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**THE
DISCOVERY
OF
BEING**

*Writings in
Existential Psychology*



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For Laura,

Companion in the search

FOREWORD

WE IN OUR AGE ARE FACED WITH A STRANGE PARADOX. Never before have we had so much information in bits and pieces flooded upon us by radio and television and satellite, yet never before have we had so little inner certainty about our own being. The more objective truth increases, the more our inner certitude decreases. Our fantastically increased technical power has conferred upon us no means of controlling that power, and each forward step in technology is experienced by many as a new push toward our possible annihilation. Nietzsche was strangely prophetic when he said,

We live in a period of atomic chaos . . . the terrible apparition . . . the Nation State . . . and the hunt for happiness will never be greater than when it must be caught between today and tomorrow; because the day after tomorrow all hunting time may have come to an end altogether.

Sensing this, and despairing of ever finding meaning in life, people these days seize on the many ways of dulling their awareness of being by apathy, by psychic numbing, or by hedonism. Others, especially young people, elect in alarming and increasing numbers to escape their own being by suicide.

No wonder people, plagued by the question of whether life has any meaning at all, flock to therapists. But therapy itself is often an expression of the fragmentation of our age rather than an enterprise for overcoming it. Often these persons, seeking release from their feelings of emptiness on the couch or in the client's chair, surrender their being to the therapist—which can only lead to a submerged despair, a burrowing resentment that will later burst out in self-destructiveness. For history proclaims again and again that sooner or later the individual's need to be free will assert itself.

I believe it is by discovering and affirming the being in ourselves that some inner certainty will become possible. In contrast to the psychologies that conclude with theories about conditioning, mechanisms of behavior, and instinctual drives, I maintain that we must go below these theories and discover the person, *the being to whom these things happen*.

True, we all seem in our culture to be hesitant to talk of being. Is it too revealing, too intimate, too profound? In covering up being we lose just those things we most cherish in life. For the sense of being is bound up with the questions that are deepest and most fundamental—questions of love, death, anxiety, caring.

The writings in this book have grown out of my passion to find the being in my fellow persons and myself. This always involves the search for our values and purposes. In the experience of normal anxiety, for example, if the person did not have anxiety, he or she would also not have freedom. Anxiety demonstrates that values, no matter how beclouded, do exist in the person. Without values there would be only barren despair.

As we face the severest threat in history to human survival, I find the possibilities of being made more prominent by their contrast with our possible annihilation. The individual human is still the creature who can wonder, who can be enchanted by a sonata, who can place symbols together to make poetry to gladden our hearts, who can view a sunrise with a sense of majesty and awe.

All of these are characteristic of being, and they set the challenge for the pages that follow.

PART I

**THE
PRINCIPLES**

BASES OF PSYCHOTHERAPY

THOUGH THE EXISTENTIAL APPROACH HAD BEEN THE MOST prominent in European psychiatry and psychoanalysis for two decades, it was practically unknown in America until 1960. Since then, some of us have been worried that it might become *too* popular in some quarters, particularly in national magazines. But we have been comforted by a saying of Nietzsche's: "The first adherents of a movement are no argument against it."

In the United States there is, paradoxically, both an affinity and an aversion to existential therapy. On the one hand, this approach has a deep underlying affinity for our American character and though it is very close, for example, to William James's emphases on the immediacy of experience, the unity of thought and action, and the importance of decision and commitment. On the other hand, there is among some psychologists and psychoanalysts in this country a great deal of hostility toward and outright anger against this approach. I shall later go into reasons for this paradox.

I wish in this volume, rather, to *be* existential and to speak directly from my own experience as a person and as a practicing psychoanalytic psychotherapist. When I was working on *The Meaning of Anxiety*, I spent a year and a half in bed in a tuberculosis sanatorium. I had a great deal of time to ponder the meaning of anxiety—and plenty of firsthand data on myself and my anxious fellow patients. In the course of this time I studied the two books written on anxiety up till our day: one by Freud, *The Problem of Anxiety*, and the other by Kierkegaard, *The Concept of Anxiety*. I valued highly Freud's formulations—for example, his first theory, that anxiety is the re-emergence of repressed libido, and his second, that anxiety is the ego's reaction to the threat of the loss of the loved object. But these still were theories. Kierkegaard, on the other hand, described anxiety as the struggle of the living being against nonbeing which I could immediately experience in my struggle with death or the prospect of being a lifelong invalid. Kierkegaard went on to point out that the real terror in anxiety is not death as such but the fact that each of us within himself is on both sides of the fight, that "anxiety is a desire for what one dreads," as he put it; thus like an "alien power it lays hold of an individual, and yet one cannot tear one's self away."

What powerfully struck me then was that Kierkegaard was writing about *exactly what my fellow patients and I were going through*. Freud was not; he was writing on a different level, giving formulations of the psychic mechanisms by which anxiety comes about. Kierkegaard was portraying what is immediately experienced by human beings in crisis—the crisis specifically of life against death which was completely real to us patients, but a crisis which I believe is not in its essential form different from the various crises of people who come for therapy, or the crises all of us experience in much more minute form a dozen times a day even though we push the ultimate prospect of death far from our minds. Freud was writing on the technical level, where his genius was supreme; perhaps more than any man up to his time, he *knew about* anxiety. Kierkegaard, a genius of a different order, was writing on the existential, ontological level; he *knew anxiety*.

This is not a value dichotomy; obviously both are necessary. Our real problem, rather, is given us by our cultural-historical situation. We in the Western world are the heirs of four centuries of technical achievement in power over nature, and now over ourselves; this is our greatness and, at the same time, it is also our greatest peril. We are not in danger of repressing the technical emphasis (of which Freud's tremendous popularity in this country was proof, if any were necessary). But rather we repress the opposite. If I may use terms which I shall be discussing more fully presently, we repress

the *sense of being*, the ontological sense. One consequence of this repression of the sense of being is that modern man's image of himself, his experience of himself as a responsible individual, his experience of his own humanity have likewise disintegrated.

The existential approach does not have the aim of ruling out the technical discoveries of Freud or those from any other branch of psychology or science. It does, however, seek to place these discoveries on a new basis, a new understanding or rediscovery of the nature and image of the human being.

I make no apologies in admitting that I take very seriously the dehumanizing dangers in our tendency in modern science to make man over into the image of the machine, into the image of the techniques by which we study him. This tendency is not the fault of any "dangerous" person or "vicious" schools. It is rather a crisis brought upon us by our particular historical predicament. Karl Jaspers, psychiatrist and existentialist philosopher, held that we in the Western world are actually in process of losing self-consciousness and that we may be in the last age of historical man. William Whyte in his *Organization Man* cautioned that modern man's enemies may turn out to be a "mild-looking group of therapists, who . . . would be doing what they did to help you." He was referring to the tendency to use the social sciences in support of the social ethic of our historical period; thus the process of helping people may actually make them conformist and tend toward the destruction of individuality. This tendency, I believe, increases radically with the spread of behavior modification, a form of psychotherapy based on an outspoken denial of any need for a theory of man at all beyond the therapist's assumption that whatever goals he and his group have chosen are obviously the best for all possible human beings. We cannot brush aside the cautions of such men as Jaspers and Whyte as unintelligent or antiscientific. To try to do so would make *us* the obscurants.

