

Existential Therapies: Theoretical basis, Process, Application and Empirical Evidences

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I. INTRODUCTION

Existence, The word comes from the Latin word *existere*, literally meaning to stand out, or to emerge. EXISTENCE is not a static process but entails the process of coming into being or becoming. It is concerned with the science and process of being (ontology). Existential therapists assist clients to stand out or to affirm their existences, despite and within the constraints involved in existence.

The existential approaches to therapy are rooted in existential philosophy. Prominent existential philosophers include Kierkegaard, Nietzsche, Heidegger and Sartre. Kierkegaard's existentialism was within a Christian framework and he described the dread, anxiety and despair – 'the sickness unto death' – of humans estranged from their essential nature (Kierkegaard, 1954).

Nietzsche was an atheist existentialist who presented a nihilistic picture of the world in which 'God is dead' as the background for human self-affirmation (Tillich, 1952).

Heidegger's (1962) *Being and Time* focused on the quest for being and analyzed the concept of Dasein, being there or existence. Sartre, a Marxist, echoed Nietzsche's thoughts about a Godless world. Existential approaches to therapy have also been influenced by religious philosophers, such as Buber, the Jewish theologian, and Tillich, the Protestant Christian theologian.

Buber (1965, 1970) thought that humans were not separate entities, but existed as the creatures of the in-between. The two special types of in-between relationships were 'I-It' relationships, involving functional relationships in which others were objects, and 'I-Thou' relationships, involving mutual influence and a full experiencing of another.

Tillich's (1952) book *The Courage to be* examines human existence within a religious framework. For Tillich the courage to be is the ethical act in which man affirms his own being in spite of those elements which conflict with his essential self-affirmation. He emphasized humans' inescapable need, in their struggle against despair and non-being, to make the choices that make the essence of their existences (Sartre, 1956).

Existential psychotherapeutic approaches go beyond dealing with surface problems to assist clients to confront the basic issues of their existence:

- *Anxiety, Despair, Death, Loneliness, Alienation, & Meaninglessness*

Existential approaches to therapy are also concerned with *QUESTIONS OF FREEDOM, RESPONSIBILITY, LOVE* and *CREATIVITY*. There are many existential approaches to therapy. Yalom and May's *EXISTENTIAL THERAPY* and

Frankl's *LOGOTHERAPY* are two such approaches that widely influence contemporary counseling and psychotherapy.

II. THEORETICAL BASIS

"The reality of death is important in psychotherapy in two distinct ways: death awareness may act as a 'boundary situation' and instigate a radical shift in life perspective; and death is a primary source of anxiety".

--Irvin Yalom

Basic concepts

Existential therapy has the focus on attempting to understand the human condition. It rejects a fixed view of human nature but instead contends that each person must ultimately define his/her personal existence. It focuses on individuality and one's search for meaning in life.

□ *Main concepts encompasses*

- Image of the person
- Being and Non-being
- Conceptualization of Psychological Disturbances and Health
 - ✓ *Normal and Neurotic Anxiety*
 - ✓ *Four Ultimate Existential Concerns*
 - ✓ *Existential Conflicts.*
 - ✓ *Model of Defense Mechanism*

Image of the Person

Human nature is opening minded, flexible and capable of an enormous range of experience. The person is in a constant process of becoming. I create myself as I exist and have to reinvent myself daily. There is no essential self as I define my personality and abilities in action and relation to my environment. This impermanence and uncertainty gives rise to a deep sense of anxiety in response to the realization of one's insignificance and simultaneous responsibility to have to create something in place of the emptiness we often experience. Everything passes and nothing last. We find ourselves somewhere in the middle of the passing of time, grappling with the givens of the past and possibilities of future, without any sure knowledge of what it means.

Being and Non-being

May (May et al., 1958) observed that 'being' is a participle of a verb and implies that someone is in the process of becoming something. He stated that, when used as a noun, 'being'

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means *potentia*, the source of potential. Humans can choose their own being. The choices that they make about being are not just concerned with whether or not to commit suicide, but are relevant to every instant of their lives. Because of widespread collectivist and conformist trends in society, modern humans have repressed their sense of being. People's sense of being refers to their whole experience of existence, both conscious and unconscious. They need to experience themselves as beings in the world and have a basic 'I-Am' experience, expressed by one of May's clients as 'Since, I am, I have the right to be' (May et al., 1958).

