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Response to: "Existential Theory and our Search for Spirituality" by Eliason, Samide, Williams and Lepore

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A response to Eliason, Samide, Williams, and Lepore that outlines Jennings' view of the existential nature of much post-Hegalian philosophy and therapy, and recommends Wilber's Integral theory as a more unifying one than existentialism. More specific points note that existential issues in therapy encompass a limited client population, that a developmental and cross cultural perspective is important, and that specific techniques related to trauma and deep belief structures need to be used in conjunction with a strong therapeutic relationship.

KEYWORDS   existentialism, developmental issues, cross cultural context, therapeutic technique

In their article, "Existential Theory and our Search for Spirituality," Eliason, Samide, Williams, and Lepore (2010) note the rise of interest in spirituality and counseling and then make a case that existentialism—which ironically rose to hail the death of god and meaninglessness—can serve as a bridge or a unifying theory for melding the search for spirituality and psychological well-being. In so doing, they argue, existential therapy does not focus on solving problems, exploring decisions, or overcoming trauma, but strives to provide a context that gives meaning to an individual's suffering.

The authors offer etymological sources for psychology and spirituality, along with some philosophical foundations of existentialism, and highlight the contributions of existential therapists Frankl, May, Perls, Rogers, Yalom, Spinelli, and Neimeyer. Then a case study of a 58-year-old male is offered, illustrating existential themes such as self-determination, freedom of choice, personal responsibility, death, and respect for the client finding his unique

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meaning in life. The therapist of the case study conveys a genuine personal encounter, highlighting acceptance and reframing, as well as confronting the client to find his own way of relating to a personal conception of a higher power. The article concludes that finding meaning in one's existence stands as a seminal task that transcends many other issues.

It is a worthwhile contribution to remember that at the heart of the human journey is the search for meaning, self, and other, and how existential therapy facilitates that search. Any response should also note that there is only so much one can include in a journal-length article. With that understood, I would like to respond on two different levels; the general and the specific.

In general, it is perhaps overstated for the authors to assert that existential theory is unique among counseling theories due to its philosophical framework. Schmidt (1994), for instance, has traced the philosophical and clinical development of theories of the self from ancient times through a number of contemporary therapies.

Likewise, Jennings (1971) has argued that there is a common view of humanity that emerged after and in response to Hegel that makes virtually all current views existential. Post-Hegelian models of humanity agree that existence does, indeed, precede essence; that existence is an act and humans are the subject of that act. Jennings outlines four characteristics of post-Hegelian responses to the issue of what it means to be human:

1. As opposed to Hegel, whose idealism was criticized for being too abstract and general, those following him argued the test of understanding a human being must be concrete and particular.
2. As opposed to Hegel, who tended to attribute responsible moral agency to Absolute Spirit, the post-Hegelians followed Kant in insisting that any subject of existence is understood as a moral agent and therefore responsible for his or her actions.
3. As opposed to the overall idealistic and rationalistic trend toward dispassionate objectivity and logic, there is an emotive, passionate character to existence that is to be felt as well as thought.
4. In agreement with Hegel's assertion of the dynamic character of being, actualization is fundamental to life. Existence is not a given or a state, but a ceaseless striving toward actualization, that is, an act.

Within the agreement of these four characteristics Jennings (1971) outlines three basic models in post-Hegelian thought that each describe a different horizon within which a person exists, and what the concrete, responsible, and passionate act is that is constitutive of authentic existence. Thinkers such as Kierkegaard, Heidegger, Bultmann, and Sartre hold the horizon within which the subject is constituted as *inwardness* without necessary, constitutive reference to personal or social relations. *Decision* is the authentic act of existence. The subject is free and responsible. Decision is

something only subjects may perform, and therefore something for which they must assume complete responsibility. The intention here is to secure the independence of subjects from forces and contexts external to themselves in order to maintain agency for their own existence. This model is sometimes referred to as Kierkegaardian subjectivism.

Thinkers such as Buber, Feuerbach, Ebner, Gogarten, Heim, Brunner, and Braun conceive of the constitutive horizon of existence as that of *intimacy*. Intimacy offers an account of responsibility that does not remove subjects from those relations in which they may exercise responsibility. Relations between subjects are not external or accidental but internal and essential to the act of existence itself. Responsibility is responsibility *for*. The "act of existence is *openness* to the other or *encounter* that overcomes and repudiates the solitude of the individuals" (Jennings, 1971, p. 60). This is a model of a self-in-relationship, sometimes termed relational *personalism*.

