

Contents

Series Preface	<i>ix</i>
How to Use This Book With APA Psychotherapy Videos	<i>xv</i>
1. Introduction	3
2. History	9
3. Theory	19
4. Therapy Process	41
5. Evaluation	103
6. Future Developments	117
7. Summary	125
Appendix A: A Close-Up of Otto Rank's Influence on Existential–Humanistic Psychology	131
Appendix B: The Existential Unconscious: A Re-Visioning of Our Hidden Selves	139
Appendix C: Short-Term Case: Hamilton	143
Appendix D: Phases of Change in a Typical Long-Term Existential–Humanistic Therapy	149

CONTENTS

Appendix E: Long-Term Case: Claudia	153
Appendix F: Summary of the Stances of the Existential–Integrative Model of Therapy	167
Glossary of Key Terms	171
Suggested Readings and Resources	179
References	183
Index	201
About the Authors	207
About the Series Editor	211

1

Introduction

Whatever is achieved must be achieved . . . without deadening, with full exercise of passion, of vision, of pain, of fear, and of sorrow.

—Ernest Becker, 1973, pp. 283–284

Those with outward courage dare to die; those with inward courage dare to live.

—Lao Tzu

How are you presently living, and how are you willing to live? These questions inhabit every principle in this book and every one of its therapeutic applications. As the previous quotes imply, this book is about the courage to reflect on one's life and to reclaim disavowed parts particularly in the face of its passing.

<https://doi.org/10.1037/0000463-001>

Existential–Humanistic Therapy, Third Edition, by K. J. Schneider and O. T. Krug
Copyright © 2026 by the American Psychological Association. All rights reserved.

To this end, then, the basic principles of existential–humanistic (EH) therapy are an expansion on the principles of all therapies that point beyond the conventional emphasis on external, mechanical change. Or, put alternatively, EH therapy is increasingly becoming an existential–integrative (EI) therapy. By *existential–integrative therapy*, we mean the coordination of a range of modalities within an overall EH context (Schneider, 2016; Schneider et al., in press; Shahar & Schiller, 2016a; Wolfe, 2016). Another way to put this is that beyond the traditional EH emphasis on therapeutic exploration, EI therapy opens to a variety of bona fide modalities. The question for these modalities, however, is “Do they pertain to this given individual in this given relational setting?” Correspondingly, EI therapy augments more conventional therapeutic strategies by contextualizing them with fuller or deeper possibilities for exploration.¹

For example, EH therapy expands on medical intervention by inviting reflection on the meaning of the intervention. Hence, if a withdrawn person uses fluoxetine to transform themselves into a sociable person, the existential therapist might invite a dialogue with that person about the subjective meaning of that change. Is this the change that the person genuinely desires, or is this a change that is dictated by their peer group, culture, or employer, without essential reference to themselves? And if this is not the change the person deeply desires, what is that change? How can it be engaged? What is one’s willingness to deal with its consequences?

Or, correspondingly, what if a depressed person uses a cognitive behavioral strategy, such as rational reframing, to exhibit positive thoughts and behaviors? The EH therapist in such a case might question what “positive” means for that person. Does it mean a change that is enduring, enriching, or emotionally and physically fulfilling? Or does it mean a change that is expedient, convenient, or easy to assimilate? What are the consequences of such a change—a simpler but less reflective life, or a manageable but jaded life? Existential therapists do not provide answers but help people address questions. This exercise is especially important today as smartphones and algorithms increasingly direct our lives (Dueck & Sundararajan, 2024).

¹Unless otherwise indicated, the abbreviation “EH,” when used throughout the book, implies the contemporary existential–humanistic/integrative perspective described in this paragraph.

INTRODUCTION

The way in which EH therapists help people address critical questions is also a unique part of their approach. It may seem from the preceding paragraph that EH therapists engage their clients primarily in an intellectual dialogue, but that is not the case. Instead, EH therapists focus on the unfolding process in the living moment. They carefully attune to how their clients relate to themselves and to them as therapists, appropriately reflecting back aspects of themselves that are evident but unnoticed. EH therapists take note if their client is self-critical or indecisive. Do they relate to the EH therapist in a dependent manner or in a detached or aloof manner? How do they occupy their personal space—with hesitation and constraint, or with confidence and pluck?

Why do EH therapists focus their attention in this way? Because they assume that not only is their client before them, but so is their life: their wish to live and their awareness of death, their yearning for connection and their fear of rejection, their desire to change and their fear of the unknown. EH therapists believe that the meanings their client has made of their past experiences and life conditions are alive in the living moment, some more conscious than others, expressed in their body, their voice, their behavior, their values, and their attitudes. Everything they say or do reflects their relationship to themselves, to others, and to their world in general. If the EH therapist can deeply attune to their client and help them to be more present, the client will more likely connect with what really matters to themselves and, as a result, revitalize their life.

