

Death, Freedom, Isolation and Meaninglessness,

And

The Existential Psychotherapy of

Irvin D. Yalom

A Literature Review

Steve Berry-Smith

A dissertation submitted to

Auckland University of Technology

in fulfilment of the requirements for the degree of

Master of Health Science (MHSc)

September 2012

School of Psychotherapy

Primary Supervisor: Dr Stephen Appel

# TABLE OF CONTENTS

ATTESTATION OF AUTHORSHIP .....	II
ACKNOWLEDGEMENTS .....	III
ABSTRACT .....	IV
CHAPTER ONE: INTRODUCTION .....	1
CHAPTER TWO: METHODOLOGY .....	4
<i>THE TRADITIONAL LITERATURE REVIEW</i> .....	4
<i>LITERATURE SEARCH - YALOM'S PUBLISHED WORKS</i> .....	6
<i>COMMENTS AND CRITIQUES – SEARCH HISTORY</i> .....	6
CHAPTER THREE: DEATH .....	8
<i>YALOM'S THEORY OF DEATH ANXIETY</i> .....	8
<i>DEFENCES AGAINST DEATH ANXIETY</i> .....	10
<i>PSYCHOPATHOLOGY AND DEATH ANXIETY</i> .....	13
<i>LESSONS FOR PRACTICE</i> .....	15
CHAPTER FOUR: FREEDOM.....	18
<i>YALOM'S THEORY OF EXISTENTIAL FREEDOM</i> .....	18
<i>PSYCHOPATHOLOGY / DEFENCES AGAINST FREEDOM ANXIETY AND ASSUMPTION OF RESPONSIBILITY</i> .....	22
<i>LESSONS FOR PRACTICE</i> .....	23
CHAPTER FIVE: ISOLATION .....	26
<i>YALOM'S THEORY OF EXISTENTIAL ISOLATION</i> .....	26
<i>Interpersonal Isolation</i> .....	26
<i>Intrapersonal Isolation</i> .....	27
<i>Existential Isolation</i> .....	27
<i>DEFENCES AGAINST EXISTENTIAL ISOLATION</i> .....	28
<i>PSYCHOPATHOLOGY AND EXISTENTIAL ISOLATION</i> .....	29
<i>Other Common Defences / Psychopathologies Associated With Existential Isolation</i> .....	30
<i>LESSONS FOR PRACTICE</i> .....	31
CHAPTER SIX: MEANINGLESSNESS .....	34
<i>YALOM'S THEORY OF EXISTENTIAL MEANINGLESSNESS</i> .....	34
<i>COSMIC MEANING - RELIGION</i> .....	35
<i>PERSONAL MEANING IN THE ABSENCE OF COSMIC MEANING</i> .....	36
<i>PSYCHOPATHOLOGY AND EXISTENTIAL MEANINGLESSNESS</i> .....	37
<i>LESSONS FOR PRACTICE</i> .....	38
<i>ENGAGEMENT</i> .....	39
CHAPTER SEVEN: CRITIQUES OF YALOM AND EXISTENTIAL PSYCHOTHERAPY .....	41
CHAPTER EIGHT: CONTRASTS WITH PSYCHOANALYTIC PSYCHOTHERAPY .....	47
<i>FREUDIAN THEORY</i> .....	47
<i>ATTACHMENT</i> .....	48
<i>THE FUTURE VERSUS THE PAST</i> .....	49
<i>SELF-DISCLOSURE / TRANSFERENCE</i> .....	50
<i>ON DIAGNOSIS</i> .....	51
CHAPTER 9: SUMMARY .....	53
REFERENCES.....	56

## **ATTESTATION OF AUTHORSHIP**

I hereby declare that this is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person or material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## **ACKNOWLEDGEMENTS**

I would like to acknowledge the people who have supported me both practically and spiritually on my journey towards becoming a psychotherapist and in completing this dissertation. Special thanks to my supervisor Steve Appel, to my colleagues who traversed the psychotherapy training with me and supported me so generously, my tutors at AUT Psychotherapy Department, Jeremy Younger and Jean Burnton for their wise words, my partner Graeme for his ongoing encouragement and patience, my children Adam, Ben and Sophie, my friend Alix. Finally, my highest regards and appreciation go to Irvin Yalom, as the source of much personal inspiration in my own development as a psychotherapist.

## **ABSTRACT**

This dissertation examines the work of existential psychotherapist Irvin D. Yalom. Yalom is acknowledged and respected globally for his contributions to contemporary psychotherapy; both for his theoretical understanding and his stance for practice which posits that a genuine, transparent, human connection in the therapeutic encounter is one that provides the most beneficial environment for emotional healing. His theory and approach to practice is grounded in the understanding that all human beings face four ultimate existential concerns – death, freedom, isolation and meaningless. Furthermore, he is of the profound belief that all psychopathologies are derivatives of the anxieties generated from awareness of the four concerns, and that a vital task of human development is to confront, and come to terms with the realities that each concern presents.

This dissertation adopts the methodology of a traditional literature review to examine Yalom's books, essays and interviews, and provides a synthesised study of his theory of Existential Psychotherapy and the implicit meaning of the four ultimate concerns. Included are critiques and comments from other contributors.

A further aspect of the dissertation draws attention to some of the contrasting opinions that exist between psychoanalytic psychotherapy and those of Yalom's existential approach.

Lessons for practice are summarised and suggestions for future research are offered.

## CHAPTER ONE: INTRODUCTION

Existential psychotherapy has evolved as a model for therapeutic practice with foundations firmly based in existentialist philosophy. Important contributors have included Jaspers, Binswanger, Boss, Tillich, May, Frankl, Bugental, Schneider, Diamond and Van Duerzen - Smith. Probably the most widely read, and one of the most highly regarded writers and contributors to the field of psychotherapy overall, is existential psychotherapist Irvin D. Yalom, Professor Emeritus of Psychiatry at Stanford University (American Psychiatric Association, 2002; Cornett, 1998; Josselson, 2008).

Yalom (1980) was the first to complete a manual, *Existential Psychotherapy*, which delivered both theoretical structure and practical techniques for an approach that he says, is not a modality in itself, but a philosophical stance for all psychotherapists, psychologists, and counsellors, regardless of their theoretical bias. Unlike cognitive behaviourism or psychoanalysis which are accepted schooled approaches, existential psychotherapy represents a way of thinking which may be integrated into all therapies (Josselson, 2008; Yalom, 1980). Yalom explains existential psychotherapy as a dynamic therapeutic approach that focuses on concerns rooted in existence and asserts that holding an awareness of these issues can profoundly influence the nature of the therapist-client relationship (Yalom, 1998, 2002).

At the heart of his theory is the dictum that all human beings face four ultimate concerns or givens – death, freedom, isolation, and meaninglessness. Yalom (1989) says,

I have found that the four givens are particularly relevant to psychotherapy: the inevitability of death for each of us and for those we love; the freedom to make of our lives as we will; our ultimate aloneness; and finally the absence of any meaning or sense to our life. However grim these givens may seem they contain the seeds of wisdom and redemption. (p. 4)

I first become aware of Yalom via a brief introduction to the broader concepts of existential–humanistic psychotherapies (Gurman & Messer, 2003), as an element of the Masters of Health Science (Psychotherapy) curriculum, of which I was a student and where the modality of psychodynamics is the main orientation. At the end of the programme I rediscovered Yalom, when facing what I came to understand as my own existential crisis. Quite unexpectedly at the end of my studies I found myself

consumed with thoughts of meaninglessness, plagued by fears of death and dying, as I faced turning sixty and without any real clarity, nor optimism, about my future.

As well as pursuing solutions in my own personal therapy, I borrowed Yalom's (2008) *Staring at the Sun* from the university library and gradually I began to regain a sense of direction and purpose. I felt inspired to enquire deeper into Yalom's theory of existential psychotherapy and I found myself incorporating aspects of what he proposed into my clinical work. As Yalom suggests, I found this layer of knowledge interwove easily with my experience and training as a psychodynamic psychotherapist.

The aim of this dissertation is to review and synthesise Yalom's core concepts of death, freedom, isolation, and meaninglessness. It is structured in such a way as to allocate each of the concerns a chapter where the key theoretical constructs are examined. Comment and perspectives from other writers that help elucidate Yalom's theories, or I have felt added to the study, have been sourced and included.

Yalom has been a prominent and outspoken messenger of his beliefs and has faced as much criticism from different sectors as he has received praise. Some of this has been from those who practice theistic psychotherapy and react to Yalom's outspoken stance as an atheist. Further critique has been delivered by other existential psychotherapists who feel Yalom's version to be lacking in some respects, and the dissertation would not be complete without inclusion of some of these comments and points of view.

Within each chapter, theory is followed by details of common defences the therapist may encounter in the client who is facing conflicted feelings and anxieties generated by the client's conscious and unconscious awareness of the concerns.

Psychopathologies, or secondary defensive processes, according to Yalom, can develop or manifest as an extension of the primary defence structures employed by an individual and inevitably link to one or more of the four core propositions.

An important task of the literature review has been to uncover Yalom's lessons for practice, and these have been condensed and close each of the chapters. Here, a bias in the content is intentional, to demonstrate where Yalom's approach differs, sometimes mildly, sometimes radically, to that of psychoanalytic psychotherapy.

The following chapter reviews the methodology employed to collect and synthesise the material of value to this study. Each of Yalom's four concerns is individually examined in chapter's three to six. Critiques and contrasts with psychoanalytic psychotherapy raised by Yalom are provided in chapters seven and eight. Finally, the dissertation ends with a summary, a personal reflection, and ideas for future research.

## CHAPTER TWO: METHODOLOGY

### A Traditional Literature Review

A *traditional* rather than a *systematic* literature review has been utilised to examine the work of Irvin Yalom and his theory of existential psychotherapy. Although Yalom is widely read, it is fair to say that an existential approach to psychotherapy remains on the periphery of most psychotherapy education. An analysis and synthesis of his work has the potential to provide a valuable resource for both the student and established psychotherapist as exposure to Yalom is often limited to his popular novels, case studies, or more frequently, his writings on group psychotherapy. Yalom is recognised globally for his contributions to the practice of group psychotherapy, but for the purposes of this dissertation, his written work in that area is not studied. Yalom views group therapy and personal therapy as having fundamentally different frames of reference and his approach to each is distinct (1970). In some instances, to help further illustrate certain points, I have employed quotes or references from other writers of existential psychotherapy, some of whom Yalom acknowledges as being important influences in the development of his own theoretical understanding.

This literature review is concerned with a writer whose view of human existence is firmly located in existential philosophy and to some extent, the research method itself is influenced by this fact. A traditional review functions from an interpretive paradigm that fits well with the existential nature of the study topic and supports the belief that reality is constructed by subjective perception; as such, predictions generally cannot be made. Researchers who agree with this paradigm are interested in the social construction of meaning. People have free will, purposes, goals, and intentions, so people should be studied as active agents. Giddings and Grant (2002) advise, “The most important touchstone is reflection on your own position/s and coming to clarity about your research purpose. Neither of these is a matter of intellectual curiosity alone, but frequently is also one of personal experience and significant commitment” (p. 25). This quote rings true, for the study has effectively been both an enquiry into existential theory and a personal self-exploration of existential issues of my own – an almost inevitable side effect it seems, due to a relentless exposure to the realities of human existence as so vividly brought to awareness by Yalom.

