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## Unit – 2: Existential Therapy and Person-Centered Therapy

### Existential Therapy:

**Existential psychotherapy** is a style of therapy that places emphasis on the human condition as a whole. Existential psychotherapy uses a positive approach that applauds human capacities and aspirations while simultaneously acknowledging human limitations. Existential psychotherapy shares many similarities with humanistic psychology, experiential psychotherapy, depth psychotherapy, and relational psychotherapy.

### Timeline of Existential Therapy

Existential therapy developed out of the philosophies of Friedrich Nietzsche and Soren Kierkegaard. As one of the first existential philosophers, Kierkegaard theorized that human discontent could only be overcome through internal wisdom. Later, Nietzsche further developed the theory of existentialism using concepts such as the will to power and personal responsibility. In the early 1900s, philosophers such as Martin Heidegger and Jean-Paul Sartre began to explore the role of investigation and interpretation in the healing process. Over the next several decades, other contemporaries started to acknowledge the importance of experiencing in relation to understanding as a method to achieving psychological wellness and balance.

Otto Rank was among the first existential therapists to actively pursue the discipline, and by the middle of the 20th century, psychologists Paul Tillich and Rollo May brought existential therapy into the mainstream through their writings and teachings, as did Irvin Yalom after them. The popular approach began to influence other theories, including logotherapy, which developed by Viktor Frankl, and humanistic psychology. At the same time, British philosophers expanded existentialism further with the foundation of The Philadelphia Association, an organization dedicated to helping people manage their mental health issues with experiential therapies. Other institutions that embody the theory of existentialism include the Society for Existential Analysis, founded in 1988, and the International Community of Existential Counselors, created in 2006.

### Assumptions of Existential Psychotherapy

Existential psychotherapy is based upon the fundamental belief that all people experience intrapsychic conflict due to their interaction with certain conditions inherent in human existence, which are known as givens. The theories recognize at least four primary existential givens:

- Freedom and associated responsibility
- Death
- Isolation
- Meaninglessness

A confrontation with any of the aforementioned conditions, or givens, fills an individual with a type of dread commonly referred to as existential anxiety. This anxiety is thought to reduce a person's physical, psychological, social, and spiritual awareness, which may lead to significant long-term consequences.

For example, the fact that each one of us and each one of our loved ones must die at some unknown time may be a source of deep anxiety to us, and this may tempt us to ignore the reality and necessity of death in human existence. By reducing our awareness of death, however, we may fail to make decisions that can actually safeguard or even enrich our lives. At the other end of the spectrum, people who are overly conscious of the fact that death is inevitable may be driven to a state of neurosis or psychosis.

The key, according to existential psychotherapy, is to strike a balance between being aware of death without being overwhelmed by it. People who maintain a healthy balance in this way are motivated to make decisions that can positively impact their lives, as well as the lives of their loved ones. Though these people may not know how their decisions will actually turn out, they do appreciate the need to take action while they can. In essence, the reality of death encourages us to make the most of opportunities and to treasure the things we have.

Like death, the threat of isolation, the perceived meaninglessness of life, and the weighty responsibility of making life-altering decisions may each be a source of acute existential anxiety. According to the theories of existential therapy, the manner in which a person processes these internal conflicts, and the decisions they make as a result, will ultimately determine that person's present and future circumstances.

## **Accepting Fears and Overcoming Them**

Existential psychotherapy encourages people to not only address the emotional issues they face through full engagement but to also take responsibility for the decisions that contributed to the development of those issues. People who participate in this form of therapy are guided to accept their fears and given the skills necessary to overcome these fears through action. By gaining control of the direction of their life, the person in therapy is able to work to design the course of their choosing. Through this work, people often come to feel both a sense of liberation and the ability to let go of the despair associated with insignificance and meaninglessness. Thus, existential psychotherapy involves teaching people in therapy to grow and embrace their own lives and exist

in them with wonder and curiosity. Developing the ability to view life with wonder can help people be able to view the life experience as a journey rather than a trial and can also help eradicate the fear associated with death.

## The Process of Existential Therapy

Therapists who practice existential psychotherapy do not focus on a person's past. Instead, they work with the person in therapy to discover and explore the choices that lie before them. Through retrospection, the person in therapy and therapist work together to understand the implications of past choices and the beliefs that led those to take place, only as a means to shift to the goal of creating a keener insight into the self. In existential therapy, the emphasis is not to dwell on the past, but to use the past as a tool to promote freedom and newfound assertiveness. By coming to the realization that they are neither unique nor destined for a specific purpose, the person in therapy is able to release the obligatory chains that may have been preventing them from existing in fullness from moment to moment. When that happens, they then achieve the ability to become truly free.