These, then, are the mooring points, the enlarged frames, within which EH therapy operates. The question as to who or what is making a change (e.g., the medication, the logical argument, the peer group, the person themselves) is pivotal from the EH standpoint, but so is the question of how change is pursued—that is, medium within which it is explored.

As we shall see, EH therapy as an integrative therapy is beginning to exert a broad influence on clinical psychology as a whole, and not just within its traditional domain of EH practitioners (Shahar & Schiller, 2016a; Vanhooren & Schneider, 2025; Wampold, 2008). Accompany us now as we enter into the heart of EH practice, a practice that embraces the questions we have posed here: How do you live, and how shall you live? What really matters to you, and how do you go about cultivating

what really matters? These are issues that press upon each of us, but especially therapy clients who yearn for a full and meaningful life. This is a life beyond the expedient and mechanical, one that acknowledges the maximal spectrum of human possibilities—from love to death, and fear to joy.

The focus of this book accordingly is on EH therapy, which is one particular expression of the global existential therapy that has evolved since the days of Freud. Although myriad forms of existential therapy are discussed and applied throughout the world (e.g., Cooper, 2017), EH therapy has a distinctly American character (e.g., J. F. T. Bugental, 1987; Burston, 2003; Cooper, 2017), and that is what we largely confine ourselves to in this volume.

What are the distinguishing factors of EH therapy? Although we will expand on this concept throughout this text, here we provide a thumbnail sketch: EH therapy is an amalgam of European humanistic and existential philosophy and American humanistic psychology. Consolidated in the early 1960s, EH therapy welds the European heritage of self-inquiry, struggle, and responsibility with the American tradition of spontaneity, optimism, and practicality. Brought together, EH therapy forms a dynamic and timely integration.

The chapters that follow examine the history, theoretical framework, practical application, and an evidentiary review of EH therapy as it is understood by a diverse and growing constituency. This constituency, comprising both practitioners and clients, extends to a surprisingly broad cultural and diagnostic arena, and it is increasingly challenging stereotypes. One stereotype is that EH practice is a highbrow form of philosophy, relevant only to cultural elites. Another stereotype is that EH practice is hyper-individualistic and does not validate connections between people. Still another presumption is that EH psychotherapy is capricious and undisciplined. Although these stereotypes might seem to have some legitimacy, particularly in the context of certain delimited influences from the human-potential movement of the 1960s (Moss, 2015), they ring increasingly hollow (Burston, 2003; O'Hara, 2015; Vanhooren & Schneider, 2025). Case examples are interspersed throughout the volume to illustrate the main concepts underlying EH therapy and to demonstrate their implementation

in clinical practice.² We also cover the future of EH therapy as an ever-growing field and summarize key points from the book. Following these are six appendices, including an overview of Otto Rank's influence on EH psychology, a description of an *existential unconscious*, two additional case examples (one short-term and the other long-term) supplementing the examples from Chapter 4, a review of the phases of change in long-term EH therapy, and a summary of the experiential stances of the EI model. A glossary of key terms from this book and a list of recommended readings, web resources, and video resources are also provided.

New to this edition are updated scholarship, including the oft-overlooked work of pioneering psychologist Otto Rank that is having a resurgence in EH therapy, which we review throughout the book and explore in depth in Appendices A and B. In particular, we focus on (a) his theory that all humans face challenges based on the maladaptive defenses we develop out of the primal fear of the radically unknown (Kramer, 2019; Rank, 1929/1993); (b) his conceptualization of the radical unknown as a basis for both despair and vitality (Kramer, 2019; Rank, 1935); and (c) his inspiration for what might be called an existential unconscious, which is an expansion on more traditional conceptions of the unconscious within the depth psychology community (Kramer, 2023). We also explore the cultivation of presence in more detail, including four dimensions of presence therapists must consider in their relationships with clients and presence as the central component of the therapeutic relationship. We also look to the future of EH therapy, such as calling for more outcome research, more training programs, and expanded applications to culturally and politically divided groups as well as to underserved communities.

As we shall see, today's EH therapy is applicable to a wide array of settings, diagnostic populations, and culturally diverse people (see Chapter 4, this volume), and because the personal and interpersonal context is at the core of EH training, it is becoming an increasing influence on the therapeutic profession as a whole (Krug, 2019; Krug & Schneider, 2016; Schneider, 2008; Schneider & Längle, 2012; Wampold, 2008).

²All case material in this volume is disguised. Case examples are either composites drawn from the authors' respective practices or are based on examples from previously published works.

As Mendelowitz and Schneider (2008) put it, “expanded horizons notwithstanding, contemporary existential [humanistic] psychology shares with its predecessors this bedrock value; the uncanny core to be found at the heart of existence and the spirit of inquiry that resides at the deepest levels of consciousness” (p. 303). We shall now turn to this uncanny core and its legacy of literary, philosophical, and psychological depth.