

Series Preface

Some might argue that in the contemporary clinical practice of psychotherapy, evidence-based intervention and effective outcome have overshadowed theory in importance. Maybe. But, as the editors of this series, we don't propose to take up that controversy here. We do know that psychotherapists adopt and practice according to one theory or another because their experience, and decades of good evidence, suggests that having a sound theory of psychotherapy leads to greater therapeutic success. Still, the role of theory in the helping process can be hard to explain. This narrative about solving problems helps convey theory's importance:

Aesop tells the fable of the sun and wind having a contest to decide who was the most powerful. From above the earth, they spotted a man walking down the street, and the wind said that he bet he could get the man's coat off. The sun agreed to the contest. The wind blew, and the man held on tightly to his coat. The more the wind blew, the tighter he held. The sun said it was his turn. He put all of his energy into creating warm sunshine, and soon the man took off his coat.

What does a competition between the sun and the wind to remove a man's coat have to do with theories of psychotherapy? We think this deceptively simple story highlights the importance of theory as the precursor to any effective intervention—and hence to a favorable outcome. Without a guiding theory, we might treat the symptom without understanding

the role of the individual. Or we might create power conflicts with our clients and not understand that, at times, indirect means of helping (sunshine) are often as effective—if not more so—than direct ones (wind). In the absence of theory, we might lose track of the treatment rationale and instead get caught up in, for example, social correctness and not wanting to do something that looks too simple.

What, exactly, is theory? The *APA Dictionary of Psychology* (Second Ed.) defines *theory* as “a principle or body of interrelated principles that purports to explain or predict a number of interrelated phenomena” (VandenBos, 2015, p. 1081). In psychotherapy, a theory is a set of principles used to explain human thought and behavior, including what causes people to change. In practice, a theory creates the goals of therapy and specifies how to pursue them. Haley (1997) noted that a theory of psychotherapy ought to be simple enough for the average therapist to understand but comprehensive enough to account for a wide range of eventualities. Furthermore, a theory guides action toward successful outcomes while generating hope in both the therapist and client that recovery is possible.

Theory is the compass that allows psychotherapists to navigate the vast territory of clinical practice. In the same ways that navigational tools have been modified to adapt to advances in thinking and ever-expanding territories to explore, theories of psychotherapy have changed over time. The different schools of theory are commonly referred to as *waves*, the first wave being psychodynamic theories (i.e., Adlerian, psychoanalytic), the second wave learning theories (i.e., behavioral, cognitive-behavioral), the third wave humanistic theories (person-centered, gestalt, existential), the fourth wave feminist and multicultural theories, and the fifth wave postmodern and constructivist theories (i.e., narrative, solution-focused). In many ways, these waves represent how psychotherapy has adapted and responded to changes in psychology, society, and epistemology as well as to changes in the nature of psychotherapy itself. Psychotherapy and the theories that guide it are dynamic and responsive. The wide variety of theories is also testament to the different ways in which the same human behavior can be conceptualized (Frew & Spiegler, 2012).

It is with these two concepts in mind—the central importance of theory and the natural evolution of theoretical thinking—that we

developed the American Psychological Association (APA) Theories of Psychotherapy Series. Both of us are thoroughly fascinated by theory and the range of complex ideas that drive each model. As university faculty members who teach courses on the theories of psychotherapy, we wanted to create learning materials that not only highlight the essence of the major theories for professionals and professionals in training but also clearly bring the reader up to date on the current status of the models. Often in books on theory, the biography of the original theorist overshadows the evolution of the model. In contrast, our intent is to highlight the contemporary uses of the theories as well as their history and context. Further, we wanted each theory to be reflected through the process of working with clients who reflect the full range of human diversity.

As this project began, we faced two immediate decisions: which theories to address and who best to present them. We looked at graduate-level courses on theories of psychotherapy to see which theories are being taught, and we explored popular scholarly books, articles, and conferences to determine which theories draw the most interest. We then developed a dream list of authors from among the best minds in contemporary theoretical practice. Each author is one of the leading proponents of that approach as well as a knowledgeable practitioner. We asked each author to review the core constructs of the theory, bring the theory into the modern sphere of clinical practice by looking at it through a context of evidence-based practice, and clearly illustrate how the theory looks in action.