Thus, the purpose of this dissertation is not concerned with finding a specific outcome from quantitative or qualitative studies, nor does it have a specific question that would

guide the study and intensify the focus of the research literature, as might be required in a systematic review. For example, Jesson et al. (2011) describe a systematic literature review “as a review with a clear stated purpose, a question, a defined research approach, stating inclusion and exclusion criteria, producing a qualitative appraisal of articles” (p. 12). Often located within a scientific or bio-medical paradigm, a systematic review, through critical exploration, evaluation, and synthesis is the most reliable method for filtering the often-unmanageable amounts of information facing decision makers who are reliant on receiving the most accurate information in their specific field (Mulrow, 1995). According to Suri (2000) traditional narrative reviews, meta-analyses and best-evidence syntheses are the three frequently used methods of synthesising primary research in educational research.

In the case of this review, which has no empirical, quantitative, or qualitative outcomes to assess, it has been unnecessary to consider the comparative paradigms of meta-analyses or best-evidence methodology.

Consequently, the method of this literature review falls into the category that is referred to as ‘traditional’; a term used to describe a review that undertakes an appraisal of an existing body of knowledge; or where an overview is required of an existing body of knowledge. Neil (2006) says a good traditional literature review is written by examining a body of published work then writing a critical summary (an impressionistic overview) of the body of literature. “Meaningful, insightful, valid syntheses of the research literature can be developed and sometimes unique insight is generated” (p. 1).

Suri (2000) rightly points out that the principal weaknesses of this approach include reviewer subjectivity, unclear article inclusion criteria, and says that frequently authors of traditional literature reviews are not necessarily highly experienced research reviewers. He warns that consequently, uneven levels of quality and accuracy of interpreting can characterize such traditional reviews and this can distort the results.

According to Hart (1998), quality in a research dissertation requires breadth and depth, rigour and consistency, clarity and brevity, with an effective analysis and synthesis. The overall goal is that something new will be produced (Hart, 1998). I believe that with this dissertation something new has been produced by a thorough and consistent review of Yalom’s work. A synthesis of the key elements of the four concerns, death, freedom, isolation and meaninglessness, which form the foundation to his theory has

been accomplished. Further, by highlighting Yalom's perceptions of the contrasts with psychoanalytic psychotherapy, his theoretical concepts and ideas for practice may be rendered more accessible for appraisal by students and psychotherapists from other psychoanalytic modalities.

### **Literature Search - Yalom's Published Works**

Irvin Yalom has produced an extensive body of work that includes to date, a total of 17 books, 15 edited works, 63 published articles or chapters, plus several video presentations of lectures or presented case studies of his work with clients. Gaining access to his work in itself is not a difficult task, as a comprehensive bibliography is available on his website. However, a closer examination of his works revealed that much of it was related to the practice of group psychotherapy and, for reasons mentioned in the introduction, was considered irrelevant to this dissertation.

Similarly, many of his edited works and papers are concerned with specific client groups, for example, *Aggression and Forbiddenness in Voyeurism* (1960); *A Study of Encounter Group Casualties* (1971); *Interpersonal Learning* (1986); or *Group Therapy with the Terminally Ill* (1977). These works, although interesting, are not primarily concerned with existential theory and are therefore of no real value to the dissertation. Ultimately, only those papers containing an existential theme were evaluated. Yalom's 17 books were screened for their relevance to existential theory and novels or works of fiction included only if a direct link to existential theory was evident. The resource of most value was, understandably, Yalom's (1980) textbook, *Existential Psychotherapy*.

### **Comments and Critiques – Search History**

A general google search of Irvin Yalom, by name, revealed over 700,000 results. The overwhelming majority of these inevitably link to reviews of his more mainstream or general release books. Noticeable in these reviews is the supportive tone of the reviewers and indicative of the enormous commercial success that he has achieved globally as an author. My quest was to find comment on Yalom, which would show support or critique from his professional peers; psychotherapists or psychologists.

An initial search of Psychoanalytic Electronic Publishing (PEP), using Irvin Yalom as author, returned no results. Yalom is rarely, if ever, quoted in the strictly psychoanalytic literature. A further search of PEP using the articles avenue returned

139 hits, most of these once again linked to book reviews. A further search combining the words “existential” and “Yalom” returned 46 articles with 16 instances of useful and useable comment.

Similar searches in EBSCO and Ovid - Psychinfo produced 1474 results; however upon examination, these results were generally limited to articles quoting or referencing Yalom, reviews of his books or work in group psychotherapy. The most valuable resource was the AUT Library new search facility Summon, which enables a collective search across all search networks with the ability to restrict the search to available full text. Summon provided the avenue to the authors whose critiques contribute to the dissertation.

## CHAPTER THREE: DEATH

*All the labours of the ages, all the devotions, all the inspiration, all the noonday brightness of human genius, are destined to extinction in the vast death of the solar system, and the whole temple of man's achievement must inevitably be buried beneath the debris of a universe of ruins.*

– Russell (1872-1970)

### **Yalom's Theory of Death Anxiety**

Yalom places *death and dying* at the forefront of the four ultimate concerns. He says an instinctive fear of death exists at every level of human awareness, from the most conscious and intellectualised, to the deepest depths of the unconscious, which manifests as death anxiety. Sometimes the anxiety is of such enormous proportions that a considerable amount of a person's life energy is thus consumed in the denial of death. "The fear of death plays a major role in our internal experience; it haunts as nothing else does; it rumbles continuously under the surface; it is a dark, unsettling presence at the rim of consciousness" (Yalom, 1980, p. 27).

Josselson (2008) writes, "Overshadowing all these ultimate concerns, the awareness of death, our inevitable demise, is the most painful and difficult" (p. 59). Yet, Yalom (2008) says that death anxiety waxes and wanes throughout the life cycle. Small children may "simply observe, wonder, and, following their parents example, remain silent" (p. 3). He believes that the fear of death ordinarily remains obscured from ages six to puberty, but emerges in force at adolescence; a time when teenagers often become preoccupied with death through games, humour, and daredevil behaviour or as is observed in the common fascination many teenagers have with horror movies. This is also an age when teenage fantasies with death can result in self-harm or suicide.

Adolescence is superseded by early adulthood and the accompanying tasks of finding careers and relationship building. He writes:

However, "three decades later, as children leave home and the ends of professionals' careers loom, the mid-life crisis bursts upon us, and death anxiety once again erupts with great force .... the path no longer ascends, but slopes downward towards decline and diminishment. From that point on, concerns about death are never far from mind." (Yalom, 2008, p. 5)

He believes that human beings should confront death in the same way that they confront any fear: "We should contemplate our ultimate end, familiarize ourselves

with it, dissect and analyze it, reason with it, and discard terrifying childhood death distortions” (2008, p. 276).

Yalom considers death and life as interdependent and says the concept of death plays a crucial role in psychotherapy because it is paramount in the life experience of each of us. He was influenced by existentialist philosopher Martin Heidegger (1962), who conceptualized that although the physicality of death destroys us, the idea of death saves us. Yalom (1980) explains the meaning behind Heidegger’s theory, saying that one’s recognition and acceptance of death can contribute a sense of poignancy to life and provide a radical shift of life perspective. Moreover such a realisation can “transport one from a mode of living characterized by diversions, tranquilisation, and petty anxieties to a more authentic mode” (p. 40).

Existential psychotherapist and author Emmy Van Duerzen-Smith agrees. She writes, “Death is the essential reminder of life. Only when we face up to it squarely can we take our time on this earth seriously and make the most of it” (1997, p. 111). Van Duerzen-Smith considers death to be the ultimate fulfilment, but says most people miss the opportunity to be fulfilled by death because they never properly live towards it. Moreover, in their avoidance of death, they are generally unprepared when the time of death draws near. “We flee from death through all the everyday things that we do and fail to notice that death is our greatest potential” (Van Duerzen-Smith, 1997, p. 41).

Yalom cites Choron (1964), who distinguished three subtle, but important variations of fear and anxiety in relation to death and dying. These are: 1) what comes after death; 2) the “event “of dying; and 3) ceasing to be. The first two variations, Choron deems, are *related* to the physical process of dying. The third however, he considers central to existential concepts of human existence, and one’s difficulty or inability to accept the reality of one’s absolute demise, extinction, annihilation (Choron,1964,cited in Yalom, 1980, p. 43).

Yalom (1980) says a tension is created between one’s awareness of the inevitability of death and one’s wish to continue to be, and that this tension presents a core existential conflict. He says what is truly terrifying about death is that it implies the dissolution of one’s world, and furthermore with death, both the meaning-giver and spectator of the world dies too, and one is truly confronted with nothingness.

Whilst critical of the lack of research and empirical study available on death anxiety, Yalom agrees with the findings of child psychologist Melanie Klein (1948) and writes, “on the basis of her experience in analyzing children, (she) concludes that the very young child has an intimate relationship with death – a relationship that antedates by a considerable period his or her conceptual knowledge of death” (Klein, 1948, cited in Yalom, 1980, p. 87).

The primitive dread of death that resides in the unconscious – a dread that is part of the fabric of being, that is formed early in life at a time before the development of precise conceptual formulation, a dread that is chilling, uncanny and inchoate, a dread that exists prior to and outside of language and image. (Yalom, 1980, p. 45)

Yalom challenges the object relations school of thought and asserts that death anxiety lies at the foundation of all anxieties. Referring to Bowlby (1988) and attachment theory, he writes,

Even if we were to accept the argument that separation anxiety is chronologically the first anxiety, it would not follow that death anxiety “really” is fear of object loss. The most fundamental (basic) anxiety issues from the threat of loss of *self*; and if one fears object loss, one does so because loss of that object is a threat (or symbolizes a threat) to one's survival. (Yalom, 1980, p. 103)

### **Defences against Death Anxiety**

Yalom (2008) says that for much of the time, most of us live comfortably by uneasily avoiding the glance of death and although we know about death intellectually, the unconscious part of our mind protects us from being overwhelmed by the terror usually associated with death. “This dissociative process is unconscious, invisible to us, but we can be convinced of its existence in those rare episodes when the machinery fails and death anxiety breaks through in full force” (Yalom, 1989, p. 7). He says western cultures, more than others, avoid facing the reality of death, but in a favourable environment children go through an orderly progression of stages in awareness, and develop coping methods to deal with or to tolerate the fact and reality of death.

Yalom says from early infancy children are shielded from the reality of death with fairy tales and fantasies that offer comforting images of idealistic angelic figures living eternal existences in other realms. There may be stories of death defying super-heroes and the teaching of religious belief systems with their portrayal of a personal god, the

ultimate rescuer, immortality, an after-life where death is overcome, and a state of eternal happiness and peace is ultimately attained.