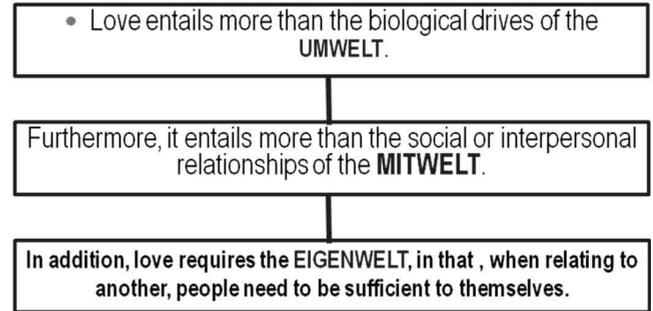
The 'I-Am' experience is not the solution, but rather the precondition for the solution to client's problems. The opposite of being is non-being or nothingness. Existence implies the possibility of not existing. Death is the most obvious form of non-being. However, there are numerous other threats to being in the form of loss of potentiality through anxiety and conformity, and through lack of clear self-awareness. In addition, *DESTRUCTIVE HOSTILITY* and *PHYSICAL SICKNESS* can pose threats to being.

HOWEVER, people who are able to confront non-being can emerge with a heightened sense of being, including a greater awareness not only of themselves, but of others and the world around them

The three forms of being-in-the-world:

Existential therapy distinguishes three modes of world that characterize people's existence as being-in-the-world.

- First, there is the *Umwelt*, the 'world around'.
 - The *Umwelt* represents the natural world, the laws of nature and the environment.
 - For animals and human beings alike, the *Umwelt* includes biological needs, drives, and instincts.
 - Also, it includes each daily and life cycles.
 - The natural world is accepted as real.
- Second, there is the *Mitwelt*, the 'with-world'.
 - This is the social world of relating to fellow humans singly and in groups.
 - Both in personal and group relationships people influence each other and the structure of meaning that develops.
 - May writes: 'the essence of relationship is that in the encounter both persons are changed' (May et al., 1958).
 - How people relate to intimate relationships, for instance their degree of commitment influences the meaning of the relationships for them.
- Third, there is the *Eigenwelt*, or 'own world'.
 - The *Eigenwelt* is uniquely present in humans and entails self-consciousness and self-awareness.
 - Also, the *Eigenwelt* entails grasping the personal meaning of a thing or person.
 - Individuals need to own their relationships to things and people: for instance, 'This flower is beautiful' means 'for me, this flower is beautiful'.
 - The three modes of being are *INTERRELATED*–



Conceptualization of Psychological Disturbances and Health
Disturbance and health are two sides of the same coin. It is only in facing the positive and negative poles of existence that we move ahead. Psychological disturbance is seen as a consequence of either avoidance of truth or inability to cope with it. Discontent is generated for many people through self deception. To be authentic is to be true to oneself and one's innermost possibilities and limitations.

Normal and Neurotic Anxiety:

May (1950) defines anxiety as a threat to our existence or to values we identify with our existence (May, 1977).

Normal anxiety is proportionate to objective threat in the situation confronted, it does not involve repression and it can be used creatively to identify and confront the conditions bringing it about.

Neurotic anxiety is a disproportionate reaction to an objective threat, involves repression and is destructive. People subjectively react to their objective threats in terms of their psychological patterns and conflicts.

Guilt

- Guilt is a part of our existence. There are three basic kinds of guilt.
 - ✓ Neurotic guilt: derives from imaginal transgressions against others, parental injunctions and societal conventions.
 - ✓ Normal guilt is a call to conscience and sensitizes people to the ethical aspects of their behavior.
 - ✓ Existential or ontological guilt represents another form of guilt.

May distinguish between the three forms of existential guilt: The first form is the failure to live up to potential. The second form relates to distorting the reality of one's fellow humans. The third form is separation guilt in relation to nature as a whole.

Transcendence

It is the unique capacity of humans to think and talk in symbols allows them the possibility of transcending time and space. It is derived from the Latin word *transcendere*, meaning, to climb over and beyond. The ability to transcend immediate situations is a part of ontological nature of human beings. Existing involves humans in a continuous process of emerging in *which* they transcend their pasts and presents to create their futures.