Many psychologists share my sentiments but cavil at the terms "being" and "nonbeing," concluding that the existential approach in psychology is hopelessly vague and muddled. But I would hold that *without* some concepts of "being" and "nonbeing," we cannot even understand our most commonly used psychological mechanisms. Take, for example, *repression* and *transference*. The usual discussions of these terms hang in mid-air, without convincingness or psychological reality precisely because we have lacked an underlying structure on which to base them. The term *repression* obviously refers to a phenomenon we observe all the time, a dynamism which Freud clearly describes in many forms. We generally explain the mechanism by saying that the child represses into unconsciousness certain impulses, such as sex and hostility, because the culture in the form of parental figures disapproves, and the child must protect his own security with these persons. But this culture which assumedly disapproves is made up of the very same people who do the repressing. Is it not an illusion, therefore, and much too simple, to speak of the culture over against the individual in such fashion and make it our whipping boy? Furthermore, where did we get the ideas that child or adult are so much concerned with security and libidinal satisfactions? Are these not a carry-over from our work with the *neurotic, anxious* child and adult?

Certainly the neurotic, anxious child is compulsively concerned with security, for example; and certainly the neurotic adult, and we who study him, read our later formulations back into the unsuspecting mind of the child. But is not the normal child just as truly interested in moving out into the world, exploring, following his curiosity and sense of adventure—going out "to learn to shiver and to shake," as the nursery rhyme puts it? And if you block these needs of the child, you get a traumatic reaction from him just as you do when you take away his security. I, for one, believe we vastly overemphasize the human being's concern with security and survival satisfactions because they so neatly fit our cause-and-effect way of thinking. I believe Nietzsche and Kierkegaard were more accurate when they described man as the organism who makes certain values—prestige, power, tenderness—more important than pleasure and even more important than survival itself.

My thesis here is that we can understand repression, for example, only on the deeper level of the meaning of the human being's potentialities. In this respect, "being" is to be defined as the individual's "pattern of potentialities." These potentialities will be partly shared with other persons but will in every case form a unique pattern in each individual. We must ask the questions: What is this person's relation to his own potentialities? What goes on that he chooses or is forced to choose to block off from his awareness something which he knows, and on another level *knows that he knows*? In my work in psychotherapy there appears more and more evidence that anxiety in our day arises not so much out of fear of lack of libidinal satisfactions or security, but rather out of the patient's fear of his own powers, and the conflicts that arise from that fear. This may be the particular "neurotic personality of our time"—the neurotic pattern of contemporary "outer-directed" organizational man.

The "unconscious," then, is not to be thought of as a reservoir of impulses, thoughts, wishes which are culturally unacceptable. I define it rather as *those potentialities for knowing and experiencing which the individual cannot or will not actualize*. On this level we shall find that the simple mechanism of repression is infinitely less simple than it looks; that it involves a complex struggle of the individual's *being* against the possibility of *nonbeing*; that it cannot be adequately comprehended in "ego" and "not-ego" terms, or even "self" and "not-self; and that it inescapably raises the question of the human being's margin of freedom with respect to his potentialities, a margin in which resides his responsibility for himself which even the therapist cannot take away.

Another concept from classical analysis besides repression bears comment here. I refer to transference, the relationship between the two people, patient and therapist, in the consulting room. The concept and description of transference was one of Freud's great contributions, both in his own judgment and in that of many of the rest of us. There are vast implications for therapy in the phenomenon that the patient brings into the consulting room his previous or present relationships with father, mother, lover, child, and proceeds to perceive us as those creatures and to build his world with us in the same way. Transference, like other concepts of Freud's, vastly enlarges the sphere and influence of personality; we live in others and they in us. Note Freud's idea that in every act of sexual intercourse four persons are present—one's self and one's lover, plus one's two parents. I have always personally taken an ambivalent attitude toward this idea, believing as I do that the act of love at least deserves some privacy. But the deeper implications are the fateful interweaving of the human web; one's ancestors, like Hamlet's father, are always coming on to the edge of the stage with various ghostly challenges and imprecations. This emphasis of Freud's on how deeply we are bound each to each again cuts through many of modern man's illusions about love and interpersonal relations.

But the concept of transference presents us with unending difficulties if we take it by itself, i.e., without a norm of relationship which is grounded in the nature of man as such. In the first place, transference can be a handy and ever-useful defense for the therapist, as Thomas Szasz puts it; the therapist can hide behind it to protect himself from the anxiety of direct encounter. Second, the concept of transference can undermine the whole experience and sense of reality in therapy; the two persons in the consulting room become "shadows," and everyone else in the world does too. It can erode the patient's sense of responsibility, and can rob the therapy of much of the dynamic for the patient's change.

What has been lacking is a concept of *encounter*, within which, and only within which, transference has genuine meaning. *Transference is to be understood as the distortion of encounter*. Since there was no norm of human encounter in psychoanalysis and no adequate place for the I-thou relationship, there was bound to be an oversimplifying and watering down of love relationships. Freud greatly deepened our understanding of the multifarious, powerful, and ubiquitous forms in which erotic drives express themselves. But eros (instead of coming back into its own, as Freud fondly hoped) now oscillates between being an absurd chemistry that demands outlet and a relatively

unimportant pastime for male and female of an evening when they get bored watching TV.

Also, we had no norm of *agape* (the form of selfless love, concern for the other person's welfare) in its own right. *Agape* cannot be understood as derivative, or what is left over when you analyze out exploitative, cannibalistic tendencies. *Agape* is not a sublimation of *eros* but a transcending of it in enduring tenderness, lasting concern for the other. And it is precisely this transcendence which gives *eros* itself fuller and more enduring meaning.

The existential approach helps us in asking the question: How is it possible that one being relates to another? What is the nature of human beings that two persons can communicate, can grasp each other as beings, have genuine concern with the welfare and fulfillment of the other, and experience some genuine trust? The answer to these questions will tell us of what transference is a distortion.