When we are young, we deny death with the help of parental reassurances and secular and religious myths; later, we personify it by transforming it into an entity, a monster, a sandman, a demon. After all, if death is some pursuing entity, then one may yet find a way to elude it; besides frightening as a death-bearing monster may be, it is less frightening than the truth — that one carries within the spores of one's own death. (Yalom, 1989, p. 5)

Yalom praises author Elisabeth Kubler-Ross (1978) and her work on facing death and grief, but points out that even she ultimately presents a conflicted approach. He points out that on the one hand she is disapproving of the traditional religious practice of indoctrinating children with fairy tales about death, but she then goes on to offer them the explanation that “at the moment of death one is transformed into a butterfly or liberated to a comforting beckoning future” (Cited in Yalom, 1980, p. 108).

Yalom (1980) says all individuals are confronted with death anxiety and most develop adaptive coping modes:

...modes that consist of denial-based strategies such as suppression, repression, displacement, belief in personal omnipotence, acceptance of socially sanctioned religious beliefs that “detoxify” death, or personal efforts to overcome death through a wide variety of strategies that aim at achieving symbolic immortality. (p. 111)

He says it is not easy for individuals to live every moment being aware of death; nor can individuals live frozen in fear, so they develop methods to soften death's terror. “We project ourselves into the future through our children, we grow rich and famous, ever larger; we develop compulsive protective rituals; or embrace an impregnable belief in an ultimate rescuer” (Yalom I. D., 2008, p. 5).

Yalom says the individual erects two basic defences against death terror, and he explains the two must be considered as interdependent; generally, individuals will oscillate between them. “Most individuals defend against death anxiety through both a delusional belief in their own inviolability and a belief in the ultimate rescuer” (1980, p. 141). The two beliefs receive re-enforcement from two influential sources: from the circumstances of early life and from widespread culturally sanctioned myths involving immortality systems and the existence of a personal, observing deity.

Yalom says that while these are delusions in that they represent fixed false beliefs, they are not delusions in a pejorative sense and in fact afford a sense of safety. “These are

universal beliefs which, at some level of consciousness, exist in all of us” (1989, p. 6). Furthermore, the dual belief systems form a dialectic composed of two diametrically opposed responses to the human situation: “The human being either asserts autonomy by heroic self-assertion or seeks safety through fusing with a superior force; that is one either emerges or merges, separates or embeds. One becomes one’s own parent or remains the eternal child” (1989, p. 7).

Yalom further explains his proposition as an *emergence-embeddedness dialectic*, and suggests it provides a functional paradigm to help the clinician comprehend death anxiety. For example, an individual who orientates towards *specialness*, strives towards emergence, individuation, and autonomy. This individual may be narcissistic, or a compulsive achiever and may be self-reliant to the point of rejecting necessary help from others. Indeed, the individual may be harshly self critical of his or her own limitations and is likely to show grandiose and expansive traits.

In contrast, the individual who longs for an *ultimate rescuer* will orientate towards merger or embeddedness with others and will look for strength outside of him or herself. The tendency will be towards dependence upon others and the individual may demonstrate masochistic trends or perhaps become deeply depressed at the loss of a dominant other. Yalom (1980) acknowledges there is no empirical evidence to back the paradigm but states, “neither is there for any other clinical psychopathology paradigms posited by Freud, Sullivan, Horney, Fromm, or Jung; clinical paradigms always emerge intuitively and are justified and validated by their clinical usefulness” (p. 153). Adding to Yalom’s notion of the *ultimate rescuer* Ernesto Spinelli (2006) writes:

This ultimate rescuer may be perceived as a supernatural entity or force which guides, watches over and protects us at all times, which is omnipresent, and which often bestows ‘ultimate’ reward or punishment upon us. Most importantly, this version of the ultimate rescuer minimizes the power of death, reducing its finality to a mere turning point, or step, into another realm of experience. (p. 311)

Yalom, a self-proclaimed atheist, encounters opposition at this juncture from psychotherapists whose beliefs are theistically based. For example Bartz (2009), an existential psychotherapist writes,

Although Yalom’s existential psychotherapy skilfully integrates existential concepts with the practice of psychotherapy, its atheistic premises are incongruent with the worldviews of theistic individuals. Additionally, it fails to

recognize important spiritual aspects of existence, and misses opportunities to capitalize on the insights of theistic thinkers. (p. 69)

In addition, Karasu (2002) says,

Many secular apostles emphasize basic human qualities of spirituality or existentialism, namely, love and compassion. Only a few individuals, like Dr. Yalom or the Dalai Lama, can convincingly practice a loving and compassionate life while eternally being fuelled from within. Most of us would wither away, unless fuelled within by believing in, and love of, God. (p. 63)

Bartz (2009) adds,

Traditional existential psychotherapy shows little respect for the client's spiritual values, viewing them as defence mechanisms" and "This method is clearly problematic when working with theistic clients and can be seen as detrimental from an ethical and even psycho-spiritual standpoint. (p. 76)

Offering another perspective, Van Duerzen-Smith (1997) contends, "Both psychoanalysis and humanistic psychology suffer from too much religiosity and wishful thinking. The theoretical basis is often rather narrow and unsystematic, but is mysteriously adopted by many in an uncritical manner and adhered to as dogma" (p. 125). Ultimately, Yalom (1999) says he has always been baffled by religious belief. "As long as I can remember, I have regarded it as self-evident that religious systems develop in order to provide comfort and soothe the anxieties of our human condition" (p. 23).

## **Psychopathology and Death Anxiety**

Yalom views death as a primordial source of anxiety and as the primary source of psychopathology: "Psychopathology is a vector — the resultant of anxiety and the individual's anxiety-combating defences, both neurotic and characterological" (1980, p. 41). Furthermore, he believes that major psychiatric syndromes commonly referred to as reactions — psychotic reactions, neurotic reactions, psycho-physiological reactions — albeit maladaptive responses, are reactions to anxiety.

Yalom attributes Soren Kierkegaard (1957) as the first to make a clear distinction between fear and anxiety (dread). Kierkegaard associated fear with a fear of *something*; while dread or anxiety was a state resulting from a fear of *no-thing* in particular (Kierkegaard, 1957, cited in Yalom, 1980, p.43). Yalom cites mentor Rollo May (1957) who wrote extensively on the topic of fear and anxiety, saying anxiety attacks us from all sides at once and is accompanied by a sense of helplessness that

stems from a sense of fear that cannot be located or defined (May R, 1957, cited in Yalom, 1980, p. 43).

Yalom's analysis of death anxiety is thorough and he makes a clear distinction between anxieties generated by thoughts of *how* one might die, perhaps in pain from illness or injury for example or that one might die suddenly and experience anxiety in concern for the well-being of loved ones left behind; and *existential anxieties* induced by the realisation that death brings finality to life and the stark implications of "ceasing to be". Yalom (1980) writes, "It is a terrible truth and we respond to it with mortal terror" (p. 8).

Yalom believes attempts to escape death anxiety are often at the core of neurotic conflict and manifest as dysphoria or behaviours that may camouflage and act as defence of a deeper more primitive anxiety experienced in the unconscious. Common examples that may emerge in therapy include sexually acting out, unfaithfulness, self-sabotage of efforts to be successful, addictive behaviours or in a contrasting response, engagement with life threatening activities or acts of heroism and bravado, or workaholic patterns.

Yalom describes his client named Les, who found it difficult to give up extramarital affairs. Les had been his family's multi-talented "golden boy" and Yalom uses this life-schema as an example of a client defending against death anxiety. "His personal myth was that life was an eternal spiral upward, into a bigger and better future, and he resisted anything that threatened that myth" (2008, p. 95). Due to this internalised self-view, Les felt exempt from the limitations imposed on other mortal creatures, even death, and fought against his anxiety by maintaining multiple relationships that provided him a sense that he was young and virile and would remain so.

According to Yalom (2002), all human beings experience death anxiety, but some experience such excessive amounts that it spills into many realms of their experience and results in heightened dysphoria and reliance on defences against the anxiety, which in turn, constrict growth and often themselves generate secondary anxieties.

Les' need for extra-marital affairs provides an example of a secondary anxiety in action. Yalom says these "persist into adulthood to exert a powerful influence" (1980, p. 96) providing camouflage of the original primal anxiety – death.

Drawing from the *emergence-embeddedness dialectic* described earlier, Yalom advises that more individuals will seek therapy because of failure in the *ultimate rescuer* defence than from the defence of *specialness*. This he attributes to the limitations inherently imposed by one's dependence on an external figure or ultimate rescuer. He says primal anxiety of this type cannot simply be contained. "The belief that one's life is controlled by external forces is associated with a sense of powerlessness, ineffectualness, and low self-regard" (1980, p. 158). Yalom says this scenario ultimately spawns additional pathology. Symptomatic presentations of those dependent upon the belief in an ultimate rescuer may include dependency cravings, low self-esteem, self-contempt, helplessness, masochistic trends, or depression brought on by the actual loss, or the threat of loss, of their dominant other.

However, the individual who orients towards specialness and inviolability may also be harshly non-accepting of his or her own personal frailties and limits and is likely to direct aggression outward. There comes a time when he or she develops fear in the face of life, as individuation-emergence and affirmation of specialness can entail a lonely sense of isolation and fearful vulnerability to the world.

Referring to the tendency for oscillation between the two states Yalom (2008) says, "When this life anxiety becomes unbearable, what do we do? We take a different direction: we go backward; we retreat from separateness and find comfort in merger – that is fusing with and giving oneself up to the other" (p. 110).

### **Lessons for Practice**

Yalom says the existential paradigm of psychopathology does not call for radical departure from traditional therapeutic strategies or techniques. "The psychotherapist regardless of his or her belief system concerning the primary source of anxiety and the genesis of psychopathology, begins therapy at the level of the patients concerns" (1980, p. 112).

Of the existential approach, he (1980) writes:

A belief system that is deeply rooted, grounded in fact, in the deepest levels of being, has the particular advantage of conveying to the patient that there are no taboo areas, that any topic may be discussed, and furthermore, that his deepest concerns are not idiosyncratic but are shared by all human beings. (p. 191)

He believes most therapists will experience difficulty when working to increase a client's death awareness and draws attention to the potential for denial in both therapist

and client: “The patient is not the only source of denial, of course, frequently, the denial of the therapist no less than the patient must confront death and be anxious in the face of it” (1980, p. 204). Therapists must have personally worked through their own issues relating to death and dying before they are able to be effective in helping clients.

Yalom says for therapists to be alert for the client whose history has involved unusual life experiences, as it may mean they have been both unduly traumatized by death anxiety and have subsequently failed to erect the “normal” defences against existential anxiety. “What the therapist encounters is a failure of the homeostatic regulation of death anxiety” (1980, p. 207). He says a direct approach is appropriate in all cases, and a calm matter-of-fact dissection of the anxiety is usually assuring. “Once therapists demonstrate their personal equanimity when discussing death, their patients will raise the topic far more frequently” (1989, p. 132).

Yalom believes the correct therapeutic approach is dynamic and uncovering, not supportive or repressive and he points out that existential therapy *does* initially increase the patient’s discomfort. Further, he posits that it is impossible to plunge into the roots of one’s anxiety without, for a period, experiencing anxiousness and depression. Yalom says the thought of one’s end has a force field of anxiety about it, and by entering that field, anxiety will be heightened.

