Neo-Existential Therapy: Approaches and Methods

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Abstract

Existential therapy (ET) is a form of psychological and existence therapy that links a clinical approach with a philosophical reading of reality. Compared to other psychotherapeutic approaches, ET's identity is not anchored to etiological certainties or codified treatment techniques. This feature, along with the complexity of the theoretical assumptions it refers to, has resulted in a reputation that is not very high in terms of popularity among both practitioners and possible patients that had resulted in a prejudice of a psychotherapy without tools. The aim of the paper is to modify this prejudice and underline how existential psychotherapy uses many tools and techniques, also borrowed from other psychotherapies. The core of existential therapy is its epistemological approach and its mental attitude of non-invasiveness of the emotional sphere and the noetic development of the client.

Keywords: *Existential Therapy, Karl Jaspers, epochè, phenomenological approach*

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Introduction

Existential therapy (ET) is a form of psychological and existence therapy that links a clinical approach with a philosophical reading of reality. It is a training path for the helping professional and a therapeutic method oriented both towards treating pathology and overcoming existential distress.

Compared to other psychotherapeutic approaches, ET's identity is not anchored to etiological certainties or codified treatment techniques. This feature, along with the complexity of the theoretical assumptions it refers to, has resulted in a reputation that is not very high in terms of popularity among both practitioners and possible patients.

However, unlike other therapeutic approaches, ET, due its flexibility, is in constant and continuous development. By following different lines of thought related to different schools, it is open to integration with therapies that have other frames of reference and other clinical approaches, and, in general, it does not recognize irreconcilable conflicts between the different frameworks that have developed around the world.

Moreover, ET refers generically to that complex philosophical panorama from which a new anthropology and psychopathology was generated in the 20th century that helped to overcome the stigmatization of mental illness (with the closure of asylums) and constituted an essential reference for the epistemology of many other psychotherapies based on different theoretical models.

Much of the literature supporting ET explores general themes linked to philosophies of man that marked the cultural turning point of twentieth-century philosophy in the inter-war period and the immediate post-World War II period. In reflecting on philosophical assumptions, in addition to references to Pascal and the revival of interest in Kierkegaard, ET makes reference to Husserl's phenomenology and Heidegger's hermeneutics, the work of Russian Sestov, French personalism, Sartre, Maritain, Merleau-Ponty, as well as author-philosophers such as Dostoevsky, Pessoa, and Camus.

The translation of philosophical assumptions into clinical terms is mainly the result of the work of thinkers such as, among others, Jaspers, Binswanger, Boss, Frankl, and Laing.

This broad philosophical panorama in itself reinforces the idea, now widespread among specialists and users, that a deep furrow separates ET from other forms of psychotherapy: the absence of a "topography" [*topica*] destabilizes the technological power of the model.

> Unlike most other forms of counseling or psychotherapy, existential therapy does not define itself on the basis of any particular technique[s], but rather primarily on the fully engaged, real, and explorative encounter between patient and therapist. Indeed, some existential therapists eschew the use of technical interventions altogether, concerned that such mechanistic methods interfere with the essential human quality and integrity of the therapeutic relationship. (Diamond, 2016)[1]

[1] On the occasion of the first World Congress of Existential Therapy that Emmy van Deurzen organised in London in May 2015, Stephen Diamond, an existential psychotherapist from the United States, a direct pupil of Rollo May and a Professor at UCLA in Los Angeles, California, initiated an international exchange on the definition of ET in which many psychotherapists who are directors of existential psychotherapy schools, including myself, participated. The document was made public in 2016 on the websites of several psychotherapeutic schools around the world.

People embarking on a training path in ET are certainly fascinated by the ample space devoted in particular to philosophical and epistemological reflection, but they also feel the need to learn solid knowledge in order to use appropriate operating procedures.

The methodological approach of the Scuola neoEsistenziale[2] stems precisely from the need to review the relationship between philosophical frame of reference and therapeutic procedures.

The aim of this contribution is to outline, in summary, the methodological process of ET in general and of the Scuola neoEsistenziale in particular.

A new look on Existential therapy

It often happens that practitioners and critical commentators describe ET not as a classical psychotherapy, but as a kind of philosophical practice working through the themes of twentieth-century Existentialism. The importance that some authors, such as Binswanger and Boss, have attributed to Daseinsanalyse has reinforced this "prejudice", which I nevertheless consider misleading: Medard Boss's fundamental text *Psychoanalyse und Daseinsanalytik* (Boss, 1957) compares a therapeutic method, the Freudian one, with Heideggerian philosophical inquiry.

ET developed from the contamination of Existentialism with psychological therapeutic practices, but over time it has assumed its own autonomy both as a therapeutic methodology and as a frame of reference.

