non-

being. The anxiety becomes crippling. She chooses to deaden herself with apathy, withdrawal, isolation and self-destructive behavior.

Anne as being-in-the-world

Anne's Eigenwelt, or "own world" presupposes some self-awareness, self-relatedness, and grasps the meaning of what something or someone in the world means to her.

In Eigenwelt Anne lacks confidence, faith, and trust in herself. Experiencing herself as painfully shy, a failure, unable to express herself, she turns feelings that belong toward the Mitwelt back onto herself in Eigenwelt. As fantasies, suspicions, secretiveness increases, she withdraws from Mitwelt, experiencing futility, hopelessness, alienation, and depression. In Eigenwelt she finds anxiety and guilt, behaving toward herself as an object who "should" and "ought" rather than as a subject who "chooses", "prefers", and "wants." In panic and confusion she attempts to extricate herself from an Eigenwelt of depression and pessimism. The apathy and suspiciousness in Eigenwelt create a pull which prevents her from moving further into Mitwelt, or the world of relatedness with others. The pain of Eigenwelt is tainted with odd ideas, negative self-identification, some loose associations, and hallucinations. Fearful of her emotional vulnerability, unable to cope with hurt feelings and deep resentments, ambivalent and indecisive, she feels incapable of facing Mitwelt.

Anne's Mitwelt consists of her relationship with others. She attempts to control Mitwelt with placating and pleasing behavior. She uses her depression as a means of control and of expressing anger toward Mitwelt, hoping to retaliate toward others by provoking guilt in them. Fantasies of Eigenwelt are reinforced by subtle transactions in Mitwelt.

She experiences in relationship to Mitwelt a vague sense that her mother cannot survive without her, at the same time that perhaps she cannot survive without her mother, both in need of the symbiotic relationship. Anne has always been afraid of her father. She finds him remote. That aspect of Mitwelt, the relational world with her parents, is frightening. If she moves toward her mother she fears engulfment and total loss of self. If she moves toward her father she is afraid that he will not be there emotionally for her, and that she will experience rejection. If she withdraws into Eigenwelt, she experiences near craziness.

Anne is totally out of synchronization with Umwelt, or the biological world of her body. Unable to sleep at night, during the day she withdraws from Mitwelt, hoping to find some union with Umwelt by sleeping. Her hunger is no longer an expression of biological need but an expression of emptiness, which she attempts to fill by stuffing and gorging herself when others are asleep or aren't looking. Her general body tone is poor due to lack of exercise. Anne is an individual who has an obvious physiological need for activity such as back-packing, in which she can enjoy union with the Umwelt found in nature. She finds some degree of peace and happiness with the mountains and blue skies. When she becomes depressed and angry with her family she often leaves home to go back-packing in the mountains to seek reunion with Umwelt.

The Umwelt also represents the biologically driven aspect of Anne, the instincts. Anne's walks down a bridal path where rapes have occurred represents an aspect of the Umwelt functioning within her. By placing herself in a dangerous situation wherein she might experience some of the driven aspects of her sexuality, aggression, and self-punishment, she attempts to find some life in her dead world by getting in touch with

Umwelt. It is as though flirting with rape and possible death awakens the dread of non-being, injecting some meaning into her otherwise dead existence. It is an attempt to find aliveness.

Anxiety and guilt

Anne's anxiety is seen as based in the separation-individuation conflict which she is experiencing. On one hand, neurotic anxiety becomes paramount when she attempts to move away from the symbiotic relationship. In so doing there is some consciousness that her existence can be destroyed, because she is afraid that she cannot survive without the symbiotic relationship. On the other hand, remaining in the symbiotic relationship is a threat to her existence, because she is losing herself. This generates anxiety. This neurotic anxiety of Anne's is disproportionate to the objective threat and is outside Anne's awareness.

Anne's existential guilt becomes manifest in her knowledge that she has been forfeiting her potentiality (Eigenwelt), that she is not open and honest in her relationships with others (Mitwelt), and that she is indeed out of touch with her body and with nature (Umwelt). This ontological guilt is situation-appropriate, within her awareness, produces no symptoms, and has a constructive effect.

Anne's neurotic guilt is inappropriate and outside of her awareness, expressed in the formations of her symptoms, and has destructive effects on the totality of her organism. The hypothesis is that a partial basis for Anne's neurosis is the fact that any attempt to move away from the symbiotic relationship not only provokes anxiety but also guilt. Any creative act, such as opting for separation-individuation, carries within it a seed of aggression in the sense that the past has

to be destroyed.²

Anne has chosen to be wedded to the past. She has maintained the status quo in not choosing to unite the umbilical cord. To choose the future, in the sense of change, creates anxiety. Choosing the past creates guilt, because in choosing not to change, she is left with the sense of missed opportunity.

Both anxiety and guilt are ontological in Anne. All decisions revolve around the choice between the future, which brings the unknown and consequently anxiety, and the past and concomitant guilt. Ontological anxiety and guilt are not seen as something Anne has, but something Anne is.

The guilt that Anne feels at missed opportunity signifies that growth through changing and even risk is what is ideal for her. However, if the contemplation of change brings anxiety, it is because she does not live in isolation and must contend with other persons and circumstances beyond her control. She cannot be sure of the consequences of personal change, and so she becomes anxious. She cannot, however, be sure that change will be disastrous, whereas she does know that curtailing her growth to avoid insecurity will lead to deadness and feelings of guilt. Her ability to create meaning for herself in life requires a continual increase in experience that can only come about through change. Thus, to choose the past, the status quo, becomes meaningless to her, leading to an accumulation of guilt. If this guilt is unconfessed and unowned by Anne, it will become neurotic guilt. If she can confront it, become aware of it and own it as hers, it will not become neurotic. Anne feels guilty and is guilty, not because of desires, drives of impulses in themselves, but because she has "not had the

courage to become a real person by doing real things with real people in reality."³ Anne's real guilt lies in that she has not chosen to be the person she might be, but has abdicated to a false self.⁴

This existential perspective of guilt adds dimension to that of psychodynamic theory wherein Anne's guilt would be seen as lying within the symbiotic relationship and the separation-individuation process, that is, Anne feels guilty as she separates from the symbiotic relationship, fantasizing that she is killing her mother.

Intentionality

It is possible to clarify the difference between intentions and intentionality in Anne. This is a critical aspect of her therapy. Unless her intentionality of not wanting to choose to change is reached, experienced and owned in a responsible fashion, she will continue to express her intentions of wanting to change, but never come to grips with whether or not she really wants to make the choice to change.