Though the existential therapist hopes to alleviate crippling levels of anxiety, he or she does not hope to eliminate anxiety. He says the role of the therapist is to reduce anxiety to comfortable levels and then to use this existing anxiety to increase a patient’s awareness and vitality. Life cannot be lived nor can death be faced without anxiety. (1980, p. 188)

Yalom warns against the risk that the therapist may avoid bringing the client into contact with his or her own finiteness while he or she is in grief over the loss of a loved one. He says this is often an error and that the individual can grow enormously as a result of experiencing a personal tragedy. “A result of such an event may move us from a state of wondering *how* things are to an awareness or realisation *that* they are” (1980, p. 159). Thus, the task is not a call to a morbid death preoccupation, but is to help the client to become more conscious, and ultimately his or her life becomes richer.

Focusing only upon alleviating the client’s pain following major events such as divorce and separation, can mean a missed opportunity for deeper therapeutic work

that may reveal defences against death anxiety are at play. According to Yalom, a major strategy is to separate ancillary feelings of helplessness from the true helplessness that issues from facing one's intolerable existential situation

Yalom draws from an extensive study of dreams and nightmares undertaken in 1971 (Kramer, Winget, & Whitman) which found the most common anxiety theme in the dreams of adults was either of dying or being murdered and overt death anxiety was found in 29 percent of dreams. His approach is clearly different to that of psychoanalytic psychotherapy which considers that hidden in the story of dreams are secrets that allow access to elaborate psychic processes — “wishes and longings, fantasies and perceptions, hopes and dreads” (Mitchell & Black, 1995, p. 21). Yalom however, suggests an analysis of dreams and fantasies will provide useful material for the clinician to help bring the client closer to death awareness. “Every anxiety dream is a dream of death; frightening fantasies involving such themes as unknown aggressors breaking into ones home, always when explored, lead to the fear of death” (1980, p. 173).

Yalom says messages conveyed by powerful dreams have the potential to awaken, to increase awareness. “The awakening experience is far from being a curious and rare concept; it is instead the bread and butter of clinical work. Consequently I spend much time teaching therapists how to identify and harness awakening stories for therapeutic use” (2008, p. 68).

A useful equation for the clinician to consider is that a client's death anxiety is inversely proportional to life satisfaction, “Those individuals who feel they have lived their lives richly, have fulfilled their potential and their destiny, experience less panic in face of death” (Yalom, 2000). Of his own experience of death anxiety, Yalom shares a poignant message:

Intimate connections help me overcome the fear of death. I treasure my relationships with my family — my wife, my four children, my grandchildren, my sister — and with my network of close friends, many stretching back for decades. I'm tenacious about maintaining and nurturing old friendships; you cannot make new old friends. (Yalom, 2008, p. 180)

## CHAPTER FOUR: FREEDOM

*Some cannot loosen their own chains  
yet can nonetheless liberate their friends.  
– Nietzsche (1844-1900)*

### **Yalom's Theory of Existential Freedom**

Yalom entitles his second ultimate concern *Freedom*, but uses the word in a way quite unrelated to the associations generally made to its meaning. For example, he does not refer to political liberties or to the freedoms that may be attained from a higher psychological awareness, or other ordinarily positive connotations (Josselson, 2008; Yalom, 1980). He contends that freedom as a given would appear to be the direct opposite of death, and that while we dread death, we usually consider freedom to be unequivocally positive. Rather, existential freedom refers to an absence of external structure. Freedom from an existential point of view is bonded to anxiety. He says contrary to everyday experience, the human being does not enter (and leave) a well-structured universe that has an inherent design. Drawing from Sartre, Yalom (1980) adds that “The universe is contingent; everything that is, could have been created differently, and that the human being is not only free, but is doomed to freedom” (p. 220).

Sartre described being free as to be thrown into existence with no “human nature” as a defining essence, or a definition of the reality into which one is thrown. Individuals are faced with the discomfort of authentic choice and the temptation of comfortable inauthenticity (Sartre, 1949). Yalom says some philosophers would further claim, that due to the architecture of the human mind, we are also the creators of the structure of our external reality, for the very shape of space and time. “It is here, in the idea of self-construction, where anxiety dwells: we are creatures who desire structure, and we are frightened by the concept of freedom which implies that beneath us there is nothing, sheer groundlessness” (1989, p. 8).

Josselson (2008) writes that we live in a universe that has no inherent design, and we are the author of our own lives and consequently responsible for the choices we make. As such, says Yalom,

Freedom in this sense has terrifying implications; it means that beneath us there is no ground – nothing, a void, and an abyss. A key existential dynamic then, is the clash between our confrontation with groundlessness and our wish for ground and structure. (1980, p. 9)

The term “groundlessness” is used to describe the subjective experience felt when confronting existential freedom and the anxiety that may be generated when one encounters the reality of absolute self-responsibility in an existential sense. Yalom adds, “Viewed from the perspective self-creation, choice, and will, and action, freedom is psychologically complex and permeated with anxiety” (Yalom, 2002, p. 141).

A 2011 survey of individuals who had experienced existential suffering and “groundlessness” as a result of being faced with serious medical conditions, found many spoke of their suffering as a time and place of raw experience and frayed emotion.

Participants used emotional terms in describing it, talking about fears, losses, questioning, worrying, discontinuity, pain, despair, frustration, and anger” .... “the sense of hopelessness that is quite unlike anything one has experienced before. Past coping mechanisms to make sense no longer work. (Bruce, Schreiber, Petrovskaya, & Boston, 2011, p. 1).

Although the anxiety of groundlessness (unlike death anxiety) is not evident in everyday life, nor is it easily intuited by adults and probably not even considered by children, Yalom acknowledges that we become aware of our fundamental groundlessness when we assign arbitrary meaning to our world. Furthermore, in the same way that an understanding of death and associated anxieties is important, awareness of the concept of freedom and the recognition and acceptance of personal responsibility plays an indispensable role in both theory and practice of both traditional and innovative therapies.

One is also entirely responsible for one’s life, not only for ones actions, but for ones failures to act”.... “Both of these levels of responsibility — significance attribution and responsibility for life conduct — have as we shall see, enormous implications for psychotherapy. (1980, p. 220)

Frankl (1977) said, “Existential analysis interprets human existence and indeed being human, ultimately in terms of being responsible” (p. 22). Yalom reiterates, that each individual is the sole author of his or her own world, life design, actions and choices and highlights the significance of responsibility assumption; “To be aware of responsibility is to be aware of creating one’s own self, destiny, life predicament, feelings, and if such is the case, one’s own suffering” (1980, p. 218). He adds that to become aware that one is responsible for oneself and one’s world can be a deeply frightening insight. “Thus one seeks structure, authority, grand designs, magic, something that is bigger than one’s self” (1980, p. 222).

However, an awareness of responsibility is in itself not enough to implement personal change. Yalom considers it to be just the first step in a sequence of events; one also requires an understanding of the concepts of *will*, *wishing* and *deciding*, as factors, crucial in one's capacity to take action or to be active in the face of responsibility. "Though *will* is a concept therapists seldom use explicitly, we nonetheless devote much effort to influencing a patient's will" (1989, p. 9).

For Yalom, willing is the mainspring of action, and it is through willing that freedom is enacted. To explain his theory of responsibility, will, wishing and deciding, as components working in concert with one another and each functioning in sequence within the human psyche, Yalom draws from Farber, who deemed there are two realms of will. Farber used the activity of a tennis player to demonstrate the two realms. He said of the first realm,

When our game is most fluid and effortless, we cannot really be said to be planning our shots and strategies: if we are thinking about the game, we are not aware of thinking. We are, so to speak, of a piece – mind and body seamlessly and unselfconsciously joined in totality. (Farber, 1976, p. 4)

Of the second realm Farber said,

Now let us assume that because of our opponent or ourselves, our game goes badly, requiring us to assess our failure. Will, clearly has become conscious, for now we will ourselves to stroke the ball differently and are conscious of willing. This ordinary state of affairs, in which the will can be experienced consciously, I term the second realm of will. (1976, p. 4)

This raises the question of the role of responsibility assumption, and in a critique of Freud's model of determinism and drive theory, Yalom (1980) says:

The therapist, who adopts a "scientific" deterministic position in clinical work, soon encounters a serious problem: in a model of man sub-divided into such inter-relating but conflicting factions, such as ego, super-ego and id, where does the ultimate seat of responsibility lie? (p. 288)

Yalom (1980) questions the opinion that all human being's mental and physical activity is determined and asks, "If there is no driver, then precisely who or what is it that can "try harder", or demonstrate "resoluteness" or "courage"?" (p. 288).

Yalom (1980) believes the psychoanalytic model omits this important construct and, again in critique of Freud, he states:

The super-ego, the id, the ego; these archetypes, the idealized and the actual selves, the pride system; the self-system and the dissociated system, the

masculine protest; parent, child, and adult ego-states- none of these really exists. They are all fictions, all psychological constructs, created for a semantic convenience, and they justify their existence by virtue of their explanatory power. (p. 343)

Rather, Yalom (1980) asserts,

The concept of the will provides a central organizing principle for Freud's diverse explanatory systems. They all act by the same mechanism: they are effective to the degree that they afford a sense of personal mastery and thus inspire the dormant will. (p. 343)

Yalom describes the construct of will as the mental agency that transforms awareness and knowledge into action and the role of responsibility assumption, as opposed to responsibility awareness. Farber (1976) pre-empted Yalom's sentiments when he said,

Though man is ceaselessly subjected to a variety of forces, human and non-human, the traditional concept of will asserts that, alone among these many movers, man's power of volition — however frustrated, however often vanquished — is nonetheless accountable, both in achievement and intention. (p. 14)

Conversely, if individuals are unable to access this dimension of their functioning, for whatever reasons, they will be restricted in their capacity to assume responsibility for their actions, or inactions, as the case might be. However, Yalom adds that "incapacity" to wish is too strong a phrase, and more often, the individual distrusts or suppresses his or her wishes.

From Yalom's perspective, some individuals find decisions difficult because of guilt.

If the child is unfortunate enough to have parents who attempt to squelch all impulsive expression, then the child's will becomes heavily laden with guilt and experiences all decisions as evil and forbidden. Such an individual cannot decide, because one feels that one does not have the right to decide. (Yalom, 1980, p. 319)

On the other hand, such experiences may coalesce as *existential guilt*; a symptomatic condition arising from a deep awareness that one is not living to one's full potential. Drawing from Horney (1999) Yalom says, "The discrepancy between what one is and what one could be, generates a flood of self-contempt with which the individual must cope throughout life" (1980, p. 279).

Elaborating on the concept of existential guilt, Yalom advocates enquiry into the potential it holds for therapy.

He asks the question,

But how is one to find one's potential? How does one recognize it when one meets it? How does one know when one has lost one's way? Heidegger, Tillich, Maslow, and May would all answer in unison; through guilt, through anxiety, through the call of conscience. There is a general consensus amongst them that existential guilt is a positive force, a guide to calling one back to oneself. (Yalom, 1980, p. 280)

The next section explores the role of specific and common psychic defences that an individual may employ as protection from facing their anxiety, derived from existential freedom and the stress of assumption of responsibility.

