

# Existential Therapies

Second Edition

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# 1

## INTRODUCTION: THE RICH TAPESTRY OF EXISTENTIAL THERAPIES

### This chapter discusses:

- The diversity of existential approaches to therapy.
- The rationale for writing this book.
- The book's aims.
- The structure and content of the book.
- The case study that will be used throughout the book to illustrate existential theory and practice.
- My personal biases and assumptions.

'What is existential therapy?' As a therapist and trainer, this is one of the questions that I have been most frequently asked. It has also been one of the questions that I have found the most difficult to answer. 'It's ... um ... about facing the reality of existence,' I have sometimes muttered, or come out with a stock response like, 'It's similar to person-centred therapy ... only more miserable!' Over the years, however, it has gradually dawned on me why this question has been so difficult to answer: because the term *existential therapy* has been used to refer to so many different therapeutic practices. Indeed, as Norcross (1987: 42) puts it, 'Existential therapy means something to everyone yet what it means precisely varies with the exponent.' Hence, while Yalom's (1980) existential psychotherapy encourages clients to face up to four 'ultimate concerns' of existence (death, freedom, isolation and meaninglessness), van Deurzen's (2012a) existential psychotherapy encourages clients to explore four dimensions of worldly being (the physical, personal, social and spiritual dimensions). And while Bugental's (1978) existential-humanistic approach encourages clients to focus *in* on their subjective experiences, Frankl's (1984) logotherapy often encourages clients to focus *out* on their responsibilities towards others. Today, then, it is widely accepted that it is not possible to define the field of existential therapy in any single way. Rather, it is best understood as a rich tapestry of intersecting therapeutic practices, all of which orientate themselves around a shared concern: human lived-existence. In other words, as Walsh and McElwain (2002: 254) conclude, it is more 'appropriate to speak of existential psychotherapies rather than of a single existential psychotherapy'; and this is the fundamental premise for the present book.

Of course, to a great extent, there is diversity within every form of therapy. Indeed, one could quite rightly argue that there are as many forms of therapeutic practice as there are therapists. Nevertheless, there are reasons why the field of existential therapy is more diverse than most. First, as Halling and Nill (1995: 1) write, existential therapy ‘cannot be traced to a single authoritative source’. It has no founder, no Freud or Rogers, to give the approach a common theoretical and practical basis. Rather, since the first decades of the twentieth century, existential approaches to therapy have emerged spontaneously – and, at times, independently – in various regions of the world. Second, the philosophical field on which existential therapeutic practice is based (existential philosophy) is, itself, enormously diverse (Chapter 2, this volume). Hence, practitioners drawing from these ideas have tended to draw from very different beliefs and assumptions. Third, existential philosophical writings can be extraordinarily complex and difficult to understand. Hence, interpretations – and, at times, misinterpretations – of what existential philosophers have said have brought about a great diversity of therapeutic applications. Fourth, as Schneider and May (1995a) point out, existential therapists have spent much of their energies reacting against traditional approaches to therapy – particularly psychoanalysis – rather than proactively generating coherent, integrated models of practice. Finally, though, at the heart of an existential standpoint is the rejection of grand, all-encompassing systems, and a preference for individual and autonomous practices. Hence, few existential therapists have been concerned with establishing one particular way of practising existential therapy. Indeed, for most existential therapists, the idea that this approach can be systematised, or even manualised, is anathema to the very principles of the approach.

Despite this heterogeneity, the existential approach seems to be thriving today, with 136 existential therapy institutes in 43 countries across all inhabited continents (Correia, Cooper, & Berdondini, 2016a). Craig (2015: 81) writes, ‘existential thinkers and practitioners today constitute a vibrant global community of individuals and groups who gather the meanings of lived experience wherever they find the human breath and heartbeat.’ Indeed, there are claims that the existential approach is growing (e.g., Barnett & Madison, 2012; Craig, 2015); and the proliferation of existential texts, societies and training programmes would seem to testify to this (Correia, Cooper, & Berdondini, 2014b). Perhaps this is because of the intrinsically anti-conformist nature of the existential approach: its refusal to be categorised or defined. In an era of manualised, evidence-based ‘treatments’, existential therapy continues to provide counsellors and psychotherapists with an opportunity to express their independence, individuality and creativity; that is, to meet their clients as the unique human beings that they (as therapists) are, and not merely as the implementers of standardised treatment protocols. More than that, it provides a framework in which therapists can encounter each of their clients as the unique

human beings that their *clients* are, and not merely as manifestations of particular psychological disorders.