As I sit now in relationship with my patient, I am assuming that this man, let us say, like all existing beings, needs to reach out from his own centeredness to participate with other persons. Before he ever made the tentative and oft-postponed steps to phone me for an appointment, he was already participating in imagination in some relationship with me. He sat nervously smoking in my waiting room; he now looks at me with mingled suspicion and hope, an effort toward openness fighting in him against the life-old tendency to withdraw behind a stockade and hold me out. This struggle is understandable, for *participating always involves risk*. If one goes out too far, one will lose one's identity. But if he is so afraid of losing his own conflicted center—which at least has made possible some partial integration and meaning in his experience—that he refuses to go out at all but holds back in rigidity and lives in narrowed and shrunken world space, his growth and development are blocked. This is what Freud meant when he spoke of repression and inhibition. Inhibition is the relation to the world of the being who has the possibility to go out but is too threatened to do so; and his fear that he will lose too much may, of course, be the case. Patients will say, "If I love somebody, it's as though all of me will flow out like water out of a river, and there'll be nothing left." I think this is a very accurate statement of *transference*. That is, if one's love is something that does not belong there of its own right, then obviously it will be emptied. The whole matter is one of economic balance, as Freud put it.

But in our day of conformism and the outer-directed man, the most prevalent neurotic pattern takes the opposite form—namely, going out too far, dispersing one's self in participation and identification with others until one's own being is emptied. This is the psycho-cultural phenomenon of the organization man. It is one reason that castration is no longer the dominant fear of men or women in our day, but ostracism. Patient after patient I've seen (especially those from Madison Avenue) chooses to be castrated—that is, to give up his power—in order not to be ostracized. The real threat is not to be accepted, to be thrown out of the group, to be left solitary and alone. In this overparticipation, one's own consistency becomes inconsistent because it fits someone else. One's own meaning becomes meaningless because it is borrowed from somebody else's meaning.

Speaking now more concretely of the concept of encounter, I mean it to refer to the fact that in the therapeutic hour a total relationship is going on between two people which includes a number of different levels. One level is that of real persons: I am glad to see my patient (varying on different days depending chiefly on the amount of sleep I have had the night before). Our seeing each other allays the physical loneliness to which all human beings are heir. Another level is that of *friends*: we trust—for we have seen a lot of each other—that the other has some genuine concern for listening and understanding. Another level is that of *esteem*, or *agape*, the capacity which inheres in *Mitwelt** for self-transcending concern for another's welfare. Another level will be frankly *erotic*. When I was doing supervision with her some years ago, Clara Thompson once said to me something I've often pondered, that if one person in the therapeutic relationship feels active erotic attraction, the other will too. Erotic feelings of his own need to be frankly faced by the therapist; otherwise he will, at least in

fantasy, act out his own needs with the patient. But more importantly, unless the therapist accepts the erotic as one of the ways of communication, he will not listen for what he should hear from the patient and he will lose one of the most dynamic resources for change in therapy.

Now this total encounter, which can be our most useful medium of understanding the patient as well as our most efficacious instrument for helping him open himself to the possibility of change, seems to me to have the resonant character of two musical instruments. If you pluck a violin string, the corresponding strings in another violin in the room will resonate with corresponding movement of their own. This is an analogy, of course: what goes on in human beings includes that, but is much more complex. Encounter in human beings is always to a greater or lesser extent *anxiety-creating* as well as *joy-creating*. I think these effects arise out of the fact that genuine encounter with another person always shakes our self-world relationship: our comfortable temporary security of the moment before is thrown into question, we are opened, made tentative for an instant—shall we risk ourselves, take the chance to be enriched by this new relationship (and even if it is a friend or loved one of long standing, this particular moment of relationship is still new) or shall we brace ourselves, throw up a stockade, block out the other person and miss the nuances of his perceptions, feelings, intentions? Encounter is always a potentially creative experience; it normally should ensue in the expanding of consciousness, the enrichment of the self. (I do not speak here of *quantity*—obviously a brief meeting may affect us only slightly; indeed, I do not refer to quantities at all, but to a *quality* of experience.) In genuine encounter both persons are changed, however minutely. C. C. Jung has pointed out rightly that in effective therapy a change occurs in *both* the therapist and the patient; unless the therapist is open to change the patient will not be either.

The phenomenon of encounter very much needs to be studied, for it seems clear that much more is going on than almost any of us has realized. I propose the hypothesis that in therapy, granted adequate clarification of the therapist, *it is not possible for one person to have a feeling without the other having it to some degree also*. I know there will be many exceptions to this, but I want to offer the hypothesis to ponder and work on. One corollary of my hypothesis is that in *Mitwelt* there is necessarily some resonance, and that the reason we don't feel it, when we don't, is some blocking on our part. Frieda Fromm-Reichman often said that her best instrument for telling what the patient feels—e.g., anxiety or fear or love or anger that he, the patient, dare not express—is *what she feels at that moment within herself*. This use of oneself as the instrument, of course, requires a tremendous self-discipline on the part of the therapist. I don't mean at all to open the door simply to telling the patient what you, the therapist, feel. Your feelings may be neurotic in all sorts of ways, and the patient has enough problems without being further burdened with yours. I mean rather that the self-discipline, the self-purification if you will, the bracketing of one's own distortions and neurotic tendencies to the extent a therapist is able, seems to me to result in his being in greater or lesser degree able to experience encounter as a way of participating in the feelings and the world of the patient. All this needs to be studied and I believe can be studied in many more ways than we have realized. As I have said, there is something going on in one human being relating to another, something inhering in *Mitwelt*, that is infinitely more complex, subtle, rich, and powerful than we have realized.

The chief reason this hasn't been studied, it seems to me, is that we have had no concept of encounter, for it was covered up by Freud's concept of transference. As one consequence, we have had all kinds of studies of transference, which tell us everything except what really goes on between two human beings. We are justified in looking to phenomenology for help in arriving at a concept which will enable us *to perceive encounter itself when so far we have only perceived its distortion, transference*. It is especially important that we not yield to the tendency to avoid and dilute encounter by making it a derivative of transference or countertransference.

*This German word, *Mitwelt*, means literally the “with world,” the world of interpersonal relations. The word is explained fully, along with the two similar German words, *Umwelt*, the “around-world” or environment, and *Eigenwelt*, the world within oneself, in [Chapter 9](#).

THE CASE OF MRS. HUTCHENS

AS A PRACTICING THERAPIST AND TEACHER OF THERAPISTS, I have been struck by how often our concern with trying to understand the patient in terms of the mechanisms by which his behavior takes place blocks our understanding of what he really is experiencing. A patient, Mrs. Hutchens (about whom I shall center some of my remarks), comes into my office for the first time, a suburban woman in her middle thirties who tries to keep her expression poised and sophisticated. But no one could fail to see in her eyes something of the terror of a frightened animal or a lost child. I know, from what her neurological specialists have already told me, that her presenting problem is hysterical tenseness of the larynx, as a result of which she can talk only with a perpetual hoarseness. I have been given the hypothesis from her Rorschach that she has felt all her life that “If I say what I really feel, I’ll be rejected; under these conditions it is better not to talk at all.” During this first hour, also, I get some hints of the genetic *why* of her problem as she tells me of her authoritarian relation with her mother and grandmother, and how she learned to guard firmly against telling any secrets at all. But if as I sit here I am chiefly thinking of these *why*’s and *how*’s concerning the way the problem came about, I will grasp everything except the most important thing of all (indeed the only real source of data I have), namely, this person now existing, becoming, emerging—this experiencing human being immediately in the room with me.

