

SEVEN PAPERS ON EXISTENTIAL ANALYSIS

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Introductory Note

These articles were written between 1989 and 2007 and published in peer-reviewed journals between 1995 and 2008, with the exception of the last paper, which has been given twice as an invited lecture at the annual International Human Science Research Conference, at the University of Trento (June 2007), and at Ramapo College (June 2008). They have been revised for this edition. The first was given, in 1999, as a contribution to the Wagner College Conference on Existential Psychotherapy, hosted by the author, and appeared that year in *The Humanistic Psychologist*, the journal of Division 32 (Humanistic Psychology) of the American Psychological Association. The second provides background for the conference presentation and supplements its contents with references to the literature on existential psychotherapy. It appeared the following year in the *Review of Existential Psychology and Psychiatry*. Taken together, the first two articles provide an historical context for the form of psychotherapy known as existential analysis.

"Existential Therapy on Heideggerian Principles," the third article, was given as a presentation on September 28, 1997 (*in absentia*) at the Conference on Heidegger and Psychotherapy for the Society for Existential Analysis, at Regent's College, London, and published that year in the society's journal. Taken together with the last two articles the reader is provided the theoretical basis of the author's approach to psychotherapy. An article on therapy is given first since it provides a concrete example of the practice more thoroughly explicated in the fourth article "Human Being and Existence: The Beginnings of an Existential Psychology," which is the most ambitious of the five papers in its attempt to review the principal theoretical idea of existential analysis. "Therapeutic Revalidation in Existential Analysis," was first published in *Existential Analysis* 13(1), 2002, pp. 144-158 (the new title of the journal of the Society for Existential Analysis at Regent's College, London). It is a discussion of what I take to be central therapeutic goal of existential analysis. "Authenticity in Existential Analysis" and "Eros in Existential Analysis" represent further developments of my view of therapeutic practice. "Authenticity in Existential Analysis" was published in *Existential Analysis Analysis* 19(1), 2008, pp. pp. 81-101.

I. *The Background of Contemporary Existential Psychotherapy* (1999)
first published in *The Humanistic Psychologist* 27(1), 1999, pp. 15-22.

Note: The following text is a slightly modified version of the introductory remarks given at the Wagner College Conference on Existential Psychotherapy, on September 28, 1997. Among those who attended the conference and delivered papers were Betty Cannon, Roger Frie, Eugene Gendlin, William J. Richardson, Kirk Schneider, and Ernesto Spinelli. Footnotes to the article appeared in the original publication.

The work of the British school of Existential Analysis in the 1990's represents an almost single-handed renaissance in the practice of existential analysis and the training of existential

psychotherapists. In part, it is in recognition of their work and similar efforts in the United States that the Wagner College Conference on Existential Psychotherapy has been arranged. It is the first meeting of a group of therapists of this stripe to be held in the New York area since the late 1970's.

As evidence for such a renaissance, I want to note that, during the past three years, a number of books have been published by representatives of the British school. They include the work of Hans Cohn (1997), Emmy van Deurzen Smith (1997), Simon DuPlock (1997), Freddie Strasser (1997) and Ernesto Spinelli (1989, 1994, 1997). During the present decade, however, we have also heard from some familiar voices – Irvin Yalom (1980, 1998), James Bugental (1963, 1990) and Clark Moustakas (1994) – as well as from some relatively new voices – M.D. Niv (1996), Robert Willis (1994), Kirk Schneider (1999, and Betty Cannon (1991). James Lantz (1993) has written on existential family therapy (work which is based on Viktor Frankl's logotherapy). We have Bruce Moon's (1995) existential art therapy and Mark King's (1993) existential hypnotherapy. Keith Hoeller's *Readings in Existential Psychology and Psychiatry* (1994) remains in print and the *Review of Existential Psychology and Psychiatry* continues to appear (if somewhat irregularly), complemented by *The Humanistic Psychologist*, the *Journal of Humanistic Psychology* and the *Journal of the Society for Existential Analysis*, in London.

In the background stands the work of Ludwig Binswanger (1960, 1963), Eugene Minkowski (1970), Roland Kuhn (1953), Alfred Storch (1930, 1947), Viktor von Gebsattel (1954) and Viktor Frankl (1939, 1947, 1958, 1960, 1962), Medard Boss (1963, 1979) and Gion Condrau (1963), (whose 80th birthday is being celebrated at a meeting of the Daseinsanalysis group in a few days in Switzerland) and Rollo May (1960, 1983), Adrian van Kaam (1966), Jan van den Berg (1972), (who sends his greetings to the conference), Thomas Hora (1960, 1972, 1977) (whom I spoke to about this proposed conference only a few months before his death – he was encouraged by our interest), Wolfgang Blankenburg (1979, 1985, 1989) (with whom I spoke on Thursday and who sends his greetings and regrets) and Eugene Gendlin (1981, 1996, 1997).

My list is by no means complete. There are other lights, including Alvin Mahrer (1983), David Edwards (1981), Elsbeth Martindale (1987), Hanna Colm (1965), Dugald Arbuckle (1975), Torsten Herner (1982), Aaron Ungersma (1961), Wilson van Dusen (1957, 1959), Herbert Holt (1963, 1966) and William Offman (1976). Nor should we omit to mention from it a few early voices outside of professional psychology who prepared the way for the appearance of existential psychotherapy: Paul Tillich (1961, 1984) and Rudolf Allers (1961). And what shall we say about Martin Heidegger (1987) in all this! One might well argue that without *Being and Time*, the turn away from medical psychology might not have been made at all.

Apart from providing an occasion for some of us of like mind to meet and encourage each other in our work – which continues to ply so strenuously against the mainstream – another purpose of this conference is to look back at the philosophical origins of existential psychotherapy and the variety of forms it has taken since its beginnings, as well as to review the forms it now takes.

Let me briefly recall that as early as 1960, Clemens Benda (1960, 1961), in the first number of the *Journal of Existential Psychiatry*, wrote about "The Existential Approach in Psychiatry." But even earlier, however, in 1935, in the *Journal of General Neurology and Psychiatry*, Josef Meinertz (1935) had called attention to the "existential possibilities of a scientific psychology." The following year, Ludwig Binswanger's paper "Anthropology, Psychology, Psychopathology" (1936) appeared in a Swiss medical journal. In 1939, Frankl published "Philosophy and Psychotherapy. On the Bases of an Existential Analysis." By 1951, Roland Kuhn had published his paper on "Existential Analysis in Therapeutic Conversation" (1951) in the *Swiss Archives of Neurology and Psychiatry*.

By the late 1950s, existential analysis had been given recognition by Frieda Fromm-Reichmann and Jacob Moreno in their *Progress in Psychotherapy* (1956), although around the time of the appearance in 1958 of *Existence*, the classic anthology edited by Rollo May, Henri Ellenberger and Ernst Angel, organized psychiatry had already become critical of existential

psychotherapy. In 1960, Benjamin Wolstein and others had written vigorously against the movement. Still others in the mainstream of psychoanalysis and medical psychology, however, including Henry Ey (1960) and Gregory Zilboorg (1960) supported it. By the late 1960's, there was a fair amount of confusion about the differences between existential psychotherapy, existential analysis and existential psychoanalysis, on the one hand, and existential-phenomenological praxis, on the other. For awhile, at least in print, existential analysis was identified by some with Frankl's logotherapy. During the 1970's and 1980's, existential and humanistic psychotherapies were further eclipsed by cognitive-behavioral treatment and their influence was less visible, although they were still covered in textbooks and handbooks of psychotherapy.

It seems to me that the present decade will prove to have been transitional to a large scale renewal of interest in existential analysis. During the second half of the twentieth century, the professionalization of psychotherapy, chiefly in social work, following on its medicalization, seems to have had the effect of foreclosing its inherent possibilities. The involvement of professional psychotherapists in the contemporary managed health care industry in this country often precluded the establishment and maintenance of the covenant formed between therapist and patient partner. Finally, the current exclusive domination of a biological approach to the study of behavior and the concept of experience it implies, rather than an existential interpretation of embodied existence – that is, of human being as being in a world and not merely as an organism understood to be a very complicated mechanism – has encouraged therapists to take their start far past the place where experience arises for any of us.

Nonetheless, there are many psychotherapists (perhaps many more than we know) who yearn to break free from these constraints. Such a liberation happened in the 1950's and 1960's, resulting in the first wave of existential analysis. And as I have suggested, we are encouraged to see that in the work of the British school of existential analysis, a fresh wave of interest is underway. It is important to bring together as many representatives of existential practice (in all its diversity) as possible, in order to hear from each other about what existential psychotherapy now means. Equally important, we also want to review the philosophical background of existential psychotherapy, in order revisit our common sources. We will make a start at doing some of that today. The questions that this conference raises, then, include the following:

What is meant today by existential psychotherapy or existential analysis?

How is existential psychotherapy related to Sartre's phenomenological ontology and to Binswanger's Daseinsanalysis?

How is existential psychotherapy related to psychoanalysis, in particular the reading of psychoanalysis given by Jacques Lacan?

What is its relation to other forms of psychotherapy, such as Gendlin's focusing?

Finally, to what extent is the practice of existential psychotherapy possible in the current climate of psychobiology and medical psychology, which dominates the field of clinical psychology? Today we will make a start at responding to them.

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II. Existential Psychotherapy Today (2000)

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Note: The following text was based on the introductory remarks (above) given at the Wagner College Conference on Existential Psychotherapy, held on September 28, 1997, and so there is some overlap in the first part of the article where references to early publications in the field of existential analysis are given. The purpose of the essay is to show how existential analysis differs from other forms of psychotherapy. Supplementary endnotes have been added for this edition.

Existential psychotherapy is perhaps the least familiar form of psychological intervention. Even among academic psychologists, it is not well understood and therefore is often misrepresented to students, especially at the undergraduate level when students form their orientation as prospective clinicians. It is regularly confused with the many marginal consciousness-raising and feel-good fads that appeared in the 1960s and 1970s, sometimes in connection with the West-coast counterculture. There are no national organizations that support existential psychotherapy and promulgate its mission. Apart from this journal, only the *Existential Analysis*, *The Humanistic Psychologist*, and the *Journal of Humanistic Psychology* present new scholarly work of existential therapists. A few fine training programs currently offer preparation for work as existential therapists, but they are sparse and clustered on the West Coast. The first national conference on existential psychotherapy in twenty years was held in 1999, in New York. Organized by Miles Groth of the Department of Psychology at Wagner College, the conference brought together a group of existential therapists from around the country. Also in attendance was a representative of the Society for Existential Analysis in London, Ernesto Spinelli, who is dean of the Society's training program at Regent's College. His attendance at the conference was important, since the British school of existential analysis, which has been very productive during the past ten years, is one the most hopeful signs of health of existential psychotherapy anywhere in the world, but like the Swiss school of Daseinsanalysis, founded by Medard Boss and Gion Condreau, and Viktor Frankl's logotherapy, they are active outside of the United States. Although existential psychotherapy is not a dominant voice in this country at the present time, it is nonetheless, like the voice of reason, a quiet and powerful voice in clinical psychology whose day has come. The time to listen to what it has to say has come around again and its influence can be expected to be as great during the coming years as it was during the 1960s and 1970s. Most of us are convinced that existential psychotherapy will assume the dominant place among the psychotherapies. In this essay, I hope to explain why.

What Is Existential Psychotherapy?

What is existential psychotherapy today? What does the term now mean? What forms does it take, and who speaks for it? What is the place of existential psychotherapy in the field of clinical psychology overall? What are the marks of an existential therapist? These are important questions to raise in the United States, where the policies and rules governing the practice of psychotherapy are so very different from those elsewhere in the world. Given the bureaucratic and legal constraints that govern the practice of psychotherapy in this country (where, for example, the word 'psychologist' is legally defined), we cannot consider ourselves to be siblings of our non-American counterparts, but rather only cousins, and distant ones at that, since while

our work may parallel that of our cousins abroad, its status rests on entirely different grounds. Our situation is radically different from theirs. In what ways?

Consider, for example, the payment of fees. Psychotherapists are now typically caught up in the tangle of third-party reimbursement by insurance companies, which are locked in a battle of influence and power with organized medicine. Outside of that system or reimbursement, those who practice existential psychotherapy autonomously must do so at very low rates so that patients can afford their services. In order to qualify for third-party payments, a therapist must be licensed as a psychologist by the state in which he practices. Worries about a few psychotherapists' unethical behavior are usually cited as the primary reason for licensing clinical psychologists. In fact, however, the real reason for instituting such controls was the identification of psychotherapy as a sibling of psychiatry and social work. The close cooperation of the three professions required subjecting psychotherapists to the same constraints that had been enforced on medical doctors and social workers. The increasing incidence of third-party reimbursement by insurance companies in medicine and similar reimbursement of large health and social welfare institutions with government funds called for limiting those who might receive such reimbursements. Earning a license was the ticket to qualifying for corporate or government funding of one's practice as a social worker, a physician, or a clinical psychologist. For many years, clinical psychologists, like nurses, have been battling for more power of the kind that has been limited to physicians, especially prescribing medications.

The national licensing examination for clinical psychologists – the Examination for Professional Practice in Psychology – which is given twice a year in every state (the norms for passing the examination vary from state to state), is a lucrative venture for the states and their boards of psychology as a professional practice which are the licensing agencies, as well as for the company that writes and administers the tests. As the name of the examination (which has been given since 1964) indicates, it is not a test of clinical aptitude but, rather, of general knowledge of the profession known as psychology. A number of corporate educational entrepreneurs offer training and preparation for these tests. Much like the organizations that prepare high school students for the SAT test or college graduates for the GRE, MCAT (for admission to medical schools) or LSAT (for admission to law schools) tests, they employ university professors and others to teach examinees what they should know for the examination. The best known of these organizations is the Association for Advanced Training in the Behavioral Sciences, in California. They are also very lucrative operations, which are informed of who has failed the examination so that they can contact these individuals with advertisements for their training programs. The psychology licensure examination is the basis for assessing the competence of prospective clinical psychologists. A few states have, in addition, an oral examination and a separate multiple-choice state professional practices and ethics examination. In effect, a clinical candidate must prove herself to be a card-carrying member of the academic mainstream before being given access to licensing as a clinical psychologist.

The names 'psychoanalyst' or 'psychotherapist' are not legally defined and controlled. This means that existential psychotherapists must prepare themselves as research scientists until they have acquired the necessary licensing, since the content of the national psychology licensure examination consists primarily of items on research and experiment design, test design and validation, and psychometrics and statistics. Items from these areas and items on professional ethics account for more than half of the total of 200 multiple choice questions on the licensure examination. The remaining questions are about the use of the DSM-IV in formulating a diagnosis (which determines how many hours of psychotherapy will be paid by the insurance carrier), psychopharmacology, industrial and organizational psychology (increasing year by year in the number of test items), and social psychology. There are only a few items on theories of psychotherapy, personality theory and developmental psychology, altogether accounting for about 20% of all of the test items.

The heavy emphasis on ethical issues in the practice of psychotherapy arose in response to legal actions taken against psychotherapists which cost insurance companies who sell

professional malpractice and liability insurance policies to clinicians a great deal of money. Being able to say that the licensee has been passed on his or her knowledge of a state's legal liabilities for practicing as a clinical psychologist makes it easier to argue the defense case when suits are brought.

The remaining requirements for licensure currently include university study of psychology in a regionally and nationally accredited program of study. As the national examination reflects, nearly all such programs are oriented to a form of cognitive or behavioral psychology. Supervised clinical experience is another requirement for licensing, but such experience may not have included the actual practice of psychotherapy. For example, it may happen that the so-called clinical experience consists of writing intake reports for a social service agency or conducting rehabilitation group sessions in a drug detoxification facility. It is remarkable that no states require candidates to undergo personal psychotherapy, which the psychoanalytic institutes have always placed at the heart of their training curricula. In short, while a psychologist may know a great deal about statistics and experiment design, she may know little about herself. If what the eminent psychoanalyst, Ralph Greenson, said is correct – namely, that the instrument of psychotherapy is the therapist's personality – the psychotherapeutic instrument is not trained at all in most programs of clinical psychology.

Once licensed, a therapist's treatment time limits are set and controlled by the insurance companies, or by the clinic or other health care or government organization that depends on government reimbursements. A record of sessions must be kept to which the health care providers may routinely demand access. Employers, who provide the insurance, may be made privy to how often an insured employee has attended therapy sessions and for what diagnosis. The autonomy of the relationship between the therapist and client is eliminated in all this. The relationship between therapist and patient becomes primarily a business arrangement between the client and her health insurance provider. The work of the psychotherapist is not only determined by the needs of the client but regulated by the terms of her insurance policy.

It is increasingly impossible for an existential psychotherapist to work independently in this country, although some do, even given the high cost of malpractice insurance (as a mental health practitioner) and rental of office space. Using an office in one's apartment or home as a consulting room, as so many once did, is now frowned upon and in some cases illegal, so that therapists are now forced to form small corporate groups comprised of a number of practitioners whose offices are housed together. The situation is somewhat like that of physicians who must now also form group practices in order to remain financially secure.

Add to these formal and legal changes in the profession of psychotherapy the mockery that has been made of psychotherapists on popular television programs (for example, by Bob Newhart and the cartoon character Dr. Katz) and in the movies. Several well-known therapists (for example, Dr. Joyce Brothers and Dr. Ruth Westheimer) appear as guests on television talk shows, as regular celebrity participants on television game shows, or even as actors in commercial films. Many practitioners appear on nationally syndicated radio and television talk shows to dispense advice and information, and often to advertise a book they have just published. This is interpreted by the public as what psychotherapists do. None of this is good satire. Many have come to think of psychotherapists as laughable figures. It is worth noting that nothing comparable has happened to physicians, whose skills and power are presented in innumerable daytime melodramas and evening series or feature films on television.

All of this being the case, there are now very few existential psychotherapists practicing in this country, and in a few generations there may be none. The reality is that those of us who believe in the freedom and autonomy of the individual who seeks psychotherapy will soon have to work outside of the context of organized clinical psychology if we wish to retain our autonomy as existential psychotherapists. The question is how we be able to do so.

Perhaps it will take courageous declaration of independence from the health care professions. After all, what we do has nothing to do with what health care providers do. We must be willing to say that and explain ourselves to the public. It is my conviction that the

current revival of existential psychotherapy will do just that. While we may not become wealthy, we will have restored our integrity and legitimacy. And there is a population of clients who will welcome this.

There is an even broader question, however, than that of the image of the clinical psychologist and that has to do with the serious question of the effectiveness of psychotherapy as it is practiced today. For quite a few years now, the efficacy of clinical psychology as such (including psychoanalysis) has been strongly challenged, even within the profession. More than twenty years ago, the Jungian psychologist James Hillman's *Re-visioning Psychology* appeared. It was complemented in 1999 by *Re-envisioning Psychology: Moral Dimensions of Theory and Practice*, by Frank C. Richardson, Blaine J. Flowers, both practicing psychotherapists, and Charles B. Guignon, a philosopher. Both volumes seriously question the philosophical basis of psychotherapy as it is currently practiced in this country. Hillman's 1992 dialogue with Michael Ventura, *We've Had a Hundred Years of Psychotherapy – and the World's Getting Worse*, very seriously challenges the effectiveness of psychotherapy as it is currently practiced. These critics agree that something is faulty about how psychotherapy is conceptualized in modern psychology, especially in its commitment to individualism.

Psychotherapy must be understood as a moral, not a scientific, enterprise. In fact, the unacknowledged assumptions that guide psychotherapy today may be seen to work against the very project of clinical treatment as it is defined by its best practitioners. As a result, psychotherapists often encourage in her patients the very behavior that has produced psychological distress in them and brought them for psychotherapy. How do things stand with psychotherapy in its several forms?

Because of its cost, psychoanalysis is rarely undertaken any longer except by candidates in psychoanalytic institutes or programs that prepare psychoanalytic psychotherapists. It remains the province of the medical profession, even though lay institutes continue to train many candidates. Their practitioners continue to try to gain status that is equivalent to their psychiatrist counterparts. Most will agree that it will never happen.

For the most part, what passes for psychotherapy (psychoanalytic or otherwise) today is a form of social engineering, retraining, or adjusting the patient to his social role. Here psychotherapists, who in public institutions or hospitals are overseen by psychiatrists, follow the lead of psychiatry and social work. Sometimes psychotherapy is a punishment, for example, for those who are forced to attend a mental health clinic by court order as part of their rehabilitation.

Most psychotherapists now are women who have trained initially as social workers. Sometimes they have had further training at an institute or training center for psychoanalytic psychotherapy or in one of the several hundred programs of psychotherapy now recognized. Psychiatrists seldom perform psychotherapy these days, limiting themselves to prescribing medications and supervising the in-patient treatment of patients. Licensed clinical psychologists with the Ph.D. or Psy.D. often work in research hospitals and other large institutions, where they are guaranteed a salary that exceeds what they might earn in private practice.

Where do existential psychotherapists fit in this picture? We are a minority within an increasingly beleaguered profession who have often spent many years proving our competence in areas of study that contradict the phenomenon we have in view, the human way of being. In fact, the crisis of psychology as a whole (and in particular clinical psychology) is epitomized by the crisis among existential psychotherapists.

We have been marginalized by medicalized and professionalized clinical psychology, and we are sometimes wrongly compared to gurus or spiritual advisers. More important, grouped together with our medical counterparts, our client may expect us to "find something wrong," when in fact our aim is to find the something right in him. Given the prevailing view of what psychotherapy is supposed to do, clients are impatient. They want the equivalent of a fast-acting medication. In addition to being told what is wrong, they want to be told who they

are, how to feel, what to think, and what they should do, since this is what they have been told therapists do.

Since we may not be licensed in the state where we want to work because our background has been outside of mainstream academic psychology, many of us have sought acknowledgement by the state and the health care system by completing a training program in clinical psychology that directly contradicts our orientation, by training as lay psychoanalysts teaching psychology at the university level. Often, being affiliated with a college or university is the only way outside of licensure to secure the advance respect required to gain our client's confidence. At some point, however, we have all declared our independence from academic psychology and medical psychology. In the past, it was possible to do this and still establish a practice. Now it is increasingly difficult to do so. What is to become of existential psychotherapy? Perhaps recalling where it originated will help us think about where it is heading.

The Origins of Existential Psychotherapy

As noted earlier, the work of the British school of existential analysis during the past decade represents an almost single-handed revival of the practice of existential psychotherapy and the training of existential psychotherapists. While our situation is so very different from theirs, we may still be able to learn something from their experience. It is my conviction that their hard work and clinical successes will one day provide support for recognition of our work in this country and for the redefinition of the meaning and goals of psychotherapy. As evidence of the energy of existential analysis, during the past three years, a number of books published by representatives of the British school may be cited. They include the work of **Hans Cohn**,¹ **Emmy van Deurzen Smith**,² **Simon DuPlock**,³ **Freddie Strasser**⁴ and **Ernesto Spinelli**.⁵

During the present decade, however, we have also heard from some familiar voices here in the United States – **Irving Yalom**,⁶ **James Bugental**⁷ and **Clark Moustakas**⁸ – as well as from some relatively new voices – **M.D. Niv**,⁹ **Robert Willis**,¹⁰ **Kirk Schneider**,¹¹ and **Betty**

1 *Existential Thought and Therapeutic Practice: An Introduction to Existential Psychotherapy* (London: SAGE Publications, 1997).

2 *Everyday Mysteries: Existential Dimensions of Psychotherapy* (New York: Routledge, 1997).

3 *Case Studies in Existential Psychotherapy and Counselling* (New York: Wiley, 1997).

4 *Existential Time-limited Therapy: The Wheel of Existence* (New York: John Wiley, 1997).

5 *The Interpreted World: An Introduction to Phenomenological Psychology* (London: Sage, 1989), *Demystifying Therapy* (London: Constable, 1994) and *Tales of Unknowing: Eight Stories of Existential Therapy* (New York: NYU Press, 1997).

6 *The Yalom Reader* (New York: Basic Books, 1998). *Existential Psychotherapy* (New York: Basic Books, 1980).

7 *Intimate Journeys: Stories from Life-changing Therapy* (San Francisco: Jossey-Bass, 1990). *The Existential Orientation in Intensive Psychotherapy* (Los Angeles: Psychological Service Association, 1963).

8 *Existential Psychotherapy and the Interpretation of Dreams* (Northvale: Aronson, 1994).

9 *Reason in Madness: An Existential Approach to Psychiatric Disorders* (New York: Ever, 1996).

10 *Transcendence in Relationship: Existentialism and Psychotherapy* (Norwood: Ablex, 1994).

Cannon.¹² **James Lantz**¹³ has written on existential family therapy, which is based on Viktor Frankl's logotherapy. We have **Bruce Moon**'s¹⁴ existential art therapy and **Mark King**'s¹⁵ existential hypnotherapy. **Keith Hoeller**'s *Readings in Existential Psychology and Psychiatry*¹⁶ remains in print.

But what of the origins of existential psychotherapy? In the background stands the pathbreaking work of **Ludwig Binswanger**,¹⁷ **Eugene Minkowski**,¹⁸ **Roland Kuhn**,¹⁹ **Alfred Storch**,²⁰ **Viktor von Gebsattel**,²¹ **Viktor Frankl**,²² **Medard Boss**²³ and **Gion Condrau**,²⁴ **Rollo May**,²⁵ **Adrian van Kaam**,²⁶ **Jan van den Berg**,²⁷ **Thomas Hora**,²⁸ **Wolfgang Blankenburg**,²⁹

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- 11 *The Psychology of Existence: An Integrative, Clinical Perspective* (New York: McGraw-Hill, 1995).
- 12 *Sartre and Psychoanalysis: An Existentialist Challenge to Clinical Metatheory* (Lawrence: University Press of Kansas, 1991).
- 13 *Existential Family Therapy: Using the Concepts of Viktor Frankl* (Northvale: Aronson, 1993).
- 14 *Existential Art Therapy: The Canvas Mirror* (Springfield: C.C. Thomas, 1995).
- 15 *Existential Hypnotherapy* (New York: Guilford Press, 1993).
- 16 Atlantic Highlands: Humanities Press, 1994.
- 17 "Daseinsanalyse und Psychotherapie," in *Acta Psychotherapeutica et Psychosomatica* **8**, 1960, pp. 251-260. *Being-in-the-World* (New York: Harper and Row, 1963).
- 18 *Lived Time* (Evanston: Northwestern University Press, 1970).
- 19 "Zur Daseinsstruktur einer Neurose," in *Jahrbuch für Psychologie und Psychotherapie* **1**, 1953, pp. 207-222.
- 20 "Die Welt der Beginnenden Schizophrenie und die Archäische Welt. Ein Existenzial-analytischer Versuch," in *Zeitschrift für die Gesamte Neurologie und Psychiatrie* **127**, 1930, pp. 799-810. "Die Daseinsfrage der Schizophrenen," in *Schweizer Archiv für Neurologie und Psychiatrie* **59**, 1947, pp. 330-385.
- 21 *Prolegomena einer Medizinischen Anthropologie* (Berlin: Springer, 1954).
- 22 "Philosophie and Psychotherapy. Zur Grundlegung einer Existenzanalyse," in *Schweizerische Medizinische Wochenschrift* **2**, 1939, pp. 707-709. *Arztliche Seelsorge* (Vienna: Deuticke, 1947). "On Logotherapy and Existential Analysis," in *American Journal of Psychoanalysis* **18**, 1958, pp. 28-37. "Existenzanalyse und Logotherapie," in *Acta Psychotherapeutica et Psychosomatica* **8**, 1960, pp. 171-187. *Man's Search for Meaning: An Introduction to Logotherapy* (London: Hodder and Stoughton, 1962).
- 23 *Psychoanalysis and Daseinsanalysis* (New York: Basic Books, 1963). *The Existential Foundations of Medicine and Psychology* (New York: Aronson, 1979).
- 24 . *Daseinsanalytische Psychotherapie* (Bern: Huber, 1963).
- 25 "Existential Bases of Psychotherapy," in *American Journal of Orthopsychiatry* **30**, 1960, pp. 685-695. *The Discovery of Being: Writings in Existential Psychotherapy* (New York: Norton, 1983).
- 26 *The Art of Existential Counseling* (Wilkes-Barre: Dimension Books, 1966).
- 27 *A Different Existence* (Pittsburgh: Duquesne University Press, 1972).
- 28 "The Process of Existential Psychotherapy," in *Psychiatric Quarterly* **34**, 1960, pp. 495-504. *In Quest of Wholeness* (Garden City: Christian Counseling Service, 1972). *Existential Metapsychiatry* (New York: Seabury Press, 1977).
- 29 *Individuation Process and Biographical Aspects of Disease* (Mount Kisco: Futura, 1979). *Psychopathologie und Praxis* (Stuttgart: Enke, 1985). *Biographie und Krankeit* (Stuttgart: Thieme, 1989).

and **Eugene Gendlin**³⁰. Then there are their more immediate successors, including **Alvin Mahrer**,³¹ **David Edwards**,³² **Elsbeth Martindale**,³³ **Hanna Colm**,³⁴ **Dugald Arbuckle**,³⁵ **Torsten Herner**,³⁶ **Aaron Ungersma**,³⁷ **Wilson van Dusen**,³⁸ **Herbert Holt**³⁹ and **William Offman**.⁴⁰ Mention should also be made of a few early voices outside of professional psychology and psychiatry who prepared the way for the appearance of existential psychotherapy: **Paul Tillich**⁴¹ and **Rudolf Allers**.⁴² And what shall be said about **Martin Heidegger**⁴³ in all this? One might well argue that without *Being and Time* (1927), the initial turn away from medical psychology might not have been made at all.

Forty years ago, **Clemens Benda**,⁴⁴ in the first number of the *Journal of Existential Psychiatry* (1960), wrote about "The Existential Approach in Psychiatry." But even earlier, in 1935, in the *Journal of General Neurology and Psychiatry*, **Josef Meinertz**⁴⁵ had called attention to the "existential possibilities of a scientific psychology." The following year, Binswanger's paper "Anthropology, Psychology, Psychopathology" appeared in a Swiss medical journal.⁴⁶ In 1939, Frankl published "Philosophy and Psychotherapy. On the Bases of an Existential Analysis." After

30 Focusing (New York: Bantam, 1981), Focusing-oriented Psychotherapy (New York: Guilford Press, 1996) and Experiencing and the Creation of Meaning: A Philosophical Approach to the Subjective (Evanston: Northwestern University Press, 1997).

31 Experiential Psychotherapy: Basic Practices (New York: Brunner/Mazel, 1983).

32 Existential Psychotherapy: The Process of Caring (New York: Gardner Press, 1981).

33 Existential Psychotherapy and Christian Mysticism: A Comparison of Bugental and Guyon (1987).

34 "The Therapeutic Encounter," in *Review of Existential Psychology and Psychiatry* 5, 1965, pp. 137-159.

35 Counseling and Psychotherapy: An Existential-Humanistic View (Boston: Allyn and Bacon, 1975).

36 The Challenge of Schizophrenia: Selected Papers on Existential Dialectics, 1956-1981 (Atlantic Highlands: Humanities Press, 1982).

37 The Search for Meaning (Philadelphia: Westminster Press, 1961).

38 "The Theory and Practice of Existential Analysis," in *American Journal of Psychotherapy* 11, 1957, pp. 310-322. "Existential Analysis. The English Literature," in *Existential Inquiries* 1(1), 1959, pp. 16-30.

39 "Dreams and Existential Analysis," in *Pastoral Counselor* 1, 1963, pp. 39-45. "The Case of Father M: A Segment of an Existential Analysis," in *Journal of Existentialism* 6, 1966, pp. 369-396.

40 Affirmation and Reality: Fundamentals of Humanistic Existential Therapy and Counseling (Los Angeles: Western Psychological Services, 1976).

41 "Existentialism and Psychotherapy," in *Review of Existential Psychology and Psychiatry* 1, 1961, pp. 8-16. *The Meaning of Health: Essays in Existentialism, Psychoanalysis and Religion* (Chicago: Exploration Pres, 1984).