Self-Other encounter

The nature of the encounter between Anne and the therapist is explored within the context of the Self-Other encounter. Having an unresolved Subject-Object split within herself at the outset of therapy, Anne initially was unable to relate in an authentic Self-Other encounter. In the early stages of the therapy, the therapist felt little if any emotional contact with Anne.

As Anne became increasingly centered and aware of the Subject polarity within her and free to express this aspect of her nature, she increasingly related on the empathetic level. Originally isolated, withdrawn, and fearful of emotional contact, she developed empathy for others and an ability to feel with them. Her empathy for the therapist

was shown many times in sending cards and notes during times of illness and on special occasions.

Philia, or friendship, developed to a pleasant level. There was a mutual enjoyment and liking of each other. Anne experienced faith in sharing as a definite atmosphere of trust developed. Anne became increasingly relaxed and free to inquire about the therapist's personal life, manifesting a sincere and genuine friendly interest in the therapist.

Eros is present in that Anne reaches out to the therapist to make contact. There is a quality of seeking union, some of which seems dependent in nature, but not necessarily symbiotic. She was glad to be with the therapist and found comfort in the relationship.

There appears to be some distortion in Anne's manner of relating on the level of Agape. The therapist is seen as something of a goddess. Thence, the transference. There is no doubt that this transference, which includes mother-figure and authority-figure, distorts the relationship and does not allow for full encounter.

The level of the therapeutic encounter has grown considerably since the beginning, as the therapist has been involved at all levels of the Self-Other Encounter with Anne. This is a necessity for Anne's growth and for the therapist's own self-growth. A concomitant belief of the therapist is that if the client or Other is not growing, the therapist of Self is not growing.

The therapist participates on the levels of Eros, the level of contact. Eros is a reaching out and stretching of the Self to make contact with the Other. The process required that the therapist first make contact with Self, her own body, and become aware of her inner experience,

be it anger, joy or irritation.

As the therapist gains awareness of herself and the Other, the feelings of compassion for and appreciation of Anne begin to emerge. Empathy comes naturally as the therapist feels with Anne. This level involves confirmation of Anne as a person in the therapist's eyes.

Anne's expressions of her dilemma, originally seen as "symptoms" or "pathology" become expressions which are understandable in terms of the inner experience of her life, her being. The therapist looks not for "pathology" but for integrity. This is a confirmation of the value and dignity of Anne as being, a human being. The awareness and acknowledgment of the therapist's feelings are confirmations of the therapist's presence in the relationship.

With the validation of Anne's value and dignity as a person, other qualities of relationship evolve and are experienced by both. There begins a mutual enjoyment, a gladness that the Other is there. The feelings of friendship, or *Philia*, arise as mutual trust and faith develop. A genuine feeling of liking each other prevails.

After tuning in to her own interior reactions toward Anne, and after sifting out any feelings that were deemed inappropriate to introduce, the therapist shared her personal reactions to Anne. This not only allows Anne to see more clearly the variety of reactions her behavior might evoke in others, but also places the content of the session within the viable framework of the encounter.

It must be emphasized that any such response to another is made solely in the best interest of the Other and always with the knowledge that the relationship is strong enough to support the confrontation. There are no external criteria for this; it is solely a matter of

sensitivity, artfulness and experience, the prime motivation and goal being the facilitating of the client's growth. The therapist's reactions and her willingness to share them create in Anne a greater willingness to evaluate and communicate her own feelings. There is, in the process, a validation and confirmation of the Other.

In those moments of honest exchange the therapist and Anne live the model of authentic encounter. This mutual meeting leads to a consummation of the relationship that evolves from an I-Thou or Self-Other into a merging of "We-ness." This process requires that both be open to correct their experience of the Other when it belongs to the past (transference and counter-transference), or when it is a distortion of the encounter and not a genuine reaction and response to the Other. This is the process which gradually heals, primarily the client, but also the therapist.

Transference and counter-transference are distortions of the encounter. They are included within the total phenomenology of the encounter as an inevitability and reality of life.

Healing does not result merely from greater knowledge or analysis of one's self. It is found in experiencing the Self as it is in relation to Other, and in the struggle towards mutual acceptance, human flaws and errors notwithstanding. This process helps to resolve transference and counter-transference issues by inclusion in the total phenomenology of the encounter. This therapist is no longer afraid of letting counter-transference enter into reactions. They can be helpful if used to clarify the reality of the interaction and to help the patient and therapist remember that counter-transference belongs to the human condition, an inevitability of life.

An example of presence on that part of the therapist in an authentic encounter is presented in the following sequence. After experiencing and expressing her feelings toward her parents, Anne broke into uncontrollable sobs. The therapist's internal dialogue indicates a conflict over whether or not to submit this case for admission to the doctoral program. It represents an excellent demonstration of a Subject-Object dilemma within the therapist. The conflict is over whether to follow one's subjective feelings and desires or listen to one's objective cautions.

A. (Sobbing uncontrollably)

I.D. Good. Now she's experiencing her real inner feelings, her grief. I am really aware of the depth of hurt inside her. She seems so lonely while she's sobbing. I want to let her know I am with her. I really care about Anne. She is a sweet kid. (I move to sit on the foot-stool between us so that I can hold her while she sobs). I'm aware that when I reach out to touch her, she really breaks into uncontrollable sobs. I'm sure now I won't submit this case, because the admissions people probably wouldn't like this. Goddammit--I'm thinking about this being taped and I'm not able to be just me. What am I doing to myself and Anne by being so concerned about performance? I don't like myself for this. I truly want to be here for Anne and myself.

T. (Holds Anne while she sobs)

This particular moment represents all aspects of the encounter: eros, philia, empathy, and agape. Both are healed.⁵

Differences

At this point, a discussion of some areas of difference between existential and psychoanalytically oriented and psychodynamic psychotherapy seems appropriate as an aspect of the interface between them. The areas that will be discussed are those of: the functioning of the therapist, content and process or the therapeutic exchange, use of historical material and the transference.

In reference to the functioning of the therapist, there is a difference in that the existential therapist places himself in the relationship to a different degree and in a different manner. The psychoanalytic therapist fulfills the role of an objective expert. The psychodynamic therapist does also, but to a lesser degree, and in some respects is willing to share feelings and reactions with his clients. In existential therapy the therapist fully involves himself in an authentic encounter, looking for vulnerability of both client and therapist.