Explanation of psychopathology

Schizophrenia: Psychiatrist, R.D Laing has actually provided a heroic version for schizophrenia through his existential-phenomenological approach. Schizophrenia is understood as a response to problems in human relationships which could ultimately be traced to problems in larger social fabric. The so called sane members of the society are, according to Laing, dupes of the Western capitalist system. They had unwittingly agreed to live inauthentic existences. In contrast the schizophrenic struggled for authenticity in the midst of an alienating society. Indeed, for Laing, the ego loss, delusional thinking and regression of schizophrenia are mere mystical experiences that put people in touch with elements of existence denied under the capitalist order.

Depression: Yalom (1980) frames depression as the individual's lack of responsibility in life. People who are able to find a meaningful life develop a high degree of locus of control. When people lose meaning and direction in life it leads to depression and despair (Frankl, 1986). Frankl explained depression using the construct of existential vacuum. People who experience the existential vacuum have a sense of frustration in life which leads to the lack of purpose, lack of enthusiasm and boredom. This triad according to Frankl can lead to depression, aggression or addiction.

Arieti (1959) argues that time seems to have slowed down for depressed patients. In their subjective experience only past matters. Painful memories dominate thinking and remind them of their unworthiness and inability to accomplish.

Anxiety Disorders: Existential theorists do not seek for a specific identifiable stimulus for chronic feelings of anxiety. The central concept is the person's awareness of a profound nothingness in their lives, which may be more profoundly discomfiting than an acceptance of the inevitable death. The four existential concerns explained by Irvin Yalom also help in explaining the etiology of anxiety disorders.

III. THE THERAPEUTIC PROCESS

- *Goals*
- *Selection Criteria*
- *Qualities of Therapist*
- *The Therapeutic Relationship*
- *Major Therapeutic Strategies & Technique*
- *The Change Process in Therapy*

Therapeutic goals:

- A mode of viewing human beings
- The fundamental neurotic process is the repression of ontological sense, thus involving the loss of a sense of being and truncation of awareness and potential.
- Therapy is primarily concerned with helping clients experience their existence; any symptomatic cure is a by-product or a secondary goal.
- It helps clients to:
 - ✓ Take stock of their situation, their values and beliefs
 - ✓ Successfully negotiate and come to terms with past, present and future crises

- ✓ Become more truthful with themselves
- ✓ Widen their perspective on themselves and work around them
- Find clarity on what the purpose in life is and how they can learn from the past and create something valuable and meaningful to live for.
- Understand themselves and others better and find ways of effectively communicating and being with others.
- Make sense of paradoxes, conflicts and dilemmas of their every day experience
- To identify maladaptive defense mechanism
- To discover their destructive influence
- To diminish secondary anxiety by correcting restrictive modes of dealing with self and others.
- To develop other ways of coping with primary anxiety.

Selection Criteria:

- Clients usually have the idea that their problems are about living and are not a form of pathology.
- A genuine commitment to an intense and a very personal philosophical investigation is thus a requirement.
- Existential therapy, especially suitable for people who feel alienated from the expectations of society or for those seeking to clarify their personal ideology.
- This is relevant to people living in a foreign culture, class or race as it does not dictate ways of looking at reality.
- People confronting adversities in their lives or who are trying to cope with changes in personal circumstances viz., job loss bereavement or biological changes.
- people who question a state of affairs than those who prefer status quo; those living at the edge of existence; people who are starting on a new phase of life, people in crises, who no longer feel a sense of belongingness with their environment.

Areas of Application

Grief work, facing a significant decision, developmental crisis, coping with failures in marriage and work, dealing with physical limitations due to age etc.

Qualities of an effective Existential Therapist

- Life experience
- Attitude and personality
- Theoretical knowledge
- Professional training.
- Self Disclosure.

IV. THE THERAPEUTIC RELATIONSHIP

The sessions are quite intense, since deep and significant issues often emerge. The client encounter with the therapist can also be used as evidence of his usual ways of relating. Flexibility is necessary. The therapist is ready to consider any past, present or future matter that is relevant to the client. There should also be constant appreciation of the client's unique situation. The therapist takes the dilemmas of the

client and solutions with openness, and wonder as essential attributes and does not preclude humor when appropriate. They are fundamentally concerned with what matters most to the client avoiding making normative judgments. The client is assisted in finding the client's investigations through an attitude of relative passivity and silent intervention. The existential therapist resists the temptation of trying to change the client. The therapist does not teach or preach how life should be lived. The client is guided to notice a lack of perspective, think through consequences and struggle with contradictions. Missing links are put forward along with underlying principles.

