

EXISTENTIAL THEORIES

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ANXIETY AND RELATED DISORDERS

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Table of Contents

PHENOMENOLOGY

EXISTENTIALISM

Kierkegaard

Heidegger

EXISTENTIAL PSYCHOTHERAPY

Boss

May

Yalom

EVALUATION AND CRITIQUE

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Existential Theories

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For existentialism and existential psychotherapy in particular, anxiety is the heart of the matter, the central concern. Whatever the vast differences between existential practitioners and ambiguities or contradictions in each, an understanding that anxiety is central to human existence unites them all.

Goodwin (1986) says in his treatise on anxiety, “This book is based on the premise that *nobody* needs or wants anxiety. ... It leads to nothing useful because the true source of the distress is unknown” (p. 3). While such a view is in the mainstream of behaviorist and perhaps general psychotherapeutic understanding, it could not be further from an existentialist position. For the existentially oriented psychotherapist, anxiety is the experience that provides the way into our understanding what it is to be human. While generally categorizing experiences of anxiety along the lines of “normal” and “neurotic,” and attempting to help the patient overcome the latter, existential psychotherapists view “normal anxiety” as something to be embraced if we are to be truly alive.

This chapter will cover a range of existential and existential-psychotherapeutic perspectives on anxiety. Before we begin, some caveats are in order.

First, we will limit our discussion to those psychotherapists most explicitly and exclusively linked to existentialism. This excludes such “humanist” therapists as Rogers and Peris, as well as psychoanalysts significantly influenced by existentialism such as Fromm. Yalom has developed a typology of existentialist psychotherapists. On the one hand, are the “Existential Analysts,” whom he calls the “old country cousins,” who are Europeans and express a characteristic interest in issues of limits, and anxiety. On the other hand, are the “Humanistic Psychologists,” the “flashy American cousins,” who are generally characterized by optimism, pragmatism, and expansiveness (1980, pp. 16-17). While we will discuss the views of Americans such as Yalom and May, the main focus of this chapter will be on the “European” concerns (according to Yalom).

Second, like any other system of psychotherapy, there is a wide variety of opinion and even difference about what is called “existentialist.” Unlike other systems, existentialist therapy sprang from and remains closely linked to a philosophical trend. This trend, as Kaufmann (1975, p. 11 *passim*) and others have pointed out, contains bitter enemies, thinkers who never used the “existentialist” label, and even those who have renounced it. There is also a tendency to use “phenomenological” as a synonym for “existential,” and indeed they have been closely linked by many existentialists. While there is truth in such usage, it blurs important distinctions. Given that this is a chapter specifically concerning existential psychotherapy, and anxiety in particular,

we will not present an exhaustive survey of existential philosophical ideas and controversies; we will however begin this chapter with a brief overview of the important definitions and concepts in phenomenology and existentialism, and the thinkers with whom they are associated.

PHENOMENOLOGY

Originally developed by Husserl, phenomenology places “emphasis on the theoretically unprejudiced examination of the immediate givens of consciousness” (Izenberg, 1976, p. 21). It is part of a trend of thought that originally developed as a conservative reaction to Enlightenment ideas, which were seen as individualist, atomistic, and rationalist (Izenberg, p. 19; Towse, 1986, p. 149; see also Jay, 1988). Husserl’s model of phenomenology involved “bracketing” all beliefs and presuppositions in order to get at the true nature of “essences” (Cooper, 1990, pp. 40, 41). “Essences,” whole phenomena, such as physical object, thought, and value, are the objects of study and concern, as opposed to isolated and disjointed facts.

Husserl’s phenomenology has been modified (some might say supplanted) by other philosophers who are similarly concerned with the “givens of experience,” but who feel that “bracketing” is for various reasons an impossible or undesirable exercise (Cooper, 1990, p. 52). Existentialists are among these.