### **Psychopathology / Defences against Freedom Anxiety and Assumption of Responsibility**

Yalom advises that it is not easy to find evidence that responsibility avoidance is bad for mental health “since neither responsibility, nor freedom, nor willing has been explicitly studied by researchers” (1980, p. 262). However, he says the connection between responsibility and psychotherapy relies on two related propositions. First, that responsibility avoidance *is* bad for mental health; and second, assumption of responsibility in psychotherapy leads to therapeutic success.

The individual seeks shelter from the anxiety intrinsic when faced with existential freedom and responsibility assumption. Yalom describes an expansive variety of responses and complex defensive mechanisms that the individual may utilise for protection. Some of the more common are:

- Displacement of responsibility – external locus of control, one avoids personal responsibility by placing it upon another, such as a partner, parents, an institution or religious deity, or perhaps the therapist. A paranoid individual may place it on an unseen force.
- Compulsivity or the creation of a psychic world, where one exists under the influence of an irresistible ego – alien force. For instance in the case of gambling or sexual addiction, irrational behaviour, overeating, excessive spending or committing crimes etc.
- Denial of responsibility – avoiding autonomous behaviour, not taking personal responsibility for actions, being the “innocent victim” (assuming an “it wasn't me” or an “I can't help it” stance), merging with others (by merging with others we are able to avoid the anxiety that comes with facing the reality of our

fundamental groundlessness), losing control — offers another pay-off — nurturance.

- Employment of defensive mechanisms such as remaining in dysfunctional relationships, or non-supportive employment, deadening oneself to desires or wishes, denial of feelings, maintaining fatalistic worldviews (doomsday theories etc).

## **Lessons for Practice**

Yalom proposes that existential therapists tend to focus less on the past, and more on the future and the goals that lie ahead of their clients. Moreover, Yalom believes the past is reconstituted by the present and says the most potent methods available to the therapist involve analysing the client's current in-therapy behaviour. From this information, Yalom is able to demonstrate to the patient how he or she recreates micro-cosmically in the therapy situation, the same situations that he or she faces in life. "Every therapist knows that the first crucial step in therapy is the patient's assumption of responsibility for his or her life predicament" (1989, p. 8). However, the facilitation of responsibility can often pose a dilemma for the therapist and Yalom advises against being too active at the risk of taking over for the client. Conversely, a passive therapist may portray a sense of helplessness to the client.

Yalom warns that the patient may use externalising mechanisms of defence, or in number of ways distort the data to fit his or her assumptive world, and for the therapist to remain alert for statements of avoidance responsibility, such as "I don't know what to do", "If I knew what to do I wouldn't be here", "That's why I'm coming to you" and "Tell me what I have to do", as the patient feigns helplessness. Yalom challenges the therapist to examine his or her own beliefs about responsibility and arrive at a consistent position, stating, "double standards in the therapeutic as well as in any relationship will not do" (1980, p. 269).

According to Yalom (1980; 2011), a problem exists in psychotherapy training:

Nowhere in training does the therapist learn about the mechanics of action: instead, the therapist is schooled in history taking, interpretation and relationship and taking a secular leap of faith that pursuance of these activities will ultimately generate change. (p. 287)

At the onset of therapy, the therapist's ultimate goal is to bring the client to the point where he or she can make a free choice, but it does not follow that the therapist must

demand that the patient do so at every step in those early stages. Mazer (1960), advises that the therapist should help the client recognise the process of choosing and concentrate on increasing awareness that he or she is faced with choice and cannot escape freedom.

Yalom suggests some clients may seek therapy for problems of disorganised will, but that the concept of will has no place in the standard nosology and the problem is not referred to by that name. “Impulsive and indiscriminate enactment of all wishes is a symptom of disordered will: it suggests an inability or a reluctance to project one-self into the future” (1980, p. 312). He also warns that the patient’s responsibility – avoidance maybe recapitulated in the patient-therapist relationship and can be re-enacted in the patient’s basic posture toward therapy. “Patients often, with silent collusion of the therapist, may settle comfortably, passively and permanently into therapy, expecting little to happen or, if anything is to happen, that it come from the therapist” (1980, p. 236). He points out that the therapist can neither create nor inspire or infuse will. “What the therapist can do is to liberate will — to remove encumbrances from the bound, stifled will of the patient” (1980, p. 292). Further, “some people are wish-blocked, knowing neither what they feel nor what they want. Without opinions, without impulses, without inclinations, they become parasites on the desires of others” (1989, p. 9).

Wishing requires feeling and the therapist should be alert to alexithymia, the condition where a person is unable to identify or describe emotion in words. He writes:

Psychotherapy with the affect blocked (that is feeling-blocked) patient is slow and grinding. Above all the therapist must persevere. Time after time, he will have to enquire, “What do you feel?”, “What do you want?” Time after time he will need to explore the source and the nature of the block and of the stifled feelings behind it. (1980, p. 307)

Postural, gestural or other subtle non-verbal cues, may provide important information about underlying, but dissociated feelings and wishes, and therapists must attend closely to such clues as clenched fists, the pounding of one fist into one’s palms, or the assumption of a closed (crossed arms and legs) position. “The inability to wish, or to express one’s wishes, has not been widely and explicitly discussed in clinical literature; it is generally embedded in a global disorder — the inability to feel” (1980, p. 304).

Once an individual experiences wishing, he or she is faced with decision or choice. Although the therapist may not explicitly focus on decision, or even acknowledge it, and though a therapist may believe that change is brought about by exhortations or interpretation, or by virtue of the therapeutic relationship, Yalom advises it is ultimately a decision by the patient that slips the machinery of change into gear.

## CHAPTER FIVE: ISOLATION

*The greater part of our lives is spent with ourselves,  
no matter where or with what other people we may live . . .  
our imagination is the only companion chained to us for the whole of existence.  
– Charlotte Wolff (1897-1986)*

### **Yalom’s Theory of Existential Isolation**

According to Yalom, the concepts of freedom and death traditionally remain outside of the psychotherapist’s domain, but this is not so with the third ultimate concern – isolation. Rather, the client frequently brings feelings of isolation into the therapeutic relationship that manifest in three definably different forms: *interpersonal* isolation, *intrapersonal* isolation and *existential* isolation. “The types of isolation are similar subjectively; that is, they may feel the same as and may masquerade for one another. Frequently therapists mistake them and treat a patient for the wrong type of isolation” (1980, p. 355). The three forms of isolation also share semi-permeable boundaries; for example, existential isolation may be made manageable through one’s interpersonal relationships.

#### *Interpersonal Isolation*

Interpersonal isolation is generally experienced as loneliness and refers to one’s isolation from other people. Factors often prevalent when an individual becomes isolated from others may include; inadequate social skills, conflicted feelings towards intimacy, possession of a limiting personality style, for example, schizoid, narcissistic, judgemental, or exploitative that may prevent gratifying social interactions taking place. In other instances, geographical conditions may invariably impose a sense of isolation.

Dowrick (1991) says loneliness is one of the great dreads of our time and that most of us fear it. She writes, “being alone for protracted or involuntary periods is likely to be tolerable only for someone of relative maturity, whose sense of self is reasonably reliable — someone who can comfortably hold onto feelings of connection, *even when there is nobody else there*” (p. 153). Yalom (1980) says “The decline of intimacy-sponsoring institutions, the stable residential neighbourhood, the church, local merchants, the family doctor, has, in the USA at least, inexorably led to increased interpersonal estrangement” (p. 353).

### *Intrapersonal Isolation*

Intrapersonal isolation is a widely used paradigm for psychopathology. Yalom refers to defence mechanisms originally described by Freud as *repression*, later referred to as *dissociation* by Stack-Sullivan, and in contemporary psychotherapy is used to refer to formal defence mechanisms and any form of fragmentation of the self. According to McWilliams (1994), people may deal with anxieties and painful states of mind by isolating feeling from knowing: “More technically, the affective aspect of an experience or idea can be sequestered from its cognitive dimension” (p. 122).

Yalom says that he, like most contemporary therapists, focus on helping clients integrate previously split off parts of themselves, but points out: “Intrapersonal isolation results whenever one stifles one’s own feelings or desires and accepts “ought’s” or “shoulds ” as one’s own wishes, distrusts one’s own judgement or buries one’s own potential” (p. 354).

### *Existential Isolation*

Yalom’s central focus, however, is on the phenomena of existential isolation, which he describes as an unbridgeable gap between oneself and any other being, and even more fundamental — a separation between oneself and the world. Existential isolation cuts beneath all other isolation:

No matter how close each of us becomes to another there remains a final unbridgeable gap; each of us enters existence alone and must depart from it alone. The existential conflict is thus, the tension between our awareness of our absolute isolation and our wish to be part of a larger whole. (Yalom, 1980, p. 9)

Existential isolation impregnates the “paste of things” and hides within our lived experience, and we experience only a world of everydayness and routine activities. “We are lulled into a sense of cosy, familiar belongingness; the primordial world of vast emptiness and isolation is buried and silenced, only to speak in brief bursts, during nightmares and mythic visions” (p. 358).

Existential isolation is a vale of loneliness with many approaches, and Yalom believes confrontation with the ultimate concerns of death and freedom inevitably lead the individual into the vale, as can a catastrophic event, where everything once considered safe and predictable, permanent, precious and good, can suddenly vanish. He writes of “the nothing” that is at the core of being and that “in the face of nothing, no thing and no being, can help us; it is at that moment when we experience existential isolation in

its fullest” (p. 360). Indeed, Josselson (2008) comments, “Many people are in touch with their dread of existential isolation when they recognize the terror of feeling that there may be moments when no one in the world may be thinking of them” (p. 56).

He says, the phenomenon is experienced the most by those facing death; the time that one most realises that one was born alone, and must exit from the world alone. “We may want others to be with us at death, we may die for another, or for a cause but no one can, in the slightest degree, have ones solitary death taken from him or her” (2000, p. 1). According to Yalom, there is no solution to isolation, it is part of existence; we must face it and find a way to take it into ourselves.

### **Defences against Existential Isolation**

The experience of existential isolation produces a highly uncomfortable subjective state and, as is the case with any form of dysphoria, is not long tolerated by the individual. Furthermore, Yalom believes that both the terror of our existential isolation and the psychic defensive structures that we elaborate to assuage anxiety are generally unconscious actions. Defences work without respite because the isolation is deep within, but always waiting to be recognised. “Unconscious defences work on it and quickly bury it – out of the purview of conscious experience” (1980, p. 362).

According to Yalom, the major defences employed are usually relational in nature and he believes a fear of existential isolation is in fact the driving force behind many interpersonal relationships. He adds however, no relationship can eliminate existential isolation but our aloneness can be shared, and love can compensate for the pain of isolation. Citing Bach (1973), Yalom says, “Love is the answer when there is no question” (1980, p. 380). Hence, it is important for the therapist to think of love as an attitude, something characteristic of the lovers’ orientation to the world, rather than in terms of the lovers’ relationship to his or her love object.

Van Duerzen-Smith says love is a catchall word for a positive experience of intimate relating but it may have specific connotations for different people at different times.