V. MAJOR THERAPEUTIC STRATEGIES AND TECHNIQUES

The existential approach is well known for its anti technique orientation. It prefers description, understanding and exploration of reality to diagnosis, treatment and prognosis. The therapeutic style follows a conversational pattern. Issues are considered and explored in dialogue. Therapists generally do not use any particular technique, strategy or skill but follow a specific philosophical method of enquiry requiring a consistent professional attitude. It usually includes some or all of the following ingredients:

- Cultivating a naïve attitude
 - Themes
 - Assumptions
 - Vicious circles
 - Meaning
 - Values
- Facing Limitations:
 - Self deception
 - Existential anxiety
 - Existential guilt
 - Consequences
 - Paradoxes
- Exploring personal world view
 - Four fold world
 - Dreams
 - Questioning
 - Enquiring into meaning
- Emotions
 - Belief
 - Recollection

VI. THE PROCESS... QUESTIONS GENERALLY ASKED...

- *What is the meaning or purpose of your life?*
 - *What do you want from life?*
 - *Where is the source of meaning for you in life?*
- *How do you work through a sense of "no self" and feeling alone?*

- *What are the possible reasons that people tend to blame others for their problems?*
- *What is the positive motivation of being anxious?*
- *If you only have 30 days left, what are your feelings? What will you do?*

VII. THERAPY: THE PROCESS

Existential therapists respect the individuality of each client and approach each client with the aim of sharing the story they have to tell. Clear instances of when to use the existential approach to therapy are when clients face boundary situations associated with ultimate concerns. Such existential crises include death, personal and work transitions, irreversible decisions and becoming unexpectedly isolated from others.

The decision to work on existential conflict should be a joint therapist – client decision. Existential therapy is conducted on an individual basis takes place between two real people. The therapist here is not a shadowy reflector, but a live human who tries to understand and experience the client's being. May considers that any therapist is existential who, despite technical knowledge, can still relate to clients as "one existence communicating with another" (May et al., 1958).

Therapists do not impose their own thoughts and feelings onto the clients. Nor do they transfer to client's thoughts and feeling coming from previous relationships, what is sometimes called *counter transference*. They seek to assist client to understand their inner conflicts in relation to the ultimate existential concerns of death, freedom, isolation and meaninglessness. They attempt to identify clients' maladaptive defense mechanisms and help raise awareness of their negative consequences. They continually focus on how clients avoid assuming personal responsibility for their distress. Apart from assisting clients to develop other ways of coping with primary or existential anxiety, existential therapists work to lessen secondary anxiety by helping clients alter limiting ways of relating to self and others.

Long-term therapy is most appropriate for thoroughly addressing existential issues which affect deeper layers of the individual's mode of being-in-the-world. However, aspects of an existential approach, for instance an emphasis on responsibility and authenticity, can still be incorporated into briefer therapy.

In Yalom's case study *Every Day Gets a Little Closer* (Yalom & Elkins, 1974), written from both therapist's and client's perspectives, he was struck by the importance his clients attached to small personal touches, such as warm looks and compliments about the way she looked.

In addition to presence, characteristics of good therapist – client relationships include caring, extending oneself, touching clients at a profound level and wisdom (Yalom, 1980). Therapists help clients 'by being lovingly present with that person; by being trustworthy, interested; and by believing that their joint activity will ultimately be redemptive and healing' (Yalom, 1989).

VIII. THERAPEUTIC INTERVENTIONS

Therapy and death:

Increased awareness of death can lead to heightened

appreciation of life. Increased death awareness can also bring about a radical shift in perspective in clients. Yalom (1974) states that a good working rule for clinicians is 'death anxiety is inversely proportional to life satisfaction' (Yalom, 1980).

Identifying instances when the patient avoids responsibility, helping the patient to consider options make decisions, and pointing out how grief reactions and sadness about life milestones COULD BE related to underlying fears of isolation and death. There are some METHODS that existential therapists use to increase clients' death awareness:-

Giving permission:

Existential therapists can cue clients that discussion of issues concerning death is valued in therapy. Some of this cueing may be by encouraging and showing interest in clients' disclosure in the area. Another part of giving permission is that of avoiding colluding in clients' denial of death. Therapists can play active roles in keeping therapy superficial. They require the ability to tolerate their own death anxiety to follow adequately clients' leads. Some therapists may require further personal therapy until they work through personally and professionally hindering death anxiety blockages.

Identifying Defense Mechanisms:

Existential therapists collaborate with clients to identify such maladaptive defense mechanisms and their negative consequences. Clients are assisted to acknowledge the reality of their finiteness rather than deny it. Existential therapists require tact, persistence and good timing to help clients to identify and relinquish childlike ways of viewing death.