There are in this country several undertakings to systematize psychoanalytic theory in terms of forces, dynamisms, and energies. The approach I propose is the exact opposite of this. I hold that our science must be relevant to the distinctive characteristics of what we seek to study, in this case the human being. I do not deny dynamisms and forces—that would be nonsense—but I hold that they have meaning only in the context of the existing, living person, that is to say, in the *ontological* context.

I propose, thus, that we take the one real datum we have in the therapeutic situation, namely, the *existing person* sitting in a consulting room with a therapist. (The term “existing person” is my equivalent of the German *Dasein*, literally the being who *is* there.) Note that I do not say simply “individual” or “person”; if you take individuals as units in a group for the purposes of statistical prediction—certainly a legitimate use of psychological science—you are exactly *defining out of the picture* the characteristics which make this individual an existing person. Or when you take him or her as a composite of drives and deterministic forces, you have defined for study everything except *the one to whom these experiences happen*, everything except the existing person himself. Therapy is one activity in which we cannot escape the necessity of taking the subject as an existing person.

Let us, therefore, ask: What are the essential characteristics which constitute this patient as an existing person in the consulting room? I wish to propose six characteristics which I shall call principles,¹ which I find in my work as a psychotherapist. Though these principles are the product of a good deal of thought and experience with many cases, I shall illustrate them with episodes from the case of Mrs. Hutchens.

First, Mrs. Hutchens like, every existing person, *is centered in herself*, and an attack on this center is an attack on her existence itself. This is a characteristic which we share with all living beings; it is self-evident in animals and plants. I never cease to marvel how, whenever we cut the top off a pine tree on our farm in New Hampshire, the tree sends up a new branch from heaven knows where to become a new center. But this principle has a particular relevance to human beings and gives a basis

for the understanding of sickness and health, neurosis and mental health. Neurosis is not to be seen as a deviation from our particular theories of what a person should be. *Is not neurosis, rather, precisely the method the individual uses to preserve his own center, his own existence?* His symptoms are ways of shrinking the range of his world (so graphically shown in Mrs. Hutchens's inability to let herself talk) in order that the centeredness of his existence may be protected from threat; a way of blocking off aspects of the environment that he may then be adequate to the remainder. Mrs. Hutchens had gone to another therapist for half a dozen sessions a month before she came to me. He told her, in an apparently ill-advised effort to reassure her, that she was too proper, too controlled. She reacted with great upset and immediately broke off the treatment. Now technically he was entirely correct; existentially he was entirely wrong. What he did not see, in my judgment, was that this very properness, this overcontrol, far from being things Mrs. Hutchens wanted to get over, were part of her desperate attempt to preserve what precarious center she had. As though she were saying, "If I open up, if I communicated, I would lose what little space in life I have."

We see here, incidentally, how inadequate is the definition of neurosis as a failure of adjustment. *An adjustment is exactly what neurosis is; and that is just its trouble.* It is a necessary adjustment by which centeredness can be preserved; a way of accepting *nonbeing* in order that some little *being* may be preserved. And in most cases it is a boon when this adjustment breaks down.

This is the only thing we can assume about Mrs. Hutchens, or about any patient, when she comes in: that she, like all living beings, requires centeredness, and that this has broken down. At a cost of considerable turmoil she has taken steps—that is, come for help. Thus, our second principle is: *every existing person has the character of self-affirmation, the need to preserve his centeredness.* The particular name we give this self-affirmation in human beings is "courage." Paul Tillich's writing on the "courage to be" is very cogent and fertile for psychotherapy at this point. He insists that in human being is never given automatically but depends upon the individual's courage, and without courage one loses being. *This makes courage itself a necessary ontological corollary.* By this token, I as a therapist place great importance upon expressions of the patients which have to do with willing, decisions, choice. I never let little remarks the patient may make such as "maybe I can," "perhaps I can try," and so on slip by without my making sure he knows I have heard him. It is only a half truth that the will is the product of the wish; I emphasize rather the truth that the wish can never come out in its real power except with will.

Now as Mrs. Hutchens talks hoarsely, she looks at me with an expression of mingled fear and hope. Obviously a relation exists between us not only here but already in anticipation in the waiting room and ever since she thought of coming. She is struggling with the possibility of participating with me. Our third principle is, thus: *all existing persons have the need and possibility of going out from their centeredness to participate in other beings.* This always involves risk. If the organism goes out too far, it loses its own centeredness—its identity—a phenomenon which can easily be seen in the biological world. The gypsy moth, for example, increases phenomenally for several years, eating the leaves off trees at a fantastic rate, eventually eating itself out of its own food and dying out.

But if the neurotic is so afraid of loss of his own center, conflicted though it be, that he refuses to go out but holds back in rigidity and lives in narrowed reactions and shrunken world space, his growth and development are blocked, as we noted in Chapter 1. This is the pattern in neurotic repressions and inhibitions, the common neurotic forms in Freud's day. But it may well be in our day of conformism and the outer-directed man, that the most common neurotic pattern takes the opposite form—namely the dispersing of oneself in participation and identification with others until one's own being is emptied. Like the gypsy moth, we destroy our own being. At this point we see the rightful emphasis of Martin Buber in one sense and Harry Stack Sullivan in another, that the human being cannot be understood as a self if participation with other selves is omitted. Indeed, if we are successful in our

search for these ontological principles of the existing person, it should be true that the omission of any one of the six would mean we do not then have a human being.

Our fourth principle is: *the subjective side of centeredness is awareness*. The paleontologist Pierre Teilhard de Chardin described brilliantly how this awareness is present in ascending degrees in all forms of life from amoeba to man. It is certainly present in animals. Howard Liddell has pointed out how the seal in its natural habitat lifts its head every ten seconds even during sleep to survey the horizon lest an Eskimo hunter with poised bow and arrow sneak up on it. This awareness of threats to being in animals Liddell calls *vigilance*, and he identifies it as the primitive, simple counterpart in animals of what in human beings becomes anxiety.

Our first four characteristic principles are shared by our existing person with all living beings; they are biological levels in which human beings participate. The fifth principle refers now to a distinctively human characteristic, self-consciousness. *The uniquely human form of awareness is self-consciousness*. We do not identify awareness and consciousness. We associate awareness, as Liddell indicates above, with vigilance. This is supported by the derivation of the term—it comes from the Anglo-Saxon *gewaer*, *waer*, meaning knowledge of external dangers and threats. Its cognates are *beware* and *wary*. Awareness certainly is what is going on in an individual's neurotic reaction to threat, in Mrs. Hutchens's experience in the first hours, for example, that I am also a threat to her. Consciousness, in contrast, we define as not simply my awareness of threat from the world, but *my capacity to know myself as the one being threatened*, my experience of myself as the subject who has a world. Consciousness, as Kurt Goldstein puts it, is man's capacity to transcend the immediate concrete situation, to live in terms of the possible; and it underlies the human capacity to use abstractions and universals, to have language and symbols. This capacity for consciousness underlies the wide range of possibility which man has in relating to his world, and it constitutes the foundation of psychological freedom. Thus human freedom has its ontological base and I believe must be assumed in all psychotherapy.