A positive intimate relationship is only one of the many variations on the theme of relating and a rather one-sided way of looking at the world of others, especially when it comes to synonymous with an unctuousness that is neither realistic nor welcome. (1997, p. 116)

Yalom (1980) warns that when one’s primary motive in engaging others is to ward off loneliness, then one has transformed the other into equipment:

Not infrequently two individuals will serve each other's primary function and, like socket and prong, fit snugly together. Their relationship may be so mutually functional that it remains stable; yet such an arrangement cannot help but be growth-stunting, since each partner is known, and knows the other, in only a partial manner. (p. 377)

Yalom points to the dilemma he calls *fusion-isolation* as a major existential developmental task, and believes that below insecure attachment lies the fear of isolation. His theory of *growth and existential isolation* can be described as a process of separating, individuating, being one's own person, becoming independent, of moving from physical dependency on the mother to emotional and physical dependency on other adults and "gradually establishing boundaries on where he or she ends and others begin" (1980, p. 361).

Yalom's theory aligns closely with that of attachment theorists such as Bowlby (1988) and Holmes (1996) for example, who recognised the need for a secure attachment in infancy and the potential negative effects of an insecure attachment. He writes, "A dissatisfying state of fusion-existence or too early or too tentative emergence leaves the individual unprepared to face the isolation inherently in autonomous existence" (1980, p. 362).

Not separating means one does not really grow up, but the toll of separating and growing is that one must confront isolation. However at this point, Yalom diverges from the traditional views of interpersonal psychology and the associated notions of security needs, attachment, self-validation, satisfaction of lust, or power. Instead, his view considers the role of relationships according to how they assuage the individual's fundamental and universal isolation, and the anxiety thus provoked.

### **Psychopathology and Existential Isolation**

One of the paradoxes of increased self-awareness is that it breeds anxiety. In the following statement, Yalom describes *fusion* (or isolation-denial as he also views it), as being a very common phenomenon in relationships, and he explains the role it plays as a defence against isolation:

Fusion eradicates anxiety in a radical fashion — by eliminating self-awareness. The person who has fallen in love, and entered a blissful state of merger, is not self-reflective because the questioning lonely *I* (and the attendant anxiety of isolation) dissolve into the *we*. Thus one sheds anxiety but loses oneself. (1989, p. 11)

Isolation illuminates the role of relationship. Yalom (1980) notes:

We try to escape the pain of existential isolation in a variety of ways: we soften ego boundaries and attempt to fuse with another....we take something from the other and it makes us feel larger, more powerful, or cherished. (1980, p. 385)

Hence, the individual is not *with* the other person, but instead *uses* the other person as equipment to serve a function, and consequently a mutually enriching relationship never occurs: “there is some form of misalliance, a relational miscarriage which can only stifle growth and evoke existential guilt” (1980, p. 386). In this way, the individual reaches out, not because he or she wants to, but because he or she has to; and the ensuing relationship is based on survival, not growth. Conversely, to relinquish a state of interpersonal fusion means to encounter existential isolation with all its dread and powerlessness.

Drawing from Maslow (1968), Buber (1970), and Fromm (1963), Yalom explains the difference between the interpersonal relations of the *growth-motivated* individual and the *deficiency-motivated* individual: “The growth- motivated individual is less dependent, less beholden to others, less needful of others’ praise and affection, less anxious for honours, prestige and rewards” (p. 369). By contrast he says the *deficiency-motivated* individual, relates to others from the point of view of usefulness and citing Maslow, Yalom says, love is transformed into something else and resembles our relationships with “cows horses, and sheep, as well as with waiters, taxi drivers, porters, policemen, or others whom we use” (1980, p. 369).

#### ***Other Common Defences / Psychopathologies Associated with Existential Isolation***

- A constant searching for love – by searching for love, the neurotic individual flees from the dimly recognised sense of isolation and hollowness at the centre of being. The solution is doomed to fail because one misidentifies the problem. One considers it that one is involved, whereas in actuality it is that one is unable to love.
- Existing only in the eyes of others – if one cannot affirm oneself, then one continually needs affirmation by the other to feel alive. Thus, one often becomes the object of the other and neither ever feels wholly known by the other.

- Enduring unsatisfactory relationships – often the terror of being alone is more unbearable than enduring an unsatisfactory relationship. One may sacrifice happiness for the illusion that one belongs to someone or somewhere.
- Compulsive sexuality – promiscuous sexual coupling, offers a powerful, but temporary respite to the lonely individual; however the sexually compulsive neither knows nor truly engages with the other.
- The ultimate rescuer – there is an overlap between the concept of escaping existential isolation through fusion in relationships and the concept of escaping the terror of death through belief and immersion of oneself in an ultimate rescuer. Common is immersion with an organised religion, placing one’s belief in an entity, a higher being, and adopting unconditionally, the accompanying belief systems.
- Putting the needs of others first – this may be with one’s family, children, friends, job, sports team, a cause or project. In this case one puts the needs of others first perhaps to the detriment of oneself as a means of avoiding the horror of confronting existential isolation.

Those who are likely to extend themselves continuously and in an authentic fashion towards others, will through the peopling of their inner world experience a tempering of their existential anxiety and be able to reach out to others in love, rather than to grasp at them in need. Indeed, “a full caring relationship is a relationship to another, not to any extraneous figure from the past or the present. Transference, parataxic distortions, ulterior motives and goals – all must be swept away before an authentic relationship with another can prevail” (Yalom I. D., 1980, p. 381). Rather, he says love is not a specific encounter, but an attitude and a problem of not being loved is more often than not a problem of not loving.

### **Lessons for Practice**

Yalom strongly endorses the notion that an authentic relationship must develop between the therapist and client. He warns, “the powerful temptation to achieve certainty through embracing an ideological school and a tight therapeutic system is

treacherous: such belief may block the uncertain and spontaneous encounter necessary for effective therapy” (1989, p. 13). Rather, he speaks of creating a *real* relationship, noting:

The therapist, out of the depth of the relationship, helps the patient to face isolation and to apprehend his solitary responsibility for his own life – that is the patient who has created his life predicament and that, alas, it is the patient and no one else, and who can alter it. (1980, p. 406)

Yalom warns that the patient will often attempt to deal with feelings of isolation by attempting fusion with the therapist, via duplicity, ingenuousness, or transference. This may consist of both distorted perception and behaviour toward the therapist. An important part of the therapeutic task, therefore, consists of helping the patient confront isolation, an enterprise that may at first generate anxiety, but ultimately catalyses personal growth. “It is the facing of aloneness that ultimately allows one to engage with another deeply and meaningfully” (1980, p. 362).

Yalom believes a fundamental fact that the client must discover in therapy is that, although an interpersonal encounter may temper existential isolation, it cannot eliminate it. Clients who grow in psychotherapy learn not only the rewards of intimacy, but also its limits; they learn what they cannot get from others. “Optimally, he or she learns from the fullness of the encounter that patient and therapist and everything else are brethren in their humanness and their irrevocable isolation” (1980, p. 407). Hence, in discussing the importance of authenticity in the relationship for the existential therapist, Yalom says that when technique is made paramount everything is lost because the very essence of the authentic relationship is that one does not manipulate but turns towards another with one’s whole being.

While applauding the work of Carl Rogers (1961) and his *Person Centred* approach, Yalom expresses concern about unconditional empathy and positive regard as a characteristic of the therapist’s behaviour. According to Yalom, empathy is often presented as a technique, as something the therapist ‘does’ in therapy and says clients benefit enormously simply from being fully seen and fully understood. Furthermore, he says the therapist must help clients to develop a capacity for empathy themselves. “Keep in mind that our patients generally come to see us because of their lack of success in developing and maintaining gratifying interpersonal relationships, many fail to empathise with the feelings and experiences of others” (2002, p. 23).

With regard to therapist self-disclosure, Yalom (2002) writes, “There is every good reason to reveal oneself to the patient and no good reason for concealment” (p. 84). He points out however, that therapist self-disclosure must always be for the benefit of the client and notes that Rollo May (1969), who used the Greek word *agape*, meaning a love that is devoted to the welfare of the other. “Self-expression on the part of the therapist, or total honesty, or spontaneity, may be a virtue in itself, but each is secondary to the overriding presence of *agape*” (1980, p. 414).

Yalom contrasts the existential approach of therapist transparency with that of the analytic movement and the view that therapists should maintain distance and objectivity. He says Freud’s opinion was that the therapist who has ceased to be objective will lose control of the situation and be swept along by what the patient wishes rather than by what a patient requires. “So, in Freud’s view, if therapists open themselves up to patients and involve themselves in normal human intercourse, they will sacrifice objectivity and, hence, effectiveness” (1980, p. 411). In Yalom’s experience, this fear is unwarranted. Yalom (1976) often expresses his here-and-now feelings to his clients, although he says that he has rarely found the need, nor considers it helpful to reveal details of his current or past personal experience:

If therapist disclosure were to be graded on a continuum, I am certain that I would be placed on the high end. Yet I have never had the experience of disclosing too much. On the contrary, I have always facilitated therapy when I have shared some facet of myself. (2002, p. 91)

Krug (2007) endorses Yalom’s stance and says of him, “One of Yalom’s most significant contributions to psychotherapy is his meticulous examination of how a therapist can cultivate an intimate, interpersonal relationship with a client, using the here-and-now method (p 151).

## CHAPTER SIX: MEANINGLESSNESS

*Life is a gift. Take it, unwrap it, appreciate it, use it, and enjoy it.*  
Hegel (1770-1831)

### **Yalom's Theory of Existential Meaninglessness**

What is the meaning of life? Why do we live? Why were we put here? What do we live for? What do we live by? If we must die, if nothing endures, then what sense does anything make? In the fourth ultimate concern Yalom raises these questions and theorises, *meaning-in-life* is an important psychological construct; one that relates deeply to all of us, to the point of being a matter of life and death. “The human being seems to require meaning. To live without meaning, goals, values, or ideals, seems to provoke considerable distress. In severe form it may lead to the decision to end one’s life” (1980, p. 422).

Frankl (1977) writes that a lack of meaning creates the paramount existential stress — an existential sickness: “As to the feeling of meaninglessness, per se, it is an existential despair and a spiritual distress rather than an emotional disease or a mental illness” (p. 141). Bruce, Schreiber, Petrovskaya and Boston (2011), describe existential distress as a condition of morbid suffering in patients and may include concerns related to hopelessness, futility, meaninglessness, disappointment, remorse, death anxiety and a disruption of personal identity.

Drawing on early existential philosophy, Yalom says there is a dilemma in our human need to have meaning in life, as we exist in a universe that has no inherent meaning:

An existential position holds that the world is contingent – that is, every that is could as well have been otherwise; that human beings constitute themselves, their world, and their situation within that world; that there exists no “meaning,” no grand design in the universe, no guidelines for living other than those the individual creates. (1980, p. 423)

Yalom adds that when one is unable to find a coherent pattern or explanation, feelings of dysphoria are experienced; one feels annoyed, dissatisfied, and helpless.

Yalom reiterates his definition of existential meaning as when one possesses a sense of coherence and purpose in life, and he clarifies a point of difference to the questions “What is the meaning of life?” and “What is the meaning of my life?” He draws on philosophical terms to help explain. The latter he regards as a *terrestrial meaning*, and

says it embraces purpose: “One who possesses a sense of meaning, experiences life as having some purpose or function to be fulfilled, some overriding goal or goals to which to apply oneself” (1980, p. 423). In contrast, meaning of life connotes a *cosmic meaning* and implies some design existing outside of the individual, to some magical or spiritual order of the universe and is therefore in conflict with the existential concepts of freedom and responsibility.