Working with dreams:

Existential therapists encourage clients to share their dreams. In dreams and nightmares unconscious themes can appear without being repressed or heavily edited. Death themes are common in dreams and nightmares. Discussion and analysis of dreams relates to clients' current existential conflicts. However, clients are not always ready to deal with the material revealed in their dreams.

Working with reminder of finiteness:

Therapists can assist clients to identify and constructively deal with their death anxiety by being 'turned into' the signs of mortality that are parts of normal life. The death of loved ones can be powerful reminder of personal mortality. The death of parents means that ours is the next generation to die. The death of children can invoke a sense of powerlessness in relation to cosmic indifference. Also, where it is an only child who dies, parents realize that they will not be immortal through passing on their seed.

Aids to Increasing Death Awareness

While many existential therapists would not use artificial aids to increase clients' death awareness, some therapists use them. Clients can be asked to write their own obituaries or fill out death anxiety questionnaires. In addition they can be taken on guided fantasies regarding their deaths, imagining 'where', 'when', 'how', and the funeral.

Yalom (1980) described two different ways of getting clients to interact with the dying:

- ❖ Observing a group of terminally ill people and introducing a person with terminal cancer into an everyday therapy group.

Desensitizing clients to death:

Therapists can assist clients to deal with death terror by exposing them over and over to the fear in lessened doses.

Yalom (1980) cited that in working with groups of cancer patients, he had seen many times their dread gradually diminish through pure familiarity.

Understanding the anxiety associated with death:

Therapists may break down and identify the anxieties associated with death. A distinction needs to be made between the true helplessness arising from the fundamental existential fact of death and the secondary feelings of helplessness.

To Enhance the Capacity for Self Awareness

We can reflect and make choices because we are capable of self-awareness. Expanding our awareness in realizing that:

- We are finite - time is limited
- We have the potential, the choice, to act or not to act
- Meaning is not automatic - we must seek it
- We are subject to loneliness, meaninglessness, emptiness, guilt, and isolation

Therapy and Freedom:

This is a way of increasing clients' awareness of their responsibility for their lives and on assisting them to assume this responsibility (Yalom, 1980). Certain methods are adopted for this purpose:

- Identifying defenses and methods of responsibility avoidance
- Identifying responsibility avoidance in the HERE-AND-NOW
- Confronting realistic limitations
- Confronting existential guilt
- Freeing up wishing
- Facilitating deciding

Dealing with the Strive for Identity:

- Identity is "the courage to be"
 - We must trust ourselves to search within and find our own answers
 - Our great fear is that we will discover that there is no core, no self
- Struggling with our identity:
 - Challenging clients---in what ways that they have lost touch with their identity and letting others to design their life.

Therapy and Isolation

We are alone---So, we must give a sense of meaning to life,

decide how we will live, have a relationship with ourselves, and learn to listen to ourselves. Following are ways in which existential therapists can assist clients in confronting and dealing better with the ultimate concern of isolation.

- Confronting isolation.
- Identifying defense mechanisms.
- Using the therapist-client relationship to illuminate pathology.
- The healing relationship.

Therapy and Meaninglessness

Meaninglessness in life leads to emptiness and hollowness (existential vacuum). Finding meaning in life is a by-product of engagement, which is a commitment to creating, loving, working, and building. Following are some ways in which existential therapists can work with clients complaining of lack of meaning in their lives.

- Redefining the problem
- Identifying meaninglessness anxiety defenses
- Assisting engagement in life

The Change Process in Therapy

The aim of existential therapy is not to change people but to help them come to terms with the transformative process of life. One of the aims of existential therapy is also to enable people to stop deceiving themselves about both their lack of responsibility for what is happening to them and their excessive demands on life and themselves. Clients change by gradually taking more and more of life's ups and downs in their stride. They can find ways of tuning into these changes instead of fighting them or trying to speed them up. Clients change through existential psychotherapy by gradually taking more and more of life's ups and downs in their stride while they can find ways of tuning into these changes. Existential therapy teaches a discipline for living which consists of a frequent process of checking what one's attitude, indication, mood and frame of mind are bringing them back in line with reality and personal aspirations.