Each title in the series can stand alone or be grouped together with other titles to create materials for a course in psychotherapy theories. This option allows instructors to create a course featuring the approaches they believe are the most salient today. To support this end, APA Books has also developed a DVD for most of the approaches that demonstrates the theory in practice with a real client. Many of the DVDs show therapy over six sessions. Contact APA Books for a complete list of available DVD programs (<http://www.apa.org/pubs/videos>).

In this monograph, Kirk Schneider and Orah Krug show how existential–humanistic psychotherapy provides effective treatment in contemporary psychological practice. This is an approach that integrates not only existential

and humanistic theories but also strategies and techniques from other contemporary approaches. Schneider and Krug discuss numerous cases that assist readers in understanding how this approach, rooted in philosophy, is also very practical for a wide range of clients. They highlight how the struggles of existence are often at the root of so much of our psychological suffering. As their case studies unfold, Schneider and Krug help readers gain familiarity with this theory, see how it looks in practice, and understand how integration occurs. Both authors use their extensive experience to provide a clear and concise delineation of the theory and practice of existential–humanistic therapy.

—Jon Carlson and Matt Englar-Carlson

1

Introduction

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

—Lao Tzu

How shall we live? What really matters to us? How can we pursue what really matters? As the quote that opens this chapter implies, this book is about the inward courage to live. Existential–humanistic (E–H) therapy is about helping people reclaim and reown their lives.

The basic principles of E–H therapy are an expansion on the basic principles of all therapies that point beyond the conventional emphasis on external, mechanical change. In this way, E–H therapy is increasingly becoming an existential–integrative (E–I) therapy. By *existential–integrative therapy*, we mean the coordination of a range of modalities within an overall

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Existential–Humanistic Therapy, Second Edition, by K. J. Schneider and O. T. Krug
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existential–humanistic context (Schneider, 2016; Shahar & Schiller, 2016a; Wolfe, 2016). Another way to put this is that beyond the traditional E–H emphasis on therapeutic exploration, E–I 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, E–I therapy augments more conventional therapeutic strategies by contextualizing them with fuller or deeper possibilities for exploration.¹

For example, E–H therapy expands on medical intervention by inviting reflection on the meaning of the intervention. Hence, if a withdrawn person uses fluoxetine to transform herself 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 her peer group, culture, or employer, without essential reference to herself? And if this is not the change that 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 existential 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.

The way in which E–H therapists help people address these questions is also a unique part of our approach. It may seem from the preceding paragraph that we engage our clients primarily in an intellectual dialogue, but that is not the case. Instead, we focus on the unfolding process in the living moment. We carefully attune to how our clients relate to themselves and to us, appropriately reflecting back aspects of themselves that are evident but unnoticed. We take note if our client is self-critical or indecisive.

¹Unless otherwise indicated, the abbreviation *E–H* will from now on imply the contemporary existential–humanistic/integrative perspective described in this paragraph.

Does he relate to us in a dependent manner or in a detached or aloof manner? How does he occupy his personal space—with hesitation and constraint, or with confidence and pluck?

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

These, then, are the mooring points, the enlarged frames, within which E–H therapy operates. The question as to *who* or *what* is making a change—for example, the medication, the logical argument, the peer group, or the person himself or herself—is pivotal from the E–H standpoint, but so is the question of *how* change is pursued—that is, the “soup” or medium within which it is explored.

As we shall see, E–H 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 E–H practitioners (Shahar & Schiller, 2016a; Wampold, 2008). Accompany us now as we enter full throttle into the heart of E–H practice, a practice that embraces the questions we have posed here: How shall you live? What really matters to you? 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 embraces the maximal spectrum of human possibilities from love to death and fear to joy.

The focus of this book accordingly is on E–H 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., see Cooper, 2017), E–H therapy has a distinctly American character (e.g., see J. F. T. Bugental,

1987; Burston, 2003; Cooper, 2017), and that is what we will largely confine ourselves to in this volume.

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

In the chapters that follow, we examine the history, theoretical framework, and practical application of E–H therapy as it is currently 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 E–H practice is a “highbrow” form of philosophy, relevant only to cultural elites. Another stereotype is that E–H practice is hyperindividualistic and does not validate connections between people. Still another presumption is that E–H 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; Schneider, 2008).

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

“Expanded horizons notwithstanding,” as Mendelowitz and Schneider (2008) put it, “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.