While it is true that the founding themes of ET clearly refer to central aspects of Existentialism, it is equally true that its development in therapeutic terms opens up possibilities that basic philosophy has overlooked.

The purpose of the following contribution is not so much to enumerate the well-known main themes of Existentialism, but rather to focus on some of its central concepts and how they are enucleated in the therapeutic context.

I believe that the main characteristic that distinguishes ET from other psychotherapeutic models is the centrality of existence over essence. Psychological disciplines and therapeutic applications have always privileged the latter: a recognisable and verifiable structure of individual psychology that can be "normalized" is indeed the basis of the most established psychological epistemologies.

However, *Being* understood here as the being of the human mind, has such fluid variables in its existence, in its being present moment by moment in the contingent world, that it can never be totally grasped by some form of categorical speculation. Among the factors that determine this elusiveness of being, one of the main ones is certainly the time for which my Self that is typing at this moment the words you are reading will be imperceptibly different from my Self that will type other words later. At the same time as my Self changes, you, the readers, will also be (usually imperceptibly) change. Thus, the passage of time will preclude a crystallization of existing into being, except through mere approximations.

The other fundamental aspect underlying ET is the dimension of contingency. As

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you read these words, your essence is changing. It is gradually modified by the encounter with this specific text being read, by the assimilation, even critical assimilation, of what turn out to be the thoughts of the person who is writing, by the accumulation and selection of one's physical, psychic and noetic sensations in the time that flows during reading.

Contrary to popular belief, Existentialism as a broadly conceived cultural and philosophical movement is not a form, albeit complex, of solipsistic reflection. Each of us changes with each encounter, appropriating something of the other, even if the other turns out to be a rival or opponent. Each of us modifies the other with something of ourselves and vice versa. This often happens silently, unconsciously, in the sense that there is a lack of specific awareness that a "merging" and mutual influencing of one and the other is taking place at that moment.

Binswanger's dimensions of existence, *Umwelt*, *Mitwelt* and *Eigenwelt*[3], interact with the individual to such an extent that they become an integral part of him. The proposal of an *Überwelt* put forward by van Deurzen and Smith (van Deurzen, 2019, p. 336; 2009), when read as creativity, allows us to weave a constant dialogue between the possible worlds that each individual might experience. From this perspective, this world of existence (the *Überwelt*, precisely) also becomes part of each individual in his constant unfolding over time.

The unique, unrepeatable and irreducible single individual, as identified by Kierkegaard, is an individual as much a part of the others he meets physically, ideally and imaginatively as the others are a part of him. Nothing could be further from a solipsistic attitude!

On this philosophical basis rests, the ET model, which combines the constant evolution of existence, that evolution towards death which is reminiscent of Heidegger's "Being-towards-death" (Heidegger, 1962/1927), with the analogous evolution of possibilities, of all those possibilities that open up for the single individual.

Some of these possibilities are alternatives to the ego dystonic behaviour that motivated the individual to seek a "remedy". Likewise, these alternatives may also be favoured by alternative physical conditions (conditions modified by the use of chemical agents, such as drugs, or physical agents, such as those resulting from other medical therapies, are also included in this perspective).

In summary, we could identify this search for alternatives as the central focus of ET. In this regard, on several occasions I have spoken of the "enlargement of internal maps" (*ampliamento delle mappe interne*: Brancaleone et al., 2008), taking into consideration above all the representational view that each individual has of his own personological features (and how this view can be reductive, fallacious or ambiguous).

This representational view, always changing in time and in contingent worlds, al-

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[3] Ludwig Binswanger identifies a tripartition of the existential fields of the person: the *Umwelt*, the "around world", a natural world with its biological and physical laws, and at the same time an artificial world with man-made reproductions; the *Mitwelt*, the "with world", the world marked by the relationship with the other and the complex interaction with other human beings in society; the *Eigenwelt*, the "own world", the inner world marked by the relationship with oneself, one's emotions, thought, pain and pleasure, imagination and memory. Each of these worlds –intrinsically linked and indivisible– allows the mental faculties to experience new possibilities and welcomes functions that neuroscience is gradually trying to decipher. (Buffardi, 2009)

ways singular, unique, unrepeatable and irreducible, determines the fluidity of one's own existentiell (*existenziell*) space [*spazio esistentivo*], in constant dialogue with external existential spaces [*spazi esistenziali*] and with the ideal existences of values, goals and meanings.

The existential therapist must foster a dialogue with the other that can stimulate this search for alternatives by using focusing processes, encouraging reality testing, the process of "cognitivization" [*cognitivizzazione*], and stimulating the individual's creativity, his lateral thinking (Buffardi, & Martinez Robles, 2023).