The motivation for a phenomenological approach to psychotherapy was that other approaches and categorization schemes were not able to express the patient's *experience* of a disorder (Ellenberger, 1958, p. 95). Jaspers applied a phenomenological method to psychopathology in an attempt to "liv[e] into the patients' experiences" (Havens, 1987, p. 130). Ellenberger presents a three-part typology of phenomenologies: descriptive, genetic-structural (the search for a common denominator), and categorical analysis (time, causality, space, materiality) (1958, p. 97). We might call these "lenses" through which the psychotherapist tries to "live into" the experiences of the patient. All of these will have a place in existential psychotherapy.

EXISTENTIALISM

Existentialism is a tradition with many roots. Its key concern, according to one recent interpretation, is to elucidate human existence—meaning, in large part, that which differentiates human existence from any other variety (Cooper, 1990, p. 3).

Most modern existentialist psychotherapy is founded primarily on ideas and themes found in Kierkegaard and Heidegger. Ironically, Kierkegaard is not always regarded as "existentialist" (perhaps he is a precursor to existentialism; see Cooper, 1990, p. 9); and Heidegger denied the label in the context of his differences with the most famous public existentialist, Sartre (p.

1). Sartre, meanwhile, had a lot to say about psychology, much of it trenchant. However, he has, for many reasons beyond the scope of this chapter, not been as influential among existential psychotherapists. May, for example, claims Sartre “represents a nihilistic, subjectivist extreme in existentialism. . .” (1958a, p. 11).

While not often adopting the entire philosophical systems or specific commitments of Kierkegaard and Heidegger, existential psychotherapists find important perspectives on the experience of human existence in their work.

Kierkegaard

From Kierkegaard, the important concepts that are applied are the struggle for individual existence and the role of commitment in becoming an individual; and “Angst.”

According to Rollo May, existential psychotherapists ask Kierkegaard’s question: How does one become an individual? (1958a, pp. 24-25) Kierkegaard’s answer was, “in passion and commitment,” He specifically related this to living the life of a good Christian (Fischer, 1988, p. 85). May has adopted what one writer has termed a “semi-theological view,” (Speigelberg, 1972, p. 162). This is a constant tension in existentialism: Is it necessary to embrace religion per se, in order to embrace commitment in general, as central to existence as a person?

In his comments on the importance of existential thinkers, May also sees Kierkegaard, along with Marx and Nietzsche, as someone who opposed the technical world-view of modern Western culture, and saw its alienating consequences for modern men and women (May, 1967, pp. 64-65). A consequence of this characteristic Western-modern preoccupation with technical concerns is a split between reason and emotion.

Kierkegaard tried to heal the split by focusing on immediate experience (p. 67). May and other theorists are aware that the Kierkegaardian project involves some conflict with the dominant culture: “the individual ... struggles] to affirm his experience as his own ... to resist the pressure of society's demand that he experience something else” (Fischer, 1988, p. 89). For Kierkegaard, the struggle entails religious commitment.

Kierkegaard was also a major and early figure in the conceptualization of anxiety (variously translated as “angst” and “dread”). This anxiety, far from a self-contained emotion, is a defining characteristic of human existence. He differentiates between “fear,” which has an object, and “anxiety,” which has none (Fischer, 1988, p. 88; Yalom, 1980, p. 43). Kierkegaard uses “dizziness” (others speak of “vertigo”) to characterize this basic experience of anxiety:

Hence anxiety is the dizziness of freedom, which emerges when the spirit wants to posit the synthesis and freedom looks down into its own possibility, laying hold of finiteness to support itself. Freedom succumbs in this dizziness. Further than this, psychology cannot and will not go. In that

very moment everything is changed, and freedom, when it again rises, sees that it is guilty. Between these two moments lies the leap, which no science has explained and which no science can explain ... I will say that this is an adventure that every human being must go through—to learn to be anxious in order that he may not perish either by never having been in anxiety or by succumbing in anxiety. Whoever has learned to be anxious in the right way has learned the ultimate . . . Anxiety is the possibility of freedom. (Kierkegaard in Hoeller, 1990, p. 9)

In Kierkegaard's view, anxiety is the enemy of certainty and "finiteness," to which it must succumb. In doing so, freedom is lost. Note that alongside, and perhaps in contradiction to, the pessimistic note struck at the beginning of this quote, is an optimistic finish, in which one might "learn the ultimate," and through anxiety indeed experience the possibility of freedom. Anxiety is thus a teacher (Yalom, 1980, p. 69).