## How Can Existential Psychotherapy Help?

People in therapy who are willing to explore the reasons for their intrapsychic conflicts and the decisions that led to their current circumstances can benefit greatly from existential psychotherapy. There are many behavioral and mental health issues that may be successfully treated with this therapeutic approach, including depression, anxiety, substance dependency, and posttraumatic stress resulting from exposure to military combat, rape, childhood sexual abuse, interpersonal violence, or other life-threatening experiences.

Individuals who respond to treatment tend to find meaning and purpose in their lives and often experience heightened self-awareness, self-understanding, self-respect, and self-motivation. The realization that they are primarily responsible for their own recovery often increases the likelihood that people in treatment will see beyond the limits of a therapy session and view recovery as a therapeutic process.

## Common Concerns and Limitations

Existential psychotherapy, much like other types of therapy, may be misunderstood by people who do not have a thorough grasp of the fundamental principles or scope of the associated theories. It can help to develop awareness of the principles, theories, and givens before and while participating in treatment.

Common misperceptions of existential psychotherapy include the following beliefs:

- **One distinctive, united existential theory, free of internal tension, covers all the basic assumptions of existential psychology.** In fact, there are at least five categories of the approach, and most scholars view this as a strength of the approach, as it leads to consistent examination of the basic assumptions of the approach and allows for greater adaptability.

- **There is no difference between existential psychology and existential philosophy.** Though there are points of agreement between existential philosophy and existential psychology, there are also points of difference, and the variation in perspectives of the leading pioneers and scholars of the two fields help contribute to the development of each approach.
- **Existential psychology takes an antireligious or anti-spiritual approach, for example, denying the existence of God.** Though existential psychology is not innately religious and does discourage people from following one person or religion without question, it is also not anti-religious, and many of the leading scholars and pioneers were Christian theologians.
- **Existential and humanistic theories are the same thing.** Though there is agreement between the two theories, they are not identical. However, disagreements between these two schools of thought tend to be more degrees of emphasis and less complete divergences.
- **Existential psychotherapy takes a negative, dark, or pessimistic view of life.** Because writings on existential psychology can be read as pessimistic, due to their view that suffering can be embraced as part of the human existence. This is not an encouragement of suffering, though, only recognition of the fact that it is an inescapable part of being human. What existential therapy *does* do is encourage people to embrace the reality of suffering in order to work through and learn from it.
- **The approach is fundamentally an intellectual one and, as such, is only beneficial to people of high intellect, who are not experiencing chronic behavioral or mental health conditions.** People of any intelligence level are capable of the awareness of their own humanity and able to make meaning of their emotions and anxieties. It is not necessary for a person to be a philosopher or scholar to benefit from the principles of existential therapy, and many people who are actively struggling with mental health issues can also be helped by the approach.

Because existential psychotherapy targets the underlying factors of perceived behavioral and mental health concerns, an existential approach may not directly address the primary issue a person in treatment is experiencing. Because of this, existential therapy, which is quite adaptable, is often used along with other approaches to treatment. Combining approaches can help maximize the effectiveness of both and promote greater recovery. Additionally, the in-depth, penetrative approach used in existential psychotherapy may not appeal to people who do not wish to explore their intrapsychic processes, or who are solely interested in finding a quick fix for their mental health challenges.

## Person Centered Therapy

Humanistic therapies evolved in the USA during the 1950s. Carl Rogers proposed that therapy could be simpler, warmer and more optimistic than that carried out by behavioral or psychodynamic psychologists.

His view differs sharply from the psychodynamic and behavioral approaches in that he suggested that clients would be better helped if they were encouraged to focus on their current subjective understanding rather than on some unconscious motive or someone else's interpretation of the situation.

Rogers strongly believed that in order for a client's condition to improve therapists should be warm, genuine and understanding. The starting point of the Rogerian approach to counseling and psychotherapy is best stated by Rogers himself:

"It is that the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behavior - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided" (1980, p.115-117).

Rogers (1961) rejected the deterministic nature of both psychoanalysis and behaviorism and maintained that we behave as we do because of the way we perceive our situation. "As no one else can know how we perceive, we are the best experts on ourselves."

Believing strongly that theory should come out of practice rather than the other way round, Rogers developed his theory based on his work with emotionally troubled people and claimed that we have a remarkable capacity for self-healing and personal growth leading towards self-actualization. He placed emphasis on the person's current perception and how we live in the here-and-now.

Rogers noticed that people tend to describe their current experiences by referring to themselves in some way, for example, "I don't understand what's happening" or "I feel different to how I used to feel".

Central to Rogers' (1959) theory is the notion of self or self-concept. This is defined as "the organized, consistent set of perceptions and beliefs about oneself". It consists of all the ideas and values that characterize 'I' and 'me' and includes perception and valuing of 'what I am' and 'what I can do'.