IX. LOGOTHERAPY

Logos is a Greek word that connotes both 'meaning' and 'spirit', the latter word without primary religious connotation. Humans are meaning-seeking beings and the search for meaning in itself is not pathological. Existence confronts people with the need to find meaning in their lives. The main purpose of Logotherapy is to assist clients in their search for meaning. The origins of Logotherapy go back to Victor E. Frankl's early struggles to find meaning in his own existence. Frankl coined the term 'Logotherapy' in the 1920s and in the 1930s used the word existential analysis, as an alternative word for Logotherapy.

X. THEORY: BASIC CONCEPTS

Freedom of will:

Humans possess freedom of will. Humans are capable of reflecting upon and judging their choices. What matters is not the features of people's character or their drives and

instincts, but the stand they take towards them. People are free to shape their own characters and are responsible for what they make out of themselves.

Will to meaning:

The will to meaning is the fundamental motivational force in humans. People are confronted with the need to detect meaning literally to their last breaths. Frankl writes 'Man's search for meaning is a primary force in his life ... This meaning is unique and specific and can be fulfilled by him alone; only then does it achieve a significance that will satisfy his own will to meaning' (Frankl, 1963). What people need is the tension of striving for some meaning that is worthy of them. Frankl viewed self-actualization as only a side-effect of the will to meaning.

Consciousness and the unconsciousness

What is the source or referent point against which people can detect meaning in their lives

The search for meaning can involve both conscious activity and getting in touch with unconscious layers of the self.

Consciousness:

Consciousness implies awareness. Logotherapy aims to increase clients' consciousness of their spiritual selves. Humans need to be conscious of their responsibility for detecting and acting in terms of the unique meaning of their lives in specific situations in which they are involved.

The spiritual unconscious:

Each human has an existential, personal spiritual core. Centered on their spiritual core, people are not only individualized, but integrated in their somatic, psychic and spiritual aspects. Though the border between the conscious and the unconscious is 'fluid', Frankl regards the spiritual basis of human existence as ultimately unconscious. The deep center of human is unconscious.

- **Conscience:**

The origins of conscience are located in the spiritual unconscious. Logos is deeper than logic. Existential authentic decisions take place completely unreflectively and unconsciously. Conscience can intuitively reveal the unique possibilities for meaning to be to be actualized in specific situations. Conscience, or 'Ethical instinct', is highly individual in contrast to the other instincts, which work for the greatest number of species. In addition to moral conscience, Frankl considers love and art are rooted in the emotional, intuitive, non-rational depths of the spiritual unconscious.

- The religious unconscious:

It exists within the spiritual unconscious. Humans have always stood in an intentional relation to transcendence, even if only on an unconscious level. This 'unconscious God' is hidden in two ways -

First, the human relationship to God is hidden.

Second, God is hidden.

- Even in highly irreligious people, religiousness is latent. Repression of religiousness, as with repression of other aspects of the unconscious, leads to neurosis: '... once the angel in us is repressed, he turns into a demon' (Frankl, 1975).

XI. MEANING OF LIFE & DEATH

Meaning of life:

Frankl writes that 'being human means being responsible for fulfilling the meaning potential inherent in a given life situation' (Frankl, 1975). Being human means being at the same time different, conscious and responsible. The concept of responsibility is the foundation of human existence. Human freedom is not a 'freedom from', but rather a 'freedom to', namely the freedom to accept the responsibility. Freedom is what people 'are': it is not something that they 'have' and can therefore lose. People have many potentialities within them. They are not fully conditioned or determined. Rather, moment by moment, they are free to decide what they will become in the next moment.

Meaning of death:

Death does not rob life of its meaning. If people were immortal they might put off doing things indefinitely. Death belongs to life and gives it meaning. People's responsibility springs from their finiteness. Consequently, they need to realize the full gravity of the responsibility that they bear throughout every moment of their lives. Destiny, like death, is essential to the meaning of life.

Self-transcendence

Self-transcendence is an essential characteristic of human existence. Humans are essentially beings who reach out beyond themselves. They become most human when they transcend the boundaries of their selves by either fulfilling a meaning or encountering another person lovingly. Frankl sees the basic human need as a search for meaning rather than a search for the self.

The existential vacuum

The existential vacuum describes a state in which people complain of an inner void. They suffer from a sense of meaninglessness, emptiness and futility. The existential vacuum is an 'abyss experience' in contrast to the peak experience described by Maslow.

- The *causes* of existential vacuum suggested by Frankl are
 1. Unlike other animals, humans are no longer programmed by drives and instincts in what to do.
 2. Humans are no longer told by traditions, conventions and values what they should do. Sometimes they do not know what they wish to do and doing what others do or doing what others wish them to do.