In existential therapy it is the encounter which produces the material. The material is utilized to further the meeting of the Self and Other. Assimilation of material takes place in both client and therapist as they meet in healing union. Reorganization is an ongoing, evolving process, leading to more production of material, which leads to utilization. The existential theorist may use suggestion, clarification, reflection of feelings, confrontation, open sharing of his own experience, but would seldom, if at all, use verbal interpretation alone. Rather, he would attempt to provide an experience through encounter.

A second difference between existential and psychodynamic therapy may be discussed from the perspective of the content and process of the therapeutic exchange. In psychodynamic therapy the therapeutic exchange tends to focus on the content of what the client is saying. The utilization of material tends to be hinged on the content of the exchange. What principles are utilized to assist in this, such as suggestion and interpretation, are for the purpose of elaborating content and furthering the content. The existential therapeutic

exchange is focused on process. Rather than what the client is saying it is focused on what the client is doing with the therapist and what the therapist is doing with the client. The utilization of produced material is hinged on furthering amplification of this experience.

A third area of difference is in the use of historical material. The existential therapist allows the historical material to follow the experience. He does not focus on getting any past historical data for any particular reason, as the psychodynamically oriented therapist tends to do, but when he deals with the present it includes past similar experiences. It is the experiential mode of the immediate, present that triggers the past rather than using history to trigger experience.

A fourth and significant difference between existential therapy and psychoanalytic and psychodynamic therapy is in the handling of transference and counter-transference. Psychoanalytic and psychodynamic oriented therapists totally exclude transference and counter-transference from inclusion in the total phenomenology of the encounter. In the utilization of the produced material, the transference is to be analyzed, interpreted and worked through to some end in the process of assimilation and integration. However, existential therapists see transference and counter-transference as inevitable and inclusive in the total phenomenology of the encounter, the resolution of which is worked toward in the full encounter. In the utilization of the produced material, it is not analyzed and interpreted, but the feelings and reactions of both therapist and client are expressed openly in the encounter.

This may be for some psychodynamic therapists an irreconcilable

difference and it is certain to be presumed for the psychoanalytically oriented therapist. Therefore, it is not suggested that therapists of these orientations attempt to involve themselves in this manner with their clients unless they have a special desire to do so in a manner that seems comfortable.

Indeed, it is not suggested that therapists of any orientation use any method or way of being that makes them uncomfortable, lest it be destructive to the primary reason for the process, the healing of the client. Nonetheless, they are encouraged to use their creativity and flexibility to find new ways of being with the Other that might offer growth and healing to both.

It is suggested that while some therapists of this orientation might not want to utilize existential principles or techniques in the utilization of produced material, they may want to explore viewing the therapeutic transaction from the existential philosophical perspective.⁶ They may find within this philosophical perspective some existential concepts that they would want to use in their own unique, particular, creative and individual way. For the therapist must learn to appreciate these qualities in himself as part of his own healing, as so aptly expressed by Martin Buber:⁷

Every person [especially the therapist] born into this world represents something new, something that never existed before, something original and unique. It is the duty of every person. . . to know and consider that he is unique in the world in his particular character and that there has never been anyone like him in the world, for if there had been someone like him, there would have been no need for him to be in the world. Every single man is a new thing in the world, and is called upon to fulfill his particularity in this world. . . . Every man's foremost task is the actualization of his unique, unprecedented and never recurring potentialities, and not the repetition of something that another, and be it ever the greatest, has already achieved.

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CHAPTER V

Summary and Conclusions

Synthesis of Theoretical Characteristics

The existential theory of psychotherapy has been analyzed for its structural characteristics as a theory, characteristics as a theory of therapy, empirical status, and assumptions and moral implications. A synthesis of this analysis is presented for the purpose of evaluating its adequacy as a theory.

Perhaps one of the most challenging aspects of the theory is the setting it forth in concepts that are understandable. Compounding this fundamental difficulty is the fact that existentialists are concerned with a form of knowledge which is a direct experience of reality, transcending intellectual thinking as well as sensory perception.

It is generally recognized that humans are capable of more than the well known modes of knowledge and consciousness, the rational and intuitive. Rational knowledge belongs to the realm of the intellect and manifests itself in science which quantifies, classifies, and analyzes. Existentialism holds that reality can never be exclusively an object of reasoning nor exclusively a matter of intuitive or sensory perception. Reality is seen as a synthesis and transcendence of these rational and intuitive experiences, and at the same time more than the mere sum of these experiences. Reality experienced within this context is indeterminant and undifferentiated. Linear thinking, abstractions, symbols, conceptualizations, and language are not capable of communicating the experience.

Existentialists have a different interpretation of "empirical" from

that held by contemporary Western science. Their concepts are based on a phenomenological concept of "empirical"; as such, their concepts can not be expressed solely through current Western scientific methods of experimentation and measurement. Existentialists believe that existential theory is an empirical science, but one with a method of investigation peculiarly its own. Existential theory does not propose an ontological thesis about an essential condition which determines existence. Instead, it makes ontic statements, that is, statements of factual finding about actually appearing forms and configurations of existence. The phenomenological core is descriptive of what appears, not the antecedent for what appears nor how it should appear. In this sense, existential analysis is an empirical science, with its own method and particular ideal of exactness of the phenomenological empirical sciences. Therefore, the evaluation of existential theory from the perspective of Western scientific concepts must take into account this differing perspective of the theory. In existential theory this emphasis on phenomenology, the science of the subjective, is an advantage, in that existential theory deals with what is existentially real to man.

Existential theory is an informal theory which intensively studies the individual and focuses on understanding his experience of his own unique existence. It is not reductionistic in nature, as it does not attempt to explain and interpret higher level phenomena at lower, more basic levels of analysis. Rather, it emphasizes that the simpler can be understood in terms of the more complex. Neither is existential theory deterministic. That "what" and "how" of experience are emphasized

in preference to the "why," because existentialists believe that no particular causal explanation can offer an understanding of the unique human being.

In emphasizing the "what-and-how" of experience, rather than the "why," existential theory chooses not to focus on objective observables. Focusing on objective observables minimizes measurement problems, while focusing on inferential constructs, which are unobservable and difficult to operationalize, increases measurement problems. This particular criterion in the analysis reflects the Western scientific stance of objectivity. The evaluator believes, however, that a positive attribute of the theory is its focus on the subjective aspects of life and existence which are amplified and emphasized as a primary form of reality. Therefore, the fact that the theory does not focus on observables is seen as an advantage, one reflecting its theoretical perspective.