In his book *The Phenomenon of Man*, Pierre Teilhard de Chardin, as we have mentioned, describes awareness in all forms of evolutionary life. But in man, a new function arises—namely, this self-consciousness. Teilhard de Chardin undertakes to demonstrate something I have always believed, that when a new function emerges the whole previous pattern, the total Gestalt of the organism, changes. Thereafter the organism can be understood only in terms of the new function. That is to say, it is only a half truth to hold that the organism is to be understood in terms of the simpler elements below it on the evolutionary scale; it is just as true that every new function forms a new complexity which conditions all the simpler elements in the organism. *In this sense, the simple can be understood only in terms of the more complex*.

This is what self-consciousness does in man. All the simpler biological functions must now be understood in terms of the new function. No one would, of course, deny for a moment the old functions, nor anything in biology which man shares with less complex organisms. Take sexuality, for example, which we obviously share with all mammals. But given self-consciousness, sex becomes a new Gestalt as is demonstrated in therapy all the time. Sexual impulses are now conditioned by the *person* of the partner; what we think of the other male or female, in reality or fantasy or even repressed fantasy, can never be ruled out. The fact that the subjective person of the other to whom we relate sexually makes least difference in *neurotic* sexuality, say in patterns of compulsive sex or prostitution, only proves the point the more firmly; for such requires precisely the blocking off, the checking out, the distorting of self-consciousness. Thus when we talk of sexuality in terms of sexual *objects*, as Kinsey did, we may garner interesting and useful statistics; but we simply are not talking about human sexuality.

Nothing in what I am saying here should be taken as anti-biological in the slightest; on the

contrary, I think it is only from this approach that we *can* understand human biology without distorting it. As Kierkegaard aptly put it, “The natural law is as valid as ever.” I argue only against the uncritical acceptance of the assumption that the organism is to be understood solely in terms of those elements below it on the evolutionary scale, an assumption which has led us to overlook the self-evident truth that what makes a horse a horse is not the elements it shares with the organisms below it but what constitutes distinctively “horse.” Now *what we are dealing with in neurosis are those characteristics and functions which are distinctively human*. It is these that have gone awry in our disturbed patients. The condition for these functions is self-consciousness—which accounts for what Freud rightly discovered, that the neurotic pattern is characterized by repression and blocking off of consciousness.

It is the task of the therapist, therefore, not only to help the patient become aware, but even more significantly to help him to *transmute this awareness into consciousness*. Awareness is his knowing that something is threatening from outside in his world—a condition which may, as in paranoids and their neurotic equivalents, be correlated with a good deal of acting-out behavior. But self-consciousness puts this awareness on a quite different level; it is the patient’s seeing that *he is the one who is threatened*, that he is the being who stands in this world which threatens, he is the subject who *has* a world. And this gives him the possibility of *in-sight*, of “inward sight,” of seeing the world and its problems in relation to himself. And thus it gives him the possibility of doing something about the problems.

To come back to our too-long silent patient, after about twenty-five hours of therapy Mrs. Hutchens had the following dream. She was searching room by room for a baby in an unfinished house at an airport. She thought the baby belonged to someone else, but the other person might let her borrow it. Now it seemed that she had put the baby in a pocket of her robe (or her mother’s robe) and she was seized with anxiety that it would be smothered. Much to her joy, she found that the baby was still alive. Then she had a strange thought, “Shall I kill it?”

The house was at the airport where she at about the age of twenty had learned to fly solo, a very important act of self-affirmation and independence from her parents. The baby was associated with her youngest son, whom she regularly identified with herself. Permit me to omit the ample associative evidence that convinced both her and me that the baby stood for herself. The dream is an expression of the emergence and growth of self-consciousness, a consciousness she is not sure is hers yet, and a consciousness which she considers killing in the dream.

About six years before her therapy, Mrs. Hutchens had left the religious faith of her parents, to which she had had a very authoritarian relation. She had then joined a church of her own belief. But she had never dared tell her parents of this. Instead, when they came to visit, she attended their church in great tension lest one of her children let the secret out. After about thirty-five sessions, when she was considering writing her parents to tell them of this change of faith, she had over a period of two weeks spells of partially fainting in my office. She would become suddenly weak, her face would go white, she would feel empty and “like water inside,” and would have to lie down for a few moments on the couch. In retrospect she called these spells “grasping for oblivion.”

She then wrote her parents informing them once and for all of her change in faith and assuring them it would do no good to try to dominate her. In the following session she asked in considerable anxiety whether I thought she would go psychotic. I responded that whereas any one of us might at some time have such an episode, I saw no more reason why she should than any of the rest of us. And she asked whether her fear of going psychotic was not rather anxiety coming out of her standing against her parents, as though genuinely being herself she felt to be tantamount to going crazy. I have, it may be remarked, several times noted this anxiety at being oneself experienced by the patient as tantamount to psychosis. This is not surprising, for consciousness of one’s own desires and affirming

them involves accepting one's originality and uniqueness, and it implies that one must be prepared to be isolated not only from those parental figures upon whom one has been dependent, but at that instant to stand alone in the entire psychic universe as well.

We see the profound conflicts of the emergence of self-consciousness in three vivid ways in Mrs. Hutchens, whose chief symptom, interestingly enough, was the denial of that uniquely human capacity based on consciousness—namely, talking: (1) the temptation to kill the baby; (2) the grasping at oblivion by fainting, as though she were saying, "If only I did not have to be conscious, I would escape this terrible problem of telling my parents"; and (3) the psychosis anxiety.

We now come to the sixth and last ontological characteristic, *anxiety*. *Anxiety is the state of the human being in the struggle against what would destroy his being*. It is, in Tillich's phrase, the state of a being in conflict with nonbeing, a conflict which Freud mythologically pictured in his powerful and important symbol of the death instinct. One wing of this struggle will always be against something outside oneself. But even more portentous and significant for psychotherapy is the inner side of the battle, which we saw in Mrs. Hutchens—namely, the conflict within the person as she confronts the choice of whether and how far she will stand against her own being, her own potentialities.