He who is educated by dread is educated by possibility, and only the man who is educated by possibility is educated in accordance with his infinity. (Kierkegaard, 1991, pp. 370-371)

For Kierkegaard, "The greater the anxiety, the greater the man" (Fischer, 1988, p. 87).

Developmentally, children have an "awareness that something might happen" (Fischer, 1988, p. 86) which is a predecessor of later anxiety. In the absence of seeing themselves as truly individual, children do not comprehend the aspect of personal responsibility and choice that is so central to adult, individual anxiety, or dizziness before freedom.

Kierkegaard's sense of anxiety, and the tragic nature of human existence that underlies it, is characteristic of May's psychotherapeutic world view (Spiegelberg, 1972, p. 162).

Heidegger

Heidegger, perhaps the central "existentialist" for the existential psychotherapists, saw his work as a species of phenomenology (Cooper, 1990, pp. 5-6). But it was a phenomenology that did not "bracket" and try to step outside of lived experience; on the contrary, it embraced and tried to theorize just this experience. The key concepts adapted from Heidegger by existentialist psychotherapists are *Dasein*; clearing and world design; "thrownness;" the modes of being-in-the-world; and further explication of anxiety.

Dasein is the fundamental concept in the Heideggerian, and perhaps entire existentialist, world-view. It literally means "the There-being," and has numerous connotations in defining the existentialist stance regarding human existence. The central concept contained herein is that dichotomies of person and world, subject and object, mind and body, are abstractions that obscure the fundamental unity of existence. *Relation* is central to being; we are always being-in-relation (Hoeller, 1990, p. 12). Thus the concept "being-in-the-world." It is the experience of existence as a unity that Heidegger seeks to

illuminate.

Key to this endeavor are the Heideggerian ideas of “clearing” (Dreyfus & Wakefield, 1988, p. 275) or “world design” (Friedman, 1991, p. 512). Both are phenomenological categories through which one looks at how a person experiences the world. Dreyfus and Wakefield explain,

It [the “clearing”] is a context that both opens up and limits the kinds of objects we can deal with—or, as Heidegger puts it, what things can show up for us *as*, for example, *as* a hammer, or *as* a person, (p. 275)

The “clearing” is like water to the fish; like the light that illuminates a room (Dreyfus & Wakefield 1988, p. 276). Individuals have different illuminated spaces, some very narrow, some very dim. Psychotherapy helps widen or brighten them, leading to more full experience of the world.

Friedman explains the difference between psychoanalytic and existential-phenomenological understandings of the person in the context of the “world design” idea:

The issue between phenomenology and psychoanalysis essentially is whether actions, dreams, and speech directly reveal a meaning taken in the context of the personality ... or mask a *hidden* meaning . . . “an unconscious second person.” (1991, p. 512)

Clearing and world-design are the rules, the boundaries in which the person lives.

“Thrownness” is a central characteristic of *Dasein* and of the clearing. The concept refers to the already-existing, already-interpreted, already-structured nature of the world in which the person finds him or herself, the boundaries and limits on one’s choices and existence (Cooper, 1990, p. 153 passim). Binswanger, an existentialist therapist, says:

as a creature “come into existence,” it [*Dasein*] is and remains, *thrown*, determined, i.e., enclosed, possessed and compelled by beings in general. Consequently, it is not “completely free” in its world-design either. (Binswanger. 1991, pp. 414-415)

According to Moss (1989, p. 204), psychotherapy challenges the individual to take “thrownness” and make it “my own.” Thus one modifies, expands the clearing/world design.

Existential psychotherapists like May and Yalom use the concept “boundary situation” as what seems to be a spin-off of, and related to, “thrownness:”

A *boundary situation* is a type of urgent experience that propels the individual into a confrontation with an existential situation. (May & Yalom, 1989, pp. 386-387)

They consider death to be one of the chief of these. We will see how anxiety plays a major role in this process of confrontation.