The weakest aspect of existential theory seems to be in its apparent inadequacy in fulfilling the criteria of explanatory ability, internal consistency, clarity, explicitness, capacity to generate predictions and flexibility, or the ability to stand the test of a range of empirical findings. Explanatory ability is important, because a major goal of theory development is the explanation of selected phenomena. Internal consistency is the base from which pertinent knowledge is put in order and in which the clarification between relevant variables is grounded. The theory must facilitate understanding of the dimensions it seeks to explain. An added complication is that existential theory is molar in nature, of a higher level of abstraction. When higher levels of abstraction

are not related well to lower levels of abstraction, which tends to be the case in existential theory, the concepts then become more abstract and unclear. Lack of clarity causes confusion, vagueness and uncertainty about the meaning and use of concepts.

In the evaluator's mind there are several reasons for this. First, and of primary importance, is that existential theory uses concepts which cannot be communicated verbally, nor can they be symbolized into language. Many of these concepts describe an experiential and phenomenological level, and many aspects of experience have to stay on that same level in order to then be integrated into one's experiential reality. While they cannot be communicated verbally nor symbolized in language, they can, however, be experienced, and knowing can take place on an experiential level. The fact that the concepts are experiential, instead of reductionistic and explanatory, makes it possible to seek communicable items that fit an individual's experiential reality. The word directs a person toward his own experience. It is the experience that "connects" with one's sense of reality. The word without the experience does not connect.

Additional reasons exist as to why there is verbal and symbolic difficulty in communicating existential concepts and why, instead of dealing with categories of explanation one stays with unique qualities of the experiencing organism. First, in existential psychotherapy one deals with an individual's response to recognizable categories, rather than with the category, per se. For instance, rejection by one's mother is a categorizable variable, but how an individual relates to that rejection is the critical point. One may have a loving grandmother, which modifies the individual's response to rejection, but one cannot know all the

variables around maternal rejection. Existentialists want to deal with an individual's unique response. Secondly, many of the existential concepts which originated in the German language, have no exact English equivalent. For example, there is no word in English which adequately translates the German word, Angst.¹ The English term "dread" comes closest to the meaning and impact of the German Angst. However, it has become translated as "anxiety." As a result, some of the meaning and impact of the word Angst has been lost. Anxiety tends to be used superficially and colloquially in American society.

In attempting to compensate for these inadequate ratings, every effort should be made to verbalize those aspects of theory that can be communicated and in language that is as simple and meaningful as possible. The obtuseness of much psychological and psychiatric language is generally recognized, but it is no doubt true that existential theory tends more toward the abstract than perhaps other theories of psychotherapy. However, recently the works of Klein and Schafer have underscored the need for psychoanalytic theoreticians to develop a new language.^{2,3} It should be one that is more meaningful and understandable, unencumbered by heretofore generally accepted scientific concepts. It is one of the suggestions of this study that similar work be done in existential theory.

The question of how this theory might be communicated is answered in the experiential emphasis. Such concepts as awareness, centeredness, and man-as-being can be understood experientially. Experiential integration and knowledge resolve much of what otherwise seems to be obtuse and abstract when communicated exclusively in words. Take, for example,

the concept of transference. When one talks about transference, the reaction tends to be "Well, that is crazy. You know he's not your father." But if one is in therapy with someone who uses the psychoanalytic mode, one feels it. It is there. In trying to communicate it to someone who has not experienced psychoanalytic therapy, it sounds crazy. In telling, one misses the point. Language can capture only some of its aspects. If in psychoanalytic therapy one has the experience of associating back to childhood, that experience captures the meaning of transference, but the word does not capture the experience. The word transference refers to the experience.

Since existential concepts do not lend themselves well to the construction of propositions as testable hypotheses and to the operationalization of concepts, notwithstanding the considerable effort in this direction in the last few years, the present state of the theory is viewed as inadequate by the evaluator. Likewise, the theory's capacity to generate prediction and flexibility in standing the test of findings over a period of time were rated inadequate. It is the evaluator's impression that the current emphasis that existentialists are placing on research and the fact that much research is in process will result in a considerable improvement in these ratings in the next few years.

One of the anticipated effects of the research process will be improvement in the quality of explanatory ability, internal consistency, clarity, and explicitness of the theory.

Existential theory clearly discusses and places high value on the following criteria: comprehensiveness, hypothetical constructs, stimulation

of related study, and congruence with other theories.

Being based on the ontological nature of mankind, and on the vicissitudes of life which all men face and experience, the range of phenomena which the theory attempts to explain is comprehensive and universal. Therefore, it appears to be a theory which applies to understanding all of humanity.

High value is placed on the use of hypothetical constructs, terms used to clarify observed relationships. The nature of the theory does not lend itself to the reification of hypothetical constructs. Reification happens when a theorist forgets that his concepts are abstractions, and begins to think of them as entities. Ford and Urban,⁴ for instance, further clarify this with the following example. If a therapist is not careful he will find himself making such statements as "His ego has been poorly formed." This is reification of the concept of "ego" into a thing, which it is not. Existential theory clearly attempts to avoid this, holding that terms such as ego and id are concepts used to describe observed relationships. They are concepts in the theorist's head, not something the client has in actuality. A similar example would be if one were to say, "The patient has schizophrenia." The term schizophrenia is a hypothetical construct.

Existential thinking in America has created an impact on society in general, from cultural to scientific. In the field of psychotherapy it has resulted in considerable stimulation of related study.

One of the main attributes of existential theory is that it is seen as generally congruent with other theories. This congruency will be

addressed in following sections.

In evaluating the theory of existential psychotherapy for its characteristics as a theory of therapy, it was found that the theory clearly addressed most criteria.

Existential theory addresses but does not present comprehensive theories of normal and abnormal development, since every person is considered unique, as is each person's development. The need for an articulation of a theory of normal or abnormal development is further minimized by the existential focus on the growth model which views the individual as emerging, becoming, and actualizing. Therefore, theories of normal and abnormal development are less relevant than they would be if the existential focus were on the medical model. Furthermore, with emphasis on a here-and-now approach and the belief that change takes place in the present, the degree of dependence on knowledge of antecedent conditions is minimized. It is held that behavior change is independent of the acquisition of a particular behavior or knowledge of antecedent conditions. Since existential therapists may be basically trained in different orientations, one would find therapists holding differing developmental models. The importance for existential theory is not in the particular developmental model per se, but in the therapist's ability to see development as unique to each person. Developmental models employed by an existential and psychodynamic therapist may be similar but the style of existential therapy would differ from that of other psychotherapies.