A third model fleshed out by such thinkers as Marx, Moltmann, Pannenberg, and Metz sees the "horizon within which the subject exists as the public nexus of *socio-political relationships*" (Jennings, 1971, p. 99). Here the context of a multiplicity of social connections impinges directly on humans and contributes to their character formation. Conceiving of existence as social overcomes a false bifurcation of humans into private and public spheres. This model worries that narrowing authentic existence to inwardness and/or intimate I-thou relationships can abstract subjects from the truth of their human existence in the realities of cultural and social forces. This, in turn, can lead to a lack of ethical seriousness that retreats from, and therefore stabilizes or sanctions, an economic, political, and psychological status quo that can be actually harmful to the other (Jennings, 1971, p. 154). The authentic act of existence when cultural-social forces oppress, fragment, or alienate is to engage in *public praxis* that actively promotes whatever form of political, economic, educational, or religious transformation is necessary. Here the subject becomes not only the victim, but the one who goes beyond the present moment to step into the future with hope, to end suffering through human liberation and the creation of a new order.

Jennings (1971) notes that while these models often present themselves as absolute choices, one can conceive of existence embracing a variety of human activities including decision, dialogue, and political praxis. In their presentation, Eliason, Samide, Williams, and Lepore tend to emphasize elements of inwardness and intimacy, though they do not exclude the possibility of public praxis. The exclusion is hinted at when they propose death, freedom, existential isolation, and meaninglessness as four ultimate concerns. This appears as something of a universal specific that ignores a multicultural perspective that might offer other alternatives (Murphy-Shigematzu, 2002). And, while the authors note that the existential theorists they outline all were influenced by their particular backgrounds, they themselves make no note of their own social location apart from their academic affiliations.

A fuller claim to a unifying theory than existential therapy can be found in Wilber's *Integral Psychology* (2000) and *Integral Spirituality* (2006) that embraces four quadrants of internal individual consciousness: external behavior and biochemistry, internal cultural values and external social structures as essential to humanness. Likewise, if our authors propose existentialism as *the* unifying theory as opposed to *a* unifying theory, there would undoubtedly be debate from the many therapies outlined in such texts as Capuzzi and Gross (2007). While it is surely their attractive enthusiasm that asserts existentialism represents the reunification of psychology's original meaning with the examination of that which is spiritual, there is now a wealth of efforts to do the same overviewed in such texts as Miller's (2003) *Incorporating Spirituality in Counseling and Psychotherapy: Theory and Technique*. A good, nuanced, historically-informed text on the issue of spirituality and religion brought up by the authors is Fuller's (2001) *Spiritual but Not Religious*. Finally, one example of another therapy that seeks to help clients find their authentic and perhaps spiritual self is the *Internal Family Systems Therapy* of Schwartz (1995).

To respond now in terms of a more specific level is tricky in that the authors are undoubtedly correct that the creation or recreation of meaning is indeed central to being human, that psychotherapy should go beyond technique (LeShan, 1996), and that the art of therapy should not be lost in an ill-conceived imitation of the hard sciences (Sundararajan, 2002). However, limitations of space and/or the perhaps overly enthusiastic tone of the presentation evoke a couple notes of caution.

For one, the focus of the authors on those clients who need to shift from an emphasis on what they have to who they are in order to find meaning where there was once an existential vacuum of meaningless describes a limited client population. Other presenters of existential therapy such as Frank (2007) have helpfully included a developmental perspective that indicates various modes of treatment for corresponding developmental issues, as does Wilber (2000), Kegan (1982), and others. The authors make a good point that existential psychotherapy emphasizes that the uniqueness of every individual must be honored, as opposed to therapists getting lost in limited, artificial diagnostic categories with manualized approaches. However the typologies and characterologies of Loveinger (1976), Kurtz (1990, pp. 39–52), Jones (1989), and others are based on common human predicaments where clearly some ways of organizing one's life lend themselves to classic existential therapy more than others.

Secondly, the authors' assertion of the primacy of the therapeutic relationship is well supported in the research such as Mahoney (1991, p. 346), who writes that outcome studies show "the 'person' of the therapist is at least eight times more influential than his or her theoretical orientation." However, to suggest establishing the context of a healing relationship in opposition to technique is too strong. Certainly, where there has been literal trauma that has put someone in fear of their life and evoked lower brain functions in response, the normal therapy of top-down processing is insufficient and

therapists need to make bottom-up processing a part of their repertoire (Ogden, Minton, & Pain, 2006). Likewise, there are those who have organized their experience in such a way that they unconsciously put up barriers to the supposedly curative powers of unconditional love. To be able to help clients access the parts of the brain that can stand back in a mindful way and study their automatic ways of organizing obstacles to theoretically positive input requires some technical training (Siegel, 2007). Other examples could be added.

Overall, it is good to have active advocates of existential therapy sharing their thoughts and clinical practice, especially their experience with the interface of therapy and spirituality that has evoked such contemporary interest (Torrance, 1994). The bias of this response is that it is best when the tone of such presentations reflects a more dialogical engagement with the wider therapeutic tradition.

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