### **Cosmic Meaning - Religion**

According to Yalom, the Judeo-Christian religious tradition has offered the Western world a comprehensive meaning–schema, based upon the principle that the world and human life are a part of a divinely ordained plan. He writes, “The individual being’s meaning–in–life is divinely ordained: it is each human being’s task to ascertain and to fulfil God’s will” (1980, p. 424). However, he says, the cosmic meaning afforded by a religious worldview allows a vast number of interpretations. For example, a fundamentalist approach holds that God’s meaning is contained in the scriptures and one must live closely by instructions of the holy word. Others insist that one only need faith but one must rely on hints or guesses of how to fulfil God’s will.

Szasz (1994) writes, “religion is the denial of the human foundations of meaning and of the finitude of life; this authenticated denial lets those who yearn for a theomorphological foundation of meaning reject the reality of death to theologize life” (p. 35). Frankl (1977) also challenges the concept of religion as panacea to the existential challenges that face mankind. He says:

Although religion may have a very positive psychotherapeutic effect on the patient, its intention is in no way a therapeutic one. Religion is not an insurance policy for a tranquil life, for maximum freedom from conflicts, or for any other hygienic goal. (p. 72)

Yalom (1980) refers to another view of cosmic meaning, which “stresses that life be dedicated to emulating God. God represents perfection, and thus the purpose of life is to strive for perfection” (p. 425). He describes Jung as being imaginative in his interpretation of Christianity and for holding a cosmic meaning for man: “Jung, for example, had a deeply committed religious outlook and believed no one can be healed or find meaning unless one regains one’s religious outlook” (p. 425). However, Yalom (2008) goes on to state:

My approach assumes that life (including human life) has arisen from random events; that we are finite creatures; and that, however much we desire it, we

can count on nothing besides ourselves to protect us, to evaluate our behaviour, to offer a meaningful life schema. We have no predestined fate, and each of us must decide how to live as fully, happily, and meaningfully as possible. (p. 187)

## **Personal Meaning in the Absence of Cosmic Meaning**

Yalom (2000) acknowledges the difficulty humankind faces in its attempts to find meaning in the absence of comforting external structures such as religion, but questions the idea that one's sense of spirituality must also be absent. Cornett (1998) expresses a similar view:

Spirituality is such a broad and nebulous concept that it seems to have often intimidated those who would place it in a context for discussion. This, along with the general sense of confusion that equates spirituality with religion, creates unease for many psychotherapists and has kept spirituality at the periphery of clinical thinking. (p. 21)

Van Duerzen-Smith (1997) agrees and says a confession to atheism or agnosticism does not necessarily mean the absence of a system of meaning and value at the foundation of one's existence.

Yalom proposes that human beings are comforted by the belief that there is some super-ordinate and coherent pattern to life. They have a pre-ordained role to play within that pattern and such meaning systems cannot be relinquished without some substitute. He asks, "Perhaps we can forgo the question, why do we live? But it is not easy to postpone the question, How shall we live?" (1980, p. 427). He provides some suggestions in answer to those questions:

*Self-Actualisation* – Yalom quotes Maslow (1968) who said man possesses a hierarchy of inbuilt motives and he lives in order to fulfil his potential, and writes "Maslow takes the position that actualisation is a natural process, the basic organismic process in the human being, and will take place without the aid of any social structure" (1980, p. 438).

*Altruism* – Serving others, participating in charity, leaving the world a better place to live. "Altruism constitutes an important source of meaning for psychotherapists – and of course all helping professionals" (1980, p. 433).

*Dedication to a Cause* – To a family, a country, a political or educational cause, or a perhaps a scientific venture. "It must if it is to give life meaning, lift the individual out of himself, and make him a co-operating part of a vaster scheme" (1980, p. 434).

*Creativity* – In all respects, from an artistic perspective to one’s approach to work, play, and relationships. “Creativity overlaps with altruism in that many search to be creative in order to improve the condition of the world, to discover beauty, not only for its own sake but for the pleasure of others” (1980, p. 436).

*The Hedonistic Solution* – Here the purpose to life is to simply live fully, to retain one’s sense of astonishment at the miracle that is life, and to search for pleasure in the deepest possible sense. “The hedonistic frame of reference is formidable because it is elastic and can include each of the other meaning schemes within its generous boundaries” (1980, p. 437).

### **Psychopathology and Existential Meaninglessness**

Yalom draws from the works of Maddy, Frankl, and Hobbs to describe different types of pathology that may result from one’s experience of existential meaninglessness. For example, Maddy felt “existential sickness” stems from comprehensive failure in the search for meaning in life and an “existential neurosis” in which the cognitive component is meaninglessness, or a chronic inability to believe in the truth, importance, usefulness, or interest value of any of the things that one is engaged in or can imagine doing (1980, p. 421). Citing Hobbs (1962), Yalom (1980) writes:

Contemporary culture often produces a kind of neuroses different from that described by Freud. Contemporary neuroses are characterized not so much by repression and conversion, not by lack of insight but lack of a sense of purpose, of meaning to life. (p. 421)

According to Yalom, meaning is rarely mentioned as a clinical entity because it is generally considered a manifestation of some other primary and more familiar clinical syndrome.

Cornett (1998) cites Rollo May (1953), who noted that so many of his clients suffered depressive states, characterised by a sense of emptiness and meaninglessness, that he subsequently labelled the 20<sup>th</sup> century, the “Age of Emptiness”. Cornett himself adds,

If pressed, more insightful clients acknowledge a sense of emptiness that goes along with traditionally conceived depressive symptoms. This type of empty depression reflects a deeply felt deficit in the ability to attach meaning to one’s life. Faced with such an existential dilemma, it is not at all surprising that one would feel despair and hopelessness, the hallmarks of today’s depression. (p. 23)

Basch (1980) considered the numerous symptoms of depression, as an attempt to circumvent helplessness and an attempt to gather assistance to help restore meaning and direction to life. “The hallmark of depression is the sense or the attitude that life is meaningless — an indication that the perception of the self is no longer a unifying focus for ambitions or ideals” (Basch, 1980, p. 135).

Yalom cites Frankl (1972), whose theory proposes that two stages exist in the syndrome of meaninglessness. The first stage is the *existential vacuum*, which is characterised by a subjective state of boredom, apathy, and emptiness. One feels cynical, a lack of direction and questions the point of life. One may have free time but there is nothing one feels compelled to do. Frankl named the second stage, *existential neurosis* and says symptomatic manifestations such as alcoholism, depression, obsessionalism, delinquency, hyperinflation of sex, or dare-devilry for example, will “rush in to fill the vacuum” (1980, p. 450).

According to Frankl, modern mans dilemma is that one is not told by instinct what one *must* do, or any longer by tradition what one *should* do. Nor does one know what one *wants* to do. Two common behavioural reactions to this crisis of values are conformity (doing what others do) and submission to totalitarianism (doing what others wish) (1980, p. 450).

### **Lessons for Practice**

Yalom asks the question, where in the professional training curriculum does the trainee therapist learn about the development of a sense of life meaning, or about the psychotherapeutic strategy available to assist patients in crisis of meaning? Moreover, he says few clinicians (apart from Frankl), have made any substantial contributions to the role of meaning in psychotherapy and that virtually none, in their published work, have maintained a clinical interest in this area. He asks, “Is it because meaninglessness is so frequently a compound or derivative (rather than an elemental) concern and appropriate therapist techniques have been developed and described elsewhere in appropriate contexts?” (1980, p. 470).

He says the first step is for the therapist is to reformulate the client’s complaint of meaninglessness in order to discover the presence of contaminating issues. He adds that not only does death anxiety masquerade as meaninglessness, but also the anxiety stemming from awareness of freedom and isolation can also frequently be confused

with the anxiety of meaninglessness. Furthermore, unlike the strategies proposed for the ultimate concerns, death, freedom, and isolation, Yalom says the therapeutic approach for addressing meaninglessness is very different. He suggests an oblique approach is required:

What we must do is plunge into one of many possible meanings, particularly one with a self-transcendent basis. It is engagement that counts, and we therapists do most good by identifying and helping to remove the obstacles to engagement. The question of meaning in life is, as the Buddha taught, not edifying. One must immerse oneself into the river of life and let the question drift away. (2002, p. 138)

## **Engagement**

Yalom advocates engagement as the most important therapeutic answer to meaninglessness but points out that meaning, like pleasure, is best pursued indirectly. “Meaning ensues from meaningful activity: the more deliberately we pursue it, the less likely are we to find it” (1989, p. 12).

Furthermore:

Engagement is the therapeutic answer to meaninglessness, regardless of the latter’s source. Wholehearted engagement in any of the infinite array of life’s activities not only disarms the galactic view but enhances the possibility of one’s competing the patterning of events of one’s life in some coherent fashion. (1980, p. 482)

Yalom describes an existential dilemma — a being who searches for meaning and certainty in a universe that has neither — and says this has tremendous relevance for psychotherapy. He explains that therapists face considerable uncertainty every day in their work and, they too are exposed to uncertainty. Furthermore, therapists must recognise that ultimately the experience of the client is unyieldingly private and unknowable.

His advice is that practitioners increase their sensitivity to the issue, to listen differently and become mindful of the importance of meaning in the lives of the individual. Therapists must wonder, implicitly or explicitly, about the patient’s belief systems, to inquire deeply into the loving of another, ask about long-range hopes and goals, and explore creative interests and pursuits.

Yalom believes the most important tool is the therapist's own person, and the first act of engagement is the therapeutic relationship. Furthermore, the therapist can model engagement or act as an object with whom the client may identify: "Therapists care about their professional mission; the growth of other human beings matter to them; they help others, often in creative ways, to search for meaning" (1980, p. 482).

According to Yalom, exploration of regret can be used in a constructive manner, even though it connotes a sense of sadness. Regret is a tool that if properly used, can help a person take actions to prevent its further accumulation: "I pose a question that has real therapeutic crunch: How can you live now without building up new regrets? What do you have to change in your life?" (2008, p. 146).

## **CHAPTER SEVEN: CRITIQUES OF YALOM AND EXISTENTIAL PSYCHOTHERAPY**

Yalom's existential approach to psychotherapy is essentially supportive and collaborative of other dynamic modalities; as Yalom (1980; 2005) explains, existential psychotherapy is a stance, a call to therapists of all modalities to understand and develop an awareness of the importance of the givens of existence upon the human struggle to deal with existential anxieties and conflicts, an overlay upon other approaches.

### **Contrasts Within Existential Approaches**

Results of this research indicate that Yalom appears to attract little opposition. In fact, direct criticism appears from only a few sources and these can be understood when one considers the theoretical position of the authors. For example, noted English existential author, Emmy Van Duerzen-Smith, challenges Yalom and, more broadly, the divergence between the original European philosophic doctrine of existential psychotherapy and that of the American approach: "While the American contributions have done much to make the existential approach concrete and accessible, the stark philosophical dimension gets so diluted that the original project of the approach is lost" (1997, p. 158). Van Duerzen-Smith considers Yalom's work, especially his case studies, to be psychiatric and behavioural in nature, and says he uses existentialist concepts to merely intensify confrontation with poignant issues, but offers no guideline to therapeutic intervention itself. She charges him with combining the ideas of Harry Stack-Sullivan with existential notions to develop a popular and easily accessible form. She concedes that as a result Yalom has helped to make the approach better known than it ever had been previously (1997).