Existential frustration:

Apathy and boredom are the main characteristics of existential frustration. Existential frustration is not in itself pathological or pathogenic. Frankl regards the existential vacuum with its attendant frustration, as 'something sociogenic and not at all a neurosis' (Frankl, 1975).

Noogenic neurosis:

- The existential vacuum can lead to neuroticism.
- The term 'noogenic neurosis' refers to those cases where the existential vacuum leads to clinical symptomatology.
- Such neurosis arise from spiritual conflicts to do with people's aspirations for a meaningful existence and the frustration of their will to meaning.

The mass neurotic triad:

Frankl uses the term 'mass neurotic triad' (Frankl, 1975) for the three main effects:

Regarding **depression**, there is ample evidence that suicide rates are increasing, especially among the young. Frankl sees the cause as the spreading existential frustration.

Regarding **addiction** – A frequently cited reason for taking drugs is the desire to find meaning in life.

Regarding **aggression**, Frankl considers that statistical evidence favors his hypothesis that people are most likely to become aggressive when they are caught in feelings of emptiness and meaninglessness.

Therapeutic interventions

Following are some methods by which Frankl focused on issues of meaning –

- Teaching the importance of assuming responsibility for meaning:
 - Frankl viewed his task as helping clients achieve the highest possible activation of their lives.
 - He shared his view that human life never, under any circumstances, ceases to have a meaning.
 - Clients need to learn that they are always responsible for detecting the meaning of specific situations in their unique lives.
 - Logotherapy teaches clients to view their lives as an assignment.

Assisting clients to listen to their conscience:

Frankl often said that meaning must be found and cannot be given. Clients are guided in their search for meaning by their consciences. Clients require alert consciences if they are 'to listen to and obey the ten thousand demands and commandments hidden in the ten thousand situations with which life is confronting him' (Frankl, 1975).

- *Asking clients about meanings:*
 - Therapists can ask clients about creative accomplishments they might bring about, and support them as they search for answers.
 - Clients can also be asked to explore and identify meanings in their relationships and in their suffering.

Broadening horizons about sources of meaning:

Logotherapists can assist clients to obtain broader views for

sources of meaning. Frankl (1955) cites a client who declared her life was meaningless and that she would only get better if she found a job that fulfilled her. Frankl assisted her to see that it was not only the job that she did but the attitude towards how she performed her job that might allow her a unique opportunity for fulfillment. Furthermore, in her private life she could find meaning as a wife and mother.

XII. LOGO THERAPEUTIC TECHNIQUES FOR PSYCHOGENIC NEUROSIS

• *Paradoxical intension:*

Its use is recommended for the short-term treatment of obsessive-compulsive and phobic clients. In paradoxical intension, clients are invited to intend precisely that which they fear. Obsessive-compulsive neurotics fear the potential effects of their strange thoughts. If therapists succeed in assisting clients through paradoxical intension to stop fighting their obsessions and compulsions, their symptoms soon diminish and may finally disappear.

• *Dereflection:*

Paradoxical intension tries to assist clients to ridicule their symptoms, while dereflection assists clients to ignore them. Sexual neurosis, such as frigidity and impotence, are one area for dereflection.

XIII. EMPIRICAL STUDIES & FURTHER DEVELOPMENTS

- Though primarily an individual approach, sometimes existential therapy is conducted in groups of eight to ten members (Yalom, 1995).
- A study conducted by Wilgosh et al., (1981) revealed that existential theory of Frankl (1969, 1975) appears particularly promising as a model for therapy with women.
- Lantz et al., (1996) conducted Existential psychotherapy with chronic illness couples and it indicated that existential psychotherapy can be a useful approach to meeting their treatment needs.
- A study conducted by Randall et al., (2001) revealed that in a case of panic disorder of three years duration complete remission of symptoms occurred within the third week of existential psychotherapy.
- Existential family trauma therapy conducted by Lantz et al., (2002) indicated that such a treatment process can help turn a disruption of family existence into a pattern of family growth.
- Applying Existential Theory and Intervention to Career Decision-Making by Cohen et al., (2003) revealed that this model has an especially useful framework when working with middle-aged, college education clients who are undergoing a career transition.

XIV. APPLICATION & EXCLUSIONS

- The clinical indications and contraindications for existential approaches have not been systematically established.