42 Existentialism and Psychiatry: Four Lectures (Springfield: Thomas, 1961).

43 . Martin Heidegger, Zollikoner Seminare (Frankfurt: Klostermann, 1987).

44 "The Existential Approach in Psychiatry," in *Journal of Existential Psychiatry* 1, 1960, pp. 24-40. *The Image of Love* (Glencoe: Free Press, 1961).

45 "Analyse und Synthese als Existentielle Möglichkeiten einer Wissenschaftlichen Psychotherapie," in *Zeitschrift für die Gesamte Neurologie und Psychiatrie* 153, 1935, pp. 122-159.

46 Schweizerische Medizinische Wochenschrift 11, 1936, pp. 679 ff.

World War II, in 1951, Kuhn⁴⁷ had published his paper on "Existential Analysis in Therapeutic Conversation" in the Swiss Archives of Neurology and Psychiatry.

By the late 1950s, existential analysis had been given recognition by Frieda Fromm-Reichmann and Jacob Moreno in their *Progress in Psychotherapy*,⁴⁸ but around the time of the appearance, in 1958, of *Existence*, a classic collection of essays edited by May, **Henri Ellenberger** and **Ernst Angel**,⁴⁹ organized psychiatry had already become critical of existential psychotherapy. In 1960, **Benjamin Wolstein**⁵⁰ and others wrote vigorously against the movement. Still others in the mainstream of psychoanalysis and medical psychology, including **Henry Ey**⁵¹ and **Gregory Zilboorg**⁵², supported it for a time.

By the late 1960s, there was a fair amount of confusion about the differences between existential psychotherapy, existential analysis and existential psychoanalysis, on the one hand, and existential-phenomenological praxis, on the other. For a while, at least in print, existential analysis was identified by some with Frankl's logotherapy. It was thought of by some as a modification of psychoanalysis.

During the 1970s and 1980s, existential/humanistic psychotherapies were eclipsed by cognitive-behavioral treatments and their influence was less visible, although they were still discussed in textbooks and handbooks of psychotherapy. As already noted, during the second half of the twentieth century, following its medicalization and its professionalization chiefly by social work, the inherent possibilities of autonomous psychotherapy (to use Thomas Szasz's term) were foreclosed, and more recently, as recounted above, the involvement of professional psychotherapists in the contemporary managed health care industry in this country has further precluded the establishment and maintenance of the covenant that must be formed between the existential psychotherapist and her patient partner.

While the philosophical background of existential psychotherapy is clear to many of us from our familiarity with its origins, many young therapists today are unaware of the seminal voices of existential philosophy, especially Kierkegaard, Nietzsche, Buber, Heidegger and Sartre. Much of Binswanger is still available only in German. Medard Boss's seminars with Heidegger have been available for some time, but their publication in English is still pending. Finally, there are no good anthologies of the early papers on existential psychotherapy but many of those papers still remain untranslated.

It is clear that a new generation of existential psychotherapists must become familiar with the early philosophical and literary sources of existentialism and existential psychotherapy. It is also clear to those of us who teach undergraduates that there is a real hunger for this tradition among college students, and this is probably where the renaissance of interest in existential psychotherapy in this country will begin. More and more students will then go on to graduate school with questions that challenge the empiricism that dominates academic psychology.

47 "Daseinsanalyse im psychotherapeutischen Gespräch," in *Schweizer Archiv für Neurologie und Psychiatrie* **67**, 1951, pp. 52-60.

48 New York: Grune and Stratton, 1956.

49 New York: Basic Books, 1958.

50 "Existential Analysis in Search of a Therapy," in *American Journal of Psychotherapy* **15**, 1961, pp. 382-394. "On the Psychological Absurdity of Existential Analysis," in *Psychoanalysis and the Psychoanalytic Review* **49**(3), 1962, pp. 1171-124. *Irrational Despair* (Glencoe: Free Press, 1962).

51 "Valeur Therapeutique de l'Analyse Existentielle," in *Acta Psychotherapeutica et Psychosomatica* **8**, 1960, pp. 241-251.

52 "Individualism, Personalism, and Existentialism," in *Acta Psychotherapeutica et Psychosomatica* **8**, 1960, pp. 261-266.

They will demand another approach to the human way of being, which is so different from that of the other mammals.

What Existential Psychotherapy Is Not

Let us turn again to some basic questions. Perhaps a comparison of existential psychotherapy with other forms of psychotherapy will at least show what it is not. What is meant today by existential psychotherapy? How is existential psychotherapy related to psychoanalysis and the forms of psychotherapy rooted in humanistic psychology? Here we may be brief, since the story has been told countless times.

The unique character of existential psychotherapy is often overlooked, especially when it is thought of as a modified form of psychoanalysis. Orthodox psychoanalysis is marked by the controlled regression of the analysand during analysis. This is a delicate procedure that is risky for individuals whose ability to discern the difference between consensual reality and private or personal reality is tenuous or impaired. When fantasies become powerful, such individuals may be unable to anchor their fantasies to the relatively unyielding realities of everyday life, including the therapist. Even analysands with fairly strong ego functioning often experience great anxiety during periods of regression. However, unless there is sustained regression for extended periods of time, the treatment may be a form of psychotherapy but it is not psychoanalysis.

While the origins of psychotherapy lie well before Freud and the invention of the "talking cure," the near history of psychotherapy begins, of course, with psychoanalysis and the treatment, by two Viennese physicians of the several forms of hysteria that they, Josef Breuer and Sigmund Freud, described in a series of *Studies on Hysteria* published in 1895. Hysteria was then defined as a neuropathic disorder fit for diagnosis and treatment by psychiatrists, whose specialization in a branch of medicine determined how hysteria was conceptualized. We recall that, for a medical doctor, in order for pathology to be confirmed, an observable lesion (damaged tissue) or physiological dysfunction has to be identified. The treatment of the disease, which is named only when a lesion has been identified, is based on its etiology. The source of the ailment is treated, not only its symptoms. Palliative treatment is temporary while the organism, now given the advantage, heals itself. In the absence of a lesion, however, no etiology can be named, no cause of the illness can be identified, and no treatment justified. It is then just a matter of guesswork, and that is not medicine.

Freud was certain underlying neurochemical disorders would eventually be discovered to explain the neuroses he named and classified. In a series of letters to a rhinologist friend of his in Berlin, Wilhelm Fliess, he also described likely cellular anomalies of cortical functioning that might account for the neuroses. A very capable histologist, he thought he was on solid ground in hypothesizing neurological pathology, although he admitted that the lesions of the nervous system that produced hysteria and neurasthenia were too subtle to be seen at the time he investigated them. At the present time, at the end of the twentieth century, we see more, and I have no doubt that Freud would have been delighted by the findings of neuroscience.

Freud's treatment, however, and not his discussion of the causes of the diseases he had discovered, was revolutionary. In a sense, he need not have been a medical doctor to do what he did as a psychotherapist. This is why he was not opposed to lay analysts. The "talking cure" was the work of a philosopher. Freud conceptualized mental disorders as diseases of the brain, but he treated them as though they were problems of living or disturbances of the soul. He limited his method to the psychoneuroses – hysteria, anxiety neurosis, obsessional neurosis and neurasthenia – and believed that the more severe disorders of the personality, known collectively at his times as the psychoses, were untreatable by his method. Unlike some of his followers, beginning with Carl Gustav Jung, he kept his distance from dementia praecox or schizophrenia unless his investigation was buffered by time and the absence of the patient, as in the case of his study of Hofrat Paul Schreber.

Of course, Freud never found any evidence that a neurosis was a disease, i.e. a physical disorder with an observable lesion and an etiology traceable to physiological changes in the organism. Yet Freud and most psychotherapists who followed him (especially those who began their training in psychiatry) continued to assume that the medical model could accommodate what they wanted to describe and treat. In fact, however, the "talking cure" did not need the medical model, although in this country psychoanalysis needed the medical profession in order to gain legitimacy.

Orthodox psychoanalysis has diversified. There are now several varieties of psychoanalysis, not only Jung's analytical psychology and Adler's individual psychology, but versions based, for example, on object relations theory (Fairbairn and Winnicott), ego psychology (Erikson), or self psychology (Kohut). Moreover, psychoanalysis as such has been replaced for the most part by one form or another of psychoanalytic psychotherapy, primarily because of the increasing verbal incompetence of clients and the greater difficulty would-be practitioners have of learning to do psychoanalysis. As I see it, the decline in the practice of psychoanalysis is not due primarily to its expense or to the time it takes the analyst, but to the general educational background of both patient and analyst.

All forms of psychoanalytic psychotherapy differ from ordinary counseling, which provides support, education or re-education. Certain forms of psychoanalytic psychotherapy stress the analysis of transference, resistance, and ego defenses. Others are oriented to the overriding importance of the symbolic function and very early object relations. Some psychoanalytic psychotherapists analyze ego functions almost exclusively, while others continue to consider the fundamental feature of psychoanalysis to be the analysis of repressed childhood experiences, especially those from the era of the universal oedipal neurosis of early childhood. Nearly all would admit as one of the cornerstones of their work a conviction about the existence and efficacy of unconscious thought processes and feelings. It is here, of course, that existential psychotherapists part company from psychoanalysts.

We contend that there is no need to postulate unconscious mental life and the dominance of the past, whether permanently repressed or accessible to consciousness through analysis. The notion of the psyche as a mechanism is not admitted. In fact, the very distinction between mind and body, which underlies all medical psychology, including psychoanalysis, is not accepted. In short, existential psychotherapy differs from psychoanalysis in not giving privileged place to the client's past. We also define the unconscious in a very different way, as the knowledge others have of us, which they withhold from us.

During the same period that the psychodynamic psychotherapies proliferated, forms of training and human management which employed techniques of instrumental and operant conditioning were developed and employed by psychologists, educators and social workers in a variety of institutions for special populations, including the mentally retarded, institutionalized psychotics, criminals and, of course, schoolchildren. The techniques employed applied principles of one of the forms of American behaviorism and had varying degrees of success in adapting individuals to the routines of the institutions in which they were forced to spend a great part of their lives – institutions for the mentally defective, mental hospitals, jails and schools. Outside of the institutional setting, where variables could be controlled to some extent and the environment could be monitored, behaviorism had very little efficacy, with the possible exception of its application to certain simple phobias or forms of obsessive thinking.

Behaviorists also deny the dominance of the past, which they nevertheless define as the psychoanalysts do. Like us, however, they claim that only the present matters, but the present is defined not as a when or a what, but as a how; namely, the influence of physical events on the individual's body. Behaviorists may understand experience either as a system of cortical reflexes built on a few innate spinal reflexes or as a system of adjustments to responses by the environment which are evoked by emissions of behavior, which B.F. Skinner termed operants. There is no need for postulating a mind in any of this, since all responses are understood purely mechanically or physiologically. Psychological life occurs in an ongoing physical present, which

is merely another way of characterizing the system of physiological responses to stimuli. The present is biological life, pure and simple. For behaviorists, a living past, whether unconscious or accessible to consciousness, is superfluous, and the future is merely what the functioning organism disappears into as it responds to changes imposed by the environment.

By contrast, existential psychotherapists see the present as a specious realm. The present is conceptually impossible, since it cannot both change continually and solidify in a series of cross-sections of events, which is required of the present. As such, the present is not real. It is merely the fiction of psychologists who in opposition to psychodynamic psychologists deny the omnipotence of the past but at the same time cannot account for the future as something psychologically determinative for experience.

What Existential Psychotherapy Is

While psychoanalysis and many of the psychodynamic psychotherapies stress the importance of the past and cognitive-behaviorist therapies focus on the specious present, one of the distinguishing features of existential psychotherapy is its recognition that the crucial temporal dimension of the human way of being is the future.

We exist always slightly ahead of ourselves, as the Latin root word *existere* suggests. The anticipatory nature of existing is what allows and brings about the reflexive turn that permits us to be aware of what we do and who we are, all of which is denied to even the most intelligent animals, which are locked into a present of immediate needs and their gratification. Of course, the psychoanalytic model also recognizes this anticipatory characteristic of human being, but insists that pressure from the past overwhelms future-oriented existence, coloring our plans and motives so thoroughly that the future is fully and inexorably determined by the past, which it is condemned to relive and cannot overcome. At best, as a result of psychoanalysis, the past is accepted rather than fought, as it had been.

A second distinguishing feature of existential psychotherapy is its recognition of the spiritual dimension of existence, which apart from Jung's analytic psychology has been either explained away (as in Freud's treatment of religion as an illusion) or not taken seriously (as with behaviorism). Attention to the spiritual quality of human being and respect for the power of belief and commitment in life have positive valence in existential psychotherapy, where the numinous is given the same status as sexuality and cognitive ability.

A third distinguishing feature of existential psychotherapy is its suitability for the so-called personality disorders. As we know, the incidence of the classic psychoneurosis, hysteria, has declined. Obsessive-compulsive disorders and the other anxiety disorders are as common as they were in Freud's day. At the same time, however, the presence of personality disorders of many kinds (what used to be called character disorders) has increased. Borderline and narcissistic personality disorders are among the most studied, chiefly by Otto Kernberg and Heinz Kohut, respectively. Unexplained and untreatable for the most part by psychiatry, these disorders are the province of existential psychotherapy. The eccentric, erratic and fearful personalities who fall into this category of psychological disorders are best approached by existential analysis. In the personality disorders, long patterns of response and motivation have organized the person's life in ways that restrict expression or alienate the individual from others. Existence is permeated by a mixture of identifiable themes that dominate a life and an accompanying distinguishable emotional tone. Usually, there is no acute conflict or disengagement of idea from affect and the sense of reality is usually in tact. Typically, the individual is functional in day-to-day life, yet the quality of the individual's life is markedly distracted, shaky, or dominated by a style of living that alienates the individual from his family and from partners of every sort.

Very likely, psychiatry will gladly give us permission to take on the personality disorders, which might better be termed existential postures or positions. We recall that the accounts in

the DSM-IV of the etiology and treatment of this group of disorders include an admissions of failure to understand the disorders psychiatrically. We read that the causes of the personality disorders are not understood. Consequently, in the absence of clear etiology, treatment must be vague. At the very least, it is not promising. The prognosis of the personality disorders is generally poor, since the conditions are usually ego syntonic and the individual does not perceive a problem or seek help. Paradoxically, others suffer from his disorder, a curious state of affairs.

But what if the individual is set in search not of something wrong – a problem – but of something right? What are currently termed personality disorders are in fact varieties of being in a world. While psychiatry would seek to eliminate these eccentric, socially disturbing and annoying types, existential psychotherapy recognizes them as existential variants. While it is true that the antisocial personality disturbs society a great deal indeed with his criminal behavior, the narcissistic personalities annoy us with their immaturity, the borderline personalities are downright unpleasant to be around, and the histrionic personalities are tedious and puerile, as therapists, we must not allow ourselves to be in a position to judge or worry about other people in our patient's life. Even though the social problems some individuals with personality disorders engender are real, as psychologists we cannot in good conscience and with scientific precision say that individuals with personality disorders are ill, when in fact we mean that they are obnoxious, socially undesirable, or unwanted. On the other hand, these individuals, especially as they age, are sometimes persuaded that their ways are alienating and their lives are unfulfilled. They feel isolated from others, their relationships are unsatisfying, but they are unable to pinpoint anything "wrong" with themselves. Their lives as such and as a whole are out of kilter and off-balance, or the tone of their experience produces vertigo or prevents them from moving on. Here, by the way, being stuck (depression) is often a prominent moment of their existence. And so, they seek clarification or illumination of the texture of their world, which existential psychotherapists are able to help them discover.

The so-called mood disorders are yet another realm of psychiatric psychopathology that existential psychotherapy is well suited to treat. We understand that everyone is always in a mood, although most of the time a person cannot say just what that mood is. One's mood or attunement may suddenly be highlighted, however, and when it is the individual is likely to find herself immobilized (depressed) or scattered (manic). His world thickens, moves in slow motion or is even frozen for long stretches, or it flashes by in a chaos of images and sounds. Feeling at sea, the world is gray and indistinct, awash in a *mal de mer*, or caught in a chaos of undulating forms objects blend with one another and with the individual's thoughts. As is always the case, the individual's existence and her world are indistinguishable, but when one's attunement is "audible," the contours and tone of being in a world are highlighted.

Psychiatrists now regularly treat the mood disorders with a cocktail of so-called "mood stabilizers" and other psychotropic medications, but while the patient's perception of the world may be adjusted neurophysiologically by the use of medications, the world itself and his own existence remain unchanged. Much the same happens when I drink a glass of wine. In either case, once the substance is metabolized everything returns to as it was. The world resumes its peculiar shape when the palliatives are withdrawn.

Existential psychotherapists are in a better position to understand the personality and mood disorders, since we know they are in fact orders, though of an unfamiliar, socially inconvenient or deviant sort.

An Outline of Existential Psychotherapy

How does our way of treating a client differ from other approaches? It has been said that every effective psychotherapist (to borrow Helmut Kaiser's phrase) is an existential psychotherapist and that, regardless of one's theoretical model, when a person is seen as a whole, he is seen

existentially. It has been confirmed that, in practice, seasoned therapists of all stripes leave behind their theoretical constructs when facing another human being in the therapeutic setting. Theory must then be elaborated in complex ways in order to account for this simple fact.

A behaviorist, who focuses on bits of behavior, understood as movements, and cannot see her patient as a whole. Similarly, a psychoanalyst understands her patient to be an ensemble of structures and functions, the unity of which is sacrificed in consideration of the mutual influences of three agencies, the id, ego and superego. An existential psychotherapist, by contrast, sees before him another autonomous human being, whose existence is positioned in such a way that the world is no longer hospitable. The world is *unheimlich* (uncanny) and uninhabitable for the individual. He does not see the "other" sitting there as a body or a psyche, but rather as an instance of embodied existence, temporal through and through and time-constituting, not *in* time as a span of time, not an object occupying a series of points in the flow of objective chronometric time.

An existential therapist does not assume a position of power by formulating a diagnosis in order to determine how to proceed. Sitting across from him is a unique instance of being in a world, as different from any other instance of human be-ing as, say, two animal species differ from each other. He is encountered by a way of be-ing that, as a function of the individual's temporality, is thoroughly immersed in language, which has the client just as it has the therapist. The therapeutic pair are subject to the dispensations of language, to which each participant responds differently in dialogue.

Like the therapist, the other person sitting there is known to be implicated in a network of human relationships. An existential therapist assumes that the person's humanity has been transferred to her through a relationship, typically the very early, socially formative relationship with her mother. This coexistence is a feature of existence.

All of the features of existence are equally fundamental and primordial.

An existential therapist does not attempt to change his client's personality, modify her behavior, or help her adjust to her current life situation. These ways of working with another human be-ing in a world are based on constructs which fail to see the structure of human be-ing as existence, which Martin Heidegger famously called *Da-sein*, literally, be-ing here and now for a while in a particular historical setting.

What does an existential therapist do for his client? We assume that the physical is distinguishable from the social at only a very abstract and artificial level. We cannot even say that the physical and the social are mutually influential, since they are indistinguishable at the level of existence, where experience arises. In other words, like the distinction between mind and body, the distinction between body and society, the individual and the group, has surpassed where experience arises. And that is where existential psychotherapy takes place. Either element of the pairs mentioned presupposes the other and both presuppose our being in a world. Starting from either point of view obscures our understanding of human life at the outset.

Who Is an Existential Psychotherapist?

Perhaps one of the most important issues to raise in our culture of credentials is the training of existential psychotherapists. Currently, the programs of study in existential psychotherapy are few in number. The opportunities to study are at the time limited to the Center for Existential Therapy, the California School of Professional Psychology, the California Institute of Integral Studies and the Saybrook Institute, all in the San Francisco Bay area. The models for training offered at these places are excellent, as is that offered by the School of Psychotherapy and Counselling at Regents College, London.

The important question is whether traditional programs in clinical psychology are appropriate for the existential psychotherapist. Clearly, the answer is a resounding "No." Only a

few who have persevered through such courses of study, especially to the terminal degree, remain existential in orientation.

The heart of the matter, however, is not whether models for training exist and whether they work. Clearly, they do, as the example of the British group attests. What calls for our attention is accrediting agencies, the government, and other professional psychotherapists. Here where we find ourselves at a crossroads. The only solution is clean severance from the tradition based on the medical model. Like Freud and the first-generation psychoanalysts, existential psychotherapists must declare their independence from the practices of psychiatry. Unlike the psychoanalysts, however, we must not remain connected with the medical profession.

How should an existential psychotherapist be prepared? Broad liberal education and personal psychotherapy are the key elements in the training of an existential psychotherapist. We may recall Freud's view that, apart from a personal analysis, wide reading, not knowledge and experience of science, was the best preparation for a psychoanalyst. The same holds for an existential psychotherapist. Unlike Freud, however, we would say that lack of allegiance to any theoretical model is another criterion an existential analyst.

Anyone in the field of clinical psychology knows that one can meet every requirement of a training program and still not be an effective psychotherapist. Many attempts have been made to discriminate personality characteristics of good therapists in general, but there are no helpful lists of personal characteristics that mark a good psychotherapist. I think we must finally admit that we do not know what the characteristics of a good psychotherapist are. That does not admit lack of clarity, but rather points to some imponderables. Freud once spoke of the three "impossible professions": teaching, leading and healing. They are impossible because what makes a good teacher, leader or psychotherapist is nothing he has been taught. All three are callings. No one is ever a success in these areas, perhaps because in practicing in these fields, we are always trying to find out what our impulse to teach others, lead others, or do therapy with others really amounts to. Here we may recall the common origin of teachers, judges and physicians in the shaman. I suspect that any insights about what makes a good psychotherapist (like a good physician, judge or teacher) will have to wait until we understand what makes a good shaman.

We know only this much: all three ways of life are callings, not professions. One cannot fabricate a good teacher, no matter how many courses on materials and methods she takes. The discernment of a great leader or judge is not the result of instruction. Finally, the features of an effective psychotherapist are elusive, yet palpable in his personality. It is just this unique quality that existential psychotherapists recognize in therapists of any theoretical commitment when they say that all effective therapists are existential.

Can we be more specific here? I would follow Freud by saying that a lifetime of wide reading, especially of history and literature, is without doubt the best preparation for doing psychotherapy. Familiarity with languages and the great variety of cultures, characters and civilizations, including their literatures and religious traditions, that have grown up is also essential best background for someone seeks to understand another human being.

I think we must admit that, like a joke, a human being can be described but not explained. This is where clinical psychology has failed. In attempting to explain (which is what science hopes to do) what cannot be explained, clinical psychology has destroyed its object. He has ruined the joke. The existential psychotherapist accepts who is there before him, without attempting to explain her. He assumes a mystery, not an instance of a pattern or configuration of traits. He sees the individual as an order, not a disorder. As Boss used to say, the therapist does not ask the client "Why" but says "Why not?". As Wilfred Bion said, he approaches the person without desire, memory or understanding, as though he is meeting the person for the first time, every time. An existential psychotherapist must value the freedom of the individual to discover who she is and to change, if she desires to do so.

The programs in psychoanalysis and psychoanalytic can help us with their example. The most important element of any training program in existential psychotherapy must be one's own experience of psychotherapy. Here and in supervised work with clients the final decisions must be made about who is qualified to practice existential psychotherapy. We must welcome candidates from far-ranging fields, as psychoanalysis did in its early days. Above all, we must realize that a traditional education in psychology may not be the best preparation for all candidates.

In the end, we will have to convince academic psychology and the public that what we do is legitimate. This will come from the testimony of the people with whom we work.

Endnotes

1. No attempt has been made to update the bibliography of books and articles published since the appearance of this paper – with one exception: Ernesto Spinelli and Sue Marshall (eds.), *Embodies Theories* (New York: Continuum,2001), which contains the author's "The Body I Am: Lived Experience and Existential Change (Existential Psychotherapy)" (pp. 81-97).
2. First available in German in 1987, Martin Heidegger, *Zollikon Seminars: Protocols – Conversations – Letters* (edited by Medard Boss) finally appeared in 2001 (Evanston: Northwestern University Press), translated by Franz Mayr and Richard Askay.
3. Freud's neuroanatomical prescience has recently been confirmed by the work of Mark Solms, in *The Brain and the Inner World* (New York: Other Pres, 2002).

III. Existential Therapy on Heideggerian Principles (1997)

first published in *Journal of the Society for Existential Analysis* 8(1), 1997, pp. 57-75.

Note: The following article establishes the theoretical foundations of existential analysis in the work of Martin Heidegger as it was transmitted to clinical psychology by the Swiss psychiatrist Medard Boss.

Introduction

Existence, the human kind of be-ing, is caught in a curious stance, which I like to imagine as having one foot planted against the earth and the other pointing to the zenith overhead. Unsteady with each step, off-balance and vulnerable as a result, stretched between its birth to parents it did not chose and an inevitable death of which it cannot fail to remind itself time and again, each human being is an experiment in be-ing in the human way. The presuppositions on which this view is based are derived from Martin Heidegger's analysis of existence [*Dasein*]. In what follows, I will outline the features of an existential therapy that is based upon the principles of Heidegger's philosophy.

Everything, including human beings, is characterized by its particular kind of be-ing [*Seiende*], but for Heidegger, only the human kind of be-ing exists. Human be-ing is existence. The unique character of existence is be-ing a concrete historical way of life [*Existenz*].

Only man exists. A rock is, but it does not exist. A tree is, but it does not exist. A horse is, but it does not exist. An angel is, but it does not exist. God is, but he does not exist. The statement that "only man exists" in no way means to say that only the human <kind of> be-ing is real, and thus every other <kind of> be-ing is unreal and only a semblance or idea for man. The statement that "man exists" means that man is the only <kind of> being whose be-ing is marked by be[-ing] [*Sein*] as the outstanding instance of the emergence of be[-ing].

Appreciating what Heidegger says in these sentences is essential to understanding what he means in general by existence. The text from which they are drawn is late (1949), but even by the time of *Sein und Zeit* (1927), in which Heidegger clarified the ontological structure of existence for the first time, the verb *existieren* is already reserved exclusively for the human kind of be-ing. Forms of .the verb *sein* apply to everything else: things of nature, things fabricated by human beings, even divine things, but also to the human body [*Leib*]. The unique status of the human body – that it both is and exists – means that the human body holds a crucial place in existential psychology and in therapy based upon it. The nature of the human body determines the fact that the human way of be-ing is existence, but the human body, like any living thing, also "is." This paradox figures as the primary source of disturbances of existence.

Heidegger's characterization of existence as manifesting itself as a concrete historical life has been the source of a great deal of misunderstanding. It is important to be clear from the outset that Heidegger's use of the term *Existenz* is quite different form that of his colleagues, especially Karl Jaspers. The human body may be seen from two perspectives: there is, first, *the body I am*, the "lived body" or "existential body," which encounters others and is validated by others. Then there is what may be termed *the body I have*, which bears the traces of my past. Here talk of the human body as a Cartesian *res extensa*, as distinguished from a *res cogitans*, has been left behind. German nicely distinguishes between the human [Körper] (the body I

have) and the body I am [*Leib*] (the lived body). I will have recourse to this distinction frequently in the course of the following discussion.

To begin, it will be helpful to outline the basic features of existence.

The Interrogative Stance

A first essential feature of existence is its interrogative stance. By this I mean that human beings ask questions. Like other animals, we are initially astonished by what we experience. Sometimes this becomes mere curiosity. Unlike animals, however, we find things amiss, in nature and among ourselves, so that we ask why things are as they are and seek answers that we think will enable us to improve upon what we take to be an unfinished job. We attempt to modify nature and improve what we take to be human nature. Our answers to the questions we raise do not bring satisfaction, however, and the indicative statements we generate as answers to the questions we raise only evoke further questions.

We are able to raise questions because we have a relation to language. The basic form of language, according to Heidegger, is interrogative. Its indicative or declarative forms are secondary. We attempt to speak what we think, although with just how much success, we cannot say. According to Heidegger, this is because a thinker never understands his own thought and must rely on interpretations of what he utters in order to guess at what he might be thinking. In general, we know that we speak, although we are not sure what language is, which in turn means that we do not understand how language has arisen. All we know is that language is a gift and a responsibility which both connects us with our thinking and distances us from it. For Heidegger, language hides as much as it reveals.

Existence is Coexistence

A second feature of existence is that human beings cannot exist alone. Human be-ing is existence with others or coexistence. Human bodies can be isolated from one another, of course, but even under those circumstances they are always there [*da*], with us. In fact, others are most there when they are absent. As the examples of feral children show, an member of *homo sapiens* reared apart from other human beings does not become a human kind of be-ing. We become and remain human only by acts of what I term existential validation (or, simply, validation) of our be-ing human. Acts of validation are mutual, beginning with the existence-bestowing series of acts of validation that occur between a newborn and the mothering figure.

From an existential point of view, it is difficult to say how we should conceptualize a feral child. Is it human? Genetically, as an example of *homo sapiens*, it is human, but existentially, it is not. One's existence is bestowed on him during the first months of life, and in ensuing encounters with others during childhood and adulthood, in acts of revalidation we continue to accept our existence from others, while at the same time bestowing it on others. Being encountered is the initial moment of every instance of existential validation, including those which are therapeutic.

Many interpersonal experiences are not instances of existential validation. They are characterized by the exertion of power by one member of the pair over the other. Beginning in infancy, of course, human experience is comprised of both power relations and experiences of existential validation, but the latter are primary.

The unique feature of existential validation is its equimutuality. We validate each other in *the human look or gaze, by the human touch, and in speaking to each other* (or withholding speech). These are the basic features of existence in rough outline. There is a great deal more to be said about them, but the pathology of existence is my concern here. What is the possible sense of a pathology of existence? What can existential therapy mean? What are its principles

and underlying presuppositions? What can an existential therapist do? I want to briefly address these questions in what follows.

What Is Existential Therapy?

I do not use the term "psychotherapy" here, because existential therapy is not directed to what has been called the psyche. The distinction between the psyche, or subject, and soma, or object, which was instituted by René Descartes, is not confirmed by experience. The failure of modern psychology to fulfil its promises can be traced to this faulty characterization of the human being as a subject set over against objects, including the subject's most important object, its own lived body. I reluctantly use the term "therapy," because, in fact, in existential therapy nothing is being treated and in contemporary medical usage, therapy means the treatment of something. Existential therapy is not directed at what the person is, but rather at his or her existence.

It is well known that current concepts of psychological treatment or psychotherapy (including psychoanalysis and psychoanalytic psychotherapy) are based on the tradition of medical therapeutics, in which procedures are carried out on the depersonalized organism, not the human being, who is thought to inhabit its body in some way. Of course, only by treating the body as a sort of living corpse can the physician regard what he treats with the requisite objectivity and carry out painful procedures on the body of the person who is not only his patient but also a cohort. The physician's training begins with the cadaver, which remains the prototype of the patient who is treated. On analogy with the physical organism understood in this way, the psyche is also subjected to treatment. Existential therapy, however, is directed at the existence of the person, not a subject. It is directed precisely at a cohort, someone who coexists with the therapist. Thus I retain the term "therapy" but with many misgivings, using it in its original meaning as care for or attendance to someone not treatment of a body or a mind (psyche).

Existential therapy is care for the existence of the person, not for what he is. It takes place in the traditional psychoanalytic setting, in which the usual parameters of monetary compensation for a service provided are observed, but only on the condition that the autonomy of the person is observed and preserved throughout. It should be added that existential therapy is not possible when a fee is paid by anyone other than the patient, since existential therapy precludes the involvement of third parties, including employers, representatives of insurance companies, courts or schools, and other family members. I therefore question whether a dependent child or adolescent can participate in existential therapy since neither is usually able to negotiate the financial arrangement between therapist and patient. I should add that I also use the term "patient" with great reservation, since the person who seeks existential therapy is not in any conventional sense ill. He has not been injured, nor does he feel the effects of a deranged physical process. The therapist does not intervene or direct the person to carry out a certain regimen. He does not prescribe or exercise power over the patient.