The three modes or realms of being-in-the-world are the *Eigenwelt* (one’s relation to oneself), the *Mitwelt* (one’s relation to others), and the

Umwelt (one's natural environment) (Friedman, 1991, p. 512). Each of these is a central and indivisible part of *Dasein*.

Binswanger, an early existentialist analyst, claimed that Freud was a theorist of *Umwelt* but was unable to fully comprehend the *Mitwelt* and the *Eigenwelt* (May, 1958a, p. 34). This led, May says, to an objectivism and technical orientation that fed into social conformism.

Keen takes these three modes as defining criteria of healthy existence:

Being able to move in space according to the demands of the *Umwelt*, being able to live one's confirmations and confirm others' living, according to the demands of the *Mitwelt*, and being able to sustain one's direction in life through the by-ways of the *Eigenwelt*—these are touchstones of health intuitively given from our analysis. When we see pathology, in ourselves or others, "what" we see are failures to meet these norms. There are so many ways to meet these norms, and to fail to meet them, that they cannot be separately specified." (1978, p. 262)

For Heidegger, anxiety is the unavoidable and essential corollary to *Dasein* and its forms. It springs from our knowledge of our own death as the ultimate limit, one that we do not dwell on normally, but one that anxiety forces us to see. According to Heidegger, anxiety is a dread of non-being (Stolorow, 1973, pp. 478-479). It is only through a confrontation with this nonbeing, with death, that we really experience life. Anxiety "may compel us to face the fact that we will die, and that this fact distinguishes us as humans" (Hoeller, 1990, p. 11).

As with Kierkegaard, anxiety is a teacher. It is at first unpleasant and disturbing. Most of the time, people flee from it, into what Sartre would call “bad faith,” or what Sullivan might refer to as “security.” But Heidegger also speaks of “sober anxiety” accompanied by “unshakable joy” (Cooper, 1990, p. 128).

The function of this “angst”/anxiety is summed up by Cooper: In the “disengagement” or “detachment” of *Angst*, a person apprehends that exigencies and values—the summons of the alarm-clock, the need to get to work, the imperative to feed a family—only have the force which that person, unconstrained, grants to them. . . . What “sinks away” in *Angst* is the world as interpreted by the “they.” (Cooper, 1990, pp. 130-131)

Heidegger’s claim is that what we might call the “givenness” of the world, the “thrownness,” shows up in the light of *Angst* as actually contingent. *Angst* individualizes (Cooper, 1990, p. 131).

Izenberg believes that this Heideggerian-existentialist perspective provides the answers to the clinical phenomena that Freud ended up biologizing with his “death instinct.”

Heidegger discovered that the deepest meaning of “objectivity” was its meaning as not-self. . . The conferring of an absolute determinateness on the roles and norms of one’s social environment gave one a sense of solidity, of sameness through time and of legitimate belonging. At the same time, it involved a surrender of authenticity, an abnegation of the responsibility for choice that was passed off to the facticity of the environment. . . . (Izenberg, 1976, p. 210)

The quest for Being as stability of selfhood through stability of meaning

structures made Freud's "drive to inorganic stability," as he defined the death instinct, intelligible in human terms as a will to a changeless state of rest that, while decidedly not death in the physical sense, meant an end to uncertainty and open-endedness. . . . (Izenberg, 1976, p. 211)

The "vertigo" of anxiety provides a crack in the solid wall of the given, of thrownness, that allows the person to see existence as individual, as one's own.

Let us now turn more specifically to how existential psychotherapists have used these insights, and specifically the concept of "anxiety," as a framework and guide.