Existential theory clearly delineates goals of therapy. These goals tend to be broad in nature, with the focus on the self-actualization of the

individual rather than on the curing of specific symptoms. Therefore, there is little emphasis on the specification of objectives in the sense of specifying precise therapeutic operations that relate to specific symptoms to be cured. This is not regarded as a deficiency in the theory, but simply that the focus on self-actualization precludes focusing on pathology, per se, and that the existential emphasis on understanding man as being and the encounter as the healing experience precludes the specifying of precise therapeutic operations and relating them to specific symptoms.

There is a clear discussion of the position of the therapist and the responsibility of the client in establishing therapeutic goals. In one sense, the client chooses his own goals, and in another the existential assumptions about the nature of man define the therapeutic goals.

The use of differential assessment and the relationship between assessment and treatment are clearly addressed. Diagnosis and differential assessment have significance different from other approaches to therapy. With a primary focus on the self-actualization of the individual, the kind of diagnostic material sought may differ. Tests may be oriented toward measuring degrees and qualities of health rather than toward pathology. When a differential diagnosis is deemed appropriate it might be reached with the use of diagnostic tools, such as the Minnesota Multiphasic Personality Inventory, Rorschach, and other tests, in consultation with psychiatric, psychological and other colleagues. The diagnostic problem in existential psychotherapy is to understand how the patient experiences his existence and how he relates to and shapes his world. The therapeutic problem is to

help the client experience his existence as real.

Existential theory specifies multiple focal points for intervention. There is a primary emphasis on the present, interpersonal behavior, and self-understanding. A prime focus is on the change of observable behavior. The perspective of existential psychotherapy is different from that of traditional psychodynamic therapy. There is an emphasis on understanding man as he exists in life, a human being who is choosing, committing and moving toward something in the present. The client is not viewed from the traditional psychoanalytic, intrapsychic perspective. This is not deemed a disadvantage, since values are placed on such concepts as freedom and commitment, rather than on intrapsychic mechanisms.

Of primary import in existential theory is the nature of the therapeutic relationship. The focus is on the genuine meeting of the therapist and the client in an I-Thou encounter. It is within this meeting that the atmosphere is created for change, growth and healing of both therapist and client. The major source of change is seen to be in the therapist's personality, in his ability to be present to the client. Clearly, structuring and planning the use of the relationship is antithetical to the nature of the encounter.

Existential therapy is believed appropriate for most clients and problems. It is believed to be most helpful to individuals suffering from existential problems, such as mid-life crises. The lack of cultural specificity contributes to the appropriateness for differing clients and problems.

The issue of efficiency, length of time involved in treatment, and

criteria for termination are addressed implicitly in the nature of the existential approach to psychotherapy. The dominant theme of existential thinking is that the goal of therapy is to enhance the experiencing of one's awareness, life and self. Life, the therapeutic encounter, and self-actualization are open-ended processes. An individual may enter therapy at different phases of life, for shorter or longer periods of time. The important issue is that the client learn the process of self-actualization and develop the ability to live it. The process is never-ending. In so far as the client learns to develop his own potential for fulfillment, existential therapy is seen as a very effective form of psychotherapy.

The empirical status of a theory is important in evaluating its adequacy as a theory. Criteria to be met are the extent of emphasis on empirical testing and the degree to which research has validated the position of a theory in regard to success in validating effectiveness with clients, the relationship of outcome to elements of the theory, and success in evaluating the quality of research.

The existential theory of psychotherapy has been and is being validated by research. There has been a high emphasis and value placed on empirical testing by numerous theorists. Rogers in particular has been consistent in his commitment to the use of scientific procedure in the study of therapy.

The criteria of success in measuring particular aspects or dimensions of the theory is found to be incomplete. While Rogers, Gendlin and others have been successful in doing this, this study primarily focused on May's theories. While May has emphasized the need for this kind of testing, he

has not accomplished it.

The degree of clarity about how outcome should be determined or the degree of success in validating effectiveness with clients are criteria for measuring the success of psychotherapy. In existential therapy, concrete patterns of interaction become the ultimate test of the success of psychotherapy and they are clearly identified.

In relating the outcome of therapy to elements of the theory, the changes that are the goals of therapy come from the individual's view of himself as a being-in-the-world. Because of their abstractness, it is difficult to relate these concepts to elements of the theory. While Rogers, Gendlin, Shostrom and others are doing this, this writer believes that more needs to be done to develop means of measuring the relationship of outcome to elements of the theory. At present, this criterion must be viewed as incompletely met.

In examining existential theory for its assumptions and moral implications, one finds it meeting all the criteria with the exception of controls for incompetent practitioners. The necessity for approaching this issue in a more responsible way was discussed in the section, Analysis of Data.

In general, it may be said that the existential theory of psychotherapy clearly emphasizes the following criteria: it may be described as a theory which has a positive view of the nature of man, is optimistic about the process of therapy, and views man as responsible. Primary value is placed on man's dignity and individuality. There is a maximum attempt to avoid imposition of the therapist's values on the client, as well as to minimize

client dependency. The importance of the client's perspective is respected, as is his reality orientation.

Neither the disease model, psychological model, nor medical model are adequate for existential theory. This is seen as an advantage in that the model is that of a science of man which is ontological in nature and emphasizes self-actualization and health rather than pathology or sickness.

The healing process takes place within the encounter which allows maximum involvement of the therapist as well as maximum opportunity for the therapist to be creative. If an impasse is reached between the client and therapist it occurs because the therapist lacks sufficient creativity to find ways through the impasse.

It is concluded that existential theory fully meets the criteria pertaining to assumptions and moral implications, and fares similarly well when evaluated for its characteristics as a theory of therapy. It is in regard to its structural characteristics that it seems the weakest. Specifically, it is weak in the areas of explanatory ability, internal consistency, level of abstraction, clarity, explicitness, capacity to generate predictions, and ability to stand the test of a range of findings over a period of time. These are generally accepted criteria for the adequacy of theory. They are, however, interlocked and interacting. For instance, the capacity to generate prediction hinges on explicitness, formality and level of abstraction. Higher levels of abstraction result in greater difficulty in generating predictions, so that one rating heavily determines others. While it is important to recognize explanatory ability, explicitness, and capacity to generate predictions, and to look at them separately, still it is essential to realize that they are interlocking and interacting, not separate units.

In a sense, it is an overpenalty to give a theory low ratings when one dimension heavily determines others.

One needs to think of the level of abstraction as a process, because existential theory is not a completed theory. If heuristic value of a theory is high, it is worthwhile to hold in abeyance any negative attitudes generated by these low ratings. If the heuristic value is high, it is worthwhile to work toward increasing explanatory ability, lowering the level of abstraction and increasing the capacity to generate predictions. It is believed that the heuristic value of existential theory makes it worthwhile to tolerate some of the independent weaknesses while making them better. The heuristic value of this theory will be addressed again in the following section, Relevance to the Clinical Social Work Field of Knowledge and to Curriculum Content.