- Historically, existential therapy was developed in work with psychotic patients.
- Yet, there is also evidence that existentialist approaches may have much broader application.
- Yalom (1980), for example, has described in detail his work with a wide variety of patients who were not psychotic, but who suffered from severe feelings of isolation, loss of meaning, impairment of the will or confrontation with death.
- The contraindications to these methods have also been based largely on clinical impression, not rigorous study.
- Patients who may be unable to tolerate strong feelings toward the therapist – for example, individuals who tend to escalate their hopes and expectations for help and care from the therapist, or who become excessively angry when such expectations are disappointed – may find existential approaches counter therapeutic.

XV. SUMMARY & CONCLUSION

IN SUMMARY, The goal of existential therapy is not to free clients from anxiety, but rather to help them accept, bear, and live constructively with anxiety. Clients need to first begin the process of identifying the ways in which they have submissively accepted situations and given up control. Thereafter they are able to consciously begin to mold and manipulate their own lives. May (1958) believed that the goal of counseling is for the client to “experience his experience as real” and that the purpose of the therapeutic process is to assist clients in becoming aware of their existence to the degree that they be mindful of their full potential, as well as act on the basis of that awareness.

Existential theory does not limit the counselor to specific techniques and interventions. It is especially important for counselors to show compassion for another human being. In this sense, worrying about collecting clever techniques, therapeutic tricks, using psychological jargon, etc., does not help if compassion and empathy are missing from the therapeutic encounter. Vontress (1998) expressed his views on existential counseling as a philosophical discussion about life customized to a client’s issues. It is a discussion about living and dying—the living is explicit and the dying is implicit. Thus, by viewing symptoms as a sign of existential anxiety, and therefore as an encouraging signal that the client is internally motivated toward growth, the counselor can help the client in examining the existential givens. Because these are universal concerns experienced both by the counselor and the client, the counselor naturally experiences and communicates empathy, which contributes to the development of a genuine and authentic client-counselor relationship. This approach to counseling is an invitation to clients to recognize the ways in which they are not living authentically and to challenge them to make choices that will lead to their becoming what they are capable of being.

XVI. IN CONCLUSION: AN EVALUATION OF EXISTENTIALISM

Existential school of thought seems to constitute a set of attitudes for living, more than a systematic theory of personality.

These attitudes are very essential to be applied in mental health practice for the better understanding of the patient. A general criticism against the widely practiced mental health professions is that clinicians always make diagnosis based on whether the patient's signs and symptoms meet enough criteria to satisfy a menu listing: so many symptoms from Criterion A, so many from Criterion B, etc., without attempting to find the meaning of the symptoms for the individual patient. But existential psychotherapy does not consider an ICD 10 or DSM diagnosis as a necessary precondition for psychotherapy. 'Growth enhancing' psychotherapy rather than therapy for symptom reduction is something that only phenomenological approaches can claim.

But Existential emphasis on phenomenology and the uniqueness of each person makes evaluation based on traditional statistical methods almost impossible. Also treatment outcome is very much influenced by the personal qualities and professional skills of the individual psychotherapist which makes evaluation more difficult. Since existentialists believe there is no underlying human nature or universal law of behavior, they tend to react negatively to nomothetically derived information based on group means, standardized scores, or statistical hypothesis testing.

The explanations that existential theories provide for different psychiatric conditions are also debatable. They actually question the core concept of normality Vs abnormality, considering psychotic symptoms as a struggle for authenticity and the so called sanity as agreement to the inauthentic existence for example.

The issues put forward by the existentialism as death; meaninglessness and isolation are so complex to be understood by laymen. The population to which existential psychotherapy can be applied is something that still remains doubtful. The effectiveness of existential psychotherapy alone, as a therapeutic strategy for grossly psychotic and mentally subnormal remains questionable. That may be the reason existentialism has not become a part of mainstream psychotherapy

Existential psychotherapy does not devise specific treatment strategies for specific disorders, as making a rigid diagnosis for each individual itself is not something that they suggest. But now days some therapeutic techniques as paradoxical intention and dereflexion have been used. Absence of specific techniques has been viewed differently, as a weakness as well as strength by different schools. Existential psychotherapy was criticized as a time consuming therapeutic approach by many but with the advent of brief therapeutic strategies as brief solution focused therapies such criticisms no longer hold.

Thus integrating the existential viewpoints to the traditional therapeutic methods seems to be very effective as it helps in the better understanding of the client as well as in enhancing the client to a certain extent.

XVII. REFERENCES

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