From an existential viewpoint we take very seriously this temptation to kill the baby, or kill her own consciousness, as expressed in these forms by Mrs. Hutchens. We neither water it down by calling it "neurotic" and the product merely of sickness, nor slough over it by reassuring her, "O.K., but you don't need to do it." If we did these, we would be helping her adjust at the price of surrendering a portion of her existence—that is, her opportunity for fuller independence. The self-confrontation which is involved in the acceptance of self-consciousness is anything but simple: it involves, to identify some of the elements, accepting the hatred of the past, her mother's of her and hers of her mother; accepting her present motives of hatred and destruction; cutting through rationalizations and illusions about her behavior and motives, and the acceptance of the responsibility and aloneness which this implies; the giving up of childhood omnipotence, and acceptance of the fact that though she can never have absolute certainty of choices, she must choose anyway. But all of these specific points, easy enough to understand in themselves, must be seen in the light of the fact that *consciousness itself implies always the possibility of turning against oneself, denying oneself*. The tragic nature of human existence inheres in the fact that consciousness itself involves the possibility and temptation at every instant of killing itself. Dostoevski and our other existential forebears were not indulging in poetic hyperbole or expressing the aftereffects of immoderate vodka when they wrote of the agonizing burden of freedom.

The fact that existential psychotherapy places emphasis on these tragic aspects of life does not at all imply it is pessimistic. Quite the contrary. The confronting of genuine tragedy is a highly cathartic experience psychically, as Aristotle and others through history have reminded us. Tragedy is inseparably connected with the human being's dignity and grandeur, and is the accompaniment, as illustrated in the dramas of Oedipus and Orestes and *Hamlet* and *Macbeth*, of the person's moments of greatest insight.

PART II

**THE
CULTURAL
BACKGROUND**

ORIGINS AND SIGNIFICANCE OF EXISTENTIAL PSYCHOLOGY

IN RECENT YEARS THERE HAS BEEN A GROWING AWARENESS on the part of some psychiatrists and psychologists that serious gaps exist in our way of understanding human beings. These gaps may well seem most compelling to psychotherapists, confronted as they are in clinic and consulting room with the sheer reality of persons in crisis whose anxiety will not be quieted by theoretical formulas. But the lacunae likewise present seemingly unsurmountable difficulties in scientific research. Thus many psychiatrists and psychologists in Europe and others in this country have been asking themselves disquieting questions, and others are aware of gnawing doubts which arise from the same half-suppressed and unasked questions.

Can we be sure, one such question goes, that we are seeing the patient as he really is, knowing him in his own reality; or are we seeing merely a projection of our own theories *about* him? Every psychotherapist, to be sure, has his knowledge of patterns and mechanisms of behavior and has at his fingertips the system of concepts developed by his particular school. Such a conceptual system is entirely necessary if we are to observe scientifically. But the crucial question is always the bridge between the system and the patient—how can we be certain that our system, admirable and beautiful as it may be in principle, has anything whatever to do with this specific Mr. Jones, a living, immediate reality sitting opposite us in the consulting room? May not just this particular person require another system, another quite different frame of reference? And does not this patient, or any person for that matter, evade our investigations, slip through our scientific fingers like sea foam, precisely to the extent that we rely on the logical consistency of our own system?

Another such gnawing question is: How can we know whether we are seeing the patient in his real world, the world in which he “lives and moves and has his being,” and which is for him unique, concrete, and different from our general theories of culture? In all probability we have never participated in his world and do not know it directly. Yet we must know it and to some extent must be able to exist in it if we are to have any chance of knowing the patient.

Such questions were the motivations of psychiatrists and psychologists in Europe, who later comprised the *Dasein-sanalyse*, or existential-analytic, movement. The “existential research orientation in psychiatry,” writes Ludwig Binswanger, its chief spokesman, “arose from dissatisfaction with the prevailing efforts to gain scientific understanding in psychiatry. . . . Psychology and psychotherapy as sciences are admittedly concerned with ‘man,’ but not at all primarily with mentally *ill* man, but with *man as such*. The new understanding of man, which we owe to Heidegger’s analysis of existence, has its basis in the new conception that man is no longer understood in terms of some theory—be it a mechanistic, a biologic or a psychological one.”¹

WHAT CALLED FORTH THIS DEVELOPMENT?

Before turning to what this new conception of man is, let us note that this approach sprang up spontaneously in different parts of Europe and among different schools, and has a diverse body of researchers and creative thinkers. There were Eugene Minkowski in Paris, Erwin Straus in Germany and later in this country, V. E. von Gebattel in Germany, who represented chiefly the first, or

phenomenological, stage of this movement. There were Ludwig Binswanger, A. Storch, M. Boss, G. Bally, Roland Kuhn in Switzerland, J. H. Van Den Berg and F. J. Buytendijk in Holland, and so on, representing more specifically the second, or existential, stage. These facts—namely, that the movement emerged spontaneously, without these men in some cases knowing about the remarkably similar work of their colleagues, and that, rather than being the brainchild of one leader, it owes its creation to diverse psychiatrists and psychologists—testify that it must answer a widespread need in our times in the fields of psychiatry and psychology. Von Gebattel, Boss, and Bally are Freudian analysts; Binswanger, though in Switzerland, became a member of the Vienna Psychoanalytic Society at Freud's recommendation when the Zurich group split off from the International. Some of the existential therapists had also been under Jungian influence.

These thoroughly experienced men became disquieted over the fact that, although they were effecting cures by the techniques they had learned, they could not, so long as they confined themselves to Freudian and Jungian assumptions, arrive at any clear understanding of why these cures did or did not occur or what actually was happening in the patients' existence. They refused the usual methods among therapists of quieting such inner doubts—namely, of turning one's attention with redoubled efforts to perfecting the intricacies of one's own conceptual system. Another tendency among psychotherapists, when anxious or assailed by doubts as to what they are doing, is to become preoccupied with technique. Perhaps the most handy anxiety-reducing agent is to abstract oneself from the issues by assuming a wholly technical emphasis. These men resisted this temptation. They likewise were unwilling to postulate unverifiable agents, such as "libido," or "censor," as Ludwig Lefebvre points out,² or the various processes lumped under "transference," to explain what was going on. And they had particularly strong doubts about using the theory of the unconscious as a *carte blanche* on which almost any explanation could be written. They were aware, as Straus puts it, that the "unconscious ideas of the patient are more often than not the conscious theories of the therapist."

It was not with specific techniques of therapy that these psychiatrists and psychologists took issue. They recognized, for example, that psychoanalysis is valid for certain types of cases, and some of them, bona fide members of the Freudian movement, employed it themselves. But they all had grave doubts about its theory of man. And they believed these difficulties and limitations in the concept of man not only seriously blocked research but would in the long run also seriously limit the effectiveness and development of therapeutic techniques. They sought to understand the particular neuroses or psychoses and, for that matter, any human being's crisis situation, not as deviations from the conceptual yardstick of this or that psychiatrist or psychologist who happened to be observing, but as deviations in the structure of that particular patient's existence, the disruption of his *condition humaine*. "A psychotherapy on existential-analytic bases investigates the life-history of the patient to be treated, . . . but it does not explain this life-history and its pathologic idiosyncrasies according to the teachings of any school of psychotherapy, or by means of its preferred categories. Instead, it *understands* this life-history as modifications of the total structure of the patient's being-in-the-world."³

Binswanger's own endeavor to understand how existential analysis throws light on a given case, and how it compares with other methods of psychological understanding, is graphically shown in his study of "Ellen West."⁴ After he had completed his book on existential analysis, in 1942, Binswanger went back into the archives in the sanatorium of which he was director to select the case history of the young woman who had ultimately committed suicide. This case comes from 1918, before shock therapy, when psychoanalysis was in its relatively youthful stage and when the understanding of mental illness seems crude to us today. Binswanger uses the case in his endeavor to contrast the crude methods of that day with the way Ellen West would have been understood by existential

psychotherapy.