A physician, who considers disease processes to be the signs of a viable organism, always aids the body in its self-restorative tendency. He appreciates that the symptoms of physical misery, while disagreeable, are nonetheless signs of an organism fighting for health. Of course, he attempts to alleviate pain whenever possible, once the cause of the illness or injury has been determined clinically. By contrast, the existential therapist, in his concern for the existence of the other, helps bring the process of existential validation to the person's awareness and therefore *disturbs* the patient in important ways. Much like a surgeon, in the interest of the patient's overall well-being, he may cause pain where there was none before. As I will show, the existential therapist in general works against the patient's status quo.

With these considerations in mind, I nevertheless retain the term "patient" to describe the person who comes to existential therapy, since he initially agrees to undergo the experience, just

as a conscious patient agrees to the medical procedures to which he then submits. In existential therapy, the therapeutic element is what I term the validation (or revalidation) of a person's existence. As already indicated, validation is the mutual conferring of existence. It is always dual. Existence is conferred by the gaze, touch and in speech. As I have illustrated elsewhere, its paradigm is the greeting.

In existential therapy, what occurs spontaneously in human life in certain situations becomes the focus of interaction between patient and therapist. I will try to explain what this means. Since it makes no sense to say that someone's existence *is* in any way, strictly speaking therefore existential therapy is not directed at a person's existence. A person's existence cannot be captured. It is fleeting, yet it is the most real feature of the human way of being. Like a subatomic particle, it is never fixed and therefore cannot be located, yet evidence of it can be found, although the indications of existence lack the presence and permanence of what is. Existence lacks presence because it is always, so to speak, just ahead of the person's consciousness of what is going on with himself.

Only another human being can observe and attest to my existence. I can take hold of my existence just as little as the other person, who sees indications of it, can grasp it or bring it to a standstill for observation and scrutiny. The indications of existence are the same as the acts that validate existence: the gaze, the human touch, and language. But if it is the case that existence is nothing determinate, what, then, is existential therapy directed at? Existential therapy is directed at all that the person is not, but always within the scope and span of what the human kind of being can be. Traditional psychotherapy begins with a certain notion of human nature which is described by or implied by the theory of personality on which the particular brand of psychotherapy is based. Existential psychology assumes, by contrast, that human nature or what it is to be human has not yet been decided and that each existence is an instance of human life that has not existed before and cannot be repeated. Each of us is, in a sense, a species unto itself, an experiment of human possibility which provides its own evidence.

Some Presuppositions of Existential Therapy

There are a number of presuppositions at work which form the distinction between the body I have and the body I am, which is the foundation of the theory of existential therapy.

Existence Is Time

Existence is temporal. Like anyone else, the patient exists his own time. Time is not a product of human life. It is indistinguishable from existence. As Heidegger said as early as 1924: "Existence . . . is itself time, [it is] not in time." Lived time (*le temps vécu*) is not a measurable stretch or segment of a span of time. Each person's time is unique to him and it is only with great difficulty, and only rarely, that any two of us coordinate our lived times, but even if we do the coordination is brief and difficult to sustain. The coordination of lived times occurs in moments existential validation, but it also occurs, for example, in the performative confluence of playing music with someone else, in ritual and sacrament, and in mutual orgasm. When such coordination occurs in therapy, it is due to the characteristics of the therapeutic situation and efforts of the therapist.

Throughout our lives, we make an effort to coordinate our lived times by reference to diurnal events and, of course, to clocks, which, contrary to clocks, which, contrary to the express evidence of the cyclic passage of cosmic regularities, conceive time as linear duration along a continuum. These efforts make for the establishment of important social institutions. Linear or chronometric time is, however, a derivative of lived time, which, like cosmic regularities, is cyclic or, more properly, circular. On occasion, including the experiences mentioned above but also in power relations, two or more existences may coincide.

I would like to characterize the existential therapist as a specialist in lived time who tries to understand the lived time of his patient nevertheless experiences pain of various kinds.¹⁷The body I have has from his perspective, as an outsider, on his patient's existence. The existential therapist attempts to coordinate his lived time with the patient's lived time, which is to say, to his existence. He is then in a position to begin to understand the patient's world. As a therapist, the congruence that results is an opportunity for the validation of the patient.

An Instance of the Human Kind of Be-ing Both Is and Exists

In general, from the point of view of his lived body, a person both *is* and exists. As indicated earlier, to admit this does not, however, entail claiming that a person is divided into his "being" and his "existence." The distinction is only virtual and does not introduce a new dualism. It merely allows for two perspectives on the real person: his own perspective and the perspective of an other. The distinction between the body I have and the body I am, which was made earlier, allows me to develop Heidegger's view that existence is always coexistence and apply it to existential therapy.

Applying the distinctions made, we say that both patient and therapist have access to the body the patient has, but only the therapist (and here he is no different from an other "outsider") has access to the body the patient is. All that I *am* is marked upon the body I have, and there is no denying that the body I have allows people to identify me as something and someone. But I exist, and my existence and what I am calling the body I am are the same. The human organism is the site of this dual perspective of what I am and my existence. As Heidegger explains, this duality makes the human body different from the animal body. The body I have is the physical body studied by natural science, but I do not experience it as something different or separate from my existence, simply because I cannot experience my existence at all. Only an other can do this.

The existential therapist helps the patient understand this double perspective of the human body, which is the site of the ambiguity about what he *is* and his existence. It is well known among therapists that nearly all complaints that bring someone to a therapist of any kind concern how the patient experiences his body, in the terminology of this paper, the body he has. For example, he says he feels shaky or nervous, he is fatigued, paraesthesiae haunt his limbs, he feels palpitations in his chest, he feels crawling sensations on his scalp, he has vague abdominal aches, and so on. As such, his body has been reduced to *something*, what I have termed the body he has, and in the absence of any lesions (which also reduce the lived body to the body one has), he nevertheless experiences "physical" pains of various kinds. The body I have has a past. It openly reveals its genetic heritage including its sex. It also exemplifies how the person sees himself, since the body he has has come to represent how he has cared or failed to care for his lived body. The way he carries himself, the way he sits, the ways he dresses himself, what he chooses to expose or hide – all reveal how the patient sees the body he has. The body he has shows the scars left from minor or horrible injuries. Changes in hair style and clothing, loss or gain of weight, change in his shape and proportions, all of which changes in the body one has, signal changes in the person's existence, as we will see.

The body one has is, however, an illusory thing, in that the lived body itself, which is in constant interaction with its environment, sometimes in very noticeable ways (for example, by accidents). The persistent illusion that the body one has is a fixed item has come to overshadow the changing nature of the body one is, the lived (existing) body. This has happened under the dominance of the Cartesian view of the body as a *res extensa*, and it is a habit of conception that is hard to modify.

When we say that a child has little sense of his body, we mean simply that he has little sense of the body he has. An infant's body or a young child's body is entirely a lived body. He has not yet been convinced that he has anything like a Cartesian body. This body becomes the focus of what Erik Erikson has termed the child's psychosocial identity. By contrast, the body one

is or the lived body is the body that moves, exercises, performs, makes love, fights. Transitive action verbs are used to describe it. The body one is speaks words and announces nonverbally what the person may not have the words to express. The existential therapist attempts to help the person become aware of the body he is.

Only others have direct access to the body one is. For ease of exposition, let me put this in first-person terms. Only an other has access to the body I am. I am barred from it by the body I have, which dominates my world as the embodiment of my past. To the extent that I have access to the body I have, I also have access to my lived time. What I do not have access to is my

existential body or lived body. I regularly come to know about my existence from others, just as I first had my existence bestowed on me by another, the mothering figure of my infancy. These fundamental experiences of validation become the focus of existential therapy, in which the patient comes to recognize the encounters in which his existence was and is bestowed on and reaffirmed in him and in which he at the same time bestows existence on others.

With respect to what I am, the body I have is the most important *thing* in my world, but from the perspective of my existence it may not be. My existence is constantly manifesting itself as, for example, a religious, political, moral, philosophical, or scientific life. Like a flame, my existence plays on the surface of things that comprise my world, including the body I am. It gives these things the meaning they have in consonance with my existence. Existence occurs at the things that encounter me, including the body I have. Thus, my existence does not occur "inside" me or my psyche, or "inside" my body. The image of the person as a container for hidden processes (the word 'person' derives from the Latin *persona*, which means a mask) has obscured the fact that my existence is out here [*da*], at the things that encounter me, once again, including the body I have. A person's existence occurs between it and another person's existence, at the things with which we deal together, including the bodies we are. Existence occurs between pairs of people, just as it originated for each of us in the dyad of infant and mothering figure. Existential validation, including its occurrence in the therapeutic setting, as we will see, is always a two-person phenomenon. As Buber said: "In the beginning was the we."

The patient's body eventually betrays the lack of an interior. The hidden parts of the body he has are, of course, covered by integument and skeletomuscular structure, but this is not what people have in mind when they talk about what is going on "inside," "in" their "inner world" of affects, images and thoughts – the so-called representational world. The introspective turn is once again the legacy of Descartes. To his great disappointment, the patient finds that there is nothing "inside" himself except physical organs and empty spaces. While the body I have (including its hidden parts) is one of the things (and a very important thing at that) at which my existence takes place, it is not the only thing that confronts me and, most of the time, it is not the most important site of my existence. When my existence becomes an issue for me, however, that is to say, in instances of existential pathology, the body I have tends to take center stage because it has become objectified as the body I have. Rarely is the body one has not a major focus for the person whose existence is disturbed. Increased interest in the body one has is a consequence of increasing estrangement from one's existence. We see this in extreme instances in so-called hypochondriasis.

Existence also occurs, of course, at many other things, including especially the body the other has. For each of us, the earliest of these sites is, of course, the mothering figure's body and, later, at what the British psychoanalyst Donald Winnicott called transitional objects. The expanding and contracting world of the older child and of adults encompasses innumerable sites where one's existence occurs. These are the things that comprise one's world, and being in a world, as Heidegger says, is the essence of existence. What disturbs the patient who seeks attention is a change in the things that comprise his world. The disturbed world, which is a correlate of one's lived time, has changed *tout court*, and in such a way that the person has been unable to appreciate the change. Please notice that I did not say "the disturbed person."

Existential Pathology and Therapy

Like nearly all terms in psychiatry and clinical psychology, the term 'pathology' is borrowed from medicine. Pathology implies a lesion of some sort. Yet nothing is dysfunctional when someone's world changes. In and of itself, the new world has nothing positive or negative about it, because in general, the things that comprise one's world are not objects of valuation. The effects of an accident or physical illness will also introduce changes which also affect one's existence, but only, in the first place, by way of their influence on the body one has. All the same, I will retain the expression "existential pathology" to characterize the change in world that causes a person to suffer. A person becomes a patient when his world has changed, and in such a way that he cannot appreciate it and therefore rejects it. The source of existential pathology is refusal of world.

What can existential therapy mean? Perhaps someone, the patient, has gone looking for an inner world and, assuming that he thinks he has found one, has elaborated a solipsistic illusion of processes and structures to account for his experience. Most patients will have had at least one such experience in traditional psychotherapy, or they will have become accustomed to thinking in terms of intrapsychic events. In any event, the person suffers because his world has changed and he cannot live in it. He may seek understanding of what has happened. Existential therapy has no interest in modifying behaviour or bringing about change. It focuses, rather, on how the patient understands what has already changed.

Existential Change

Existential therapy illuminates and confirms existential change, that is, *that* change in the patient's world has occurred and *how* it has changed. Why the patient's world has changed may be of great interest, but it is not an issue of existential therapy.

What does a change in world mean? Again, allow me to revert to the first-person. My existence is always at play, but ordinarily the lineaments of my world remain fairly stable. I seem to see that things are more or less the same day after day. The determinacy of things is for the most part steady and their use remains more or less fixed. But when, for example, I am unexpectedly visited by a friend whom I have not seen for a long time, the world changes entirely; or I am married or am confirmed in a religious rite; or I am told I have cancer or that my mother has died; or I am fired from my job or I realize I have gotten old; or I am awarded a Ph.D. or realize I don't love my wife any more . . . I may welcome the new world and accept it. In instances of existential pathology, however, I refuse the changed world. My lived time is so dramatically different that I do not know what time it (the world) is or, better, I do not know what time I am. It may take me hours, weeks or years to fully grasp what has changed.

It is my view that the period of gradual understanding of the change of one's world has been mistaken for a slow process of change. On analogy with physical growth and maturation, psychologists have called this development, which they have contrasted with deterioration or involution. Existential psychology challenges the notion of development, which, like so much in modern psychology, is based on the Cartesian model of physical structures, and organic functions and processes. Of course, my world is always changing in small, indiscernible ways, but as in the examples given above, it may change dramatically all at once, and during the period that follows, I come to understand what has changed – or I do not, and there is an instance of existential pathology. It is clear that my world may change as a result of bodily processes or an accidents, but it also changes in ritual and sacrament, in conversion or change of belief (religious, moral or political), and in so-called mystical experiences. Existence may also change in existential therapy.

Talk about existential pathology is talk about the things in someone's world, including the body he has. Existential pathology refers to the experience of the things that comprise a person's world, which are indistinguishable from that world, and of his lived time. Thus, the site of existential pathology is the patient's world, not inside the patient's psyche. It is impossible to separate his experience of things from his world and lived time.

When my world changes, not only does my face change, but so also does the face (*facies*) of all of the things at which my existence occurs. The existential therapist helps the patient see that "things have changed" and how these things have changed. The disorder is at the things, not in the patient.

The Aims of Existential Therapy

The primary goal of existential therapy is to reveal the patient's existence. In view of what has been said, the patient's body (the body he has) becomes the initial focus, since the patient has turned back to it and away from the body he is, although he does not know this. The therapist observes how the patient lives (makes) his time and reveals what he sees to the patient. The body becomes an object of importance in the patient's world as a site of the patient's existence, and as something in the patient's world, the therapist also becomes a site of the patient's existence. While the importance of the patient's body as a site of his existence cannot be overlooked, too little attention has been paid to the non-human things in a patient's world. These are equally revealing sites of the patient's world, so that the therapist learns a great deal about the patient's world from observing how the patient experiences inanimate objects, including clothing and myriad things a patient handles in the course of a day, including a therapy session.

A person, I have suggested, is the site or *topos* of a world. The patient comes to therapy to become familiar with his world. He complains that nothing is the same any more. Things do not feel right. Everything is wrong. Nothing is working. Nothing makes sense. Only gradually does the patient begin to focus on the seemingly trivial things that make up his world, and as these little things come into view, the outlines and then the details of his world as a whole become discernible to him.

The therapeutic situation is unique in allowing the patient's world leeway and room to become discernible. The therapeutic "space" allows "distance" among things and lights them up, so that they become distinguishable. The patient has also become estranged from his lived time, an outsider in his own time, an *étranger*. He comes to the therapist for an understanding of his time, and perhaps for a different time. As we have seen, he does not come to be changed. He has already changed and wants to find out what has happened. The patient comes to an existential therapist for a different time, one which allows him to discover his own lived time. He does not want to be treated, advised, trained, re-educated, tamed, informed, or corrected. For this, he may turn to teachers, attorneys and physicians. He comes to existential therapy to be taken seriously, to be seen and heard again in his own time and world. In part, we see that he has been silenced and made invisible by having lost the validation of his existence and this is one reason why he has become a patient.

In a sense, every patient's problem is the same: his existence is not being validated, but he does not realize that the reason for this is his own failure to validate the existence of others. Since validation is always mutual, when the patient loses sight of the existence of others, he himself becomes invisible. When, as a result, his own existence is not met and validated by that of others, he ceases to speak about things, and in this sense he is silenced. What then does he speak about instead? He talks for the most part about what others are and what he is. He has also become preoccupied with trying to make his personal past remain the same, which takes a great deal of effort, since the past is always changing. The existential therapist encourages the patient to focus on the existence of the therapist, so that the patient can (perhaps for the first time) indirectly become aware of his own existence.

The therapist's existence passes under the gaze of the patient, whose own existence is validated. The therapist brings his existence to the patient somewhat as a newborn's mother brings her existence to the infant, and as in neonatal life, access is opened for the patient to look and speak, and for his existence to become visible.

One human interaction exemplifies the validation of existence: the greeting. In mentioning it at this point, I want to highlight what is typically the first encounter between a therapist and a patient, and at the same time an opportunity for validation of the patient's existence. The greeting combines the three modes of existential encounter: the gaze, touch and speech, I do not mean to imply that the greeting is in and of itself therapeutic, but what happens in the exchange of a greeting often sets the stage for other experiences of validation in existential therapy.

The patient suffers. He says "I feel depressed." His complaint is a question that cannot be asked. It masks as an assertion or it speaks mutely, for example, as a feeling, a physical complaint (pain), or an unverifiable and unusual perception (hallucination). For the existential therapist, all symptoms speak for the existence of the person, not for what he is. For this reason, it has never been possible in psychology to explain symptoms in a satisfactory way in either physical or psychological terms alone. A symptom is neither something physical nor something psychological, but rather belongs to the existence of the person. It expresses the person's existence, not what he is, like the physical sign of a disease process.

The therapist helps the patient express in words or other forms of expression what his existence is expressing mutely or in other forms of communication such as play and fantasy. There is as much in the gaze and the human touch as there is in words to evoke the words the patient lacks. In working with so-called deteriorated or decompensated patients, the therapeutic gaze or touch may evoke more than the therapeutic word is capable of doing, yet the look or gesture must eventually be translated into words.

Each existential therapist's approach is unique. How could it be otherwise, since his existence is unique. Following the ancient rule to "do no harm," certain interventions can be specified which are to be avoided, so that an existential therapist can be taught what not to do, but he cannot be taught what to do as a therapist.

Notes

1. I present the lineaments of an existential psychology on Heideggerian principles in "Human Being and Existence. The Beginnings of an Existential Psychology."
2. "Einleitung zu 'Was ist Metaphysik?'. Der Rückgang in den Grund der Metaphysik" (1949), in *Wegmarken*, Martin Heidegger Gesamtausgabe 9, 1976, p. 374. I translate *Sein* with the somewhat awkward construction 'be[-ing]', which I pronounce "be." This is meant to point out the problematic nature of *Sein* in Heidegger's thinking and to illustrate the be in every kind of being (*Seiende*).
3. For Jaspers, *Existenz* is human life as characterized by limit situations. His notion of *Existenz* is grounded in Wilhelm Dilthey's *Lebensphilosophie*, which, along with Nietzsche's challenging view of European man, spawned twentieth-century Existentialism. Heidegger is emphatically not an Existentialist in this tradition, as his usage of the word *Existenz* illustrates. For some of the background of the use of the term *Existenz* by Heidegger and Jaspers, see Theodore Kisiel, "Existenz in Incubation on the Way Toward Being and Time," in Babette E. Babich (ed.), *From Phenomenology to Thought, Errancy, and Desire* (1995) Dordrecht: Kluwer, pp. 89-114, and the author's *Translating Heidegger* (Amherst: Humanity Books, 2004).

4. The word 'other' is shorthand for "another existence." I use the word 'validate' to describe the unique experience of encounter between two existences. Validation of existence occurs, for example, in nursing an infant, making love, undergoing ritual and sacrament, and making a psychiatric diagnosis.

5. The following observations are based on twenty-five years of clinical practice. My observations come from work with outpatients seen in a suburban community mental health clinic, college students at a small liberal arts college's seen in a walk-in counseling center, students attending a private school for emotionally disturbed adolescents, young adult criminals from innercity neighborhoods of a large metropolitan center who were seen while on special training leave at a non-residential state- and city-subsidized school for educational and vocational rehabilitation, adults seen in two out-patient clinics in a large city, and individuals seen in private practice in existential psychotherapy.

6. Thomas Szasz has written repeatedly and eloquently about ¹ autonomous psychotherapy.

7. Should what is termed schizophrenia, bipolar disorders and the like ever be found to have a physiological etiology, which many psychiatrists have predicated will happen, the conditions would then be the province of medicine, not psychology. Currently, the other psychological disorders that include primarily "physical symptoms" are somatoform disorders. See the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, Fourth Edition (Text Revision), Washington: American Psychiatric Association, 2000, p. 445 ff.

8. Nor will the term 'counseling' work for what the existential therapist does, since one of the immediate effects of existential therapy is insight, while the primary tasks of counseling are to provide support, inform, and give advice.

9. See "Existence and Being: The Beginnings of an Existential Psychology," p. 119.

10. As first outlined by Heidegger, the structure of existence comprises the categories or existentialia of existence. They also limn the scope of human possibilities. There are important ontological questions here that are beyond the scope of this paper; for example, the question about how to understand the duality of be-ing and existence in the human kind of be-ing. Briefly, the duality is only virtual or perspectival, while, the unity of the person (existence) is real.

11. *The Concept of Time* (1992) London: Blackwell, pp. 13-14. "Das Dasein . . . ist die Zeit selbst, nicht in die Zeit." This is a bilingual edition, with a translation by William McNeill, of Heidegger's address to the Marburg University theology faculty in July 1924, first published in 1989 as *Der Begriff der Zeit*, Niemeyer: Tübingen.

12. I borrow the term, of course, from Eugene Minkowski, *Lived Time* [1933], Evanston: Northwestern University Press, 1970.

13. These experiences are important to study in order to better understand existential validation, which is their prototype.

14. The face of the traditional clock is deceptive in this regard. A temporal cycle is not a closed line, as defined by geometry, which the circumference of a clock's face suggests. Another image may be helpful. A human cycle of lived time can be thought of as one of many possible closed circuits across the surface a sphere, and our several existences may be likened to such circles that run across the same sphere.

15. See Part II of Heidegger's *Die Grundbegiffe der Metaphysik. Welt-Endlichkeit-Einsamkeit* (1929-30), translated by William McNeill and Nicholas Walker, as *The Fundamental Concepts of Metaphysics. World-Finitude-Solitude* (1996) Bloomington: Indiana University Press, pp. 176-276. This is a detailed phenomenological analysis of the organism. Incidentally, it shows Heidegger's familiarity with biology and the other natural sciences.
16. The body I have is the body which, since the time of Descartes, has been distinguished from the mind. For more than two centuries, it has been thought of as a highly complicated machine. This view of the human body as a machine was first presented by Julian Offray de la Mettrie in 1748. See *L'Homme Machine*, first translated, in 1921, as *Man a Machine* by G. C. Bussey and M. W. Calkins, Chicago: Open Court.
17. Pleasure also brings the lived body into focus, but does not reduce it to the body one has. Here the physiological explanation of pain and pleasure fails to account for the existential experience of the body.
18. Erik Erikson, *The Life Cycle Completed. A Review* (1982) New York: Norton.
19. This basic feature of existence is, of course, the reason for Heidegger's close attention to the etymology and spelling of the word *Dasein*.
20. It seems to me that among groups of people something very different is going on which requires a phenomenological analysis of its own. Here pioneer work was done in the late 1940s and 1950s by the British psychoanalyst Wilfred Bion. See *Experiences in Groups*. New York: Basic Books, 1959.
21. Donald W. Winnicott, "Transitional Objects and Transitional Phenomena" (1951), in *Through Pediatrics to Psycho-Analysis* (New York: Basic Books, 1975).
22. *Sein und Zeit* (1927), Martin Heidegger Gesamtausgabe 2, §§ 12-38, pp. 71-239.
23. Here the work of Jan van den Berg on metabletics or historical psychology has been very influential on my existential psychology. See, for example, *Things. Four Metabletic Reflections* (Pittsburgh: Duquesne University Press, 1970) and "Phenomenology and Metabletics", in *Humanitas* 6(3), 1971, pp. 279-290.
24. A world is not the product of lived time, because there is no difference between one's existence and lived time. From an other's point of view, my existence and my world are the same. From my perspective, however, the distinction between my existence and my lived time never comes up, since I do not have access to my own existence as something to compare to my lived time. For access to my existence (if I may repeat this again), I rely on others.
25. The physical suffering that results is a problem of living. The existential therapist is not concerned with everyday problems of living, but with a change in one's existence.
26. Psychotherapy was never meant to reduce the ambiguity of life, although many who now practice clinical psychology seem to believe that they are in the business of leveling down or eliminating the ambiguities that characterize human life. Heidegger's insights into the structure of existence included the observation that anxiety [Angst] is a positive element of existence. On anxiety, see *Sein und Zeit* § 40, and the lecture *Was ist Metaphysik?* (1929), in *Wegmarken*, Martin Heidegger Gesamtausgabe 9, pp. 111 ff. See also Medard Boss, *Existential Foundations of Medicine and Psychology* (1979 [1970]), translated by Stephen Conway and Anne Cleaves,

New York: Jason Aronson, p. 112. On the medicalization of everyday life, including psychiatric "care," see Ivan Illich, *Medical Nemesis. The Expropriation of Health* (New York: Random House, 1976) and Thomas Szasz, *The Myth of Psychotherapy* (Syracuse: University of Syracuse Press, 1978).

27. The Japanese understand this change in things when they write about *pathos* that things have: *mono no aware*.

28. A great deal of attention has been given to the body in psychotherapy, and rightly so. The Gestalt therapists, for example, have contributed a great deal in this area, yet they have dealt only with the body one has. The existential body has eluded Gestalt therapists, because, like all traditional psychologists, they begin with the so-called subjective experiences of the patient's body. The patient's body is understood as a *res extensa* for the subject (*a res cogitans*) who is out of touch with his body. The goal of Gestalt psychotherapy is to reunite the psychological subject with its primary objects, the patient's body. But since these do not occur separated from each other, there is nothing to reunite. See, for example, the classic statement in the field, Fritz Perls, Ralph E. Hefferline and Paul Goodman, *Gestalt Therapy. Excitement and Growth in the Human Personality* (New York:Dell, 1951).

29. The problem of the highly sexualized nature of the body for many patients has plagued psychotherapists since Freud. Briefly, only when the body of the patient has become objectified, does the sexual quality of the body become exaggerated. Nonetheless, the importance of sexuality of the body one is remains paramount.

30. Freud recognized that the patient does not need to be changed, and this is why he cautioned against encouraging the patient to make important decisions during psychoanalysis. He did not see, however, that it is not enough for the patient to understand what he is. Freud assumed that patients came to him to be helped, as they properly do when they visit a physician (as Freud was by training). The idea of the psychotherapist as a "helper" and a member of the "helping professions" (including nursing and social work) now pervades the field.

31. The autism and negativism of "schizophrenia" may be conceptualized as an extreme form of world loss, as Binswanger realized a long time ago. *Being-in-the-World. Selected Papers of Ludwig Binswanger* (New York: Basic Books, 1963), p. 338. See also Henri Ellenberger, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis," in Rollo May et al. (eds), *Existence. A New Dimension in Psychiatry and Psychology* (New York: Basic Books, 1958), pp. 121-123.

32. The meaning of the personal past is crucial for existential psychology. Remembering and reading history are not the same sort of thing, however, even though they are often thought to be. What I return to in memory is newly revised each time I return to it, because I return to it as a different person. My existence has changed, albeit often in hardly detectable ways. The continuity of personality is one of the grand illusions of psychology. Thus what I recall, let us say, at age 10 of an event that happened the summer before is not what I recall at age 20 of the same event. My personal past is to what a camcorder records as lived time is to what a clock ticks off. I look with disbelief at the figures moving across the screen as a videotape plays back images recorded 20 years earlier. This is because my memory has changed my past during the intervening years, so that it no longer corresponds to what is in the archive, which the outsider takes to be "what really happened." When I try to fix the past as if it were a documented history which I might later read, I work against what memory does. I construct a mythic past (usually in connection with a communal history) that controverts what my memory newly recreates in forming my personal past, which, again, is something different each time I remember an event.

My gaze thus remains fixed on a personal myth, and I do not look in the direction of others and their existence. I can easily invent an "inner world" to house the myth, and most of are encouraged to do so. In losing sight of the existence of others, though, it can only happen that others lose sight of my existence, since validation is forestalled. At the extreme, this myth becomes a highly organized delusion (schizophrenia).

33. Pedro Lain Entraglo, *The Therapy of the Word in Classical Antiquity* (1970 [1958]), edited and translated by L. J. Rather and John M. Sharpe. New Haven: Yale University Press. On the gaze, touch and tone of voice, see John Heron, "The Phenomenology of Social Encounter: The Gaze," in *Philosophy and Phenomenological Research* 31, 1970-71, pp. 243-264.

34. For this reason, people experience physical illness and pain (the same injury, for example) differently, depending upon the status of their existence.

35. As Freud recognized, the therapist's interpretations may serve to provide the patient with words he has lacked which express his existence.

IV. Human Being and Existence: The Beginnings of an Existential Psychology (1995)

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Note: This article is the most theoretically comprehensive of the series. It presents the foundations of clinical practice recounted in the preceding and following essays.

The following examines the meaning of the terms human being and existence (what Heidegger termed *Da-sein*), which constitutes the singular feature of human be-ing (*Seiende*). The distinction is basic for understanding what I mean by the existential validation of one human being by an other (1). Taken together, these observations are an exercise in phenomenological method (2).

First some terminological considerations. The meaning of existence is being-consciousness.

Though the formulation *being-consciousness* feels awkward, it is accurate. Its sense will become clear in the exposition that follows. Consciousness is awareness of things in the way that is peculiar to the living being that each of us is. That is to say, it is based on our being related to things mediated by meanings which we assign them. By contrast, animals such as dogs or cats are in an unalterable connection with things that is fixed by instinct (3). The term *existential consciousness* or *validating consciousness* names the mode of consciousness which someone is when confronted by the existence of another human being.

A. Existence, Human Being and Temporality

Only the human sort of be-ing both is and exists. While other things only are, human beings also exist (4). Our double ontological status sets us apart from everything else. My body is, but I exist. My body is something on hand and has a place among the things of nature, which along with things fabricated by human beings, imaginary and mental things, and existence comprise all there is.

For the human sort of be-ing, his what he is and his existence are not equivalent. They are not coterminous. They do not overlap. One consequence of this is that a human being's own existence eludes him. As we shall see, he requires others to validate his existence and in that way make it known to him.

Access to what one is occurs via the opening of his existence to others. One's being comprises what he has done and what he can become. His particular past (what he has done) and its possible future (what he is free to become) together comprise the twofold sense in which he is. Only he is in the privileged position of having direct and immediate access to his past and its future. Others know about what he is only as observers who make inferences about his past and what he might become.

Each of us is more or less able to testify to what he is. The capacity to do so varies with the circumstances of our lives. The emergence of my being, insofar as I am aware of it and know something about it, is called experience. An other learns of my experience only through my testimony (unless by inference, which usually is not trustworthy). The other cannot say what I am in my entirety, nor can he be sure about what I am capable of doing (my possibilities for action).

The other has access only to my body and to what I say and do, yet it is just in here in relation to my body, its performances and what I say that he is in a position to validate my existence. I cannot do this myself. Without such validation, I do not know that I exist, which is

tantamount to saying that I do not exist. In validating my existence, the Other can truthfully be said to bring me into existence. Without that validation, I am a mere thing.

The terms we are using – existence, being, other, and all of the personal pronouns – are temporal terms. Experience can be described only in temporal terms. The temporal terms past, present, and future were invented to account for the paradoxical ontological status of the human sort of be-ing, who both is and exists. As already noted, what I am refers to my past and its future, while my existence refers to my personal present. As a dimension of temporality, my personal present emerges with my existence, demarcating a before (the past) and an after (the future), which circumscribe what I, who exist, am.

Every existence is temporally unique. My present is mine alone. I speak only for myself, on my own behalf. The only meaningful temporality to me is my past and its future. The common time, measured by clocks and calendars that we claim to share is a momentous fiction. As we will see, as one emerges through his existence into experience (which always implies others), his personal present opens up a manifold that includes his past and the future his past has placed before him. The generalized notions of "the Past" and "the Future" are collective fictions visualized as pointing in opposite directions from "the Present" toward indeterminate termini on a unidirectional, future-oriented continuum. A conventionally dated "Present" is designated and reified and it is our destiny to live out the consequences of this fiction.