EXISTENTIAL PSYCHOTHERAPY

Just as existential philosophy is difficult, if not impossible, to summarize and systemize, so existential psychotherapy is varied, vague, but often powerfully evocative. In a recent study, Norcross (1987) found that only 4% of therapists today characterize themselves as existentialist (p. 42). He also found that the ideas have wider influence than this number conveys. Part of the difficulty in "pinning down" the influence of existential psychotherapy is that it is itself hard to pin down. Hoeller says,

existential therapy has been consistently resistant to systematization and the development of one particular set of techniques and applications. (1990, p. 15)

According to Havens,

it is characteristic of existential writings that technical matters get short shrift beside abstruse, philosophical discussions, despite the great technical problems the existential method generates. (1987, p. 152)

In true existentialist fashion, May sees this as a positive response to our predominantly technical and conformist culture: “It is precisely the movement that protests against the tendency to identify psychotherapy with technical reason” (1958a, p. 35).

It is possible, despite the variety of, or indifference to, technique, to discern a common theme in existential psychotherapy: the quest to more fully experience one’s existence as one’s own. In this endeavor, the existentialist understanding of anxiety has been given a major role.

“Existentialism” and “psychotherapy” make an interesting mix. On the one hand, the philosophy that puts the analysis of existence as experienced at center stage is perfectly suited to application as a psychotherapeutic intervention. In fact, Heidegger maintained a longstanding personal relationship with Boss and approved of his existential psychotherapy. On the other hand, most psychotherapy has the purging of unpleasant feelings as a central concern. Existentialism not only does not concur; it elevates the experience of anxiety to a central position in living an authentic existence. Hoeller, the editor of *Review of Existential Psychology and Psychiatry*, says,

This flies in the face of all treatment of depression today, but it is one of the major tenets of existential psychology that despair and crisis are not necessarily bad things to be tranquilized and cured as quickly as possible. (1990, pp. 8-9)

We will look at how three existential psychotherapists—Boss, May, and Yalom—have sought to employ the existential (essentially Heideggerian) concept of anxiety, as they each understand it, to the idea of “therapy.”

Boss

Boss, as noted above, was considered by Heidegger to be the authentic adaptor of his ideas to psychotherapy. His “Anxiety, Guilt, and Psychotherapeutic Liberation” (1990) is something of a manifesto of existential psychotherapy. It discusses both the functions and the path to possible transcendence of anxiety.

Boss sees anxiety as the inevitable response to the boredom, ennui, and meaninglessness of modern society. Anxiety eats away at and destroys people’s lives. It also leads to the potential for transcendence. It is a primary experience, and one that can be overcome.

Boss traces anxiety, first, to the always-present issue of nonbeing.

Fundamentally *every* anxiety fears the destruction of the capacity to be, fears the possibility, that is, of not being allowed to exist any longer unimpaired. (1990, p. 77)

He also sees anxiety as the response to the historically specific technical/scientific world view of “modern” society.

It is, in fact, the today all-powerful technical spirit that makes us think of ourselves also as but cogs in the mechanism of a gigantic social organization and makes us treat ourselves accordingly, (p. 72)

At the same time, he notes anxiety’s role as teacher and facilitator, in a fashion we have come to expect in our discussion of existential philosophy:

it is precisely anxiety that opens to man that dimension of freedom into which alone the experiences of love and trust can unfold to all. ... In other words, anxiety confronts man with the Great Nothingness, a Nothingness, though, which is the opposite of any nihilistic emptiness, which is rather the cradle of all that is released into being, (p. 84)

In contrast to Freud, Boss sees adult anxiety as not necessarily derivative of childhood issues and concerns. The Freudian view both contradicts the phenomenological stance and avoids the spiritual/religious bases both of anxiety and its transcendence.

Thus it is in the special sphere of human anxiety pure speculation, which can find no support in anything perceivable, not to regard the feats arising very late in a human life, like those of metaphysical nothingness or of the loss of the divine love and eternal life in the hereafter, as authentic and primal human phenomena possessing just as much validity as the early anxieties at the loss of physical integrity, the loss of personal importance and material property or as the still earlier infantile anxieties about the drives or about the loss of maternal security, or even—should anything of the sort exist—the very first anxiety at being born. (p. 76)