However, we ask ourselves: how to dialogue with the other? How to manage narrative and focusing? How to think about reality testing? How to analyze the individual's existentiell worlds and his interactions with existential worlds? All this can only be achieved through the creation of a meaningful dialogic relationship.

The first pragmatic cornerstone of ET is precisely the creation of a dialogue that, as Spinelli states, allows the client and therapist to "breathe together".

> What if existential therapy wasn't principally concerned with such understandings but was more focused on... on.... what? The client breathes her experience of being alone. She does so in the presence of the other who is the therapist and who also breathes his experience of what it is to be that other who is in the presence of someone who breathes her perpetual sense of being alone. (Spinelli & Buffardi, 2019, p. 14)

There are many techniques and a set of procedures to facilitate this dialogue. Many of these, by the way, are not specific to ET but can be found in other psychotherapies or helping approaches[4].

A fundamental, though not exclusive, principle of ET is the co-presence in therapy of a complementary and symmetrical relationship between client and therapist. Together with a complementary relationship, in which the client recognizes the other's expertise and relies on it, a strong sense of symmetry is created between two people who, as such, do not have a priority or minority position. The existential therapist must foster this symmetry by always avoiding "invading" the other.

The existential therapist is trained in the management of non-specific factors of rapport. In particular, during his training he implemented his attunement skills using techniques such as pacing and leading, yes-set techniques and others such as those employed by Milton H. Erickson (Bandler & Grinder, 1975a). Furthermore, his psychological training positively influenced his abilities of acceptance, authenticity and empathy (Rogers, 1942).

> Existential therapy places special emphasis on cultivating a caring, open, honest, supportive, empathic, engaged and encouraging relationship between practitioner and patient. (Diamond, 2016)

Suspension of judgment is achieved only after long training work and with constant reworking of one's therapeutic intervention. It should be remembered that the suspension of judgment has to do with a process that

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[4] For a more detailed discussion I refer to my paper on the importance of non-specific factors in psychotherapy (Buffardi, 2016).

is both interpretation and judgment, with the recognition of this process and its outcome, and finally with the removal of this outcome from the dialectical context and its suspension. In short, one can suspend judgment only by recognizing and identifying it as judgment. Therefore, considering that we constantly make judgments in all our actions, the existential therapist will have to carefully perform the task of self-monitoring.

> In therapeutic practice, the therapist, as an observer, has the ability to suspend judgement. One of his possibilities is to transfer the suspension of judgment to the Person, who can then learn it and suspend "his own judgement" on his experience and "distance himself" from it. What can happen or not happen, possibilities that can be given and cannot be given. Possibility is different from determinism of truth, but it is also different from indeterminism. A is A, but it can be simultaneously A, B, C, D, and so on. Epoché represents that moment in counseling when the counselor does not make his presence felt, but leaves the other person free to come to his own conclusions, helping him with the questions of consciential logoanalysis. (Buffardi & Buffardi, 2013)

Once the rapport has been established, the therapeutic process, which is constantly renewed, unfolds through the different phases of supporting the narrative, focusing, encouraging the enlargement of internal maps, and evaluating the "value-scope-meaning" system [*sistema di valori-scopi-significati*]. The therapeutic process takes place in a fluid way and is characterised by the fact that its different moments intertwine and are defined from time to time, but without a predetermined sequence.

The apparent randomness of therapy encourages creativity and makes the therapeutic dialogue itself a creative act. However, this randomness is only apparent. All so-called existentialist philosophical thought emerges here in its dynamism in a process that combines epoché and Daseinsanalyse.

Through analysis, therapeutic dialogue derives its guidelines, i.e. those "shared themes" that concern human existence. Through the suspension of judgement, ET is able to relate to these themes spontaneously, allowing them to emerge openly in dialogue. This can only happen through the use of effective communication tools. The Scuola neoEsistenziale has adopted, among these, the metacommunication tools proposed as early as the 1970s by Bandler and Grinder (1975b) and, in particular, consciential logoanalysis and subliminal logodynamics (Brancaleone, 2008).

Thanks to these communication tools, a dialogue unfolds –without the therapist "invading" the other– on the central existential themes and the existentiell reading concerning the relationship between the individual and the events related to those central themes.

Certainly, the term "theme" [*tema*] is reductive. We cannot consider the experience of anxiety, for example, as one theme among many: instead, we must necessarily consider it by imagining it on a large stage on which its existential complexity is represented. The three different types of anxiety proposed by Tillich, even in their simplistic categorization, help us to understand its complexity.