"The Past" and "the Future" are the precipitates of the reification of existence. History and destiny are their manifestations in Western culture. These collective fictions are attempts to materialize what is essentially the private and unavailable experience of each individual existence. When we subscribe to the fictions of the collective historical Past of tradition or the fateful Future of common sense and planning, we do so in flight from the remoteness, singularity, and uniqueness of each unique existence. It is not inevitable that one's personal present emerge, however. That happens only when an other validates one's existence. Only then does the personal present appear.

A close examination of the origin and history of the term existence in the history of philosophy (until Heidegger) reveals a flirtation with and retreat from the idea presented here, that only human beings both exist and are. Much confusion has resulted, as well as many conflicting and, finally, unacceptable arguments about the ontological status of the human being (5).

Animals, plants, inanimate things, and imaginary and other mental entities, including God, are. They are in various ways. Some (the animate and the inanimate) are by being real ("steadily present on hand," as Heidegger would say); others (mental entities such as memories and imaginary beings) are by be-ing absent, either physically or temporarily, or both physically and temporally. But none exist. They lack a personal present and therefore also lack a past and a future. Ideas and God lack the temporal present in a way that enhances them by making them eternal and therefore unchangeable, while the fact that animals lack a personal present is a deficiency.

Living things, inanimate things (including all products of human fabrication), mental entities, and even the idea of God have temporal meaning only for us. The human being is the only temporal being because he or she exists. Everything in experience, including mental entities, bears the mark of time. Eternity – the absence of time – is the idea of the absence of a temporal spanning or the compression of an infinite span into a timeless instant (the so-called eternal now). Animals live in what might be called an indefinite or indifferent "now."

B. Bodily Being and Existence

We see the difference between and being most clearly in the dual nature of the human body. As an animal, a human being has a body. Existing, he is his body. Animals have their bodies; their

bodies belong to them. By contrast, the existing human being belongs to his body, the body he is (where "is" is used in the transitive sense) (6).

The body he is is the body to which he belongs, which possesses him. We must not forget, however, that at the same time, a human being also has his body, a body which in its workings is always strange and in a certain sense anonymous. The body a human being has has a past. Like existence, the future of that body's past is always precarious, a "touch and go" matter for any of us. Anxiety is one's experience of the future of the body he has. As such, it is an essential part of human life.

A human being has direct access only to the body he has, the body that has a certain feeling of balance and heaviness, but not to the body he is (the "lived body"). The body he is (including his posture and style of moving, for example) is open directly only to others. For this reason, an other's account of my body never jibes with my own experience of my body (the body I have). The result of this is a discrepancy between what I know about my body (my "body image"), which determines the way I see it, and what others know about me as I am embodied. The way an other treats my body, therefore, always produces in me a somewhat uncanny feeling.

C. Validation of Existence

To repeat, the human sort of be-ing both exists and is. As an instance of that sort of be-ing, each of us is in the unique position of requiring an other to establish his personal present, while in turn providing the other with his own (the other's) present. Only on this basis does each one of us then have a past and a future. One's sense of his personal present – the emergence of his present – is dependent upon others. It is crucial during infancy, when existence is first conferred on an individual. In this sense, mutual dependency is the basis of the human ethos. As Martin Buber said: In the beginning was the we."

How is a human being's existence validated by others? What is the nature of a human being's awareness of the emergence of his personal present? These questions dominate the present study. But how can we deny someone the direct responsibility for his own present? For that is implied by what has been said. Can I trust Others with my existence? I do, because I must. There is no choice here, for lacking validation, I will not exist and the question of trust will never come up. An infant whose existence is not validated becomes very peculiar, if it survives at all. Anacritic depression ("hospitalism") and infantile autism are examples of the outcome of lack of initial validation during the early months of life.

A child whose existence has not been consistently validated (and this must have occurred at least minimally unless he has been reared apart from human beings) accumulates a past nonetheless – and that past will have its possible future – but when he attempts to speak out of what he is to those who speak to him, such a child's attempts falter. He may never speak, or may speak in a way that fails to symbolize his experience adequately.

An infant is validated by what others do and say to him, what they "make of him." Yet, after all is said and done, even the optimally validated human being exists as a stranger to others, since each existence is, one might say, like a distinct historical era, remote and yet uncannily familiar. The source of our inevitable strangeness to each other is our temporal uniqueness. When we meet, each of us discovers the other's temporally unique present.

As an other to any other, in each instance I speak to his existence. How do I recognize the stranger as "one of us," as likely a human being? I take a chance every time. I believe the animal body before me harbors an existence. I am nearly always confirmed, even by an inarticulate infant who confirms my existence with its human gaze. No animal looks at me that way.

During the early weeks and months of life, my past makes its first appearance in the reflection that presents to me an image of my face on the surface of the mothering person's

eyes. That reflection gives me the first glimpses of what I am, yet any mirror image of myself will always be only a chilly unreal *eidolon* (the alter ego) of what I am, since the body I see in the mirror reveals only the body I have and only part of it. My face is the first part of the body I have of which I am consciousness, and as a result throughout life my face exemplifies my body.

The other validates my existence in the way he looks at me, as well as in the way he touches me, and by the tone, quality, and manner of the way he speaks to me (7). What is said matters little at first, even though the content of the speech becomes increasingly important for what I will be. Its tone quality is significant from the start. Similarly, later in life, someone speaking to me in a language I do not understand will still validate my existence, even though the experience may also bring into sharper relief for me what I am.

D. The Body I Am and the Body I Have

I have made a distinction between the body one has and the body one is. What, more precisely, is meant by this distinction? The parts of my body that I can see and touch with my own hands and especially my hands themselves, which do the touching, comprise the body I have. The parts of my body that are hidden from direct view but which can be palpated by me, or are brought to life in interior feelings of pleasure and pain are also included in the *Gestalt* of the body I have. This is the body that has a certain physiognomy and a past.

The body I have is the body I exercise to certain proportions I have envisaged. It is the body I feed and costume. Finally, it is the body that is scarred and wrinkled, pale or tinted, made over with cosmetics or reconstructed by surgery. It is the body that is so tall and so heavy, the body that senses. It eludes my inspection, whether in the reflected image on the surface of a mirror or on the two-dimensional surfaces of a portrait painting or photographic or electronic image.

The body I have feels what touches it. I am disturbed at the body I have and feel pain or pleasure there. Pain caused by outside forces as well as endogenous pain are experienced as attacks "against" the body I have. Occasionally, I may surprise myself and touch a part of the body I have with a part of the body I am (for example, when I reach for something but absentmindedly and accidentally grab onto my own arm). In spite of the temporary dislocation, I immediately revert to being only the body I have (8). In such rare and peculiar perceptions, I am briefly made aware of my dual body, and therefore implicitly grasp the difference between what I am and my existence, yet usually the experience does not last long enough to "make a difference," and, typically, I overlook anomalous perceptions. It was a perceptual error, I say to myself. If I try to repeat it, in order to verify it, I cannot and feel relieved by the outcome of the test (9).

What I sense falls into place at once in what I am. It finds a place in my past, a past I am continually revising. If it is a powerful or otherwise significant sensation, I may even retrace vast ranges of my past, looking for where the sensation has a place or context, and in that case the reorganization of my past that is always determining its possible future will be especially dramatic.

What I register of what I have sensed must also "make sense" for what I am as the future my past has. When I cannot organize what I sense with respect to that future, I experience panic. The ontological anxiety of human living organizes what is sensed with respect to the future my past has. Heidegger has described this anxiety as one of the equally basic dimensions of being human.

As we have said, I do not sense my existence. I do not have direct access to my own existence. Only an other has such access. My existence is nothing I can be, but I can know about it. I can reflect on my existence "after the fact," so to speak. In reflection, I can form an image of my presence. As something imagined, pieced together from my encounters with

Others, however, it is unreal. It cannot be discovered by mere introspection. Awareness of my presence is must be mediated by the acts of others.

E. Existence and Experience

Existence is where experience arises, but existing is not experienced. At any given moment, I am aware of and experience only part of what I am.. Experience chiefly refers to what I am aware of potentially being, that is, becoming. I do not experience my past as such but only as part of the future that that past has. Put differently, my existence is something prior to what I experience. Again, I am not aware of it at all. I do not experience my own existence. I know about it only by analogy the existence of others, whom I validate.

It is important to keep in mind that the dominance of the concept of experience in our usual way of thinking about existence is the effect of the tradition of Western metaphysics, in which atemporal principles are employed to explain temporal phenomena. Recall René Descartes's inquiry (10). It has been interpreted as a meditation on the existence of the subject (the human being). In the terminology of our discussion, however, it is only about what a human being *is* (his being), that is, what he experiences, which is chiefly futural. What Descartes takes to be a relation between the subject and his consciousness (which Descartes seems to identify with thinking) is actually a relation between what the subject expresses in a system of signs and what the subject *is* (his being). According to the present analysis, the Cartesian subject's being is necessarily something apart from the present in which such a subject exists. The Cartesian subject's existence is in fact related to an other's consciousness. Descartes's famous sentence should have read *Cogitor ergo sum*: I am thought about, hence I exist. Descartes presupposes the existence of the subject, though he claims to be accounting for it. The other's thoughts are not important to his validation of my existence. What he says, his gaze, and his touch are. To adapt Descartes' formulation to the present discussion: I am spoken to or addressed (not talked about), gazed at (not examined), and touched as a human being (not moved, manipulated) by the other; in that way (*ergo*), I exist.

Experience has become the exclusive preoccupation of most of psychology, unless one considers the turn to behaviorism, in which observable movements are the only data admitted. What is psychology? Western psychology is the working out of the philosophical position known as empiricism. All Western psychology is currently the psychology of experience, empirical psychology, but there can be a foundation for psychology that is existential. Some elements of such a psychology are sketched in this essay (11).

F. Phenomenological Psychology and the Study of Consciousness

Edmund Husserl's phenomenology began as a critique of psychologism. His phenomenological psychology is not psychological in the traditional sense (12). It lacks a basis in either the tradition of medical psychology (psychiatry), laboratory psychology (neuroscience), or psychometry. To this day, most university psychology departments do not even recognize it as a subdiscipline within academic psychology. It is taught at only a handful of universities.

Phenomenological psychology is concerned with what happens before language (or any other semiological system) mediates, reflects on and interprets the immediate acts of being-consciousness that have been distinguished by traditional psychology, including perceiving, thinking, feeling, remembering, imagining, valuing, dreaming, and so on. Its analyses focus on the acts of being-consciousness and their objects. Even given its uniqueness, phenomenological psychology still begins with experience, the experience of one's being-consciousness, and experience implies awareness. There is a great deal to learn from the analysis of being-consciousness by the phenomenological method, but thanks to Husserl, we see that being-

consciousness is not a unified power. It is not one thing, as traditional psychology had taught. The structure, and hence the nature, of being-consciousness varies with what claims its attention, takes as its object, and thereby has as its content. These are different modes of being-consciousness, not states of consciousness.

Being-consciousness attends to what confronts it (13). It is the very relation between its acts and its objects. The structure of the relation varies with the kind of object of which there is consciousness (idea, percepts, images, memories, and so on). Acts of imagining consciousness, for example, are therefore structurally different from acts of perceiving consciousness or acts of recollecting consciousness. This may be summarized by saying that being-consciousness is *intentional*; that is, it has the structure of a relation determined by the nature of the object of which there is consciousness.

Phenomenology has endeavored to study the kinds of relations of being-consciousness in their pure state before they are distorted by the interpretation language invariably imposes on them. It seeks to recover the data recognized and studied by academic psychologists, but in their original form, purified as much as possible of the prejudicial ways of seeing the acts and contents of being-consciousness that the natural scientific point of view introduces. According to Husserl, being-consciousness is always concrete, but after linguistic interpretation, which always effects an abstracting (that is to say, symbolizing) transformation, the data of being-consciousness are deprived of their concreteness. Language, above all, produces such abstractions of the concrete data of consciousness.

The consciousness I am with regard to my being differs from the being-consciousness an other is with regard to my being. With this distinction the question of my existence opens up for psychology. The question for existential psychology then becomes my experience of the other's existence and *pari passu* the other's experience of my existence. My own relation of consciousness to my own being occurs with respect to one dimension of what I am: my future. Consciousness of my past is therefore accessible only as directed toward this future and occurs in the form of what we call recollection. Consciousness of my future as such occurs in the form of desiring and wishing, fantasizing and reverie, all of which are forms of willing (14).

Only the other can be consciousness of my present. One's consciousness of an other's existence has its own characteristic acts. As we will see, existence is an object for one's consciousness unlike any other.

G. Consciousness of Existence and Validation of the Other

When an other is consciousness of my existence, he is consciousness of *nothing* between us. That is to say, his consciousness of my existence is of nothing that I am; it is not consciousness of anything I am, of any part of my being. It is simply consciousness of this very absence of something between his existence and my existence (15). The key to understanding this, of course, is that for Heidegger and existential analysts, "nothing" is precisely the *fons et origo* of possibilities.

Initially in everyday life, the other comes face to face with my existence and I with hers, but on those occasions there is usually a great deal in fact between us, including in particular the body each of us is, as well a host of preconceptions, recollections and the like. Existential encounter begins on this basis. When an other's consciousness of my existence dominates his awareness, however, all of the things on hand between us except, including especially our bodies tend to take on exaggerated importance. Soon there is literally everything between the two of us and the nothing of each other's existence is lost sight of. This determinate though ordinarily inexplicit plenum consists of everything on hand between us with which we may occupy ourselves. The things we handle, arrange, and use are the places where our acts of being-consciousness meet and intersect. *Things are places* where what I am meets what the other is. We meet chiefly at the things we most immediately are, namely, our bodies.

It should be clear by now that my existence is nowhere to be found among the things the other and I have between us and in common. If we look for a palpable point of access to each other's existence, something to perceive, for example, we are disappointed, but that is why we turn again and again to each other. Why we return to certain others is a separate question. The so-called instinctual attraction between human beings that has been the focus of so much study by psychologists (especially psychoanalysts) is secondary to our existential encounter.

If the other looks for my existence on the visible surface of my body (the body I am), he is disappointed. Only my eyes seem to promise admission to my existence. We will see why. Like existential validation, the failure of each of us to make something of the other's existence is mutual. My attempts to make something out of the other's existence are repeated. The failure is endless, but for this very reason we again and again validate each other's existence.

We may look for a clue to what is going on in these tireless exertions in what poets and philosophers have tried to articulate when talking about love. Understood in a certain sense, loving is the means whereby one overcomes the inevitable failure to grasp the other's existence. I love the other's existence, not what he is. Love prolongs the nothing between us. In love, we go on to reestablish the things that were already there on hand between us, but now in a new configuration. The void my existence and the other's existence, where love first takes place, is never filled. In fact, it is held open by love. It cannot be filled, and that is why love must be inexhaustible.

The meaning of the body of the other has a great deal to do with determining the nature of the love, which takes on different forms: the body that is cared for in maternal love, the erotic body of sexual love, the body valued for its own sake in filial love, and so on.

The exertion of power over an other is another means of dealing with the failure to make something of his existence, but it is directed to what the other is and therefore to the body he has, not to his existence and the body he is. The exercise of power over an other attempts to control him, but control limits the other's freedom. By contrast, validation liberates it.

Consider what happens from a different perspective. Inevitably thrown back on what I am, in validating the existence of an other, I face the body the other is, which has now, along with the body I am, become for us the primary things between us. The nothingness of existence cannot be endured and we are drawn to what is closest at hand, the bodies we have. Originally merely the means of access to each other's existence, our bodies now become the focus of our attention. Our bodies stand between us, but not as obstacles.

The resulting experience of the validation of my existence becomes part of my past. In this way the other becomes part of what I am. The future I am always creating out of my past now also accommodates the other's existence, as well as what I take him to be. That is to say, my being-consciousness that validates his existence becomes part of my past. Like any other thing, the other's body (the body he is) remains a mysterious place (16).

We need to probe further here. What is existence, if it is not a thing? What form does the existence of another take in what I am, in my past and its future? (17) What form does the existence of an other take in my experience? If I try, I cannot recollect an other's existence. If I try to imagine it, I come up with only a fresh version of what I take the other to be, which will be related in important ways to my future. It therefore eludes my experience, my past and its future. How, then, do I experience the an other's existence and my validation of it?

Validating an other's existence is an instance of existing (18) through the mutuality of existential consciousness. It is not a psychological function at all, like remembering or imagining. It is not a modality of my being-consciousness in any sense. Since being-consciousness is always of something and validation of a other's existence is directed at *nothing*, "what" am I consciousness of in validating an other's existence? The answer is, simply, *all that the other is not*. All that the other is is absent in his existence. The content of what we will call "existential consciousness" is this absence – nothingness. Yet again, though, we must recall that nothingness

is the source of all possibilities. A mysterious plenum, indeed, and one that applies only to existence and not to anything that is.

Experience confirms that validating an other's existence always depends on the presence of the living body of the other, just as it implies the actuality of my own body on the scene. Its *terminus ad quem*, however, is an absence – all that the other is not. This is not absence of the other, for example, in the uncanny situation of hearing an other's voice transmitted through a telephone receiver or seeing his image on a video screen during a "live" transmission. In such circumstances, validation is precluded in principle, since one of us is not there. Where is he, then? It is not a question of spatial location, however. It is rather a temporal matter.

Whether looking at a photograph of an other taken, say, a week ago or viewing an image that is being transmitted from the next room to a video display screen in front of me, the other is in another temporal framework. He is *elsewhen*. Only when we are face to face are we present to each other, but the fact remains that the consciousness I am of an Other's existence is of nothing, an absence. We must study this absence further.

Viewing the corpse of someone I have known well does may urge my validation of his existence, but this cannot happen. The person had in some way been this object now lying in front of me, and in his own way had once also had that body. Now, however, he cannot exist. He can only be these remains. He is now complete, a closed case. We cannot again be anything to each other. I can only remember what I took the other to be, which continue to be part of my future in its own way. But with respect to what once had existence (and is now only these remains) nothing new can become part of my future. Nor is the object lying there the body anyone can be. The conditions for existential consciousness are missing. If I nevertheless attempt to validate "his" existence, I experience that odd sense of uncanniness and helplessness that is a primary feature of our experience of someone who has died.

It is easy to see why the death of someone "does not compute." I can only recover from my past what has a place in my future. Only what can figure in my future "makes sense." What happens when the other has died precludes his having anything further to do with my past and, hence, with the future it (my past) has.

The uncanniness derives from the missing *nothingness* between us that will mark my relation to this object from here on out. I am faced with an anomaly. The dead other is neither absent nor I present. When he validated my existence, I heard the other's words, felt his touch, and returned his gaze. No none of that is possible.

As the term suggests, "validating" is closely related to "valuing." But existential consciousness is not valuing consciousness, since I can value only what an other is, not his existence. Existential consciousness precedes any acts of consciousness that reveal the other in terms of value, such as male or female, as father or mother, boss or hireling; as fellow (one who speaks a language I also speak) or outsider or madman (one whose language does not make sense to me), burgher or proletarian. Acts of validating consciousness likewise precede any judgments I might make about the other that have social or political meaning the other can have for me. Validation makes possible the development of the complex of formal economic and business arrangements between what the other and I are, as well as the conditions for political life.

H. The Objects of Consciousness

Further observations about the objects of acts of consciousness are now in order. A better understanding of them will make our understanding of the object of existential consciousness clearer. Psychologists have traditionally described mental life as consisting of a variety of faculties or functions of consciousness, but this account misunderstands the nature of being-consciousness. First, as Husserl pointed out, there is no pure consciousness of any kind, existing

alone, without objects of which there is consciousness. Second, each kind of object of consciousness is answered by a different mode of being-consciousness, which is itself a *relation* between the someone who is consciousness and an object of a certain kind (percept, memory, image, fantasy, hallucination, and so on). An account of what happens when there is consciousness must begin with the objects of consciousness, not with the other pole of the relation of being-consciousness (the self). A basic characteristic of the objects of consciousness is their kinetic nature. What at first glance seems to be distinctive only of memories applies equally to all objects of which I am consciousness. I say of a recollection that "it came to me," but in perception, too, as well as in the other modes of being-consciousness, the object of which I am consciousness comes to me and confronts me, even when this object is an absence, as it is in the case of existential consciousness.

We term the objects of consciousness things. A thing may be real or imaginary, physical or linguistic. *Thing* is the most general term we have for whatever can be an object of being-consciousness, which meets the things that come to it. Only what gives itself in confronting me can be perceived or remembered, imaged or dreamed, willed or validated, as the case may be. Phenomenological investigations have shown that perceptual consciousness grasps only one "side" or profile of a thing at a time. An object of being-consciousness is subject to that perspectival restriction determined by the particular setting, situation, or place when there is consciousness. The notion of a "side" in phenomenology applies in general to the aspect of any thing that presents itself to me in any mode of being-consciousness – except existential consciousness. What I might perceive or otherwise make of what the other is is presented to me perspectively, but I am not presented with different sides of existence. Existence does not have perspectives. When I say I have seen a side of someone that I "know only too well" or "had never seen before," I am referring to what I take him to be, not to his existence.

Perceptual consciousness has been shown to depend to a marked degree on the status of one's sensorium, but memory and imagination and the other modes of consciousness are also affected by one's overall disposition. Existential consciousness, by contrast, is a matter of all or nothing.

I. Consciousness and Existence

Let us look once again at the structure of being-consciousness in its relation to existence. Being-consciousness is the "face" of my existence. It is *at* the things of which I am consciousness. *Being-consciousness is my existence at the things that confront me.* In different terms, existential consciousness is at the existence of the other. The characterization of consciousness in "where" terms may mislead us to incorrectly suppose that consciousness is spatial, like the things in the natural world that we experience, but only the body of the human being who is consciousness (both the body he *has* and the body he *is*) is spatial. An object of which a human being is consciousness is one pole of that relation we call being-consciousness, but it is equally true that the body of the human being who is consciousness of such an object is *also* a point toward which the relation is directed. Being-conscious might be represented in this way: $a \leftrightarrow b$, where *a* is a modality of being consciousness, such as perception, and *b* is an object of that modality. My being-consciousness, then, is directed both to me and to the objects that confront me. Empirical psychologists have mistakenly assumed that consciousness is unidirectional, like an arrow, aimed by an ego toward an object of interest to it (19).

With respect to the body of an other, when I validate his existence, my being-consciousness is *at* the body of an other (centered in his face, as it has been since infancy) as much as it is *at* my own body (though it hard to localize that place in my body). What is meant by "at" in these formulations? We may think of it as being used in a temporal sense, as in the sentence "I will meet you at 10 o'clock this evening." To say that the consciousness I am is at its object means that it confers on the thing my temporality, the time of my existence. Being-

consciousness is therefore always initially asynchronous with my body. Even when recollecting, fantasizing, or dreaming, my being-consciousness is at some remove from the temporality of my body.

What this means is that in being-consciousness, my existence is effectively at the place of the object of the consciousness I am, not "in" me or where my body physically is. Instead, my existence is spread out over the objects that confront me, whether they are physical or mental, real or imagined.

Consider, for example, the following sequence of events. Riding on the bus, I am recalling my apartment and wonder whether I fed the cat. Another person sits down next to me and his arm touches the side of my body. My being-consciousness is elsewhere, indeed "far off" from where our bodies touch. Being touched, however, my consciousness is drawn back within the temporal horizon of his my fellow passenger's body. My being-consciousness is now at his body. My body, touched by the other's arm, is now the *topos* of my perceptual consciousness.

The *topos* of being-consciousness is a temporal notion. Perception and all the other modes of being consciousness are temporal. Looking at a landscape, I am at the shimmering play of light and shade. Listening to music, my being-consciousness suffuses air that bears the vibrations of the instruments being played and is carried along by the flow of the melody (20). The account of empirical psychology, which begins with an actively searching, independent consciousness and static objects to which movement is added, does not correspond to experience. When I remember someone, my consciousness is "when" I last saw him or expect to see him. And when I validate an other's existence, my being-consciousness is at his existence. The notion of the *topos* at which being-consciousness brings together a modality of my being-consciousness and an object is a thoroughly temporal notion. To say that *things are places* means that the objects of consciousness are temporal. As being-consciousness, one is caught up in a relation between his existence and the object that confronts the exister, as Kierkegaard once termed the existing human being (21). The relation varies with the kind of objects of which it is consciousness.

The terribly awkward formulation I have been using without much comment can now be seen to be both correct and useful for what it indicates because it allows me to think of consciousness in a non-causal relational way. The notion of consciousness as a unidirectional mechanism makes consciousness the cause of the perception of objects, the recollection of memory traces, or the formation of images. In this case, consciousness has been thought to function as an agency of a static ego. I am challenging that view.

How does existence, the exclusive feature of human being, originate(22)? An infant gains his existence, which is equivalent to being-consciousness, thanks to the acts of validation his caretakers provide (23). He first becomes aware of his own being-consciousness in the face of the other who validates existence when he, the infant, in turn and without realizing it, validates the caretaker's existence. Long before he can speak, the infant returns "the favor" of existential validation with his gaze. Even in its first occurrences, then, validation is mutual, though the adult caretaker's expectation of the infant's humanity leads the way.

What kind of object is my own being-consciousness for me? This is question the instigated Husserl's research. In order to prepare to answer the question, it is necessary to understand even more precisely what existential psychology understands by an object of consciousness. Existential psychology has its origins in phenomenology, which takes its name from the term *phenomenon*. A phenomenon designates a thing as it directly and concretely – that is, meaningfully – gives itself to me, not mediated and in any sort of mentally processed version. Phenomenology attempts to establish the reflective conditions for making available for examination phenomena as they present themselves. Psychologists since the English philosopher John Locke have believed that we never experience things directly but that part of the bargain of "being conscious" is that consciousness (as the agency of a central executive ego) is directed to mental representations (versions) of things inside the mind of the experiencing subject. This is one of the presuppositions of philosophical empiricism, which psychology as a discipline has

been working out. For scientific psychology (in all of its one hundred years), mental representations have been believed to be the objects of consciousness. It seems clear, however, that there is no assurance the things as they are represented by me match the things as they are for you, for example, unless we agree to base our explanation of "mental representation" on the structures of the brain as they might be observed side-by-side by means of simultaneous imaging processes. In that case, identically responding brains would presumably provide evidence of identical representations of the same external object (24). The current doctrine of physiological psychology, which is currently the most sophisticated kind of empirical psychology, offer just such an explanation. But does this account reflect what we experience?

Here is the point. Your experience of things is different from mine because the things that present themselves to you are different than the things that present themselves to me. The issue is not the (presumed) identity of brain states but of the presumed sameness of things perceived. Our representations are different because things are different for you and for me. How they appear (in an active sense) depends upon what my world is for me in which the things confront me. What this means is that I depends as much on things for who I am as things depends on me for their meaning. This "who I am" is my existence.

Most would agree that our memories, dreams, hallucinations, and fantasies are unique to us, but that is true for our perceptions as well, which predate the other modes of being-consciousness. You and I need not worry about finding an explanation of how to bring our representations in line with one another in order to have some assurance that we share the same real world, since, in any case, things are different for each of us. This does not challenge the reality measured by physicists, but merely says that we do not experience the world that electronic instruments record. If I am an architect, the World Trade Towers were something different than if was a tourist seeing them for the first time, or a potential suicide, or acrophobic, or . . . Each of us perceived them differently because they are different places (*topoi*) for each of us (25). Similarly, a college classroom is different for a student, a state building inspector, a maintenance worker, a teacher, or the dean of the college, because it is a different place for each of them.

The problem of the reality of the world has been taken up as a problem by phenomenologists, but as a result of its superfluousness in matters of the workings of being-consciousness, the problem has disappeared. With it, need for an inner world has also disappeared. An inner world is needed to house mental representations, but if such representations are irrelevant to the discussion of being-consciousness, there is no need for such a "second world" that is supposed to mirror or replicate the real world (26).

The so-called private world of perception and memory, imagination and motivation that has been explored extensively by psychoanalysts is nothing but my past and, above all, its future, which however are also there at the things of which I am consciousness when I recollect, will or imagine. And so it is for hallucinations, fantasies, and dreams, which are also there at the things that call for them.

All of the evidence makes it seems likely that consciousness is never completely extinguished, even during deep sleep or while sedated by general anesthesia. The brightness of my being-consciousness corresponds to the degree of its openness – what Heidegger the clearing of existence – in relation to the things of which it is consciousness. This ranges from the minimal openness to sensory stimulation that prevails during deep sleep to the full shining of consciousness while validating an other's existence.

I may now at long last return to the question raised earlier: What kind of object is my own being-consciousness for me? The answer is implicit in what we have just said. We have seen that its origin is with those who first validate my existence, and its site is the body I am. My being-consciousness is a reply to the things that call out to me for meaning, but this relation that characterizes being-consciousness cannot become an object for my consciousness. I must conclude that it is as elusive as my existence. I know about it only through the fact of my

existence, *that* I exist, which others instantiate. My being-consciousness, as the "face" of my existence, does not show itself to me except in the faces of others.

J. The Existence of the Other, Once More

I will conclude with another look at the other. Consider this scenario: A stranger comes into the room where I am seated reading and sits down at a table a few feet away from me. We look at each other and exchange glances. I turn back to my book. The stranger leaves, unnoticed by me. The encounter between us was brief, yet we have validated each other's existence. What happened?

The stranger's body entered my visual field and became a pattern of objects for my perceptual consciousness. His body's visible appearance was preceded by a few audible hints of the nearness of something moving, perhaps of something living. The rhythm of the footsteps was familiar. It was the unique rhythm of bipedal movement – walking. My expectation that it was a human being was confirmed when I saw the figure. It was what appeared to be an adult male with a certain physiognomy. At what point did I validate his existence?

I would suggest that when our glances met validation occurred. We did not touch, nor did we exchange a word. Either of those events would have had the same effect, however. Though all three means of validating the other often tend to occur together, one is enough. The earliest of the equally basic modes of encounter – the gaze – is, in a way, the most powerful, but validation is just as poignantly exemplified by the handshake two people exchange or by greeting each other by name at a distance.

What of those "featherless bipeds" walking by on the sidewalk outside or sitting across the room with their backs to me? I infer certain probable characteristics of what each of them is – that they are alive, not corpses, male or female, children or adults – but that is all. I believe something about what they are, but this has nothing to do with their existence. Validation of their existence requires the concurrent validation of my existence by one of them. Natural things and fabricated things, images and recollections of which I am consciousness, all confront me as beings, but another human being does not confront me in that way (although socialization can make encounter less likely).

The gaze, the human touch, and speech are missing in non-human beings. Another human being is not only a thing, like a cat or a telephone. She is that, too, but first of all and primarily, she exists.

In the example just given, the stranger's existence was more than his physical presence as a human being, although without that he might as well have been a well-designed robot. My existence means something only to another existing being. It lacks meaning, for example, for my cat. All that matters to my cat is what I am, especially as his reliable feeder.

The human paradox of both being and existing is now clear. There stands a human being and all that I infer he is, but all that is directly accessible to me is his existence. Conversely, his own existence is inaccessible to him. He requires that from me and I provide it in acts of existential validation. My access to his existence is crucial for him. Surprisingly, as we have seen, it presents me with something missing, absent, not there; namely, all that the other is not.

Intimacy is the effort to somehow overcome the absence which an other's existence opens up when I validate it. An other whom I try to bar from validating my existence becomes invisible. I try to see past him, refusing to recognize his existence. I fix him as a specimen of what I take him to be, or I try to see through him. This is the look of the professional, especially the medical clinician who looks at me with the eyes of an anatomist. I am the "living corpse" he treats, operates on, and manages as a case.

When confronted by another human being, if I want to refuse him the validation of his existence, I ignore his gaze, avoid his touch, and listen only to the information his words communicate. I look away, I chill as the other brushes against my hand, I ignore his voice (27).

Children, the very old, and all sorts of outsiders (patients, foreigners, non-believers) are routinely refused their gestures of validation in this way. Though they seem to confront us as human beings, in refusing their validating gestures we deny their existence. They become animate objects, personnel, or at the most the subject matter of so-called disinterested observation, research or treatment, a group to be studied by the empirical sciences and treated (serviced) thanks to the ministrations of the helping professions. They are, then, no longer strangers but genuine in-valids: they lack the validation of their existence and the occasion to validate others. Their meaning lies in being refused. They remain only what they are.