Boss thinks anxiety can actually be overcome. The process he outlines is a spiritual-sensual awakening that allows the patient to accept him or herself and the world, making it possible for “Being to speak to him in a way which allows him to respond to it in harmonizing fashion” (Spiegelberg, 1972, p. 342). This corresponds to the discussion of “thrownness,” the world of the “they,” as discussed previously. Acceptance of self and world, and the abandonment of superego-like social strictures, leads to the removal of the plague of anxiety:

The highest aim of all psychotherapy is and remains the opening up of our patients to an ability-to-love-and-trust which permits all oppression by anxiety and guilt to be surmounted as mere misunderstandings. (Boss, 1990, p. 88-89)

Boss applies the psychoanalytic method in psychotherapy. Indeed, he feels he does so more systematically than Freud. He can do this because, where Freud views certain impulses as derivative, Boss treats such concerns as religion and spirituality as primary and authentic (p. 91). Thus he is not concerned with re-interpreting the patients’ experiences into other experiences; he can let them speak for themselves. The goal of the process is an attitude of *Gelassenheit*, or “letting be-ness” (Moss, 1989, p. 200).

May

Rollo May is probably the best-known existential psychotherapist, at

least in the United States. He actually prefers the label “humanist” to “existentialist” (Bilmes, 1978, p. 292). Indeed, he says, “I do not believe there is a special school of therapy to be put in a category of ‘existential’” (May, 1990, p. 49). It was he, however, who is largely responsible for bringing the existentialist tradition in psychology and psychotherapy to these shores, with the publication of *Existence* in 1958.

May has developed a theory of etiology of modern neurosis. He connects this to a typology of anxiety, differentiating the normal, or self-actualizing, from the neurotic.

May’s etiology of neurosis is a reiteration, in “American,” of the European existentialist theme of the destructive consequences to the individual of the technical/scientific world view and way of being. In *Psychology and the Human Dilemma* (1967), as well as other works. May traces a historical path from the Enlightenment rationalism, (to which he grants a certain historical legitimacy), to the breakdown of community and the isolation of the individual. He traces his critique of the alienating effects of the technical emphasis in modern life to Marx, Nietzsche, and Kierkegaard (pp. 64-65). He finds that conformism and the “organization man” are the forms that this alienation takes in America (May, 1990, p. 56). People are alienated from each other and from the natural world (May, 1958b, p. 57). Ostracism has replaced castration as the “dominant fear” (May, 1967, p. 56).

Patient after patient I've seen . . . chooses to be castrated, that is, to give up his power, in order not to be ostracized. (May, 1967, p. 56)

He accuses psychotherapy of participating in this world-view, to the extent that there is no positive definition of health to be strived for. "Health becomes the vacuum which is left when the so-called neurosis is cured . . ." (May, 1967, p. 53).

For May, existentialism provides an answer to this state of affairs:

Existentialism, in short, is the endeavor to understand man by cutting below the cleavage between subject and object which has bedeviled Western thought and science since shortly after the Renaissance. (May, 1958a, p. 11)

The key for May is for the person to recognize him or herself as a valuing source, ". . . to affirm personal goals and values, rather than seeking these in external criteria or adjusting to the moral majority" (DeCarvalho, 1992, p. 10).

This idea has been expressed as the "I Am" experience (May & Yalom, 1989, pp. 363-364). The experience of being, the idea that "'I am' the one living, experiencing. I choose my own being" (p. 364), is the precondition for therapeutic progress.

In this context, anxiety is inevitable and indeed often indispensable. As one experiences one's being, one necessarily comes face-to-face with threats

to this being, and ultimately nonbeing.

Anxiety is not an affect among other affects such as pleasure or sadness. It is rather an ontological characteristic of man, rooted in his very existence as such. . . . Anxiety is *the experience of the threat of imminent non-being*. . . . Anxiety is the subjective state of the individual's becoming aware that his existence can become destroyed, that he can lose himself and his world, that he can become "nothing." (May, 1958b, p. 50)

Anxiety is a "core" threat, as opposed to fear, which is peripheral to one's basic values (May, p. 51).