## Aims

The primary aim of this book is to introduce readers to the rich tapestry of existential therapeutic approaches. It aims to map out the different existential therapies, such that readers can learn to distinguish their Binswanger from their Bugental, and are able to identify the key dimensions along which these existential approaches differ. More than that, though, the book aims to stimulate and excite readers: to present the rich array of existential ideas and therapeutic practices in the hope that students and practitioners – of both existential and non-existential therapies – will find much here to incorporate into their own therapeutic work. A third aim of the book is to act as a signpost: to help readers identify areas of existential thought and practice that are of particular interest to them, and enable them to follow up these particular interests through further reading, or through contacting relevant organisations and/or websites. Finally, the book aims to contribute to a range of debates within the field of existential therapy, among them:

- What can clients hope to take from an existential approach?
- What are the strengths and limitations of the different existential approaches to therapy?
- What are the kinds of choices and dilemmas that existential therapists face?

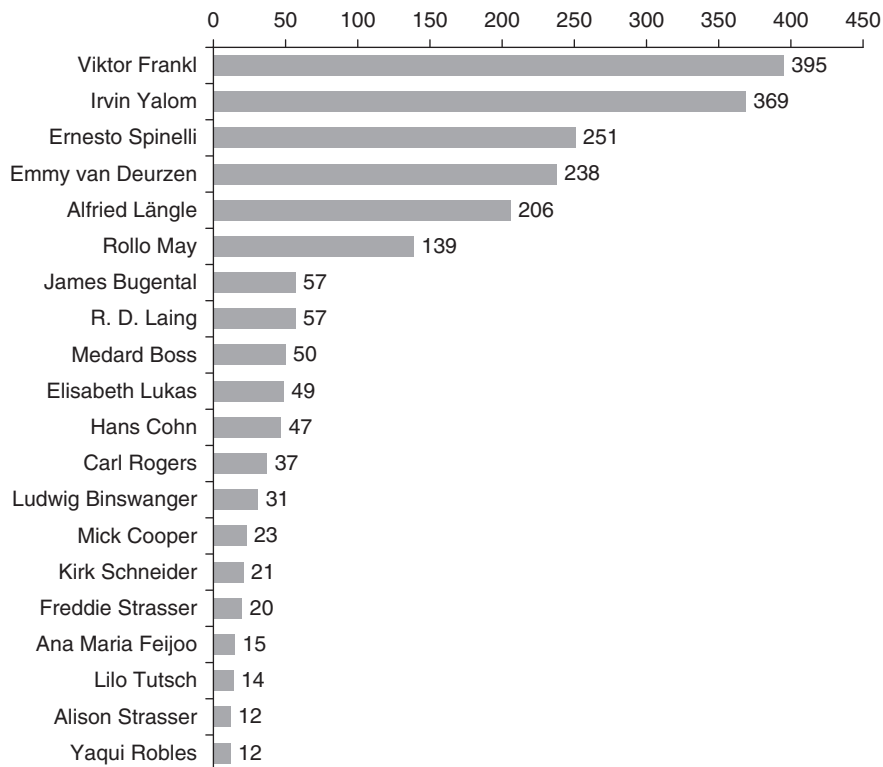
## Structure

Following this introduction, the book goes on to an overview of existential philosophy (Chapter 2). This is the kind of chapter that, as they say, you may want to come back to later. It's very 'theory-rich', and while you may want to learn about the philosophical ideas informing the existential therapies before looking at their actual practices, you may want to start with the practice, and then later come back to explore their philosophical roots.

After this chapter, the book goes on to look at a range of existential approaches to one-to-one therapy. Here, I have tried to focus on the most prominent, pervasive and influential approaches: those around which the greatest numbers of practitioners have constellated, and which have produced the greatest number of books, journals, conferences and training courses (Correia, Cooper, Berdondini, & Correia, 2016c, see Box 1.1). Wherever possible, I have also tried to include in these chapters brief descriptions of less prominent existential therapies which can be associated with these approaches. For instance, in the chapter on the existential-humanistic approach, I have also described Betty Cannon's (1991, 2012) 'Applied Existential Psychotherapy'.

### Box 1.1 The 20 most influential authors on contemporary existential practice

In 2012, Edgar Correia, a Portuguese existential psychotherapist, surveyed over 1,000 existential therapists from around the globe to discover the authors that they considered most influential on their practice (Correia et al., 2014a). The top 20 are presented below, with the number of times that they were cited by respondents.