Appendix I: Existence and the Unconscious

Is there a place for the dynamic unconscious as described by Freud (28) in this account of human being and existence? Since, by definition, I cannot know the contents of that of which I am not consciousness, they are not part of what I know I myself to be. However, does this mean that unconscious determinants do not play a part in my existence? It would appear that this is precisely their area of effectiveness.

My unconscious seems to have a threefold nature. (A) The unconscious is what I no longer know of what I am. That is, it is part of what I implicitly am, what cannot at the moment find a place in my past as it belongs to my future. These contents may or may not be subject to supplementation by others. The unconscious in this sense is what I recall of my past, for example, during psychoanalysis. It is the unconscious as what I have forgotten and forget I have forgotten. (B) The unconscious, according to Jacques Lacan's renewed version of psychoanalysis (29) may also be thought of as the knowledge others have of me and could speak about, if they decided to. (C) Finally, the unconscious may be thought of as part of the nothingness that the other validates when he validates my existence.

Appendix II: Memory and Thinking

Memory is one of two equally basic modes of access to what I am. In what sense can I say I recover or recapture my past in recollecting? What is memory? English is confusing about the various senses of memory, calling all three – recognition or registration, retention and recollection – remembering (30). I will be concerned here with memory as recollection, and will only peripherally refer to the other aspects of memory. A recollection is an event, not an item of the mental repertoire of memory traces. It is not a peculiar kind of representation. Recollecting is based on something actual – a perception or image. The occasion for recollecting may be vague and elusive (31). Once underway, however, a recollection usually generates further recollections. In recollecting, something new is produced. Recollection is very much like imagination. Some have said they are the same (32). They are certainly closely related. If the production is vivid, a recollection may reach the quasi-perceptual intensity of reverie or even hallucination or nightmare.

What confronts being-consciousness in recollection? In recollection, imagination recreates the past. It is not a matter of reproducing fixed memory traces, the fabled constituents of memory systems. It should be clear by now that such "traces" are a kind of materialized version of mental representation. If no such traces are laid down anywhere (and they continue to elude adequate conceptualization, let alone discovery, by neurologists), copies of them cannot be reproduced. It is evident that the brain does not contain a vast supply of snapshots or even moving images that are being held in storage, just waiting to be pulled from the "files" of neuronal tissue and projected onto an inner ego's "screen" of fresh, second-order perceptual consciousness. Recollection is productive, not reproductive. Recollection revises the past in reviving it, as it again and again gains ontological parity with what is perceived. Recollection

takes its place as part of the projects of my future. Recollection thus always begins with something perceived (no matter how marginal or subtle) and then reconfigures the future according to the future's requirements. It adds an accent or valence of reality to the future. By contrast, an index of "unreality" (absent, except in dreams and hallucinations) accompanies the products of pure imagination. I recollect in order to revise my past. I dream to the same end.

Recollection is not of isolated scenes or incidents. In a sense, I recall my whole past (all that I am) every time I recollect. Recollecting reinvents my past as it is possessed by my future. I "raise" my past in recollection the same way I raise a question. As we will see, memory and thinking (understood as original questioning) are similar. In acts of recollective consciousness, I become aware of the ongoing movement of original thinking. To help clarify the meaning of understanding recollection, I will take a brief look at what is called thinking.

Prior to its articulation in a natural language or some other semiological system, such as mathematics or music, one of the systems of geometry, or even a gestural system, thinking is questioning. Original thinking questions; it is interrogatory (33). Thinking does not occur in sentences, as has been so often suggested by those (beginning with Plato) who identified thinking with a kind of silent conversation with oneself (34). Only so-called calculative thinking or thinking that "solves problems" (what empirical psychologists call cognition) makes use of abstracting semiological systems to construct the realms of language, music, mathematics, and dance. What I will call *original thinking* (ontological &_82_(or the first "seeing" of the world) is the source of all semiological systems. Such precognitive thinking works directly with phenomena, which are its elements. The nature of original thinking is to question whatever the things that encounter one provide. Original thinking unsettles precisely what cognitive activity presses for acceptance. Only occasionally is the essentially interrogative nature of original thinking revealed. Living in (and for) such moments of revelation is the vocation of philosophers. If, as some say, philosophy has run its course and is at an end, it is because philosophers no longer recognize the nature of original thinking but rather want to explain things exclusively in the manner of the cognitive sciences (that is, psychologically), having decided that the "problems" of philosophy are there to be solved using the techniques of reductive positive science.

Original thinking and recollection work with one's past in absolutely contrasting ways. Thinking takes one's past as a question. Recollection, by contrast, bestows reality on the past by presenting it in the present indicative mode of expression, as something fixed and real. Recollection involves imagination. Marcel Proust's great novel, *In Search of Past Time*, exemplifies the process of recollection as described here. So does psychoanalysis, in which the "constructions" of the analysand are not effective on the basis of their correspondence with what a record of the analysand's past would show "really happened." The personally real past is all that matters. It is the work of recollection as described here.

All thinking is questioning (or doubting, as Descartes suggested). Because I think, the certainty of what is happening and what is real becomes questionable. Or perhaps it would be better expressed the other way round. Because what is given is doubted or found amiss, I think. Perhaps it was this characteristic of thinking that Descartes tried to express.

The next question, perhaps the basic question, then becomes: Why do we find things amiss? Memories are at the things that evoke them: the cookie I am eating or the irregular pavement I am walking on (the well-known examples from Proust's novel), the drawing I am looking at that my friend made. Or they are at the images I create? What is an image?

An image is an object of imaginative consciousness. Whether evanescent or quasi-perceptual, an image should not be compared to a photograph or its negative. Images are not fixed, frozen pictures. Imaginative consciousness produces *fabulae* – scenarios with dramatic quality – not still, mute tableaux. We can now see that those who are said to "have a better memory" than most are actually merely individuals whose imagination is more active. It is much the same for those whose ability to abstract is said to be more highly developed. In fact, their use of semiological systems is simply more fluent. Such people, we may say, are more generously open to their past and articulate more readily the questions original thinking raises.

It should seem clear by now that perceptions and recollections are also not so much different kinds of mental entities, as images accompanied by different temporal indices and greater or lesser emotional strength. Thus the quasi-perceptual quality of some images of recollection is due to the greater emotional weight that they bear.

In recollection, I grasp the other as I took him to be, which is what I had made of him as he presented himself to me. Acts of remembering are directed at my transformations of the other's being as I have imagined it from my own perspective. In memory, however, I am certainly a long way from acts of validating consciousness. More than any other objects of the modes of being-consciousness recollections are perspectival. Psychoanalysis has shown that the past which is recreated in recollection is not a fixed, unchanging history. The past that matters is one's personal past, and it is a past that is always changing. An event that occurred when I was five years old is now different on recollection than it was when I remembered it twenty years after it happened. It will be still different when I recollect it as a very old man.

Notes

1. The other refers throughout to a human being in his or her capacity to validate one's existence.
2. Perhaps the most lucid brief introduction to phenomenology and its method is Alfred Schutz's "Some Leading Concepts of Phenomenology" [1945], in *Collected Papers*, Vol. I (The Hague: Martinus Nijhoff, 1962), pp. 99-117. I have been influenced above all by the fundamental ontology of Martin Heidegger (1889-1976).
3. William A. Luijpen, *Existential Phenomenology*, rev. ed. (Pittsburgh: Duquesne University Press, 1966), p. 58.
4. Martin Heidegger, "Introduction" to *What Is Metaphysics?* [1929], "The Way Back into the Ground of Metaphysics" [1949], in Walter Kaufmann (ed. and trans.), *Existentialism from Dostoevsky to Sartre* (1956) (New York: New American Library, 1975), p. 272: "The being that exists is man. Man alone exists. Rocks are, but they do not exist. Trees are, but they do not exist. Horses are, but they do not exist. Angels are, but they do not exist. God is, but he does not exist [*Das Seiende, das in der Weise der Existenz ist, ist der Mensch. Der Mensch allein existiert. Der Fels ist, aber er existiert nicht. Der Baum ist, aber er existiert nicht. Das Pferd ist, aber es existiert nicht. Der Engel ist, aber es existiert nicht. Gott ist, aber er existiert nicht*]."
5. A separate study of the history of the concept of existence in philosophy and its meaning for psychology will follow.
6. An animal lives its life, but a human being *is* his life. Animals are aware but cannot be consciousness.
7. Each of the means of validation requires a special study. These three means of existential validation were first outlined by John Heron in his manuscript *The Phenomenology of Social Encounter. A Study in the Philosophy of Meeting* (1970), the first chapter of which was published as "The Phenomenology of Social Encounter: The Gaze," in *Philosophy and Phenomenological Research* 31, 1970-71, pp. 243-264. This is a very rich and evocative essay that has been little noted.

8. When I brush up against the body I am in this way, I have an experience that is disturbing. I am reminded of the sensation of pure "stuff" (substance) as Husserl describes it. For example, I expect to taste apple juice, but have mistakenly picked up a glass containing milk. The first surprising sip is of neither apple juice nor milk. It is the shocking taste of pure "stuff."

9. Certain of the so-called psychotic disturbances include chronic experiences of this kind. For someone disturbed in this way, the body he has may even be interpreted as an animate or inanimate mechanism.

10. René Descartes, *Meditations on First Philosophy* (1641). *The Philosophical Works of René Descartes* (London: Cambridge University Press, 1967), Vol. I, pp. 131-199.

11. The existential psychologies of Rollo May and others still begin with experience.

12. See the lectures Husserl gave during the summer semester of 1925 at the University of Freiburg, published as *Phenomenological Psychology* (The Hague: Martinus Nijhoff, 1977).

13. Attention, which has an important emotional dimension, is being-consciousness (as a relation) from the perspective of the body in contrast with the object of being-consciousness.

14. Like any mode of consciousness, willing is willing of something determinate. The same will hold in general, though with important variations, for its subtypes desiring, wishing, fantasizing, and reverie. But since what I will is based on what I make of my past, imagination will play an essential part in envisioning my future, just as it also plays a major role in the reviving and revising of my past in recollection. Nor is willing based solely on what I am. It must also take into account what others are, and that includes what they do that affects my existence. The characteristics of recollection and willing can be understood only by studying the objects peculiar to those modes of being-consciousness. Recollection is probably the most enigmatic mode of being-consciousness. A few observations on the topic are given in Appendix II, below.

15. This nothing is not a meaningless emptiness. It is comparable to the nothingness of what is "seen" in the dark or "heard" in utter silence.

16. When I observe certain works of art – a carved or painted or mechanically produced (still or moving) image of an other, for example – I may imagine a body that can arouse my sexual desire, but the question of that human being's existence does not arise. It is also that way with a memory of someone. The other does not belong to a plastic or electronic representation of him. The fact that we can be aroused by such representations is the source of a peculiar frustration which is similar to the kind of frustration that occurs when the voice of an other is heard through a telephone receiver.

17. My past has an identity, a seeming life of its own, which is why I speak of the future as something my past has. I think this is what psychologists have been referring to when talking about the ego (the "me" or the "I"), which need not be consciousness.

18. Here and throughout the word 'exist' is used in an active sense. Based on its Latin root, exist means to "stand out into" a place or situation. In being validated by the other's existence, I stand out in the situation between us in the way something sets itself apart from everything around for perception. It is thus comparable to the emergence of form from ground described by Gestalt psychologists.

19. Nor is perceptual consciousness like a beacon searching the physical world for interesting things or antennae sampling the environment for stimulating or useful things. It does not function at all like a mechanism.

20. The temporality of auditory perception is easier to grasp than that of visual perception.

21. Søren Kierkegaard, "Den Existerende," *Concluding Unscientific Postscript* [1846] (Princeton: Princeton University Press, 1941), p. 468.

22. Neither Husserl nor Heidegger has anything to say about the "genetic psychology" of consciousness. Yet it is precisely in the dawning of consciousness in childhood that we can see the connection between consciousness and existence. One of the aims of this essay is to restore the "genetic" perspective to phenomenological psychology.

23. I often recall in this connection what Jean Beaufret said in 1983: "Instead of consciousness, Heidegger used the word *Dasein* [*Au lieu de conscience, Heidegger dit Dasein*]." This comment is published in Eryck de Rubercy and Dominique Le Buhan (eds.), *Douze Questions posées à Jean Beaufret à propos de Martin Heidegger* (Paris: Aubier Montaigne, 1983), p. 69.

24. Our privately produced, more complex variants on these primary ideas or representations are another matter.

25. The contractor sees the stresses of various masses balanced in the construction of the classroom, the teacher and his students feel stresses of a different kind.

26. Before the invention of such an inner world, I conjecture, things were not conceived as we have learned to "see" them: separated from me by my body, understood as a barrier between inner and external realms that requires the intervention of my senses to pass through that very barrier in order to introduce the raw material for representations of external objects into the interior of my mind, where they are recorded and stored. Regardless of why it was conceived, however, the so-called inner world is nowhere to be found. In any case, as we have seen, there is no need for the concept in order to account for how in being-consciousness objects confront us.

27. This has its counterpart in the "negative hallucination," a well-known act of perceptual consciousness that occurs when I want to ignore or tune out an annoying sound or bothersome chattering.

28. Sigmund Freud, *The Interpretation of Dreams* [1900] (London: Hogarth Press, 1953). *The Standard Edition of the Complete Psychological Works*, Vols. IV-V (esp. Ch. 7).

29. See, for example, Jacques Lacan, "The Empty Word and the Full Word" (1953), in Anthony Wilden (ed. and trans.), in *The Language of the Self* (Baltimore: Johns Hopkins University Press, 1968), p. 27. The unconscious is "the discourse of the other," what the other knows and can say.

30. The objects of retention are percepts or images. This much seems clear about retention: an object of retention is not a single percept or image, but rather a meaningful whole comprised of many percepts or images, a *Gestalt* or patterning of perceptual and imaginary elements. The result of an act of retention (what is usually called "a memory" or "memory trace") is one of the most difficult topics for psychologists. I will omit consideration of the problem here, since memories proper (recollections) do not depend on fixed contents ("memory traces"), even if

they do exist. Recognition, as the term implies, is in fact a problem of knowledge. I will also pass over entirely an important kind of recollection: dreaming. See Appendix II.

31. Psychoanalysis has demonstrated the effectiveness of even the seemingly most peripheral or marginal perceptions (a spoken word, for example) for evoking a recollection.

32. "To remember is to think or imagine," says Plotinus, *Enneads*, 4.4.3., in the translation by W. K. C. Guthrie, cited by Kate Gordon in her paper "Memory Viewed as Imagination," *Journal of General Psychology* 17, 1937, p. 113. "Imagination and memory are but one thing, which for divers considerations hath diverse names," says Thomas Hobbes, *Leviathan*, I, ii [1651] (New York: Penguin Books, 1986), p. 89. See also Mary Warnock, *Memory* (London: Faber and Faber, 1987).

33. The grammatical interrogative, which introduces the mode of possibility into language, is a transformation of the declarative or indicative mode.

34. Recollection, however, can occur as a subvocalization of isolated fragments or complete sentences. Writing is just such recollection in sentences.

V. Therapeutic Validation in Existential Analysis (2002)
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Note: This article is a discussion of the principal goal of existential analysis: revalidation of the analysand's existence and its relation to change. The case study of a 19-year old male college student is presented.

The Goal of Existential Analysis

Remarkably, little has been written about technique in psychotherapy and what is there is uniformly disappointing. There may be a good reason for this, namely, that there is no such thing as psychotherapy technique (1). For now, I will not go that far, although there may be good reasons for doing so.

Apart from what to avoid doing, which traditionally has been an important theme of the so-called supervision process in clinical training, the psychotherapist is given little guidance about how to proceed in his work with clients. Offering the client unconditional positive regard (Carl Rogers) is more about the personality of the therapist than about his technique. After all, full attentive engagement with the client must be as much a matter of manners as anything. Evenly suspended attention (Freud) is probably equivalent to such attentiveness. It speaks to the conditions of effective work with analysands but says nothing about what to do.

In part, the absence of technical recommendations is due to the fact that the outcome of psychotherapy is not easily defined. If one applies a technique, it must be to some end, but if the end is not clear, how can one rationally make technical recommendations? On the other hand, if as Freud says, the result of psychoanalysis is the capacity for love and work, or as Jung says, the goal of analytical psychology is individuation, the meaning of these goals is so general that, when considering what to do, the therapist has little to envision at the horizon of therapeutic work with a client. Other forms of counseling and psychotherapy claim that adjustment is their goal, but, surely, if that means the absence of all conflict, it is not desirable as a goal, as the elimination of anxiety is not, since anxiety in moderation is an essential feature of human life. In the final analysis, we must also ask: Are any of these goals assessable and measurable? Probably not. And what scientific sense can be given to patient satisfaction?

In contrast with other therapeutic modalities, existential analysis holds that its goal is the freedom of the existential analysand (2). While this is also an outcome that is difficult to assess, it is not more difficult to assess than the broad outcomes of Freudian or Jungian analysis, but unlike these forms of psychotherapy, it may be possible to identify a concrete therapeutic intervention within the practice of existential analysis that is at the same its primary therapeutic goal. I will call this intervention the reinvestiture of existence, which I define as a moment modeled on a fundamental experience of human development, the conferral of existence during infancy.

While the latter is basic for becoming human, in existential analysis, therapeutic efficacy results from reaffirming in the patient the clearing nature of being human. For the existential analyst, a person seeks therapy usually because her world has dimmed. The reinvestiture of her existence permits things to once again speak to the analysand. Her world regains some of the luminance of childhood, in which there is more to be seen than at any other time in life. In the course of passage through adolescence and adulthood, sectors of the world systematically darken. Or, to use another metaphor, things say less or speak more quietly to us as the demands of socialization grip us ever more tightly. As a result of cultural indoctrination, the child's fascination with the world is systematically replaced by limiting ways of looking at the world, most of them the result of the dominance of language, which permits things to be seen only as

the names applied to them designate and allow. The individual becomes more and more "in the dark" about what is there.

A person who complains of blasé indifference, boredom, vague uneasiness and the like, is someone whose world has been transformed even more dramatically. Perhaps what remains in her world is glaring or garishly colored, or noisy and strident (perhaps dominated by auditory hallucinations), or perhaps it is dimmed down to a more or less continuous twilight, "where all cows are grey." It may be a world permeated by a deathly hush, so that the individual scrambles to fill it with talk, recorded music, television or video games. Or, finally, it may be a world where only certain classes of things show up for her. For example, she may see only one gender, or everything announces itself as comestible. To live in such a world, the individual may do what she can to anesthetize her sensibilities with drugs, or may search for ways to withdraw from it.

What has happened here? The things that populate the world have been transformed as a result of restricted *clearing*. The term is from Heidegger, who describes the basic nature of the human kind of *be-ing* as existence (*Da-sein*), which means being the open. The changed world of the individual who seeks existential analysis is the result of her relative inexistence or restricted clearing, which may lead to existential crisis and precipitate a turning point in the individual's life. At such moments, the individual may turn to existential analysis.

What are the reasons for such a weakening of existence that narrows (or even precludes) world openness? How does the existential analyst accomplish the reinvestiture of an individual's existence and accomplish the goal of psychotherapy as defined here, including an expansion of the person's world?

The Conferral of Existence During Infancy

In order to understand what the existential analyst can facilitate, consider what happens to each of us during the early weeks of our lives, for that is when we become human, thanks to certain acts of a human being, usually (but not necessarily) the natural mother. We are not human at birth. Genetically, we are an instance of the species *homo sapiens*. Legally, we the rights of a citizen probably as early as conception. At birth, we have the look and behavior of an animal that is born prematurely. Our complete helplessness makes us vulnerable and dependent on a well-functioning adult who must feed us, regulate the conditions to maintain optimal body temperature, and most important of all, provide us with the human touch: attentive, responsive, playful tactile stimulation, including talk, which at the beginning of life is as much a tactile as an auditory form of stimulation. Even a deaf infant feels the vibrations of its mother's voice, although it cannot hear the well-formed tones of phonemes. All infants first feel language viscerally even while hearing it.

Beginning at a certain point and in the course of a series of related events, the mother invokes the infant's existence. Until that time, he has merely behaved (that is, reacted), very much as a household pet does. *Validation* is a mutual act, the deliberate, knowing, feeling imposition of oneself in the world shared by at least one other human being. It is a mutual act involving both the infant and the mother, whose early attempts at validation have passed unrealized, unheeded by the infant because of its immaturity, but none the less important to the infant. After a number of attempts at existential validation, at last the infant engages with its mother and validation occurs (3). There is mutual validation of their existence, and for the first time the newborn exists, as a human being. This investiture of existence is repeated.

Increasingly, the world becomes meaningful for the infant, who illuminates the things that also inhabit the world. As Heidegger pointed out during one of the seminars for psychiatrists he gave with Medard Boss in the 1960s, the names of things provided by human beings are an integral part of this process. "When I tell a child, 'This is a table,' it awakens the child to the intuition of essence (*Weseneinsicht*) – to a glimpse of the essence (*Wesenblick*) 'table'. The

phenomenon is the essence of what shows itself. The phenomenon as what shows itself from itself always means the being of beings (*Sein des Seiendes*) and not a particular being" (p. 176) (4). In each case, of course, the world as a whole is illuminated, not just a table or chair or cat.

Structurally, existential validation consists of interpenetrating moments of gaze, touch and speech. For all infants, the latter moment is the last to come into play, but when all three combine for the first time, mutual validation is possible. Deaf infants are delayed until visual or tactile forms of speech are found. Blind infants must find a tactile or auditory form of the gaze, which accounts for the well-documented retarded overall maturation of blind babies. The investiture of existence in babies who are touched too little (institutionalized or chronically ill babies) may also come to exist later than most infants.

It is well known that existence is not conferred on all infants. So-called feral children are such individuals, who because they have missed human contact during the critical period in question never became human. Beyond this period in early life, it is probably not possible to compensate for one of the missing moments (gaze, touch, word). Infantile autism is very likely the result of the failure of investiture of existence during infancy.

The initialization of existence in infancy is concurrent for the infant with clearing, the human being's function as *Da-sein* or *world-illuminating*. Animals live in nature (as we do), but since they do not exist, they do not have a world. For animals, the things of nature do not have meanings (5). Things have significance that is strictly limited to the instinctual possibilities the animal offers. Animals do not experience things as this or that – as a tree or bird or a human kind of *be-ing*. They do not assign things meaning but only discover significance in things to which they can respond, depending upon their sensory apparatus. They take things only as they are. For this reason, they cannot employ metaphor and cannot create symbols. Above all, animals find nothing amiss that they might like to alter, simply because they do not find anything at all. They do not discover. They do not make use of things in the way the human kind of *be-ing* does. They are not related to things, whether the relation be one of use (for example, in work or play), or of appreciation (for example, in observing art or sport). Their interdependence with things is fixed and limited. Our relations with things are fraught with possibilities. The infant *homo sapiens* that does not come to exist, that has not had existence conferred on it, is very much like an animal in this sense, with the exception that it was potentially human, while animals never are.

The infant who has not come to exist (who merely *is*) does not look back at us, is not capable of the human touch, and cannot speak. It may be trained to make use of language after a fashion (as certain apes have been trained to use signals as signs), but it does not speak. In other words, language does not flow through it. The human touch and the gaze will also be absent.

While this is the situation for some infants, most come to exist. The remarkable transformation from prematurely born mammal to human being usually occurs. The conferral of existence has been extended into a further generation of *homo sapiens*. More important, the function of clearing has also been handed over to the individual, who is now capable of other sorts of moments of existential changeover (for example, from child to adult, from "being young" to "being old"). These existential transformations are the model for institutionalized forms of ritualized existential change (marriage, confirmation, legal judgments, and the like). Finally, the conferral of existence is a model for therapeutic change in existential analysis.

Distortions of Existence

What are the conditions under which existence is distorted? In general, it seems to me that it is precisely at those times in one's life when significant changeovers occur that existence is vulnerable to distortion. I have in mind here, for example, pubarche and the climacteric in women. Other important points of vulnerability occur in connection with serious physical illnesses or accidents, the impact of natural events, or the physical effects of pregnancy. Still others are

the death of a parent or child, being married, being divorced from one's spouse, being confirmed or graduated, falling in love, or religious conversion. Then there are the unaccountable, dramatic transformations which seem to defy explanation that are generally referred to as psychotic process.

Undoubtedly, all of these distortions of existence affect one's physiology, including neurophysiology, but none of them can be explained causally solely in terms of changes in the chemistry of the brain and nervous system. Developmentalism has dominated psychology since Freud introduced his theory of psychosexual stages in 1905 (6). Basing his modification of Freud's theory of psychosexual stages on the principle of epigenesis in embryology, Erik Erikson further encouraged the developmentalist perspective with his psychosocial theory. Similarly, Jean Piaget and, later, Lawrence Kohlberg extended the account of human psychological development to include cognitive and moral life. Essentially, the developmentalist view claims that change in human life is continuous, seamless, without breaks. Following the claim of Newtonian physics that nature does not make leaps but rather flows (*natura non facit saltum*), developmentalism in psychology must reject the view that change can be sudden and complete, that what one was an instant ago can suddenly be gone, a thing of the past. What happens in the physical world (if, indeed, that is the way things happen, a claim that quantum physics challenges) need not be replicated in the psychological realm, however, assuming that we make the distinction between the physical and the psychological.

Without giving the view presented here a name, I would say there is very good evidence that the important existential changes in life occur *tout court*, all at once, globally, entirely transforming the individual's existence. Existential change is not a matter of development but one of abrupt transformation. Existence and world, being coterminous, change at once. On the other hand, it is usually the case that we only slowly come to know and fully appreciate what has happened in such moments of change, but that does not imply that the changeover was not sudden, "in the twinkling of an eye." Like the person who has lost a limb in an accident or someone who sees that she is no longer young, change has occurred in existence, irrevocably. But the change may not be fully fathom for weeks or months (sometimes, never). Often enough, disbelief interferes with full realization and comprehension of what has occurred and this is all that is registered.

At times of existential vulnerability, the individual's world can be expected to change. Some of these changes are normative, for example, in terms of physical development or revolutions in the cultural institutions to which the individual is beholden. My favorite examples here are, in the physical realm, pubarche and menopause, and in the cultural realm, legally significant anniversaries (reaching age 18 or 21 in the West), being pronounced guilty of a crime, being awarded a degree, being diagnosed with a physical or mental illness. Other examples, which are purer in the sense that they are more easily identifiable as existential in nature are the boy's recognition that he is no longer a boy but is now a man, a girl's experience of now being a woman, the assumption of a different theoretical orientation, religious conversion, or falling in love with someone.

The resulting changeover is holistic. The world changes and the existence of the individual as clearing is modified fundamentally. The clearing effected by a human being and what is illuminated are the same. Heidegger's term *Lichtung* was first applied to this, the essential feature of existence (*Da-sein*). A lot of mischief has been brought to play with the term *Lichtung*, which in idiomatic German means a glade or clearing. The English word 'glade' best resonates with Heidegger's usage. Like a clearing, a glade is a rural phenomenon. Both refer to a bright area within an otherwise dark forest. But the word 'glade' was also applied to brightness elsewhere, even in the sky, where it referred to such natural events as the aurora borealis, the tail of a comet, or the brightened area around a streak of lightning. In a glade, what was in the dark has now become visible. What was there to be seen is now seen, thanks to the lightening effect of the clearing.

Heidegger's view is that existence is such a clearing. Existing, we bring things to light. We bring to light what was not apparent before. When, in infancy, we first exist, we first bring things to light in this sense. We engender meaning, thereby making things accessible, but also problematic, to us for the first time. It is important to recall that we are always somewhat in the dark about everything we make seeable and we are totally in the dark about most things. The trade-off is inevitable (7). In those moments of existential vulnerability just described, some of what we have made luminous darkens, but we also see more of what did not see before.

What we have in the course of a typical life is a number of these normative transformations of clearing, which are tantamount to transformations of the individual's world. They are expectable transformations, based on hormone-mediated physical changes. While the physical development on which they are based is continuous, existential changes are not. They are always, in a sense, surprising and unanticipated, and they are not correlated with chronological age, which is no sure predictor of any existential transformation. This is why developmental psychology has had to admit to such wide ranges of normal variability, which while comforting in a way, has made the application and usefulness of developmental psychology less sure. For example, even assuming that two identical twins had equal measurable amounts of serum testosterone levels, nothing predicts when one of the two boys is no longer a boy, but is now a man. But it this realization that matters most to each of them. The changes are not merely psychological, nor are they merely social. They are existential.

As noted, existence is often transformed even in the absence of physical changes of the kind described. Someone I love has rejected me or died, or I have been dismissed from my job. I have come into a lot of money or been assigned powers I did not have before. My wife becomes pregnant, or I become famous. Or something seemingly trivial or unimportant occurs, and all my existence is transformed. There can be no objective assessment of what counts as important in a person's life. Anything can precipitate existential change. On the other hand, there are, for example, few women who can, for example, remain indifferent to mastectomy. Few men do not change as result of the waning physical strength that follows as a consequence of ageing. I leave for another time considerations of why certain individuals are more susceptible to events that have little impact on most of us.

Individuals seek out existential and other sorts of therapy when their existence has changed. They often have symptoms, but just as often, it is the lack of any specific symptoms that characterizes their complaint. Vaguely sensing that something is *not* the case, they come to us. What can we do? What should be the goal of our work?

Therapeutic Revalidation

When an individual has experienced a transformation of his existence and is unclear about what has happened, he may turn to us. What does she want from us? Contrary to general opinion and what she may believe, she does not want our help. Existential analysis is not among the "helping professions," if that means intervening in people's lives. Intervention is certainly the goal of those in the helping professions, such as medicine, whose practitioners operate on our bodies, attempt to change our habits, or modify our physical functioning using medications or even more drastic interventions. Instead, existential therapists look after a person in a different sense.

Helping, which is based on intervening in the life of another person, will always violate the person's existence. In 1927, Heidegger made the distinction between two kinds of looking after or looking out for others. One steps in for the other and takes over for her. This is intervention, and it takes away her freedom. For someone who intervenes, being able to help requires that the person (temporarily) give up her freedom. In contrast to this kind of solicitude, Heidegger distinguished a kind that steps aside and makes way for the individual to find her own way (8). The existential analyst works in this way, which is in complete contrast to intervention.

Certainly, some ways of comporting oneself as a therapist are desirable, but these are, mostly about manners. Any behavior that would put oneself in the position of offering the first kind of solicitude mentioned should be avoided. It remains, then, to say how to get out of the way, to step aside and make way in the therapeutic relationship, since this is what will allow for the expansion of the analysand's freedom. The effect of stepping out the way is therapeutic revalidation.

Most of us would agree that, in one sense, the analysand is already free, but does not know it. It is equally true, however, that the analysand does not feel free, and that, after all, is what matters.

To understand what therapeutic revalidation is, let us revisit the mother-infant relationship. What happens when a mother confers existence on her infant? We have described its structure as mutual validation, which happens for the first time for the infant at the mother's hands. Unlike the relationships between human beings, where validation is possible at any time, up to a certain point the infant is not capable of validating the existence of another human being. He comes to be able to do this, thanks to the (m)other's efforts. Other than offering validation (which, for many weeks, is not returned), what does she do, other than persisting in offering the infant his existence? She asks for the validation of her own existence, since that is what will complete the circle of mutuality that is required. In fact, I think we can say that this is all the mothering figure does. It is more basic than offering validation. The work of the existential analyst is similar.

Consonant with the kind of solicitude that makes way for the other therapeutic revalidation is based on *inviting the analysand's existential validation*. In other words, it begins with solicitation of the analysand's capacity for existential validation while remaining ready to offer validation of the analysand's existence (9). An existential analyst, then, is very much like the mother of infancy, who is so very different from the mother of childhood, with whom, I think, psychotherapists have so often been inappropriately compared. Mothers of children must surely stand in for their children. They regularly intervene in their children's lives. This necessarily deprives children of their freedom, but it is necessary for their socialization and acculturation. It is also the reason why after an infant's initial conferral of existence and the opening of clearing has taken place, existence gradually darkens little by little through childhood. By the end of adolescence, we are all much more in the dark than we had been during the early childhood years.

