

Existential Humanistic Therapy Fundamentals

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There are a few central premises in a humanistically oriented approach to mental health care. We'd like to focus on two that stand out. The first being the assumption that there is nothing 'wrong' with the client. This is also called a non-pathologizing stance towards clients in need of support. The second belief rests in the understanding that the method of the therapeutic work focuses on clients' experiences in the here-and-now. Rather than talking about issues, clients are gently directed to focus on what they experience in the moment as they sit with the therapist in the room. These two premises are core to an existential-humanistic approach to helping clients in distress. We'd like to elaborate on these two core beliefs in more detail below.

A Non-Pathological Attitude

A non-pathologizing approach to clients needing support seems, on the face of it, not such a difficult approach to hold. Alas, we live in a world where comparison between good and bad, between like and dislike, are part of our upbringing and our educational system. Similarly, there are behaviors and attitudes which are preferred over others. The DSM 5R tells us much about such a comparative framework. Behind such a comparative approach lies the belief that we can divide the occurrences in the world into categories of good and bad, into what we prefer and what we do not prefer. Such a division does not investigate any deeper meaning behind what is happening, but rather takes things on face value. Importantly, occurrences and symptoms are seen as random. Take clients who come to the therapist with depressive symptoms or are disturbed by their social isolation. They are given an anti-depressant or taught coping skills to work with the symptom. There is little curiosity to understand what gave rise to the symptom. However, behind the symptom can lie many riches. Perhaps the client is connecting with important feelings about the purpose of his existence, expresses a deep longing for relationship(s) – to himself and/or others – feels the socio-political climate in the field and is affected by it. What the symptom wants to say to us remains hidden if it is not explored.

Meaning Making

Humans have left abundant clues over time that meaning is an essential to our existence. Myth, storytelling, religion, art, poetry, and symbols are at the core of our humanity. Twenty thousand years ago hunter gatherers created paintings representative of their existence in the Lascaux Cave in France. The client and therapist have an opportunity to explore the unique meaning of each symptom, pattern of behavior, and places the client may feel stuck in their lives,

How does a client grasp the meaning of various aspects of their lives? And how can we provide an environment where this can be explored? We will look at three factors that contribute to meaning making for the client:

- Awareness
- Choice
- Attuning with presence

Awareness is built by slowing the story or process down and allowing the client to sense and feel what is happening in the moment. What does this anxiety, or sadness, or confusion feel like, right now?

Creating possibilities for choice may be accessed in overtly asking what the client needs in the moment, as well as exploring the participation and choices made in the world. As the client participates and makes choices in the therapy room a more known sense of 'I' is developed. Experiencing the possibilities of choice both empowers and heightens courage and capacity for making life affirming choices in the world.

Attuning to the client is honing the ability to be aware of, and respond to the person in that moment. Perhaps this is exemplified in guiding the client in slowing down when a feeling emerges, or noticing what is happening between you and them at this moment.

Throughout history philosophers and psychotherapists have embraced an existentialist perspective which prioritizes and focuses on the emergence and becoming of the human being, as opposed to a fixed state of being. In this perspective human beings interact with the world,

struggle with the limitations of this world at times, and participate in choices according to their individual conditions of self and living.

The shared themes of existing as a human being become essential in our work with clients. The universal themes been referred to as the *existential givens or ultimate concerns, as described by Paul Tillich (1952)*. One way to categorize these existential givens is as follows:

- Freedom and limitation,
- Meaning and meaninglessness,
- Isolation and belonging,
- Death and life (Yalom, 2008).

These existential givens are meant as a lens for the therapist to use in understanding their clients' world. As client and therapist notice these themes not only are therapist and client connected as fellow travelers on this human journey, but also, an anchor is present from which to explore the meaning of circumstances within a broader construct with each client.

As an example, take a clients' struggle with what they consider 'wrong decisions' they have made in their lives. They might be depressed and sad because they cannot see meaning behind those decisions: why, so they ask, did they not have the wisdom to make correct decisions? Through the lens of the existential given of meaning versus meaninglessness, the therapist might now help clients search for meaning behind their perceived 'wrong decisions'. Through searching for meaning behind the decisions made, clients feel relief, understand that given who they are, given what they needed to learn and become aware of, those decisions made sense. Wrong decisions are not categorized as wrong when meaning is explored. Rather, they promote important learning all of us need to do in our own ways. The lens of a search for meaning is an important lens as it frequently leads to a lessening of the clients' suffering.