The internal impetus for cultural conformity and adaptation is the avoidance of this anxiety (May, 1958b, p. 87; 1967, p. 68). But this is not the last word. In fact, this is where "neurotic anxiety" becomes the issue. Neurotic anxiety is the consequence of the blocking of normal anxiety (May, 1967, p. 69; 1958b, p. 55). It in turn is itself a block to self-awareness (DeCarvalho, 1992, p. 12).

what differentiates neurotic from self-actualizing reactions to such threats to being as death, anxiety, and guilt is whether the person represses and cuts himself off from the threatening stimuli or whether he wills to consciously face and assimilate it. (Bilmes, 1978, p. 291)

In neurotic anxiety, the person narrows his or her range of experience in the name of security:

His symptoms are his way of shrinking the range of his world in order that his centeredness may be protected from threat . . . (May, 1990, p. 54)

In terms of the discussion of these existentialist concepts, the clearing or world design is narrowed.

The goal of therapy, May says, is to free the person from neurotic anxiety so that he or she can confront normal anxiety. "All growth consists of the anxiety-creating surrender of past values as one transforms them into broader ones" (May, 1967, p. 80). The therapist will help the patient experience his or her existence as real, and to experience the value of commitment and decision. This does not necessarily mean making bold decisions or changes, which themselves could be shortcuts; rather, the patient should develop a decisive attitude toward existence itself (May, 1958b, pp. 86-88).

As might be inferred from the foregoing, May has a skeptical attitude towards the use of anxiety-reducing drugs except to head off a more serious breakdown or to relieve the symptom and make psychotherapy possible (1967, pp. 81-82).

While there is no specific technique or set of techniques prescribed for this endeavor, partly intentionally, partly due to the youth of the movement (at least at the time May was writing) (1967, p. 147), the real relationship of the patient and therapist, the "encounter," becomes central (1990, p. 58).

Yalom

Yalom is perhaps the chief systematizer and popularizer of existential psychotherapy today. He has written a widely used text on the subject (Yalom, 1980). He classifies existential psychotherapy as a dynamic therapy, like psychoanalysis. However, it has a different kind of basic conflict at its center: “*a conflict that flows from the individual’s confrontation with the givens of existence*” [emphasis in original] (1980, p. 8).

There are four such givens, or “ultimate concerns” of existence that Yalom enumerates. They are, death, freedom, isolation, and meaninglessness (p. 8). Yalom says existential psychotherapists keep Freud’s dynamic *structure* but revise its *content*. As opposed to

Drive → Anxiety → Defense Mechanism

Yalom substitutes

Awareness of Ultimate Concern → Anxiety → Defense Mechanism

Within this more structured and systematic context, Yalom elucidates some of the specific concerns of existentialism as he understands them.

Fear of death, or “death anxiety,” is one of his basic clinical touchstones. A major difference between Yalom and a drive-oriented psychoanalyst is that each listens for a different range of experience and concern in the patient. Yalom refers to Rank, who says the therapist has more leverage when viewing the patient as fearful and suffering, rather than instinctually driven (p. 10).

Like Boss, he challenges the Freudian developmental scheme, claiming that fear of death is a more central and intuitively logical fount of anxiety:

Surely the feces-weaning-castration linkage is not more logically compelling than the concept of an innate, intuitive awareness of death. (Yalom, 1980, p. 65)

Indeed, that there is so little said about death anxiety in traditional psychotherapy is shocking to him:

The omission of the fear of death in clinical case reports, to take one example, is so blatant that one is tempted to conclude that nothing less than a conspiracy of silence is at work. (Yalom, 1980, p. 55)

The clinician rarely discovers death anxiety directly; it is intuited from derivative case material (p. 45). Yalom discusses several specific defenses against death anxiety. Among these are Specialness, under which comes compulsive heroism, compulsive work, narcissism and aggression and control; and the search for the Ultimate Rescuer, be it the therapist, another person, or an ideology (p. 117 passim).

Yalom gives an example of a patient whose compulsive sexuality is a shield against being alone. He recounts that when the patient was somewhat better able to tolerate the anxiety, he suggests that he spend an evening alone and record his thoughts and feelings.