How does one stand aside and invite the analysand's existential validation? If there is a technical recommendation is existential analysis, this is it. It is not about what to avoid, and it is not only about not standing in for the analysand, although that is important. Beyond the avoidance of such intervention, there is something active going on, and that is why I think it can be referred to as a therapeutic stance and why it counts as a therapeutic recommendation. To begin with, it is difficult to stand aside, since our inclination is to become part of other people's lives, which we analysts do in our lives as ordinary citizens, as partners in our own personal relationships, and as teachers. Perhaps the best model for this stance that stands aside is the Zen master, who gives the apprentice nothing. I think of the Zen master, who offers his closed hand or fist. Open, and the gift is gone. Similarly, standing aside and making way, the existential analyst offers the analysand precisely – nothing. But what a gift it is, if it can be sustained! This nothing or nothingness is, of course, the plenum of possibility the analysand is seeking. Only freed up from everything that she is can an analysand's existence breathe clearly once again (10).

The existential analyst must make an effort to be nothing to the analysand. This is not to say that the analyst makes him self nobody to the analysand, which Freud thought was requisite for psychoanalysis (11). There is no contradiction that the existential analyst is both fully real (someone) and nothing to the analysand. Nor is this nothingness communicated as something inert. In a way, it is the most energized activity imaginable, in that it allows for anything for the analysand. Moreover, the effort to remain nothing for the analysand requires a vigilance that always puts the analysand's freedom first, but must always be commensurate with the analyst's own freedom, which is equivalent to his own clearing. It requires what I would term the discipline

of freedom, which Heidegger described in terms of resoluteness in the face of the ongoing tendency to lapse into the everyday, the customary and the mediocre (12).

As I have suggested, this stance is the same as that of the mothering figure who confers existence on the infant, which is no longer an infant as soon as he or she has entered the orbit of language (13). The differences between a mother and an existential analyst are important, however, even though they carry out a similar function. First, the mother initiates existence for her infant, while the analyst revives and expands existence that has become dim and constricted and closed in on the person who visits us. Without some vestige of existence in the analysand, something like a real mothering experience would be required. After the critical period of early infancy, however, it is doubtful that a real mothering experience can be effected (14).

In practice, the existential analyst can generally expect a long wait before the analysand recovers his existence in the way described. We may understand fairly well why this is so. As Jean-Paul Sartre pointed out, human beings dread their freedom, to which they are "condemned." I prefer Erich Fromm's modification of our relation to freedom, which says that we confuse freedom from with freedom for, so that in an effort to be free in the sense of being relieved of responsibilities, we lose sight of the meaning of freedom as access to possibilities or freedom for . . . , which is what the existential analyst has in mind for the analysand (15). In addition, the prospect of "Why in the world not?" initially produces that well-known vertigo (often confused with anxiety) that follows accepting the radical nature of one's freedom. The "feelings of uneasiness" (Freud) that civilized life creates in us are not enough to liberate most of us from its constraints, and we feel even more comfortable when restrained by its rules. Marx saw this at work at the level of political economy, but it seems to have its source in a basic feature of existence.

Perhaps we are teased into existence, and the freedom we are committed to as clearing is something we all fundamentally regret. The conservative tendency to remain nothing but an animal is certainly powerful, and we all know how readily and easily we are drawn back into the unfree state that dominance by powerful feelings of pleasure argues for so compellingly. To the analysand, the existential analyst is both the image of and spokesman for clearing. Like any of his analysands, the analyst is constantly drawn back into the routines of everyday life. It cannot be otherwise, of course, since the quotidian mediocrities of everyday life, even when compensated for by a rich spiritual life and art, are inevitably powerful forces. While they obscure our uniqueness, of course, they also make it possible at all.

The existential analyst is the herald of the analysand's possibilities. Like most messengers, however, he is readily blamed for what is contained in the message, and given the tendency to pull back at the prospect of her freedom, the analysand will do what she can to make the analyst something and in that way disqualify or diminish his nothingness. Part of the effort of the analyst is to prevent that from happening. Here his best counsel comes from recalling that the attribution of being something or being somebody is, in every case, mistaken, since we are that peculiar way of be-ing who, strictly speaking, is not, never is something, precisely because we exist.

Case Example

The goal of all existential analysis is the same: the analysand's freedom, understood as the expansion of clearing, the essential wherefor of existence. Any narrowing of existence produces symptoms, the most frequent of which is the absence of any specific complaint, but rather a vague uneasiness, perhaps laced with boredom, anomie, and unfocused indifference. Time is often experienced as dragging one along. Of course, the individual often experiences positive symptoms, such as agitation, depression (the feeling of being stuck and a sense of

hopelessness), extreme anxiety, or even such florid symptoms as hallucinations and well-formed delusions. No matter what the symptom, however, the goal of existential analysis is the opening of existence, the restoration of its clearing function, and freedom.

The stance of the analyst for the realization of such goals I, as we have seen, to invite validation by being nothing to the analysand, which means allowing for maximum possibilities among those available to the analysand (16).

I met with a young man, J., during a period of five years, the first time when he was 18 years old. A college student who did not declare a major until his junior year, he was hyperkinetic and fearful. He complained of gastrointestinal discomfort and, because he ate so little, was quite lean. He rarely interacted with other students in his classes. J. Would dash into the classroom at the last minute and, at the end of the hour, would exit just as quickly to avoid informal contacts with other students. Chronically in a hurry, he seemed to be on the run, never fully where his body was, and always leaving somewhere. Going to a class was, for J., leaving his dormitory room. Going to the next class was really about leaving the class he had been attending.

J. complained that other people "used" him. Similarly, one could say time used him. He had no male friends. His relationships with young women were all about looking out for them. He eventually found each of his girlfriends exploitative. They, too, "used" him. J. Complained that institutions treated him, his family and friends, unfairly. He claimed that everyone he knew and was fond of was also the victim of one sort of institutional failing or other (school, church, government). For example, if J. did not do well in a class, he found the reasons for his poor performance in the teacher's pedagogic style.

J. enjoyed music a club life, although he did not drink alcohol or take drugs. Sexual contacts with women were rare until he reached his early 20s, and even then, he said, he limited himself to petting by consideration for their well-being. J. would often hound these young women, follow them about to see that they were safe, all in name of taking care of them.

J. needed a fifth year at college to complete his major (psychology) and then went on to enroll in a master's program in clinical psychology, so that he could "help people." Throughout college and graduate school, he read very little, occupying himself with music and writing poetry, most of it in the form of song lyrics that protested the ills people suffer.

In my contacts with J., he wanted me to advise him about how to handle his relationships with women and how to understand their the "psychological dynamics." Typically, a session began with an elaborate narrative of why people "always" act in such a way as to harm others. A mixture of indignant scorn and naive incredulity barely trumped strong anger and resentment. He portrayed himself as the one who stepped in to save a friend or a family member from prejudice or unfair treatment, while continuing to endure such things without anyone's help. But how could people be so thoughtless and ungrateful? He would ask. Why was he regularly taken advantage of by others for his generosity and kindness?

Like many late adolescents, J.'s existence had been distorted by the demands society makes on young men (and young women) to negotiate and complete what has been called the second individuation period of development, which I would call becoming an adult. Important anniversaries, such as turning 18 or 21, or events such as high school or college graduation figure in this transformation. J. resisted this, however, as many late adolescents do, and are encouraged to do in contemporary American culture. He was unable to see what had happened, namely, that he was no longer a child, of which adolescence is the terminal phase. Rather than realizing in action the shift that had occurred, J. was stunned by the theft of his childhood by his body and society, as well as by his peers and teachers. His mother supported his continuing as a pseudo-child.

J. did not see that his childhood was over. More important, he did not see the possibilities that being an adult held open for him. As his therapist, it was my goal to facilitate the widening of J.'s existence, which had dimmed down so that he could not see he was no

longer a child, that is, as a result of the existential transformation he had undergone but did not yet fathom.

Rather than telling him what had happened, which would only have interfered with his realization of what had happened – that is, rather than stepping in for him and taking over, stepping aside – I put myself in the position of being open to existential validation by him, knowing that only his effort to that end would make it possible for me to validate his existence, so that illumination of his existence could take place. Holding myself open for this over many sessions for nearly two years required patience. Finally, however, one day, J. took me seriously as a human being. He no longer saw me as a psychotherapist. The artificiality of our formal arrangements (analyst/analysand) was breached. Tentatively, he called me by my first name, nervously laughing at his boldness. In the ensuing weeks, he made fewer calls for meeting with me and eventually suspended our sessions. My work, which was to make it possible for him to restore his own freedom, was no longer needed.

In taking me seriously as an adult human being, he had also made it possible for authentic validation to occur. His realization of being an adult might have taken off on a different footing (other than by addressing me by my first name), but the significance of the act lay in J.'s having begun to realize how his existence had changed, which he had not been able to see before. Clearing returned to its optimal level for J., whose freedom to see what was there for him as an adult had been restored. I do not mean to say that the realization was complete. Indeed, it was only beginning. It is the ongoing task of any life to continue to fill one's world with meaning. J. was now once again free to do this, but he had not been before existential analysis.

My therapeutic stance, which allowed this to happen, consisted in not being what J. would have wanted me to be, namely, an adult to his presumptive child. Those who are unwilling to be taken seriously as human beings and not hide behind the persona of physician or helping professional are probably not suited for doing existential analysis. One must welcome being taken as just another human being by the analysand and, specifically, as nothing. Being the physician, psychiatrist or psychotherapist must give way to not being anything to the analysand, who sees you as he must (whatever that will be) for purposes of realizing how his existence has changed. In J.'s case, the transformation is normative for the changeover from adolescent to adult. Most young adults welcome the change. Some, like J., do not.

The pivotal concept here is being taken seriously as a human being, which serves as the basis for mutual existential validation. My stance consisted of dodging being something to J., which would have permitted him to see me as he needed to, in order to realize how his existence has changed. It is also true, of course, that I am someone real to my analysand, but that somebody is comprised only of my human being, the essence of which is my clearing function as existence [Da-sein], that is, as clearing. The existential analyst must resist being seen as a psychotherapist or physician, if existential validation is to take place and the reinvestiture of the analysand's existence is to occur.

Concluding Thoughts

Technique in existential psychotherapy ranges from not doing certain things (for example, giving advice), to behaving in certain ways (for example, treating the client with "unconditional positive regard") and assuming a certain psychological frame of mind (for example, "evenly suspended hovering"). In classical psychoanalysis, other recommendations include making interpretations when appropriate and analyzing resistances before analyzing the transference. The techniques of behavior modification are a form of training, not psychotherapy, since it denies that there is such a thing as a psyche at all. In all cases, our criticism is directed at the interventional nature of psychological treatment.

In contrast to these technical recommendations stands the one goal of existential analysis, which is the lightening of the analysand's existence based on the revalidation of the analysand's existence. Rather than intervening in the life of the analysand in any way, the existential analyst looks out for the analysand by standing aside and making room for the analysand's clearing function to be restored. This amounts to allowing the analysand to be free for the possibilities that lie in her world but which remain in the dark for her because of the dimming down of her existence that has followed the inability to see the transformation of her existence that has taken place, whether that was simply part of what we all must experience as human beings (normative transformations) or whether it was unique to the person (idiosyncratic transformations). Calling for the validation of our own existence, which allows us to validate the analysand's existence, is based on taking the analysand seriously as what she has become but has failed to see. It depends upon understanding the nature of the transformation that has occurred. We can do more for the analysand by being less. We do most for her by being nothing at all.

Notes

1. The term technique is used from the time of Freud's "recommendations," only some of which he published.
2. This view is neatly characterized by Medard Boss as the predominance in the analysand's life of the question "Why in the world not?". *Existential Foundations of Medicine and Psychology* (New York: Aronson, 1979), p. 279. Cf. *Psychoanalysis and Daseinsanalysis* (New York: Basic Books, 1963), pp. 248-25. By contrast, in psychoanalysis, the prevailing question is "Why?" which is to be answered with causes for the analysand's experience, behavior and disposition.
3. It is likely that some mothers give up on their infants before this happens. The result is an individual whose existence is never installed or invested.
4. See Martin Heidegger, *Zollikon Seminars. Protocols-Conversations-Letters*, edited by Medard Boss, translated by Franz Mayr and Richard Askay (Evanston: Northwestern University Press, 2001), p. 176.
5. It is possible that animals can acquire or become familiar with and subsequently practice meanings that human beings have offered them, but animals cannot create meanings.
6. Sigmund Freud, *Three Essays on the Theory of Sexuality*.
7. Heidegger's philosophy of truth sheds light on this. For every disclosure (truth), there is concomitant dimming (error). Whenever something comes to light, something else fades into (perhaps temporary) obscurity. This is inevitable, given that we are not omniscient but perspectival, but also because existence is illuminating, which is always local and does not extend much beyond our immediate habitat.
8. Martin Heidegger, *Sein und Zeit* (Frankfurt: Klostermann, 1977), p. 163, translated by John Macquarrie and Edward Robinson as *Being and Time* [New York: Harper, 1962], pp. 158-59.
9. This may account for both the frustrations and satisfactions of the practice of existential analysis.
10. The awkwardness of this formulation may be disturbing, but I do not intend any obscurity. I want to suggest that the clearing function of existence is restored and comes to life again,

somewhat as it was in early childhood. Replicating a feature of childhood in some sense parallels the controlled regression essential to classical psychoanalysis.

11. Being a blank screen is impossible in practice. At the very least, as Thomas Szasz has repeated again and again, the analyst is always seen a powerful person. At the very least, the analyst is also a man or a woman.

12. Martin Heidegger, *Being and Time*, pp. 343-48.

13. The word 'infant' means "without speech" (from the Latin adjective *infans* = not having the power to speak).

14. In *Syrnbolic Realization* (New York: International Universities Press, 1951), Marguerite Sechehaye recounts her years-long effort with a woman diagnosed as schizophrenic, with whom Sechehaye seems to have repeatedly accomplished what I have called the reinvestiture of existence, although her involvement with the patient was also decidedly maternal.

15. Erich Fromm, *Escape from Freedom* (New York: Avon, 1941).

16. By available to the analysand, I mean within the realistic options available to her. Obviously, someone who is an amputee will never dance Balanchine, even though she desires this above all else.

I. Diagnosis, Intervention, Treatment, Cure

In its brief history the goal of psychotherapy has changed dramatically several times. When only a century ago the Viennese neurologist, Sigmund Freud, first decided to intervene with words instead of available medical procedures to treat his patients' "neurotic" complaints, as a physician he still had in mind, first and foremost, the cure of a patient. A psychoneurosis was still, for Freud, a disease of the nervous system and a presumed lesion was responsible for its symptoms. More than a few steps, however, lay between the doctor's small examining room and his study in the apartment on Berggasse where psychoanalysis was first practiced at the end of the nineteenth century. While it is unclear whether Freud ever ceased to see his referrals as patients (each of them an instance of the living corpse every physician is trained to envision presenting itself to him for care) his use of words rather than scalpel and drugs (forgetting for a moment his early prescription of cocaine for "depression") marked a departure from the traditional medical model on which the physician's approach is based.

Freud wore a three-piece suit and never unbuttoned his tie in the presence of a patient. We are told he kept appropriate physical and absolute psychological distance from his patients, eventually moving entirely out of their view and the diagnostic gaze to a position seated behind the patient's body, which was stretched out comfortably on the analytic *chaise longue*. Like a surgeon, his work space was set up to shield from view his patient's face.

Movement of the patient's body away from the doctor's examining eyes transformed the medical patient into the *analysand* of classic psychoanalysis. The *analysand* was physically there, but the data on which Freud's treatment would be based was being gathered elsewhere, just as today the data of any primary care physician's physical examination of a patient are collected for analysis elsewhere in laboratories where the patient's blood and urine samples are scrutinized for interpretation by the physician. The data provided by Freud's *analysand* was gathering in that immense chamber he termed the *Unbewusst*, a place where consciousness could never shed its light.

Moving the site of his work with patients out of the hospital setting was decisive for Freud's invention of the prototype of the patient in psychotherapy, since it located the procedure of psychoanalysis away from an environment redolent with the ambient odors of cautery, human body products, and the chemical compounds used to cleanse wounds, induce anesthesia and maintain a hygienic institutional environment. In Freud's study, there was instead the smell of food being prepared elsewhere in the doctor's apartment, the ubiquitous, acrid odor of cigar smoke and the musty smell of heavy Victorian fabrics and upholstery. The odors produced by the patient's body—the sour breath exhaled by a dyspeptic or the sweetness of acetone leaking out through a diabetic patient's pores—was overwhelmed by the smells of burning tobacco, simmering sausages, and his chow's fur. Climbing the marble stairs to Freud's apartment, an *analysand* might just as well have been visiting a relative or her attorney. She was entering a consulting room, not a hospital or dispensary.

Freud changed the being psychiatrists treated by changing a what to be treated to a who to be treated. Although, initially he persisted in using the language of neuropathology, Freud's conception of a psychoneurosis was soon not that of a disorder of the nervous system and therefore a disorder of the body, but a condition of a person's emotional dis-array, a disorder of the *analysand's* psyche. Freud's topographic model of the intrapsychic world of the patient envisioned contents of an entity, the psyche, moving from one domain to another, between the unconscious, the preconscious and the conscious. The Freudian psyche was not the brain, yet the image was one of a thing in which energy moved from place to place. The

later structural model of the “me” (*Ich*) and the “it” (*Es*) presented in *The Me and the It* [*Das Ich und das Es*] (mistranslated as *The Ego and Id*) included a third domain, that of an “overseer of the me” (*Überich*). Still compartmentalized, the psyche was still driven by metaphoric energy in a system of dynamic transformations comparable to but utterly different from the electrochemical energy that hops between cortical neurons and courses through the nervous system.

In addition to changing the “object” of treatment, in Freud’s hands the goal and purpose of treatment also changed. Treatment still implied the existence of something damaged or broken (a dysfunction) to be repaired, and the goal of treatment was still couched in the language of improved functioning, the melioration of symptoms and the possible cure of an illness, but as the Austrian clinician aged and gained in experience, his reasons for analyzing patients shifted from effecting a cure to assisting the analysand in coming to accept the vagaries of her personality. Now Freud’s aim was not the curing of a disease, but rather helping the analysand tolerate being resigned with respect to the inevitability of who she was and *had to be given* her earlier life experiences, and by implication what she would *have to go on being* as she descended the stairs, walked into the street outside Berggasse 19, and went on with her life. The goal of psychoanalysis became more modest: embracing “everyday human misery.” Freud also learned that the process of analysis might even entail having to feel worse for a time. Like surgery, the “psychic surgery” accomplished by psychoanalysis nearly always entailed a period of greater pain during and following the procedure than the patient had been experiencing before entering analysis.

The purpose of this paper is not to continue to review the many incarnations of “the helping profession.” Instead I will focus on what I believe to be the goal of all forms of psychotherapy, one that has been in the background from the beginning (beginning with psychoanalysis) and continues to gleam (sometimes faintly) through all contemporary “mental health care”: authenticity. In my view, authenticity is the unacknowledged goal of every form of psychotherapy, from Freud’s “talking cure” to the current rage, cognitive-behavioral therapy (CBT). Before doing so, however, I must first examine the notion of intervention, which is implicit in all forms of psychotherapy, in order to see how it is related to the prospect of regaining authenticity.

Intervention in psychotherapy is based on the medical approach to human suffering. For a physician, unless it turns out to be “functional,” a an illness indicates underlying pathology that (often literally) cries out for examination, evaluation, diagnosis and management—that is to say, some sort of intervention. [1]

As the root of the word diagnosis suggests, something wants to be known when a physician approaches an ill person. Of course, many physical disease processes are silent (asymptomatic), but the symptoms of nervous suffering are visible (anxiety, tension, agitation, tremor, paralysis, catatonia, stereotypic movements) and often audible (crying, yelling). Outspoken like physical pain, such symptoms implore the physician to render an interpretation of the symptoms and, in psychiatry since the time of Emil Kraepelin, to classify the pattern as a disorder. Freud added to the system of medical disorders with his new nosology of nervous and mental diseases. The underlying pathology of the psychoneuroses had to be inferred, however, since there was no way of demonstrating damage to the psyche’s “me,” the “it” or “my overseer,” as there might be of verifying damage to a heart or liver. Freud’s early attempts at a scientific psychology of neurons and Q-energy were abandoned and replaced by a metapsychology of unconscious mental life that was intended to provide an explanatory scheme for justifying his diagnosis, say, of hysteria, anxiety neurosis, or obsessive-compulsive neurosis. [2]

Psychoanalytic treatment was unique in its interventional style, its almost “passive aggressive” waiting for the analysand’s “free” associations. Its aim was effecting the verbalization of latent intrapsychic conflicts held to be responsible for the analysand’s observable or silent (until reported) suffering. The approach attributed agency to intrapsychic

structures, which were in effect personifications of the agents of the client's misery. The structural agencies were shown to be simulacra of the analysand's parents (imagos), including their own attitudes and values, and their own intrapsychic conflicts.

Unlike medical techniques, application of the fundamental rule of psychoanalysis had to be carried out by the patient herself (on her own psyche) and not by the physician. Practitioners soon realized that fluency in engaging in "free" association was, in fact, the ultimate aim of psychoanalysis. Once the uncensored association of memories was possible, analysis could be terminated, at least formally. The work of the "analytic instrument" (the personality of the analyst) had been completed, but the much desired side effect of a complete analysis was to have set into motion in the patient a habit of self-reflection that she could be expected to continue throughout her life.

Many other forms of psychotherapeutic intervention have been devised in the wake of classical psychoanalysis. It is estimated that there are currently more than 400 varieties of counseling and psychotherapy available in the United States, and this does not include the impressive array of homeopathic ("holistic") and self-help regimens on the mental illness and mental health market, or the formidable physiological and legal interventions of psychiatry (pharmacotherapy and the "milieu therapy" of mandatory hospitalization). Some plans of intervention are based on the ideological motivation and role of the counselor (e.g., medical, pastoral, forensic), while others target an area of psychological life (e.g., cognition, motivation, conation, perception) or a realm of human experience (e.g., sexuality, "ingestive behavior"). Still others focus on a social institution (e.g., marriage, family) or lifestyle or role (e.g., gender) in which significant numbers of the population participate. Many are grounded in a formal and complex theory of personality (e.g., Jungian analytical psychology, Adlerian individual psychology). Others have a more broadly theoretical basis (e.g., client-centered, systems-based, information-processing). Still others have been developed for a specific diagnostic category (Kernberg's work with "borderline" personalities, Kohut's self psychology for work with "narcissistic" personalities). At the end of a day of consultations, however, all have common cause in having actively intervened in the lives of those who sought their counsel and help. Whether the patient or client is required by law or coerced by a family member into agreeing to work with a therapist or when it is the client's wholehearted desire to form a therapeutic alliance with a practitioner, she expects management of her life in some way through the agency of the therapist. [3]

While psychotherapy entails some degree of participation of the client, it also implies an essentially passive stance vis-à-vis the psychotherapist's interventions. Any form of treatment implies at least two players: one who takes a passive role in receiving treatment and one who take an active role in providing and effecting it. Just as medical patient gives herself permission to become less adult in the arrangement of a visit to the doctor's office by allowing (even welcoming) her physician the authority to touch and even invade her body, in psychotherapy the patient gives the therapist access to her private thoughts and feelings, and permits the therapist to manipulate that part of her world in which she makes decisions and creates her self. In doing so, she gives the therapist permission to take an authoritative, quasi-parental role to her "less adult," childlike role.

Modes of counseling and psychotherapy run the gamut from providing information, giving instruction, educating (or re-educating) and offering advice, to providing emotional support, being a surrogate ego, or accompanying the patient on an odyssey in search of insight. The goal of psychotherapy is always change. Or is it? Here we arrive at what I take to be the critical concept for a discussion of authenticity in psychotherapy.

Psychological change may be the result of outside intervention, inner self-transformation, or a shift in one's being-in-a-world. [4] In most of its incarnations, psychotherapy has been associated with one of the first two roads to change. The second also has a place in the venerable traditions of spiritual discipline. The first, outside intervention, is also ominously at home with various kinds of indoctrination (e.g., military training, mandatory schooling, religious

instruction) and certain social practices that begin and end with control (e.g., conscription, institutionalization, incarceration). The methods of outside intervention are persuasion, desensitization, behavior modification ("shaping" behavior sequences), and sometimes even systematic punishment.

In psychoanalysis, processes of self-transformation are at work. These have not yet been well mapped, let alone understood. Psychoanalysis works as a sequence of (1) preliminary diagnosis of psychopathology, (2) considered and measured intervention (interpretations, reconstructions, and the use of so-called "parameters"), (3) inner transmutation of the analysand's psychic structure, and finally, (4) change of attitude towards her personality, way of thinking and feeling, and behavior in the analysand. Psychoanalysis, then, is a hybrid of intervention and self-transformation.

By contrast, the means of behavior modification are entirely interventional. They include rewarding desired behavior ("positive reinforcement") and dissuasion with regard to undesirable behavior by withholding rewards ("negative reinforcement," including ignoring the undesired behavior) or judiciously using punishments. Here the therapeutic sequence is (1) identification of undesired behaviors, (2) prescription of desired behaviors, and (3) systematic elimination of the undesired behaviors through bringing about the unlearning of undesired behaviors and the learning of desired behaviors. If a cognitive dimension is taken into consideration, the series may be described as (1) recognition of ineffective ways of thinking (thought to be responsible for ways of feeling and acting) and (2) cognitive and behavioral relearning of ways of thinking that will lead to better adjustment to social norms. No assumptions about an inner life (experience) need to be made in behavior modification since everything of psychological interest has to do solely with observable behavior. [5] Experience, which implies the recognition of an inner life, is irrelevant, since observations of experience are impossible except by introspection and therefore cannot be confirmed or disconfirmed by a second party, in this case the therapist.

Cognitive-behavioral therapies assume that the alteration of one's judgments about the affairs of her everyday life leads to more rational responses to life's challenges, including especially the problems that press for quick solution. Ossified and inflexible ways of "thinking about things" give way to more flexible methods of "thinking about" critical issues in one's life that have generated confusion, disturbances of consciousness, and a skewed perspective on one's behavior. From the vantage point of the patient, the therapeutic sequence here is (1) recognition of self-defeating ideas, (2) admission of confusion or irrationality or cognitive stalemate, (3) simplification of the troubling issues, (4) reformulation of problems in terms of adjustment and common sense, and (5) solving problems rationally or logically with a clear sense of what is real. Transformation of one's inner life is limited to the operations of reason (cognition), which when it is functionally optimally prevents the occurrence of disquieting or upsetting emotional reactions and behavior that bothers the patient and others.

In psychoanalysis, an analysand's efforts to foil her admitted interest in and desire for change are termed resistance, which is understood as a way of defending the self or ego in conflict against dangers that an easing of defenses might produce.

The desire for and a way to effect change are initially provided by the analyst. Change is unabashedly imposed on the client by the behaviorist. Cognitive therapists count on the client's willingness to reconsider her life and undertake a concerted effort to question her ways of "thinking about" what matters to her and to practice new ways of living ("homework") outside of therapeutic sessions.

Analysands and clients in cognitive therapies have agreed to their participation in treatment and they expect to be freed of external sources of control over their lives. Candidates for behavior modification may not have agreed to being treated. In practice, they are often pressured into submitting to desensitization routines and exchange bondage to one, socially disapproved family of behaviors for bondage to other, socially approved ways of behaving. Except for trivial matters (smoking, overconsumption of alcohol) they may or may not agreed to be changed. Those in cognitive-behavioral therapies learn to think differently and, as

a result, their feelings and behavior change. In behavior modification, change follows from submission to treatment, which is in effect a form of retraining. In cognitive-behavioral therapy, change follows from re-education.

By contrast, analysands are discouraged from making major life decisions while in treatment, but an analyst's conviction is that in spite of and ultimately thanks to resistance, the analysand will be a different kind of person as a result of accepting who she has become through the years. Change in psychoanalysis amounts to acceptance of what previously had been disavowed or denied and forgotten.

Popular culture and most psychiatrists now believe that chemical agents change people's minds. That being the case, we must consider the place of psychoactive drugs in this discussion of change in psychotherapy. Many clients now entering into a psychotherapeutic contract will have been prescribed psychotropic drugs in the recent past and a significant subgroup will be taking medications while in treatment. The ready availability of these substances from busy primary care physicians and their popularization by the media have introduced a new variable in the practice of psychotherapy. With advances in psychopharmacotherapy and as a result of effective marketing strategies and lobbying by the pharmaceutical industry among physicians, the field of clinical psychology has been dramatically altered. For a time some, psychoanalysts hesitated to work with clients while they were being medicated. Now most accept the use of psychoactive medications as a form of adjunctive treatment along with psychodynamic therapy. The relevance to the present discussion of this change in outlook among psychotherapists is that the use of drugs as a form of psychotherapy or as an adjunctive form of therapy in combination with psychotherapy constitutes a form of intervention that is as potent as the most directive forms of suggestion, coercion, persuasion, and behavior modification. Biochemical interventions are extremely powerful. [6]

Following this very brief review of the three best-known forms of psychotherapy—classical psychoanalysis, behavior therapy, and cognitive-behavioral therapy—and the sequence of interventions leading to change that each entails, I now want to take a different perspective on the notion of change in psychotherapy and note how the therapeutic goals of these forms of psychotherapy differ from the form of human interaction termed existential analysis.

II. Situation, Encounter, Autonomy, Authenticity

Existential analysis is the therapeutic representative of existential-humanistic and existential-phenomenological psychology, both of which trace their origins to a line of philosophers leading back, respectively, to Søren Kierkegaard and Edmund Husserl. These lineages have been traced so often that they do not bear repeated here. In this section I will single out one element of the existential tradition—authenticity—and explore its place in existential analysis.

I have said that, in general, the goal of all psychotherapy is change, whether what leads to change has been imposed on the person or is self-initiated. In each form of psychotherapy discussed, some sort of outside intervention occurs, whether it is blatant and directive, or indirect, subtle and apparently nonintrusive.

But is there a form of psychotherapy and a way of construing psychotherapeutic work that bypasses intervention altogether while nevertheless providing the prospect of change? There is, if we define change as a shift in one's way of being-in-the-world. Change of this kind occurs as a result of existential analysis.

Existential analysis is a way of encountering and working with another human being in a setting of thoroughgoing mutuality where the focus of attention is the *authenticity* of both partners in the venture. Its uniqueness among human partnerships lies in the fact that the situation or world of one member of the pair is highlighted while that of the other remains more or less in the background, but is still visible. Here there is no place for anonymity (as in

psychoanalysis) or invisible, unapproachable authority (as in behavior modification). In existential analysis both participants retain their autonomy. Its primary goal is illuminating the "client's" way of existence or being-in-a-world with a view to the affirmation of her authenticity. [7] I sometimes think we should abandon the term client. Instead of client and existential analyst, we should speak of a therapeutic partnership. Instead of psychotherapy, we should speak of a therapeutic venture, a way of working, an approach or mode of encounter in which two human beings participate in a co-operative undertaking. The image that comes to mind is of two high-wire artists who depend each other for balance and support but who are both in a precarious place. One of two remains more or less stationary while the other changes his orientation in space. Both are performing without a net! [8]

There is nothing new about the use of the term encounter in psychotherapy, but I would stress that in my usage there is no implication of confrontation between the two participants in the therapeutic venture. I would ask the reader to recall instead the original sense of encounter as a serendipitous occasion (which Heidegger considered in his fundamental ontology under the heading of the *Jeweiligkeit* of *Da-sein*), with all of the uncertainty, surprise and unpredictability of a chance meeting.