Ellen West had been a tomboy in her youth and had early developed a great ambition as shown in the phrase which she used, “Either Caesar or nothing.” In her late teens there becomes evident her perpetual and all-encompassing dilemmas which trapped her like vices; she vacillated from despair to joy, from anger to docility, but most of all from gorging food to starving herself. Binswanger points out the one-sidedness of the understanding of the two psychoanalysts whom Ellen West had seen, one for five months and the other for a lesser time. They interpreted her only in the world of instincts, drives, and other aspects of what Binswanger calls the *Umwelt* (to be discussed in [Chapter 9](#)). He especially takes issue with the principle, stated by Freud, in a literal translation, “In our view, perceived (observed) phenomena must yield their place to merely postulated (assumed) strivings (tendencies).”⁵

In Ellen’s long illness, which we would term in our day severe anorexia nervosa, she was also seen for consultation by two psychiatrists of that day, Kraepelin, who diagnosed her as in “melancholia,” and Bleuler, who offered the diagnosis of “schizophrenia.”

Binswanger is not interested here in the technique of treatment but he is concerned with trying to understand Ellen West. She fascinates him by seeming to be “in love with death.” In her teens Ellen implores the “Sea-King to kiss her to death.” She writes, “Death is the greatest happiness in life, if not the only one” (p. 143). “If he [death] makes me wait much longer, the great friend, death, then I shall set out to seek him” (p. 242). She writes time and again that she would like to die “as the bird dies which bursts its throat in supreme joy.”

Her talent as a writer is shown in her extensive poetry, diaries, and prose about her illness. She reminds one of Sylvia Plath. Binswanger poses the difficult question: Are there some persons who can fulfill their existence only by taking their own lives? “But where the existence can exist only by relinquishing life, there the existence is a tragic existence.”

Ellen West seems to Binswanger to be a vivid example of Kierkegaard’s description of despair in “Sickness unto Death.” Binswanger writes:

To live in the face of death, however, means “to die unto death,” as Kierkegaard says; or to die one’s own death, as Rilke and Scheler express it. That every passing away, every dying, whether self-chosen death or not, is still an “autonomous act” of life has already been expressed by Goethe. As he said of Raphael or Kepler, “both of them suddenly put an end to their lives,” but in saying so he meant their involuntary death, coming to them “from the outside” “as external fate,” so we may conversely designate Ellen West’s self-caused death as a passing away or dying. Who will say where in this case guilt begins and “fate” ends? ⁶

Whether or not Binswanger is successful in explicating existential principles in this case is for the reader to judge. But anyone who reads this long case will feel the amazing depth of Binswanger’s earnestness in his search together with his rich cultural background and scholarliness.

It is relevant here to note the long friendship between Binswanger and Freud, a relationship which both greatly valued. In a small book giving his recollections of Freud, which he published at the urging of Anna Freud, Binswanger recounts the many visits he made to Freud’s home in Vienna and the visit of several days Freud made to him at his sanatorium on Lake Constance. Their relationship was the more remarkable since it was the sole instance of a lasting friendship of Freud’s with any colleague who differed radically with him. There is a poignant quality in a message Freud wrote to Binswanger in reply to the latter’s New Year’s letter: “You, quite different from so many others, have not let it happen that your intellectual development—which has taken you further and further away from my influence—should destroy our personal relations, and you do not know how much good such fineness does to one.”⁷ Whether the friendship survived because the intellectual conflict between the two was like the proverbial battle between the elephant and the walrus, who never met on the same

ground, or because of some diplomatic attitude on Binswanger's part (a tendency for which Freud mildly chided him at one point) or because of the depth of their respect and affection for each other, we cannot judge. What was certainly important, however, was the fact that Binswanger and the others in the existential movement in therapy were concerned not with arguing about specific dynamisms as such but with analyzing the underlying assumptions about human nature and arriving at a *structure* of which all specific therapeutic systems could be based.

It would be a mistake, therefore, simply to identify the existential movement in psychotherapy as another in the line of schools which have broken off from Freudianism, from Jung and Adler on down. Those previous deviating schools, although called forth by blind spots in orthodox therapy and typically emerging when orthodoxy had struck an arid plateau, were nevertheless formed under the impetus of the creative work of one seminal leader. Otto Rank's new emphasis on the *present time* in the patient's experience emerged in the early 1920s, when classical analysis was bogging down in an intellectualized discussion of the patient's past; Wilhelm Reich's *character analysis* arose in the late 1920s as an answer to the special need to break through the "ego defenses" of the character armor; new *cultural approaches* developed in the 1930s through the work of Horney and, in their distinctive ways, Fromm and Sullivan, when orthodox analysis was missing the real significance of the social and interpersonal aspects of neurotic and psychotic disturbances. Now the emergence of the existential therapy movement does have one feature in common with these other schools—namely, that it was also called forth by blind spots, as we shall make clearer later, in the existing approaches to psychotherapy. But it differs from the other schools in two respects. First, it is not the creation of any one leader, but grew up spontaneously and indigenously in diverse parts of Europe. Second, it does not purport to found a new school as opposed to other schools or to give a new technique of therapy as opposed to other techniques. It seeks, rather, to analyze the structure of human existence—an enterprise which, if successful, should yield an understanding of the reality underlying all situations of human beings in crises.

Thus this movement purports to do more than cast light upon blind spots. When Binswanger writes "existential analysis is able to widen and deepen the basic concepts and understandings of psychoanalysis," he is on sound ground, in my judgment, not only with respect to analysis but other forms of therapy as well.

When existential psychotherapy was first introduced in the United States by the book *Existence*, there was a good deal of resistance to the movement, despite the fact that it had been prominent in Europe for some time. While most of this opposition has subsided, it is still valuable to look at the nature of those resistances.

The *first* source of resistance to this or any new contribution is the assumption that all major discoveries have been made in these fields and we need only fill in the details. This attitude is an old interloper, an uninvited guest who has been notoriously present in the battles between the schools in psychotherapy. Its name is "blind-spots-structuralized-into-dogma." And though it does not merit an answer, nor is it susceptible to any, it is unfortunately an attitude which may be more widespread in this historical period than one would like to think.