Without the protection of sex Bruce encountered massive death anxiety: the images were vivid—a dead woman, a skeleton's hand, a death's head.

(Yalom, 1958, p. 192)

Yalom says sex served as a form of death defiance for this patient, and as a reinforcement of “specialness.”

Thus, his search for a woman was not truly a search for sex, nor even a search powered by infantile forces ... but instead it was a search to enable Bruce to deny and to assuage his fear of death. (Yalom, 1958, p. 193)

Yalom also discusses the fear of death in patients with significant physical illnesses. He says the major goal is to separate out the inevitable feelings of helplessness that arise from such a confrontation with mortality, from “ancillary *feelings* of helplessness” (p. 212).

Yalom treats freedom, isolation, and meaninglessness along these same lines. They overlap in defensive strategies that a patient would use to counteract them; and in the remedies applied by the therapist. Yalom, as a good existentialist, stresses the importance of the *encounter*, or relationship, between patient and therapist (p. 402); and he stresses the curative role of patient engagement, or commitment, especially in response to the concern of meaninglessness (p. 481).

EVALUATION AND CRITIQUE

As noted above, according to a recent study by Norcross (1987), only 4% of all psychotherapists consider themselves existentialist; only 1.5% of

clinical psychologists accept this label for themselves, down from 3% 8 years previous to the study (p. 42). The existentialist ideas have been largely eclipsed in philosophy, having come under attack from both the analytic and the postmodern schools or trends. What can we say about the usefulness and applicability to psychotherapy of the existentialist concepts of anxiety?

Let us start with critical comments. There is an unresolved tension, expressed in various ways, between anxiety as a given of existence and anxiety as surmountable. Both ideas are present in existentialism and especially in existential psychotherapy. The former concept does not easily lend itself to psychotherapeutic “cure” in the traditional sense.

The division between “normal” and “neurotic” anxiety is one answer to this and has been adopted by May and Yalom. Such judgments and divisions, however, imply an outside frame of reference and evaluation that contradicts the original goal of phenomenology and existentialism: to understand existence as it is lived by the person. It is in some sense an arbitrary division; one not necessarily “felt” by the patient.

Boss tries to solve this problem with what is essentially a “deus ex machina,” a rescue from anxiety by faith, understanding, and spirituality. This again undermines the power of the basic insight of anxiety as central to existence.

The social criticism of Western culture presented by existentialist psychotherapists, much as it may be valid in various points, also contradicts the inevitability of anxiety. Boss and May especially point to the deleterious effects of the scientific/technical world view on “modern” people. But cannot this “historicizing” of anxiety be seen, if we are to be consistently existential, as itself a defense against the “givens of being,” which though their forms may change, are always present?

Izenberg both highlights and tries to find a way out of this problem of historical influence versus timelessness of the human situation, in his critique of Binswanger’s (and Heidegger’s) use of the concept of “thrownness” with his patients:

This alone ought to have been sufficient to make Binswanger realize that ‘thrownness’ was not a monolithic concept, that distinctions had to be made between the limitations of human finitude per se and the extra limitations imposed by some individuals on others in different historical and social conditions. (Binswanger, 1976, p. 311)

Again, however, such distinctions as Izenberg advocates, admirable as they are, do not “have to be made” *within* the framework of existentialism in general, and thrownness in particular. They require an extraexistentialist framework, and one which in some way mitigates the force of the existentialist “monolithic concept.”

Let us at this point switch to the power and usefulness of the

existentialist legacy. To point to unresolved contradictions in their approach to freedom and determinism is in some sense to condemn them for the unresolved and perhaps unresolvable problems of existence itself. It is these that the existentialists tackle in a way that is unique in psychotherapy. However questionable the particular philosophical and historical standpoint, existentialism highlights an “emperor’s new clothes” aspect of some current views of anxiety as a needless inconvenience in an otherwise blissful existence. A confrontation with existentialist concepts of anxiety will hopefully be the impetus for the therapist’s evaluating, or reevaluating, the values and premises under which he or she is operating: specifically, when a patient presents with anxiety and other uncomfortable feelings.

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