Consequently, the self-concept is a central component of our total experience and influences both our perception of the world and perception of oneself. For instance, a woman who perceives herself as strong may well behave with confidence and come to see her actions as actions performed by someone who is confident.

The self-concept does not necessarily always fit with reality, though, and the way we see ourselves may differ greatly from how others see us.

For example, a person might be very interesting to others and yet consider himself to be boring. He judges and evaluates this image he has of himself as a bore and this valuing will be reflected in his self-esteem. The confident woman may have high self-esteem and the man who sees himself as a bore may have low self-esteem, presuming that strength/confidence are highly valued and that being boring is not.

## **Person Centered Approach**

**Note:** Person centered therapy is also called client centered therapy.

A person enters person centered therapy in a state of incongruence. It is the role of the therapists to reverse this situation. Rogers (1959) called his therapeutic approach client-centered or person-centered therapy because of the focus on the person's subjective view of the world.

One major difference between humanistic counselors and other therapists is that they refer to those in therapy as 'clients', not 'patients'. This is because they see the therapist and client as equal partners rather than as an expert treating a patient.

Unlike other therapies, the client is responsible for improving his or her life, not the therapist. This is a deliberate change from both psychoanalysis and behavioral therapies where the patient is diagnosed and treated by a doctor.

Instead, the client consciously and rationally decides for themselves what is wrong and what should be done about it. The therapist is more of a friend or counselor who listens and encourages on an equal level.

One reason why Rogers (1951) rejected interpretation was that he believed that, although symptoms did arise from past experience, it was more useful for the client to focus on the present and future than on the past. Rather than just liberating clients from their past, as psychodynamic therapists aim to do, Rogerians hope to help their clients to achieve personal growth and eventually to self-actualize.

There is an almost total absence of techniques in Rogerian psychotherapy due to the unique character of each counseling relationship. Of utmost importance, however, is the quality of the relationship between client and therapist.

The therapeutic relationship...is the critical variable, not what the therapist says or does.

If there are any techniques they are listening, accepting, understanding and sharing, which seem more attitude-orientated than skills-orientated. In Corey's (1991) view 'a preoccupation with using techniques is seen [from the Rogerian standpoint] as depersonalizing the relationship'. The Rogerian client-centered approach puts emphasis on the person coming to form an appropriate understanding of their world and themselves.

Rogers regarded everyone as a "potentially competent individual" who could benefit greatly from his form of therapy. The purpose of Roger's humanistic therapy is to increase a person's feelings of self-worth, reduce the level of incongruence between the ideal and actual self, and help a person become more of a fully functioning person.

## **Core Conditions**

Client-centered therapy operates according to three basic principles that reflect the attitude of the therapist to the client:

1. The therapist is **congruent** with the client.
2. The therapist provides the client with **unconditional positive regard**.
3. The therapist shows an **empathetic** understanding to the client.

### **Congruence in Counseling**

Congruence is also called genuineness. Congruence is the most important attribute in counseling, according to Rogers. This means that, unlike the psychodynamic therapist who generally maintains a 'blank screen' and reveals little of their own personality in therapy, the Rogerian is keen to allow the client to experience them as they really are.

The therapist does not have a façade (like psychoanalysis), that is, the therapist's internal and external experiences are one in the same. In short, the therapist is authentic.

### **Unconditional Positive Regard**

The next Rogerian core condition is **unconditional positive regard**. Rogers believed that for people to grow and fulfill their potential it is important that they are valued as themselves.

This refers to the therapist's deep and genuine caring for the client. The therapist may not approve of some of the client's actions, but the therapist does approve of the client. In short, the therapist needs an attitude of "I'll accept you as you are."

The person-centered counselor is thus careful to always maintain a positive attitude to the client, even when disgusted by the client's actions.

### **Empathy**

Empathy is the ability to understand what the client is feeling. This refers to the therapist's ability to understand sensitively and accurately [but not sympathetically] the client's experience and feelings in the here-and-now.

An important part of the task of the person-centered counselor is to follow precisely what the client is feeling and to communicate to them that the therapist understands what they are feeling.

In the words of Rogers (1959), accurate empathic understanding is as follows:

"The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition. Thus it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives

them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth. If this 'as if' quality is lost, then the state is one of identification" (p. 210-211).

## Conclusion

Because the person-centered counselor places so much emphasis on genuineness and on being led by the client, they do not place the same emphasis on boundaries of time and technique as would a psychodynamic therapist. If they judged it appropriate, a person-centered counselor might diverge considerably from orthodox counseling techniques.

As Mearns and Thorne (1988) point out, we cannot understand person-centered counseling by its techniques alone. The person-centered counselor has a very positive and optimistic view of human nature.

The philosophy that people are essentially good, and that ultimately the individual knows what is right for them, is the essential ingredient of a successful person centered therapy as "all about loving".