Some suggestions were made within this section as to how these problems might be approached by existential theorists. Also, it has been pointed out that existential theory deals with phenomenological material, and does so in a phenomenologically empirical way. It may be that attempting to analyze such a theory with an instrument based on Western scientific thinking misses the essence of what the theory is all about.

However, the application of such criteria helps to identify and define dimensions and limits of a theory. The application of such criterion puts into sharp perspective elements of the theory that might not be so sharply highlighted. It has some merit, but is not serviceable as an absolute criterion. Because there are certain criteria in the analysis that are irrelevant to the nature of theory does not mean that the criteria has no value. It is helpful to point out where the theory is along the dimensions. There is merit in applying the framework to another theory, to point out differences among theories.

It is believed that new ways need to be developed to examine theory. These new ways may be outside of the current means that Western science has at it's disposal.

Relevance to the Clinical Social Work Field of Knowledge and to Curriculum Content

The existential theory of psychotherapy will be evaluated for its relevancy to the clinical social work field of knowledge and to curriculum content. In determining the theory's applicability, it is necessary to consider its relevance to the phenomena with which social work is concerned and its degree of value convergence with the profession. Also important are the degree of empirical validation of the theory, its heuristic value, teachability, and utility.

Clinical social work is committed to social work ethics and values. Some of these values are the worth and dignity of the individual, the responsibility of society to meet the needs of its members, the interdependence of man and society, the right of the individual to pursue his own destiny as long as this does not interfere with the rights of others, and the right to privacy. Some concepts particularly precious to clinical social work are the family, "meeting the client where he is," the client's right to self-determination, and the respect for and dignity of the human being.

Respect for the individual and regard for the dignity of his being is central to all existential concepts. Existential literature from all arts and sciences is filled with concern that the individual be understood

as a human being struggling against dehumanization, alienation, and mechanization. The Subject-Object dilemma is the manifestation of this earthly struggle. The human being is seen as responsible, with choice, freedom and will, and an ability to actualize his potential; these human attributes are translated into existential concepts which perpetuate the principle of the client's right of self-determination. Existential therapy consists of helping a person to make choices and decisions in the reconciliation of the Subject-Object dilemma. This is not only a central issue, but a basic goal of therapy. Self-determination is given even greater prominence in that the client is asked to determine many of his goals and objectives in therapy. There is maximum effort to minimize client dependency on the therapist and to maximize self-determination. This is compatible with the clinical social work process which involves the client as actively as possible.

The traditional social work zeitgeist includes an optimistic view of man. Casework and agency services were created out of the belief that people are capable of getting out of their dilemmas. Certainly there is optimism reflected in the existential concepts of responsibility, freedom, and choice, and in the growth perspective of therapy as opposed to the medical model of illness. The individual is seen not only as existing, but as emerging, evolving and with potential. This emphasis is kindred with the clinical social work focus on health and well-being.

The social casework approach has always emphasized the helping relationship. The existential emphasis on the human encounter deepens the import of an authentic helping relationship. The levels of the Self-

Other relationship—eros, empathy, philia and agape—are further qualitative refinements of the relationship. Many of the familiar social work values are found in the levels of empathy, philia or brotherly love, and agape or charity. The existential encounter attempts to deepen and enrich the relationship in therapy.

The social casework approach of viewing the relationship as a means of illuminating the client's intrapsychic and interpersonal difficulties is given further meaning in the exploration of the Self Subject-Object and Self-Other Encounter. The concept of viewing the transference as distortions of the encounter further serves to illuminate intrapsychic and interpersonal conflicts as well as amplify critical aspects of the therapeutic relationship.

Social work has long maintained an emphasis on the reality of the client's orientation to his world and the interdependence of man and society. More than any other profession, social work has placed primary value and import on the individual's relationship to his family and society. Social work agencies have their historical roots in familial and societal dilemmas. Services were developed to correct, alleviate, and treat the needs arising from these dilemmas. Social workers have long dealt with the client's world, offering services focused on the family, social issues and manipulation of the environment, and emphasizing the existential, relational world of the self-other. Indeed, clinical social work emphasizes a psychosocial approach, concerned with both the inner psychological realities of man and the social context in which he lives. As a form of psychotherapy, clinical social work psychotherapy

is psychosocial in nature, emphasizing the understanding of man in his life situation, his relationships with his significant others, and the interactional processes between him and his environment.

Mendel has suggested that perhaps one of the main contributions of existential psychotherapy to clinical social work are the existential concepts of Mitwelt,⁵ Umwelt, and Dasein. Dasein refers to the fact that the individual is embedded in the world which he has created and in which he lives; he cannot be understood separate from it. Dasein is an important and central issue in existential theory and is a particularly useful contribution to clinical social work psychotherapy. Social work has always looked at the client's mundane reality, while psychoanalytic psychotherapy has tended to disregard this reality in favor of the client's psychic activity. The traditional social worker did not practice psychotherapy, but helped with the budget. Existentialism presents an opportunity for clinical social work psychotherapy to remember that one can understand human existence only in the context where the existence occurs, which is the idea of Dasein (being there). One can not understand or meet with or entertain another's existence except in the context of the surrounding world, the Mitwelt and the Umwelt. It is at this point that existential theory and clinical social work interface and make for a therapy of consequence.

It seems apparent that the concept of Dasein is a necessary ingredient of the social work tenet of "meeting the client where he is." A critical aspect of "meeting the client where he is" involves assessment of his current functioning. The Self Subject-Object and Self-Other Encounter

adds dimension to this assessment. The ontological characteristics which form the basic theoretical structure of existential psychotherapy, such as centeredness, awareness, relatedness, participation, anxiety, and guilt are core issues in determining the current level of the client's functioning. The existential concepts emphasizing here-and-now, I-and-Thou, what-and-how serve to focus and make clearer the client's current level of intrapsychic and interpersonal functioning.

The clinical social work psychosocial approach to man springs from a knowledge base which necessarily includes knowledge not only of the history of social work, its values and orientation, but also knowledge of growth and development and skills of practice.

It has been stated that a sound knowledge of psychoanalytic theory, in tandem with ego psychology, is the preferred base for this theoretical knowledge,⁶ because it offers the most cohesive and comprehensive view of personality development and of subsequent therapeutic interventions.