The *second* source of resistance, and one to be answered seriously, is the suspicion that existential analysis is an encroachment of philosophy into psychiatry, and does not have much to do with science. This attitude is partly a hangover of the culturally inherited scars from the battle of the last of the nineteenth century, when psychological science won its freedom from metaphysics. The victory then achieved was exceedingly important, but, as in the aftermath of any war, there followed reactions to opposite extremes which are themselves harmful. Concerning this resistance we shall make several comments.

It is well to remember that the existential movement in psychiatry and psychology arose precisely

out of a passion to be not *less* but *more* empirical. Binswanger and the others were convinced that the traditional scientific methods not only did not do justice to the data but actually tended to hide rather than reveal what was going on in the patient. The existential analysis movement is a protest against the tendency to see the patient in forms tailored to our own preconceptions or to make him over into the image of our own predilections. In this respect existential psychology stands squarely within the scientific tradition in its widest sense. But it broadens its knowledge of man by historical perspective and scholarly depth, by accepting the facts that human beings reveal themselves in art and literature and philosophy, and by profiting from the insights of the particular cultural movements which express the anxiety and conflicts of contemporary man.

It is also important here to remind ourselves that every scientific method rests upon philosophical presuppositions. These presuppositions determine not only how much reality the observer with this particular method can see—they are indeed the spectacles through which he perceives—but also whether or not what is observed is pertinent to real problems and, therefore, whether the scientific work will endure. It is a gross, albeit common, error to assume naively that one can observe facts best if one avoids all preoccupation with philosophical assumptions. All he does, then, is mirror uncritically the particular parochial doctrines of his own limited culture. The result in our day is that science gets identified with methods of *isolating* factors and observing them from an allegedly *detached base*—a particular method which arose out of the split between subject and object made in the seventeenth century in Western culture and then developed into its special compartmentalized form in the late nineteenth and twentieth centuries. We in our day are no less subject to “methodolatry” than are members of any other culture. But it seems especially a misfortune that our understanding in such a crucial area as the psychological study of man, with the understanding of emotional and mental health depending upon it, should be curtailed by uncritical acceptance of limited assumptions. Helen Sargent has sagely and pithily remarked, “Science offers more leeway than graduate students are permitted to realize.”⁸

Is not the essence of science the assumption that *reality is lawful* and, therefore, understandable, and is it not an inseparable aspect of scientific integrity that any method continuously criticize its own presuppositions? The only way to widen one’s “blinders” is to analyze one’s philosophical assumptions. In my judgment it is very much to the credit of the psychiatrists and psychologists in this existential movement that they seek to clarify their own bases. This enables them, as Henri Ellenberger points out,⁹ to see their human subjects with a fresh clarity and to shed original light on many facets of psychological experience.

The *third* source of resistance, and to my mind the most crucial of all, is the tendency in this country to be preoccupied with technique and to be impatient with endeavors to search below such considerations to find the foundations upon which all techniques must be based. This tendency can be well explained in terms of our American social background, particularly our frontier history, and it can be well justified as our optimistic, activist concern for helping and changing people. Our genius in the field of psychology has been until recently in the behavioristic, clinical, and applied areas, and our special contributions in psychiatry have been in drug therapy and other technical applications. Gordon Allport has described the fact that American and British psychology (as well as the general intellectual climate) has been Lockean—that is, pragmatic—a tradition fitting behaviorism, stimulus and response systems, and animal psychology. The Lockean tradition, Allport points out, consists of an emphasis on the mind as *tabula rasa* on which experience writes all that is later to exist therein, whereas the Leibnitzian tradition views the mind as having a potentially active core of its own. The continental tradition, in contrast, has been Leibnitzian.¹⁰ Now it is sobering to remind oneself that every new theoretical contribution in the field of psychotherapy until a decade ago, which has had the

originality and germinating power to lead to the developing of a new school has come from continental Europe with only two exceptions—and, of these, one was grandsired by a European-born psychiatrist.¹¹ In this country we tend to be a nation of practitioners; but the disturbing question is: Where shall we get *what we practice*? Until recently, in our preoccupation with technique, laudable enough in itself, we have tended to overlook the fact that *technique emphasized by itself in the long run defeats even technique*.

These resistances we have named, in my judgment, far from undermining the contribution of existential analysis, demonstrate precisely its potential importance to our thinking. Despite its difficulties—due partly to its language, partly to the complexity of its thought—I believe that it is a contribution of significance and originality meriting serious study.

WHAT IS EXISTENTIALISM?

We must now remove a major stumbling block—namely, the confusion surrounding the term *existentialism*. The word is bandied about to mean everything from the posturing defiant dilettantism of some members of the avant-garde on the Left Bank in Paris, to a philosophy of despair advocating suicide, to a system of antirationalist German thought written in a language so esoteric as to exasperate any empirically minded reader. Existentialism, rather, is an expression of profound dimensions of the modern emotional and spiritual temper and is shown in almost all aspects of our culture. It is found not only in psychology and philosophy but in art—*vide* Van Gogh, Cezanne, and Picasso—and in literature—*vide* Dostoevski, Baudelaire, Kafka, and Rilke. Indeed, in many ways it is the unique and specific portrayal of the psychological predicament of contemporary Western man. This cultural movement, as we shall see, has its roots in the same historical situation and the same psychological crises which called forth psychoanalysis and other forms of psychotherapy.

Confusions about the term occur even in usually highly literate places. The *New York Times*, in a report commenting on Sartre's denunciation of, and final break with, the Russian Communists for their suppression of freedom in Hungary, identified Sartre as a leader in "existentialism, a broadly materialistic form of thought." The report illustrates two reasons for the confusion—first, the identification of existentialism in the popular mind in this country with the writings of Jean-Paul Sartre. Quite apart from the fact that Sartre is known here for his dramas, movies, and novels rather than for his major, penetrating psychological analyses, it must be emphasized that he represents a subjectivist extreme in existentialism which invites misunderstanding, and his position is by no means the most useful introduction to the movement. But the second more serious confusion in the *Times* report is its definition of existentialism as "broadly materialistic." Nothing could be less accurate—nothing, unless it be the exact opposite, namely, describing it as an idealistic form of thinking. For the very essence of this approach is that it seeks to analyze and portray the human being—whether in art or literature or philosophy or psychology—on a level which undercuts the old dilemma of materialism versus idealism.

Existentialism, in short, is the endeavor to understand man by cutting below the cleavage between subject and object which has bedeviled Western thought and science since shortly after the Renaissance. This cleavage Binswanger calls "the cancer of all psychology up to now . . . the cancer of the doctrine of subject-object cleavage of the world." The existential way of understanding human beings has some illustrious progenitors in Western history, such as Socrates in his dialogues, Augustine in his depth-psychological analyses of the self, Pascal in his struggle to find a place for the "heart's reasons which the reason knows not of." But it arose specifically just over a hundred years

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