The concept of authenticity in existential analysis may be best understood in the context of Martin Heidegger's philosophy. To be sure, the concept of authenticity in psychotherapy was not explicitly discussed by Heidegger in his *analytique* [*Analytik*] of existence [*Da-sein*] in *Sein und Zeit* (*Be-ing* and Time) (1927), but authenticity played an important role in his way of thinking about existence at that time and in the following years, including the period of the Zollikon seminars with psychiatrists at the home of Medard Boss towards the end of Heidegger's life. Without his work on human be-ing [*Seiende*], the kind of be-ing for whom its be-ing] [*Sein*] is at issue and for whom it is ever in question, it is doubtful that Kierkegaard would have been remembered as more than a critic of the Hegelian system or the author of edifying discourses on the religious way of life [*Existenz*]. Nor might Husserl's phenomenological psychology have been more than a part of his vast project of re-envisioning the acts of consciousness. As it is, however, the centrality of authenticity in Kierkegaard's examination of "the exister" [*den Existerende*] [9] runs as an undercurrent throughout *Sein und Zeit* and emerges vividly in the work of psychiatrists who responded strongly to Heidegger's philosophy.

While working out the categories of the unique kind of be-ing we are, Heidegger often referred to what is *eigentlich* (authentic). In his path-making book about the be of any kind of be-ing, his purpose was not to produce a philosophical anthropology, although many early commentators and the first psychiatrists who were influenced by Heidegger's *analytique* [*Analytik*] of existence believed they had found just that in his book. Although it is neither philosophical anthropology nor psychology, what Heidegger says about what is "most its own [*eigenst*]" for existence can serve as a basis for understanding authenticity in the ontic sense it has in existential analysis. In Heidegger's ontology, that is to say, with respect to possibility and what lies as yet undiscovered about any phenomenon, the notion of what is authentic [*eigentlich*] undergoes a process of decontamination of its metaphysical interpretations. Revealing what is "most its own" about a phenomenon first relieves it of the veneer of actuality that has settled on it and disfigured it in the course of its history and then allows the scope of its possibility to emerge, perhaps for the first time, or after a long period of having been overshadowed by distortions imposed on it by the program of metaphysics that according to Heidegger began with classic Greek philosophy. [10]

It is well known that Heidegger was opposed to making inferences from his fundamental ontology of existence [*Da-sein*] to psychology and psychotherapy, but they were made nonetheless, first, in Ludwig Binswanger's approach to psychiatric practice and, later, with Heidegger's blessings, in *Daseinsanalyse*, the work of Medard Boss, the Swiss psychiatrist who collaborated with Heidegger over many years and convinced him that a form of therapeutic encounter could be construed in light of Heidegger's *analytique* of existence. [11]

I will forego discussion of the work of Binswanger, Boss and the other early existential analysts. [12] Instead, I will ask why, in spite of its academically unfashionable status, the existential approach is still so compelling, especially to the current generation of students, precisely because of its emphasis on authenticity. [13] The answer to the question is that existential analysis emphasizes the client's authenticity in a world where the attainment of uniformity by means of techniques of adjustment—whether to one's past (as in psychoanalysis) or to social norms (as in behavioral and cognitive-behavioral therapy)—is increasingly stressed. Strong rejection of this tendency among students in the first decade of the new millennium echoes the mood among students in the 1960s and 1970s when existential psychology first had an impact on undergraduate and graduate programs in philosophy and clinical psychology. Now young people are once again challenging the abrogation of personal freedom that contemporary society seems hell-bent on forcing on them. There is increasing suspicion about the loss of control over one's body as well the surrender of freedom that pharmacotherapy entails. This is a feature of life in the 21st century that was not yet a major influence in the era of the "counter-culture" which had seen the use of psychotropic drugs only since the late 1950s.

In the approach I am describing, two worlds interpenetrate, one of which is illuminated, but thanks only to the participation of *both* individuals *for whom their authenticity is at stake*. One partner must allow himself to recede somewhat into the shadows, but without losing visibility. This is the one who retains responsible oversight of (but not authority over) the encounter, without forcing or permitting any loss of either his own or his partner's autonomy. In existential analysis the world of one becomes highly visible in a unique situation, the peculiarity of which lies in the fact that it is set up precisely to reveal what has been eclipsed for her. This state of affairs—the eclipse of existence—is what brings about the need for a therapeutic encounter in the first place. Few other life situations allow us such an opportunity for exposure.

The fundamental quality of the therapeutic venture in existential analysis is its single-minded goal of illuminating possibilities that are hidden. If we define authenticity as being open to the full range of possibilities available to an individual, existential analysis is the work of providing a situation that permits the recovery of one's authenticity.

What other forms of psychotherapy term symptoms I consider to be unformulated questions. Depression, anxiety, phobic ideation, perceptual anomalies, and even bizarre and extraordinary systems of thinking are viewed as distinctive openings onto a world. The existential analyst allows questions to be asked that have been banned from articulation. Opportunities for allowing such questions to surface rarely occur in the everyday busyness of life where nearly everything is necessarily taken for granted or assumed, that is, left unquestioned. Of course, how could it be otherwise? Social life requires a wide range of relatively inflexible assumptions about space and time, place and persona, and admissible modes of interpersonal relating. Everyday interactions allow, as the Poet Robert Graves put it, "no occasion for approach or discourse." [14] We simply repeat the catch phrases that prevent us from losing our balance on the surface of that web of connections and relations that is our social life. "How are you?" "What's new?" We mime the gestures and verbal exchanges learned from our parents, peers and the media, but forget that each of these habits of talk has been acquired at the expense of a loss of freedom to speak openly. To that extent, everyday life, as Heidegger pointed out, demands *inauthenticity* of each of us and could not continue in its familiar way without that sacrifice.

Lapsing into routinized patterns of reaction, we necessarily forget ourselves. We find ourselves in a world of systems of communication and linguistic continuities. More and more, no matter where we are, we are never alone. Consider the cellular phone, now carried as though it were a tiny transitional object in Donald Winnicott's sense. With or without this device, we ceaselessly make small talk, mini-assertions emitted without reflection or consideration. None of this is avoidable, but it must be recognized for what it is, since we are creatures who *mind* what is going on, in the sense that we are reminded of it at every turn, pay attention to it, and must look after it.

Those who seek out a therapeutic partnership are at that time in their lives most sensitive to these features of everyday life and revolt against them. Often they have come to loggerheads with society, beginning with their families, in the recent past. Knowingly at stake for them is their authenticity, which contrasts so starkly with what "everyone else" does, what "people" do. [15]

Psychiatry and the major brands of psychotherapy that are based on the medical model identify discomfort with one's inauthenticity as a sign of mental illness or disorder of the functions of psychological life, including consciousness, memory, cognition, perception, affect and conation. By contrast, existential analysis understands the discomfort as a glimmering (sometimes glaring) awareness of lost authenticity.

Individuals who are uneasy in this way are usually labeled according to the classificatory scheme of psychopathology codified in the American Psychiatric Association's *DSM-IV-TR* (2000) and the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems* or *ICD-10* (1992). [16] For the existential analyst, however, such suffering is seen as something positive—a longing for authenticity.

III. Authenticity in Existential Analysis

Authenticity is the primary goal of existential analysis. It is understood as a realization of human freedom. [17] The aim of existential analysis is to return to an individual the primary authorship of her existence. All of us have had our existence conferred on us by the mothering figure in our life during its first weeks and months. It is validated in the ensuing years, most noticeably at turning points or what Erik Erikson called crises of the life course when the authorship of one's existence is called to account. [18] During these periods of intensified demand for self-creation, authenticity is most at stake and validation of our existence by others is crucial. For example, the "terrible twos" of early childhood is a period of vigorous creation of the self when it first becomes clear to us that we are both the artist and the work of art that constitutes a life. Again, during adolescence, the self undergoes "editing" and revision. Jung emphasized what most cultures have documented, namely, that adolescence is a time when the shape of the self of childhood may be shattered and a new figure of the self cast.

Whenever the self is revised, existence must be revaluated. Existential analysis can provide an individual with the sort of re-validation needed at such times. Revalidation is also necessary when one's existence is in the balance as a result of trauma. How can we understand this creation of the self, its critical moments, and the work of existential analysis when someone's existence is especially vulnerable?

Perhaps one of Jean Piaget's most enduring contributions to psychology is his having seen that during the early months of life, our *first thoughts are acts* that create the self. [19] These acts are internalized and become blueprints (*schemata*) for an increasingly complex representational network of mental relations. The representations are modified internally and, in turn, modify the dynamism that internalized them. [20] That the self begins as a series of acts seems undeniable, but for the existential analyst there is no need to assume that the creation of the self is the result of an *inner dynamic system* that constructs a picture of the self and a narrative of the self that later may be expressed in psychotherapy. If instead, as Heidegger suggested long ago, existence is not at all *in* something (for example, the mind or psyche) but rather "out there" as a world, and if in experience self and world are not distinguishable, the existential analyst has nothing to excavate or dredge up (both psychoanalytic metaphors) from the depths of the psyche and reveal to the light of day for examination by consciousness. [21]

In existential analysis the work of both partners is to see the self of one as it is being played out in and about the things in that person's world, including especially her body. Here is the key notion, it seems to me, of existential analysis: The self is already out there to be seen, but only if one is free to do so, that is, only if her existence is authentic.

As Erich Fromm pointed out many years ago, human freedom does not amount to an exoneration from constraints or a liberation from bondage, but is rather access to one's ownmost [eigenste] possibilities. [22] This is the very sort of freedom sought in existential analysis—freedom for . . . in contrast to freedom from . . .

As the goal of existential analysis, authenticity is the way to be that a human being is as things are, or, to use Heidegger's term, "factically." Being free is what we do, first and foremost; it is what we first and foremost are (in a transitive use of the verb 'to be'). Freedom is our ontological heritage and authenticity is its existential meaning. As already pointed out, that from early childhood on we are forced to slip further and further into inauthenticity is no fault of our own; in fact, it is an inevitability of what we do, day in and day out, in becoming human. In other words, the decline into inauthenticity is part of the bargain of being human. But authenticity is implied in its absence (in-authenticity) and we yearn for it. We experience this longing as anxiety or distress [*Angst*], which are not signs of trouble, illness or disease, but rather a door that, when allowed to open, lets in the light of authenticity.

There are many ways back to authenticity. Psychotherapy is not the only one, nor may it be the best or most effective way. But given the absence of spirituality in modern life, most of our fellow human beings have few other ways back to existential authenticity left open to them. It is fair to say that many individuals raised in the late 20th century do not even know about their original authenticity until, in a moment of existential crisis, it dawns on them. Moreover, they do no even know about the absence of that lost freedom. As post-World War II existentialists such as Jean-Paul Sartre said, if and when they get wind of it, most flee from their freedom.

As a group, adolescents seem keenly aware that something of this kind is missing. This may be why the need for a therapeutic partnership is often so compelling at the end of adolescence and why that time in life is so notable for its existential turning points. Other moments that bring awareness of freedom lost include epiphanies such as a brush with death, the passing of a parent, or religious conversion.

What distinguishes the people who enter into therapeutic partnerships is their having sensed in some way the loss of their freedom. The point I want to make is that their complaints and suffering are welcome signs, and we must read them as such. What lies open to them but remains closed off to most is the discovery that they are not free. Inauthenticity is the felt sense of this loss. As Medard Boss's well-known reply to a patient's query "Why?" indicates, an existential analyst must affirm this loss. In response to being told about a puzzling impulse, Boss confirmed the other's recognition of the possibility of her existential freedom and how it might be turned to therapeutic advantage with his response: "Why not?"

Like authenticity, human freedom is necessarily abrogated in the process of socialization. What, if anything, can ever compensate for that loss? The obvious trade-off for freedom sacrificed on the altar of socialization is power, first in the form of independence (control over one's own body and impulses) and then in the establishment of a balance of power (relative dominance) in each relationship with another human being. Power, however, is ultimately a poor substitute for the freedom handed over to each of us with our existence.

As R. D. Laing suggested, the "mad" among us may be the most sensitive to the loss of existential freedom. The most adamantly "insane" stridently refuse to play at the game of balancing power in relationships. They may take the extreme position of omnipotence and (including magical thinking about their powers), refuse to participate in certain areas of social life, or entirely abandon independence and give in to catatonic passivity. Their suffering is surely great, but it may be the refresher course the rest of us need to be reminded of what we have given up to a greater or lesser extent in growing up.

The less "disturbed" and those labeled "delinquent" or "antisocial" have also not compromised by taking their assigned place in the social network. They protest against their loss of freedom with "neurotic" complaints or acting out. Those who have been traumatized have also had their freedom wrenched from them and comprise an important group of individuals who can perhaps benefit most by the therapeutic partnership available in existential analysis.

But what of the more and more commonly seen individual who tells us about not being sure what "is the matter" with her? Vague feelings of content, ambivalently held goals, anomie, flat affect dominate her life-world. Her complaint is global, inchoate and nonspecific, but often tinged with anger or a general irritable uneasiness. We are tempted to say she is looking for something to be "the matter," since often such an individual is adequately positioned in a family and has a job at which she is successful. Just as she "has work" and "has what she needs," she may also "have a boyfriend (or girlfriend)" and regularly "have sex." She may even "have a family" or "have a child." Overall, however, she finds little ballast and stability in what she has. In fact, the more she has, the less she is. Most in this group typically have chronic doubts about what they "want to be" (often, "when they grow up") that are not assuaged by acquiring academic degrees or licenses, being hired into positions with "potential for advancement," or achieving recognition within their field.

By way of relating freedom as a philosophical problem to authenticity in existential analysis, I will close with a case example and a few suggestions for further discussion.

IV. The Story of "B"

This is the story of B. It illustrates how a therapeutic partnership might allow the possibility of increased existential authenticity to appear in this person's life-world.

B is a 25-year-old only child who three before we first met had earned her first graduate degree at an American ivy-league university. Encouraged by her college teachers to pursue the terminal degree in her field and eventually teach at the undergraduate level, she had completed the master's with distinction (as she had her bachelor's degree) but then dropped out of the program. She worked for an advertising firm for a year and then pursued a career as an actor in Los Angeles and New York while living at home and earning money as a cocktail waitress.

She complains of a variety of minor obsessions and "feeling stressed all the time." Her narrative of harried activity and excessive demands made on her time are accompanied by light-hearted laughter. B. seems to be talking about someone else (let us call her "B"), not herself.

She says that "B" tolerates inadequate men, whom she nevertheless prefers to men who want to "look after" her and "take care of" her. "B" sees herself as "taking care of" the immature boys she dates.

B's life is a production, a melodrama or soap opera in which "B" has the lead. In a sense, B already has the "part" she is pursuing with her portfolio, through contacts with talent agents, and in showcases on both coasts. Her life is something B experiences as something "B" "has." She does not see that she is her life, nor does she see that the source of her dilemma about "what she wants to be" is a search for authenticity. "Having" to be something, she is not free to "be" someone.

Although she is still quite young, B is a candidate for a preliminary primary diagnosis of histrionic personality disorder (DSM-IV-TR) for which pharmacotherapy might be the indicated treatment. In fact, her mother had suggested that B seek psychiatric help to "find out" what she "wants to do with" her life. To her credit, B senses that her mother's readiness to have her daughter treated with medications is a direct route to forgetting that something is "the matter." She relates that her mother has long since forgotten just that and has resigned herself to an indifference in her own life that B cannot tolerate, let alone embrace. B is puzzled and sees what is "the matter" as a way into her existence, not a blockade to further movement.

At the outset, B sees our therapeutic partnership as yet another episode in her "daytime drama" life, the life of "B". To be able to take the partnership seriously, B would have to be able to take herself seriously as a question and as a horizon of possibilities, not

a role to play ("B") while she looked for "better parts" in the "real world" of a television series or a film.

B is well-informed about psychoanalytic determinism and looks for "reasons" for her attitudes and motivations in early childhood experiences. She has little confidence in the example set for her by her parents, who were separated for 18 years but did not divorce, and recently have been living together again.

She reports that her teachers at university disappointed her, although given her excellent verbal skills, she says she was able to "fool" them into believing she was interested in what they wanted her to "have": a degree, a teaching position, a career in academe, and tenure at an "important" college or university.

She does not feel close to anyone, is critical of her appearance, and resentful of how others dictate how she should look, even while pursuing a "career" that is based on the creation of personae. Men have also disappointed her by what B perceives as their being either stupid and weak or exploitative and dangerous, with nothing in between. A woman had been interested in her sexually, but she could not respond. On the whole, she does not like the company of women. The advantages afforded B by scholarships, grants for study, and the privileges of an upper middle-class family income have all disappointed her, as have Los Angeles and New York, both of which she sees as merely offering her distraction and entertainment, a "set" or stage on which to enact her life as "B".

The existential gap between B and "B" was a measure of the distance of this young woman's experience from her existential authenticity. Since the gap is inevitable, my stance as an existential analyst was fundamentally one of "no blame." Given B's recognition of the gap, a therapeutic partnership was both possible and desirable. To put it somewhat schematically and artificially: the partnership did not aim at intervening in "B"'s existence on behalf of B, but rather in allowing B's self-realization to play itself out. There was no lost version of B to be found, restored and reinstated, and no incomplete version of B to be "finished" (as the psychoanalytic view might propose).

"B" was not an improperly constructed or deformed version of B in need of being refashioned or "straightened out" (as a behaviorist might see her), nor was it merely a matter of B's thinking about herself differently that would allow "B" and B to coincide. B was unacknowledged possibility.

In existential analysis, the most a therapeutic partnership can provide is recognition of possibilities that have heretofore been seen as problems. It is not a matter of re-cognition, but of seeing afresh. I saw B's so-called "disturbances" not as perturbations of some imagined "normal" state, but rather unformulated questions about how she can be, which means precisely how she already is (as B) if only she were free to be in that way and not have to create the role "B".

A therapeutic partnership in existential analysis does not have an outcome, whether it be set in terms of the short run (as adjustment) or envisioned as the culmination of a long voyage of self-rediscovery leading to insight (as in psychoanalysis). Authenticity, then, may be best understood as a new beginning in the fullness of *inauthentic* existence (in this case "B"). Authenticity is an option for someone only because she has embraced her inauthenticity. The story of B illustrates this especially well. The freedom that is engaged or "put in gear" is not an escape from inauthenticity but rather the reappearance of a capacity for self-authorship in the unavoidable context of inauthenticity. "B" continued to play her role, but B was granted disclosure as the underlying possibility that made had permitted "B" to be created and invested with social salience.

The therapeutic partnership affords someone the experience of this paradox of existence. The pleasure of work as an existential analyst is witnessing the unexpected emergence of human freedom.

Notes

[1]. In medicine the notion of a "functional" disturbance denotes a condition "not organic in origin; a disorder with no known detectable organic basis to explain the symptoms." This definition in an entry taken from the 26th edition (1995) of *Steadman's Medical Dictionary* (Baltimore: Williams and Wilkins, p. 693) refers the practitioner to neurosis, a term that is now all but absent from psychiatry (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision [2000]*). In turn, the second definition of neurosis in *Steadman's* is "a functional nervous disease, or one for which there is no evident lesion" (p. 1205).

[2]. *Steadman's* (1995) lists thirty-two neuroses.

[3]. The connections between a legal case and a case treated in medical or other therapeutic practice (*casus*) are fascinating and more than a matter of linguistic coincidence. The legal use of the word 'case' predates the medical. The latter, however, has the sense of something that happens to someone, which is the essential meaning of the word. Both sorts of case refer to a singular set of circumstances unique to a particular person, even though the named crime or illness (diagnosis) is said to be the same for many people. However, the delineation of a legal case has recourse to a body of law, while a case treated by a psychotherapist is defined by choosing from a selection of diagnostic features or symptoms, that is, patterns of behavior observed to have occurred in many individuals and now conforming to a diagnostic entity. A striking coincidence of the meaning of the two kinds of case is the age-old association between illness and guilt for having done something perceived to be wrong by the individual, her family or society. Moreover, both legal counsel and a counselors (psychotherapists) may be said to manage their cases and advocate for their clients, and both are concerned with what is considered to be acceptable behavior in their clients. Finally, both patients and potential litigants consult an expert for advice. It is therefore not surprising that we eventually adopted the term client in place of patient when psychotherapy became seemingly autonomous from its origins in medicine.

[4]. Physical change is occurring continually in an individual's body as a result of environmental conditions and internal physiological processes. Many relevant stimuli responsible for such changes have been identified and some can be measured. Psychological change, however, is qualitative, although some psychologists claim to be able to measure psychological change using various psychometric instruments. Whether this is possible in principle remains an open question.

[5]. The major theoretical problem for behavior modification theory has always been the meaning of so-called intervening variables (which are not observable) in a world of independent and dependent variables (which must be observable).

[6]. The popularity of pharmacotherapy as a form of treatment of psychological disorders may sooner or later make the present discussion moot—but that is the theme of another essay.

[7]. I retain the term client for the paying individual in existential analysis, since it is, after all, a formal arrangement in which one person (the client) consults another (the therapist) for a fee.

[8]. One of the most eloquent accounts of this approach may be found in a collection of accounts of the therapeutic venture by Ernesto Spinelli, *Tales of Un-knowing. Eight Stories of*

Existential Therapy (New York: New York University Press, 1997). The reader may note that Spinelli has abandoned use of the term 'case'.

[9]. The term 'exister' is Walter Lowrie's translation of Kierkegaard's *Existierende* in his *Concluding Unscientific Postscript to Philosophical Fragments: A Mimical-Pathetical-Dialectical Compilation, An Existential Contribution [Afsluttende uvidenskabelig Efterskrift til de philosophiske Smuler. Mimisk-pathetisk-dialektisk Sammenskrift]* (1846). For Kierkegaard, the exister is "the existing thinker," the one "who is thinking existence." See Agnes Heller, "Living with Kierkegaard," in *Enrahonar* 29, 1998, pp. 73-74. Heidegger acknowledges the influence of Kierkegaard's ontic (existentiell) account of existence in a note to the opening section of the second major division of *Sein und Zeit* published. See *Being and Time* (New York: Harper and Row, 1962), p. 494. As we know, for Heidegger, the trail leads back via Kierkegaard to Augustine. See Martin Heidegger, *The Phenomenology of Religious Experience* (Indianapolis: Indiana University Press, 2004), especially the course "Augustine and Neo-Platonism" [1921]. Augustine's starting point could be that of anyone entering into existential analysis: *Quaestio mihi factum sum: I have become a question to myself.*

[10]. See Martin Heidegger, *Plato's Sophist* (Bloomington: Indiana University Press, 1997), based on a lecture course at the Marburg University, Winter Semester 1924-25; *The Essence of Truth. On Plato's Cave Allegory and the Theaetetus* (New York: Continuum, 2002), based on a lecture course at Freiburg University, Winter Semester 1930-21; and "Plato's Doctrine of Truth," a lecture from 1940, in William Barrett and Henry D. Aiken (eds.), *Philosophy in the Twentieth Century. An Anthology*, Vol. 3 (New York: Random House, 1982), pp. 251-270.

[11]. For Binswanger, see *Being-in-the-World* (New York: Basic Books, 1963). Evidence of the intellectual partnership between Boss and Heidegger is now available in *Zollikon Seminars: Protocols-Seminars-Letters* (Evanston: Northwestern University Press, 2001). See the forthcoming complete bibliography of Boss's work in Medard Boss and Miles Groth, "An International Bibliography of the Writings of Medard Boss 1929-2002," *Review of Existential Psychology and Psychiatry* (2007), and the author's "Medard Boss and Martin Heidegger. The Existential Analyst as 'a Western Kind of rishi,'" also in the *Review of Existential Psychology and Psychiatry* (2007).

[12]. The classic review of these important figures is Herbert Spiegelberg's *Phenomenology in Psychology and Psychiatry. A Historical Introduction* (Evanston: Northwestern University Press, 1972). The reader may also consult the author's "Existential Psychotherapy Today," in the *Review of Existential Psychology and Psychiatry* 25(1-3), 2000, pp. 7-27 (esp. 13-15). An interesting historical note: In the spring of 1946, Heidegger himself was treated for several weeks by Viktor von Gebsattel (1883-1974) in his clinic. See Rüdiger Safranski, *Martin Heidegger. Between Good and Evil* (Cambridge: Harvard University Press, 1998), p. 351. Regrettably, only three brief texts by von Gebsattel have been translated into English. See J.V. Welie, "Viktor Emil von Gebsattel on the Doctor-Patient Relationship," in *Theoretical Medicine and Bioethics* 16(1), 1995, pp. 41-58, which is followed (pp. 59-82) by a translation of Gebsattel's last paper, "Meaning of Medical Practice." In my view Gebsattel is perhaps the psychiatrist who comes closest to Heidegger's way of thinking. He was the advisor on psychology and psychiatry to the Görres Gesellschaft, a Catholic studies organization that accepted Heidegger's first published paper, "The Problem of Reality in Modern Philosophy" (1912). See "Das Realitätsproblem in der modernen Philosophie," now in the Heidegger *Gesamtausgabe* 1 (Early Writings), pp. 1-15. First translated in 1973, it is now available in Heidegger's *Supplements. From the Earliest Essays to Being and Time and Beyond*, edited by John van Buren (Albany: SUNY Press, 2002), pp. 39-48. Gebsattel's Catholicism, his aesthetic sensibility, and his concept of the "doctor-patient" relationship in its third "personal" stage made him the ideal therapist for Heidegger. Gebsattel's views presages my own view of the therapeutic relationship as a partnership. See von Gebsattel (1995), p. 71. Gebsattel's other

translated texts are "The World of the Compulsive," in Rollo May et al. (eds.), *Existence* (New York: Basic Books, 1958), pp. 170-187, and his "Foreword" to Hubert Tellenbach, *Melancholia* (Pittsburgh: Duquesne University Press, 1980). On von Gebssattel, see also Speigelberg, pp. 249-259.

[13]. For a personal account of my encounter with existential analysis, see "The Body I Am: Lived Body and Existential Change," a contribution to Ernesto Spinelli and Sue Marshall (eds.), *Embodied Theories* (London: Continuum, 2001), pp. 81-97, as well a series of earlier papers: "Existential Psychotherapy Today," in *Review of Existential Psychology and Psychiatry* 25(1-3), 2000, pp. 7-27; "The Background of Contemporary Existential Psychotherapy," in *The Humanistic Psychologist* 27(1), Spring 1999, pp. 15-22; "Existential Therapy on Heideggerian Principles," in *Journal of the Society for Existential Analysis* 8(1), 1997, pp. 57-75; "Therapeutic Revalidation in Existential Analysis," in *Journal of the Society for Existential Analysis* 13(1), 2002, pp. 144-158; and "Human Being and Existence. The Beginnings of and Existential Psychology," in *Review of Existential Psychology and Psychiatry* 22(1-3), 1990-91, pp. 116-140 (published 1995).

[14]. Robert Graves, "A Former Attachment," in *Collected Poems* (Garden City: Doubleday, 1958), p. 133.

[15]. Readers familiar with Heidegger's *Sein und Zeit* will be reminded of the features of existence discussed in its pages: *Verfallenheit*, *Geworfenheit*, *Rede*, *Mitsein*, *Man* and *Sorge*. Much of the presumed obscurity of Heidegger's discussion of existence and the existentials is due to faulty translations of his basic words, including how they have been "translated" into German! See the author's *Translating Heidegger* (Amherst, NY: Humanity Books, 2004).

[16]. A fifth edition of the DSM is due in 2010. Stuart Kirk and Herb Kutchins have challenged the statistical validity of the American classificatory scheme of the DSM-III (1980) in *The Selling of DSM: The Rhetoric of Science in Psychiatry* (New York: Aldine de Gruyter, 1992).

[17]. Whether, properly speaking, authenticity should be considered a goal of existential analysis will be addressed below.

[18]. See the author's "Therapeutic Revalidation in Existential Analysis," in *Journal of the Society for Existential Analysis* 13(1), 2002, pp. 144-158.

[19]. See, for example, Jean Piaget and Bärbel Inhelder, *The Psychology of the Child* (New York: Basic Books, 2000).

[20]. It seems to me that Heidegger also understood that the first thoughts are acts, but recognizing the inadequacy of the vocabulary and assumptions of empirical psychology, he had to find another means of saying the same thing. The closest he comes to this is in his last lecture course at the University of Freiburg (1951-52) published in 1954 as *Was heisst Denken?*, now *Gesamtausgabe* 8 (2002).

[21]. One should recall that Piaget experienced psychoanalysis first-hand as an analysand and was strongly influenced by the psychoanalytic model of intrapsychic dynamics in the development of his unique method of research that first combined direct observation with the structured interview.

[22]. Erich Fromm, *Escape from Freedom* (New York: Henry Holt, 1994), first published in 1941.

VII. "Eros in Existential Analysis" (2007)

Written for presentation at the annual meeting of the Human Science Research Conference, June 2007, The University of Trento. Revised version presented at Ramapo College, in June 2008.

1. The project of phenomenology as such was made explicit, perhaps for the first time, by Aristotle in his *Nicomachean Ethics* (1145b1-2) in the felicitous expression *tinesthai ta phainomena*: to save the phenomena. The goal of phenomenology is to secure the phenomenon, that is, to be true to what appears as it appears, to save it from distorting interpretations. At the inception of the postmodern era, Edmund Husserl's exhortation *zurück zu den Sache selbst*—to the things themselves, or perhaps, better, back to what matters—became the methodological watchword of this effort to be loyal to what appears.

The success of the project of phenomenology continues to depend not only on the uniqueness of the phenomenological method but also on the phenomenon with which we begin. For Husserl's student, Martin Heidegger, this phenomenon was *Da-sein*—existence. No lenses needed to be applied to see what appears, for example, from a vast cosmic perspective or at the subatomic level. Instead, as Heidegger clearly saw, we needed a local, mesocosmic perspective on what appears, one that fits our body, habitus and everyday experience. Using a fresh set of categories, which he called existentials (*Existentialien*), he crafted a fundamental ontology of *Da-sein*.

Heidegger rocked philosophy at its foundations and affected most disciplines in the 20th century, including the human sciences. Obviously a reply to Husserl, we know that Heidegger's answer to the question—With which phenomenon must we begin?—was also a response to Aristotle, with whom Heidegger was deeply involved philosophically during the period leading up to *Being and Time* (Heidegger, 1973) and, in fact, all along his *Denkweg*. Indeed, the provenance of the existentials was Heidegger's conviction that Aristotle's classic categories were inadequate to grasp the *Urphänomenon*, existence (*Da-sein*).

To date, Heidegger's insights into the structure of existence seem to have affected psychiatry and clinical psychology only minimally, even given the early efforts of Ludwig Binswanger and, later, Medard Boss, whose work had Heidegger's first-hand blessing and with whom Heidegger collaborated over a period of years at the well-known Zollikon seminars (Heidegger, 2001) held for residents in psychiatry at Boss's home. Other notable exceptions were the scholars and clinicians of the Duquesne School, that vital group who since the 1960s have had a major effect on both general and clinical psychology in the United States, even though this is insufficiently acknowledged, especially by clinicians.

Finally, within the last decade or so, another group of psychotherapists formed the Society for Existential Analysis at Regents College, London. Their work shows that existential-phenomenological psychology is very much alive and well, and experiencing a resurgence.

How shall we account for the initial response to Heidegger in psychology and psychiatry? It has been suggested that his influence on both clinical practice and empirical research had to wait for positivism to have its day in the social sciences before it could take hold. It has also been said that existential-phenomenological psychotherapy or what I will term *existential analysis* had to weather the "whole climate of opinion" (Auden) of *psychoanalysis* that pervaded most of the astonishing days and many dark nights of the last century before it could make its mark.

The hegemony of positivism and psychoanalysis is no longer absolute, and after thirty years of involvement with existential analysis, I am convinced that the full power of the approach is still to be felt, yet I now believe it will emanate, not from Heidegger's fundamental ontology after all, but instead from a phenomenology of eros. In what follows, I will try to explain why I think this is the case.

I will soon be clear that my understanding of eros is not the conventional one, which in the postmodern period invariably referred to Freud's understanding of one element of his final overarching metapsychological binary, *Eros and Thanatos*: the anabolic tendency to build up structure, organicity and life, and the complementary catabolic tendency of what is living to return to star-waste, the inorganic and death. Ultimately, for Freud, Eros was reducible to sexuality, and herein lies the crux of the problematic I will examine.