It is the view of this study that the existential theory of psychotherapy is compatible with this psychodynamic theoretical base as well as a valuable addition to clinical social work curriculum content. Although the specification of a particular curriculum for the teaching of existential theory is felt to be outside the scope of this work, nevertheless, such a project would be a valuable future contribution to the field of clinical social work. However, as part of evaluating its teachability, some aspects of the relevance of existential theory to the field of knowledge and curriculum content will be discussed, interfacing it with and relating it to the accepted psychoanalytic and psycho-

dynamic theoretical base.

The basic differences that exist between the psychoanalytic and psychodynamic model and the existential model of human behavior are a matter of emphasis and focus. Mendel offers the perspective that the interface lies in their respective focuses.⁷ Psychoanalytic psychotherapy, Jungian analysis and existential psychotherapy all interface in that they look at different parts of the human being and his world. Jungian analysis tends to focus on the mystical aspects of existence. Psychoanalytic psychotherapy particularly looks at the driven part of being human, rather than the part that is free. In considering the whole spectrum of human existence, part of it appears driven and determined by biological forces. Still, existentialists believe that there is a part of existence that is free and over which one has choice. The existentialist focuses on that part of life, behavior, and human interaction that is free and over which we have choice; the part that prefers, chooses, and wants. He agrees that the driven, or biological, part is there also. Psychoanalytic psychotherapy is a highly deterministic approach, postulating that if one knows all the forces, counterforces, drives and biological and psychological givens, then one can explain all of the human being. Existentialism counters by saying that these only explain one part of the human person, but one in which existentialists are not too interested. Existentialists are interested in that part over which the individual has choices, where he chooses himself, his existence, and his being.

Existential therapy is compatible with psychoanalytic therapy in

that it recognizes the driven, instinctual aspect of biological man in the world. However, it goes beyond this, adding depth and richness by insisting that there is more to being human than coping with biological urges. Existential therapy sees the individual as active in that he is seen as responsible, with freedom, wishing, wanting, willing, choosing, and deciding.

In considering the teachability of existential theory it is necessary to reflect on the previous section, Synthesis of Theoretical Characteristics, in which it was pointed out that one of the prime problems of existential theory is that its concepts are difficult to communicate in words alone. The fact that as a theory it is weak in some structural aspects raises further questions in regard to its teachability. It was also pointed out, however, that the answer to the question lies in the experiential and phenomenological nature of the theory. Existential theory, by necessity, requires an experiential method of teaching, such as experiential workshops and seminars. Gendlin (1968) has shown that helping students to expand their own experiencing enhances the teachability of this method, and that it is highly teachable to those who are accessible to an experiential method as opposed to the cognitive method of learning.

It is believed that a detailing of the specifics of how existential psychotherapy might be taught is outside the scope of the study. The dimension addressed is whether or not it is teachable, not how it is to be taught. However, this writer believes that such a project would be a valuable contribution, and one to be recommended for the future.

Related to the criteria of the teachability of the theory is its utility (4). This criteria includes the degree to which elements of the theory are identifiable and for which the theory provides specific prescriptions for action. There would be little advantage in adopting a theory which cannot be put into direct action by the practitioner. The theory does not deal with this criteria, since it does not provide specific prescriptions for action. It is believed, however, that the student may immediately utilize existential theory upon integration of the experiential learning. In principle, learning existential theory should not take as long as learning psychoanalytic or psychodynamic theory. However, the ability to use this approach would vary from student to student according to their own unique characteristics. Comparable problems exist in learning other therapeutic approaches.

In evaluating the theory for its relevance to social work, it is necessary to consider its heuristic value. The heuristic value of the theory lies in its ability to serve as a tool for guiding empirical investigation, for ordering relevant knowledge, and for facilitating understanding of complex phenomena. Existential theory has been a major influence in psychotherapy and existential thinking, pervading the arts, linguistics, architecture and many other facets of society. In psychotherapy it has become a dominant way of thinking, and has influenced many therapists. It is the pervasiveness and the degree of influence in psychotherapy and other arts and professions which generate and attest to much of the heuristic value of existentialist psychotherapy.

The critical question in regard to the problem of teachability is,

"Who is it that one is trying to teach what, and for what purpose?"

If one wishes to form clinical social workers who need a package of specific instructions and techniques, then another theory, such as behavior modification, would be preferable, since it does make specific prescriptions for certain actions. While behavior modification may not search out the relevant variables one would want in a theory of psychotherapy, it is very specific and structured. If one needs to teach a completely developed system, then existential theory should not be taught. Existential theory is not a completely developed theory, in the sense of being a completed package. It is still in the process of evolving, emerging, and becoming. It requires students, teachers, and practitioners who are sensitive, intuitive, creative, artistic, and above all, responsible in their ability to respond. The nature of existential theory demands these qualities of the professional clinical social worker.

Existential theory leaves latitude for the individuality of the professional. Since it has a high heuristic value and is potentially productive in that it has been successfully validated empirically (as indicated in the section, Analysis of the Data), then one is justified in teaching existential theory. This is, of course, on the assumption that one is interested in teaching students who are flexible and capable of developing their own thinking. Again, the critical question in regard to the problem of teachability, is, "Who is it one is trying to teach what?" At the doctoral level it is important to have students who bring themselves to bear on the material they are dealing with. With the

advanced student who wants to bring himself to bear on what he is doing as a clinical social worker, regardless of his orientation, one has only to turn his head in a certain direction. The student can then bring himself to the situation and add what he wants to add to what he is doing and to how he does it.

In considering a theory for its relevance to the clinical social work field of knowledge and curriculum content, it is necessary to consider its degree of empirical validation. While it is recognized that a theory can rarely, if ever, be validated completely, there must be evidence of success with clients. As indicated in the section Analysis of the Data, it is believed that existential theory has been substantially validated, although the degree of empirical validation was judged incomplete (2).

In summary, it is believed that the existential theory of psychotherapy is highly relevant to the phenomena with which social work is concerned and that there is a high degree of value convergence between the theory and the social work profession. It is teachable and of heuristic value (1,1,1,1).

It seems appropriate at this point to refer to a quotation of Florence Hollis.