**Figure 1.1** Top 20 most influential authors

Given that this book aims to act as a signpost, it also concentrates primarily on those existential therapies that readers are able to follow up, where there are books that are still in print (and in English) and professional bodies that can be contacted (see 'Recommended resources' at the end of each chapter). In some instances, I have included books that are no longer in print in the recommended resources because they are such key texts. Often, such books can be obtained through second-hand book-finding services (for instance,

www.bookfinder.com), or through a university's inter-library loans service. These chapters also tend to focus on those existential approaches that outline specific forms of therapeutic practice, as opposed to purely psychological or psychiatric understandings.

Five existential approaches to therapy are examined in these chapters, roughly in chronological order of their origins. Chapter 3 looks at the *daseins-analytic* approach, which critiques many of the dominant assumptions within the field of psychoanalysis and psychotherapy, and encourages clients to open themselves up as 'Being-in-the-world'. Chapter 4 examines the *meaning-centred* approaches, based on Victor Frankl's logotherapy, which place particular emphasis on helping clients to discover meaning in their lives. In Chapter 5, the dominant brand of existential therapy in the United States, the *existential-humanistic* approach, is examined. This is an approach which places particular emphasis on helping clients to uncover their subjective experiences and to courageously face the givens of their lives. Here, the work of Irvin Yalom as well as Rollo May and other well-known American existential therapists will be explored. Chapter 6 looks at the work of R. D. Laing, who developed an existential model of schizophrenia, and outlined some of the knots and entanglements that interpersonal relationships can become tied up in. This chapter is somewhat different from the others, in that Laing did not develop a particular school of practice. Nevertheless, his work is of such importance to the field that it deserves a chapter in its own right. Finally, Chapter 7 looks at the development of the *existential-phenomenological* branch of existential therapy, with a particular focus on the work of two key figures in the UK: Emmy van Deurzen and Ernesto Spinelli. These approaches build on the work of Laing to develop a particularly descriptive, de-pathologising model of therapy.

To avoid repetition, I have tended to focus on the distinctive ideas and practices of each of these approaches, rather than those ways of working that they share with other existential (and non-existential) therapies. In fact, research indicates that there is a lot of overlap in the practices of therapists from different existential schools (Correia et al., 2016c) – aside from the meaning-centred approaches, which do tend to be quite distinctive (Correia et al., 2016c) – so this should be borne in mind when reading these chapters.

Of course, practitioners associated with each of the different approaches will also practise in very different ways, and they may also practise very differently with different clients. So while these chapters aim to identify the core beliefs and practices of each of the approaches, it is probably more useful to think of these different ways of thinking and working as existing on a range of dimensions, which will often cut across schools. This is explored in the penultimate chapter of the book (Chapter 8). Finally, Chapter 9 concludes by looking at some of the challenges and opportunities facing existential therapies in the years to come.

Each of the chapters begins with a series of bullet points describing the content of the chapters, and ends with recommended resources (primarily

books and websites). There are also questions for reflections that some readers may find useful to stimulate further thought or discussion. In addition, within the chapters are some suggested self-reflective exercises. As the questions and exercises invite you to think about yourself personally, please ensure that you have appropriate support in place should you need it (for instance, a colleague who can be contacted). Of course, they are also optional and you may choose to skip them if you think they seem unhelpful.

With respect to terminology, throughout the book, I have used the term 'client' rather than 'patient', 'service user', 'analysand', etc. However, it should be noted that some of the different existential schools do use these alternative terms. The term 'therapy' is also used to refer to both 'counselling' and 'psychotherapy'.

### **Client study: Introducing Siân**

For this new edition, a few people suggested that it might be helpful to have a client study running through it: something that could illustrate the different therapies and the way in which their practices might vary. So throughout the chapters of this book I will be using the case of Siân (pronounced 'Sharn') to illustrate the different existential methods and understandings. To preserve anonymity, and so that I can illustrate a range of practices (including those that I have not actually used in my own work), the case of Siân is fictional rather than actual. However, her characteristics, and her journey through therapy, are drawn from genuine clients who I have worked with over the years. In addition, wherever possible, the dialogues that I present with her are based on actual therapeutic work.

To introduce Siân, let's imagine a brief vignette of a first session together. We meet in a small room in a community-based counselling centre, and we are both sitting in comfortable armchairs. The room is softly lit with uplights, with a large photograph of a cloudscape on creamy yellow walls. Siân has a shock of pink in her shoulder-length dark hair, and a brooch on her jacket that looks like it has been made out of plasticine. She fiddles with the ring through her nose. 'It was a long way down,' she says, about 20 minutes into the session, 'and ... it was funny, I – I couldn't help laughing. It was the most weirdest thing.' I lean forward, hands clasped together under my chin. Siân continues: 'I just kept saying over and over in my head, "Siân, you're such an idiot, you're such an idiot, you're such a fuckin' idiot .... "' Siân glances up at me, smiling playfully, and then looks back down at the floor. Siân is describing a summer evening, a few months earlier, when she had sat on a window ledge outside her bedroom, wondering whether or not to jump. 'In the end,' continues Siân, 'I climbed back in and I thought, "Either I jump or I get into therapy ... I don't know which is worse!"' She smiles at me again and I smile gently back.