> I suggest that we distinguish three types of anxiety according to the three directions in which nonbeing threatens being. Nonbeing threatens man's ontic self-affirmation, relatively in terms of fate, absolutely in terms of death. It threatens man's spiritual self-affirmation, relatively in terms of emptiness, absolutely in terms of meaninglessness. It threatens man's moral self-affirmation, relatively in terms of guilt, absolutely in terms of condemnation. The awareness of this

three-fold threat is anxiety appearing in three forms, that of fate and death (briefly, the anxiety of death), that of emptiness and loss of meaning (briefly, the anxiety of meaninglessness), that of guilt and condemnation (briefly, the anxiety of condemnation). In all three forms anxiety is existential in the sense that it belongs to existence as such and not to an abnormal state of mind as in neurotic (and psychotic) anxiety. (Tillich, 1952, p. 41)

The experience of anxiety is inherent in every individual; Tillich suggests that every human experience can be related to it. The core of existential therapeutic inquiry, that is, the search for meaning –that meaning which is lost in existential (noetic) depression according to V. E. Frankl's reading (Frankl, 1956)– concerns the experience of spiritual anxiety. The search for meaning is related to ontic anxiety, since it will always have to come to terms with facts, with anything that happens beyond the individual's will; and among the facts, of course, are mourning and death. The search for meaning will also have to explore the sense of guilt, too often generated by a mistaken feeling disconnected from reality, which demands unreasonable condemnation for a non-existent guilt.

From this perspective, the existential therapist stimulates in his interlocutor the emergence of what in Jaspers' language are called "limit (or boundary) situations" (*Grenzsituationen*).

I am always in situations; I cannot live without struggling and suffering; I cannot avoid guilt; I must die – these are what I call boundary situations (*Grenzsituationen*). They never change except in appearance. There is *no way to survey them* in existence, no way to see anything behind them. They are like a wall we run into, a wall on which we founder. We cannot modify them; all that

we can do is to make them lucid, but without explaining or deducing them from something else. They go with existence itself. (Jaspers, 1970, p. 178)

The dialogical process thus brings the individual directly face to face with his own "value-scope-meaning" system (Brancaleone, 1989) and with the ongoing developments that constantly change the system itself.

It is important to realize that therapy – certainly ET but, I believe, also most psychotherapies– is interested in focusing on process rather than mere facts.

Therapy is a form of learning in which the "client" learns new ways of reading his being in the world, while at the same time the therapist expands his attunement skills. Thus, in the total symmetry of the two existences, the couple in dialogue will come to stimulate creativity by somehow realizing a unique form of art. Respect for the freedom and dignity of the two human beings in dialogue is the basis of the origin of the *therapeutic form of art*. In this regard, Karl Jaspers states the following: "The physician is neither a technician nor savior, but existence for existence (*Existenz für Existenz*), a transient human being who realizes in the other, with the other and in himself dignity (*Würde*) and freedom (*Freiheit*), and recognizes them as standards" (Jaspers, 1932).

The learning process is stimulated by the search for solutions involving both the logical (deductive) conceptual paths of vertical thinking and the creative (intuitive) paths of lateral thinking. A great help is given by the use of effective communication strategies related to subliminal logodynamics and its domains.

The output of ET is always open; this openness is implicit in the prescriptive approach that accompanies each session, so that

the therapist and possibly also the client are aware of what is being prescribed each time.

Although the ET dialogue ends with an arsis, the therapy itself, in its singularity, is usually enclosed in time and encounters. This is due to the intrinsic characteristics of analytical work: it is rapid thanks to the effectiveness of consciential logoanalysis and other communication tools and techniques; at the same time, it is continuous, as the existential themes addressed are constantly revisited by the individual, even in the interval between sessions; finally, it is organized around the focus identified in the first therapeutic encounters.

The past history (both of the individual and of the world as a whole), despite its ineluctability as a fait accompli, changes over time and in the minds of the individuals involved in this history.

These principles, in spite of their apparent simplicity, are the existential therapist's training ground for his ongoing and unceasing training.

Conclusions

Let us now return to the centrality of existence and its fluidity, the elusiveness of the moment insofar as it is in constant flux.

From these brief considerations, it is clear that the time factor is common to all actions revolving around the therapeutic process: time flows with the fluidity of existence, time acts in the individual's process of reflection and self-reflection, time occurs in the arsis of the end of therapy.

Furthermore, time is the factor behind the autonomous reconditioning of the individual's behaviour. The process that acts in the individual's noetic space –a process that, of course, takes place throughout the therapeutic path– acts in turn on the existentiell reading of time. The lived time of the individual is absolutely "singular", not universal, because each temporality of an event can be experienced in different ways and with different temporal sensations by the individual; and, absolutely, that lived time also changes with time.

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