In incorporating knowledge from other fields, however, as well as in evaluating new findings and theories from within its own ranks, casework must evaluate the evidence offered in support of new propositions and must weigh the new in the light of what is already reasonably well established. Though truth itself is absolute, the extent to which we can either understand or establish it is always relative. Theories concerning human and social behavior can rarely be established with as high a degree of certainty as biological or physical theories. They rest upon an accumulation of more or less well-recorded and well-controlled case studies, or on experiments which at best more or less simu-

late the conditions they seek to investigate, or on data subjected to statistical analysis which to a specified degree of probability indicate that this condition or that characteristic is associated to a specified degree with another condition or characteristic. Hence, when compatibilities emerge between new ideas and old assumptions, we must look at the relative weight of evidence and the inherent reasonableness of each. Sometimes it is clear either that the old must be supplanted or that the new is not well founded. At other times both old and new appear to be well supported despite their incompatibility. Under such circumstances, both old and new ideas will influence practice until better evidence emerges to settle the issue or seeming incompatibilities are erased in a broader theory that can embrace them all.

In a field such as ours, in which the attempt to validate knowledge is relatively new and the means of doing so are complicated and undeveloped, it must be kept firmly in mind that the fact that something has not yet been established as true by no means indicates that it is untrue. Gravity existed before Newton, and men used it and acted upon it long before they knew what they were using. After Newton, they could use it more effectively. If "practice wisdom" indicates that certain assumptions are true, they should not be discarded merely because no one has yet found a way to prove them.⁸

Critique and Recommendations

The primary focus of this study was on Rollo May's theory of existential psychotherapy as a conceptual model for inducing therapeutic change. In order to analyze May's theoretical stance, Fischer's "A Framework for the Analysis and Comparison of Clinical Theories of Induced Change" was slightly modified and then applied to May's theory of existential psychotherapy.

A secondary focus of this study was on the relevance of May's concept of psychotherapeutic encounter to clinical social work practice. The data for evaluating this relevance were obtained from the analysis and case material.

The methodology of the study was that the "Modified Analysis" was applied to determine the theory's relevance, to the field of knowledge for clinical social work, as curriculum content in a school for clinical social work, and to the practice of clinical social work. Concepts relative to the psychotherapeutic

encounter were amplified and related to case material to demonstrate their applicability to the practice of clinical social work.

The theoretical context from which this study of May's theory of existential psychotherapy was drawn was that of the philosophical orientation of existential psychotherapy, its structural base, the therapeutic implications for psychotherapy, and the existential psychotherapeutic encounter.

The study was intended to be methodological contribution and a means of evaluating characteristics of a purportedly relevant theory. It did not attempt to evaluate effectiveness of treatment, techniques, or modalities of treatment.

It was limited to aspects of the theory of existential psychotherapy and did not include psychoanalytic or other theoretical orientations. While the study made reference to the relationship of May's theories to those of other theorists, it did not include a comparative analysis with other theories.

The specific concepts of May's which were presented were those which seemed most representative of and germane to his theory of existential psychotherapy. The study was not intended to cover all his theories, nor to cover aspects of the encounter other than the Subject-Object and Self-Other Encounters. Case material was offered to amplify primarily the concepts of the Subject-Object and Self-Other Encounter, not other concepts of existential psychotherapy.

It is believed that the primary focus, that of analyzing May's theory of existential psychotherapy as a conceptual model for inducing therapeutic change and determining its relevance to the field of knowledge for clinical social work as curriculum content in a school for clinical social work, and to the practice of clinical social work fulfilled the objective of the prospectus.

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Likewise, the purpose of the secondary focus, to amplify the existential encounter in the practice of clinical social work fulfilled the objective of the prospectus.

It needs to be noted that the study included more within its scope than that which originally was specified as its intent.

For instance, while clearly stating that this study was limited to aspects of the theory of existential psychotherapy, and did not include psychoanalytic or other theoretical orientations, some interfacing with the psychoanalytic and psychodynamic theories of psychotherapy was attempted in reference to relevance to teaching and practice. This was because it was acknowledged that the two theories are the currently accepted theoretical base of the clinical social work profession. It was deemed advisable to attempt some interfacing for purposes of dialogue with colleagues of those orientations.

Further, after specifying that the case material was offered to amplify primarily the concepts of the Subject-Object and Self-Other Encounter, not other concepts of existential psychotherapy, the case material was expanded to demonstrate other existential concepts. The purpose for this was to give colleagues some understanding of existential psychotherapy beyond those aspects of the encounter previously mentioned.

Likewise, having indicated that the study intended to present only existential theory, not attempting comparison with any other theory of psychotherapy, nevertheless, some attempt was made to discuss aspects of psychoanalytic and psychodynamic psychotherapy. Once again, this was to facilitate understanding and dialogue with colleagues and the profession.

This amplification of the original scope of this study, broadening its vision to encompass these portions, is believed a valuable contribution toward the accomplishment of another objective. The prime

motivation behind the study was to achieve dialogue with the profession. In the words of Martin Buber: "But I can really show what I have in mind only by events which open into a genuine change from communication to communion, that is, in an embodiment of the word of dialogue."⁹

The theory that is Existentialism is like philosophy. It is extremely abstract, but if one makes efforts to apply it to teaching and practice, that effort in itself generates a theory of existential psychotherapy which is less abstract and more to the point of practice. An existential theory of psychotherapy in teaching and practice evolves as it is being applied by more people, and as more is written.

Successive efforts by people to find relevance to practice generates the body of thought and knowledge that makes it relevant. It is the recognition that it could be relevant that leads to it becoming relevant.

It is the conclusion of this study that the existential theory of psychotherapy appears inherently relevant and merits continued application, out of which will come a more specific theory of therapy.

It is believed that the study ably analyzed the theory of existential psychotherapy for its adequacy as a theory, its relevance to the clinical social work field of knowledge and curriculum content, and demonstrated its applicability to practice.

It is recommended that future studies be done which could make valuable contributions in the evolution of the theory and to the profession of clinical social work.

It is suggested that continued effort be applied to make existential theory less abstract and more understandable, similar to those efforts which Klein and Schafer have suggested for psychoanalytic theory.

It is strongly suggested that a project or study develop a specific curriculum for the teaching of clinical social work in a school of social work. This suggested study might include specifics in the methodology of teaching existential theory. A project is recommended which would demonstrate the experiential teaching of existential theory.

In relation to practice, additional projects might be the live demonstration of the applicability of other aspects of the existential psychotherapeutic encounter, and other existential concepts.

A final recommendation is that the theory of existential psychotherapy be included as a major curriculum and practicum tract in the Institute for Clinical Social Work and that the faculty be enlarged to include mentors and animateurs of this orientation. This is for the purpose of providing a more comprehensive curriculum and enriching the stimulating growth experience which it offers to the mature, advanced practitioners of an existential orientation who feel deeply wedded to the profession of clinical social work. It is strongly indicated that the profession of clinical social work broaden its currently acceptable theoretical base to include the existential theory of psychotherapy.

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