Having established with Siân that she is not currently at risk of suicide or self-harm, we go on to talk about the issues that had brought her into therapy. Siân describes feeling depressed, stuck and lost in her life, as if she keeps hitting walls whatever direction she runs in. She says:

If it was just one thing I could probably have dealt with it; but it's just ... everything piled on top of me: like a big fat grey elephant sitting on my head. If I deal with one thing I've immediately got the next one to face. And then, when I've sorted out all these problems, I've got to work out what the hell I want to do with – with my life.

Siân looks at me, smiles wryly, then back down at the floor. She tugs at her shoelaces. After a short while she continues.

Thirty ... I'm 30 and I don't know what I want to do with my life yet. How stupid is that! I feel so empty and aimless. 'Life is passing me by' and everything like that. That's when I thought about just ending it all. That big bloody grey elephant sitting on my head. So heavy. And shitting on me too! People must just be – they're so sick of me. Droning on. So boring. I used to be – just now a middle-aged, boring *schlump*.

Siân talks about being frustrated in her job: working from home as a web designer. She says that, when she was in art college in her early 20s, she had been in an indie folk band which she loved, but her father 'guilt tripped' her towards a career, so she had taken a college course in web design. Siân had hoped that this work would be an outlet for her creativity. Instead, however, she has found it all 'fonts and formatting', with hours spent writing in computer codes for companies and products that she has no interest in or care for. Siân goes on to say that, because she was also encouraged by her dad to take out a mortgage on a flat, and because she is working on a freelance basis, she has a lot of money worries. She describes having to constantly 'schmooze' people to get work, which she hates.

Siân says that her relationship with her girlfriend, Hanako, also feels like a dead end: 'I don't feel I get anything from her,' says Siân. According to Siân, they are constantly arguing, and she experiences Hanako as cold, distant and absent. 'I try *so* hard to get it right for her,' Siân says, 'but she just doesn't seem to like me. Whatever I do.' However, Siân says that she feels 'torn' about leaving Hanako, and it is something that keeps her up at night with worry. 'I just think,' says Siân, 'that maybe I'm the problem. I'm too passive, too girly, too commitment phobic – and totally fucked up by my past.' Siân describes how her mother died from breast cancer when she was two, and her father – struggling to cope with bringing up Siân and her younger brother – tended towards self-absorption, hopelessness and depression. Siân says that she can recall only a few times when her father had been loving, affectionate and focused on her – all after he had spent the evening drinking at a neighbour's house.

The one ray of light in her life, says Siân, is her six-year-old son, Kai. Siân says that she adores him, loves holding his little hand on the way to school in the



morning, and kissing and cuddling him when she puts him to bed at night. But she worries that she is letting Kai down and is a 'bad mother'. 'I just can't bear him being around me when I'm so low all the time,' she says. 'He needs love, he needs fun. He needs something so different from me.'

So how might the different existential approaches understand some of the problems that Siân is experiencing, and help her to address them? This is something that we will explore throughout the chapters of this book.

## Personal biases

Finally, a word about personal bias. From an existential perspective, bias is unavoidable: it simply isn't possible for me, or for anyone else, to stand above the world of existential therapies and give an objective 'God's eye account' (Merleau-Ponty, 1962) of the field. This means that the way I present the different approaches, the criticisms I raise, and even the approaches that I choose to present will undoubtedly be influenced by my own particular leanings. This I cannot change, but what I can do is two things. First, I can try to minimise any biases that I know are present. Second, I can alert you, the reader, to my own particular perspective, such that you are more able to put my biases and assumptions to one side.