The sense of eros I have in mind is something quite different than what it had for Freud and the sexologists. A re-envisioning of eros, I believe, will allow us to step beyond not only positivism and psychoanalysis but also Heidegger's fundamental ontology to realize the promise of phenomenology in the human sciences—in particular, psychology. Let me add at once that I do not understand eros in terms of the evocative and often compelling variations on the theme of desire represented by French scholars as diverse as, for example, Barthes, Baudrillard, Deleuze, Derrida, Kristeva, Lacan and Ricoeur. Just as for classical psychoanalysis and neo-psychoanalytic theories, the thought of the philosophers of desire is colored by the conflation or eros and sexuality.

My presentation is based on clinical work, which (for me) is always phenomenological in the sense that its sole task is to let appear what matters to both client and clinician. More specifically, such work is the always mutual effort at clearing a way for a renewing openness, that is, a freeing up of possibility—again, for both client and therapist. To modify a well-known distinction made by Erich Fromm (1994), the goal of existential analysis is freedom for the present. At the same time, however, it is freedom from the blinking Janus-face that each of us has learned to wear—the postmodern face if you will—that looks, retrospectively, for the truth of a past and, prospectively, for a plan to manage what must, alas, always be an unimaginable future. Sheer possibility and the present are coterminous.

In clinical work, what is meant to appear? Heidegger's answer was, of course, existence. I will suggest, however, that what we must endeavor to first let appear *first* in the clinical venture is eros. Only within its field does existence then unfold.

2. I begin by carefully explaining what I mean by eros, then illustrate its essential part in existential analysis by telling you the story of Will. Along the way I will reach for some preliminary conclusions regarding clinical psychology at the horizon, here where the postmodern era has reached its end.

Everything depends on distinguishing between eros and sexuality. We are all so immersed in ways of talking or discourses about experience and behavior attuned to the notion of sexuality that we are no longer able to see eros and the erotic. The erotic has been eclipsed by the sexual. Let me first distinguish between sex and sexuality, and then differentiate both from eros.

Sex is a physical act, a bodily function like breathing, eating and eliminating. Unlike these acts, however, sex requires another human being, specifically someone of the sex that is genetically complementary to one's own. For me, it makes sense to reserve talk about sex to acts that occur only between a male and a female. Autoerotism, so-called homosexuality, the paraphilias are issues of sexuality, but not sex, as I will explain.

For sex, it is not enough that the other be present symbolically or in one's imagination, that is, at the level of desire. Sex is a brief transaction, the *telos* of which is the biological continuation of the species. It does not require sexuality, the human context, or a personal relationship—certainly not romantic love. Nor does it even imply pleasure for either, let alone both, of the participants. With practice, sex can be enacted or endured with mindless facility as a technique or the performance of a series of acts embedded in muscle memory. Just as people can play the piano while they breathe or eat while reading a newspaper or watching television (merely masticating and swallowing), they can engage in sex as a mechanical exercise, but with this important difference. Unlike breathing and eating, performance of the sex act has been learned. And this is a very important difference, as we will see. Briefly, then, the

conditions of sex are complementary genitalia, employment of a learned technique, and a few private moments of privacy.

As we know from anthropologists, in many cultures the meaning of the sex act remains unclear to the participants and intercourse is not causally related to the appearance of another human being from the female body. Traditions of behavior and performance between the sexes are taught and passed along, but without an explicit understanding of the meaning of the acts for reproduction, which is construed as the effect of divine intervention or magic. In our age of reproductive technologies, the meaning of sex, while understood, may be deliberately put to one side as the natural series of consequences of the sex act is in one way or another derailed. This is, of course, quite different from ignorance about the biological consequences of sex, but the result is a similar kind of disjunction between the sex act and reproduction that we find in many cultures exotic to the West.

At this point in the discussion, we must remind ourselves of two facts. The differentiation of two biological sexes is a quite recent notion in the West, having been "discovered" or "invented" (as you please) only about three hundred years ago, as David Halperin (1990) and others, especially Laqueur (1990), have shown. Second, the scientific study of the sexes and the sex act (as well as sexuality—soon to be discussed) is little more than a century old. Sex and sexuality are novelties.

To avoid confusion, a brief digression on "sex" in Plato and Aristotle is in order. Pace Foucault () the early Greeks did not think in terms of "the sexes" at all, but rather concerned themselves with the roles played by individuals of unequal status based on their anatomy and anticipated and expected role in society. The hardier individuals—whom they called men—were the model of *anthropos*—the human being. In the tradition that followed, through the Middle Ages and on to the advent of modernity, the ancient Greek notion of this one sort of human being, *anthropos* (man), continued. Socially deficient forms of *anthropos* existed the Greeks. These included slaves (both male and female), courtesans (both female and male), and children. Their genitalia were of much less importance than we postmoderns have attributed to them. This important detail is omitted by frequent references since the latter part of the 19th century to that famous passage in the *Symposium* (189e ff.) on attraction between human beings recited by Aristophanes. The text is part of a speech by a writer of comedies, who speaks of three kinds of human being, not three sexes, as the dialogue's first English translator, Benjamin Jowett (working in the aura of mid-19th century British culture) wrote, and others since him have echoed without critical reflection.

The early Greek distinguished two types of human being. The word *arsen*, which is usually translated as 'male', described and referred to one of them. The word denoted an ensemble of physical qualities, coarseness and toughness (ultimately modeled on plant life) which we now think of as features of masculinity. This type was contrasted with a set of qualities (once again, compared to botanical specimens) which were spoken of as *thelus*, delicateness and fragility, and later associated with femininity. A second major referent of the word *arsen* was the line of descent of families which was mediated by the procreator (our 'male'). A third referent of *arsen* was found, of course, in grammar where it encompassed a class of nouns ("masculine"), complemented by a class of "feminine" nouns and a class of nouns deemed neither "masculine" nor "feminine" ("neuter").

As noted above, the distinction between *arsen* and *thelus* included different genitalia, but the latter were of marginal importance. In matters anatomical, the non-genital features of the male and female bodies were emphasized, as Greek sculpture illustrates.

Anthropologists have informed us that, even in the absence of an understanding of physiology, every culture (albeit as seen through Western eyes, since anthropology is so far a strictly Western pursuit) has limited the sex act to legitimate representatives of subgroups of individuals in the culture. These groupings are based on anatomy, age, kinship, social roles and power relations. By establishing these criteria of exclusivity, cultures introduced something new,

sexuality--a world of meanings that accrue to and come to be associated with the sex act in a given culture.

Sexuality symbolically links and attempts to harmonize nature, culture, history and individual imagination, fantasy and desire. Its referents exceed anatomy and the sex act, and herein lies its interest to the present discussion. Some of the meanings of sexuality are related to the social conventions governing the selection of a partner (just mentioned), but most are metaphoric. In the West, this multiplicity of meanings that surround sex increased rapidly during the postmodern era, creating a complex, mirroring set of reflections, often bewildering, of bodies and words, images and ideas, and ideologies. Sexuality came to encompass ways of thinking about one's own body, the bodies of others (especially children), and the social "body" by incorporating notions drawn from mythology and religion, ethics and the law, and that host of products of the human imagination, art and literature. In its fundamentals, however, sexuality is also based and built on the imperative of biological continuity effected by the sex act, albeit now woven into an elaborate, multilayered story of the co-unfolding of nature, history and imagination.

Thanks to Dr. Freud, discussions of sexuality preoccupied most middle-class Western intellectuals in the 20th century and created the "climate of opinion" in which we have all become prereflectively implicated. Sexuality has become implicated in nearly every aspect of everyday life, from deportment, gestures and ways of speaking, to clothing and comestibles, and political agenda. In short, existence was sexualized. But let us again emphasize that this web of meanings termed sexuality was spun out over only a brief period of time, a few dozen decades.

As for the notion of gender (other than its meaning in grammar), it is only a bit more than a half-century old. Unfortunately, this has not prevented some from back-reading thousands of years of myths and tales passed along to us in written texts and on the surfaces of works of art in such a way as to have mistakenly identified sexuality at the inception of Western history, where nothing of the sort was to be found. Attempts to find sexuality in non-Western worldviews and religious traditions were undertaken. Sometimes these readings have been compelling, but they are simply wrong-headed. One well-known example of this is the remarkable accomplishment of Sir Richard Burton, in 1883, of identifying the *Kama Sutra* (a text likely from the 6th century CE) as a "sex manual."

No. Sexuality is an invention of Western postmodernity that took on a life of its own, a life that now courses through the electronic media at blinding speed, very far in excess of the mere three feet per second speed of blood as it leaves the human heart to course through the body or the slightly greater speed of conductivity of "messages" relayed through the human nervous system (about five miles per hour), where the technicians of neuroscience assure us they can see sexuality racing along in the form of chemical transactions between neurons.

Without further digression, this is what I want to emphasize: Sex and its symbolic and metaphoric penumbra, sexuality, leave a great deal unaccounted for. We are not, as Freud taught, primarily sexual beings, whether sexuality is described in terms of psychodynamics, social customs and rituals, or desire. Significantly, as Derrida pointed out, sexuality is missing from Heidegger's *Analytik* of existence in *Being and Time*. This should not be at all surprising. To his credit, Heidegger realized that sexuality is not the epicenter of existence. This is a lasting, though insufficiently acknowledged contribution of Heidegger to philosophical anthropology and clinical psychology. Of course, his major concern was not clinical practice but the question of be[-ing] and the means of access to it provided by existence.

But here we must take a turn away from Heidegger. I would not maintain, as he does, that existence is the *topos* of human experience. Clearly, nor is sexuality. What remains, then? This, I would suggest, is eros. What, then, is eros?

3. Eros is the context of existence. As we know, the word was first a proper name—the name of a young male Greek god. Again, back-readings of ancient texts have made him out

to be the god of “sexual desire and love,” but this distorts his essential nature and is itself a product of the perspective of the sexualized postmodern world.

In the ancient Greek world of myth a fertile goddess, Aphrodite (in her latest mythic incarnation), oversaw what we came to call sex—an event occurring between a proactive partner (always a man) and a receptive partner (necessarily a female). It is a mistake to think of what went on between gods and goddesses, mortals and immortals, or between men and male slaves, concubines, or boys as sex and part of the world of postmodern sexuality. It was, however, erotic.

The domain of the young god Eros was not what we now call sex (or sexuality), but rather intimacy with the invisible—which I identify with sheer possibility—in another human being, with what he could be or might become. In what we generally take to be the earliest version of the myth of the provenance of Eros (Hesiod's *Theogony*), he is equiprimordial with Chaos. In some (presumably later) versions of the genesis of the gods Eros emerges from Chaos after Gaia (Earth) and Tartarus (the dark, hidden underworld of elemental forces).

The young Eros pursues the goddess Psyche, who represented the life principle. The notion of Psyche as mind is modern, based on a view of experience as purely mental and therefore somehow disembodied. The relation between Eros and Psyche is essential to understanding the young god and the sense of eros I am developing here. It should be obvious, but has been overlooked, that since he was prepubescent, the relationship between Eros and Psyche could not have been sexual. Yet, he passionately pursued Psyche.

What is the meaning of this pursuit? It dramatizes a response to attraction by the life principle itself, which is *invisible* and not capable of being appreciated directly by the senses. Again, not to be confused with mind or spirit (*Geist*) or soul (*anima*), Psyche is the life principle itself, the full possibility of *human* experience. The passion of Eros for Psyche represents simply the yearning for intimacy with what life has to offer—sheer possibility.

For the Greeks, the province of eros was determined by anatomical sex, chronological age, social status and a cultural effect to be achieved in one of the partners. As a field of force, eros manifested itself in a homosocial setting, the world of the *arsen*, a world comprised solely of males and within a circumscribed two-decade period of life, in which a *erastes* (pursuer), who was in his twenties, was intimately involved in the life of an *eromenos* (pursued), who was a boy in the second decade of his life but who had not yet reached puberty, which in Athenian Greece occurred at about age 16. Here we note an echo of the theme of pursuit that is central to the story of Eros and Psyche.

Among early Greek men, eros dominated life until age 30 when males were expected to marry (as nearly all did), leave eros behind, and enter the world of sex, which was overseen by Aphrodite. By contrast, for Greek females, sex became a part of their lives very early on, around age 12-13. Eva Cantarella (1988), in her *Seconda Natura*, convincingly shows that eros did not play a part in the lives of women, just as it had no place in the lives of married couples. Effectively, eros and sex were—and are (I would add)—mutually exclusive. In short, the erotic was and is pre-sexual.

A very great deal has been written about so-called male homosexuality among the early Greeks. Indeed, the boy-man relationship I have just described was not sexual at all. The Greeks knew nothing of homosexuality in the postmodern sense. It is an invention of the latter part of the 19th century. Physical intimacy between two mature (that is, married) men was an anomaly. Of course, this did not rule out a man's use of slaves of either “sex” and at any age for his convenience as substitutes for women. What occurred in those situations was something intermediate between sex and eros. A substitute for sex, such practices simulated sex.

The boy-man relationship I have described, pederasty, was purely erotic. While there was certainly for the man often a genital component in the pederastic relationship, it was of minor importance. The boy was expected to not show arousal. In the pederastic relationship, eros was prepotent, and this is what I find of interest. The erotic content of the relationship is what mattered to both participants, the older of whom had at one time been an eromenos.

Whatever the meaning of the physical exchanges, they were not homosexual in the sense developed by Magnus Hirschfeld, Wilhelm von Krafft-Ebing and Sigmund Freud—the major craftsmen of the medico-legal concept of homosexuality—or by apologists for “gay sex” beginning in the 19th century with men such as Edward Carpenter.

The Greek example of homosocial intergenerational eroticism, when well understood, is helpful in the present discussion, but it is not enough, since we live in a very different world than the Greeks did. All the same, I would claim that, now as then, eros is the same force. Moreover, the province of eros is in every respect boyish, just like the god after whom the force is named. Its mode of operation is essentially ludic—playful—but it comprises other features as well.

Eros can never reduce the one pursued to a what, an “it” (*Es*), that is, something actual. It is after the possible. Here I make use of Martin Buber’s (1970) well-known distinction between a “you” or “Thou” (*Du*)—which is always a who—and an “it” (*Es*)—which is always a what. As in the I-Thou relation, there is in eros no place for a what (something actual), but only a who, the essence of which is unrealized possibilities. Eros does not distinguish between the human and the divine, which I think Buber’s distinction was meant to highlight. For me, eros sees no difference between the two. Under its influence, I go out to a fellow other, as he does to me. Under the influence of eros, the other draws me to him just as it draws him to me. In the world of sexuality, by contrast, each of the partners sees the other as a thing (a what).

Eros works in the world playfully. In 1938, the Dutch historian, Johan Huizinga (1971), characterized *anthropos* as *homo ludens*, placing playing above knowing (*homo sapiens*) and making (*homo faber*) as the uniquely distinguishing feature of human beings. A few years earlier (in 1933), influenced by Karl Groos (2005, 2007), who studied play first in animals (1896) and subsequently in humans (1899), the Russian psychologist, Lev Vygotsky (1967), was writing about the pivotal role of play in childhood as the means by which human beings gradually move from being creatures limited to what goes on in the external world (actuality) to beings with an inner, imagined and invisible world, a world fully commensurate with external reality but one of sheer possibility, intimately associated, he thought, with memory. In effect, he was writing about the operation of the force of eros in the human being at work in the early and middle childhood years. Vygotsky’s views were confirmed by Jean Piaget’s research, especially in *La Formation du Symbole chez l’Enfant. Imitation, Jeu et Rêve, Image et Representation* (1945). More recently, the work of British object relations psychoanalysts such as Donald Winnicott (1982) and Maria Piers (1972), and the ego psychologist Erik Erikson (1977) have confirmed the ideas of Vygotsky and Huizinga on the centrality of the ludic in becoming human. None have explicitly related play to eros, however, or discussed both in relation to the psychotherapeutic venture.

Eros longs passionately for possibility, not for what is there. It longs for what is yet to appear, what is to come to pass. It attains its goal with another in intimacy, which is achieved in what we may call (with Spurzheim) “adhesiveness” or attachment (*amit  *) to the possible in another human being. Playful, eros may be said to have a sense of humor, unlike sex and sexuality, which are a serious business with serious consequences, including pregnancy, maternity—and paternity, as brilliantly traced to its origins by Luigi Zoja (2000) in his study *// Gesto di Ettore*.

To understand eros as the *ur*-phenomenon, the one with which we must begin to understand what happens in the psychotherapeutic venture, I now turn to the story of Will. Here it will become clear how eros provides access to existence.

4. How is eros at play in the therapeutic venture?

From the start, psychotherapists have realized that a patient’s presenting complaints are never the reason he is there. For Freud, hidden conflicts were the latent causes of psychopathology. Unsuccessful attempts at conflict resolution—known as symptoms—motivated the patient to seek out therapy. In a further step, rather than trying to discover such presumed underlying conflicts and what was termed “wrong” with the patient, Medard Boss stopped asking the question “Why?” and began to “ask” his patients the rhetorical question

"Why not?" In this way, he began to look for what was "right" with the patient—and hence what was possible for him. He no longer presumed hidden conflicts and eliminated the notion of psychopathology from psychotherapy. What mattered were the latent possibilities suggested by the patient, who was now conceived as an agent, albeit one who was unaware of what he could be.

Taking some further steps, in a series of papers, I have suggested that what brings a patient to a therapist is a vivid existential change that has taken place. I propose that change is not the result of psychotherapy but its source. Something has changed in the patient's world. Even as some possibilities are precluded, others arise. The patient seeks a setting (a world, *topos* or place) in which to understand what has happened to him and to explore the possibilities that the change has opened up. I suggest that a lapse of courage in the face of newness is the primary motive for seeking therapy.

Changes of the kind alluded to here are common in everyone's life. Some are typical of one's chronological age (pubarche, menopause; attaining the age when certain privileges, choices and responsibilities are conferred by society). Others are exigent (losses, such as loss of status, power, loved ones, employment or health). Others are the result of an excess of options. Still other existential changes are effected by culturally mediated rituals, ceremonies and initiations. Some are powered by legal or medical ("scientific") authority. Events of the sort that lead to existential change in this domain include confirmation, marriage, religious conversion; having been diagnosed with an illness (for example, being labeled as "schizophrenic" or "learning disabled"); having been found guilty of breaking a law. Titles, degrees and other public markers typically accompany and confirm these changes.

Most of us gradually come to terms with existential changes. If a period of self-reflection seems indicated but has passed and is deemed inadequate, most often we seek the counsel of friends or family. Given the ongoing debilitation of the family, the disappearance of adults as a social group, and the impoverishment of friendship as a social institution, however, many turn to suicide (especially those whose tendency is to intense, isolated self-reflection), treatment with psychotropic drugs, or psychotherapy. In response to the availability of the latter, an array of "helping professionals" have established practices to serve these individuals. Some "clients" avail themselves of the beneficence of social services, ranging from psychiatric crisis intervention to short-term or long-term custodial care. There are hundreds of brands of psychotherapy.

The story of Will illustrates one young man's response to existential change. As our story will show, my experience with him required that I take a further step in my thinking about existential analysis. Still having been attuned only to the possible presence of "sexuality" in psychotherapy, I had overlooked what was nearest and primary—*eros*. It was in my work with Will that I first identified the force of *eros* in the therapeutic setting and saw that therapeutic efficacy is in the first place an effect of *eros* set free and at play and not the illumination of the patient's existence—which follows.

Heidegger's *analytique* of existence showed that being-with (*Mitsein* or *Mitda-sein*) is an essential element of the structure of existence, but he did not trace being-with to its source in *eros*, as I do. Of course, it was never his intention to do this, as he often later remarked when responding to the claim that *Being and Time* constituted a philosophical anthropology or a handbook for understanding people psychologically. We, on the other hand, are not prevented from inquiring about being-with from the perspective of *eros* and its relation to the therapeutic venture. That said, it may well be that what there is to understand about *eros* will redound to Heidegger's *Analytik* of existence, and that would be of value. But I leave that to another day.

5. As Buber (1971) said—and here again I refer to *Ich und du*—"In the beginning was the *we*." When Will came to meet me, he related current worries about his academic progress in college (he was on academic probation for a third semester), procrastination, long-term difficulty sleeping, anomie, restless uncertainty about what brought him pleasure. Will fancied himself a musician and songwriter, although his talents were modest. He gave me a CD

containing recordings of performances of his songs. Will said he had deep "philosophical questions" that distracted and sometimes agitated him. These "thoughts about thoughts" often kept him awake at night.

He expressed disappointment in a professional father who, he felt, had never had much interest in him, his mother or his three older brothers. He recognized that his mother's own problems were substantial and had long since dismissed her as a source of support. Neither parent had been informed about his academic problems. Easing into retirement, "Billy's" parents were now distancing themselves from him even further as he continued his second year away at college.

What did he want from me? I asked him. "Nothing, really," he said. What did he expect from talking with me? He didn't know. Why had he decided to come to see me in the first place? He had heard I was "talkable."

I could have easily grouped Will among those late teenage males who are in a period of protracted or prolonged adolescence and diagnosed a developmental disorder. I could have identified his use of intellectualization and reaction formation as major ego defenses and produced a psychodynamic diagnose of incipient personality disorder with features of a monopolar mood disorder. I could have related his extended ruminations and monologues to a thought disorder and diagnosed schizophreniform psychopathology.

In elementary school he had been identified as learning disabled ("Attention Deficit Disorder"). At college, he was officially on the dean's list of academically "at risk" students. According to the rules of the college, if his academic work did not improve, he would have to withdraw at the end of the semester (his third on campus) when he first came to see me. Will observed, however, that since his parents were wealthy and could therefore continue to pay tuition fees, short of offensive behavior on campus, he "knew" he would always be permitted to return to college, no matter how poorly he did in his classes once again during the current semester. He asserted that he understood "the system" and how to manipulate it. This view did not derive from a cynical outlook, however. In fact, he genuinely valued and respectfully appreciated faculty and others who had supported and encouraged him in high school and now in college, even given his ongoing academic underachieving and "failures." He expressed feelings of guilt about the support adults in school had given him and how he had chronically "disappointed" them.

"Billy's" nihilism was enervating. He drank alcohol every day in large quantities. In classes that "interested" him, he sometimes did moderately well. In the ones he deemed unimportant or uninteresting, his performance was below average or poor.

Will reported that his relationships with his peers were unsatisfying. He did not feel able to meet the sexual expectations of girls who were attracted to him. He did not feel "at home" in his body. He enjoyed unstructured, ad hoc homosocial groups of boys who, like him, were disaffected and did not fit one of the basic roles of an American middle-class male his age: athlete or "jock," scholar or "nerd," successful heterosexual or "player." A small group of "counterculture" types had found each other on campus, however, and he felt loosely affiliated with them.

At first, Will returned to see me fairly often, usually to excitedly review a recent event that had captured his interest. He would say he had "something important" to tell me, but soon digressed to such an extent that the narrative thread was lost. In these ruminative monologues, the point of focus on the event—Will himself—slowly but surely slipped away behind the words. He was not *there* in the narrative. It seemed as though he was telling a story in the third person.

The first time Will mentioned that "something important" had motivated him to come to see me, I conjectured it was one of those moments of existential change I assume is the source of any psychotherapeutic venture. Since his appearances were not based on a regular appointment schedule and Will arranged to see me only when "something important" had occurred, it seemed reasonable, given my theoretical orientation, to assume that something had changed when he called to say he wanted to meet and talk. Over a period of months, the

theme of "important events" engaged my interest. In each instance, Will was enthusiastic to tell me about "the event." I attempted to determine what had changed, but always found myself listening to a digression.

Was there really a hefty series of vivid changes going on in this young man's life? I wondered whether I had allowed our meetings to become "idle chats." I assumed a good deal of "father hunger" in him, which I was assuaging to some extent, but I knew that provisions of this kind alone would not be of much therapeutic value for Will.

At a loss, I briefly reverted to the psychoanalytic paradigm—I was very puzzled!—and wondered whether this was a classic "sexualized transference," but, again, since I no longer accepted the notion of transference, this was an "interesting" thought but nothing more. Was there something "sexual" developing in the "real relationship" as Greenberg termed it? No. I could confirm the absence of any "sexual" fantasies about Will in myself. Nor had he said anything about sexual fantasies of his own about me. What was going on and how might I understand it?

It then dawned on me that "he" (in quotes) and "I" (also in quotes) were convenient constructs that obscured what was going on between us. I reflected back on what had been happening during my hours with "Billy." I considered that before there was a *patient* and a *therapist*, there was what Donald Winnicott (referring to the mother-infant relationship) called a dual unity, which he believed was replicated in the "holding environment" of the psychoanalytic situation.

What was going on between Will and "me," however, could not be explained in this way. Nor was it a friendship or mentorship. Instead—and here I began to generalize—I saw something that was common to all of the relationships just mentioned, including the therapeutic venture, but was prior to them—indeed common to all human relationships: their existential context. How to understand this context? This I then formulated as the mutual longing for intimacy with the other's existence in its sheer possibility. I would soon term the force that provided this eros, as described earlier.

What did this realization mean for my practice of existential analysis with Will and in general?

I thought I understood what Will wanted from me: intimacy. But of what sort? How should I describe this longing for intimacy, as I now termed it? He did not long for anything actual about me—my knowledge, my body, any power he attributed to me—but rather the sheer possibility in my own life, for what was invisible but central to my being human. That is what he wanted from me—and that I long for the same thing in him. This shared longing I termed eros. I then recognized that this is the force at work in existential analysis that enables existence to unfold.

As I looked at "Billy," I thought of the boy Eros, playfully implicating this one with that one—mortals and gods—in intimacy with each other. I saw there was nothing sexual about this longing and soon realized that the erotic and the sexual are mutually exclusive. I later understood that as psychotherapists we have sexualized the erotic.

I considered the image of Eros's arrow, which silently strikes deep. What is its target? What does it aim for and hope to reach? Something invisible. How might I conceptualize that "place"? Sheer possibility, the simple present which gives rise to sheer possibility.

I thought more about the meaning of the playful act Eros carries out. His arrow goes to anyone, willy-nilly—not to one or both of a pair of pre-selected mates or lovers (which is often the case with sex and the world of sexuality)—but to any of us, regardless of sex or age or status. Most of the arrows of Eros miss their mark and never hit home, or we dodge them, fearing what they aim for in us—sheer possibility and our own present, inaccessible directly to us ourselves but for which we rely on others to provide us access.

I then understood that the ultimate goal of existential analysis is to permit this force eros to come into play for the individual and the therapist in that unique situation we call the therapeutic setting. Metaphorically, existential analysis provides a place in which the individual is safe to be still, so that one of Eros's arrows can reach him. I also saw that, for whatever reason,

Will had been restlessly dodging the influence of eros. I have since concluded that this is the case for everyone whose existence has lost its context, whose existence is bereft of eros. Moreover, following Laing (1967), in one of his essays in *The Politics of Experience*, I have come to believe that this is the case for nearly everyone living in the postmodern world, where the humanizing force of eros is evaded, perhaps in principle even precluded.

As a therapist, it became clear to be that the humanizing force of eros had been overshadowed by the psychoanalytic myth of pansexuality. In the therapeutic setting, eros had been regularly misconstrued as a manifestation of sexuality, which then had to be analyzed or in some other way "dealt with" and expunged. Of course, as all psychotherapists know, in some instances, sexuality does supervene in the therapeutic venture. This has led to a close examination of the ethics of practice of psychotherapy. With nothing to contrast with the sexual, however, there was no way of understanding the difference between it and the deep longing that shows up all the time between human beings and can be turned to therapeutic efficacy in existential analysis but which may be misidentified as a manifestation of sexuality.

I learned all this from working with Will and for this I am grateful to him. I learned that eros is fundamental to the unfolding of existence in existential analysis, much as it is formative in that initial relationship that makes us human, the infant-mother bond which John Bowlby (1983) described as being based on attachment. I saw that the work of existential analysis is freeing up the play of eros to allow for the revelation of sheer possibility. To conclude, briefly and by way of further illustration, let me tell you about a bit more about how things went on between Will and me.

I merely had to wait, without offering explanations or introducing expectations—that is, without intervening. A certain kind of solicitude or concern was offered—what Heidegger termed *vorausspringende Fürsorge*—namely, concern for another's existence that makes way for its renewal. In this, my practice owes a lot to Boss's *Daseinsanalyse*, but with this difference: I see such concern as happening only in the context of eros. I should add that it is not enough to substitute stepping aside for intervening—*einspringende Fürsorge*. In addition, I regularly emphasized to Will the *ambiguity* of our relationship. With one exception, I offered Will only questions. My conversations with Will always ended as they had begun, with a question mark. Understanding that something had changed for Will and that this is what had brought him to see me took a "back seat" to allowing the free play of eros. I learned from Will what I have since brought into my practice with others, that what is essential is to allow myself and the other to remain open to the ongoing play of eros. Waiting and genuine puzzlement—which play like light on the surface of a body of water—are all one can do as an existential analyst. Eros does the rest. Our work is to allow eros its time and space.

If I were asked to say in the simplest terms what I think is therapeutic in existential analysis of the kind I have described, I would say it is the existential analyst's ongoing authentic puzzlement. For how else can one respond to sheer possibility in the other? I no longer first concern myself with the question—What has changed? I no longer concern myself in the first instance with illumination of the patient's existence. The momentum of ambiguity must be allowed to continue, since this is where eros plays. As for one's existence, which unfolds within its *Spielraum*, I am now more than ever convinced that it eludes the therapeutic grasp.

One day, Will asked me what I thought had changed for him. I have learned that the question always eventually comes up in existential analysis. In this case, I did not "mirror" his question with another question—"Well, what do you think changed?" Instead, I replied with my only assertion during our many meetings: "Whatever I might tell you would be meaningless—even if it happened to be correct. This is for you to say." Will told me he sensed something had changed—but he did not know what it was. We did not inquire further. In any case, I am not sure that it is something important to know. It is now clear to me that changes of great moment are often not registered as "something important." Weeks later, however, we were talking about being available and open to other people. Will paused and casually remarked that, at a certain point a few months before he first came to see me, he had felt himself to be approachable for

the first time. Evidently, this was the “something important” that had happened, the meaning of which had been unfolding ever since. There was no need for me to comment.

As for other details, a year or so ago Will told me that he was found by a girlfriend and had begun to dance—literally—for the first time in his life. Having been a spectator at social gatherings, he had began to play with others in this way, dancing with them. He was no longer interested in playing for others as a musician. I surmised that the play element of sex has also become lively in his life, but there was reason to ask him about that.

6. In conclusion. I want to quote an observation by Heidegger in *Being and Time* that I realize has played a large part in the development of my ideas about eros: “*Höher als die Wirklichkeit steht die Möglichkeit!*” (Heidegger, 1973, p. 63): “Higher than actuality stand possibility” (Heidegger’s emphasis). I should append the sentence that follows and concludes the powerful second “Introduction” to Heidegger’s work, since it is meaningful to those of us who work phenomenologically in the human sciences. There he wrote: “*Das Verständnis der Phänomenologie liegt einzig im Ergreifen ihrer als Möglichkeit!*” (Heidegger, 1973, p. 489): “Understanding phenomenology is possible only by seizing on it as a possibility.” In the footnote to this sentence, by the way, Heidegger pays tribute to Husserl and their common undertaking, “disclosing (*Erschliessung*) ‘the things themselves’.”

I, for my part, pay tribute to Will, who led me to see eros at play in existential analysis and, in fact, everywhere in the world between human beings, for example as the source of deep friendships, relationships that have very little currency in the postmodern world. Like anyone who comes to meet with a psychotherapist, what was missing in “Billy’s” life was an occasion to experience the genuine, passionate longing for and fascination with the prime indiscernible—sheer possibility. As it happens and as will always be the case in existential analysis, which is a venture of mutuality, he brought it—the prime indiscernible—to my life, too.

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