Another example is the lens of death versus life. When clients are distressed by a certain senselessness in their lives, it might be important to inquire if behind such a feeling lies a certain denial of the existential given that all humans will die. Being overly disturbed by the many mishaps that occur to all of us in life, clients might well be prompted to remember that in the face of mortality, such mishaps, if not dwarfed, are still placed in the larger perspective of human

finitude. The lens of our finality thus serves as a reminder to not forget that death, our wise advisor, sits on our shoulder irrespective of what we humans might experience or have planned to do.

Beyond Good and Bad

Good and bad are in the eyes of the beholder. The ancient Greeks, for example, regarded melancholia as a gift by the Olympian gods. It was a state of melancholia which allowed a person to reflect on the depth of the world and of being human, of being alive. The melancholic was a person with a philosophical temperament who would take time to think and ruminate, a person who would wonder about the world. An existential humanistic therapist might ask, perhaps, why there is a preponderance of the diagnosis of 'depression'? Might it be related to a culture of constant stimulation, of incessant productivity and non-stop doing? Might such a driven culture have a hard time valuing silence, sitting quietly and just being? Perhaps, in regard to those traits some might see 'contemplative' and 'contentment' as 'pathological'?

Existential humanistic therapists believe the world is meaningful, not random or accidental. This humanistic attitude towards a meaningful Einstein famously expressed by stating that 'God does not play dice with the universe.' There is an order and purpose behind who we are and the events taking place, all of which may seem chaotic, random or meaningless to us. Such an attitude that understands life and events as meaningful thus looks at the phenomena of the world with a deep curiosity and wonder. It is an appreciation for what might be understood if we can see the phenomenon for what it wants to show and communicate to us humans. This means, foremost that an existential humanistic stance comes from a place of not-knowing or a beginner's mind. We are careful not to impose our own preconceived ideas on what it is we 'see' and experience. Rather, we want to allow the phenomenon to speak for itself, free from our labels and ideas.

Seeing What Is, Not What We Think

This 'bracketing' of our own ideas and preconceived notions is not easily achieved. Our tendency is to approach the world we inhabit, including our own selves, in a way which quickly

classifies what we see and experience into what we already know. When we do so we have lost our curiosity and our presence to what is. The moment we think we know, we stop probing and searching. We are present with what we know rather than the experience or phenomenon which shows itself to us.

As an example, take a client who comes to us with the complaint that he is anxious. We nod as if we knew what that meant. Yet, how each one of us experiences anxiety varies greatly. Rather than nodding, an existential humanistic therapist might ask, "I am not sure what you mean by anxiety?" Do you feel it right now, here with me? Would you mind telling me more about how you experience it? Can you dance, sing, draw it in case you don't find the words? The desire is to understand more deeply how what is called anxiety manifests in the client and explore its meaning for his life.

Being in the Moment

When we work with an attitude of curiosity we work within the moment, in the here and now. This way of working follows the clients' process as it takes place in the room. Therapists pay attention to what is occurring non-verbally and verbally, and emphasizing awareness of the process as much as to content.

Often therapeutic training programs emphasize skills in listening to the stories and details of the background of the client which provide context that may be helpful. Working with an EH perspective the therapist utilizes the wealth of information that is being shown to us by our clients. What is happening right here, in the room, in the experience now? Rather than the content of the story, we may notice the posture change as the person begins to weep, or the shoulders sink down as they speak of a feeling, exchange, or problem. We may notice very clearly when the client is no longer present with us and begin to explore this change.

Cultivating an environment that allows time and space for the client to begin to know what the sensations and feelings are, and how their body and breath may be responding is a way of working with the experience here and now. It avoids the content trap where both therapist and client are caught in verbal exchanges which keep both in their heads and in abstraction. Such 'headiness' can easily lead to a disembodied way of working where stories are being told which

are not felt in the moment. Such exchanges might just as well be happening between two mechanical devices which leave out the fully embodied human being.

In conclusion, EH therapy focuses on the experience of the client, the presence and relationship between client and therapist than on any specific techniques. Through heightened awareness, manifesting choices, and attunement between client and therapist the potential for a deepened sense of wholeness is vast.