My own approach to therapeutic practice tends to be at the gentler, more descriptive, less structured end of the existential spectra (see Chapter 8, this volume). I come from a family background that emphasised left-wing, progressive values (see Cooper, 2006), and have always been drawn to those therapies that emphasise relatively egalitarian, non-hierarchical client-therapist relationships. Hence, during my training in the existential-phenomenological approach at Regent's College, London, I found myself particularly drawn to Spinelli's relational-phenomenological approach (Chapter 7, this volume), and still see myself practising broadly in this way. This was further reinforced by many years in the world of person-centred training and writing (see, for instance, Cooper, Schmid, O'Hara, & Bohart, 2013; Mearns & Cooper, 2005). However, in the last decade or so, my interest in collaborative therapeutic relationships has taken me in the direction of *pluralistic therapy* (Cooper & Dryden, 2016; Cooper & McLeod, 2011; see Chapter 7, this volume). This holds that different clients are likely to need different things at different points in time – both existential and otherwise – and that the best way of working out what a client needs is to talk to them about it. Because this approach emphasises the potential helpfulness of multiple therapeutic practices, in recent years, I have become more open to the value that many different therapeutic understandings and methods can have, whether relational, existential or otherwise.

Another important bias that will become evident in this book – particularly in this second edition – will be my views on research, and especially the value of more quantitative, outcome-focused methods such as randomised

controlled trials. Like many in the existential field (e.g., Schneider & Krug, 2010; Shapiro, 2016), I am deeply sceptical of the view that such methods have a privileged place on the 'hierarchy of evidence'. Quantitative outcome research, by its very nature, works in generalities, is reductionistic, and tells us very little about the value of particular therapies for particular individuals. At the same time, however, and unlike many others in the existential field, I *do* believe that such evidence can play a valuable role in helping us reflect on, and evaluate, our approaches (Cooper, 2004). Outcome research speaks in generalities but, as I have argued, so do most other things, like philosophy or psychotherapeutic theories (Cooper, 2004). That is, we will always come to our clients with generalised assumptions about what they might find helpful: 'it is never possible for us to encounter our clients from a neutral, un-tainted perspective' (Cooper, 2004: 7). Hence, for me, even the most quantitative, mechanistic research can help us to reflect on our *a priori* assumptions and biases, and challenge us to think in different ways. I may assume, for instance, that logotherapy is not that helpful, or that a relational approach is the most effective means of helping clients, but if the outcome research shows otherwise, I am afforded an opportunity to reassess my views, and to practise in ways that may be more genuinely responsive and helpful to my clients. Throughout this edition of the book, then, outcome evidence will be used as one means of critically reflecting on the different approaches, although I have also drawn on process research – both qualitative as well as quantitative – wherever possible, to inform the discussion.

## Conclusion

The existential therapies are a rich and complex field, and the aim of this book is to map out the different approaches and compare and contrast them. Most importantly, though, the aim of the book is to bring the existential field to life in all its rich and colourful vibrancy. My hope is that readers will take, from this book, an increased interest in the existential field, and a greater understanding of how all the different approaches relate and interact.

### Questions for reflection

- What are your aims for reading this book? What do you hope to get from it?
- What personal biases do you bring to reading this book? What do you think, for instance, makes therapy effective? And, are there any existential approaches that you are more or less drawn to?
- If you were going to write your own book about existential therapy (and haven't done so yet), what would you want to say?
- What would be your initial response to meeting Siân?

## Recommended resources

Barnett, L., & Madison, G. (Eds.). (2012). *Existential psychotherapy: Vibrancy, legacy and dialogue*. London: Routledge.

Wide-ranging collection of papers that reflects the current state-of-the-art of existential therapy.

Correia, E., Cooper, M., & Berdondini, L. (2014). The worldwide distribution and characteristics of existential psychotherapists and counsellors. *Existential Analysis*, 25(2), 321–337.

Data on the global distribution of existential therapists and approaches.

Correia, E., Cooper, M., Berdondini, L., & Correia, K. (2016). Existential psychotherapies: Similarities and differences among the main branches. [doi: 10.1177/0022167816653223] *Journal of Humanistic Psychology*.

Survey-based study of the similarities and differences across the existential schools.

Craig, M., Vos, J., Cooper, M., & Correia, E. (2016). Existential psychotherapies. In D. Cain, K. Keenan & S. Rubin (Eds.), *Humanistic psychotherapies* (2nd ed., pp. 283–317). Washington, DC: American Psychological Association.

An evidence-based review of contemporary existential thought and practice.

Iacovou, S., & Weixel-Dixon, K. (2015). *Existential therapy: 100 key points and techniques*. London: Routledge.

Pithy summary of the key elements of existential thought and practice.

van Deurzen, E. (Ed.) (in press). *World handbook of existential therapy*. London: Wiley.

Definitive and comprehensive guide to existential thought and practice across the major schools.

A full list of existential societies and training institutes around the globe, compiled by Edgar Correia of the *Sociedade Portuguesa de Psicoterapia Existencial*, is available at: [sppe.pt/publicacoes](http://sppe.pt/publicacoes). Also published as Correia, Cooper, & Berdondini (2016a, 2016b).