Yalom is transparent about the divergence of theory between the two continents and says that more than simply importing the European existential tradition, in his country, it has been Americanized. He writes:

But by no means is the American field of humanistic psychology synonymous with the Continental existential tradition; there is a fundamental difference in accent. The existential tradition in Europe has always emphasised human limitations and the tragic dimensions of existence (Yalom, 1980, p. 19).

According to Yalom, American humanistic-existentialists differ to their European counter-parts in that they speak less of limits and contingency and more of human

potentiality, of awareness rather than acceptance, peak experiences rather than anxiety, self-realization over meaning in life, and of encounter rather than apartness and basic isolation (1970). Van Duerzen- Smith (1997) states that much of Yalom's work is more directly compatible with a humanistic-integrative approach than it is with a phenomenological-existential stance, as defined by European practitioners. She argues that Yalom's approach also shows important cognitive-behavioural influences and that Yalom's ultimate concerns of death, freedom, existential isolation, and meaninglessness, were originally Tillich's concepts:

He ends up considering these four concerns as anxiety-provoking mechanisms that lead to defence mechanisms and psychopathology. He substitutes the concerns for the notion of drives. He then proceeds to work with his patients in such a way as to help them deal with anxieties and symptoms. The medical model dominates and the originality of existential-phenomenological thought, whereby the whole of human existence is reconsidered from a philosophical rather than a medical perspective, is lost. The existential concepts become a mere prop for therapeutic manoeuvring. (Van Duerzen-Smith, 1997, p. 158)

Thus, according to Van Duerzen-Smith, Yalom views human life as something that needs to be cured and made well rather than as a paradoxical challenge to which the individual needs to rise. Yalom concedes on this point to some extent saying many American humanistic psychologists have lost touch with their existential roots and considers it unfortunate that some aberration from the original doctrine has occurred. He adds, "It is important to keep in mind that the existential approach in therapy is not a set of technical procedures but basically an attitude, a sensibility toward the facts of life inherent in the human condition" (1970, p. 101).

### **Theistic Existential Psychotherapy**

Leff (2009), in a review of Yalom's book *Staring at the Sun* (2008), is sceptical of Yalom's assertion that the dread of death is the source of all anxieties. He points to other phobias, such as agoraphobia and social phobia, and accuses Yalom of presenting his theory as a certainty without any dissection of his proposition. Leff challenges Yalom with his question, "What dynamic contortions would be required to trace the anxiety of a 16-year-old facing a school examination to a dread of death?"

A qualitative study into the use of existential approaches by nurses in palliative care undertaken in 2011 (Bruce, Schreiber, Petrovskaya, & Boston) carried several comments on Yalom, including the following:

Although Yalom suggests a universal, albeit individual, nature of the experience of groundlessness at the end of life, this does not imply that existential concerns will be paramount, conscious, or even open for discussion by all patients or health care providers. (Bruce et al., 2011, p. 7)

The preceding opinions of Leff and Bruce et al. are valid, and I agree it seems awkward at times to make such strict associations with Yalom's existential stance. I imagine it is likely most individuals will not be immediately aware of an existential substrate to their conscious processes. However, I do agree with Yalom's overriding premise that everyday concepts such as taking responsibility, accepting our intrinsic isolation, contingency, the random nature of existence, and the underlying constancy that we all must face death; that the consequences for how we conduct our lives lie with ourselves. These are facts of life that we carry with us at all times, consciously or unconsciously, and these are by their nature, existential concepts.

Yalom receives disapproval from some quarters for his unconcealed atheistic stance and his dismissal of religious belief systems. Yet in 1999, he wrote, "I have always been baffled by religious belief. As long as I can remember, I have regarded it as self-evident that religious systems develop in order to provide comfort and soothe the anxieties of our human condition" (1999, p. 23). Yalom confesses to feeling a deep sorrow for the underlying fragility of the human condition which leads to a gullibility and a need to believe that, "like nascent oxygen, must and will instantaneously adhere to *something*" (2000, p. 13).

Karasu (2002) says Yalom *is* a believer. He refers to Jung and writes, "We are all wired for God; we all need God. The atheists too need a God, however non-existent he might be" (p. 317). Karasu charges Yalom with contrasting the existential requirement to confront the finality of death with religions denial of it, "as if the former provides a better wisdom for living or for achieving some desirable state of mind" (p. 320).

Commenting on Yalom and his anti-religious stance, Bartz (2009) says,

Traditional existential psychotherapy shows little respect for client's spiritual values, viewing them as defence mechanisms. For example Yalom claimed that death anxiety is the mother of all religions, which in one way or another, attempt to temper the anguish of our finitude. (p. 76)

Bartz feels this is detrimental from a psycho-spiritual and even an ethical standpoint and feels the method is clearly problematic when working with theistic clients.

Yalom (2000) acknowledges the controversy surrounding his stance:

When I speak of the ultimate concerns, of death, meaning, freedom, isolation, I am obviously veering close to the domain which is the stuff of every religious tradition. It is indisputable that religious belief and practice has been ubiquitous throughout the ages — has there ever been a culture discovered without some form of religious observation? Sometimes it is suggested that the omnipresence of religious belief constitutes confirmation or validation of an omnipresent divinity. (p. 7)

Bartz (2009) is dismissive of Yalom's reliance on the four "givens" that form the foundation of his hypothesis:

Yalom's theory merely recognizes the concerns of death, isolation, freedom-responsibility, and meaninglessness. From a theistic perspective, it is apparent that there are additional ultimate concerns that are also inherently threatening to the majority of people, such as guilt-shame, love-loss, uncertainty, change-loss, and inferiority. It is interesting to note that Yalom disregards these additional ultimate concerns in spite of the fact that they were discussed by founding existentialists such as Kierkegaard and Tillich. (p. 71)

Yalom (2008) says, "I disagree about religion being the source of meaning and morality. I don't think there is an essential connection – or let me at least say an exclusive connection – between religion, meaning, and morality" (p. 249). However, Bartz (2009), a psychotherapist who practices from a theistic-existentialist position, says, "As we confront our existential fears, we grow spiritually. This is one reason that theistic-existentialism is more emotion focussed than traditional existentialism" (p. 73).

In my opinion, Bartz overlooks the depth and intricacy of the theoretical structure of Yalom's four concerns to support his argument. Moreover, an investigation of Yalom's works soon reveals that Yalom both includes and examines thoroughly, the concepts contained in Bartz additional ultimate concerns, albeit as sub-theories to the four. I also wondered why Bartz considers these themes more important to a theistic perspective than a non-theistic one as they would appear to be common emotional processes that might be faced by anyone, regardless of their religious associations.

Yalom appears amused or perhaps cynical, when he reports of an occasion in 2005 when the Dalai Lama spoke at Stanford University. He observed how the Dalai Lama was paid extraordinary reverence by his colleagues:

His every utterance was idealized. At the end of his talk, a great many of my Stanford colleagues – eminent professors, deans, Nobel-level scientists – all rushed into line like schoolchildren to have him slip a prayer ribbon over their heads and to bow before him and to call him “Your Holiness”. (Yalom I. D., 2008, p. 163)

### **Cultural Diversity and Existential Psychotherapy**

The suitability of an existential approach in psychotherapy with clients of non-western cultures is an aspect that must be allocated serious consideration. Existential psychotherapy is founded in philosophy and belief systems characteristic of European culture and therefore will not necessarily fit with all cultures. For example, Benson and Thistlethwaite (2009) write, “existentialism would seem to have little in common with non-western cultural beliefs, particularly as the fundamental principle is that humans become who they are, because of what they do, not because of what they are born with” (p. 47).

Culbertson (1999) says Eurocentric cultures are highly individualistic in comparison to the more communal Pacific or Asian cultures for example, which he observes as being more inherently connected, interdependent, and inseparable from a social context. Furthermore, when working with tangata whenua in this country, he warns, “In this sense, the individualism typical of Eurocentric cultures must be understood as destructive to traditional Maori identity” (p. 68).

Although Yalom does not appear to comment on the appropriateness of an existential approach in non-European cultures, he does worry that mental health professionals are often lacking in knowledge when working with culturally diverse clients and says, “It is imperative that therapists learn as much as possible about their clients cultures as well as their attachment to or alienation from their culture” (1970, p. 8).

### **Overview of critiques**

In review, overt opposition and critique to Yalom’s appears to originate essentially from other existential psychotherapists, and in particular, from those of a theistic approach or, as in the case of Van Duerzen-Smith, those whose stance is based in the European tradition. Critique or even general comment from psychoanalytic sources is difficult to find (apart from book reviews), which is intriguing given Yalom’s frequent disparagement of the psychoanalytic approach. In fact, he was acknowledged by the

APA in 2002 and awarded the Oscar Pfister prize in acknowledgement of his contributions to Religion and Psychiatry (Caucus on Spirituality, Religion and Psychiatry of the American Psychiatric Association, 2002).

Yalom does not appear to comment in his literature on the suitability of an existential approach to non - Eurocentric cultures, although he clearly acknowledges the need for psychotherapists to be culturally aware.

## **CHAPTER EIGHT: CONTRASTS WITH PSYCHOANALYTIC PSYCHOTHERAPY**

Some contrasts between Yalom's existential approach and psychoanalytic psychotherapies have been briefly mentioned where appropriate in the previous chapters. In this chapter, the focus is exclusively on contrasts that have been revealed by a study of Yalom's literature.

Distinguishing points of difference that set Yalom's existential approach apart from psychoanalytic psychotherapy are not immediately apparent. Indeed much of the interaction between therapist and client follows the standard format of relationship building, developing trust, offering feedback and insight on the client's disclosures in an appropriate therapeutically enhancing setting, as it is for most modalities.

Furthermore, Yalom (2008) does not consider existential psychotherapy as a freestanding ideological school. Rather he believes the well-trained therapist should be knowledgeable and skilled in many therapeutic approaches and be trained to have a sensibility of existential issues. He believes the experienced psychotherapist often operates implicitly within an existential framework and points out the major existential concerns have been recognised and discussed since the written word came into existence.

Van Duerzen-Smith (1997) agrees. She writes, "Existential thinking is an attempt to think about everyday human reality in order to make sense of it, and is probably as old as the human ability to reflect" (p. 1). However, like Yalom, she is critical of how other therapies attempt to describe human experience in a self-sufficient framework, which she says isolates people within an anthropocentric universe of their own making.

### **Freudian Theory**

According to Yalom, the main academic establishments quarantine the existential approach because psychology and psychiatry is grounded in a positivist tradition, and values, above all, empirical research as the method to validate knowledge: "The basic tenets of existential therapy are such that empirical research methods are often inapplicable or inappropriate" (Yalom, 1980, p. 22). He says it is important to keep in mind that the existential approach is not a set of technical procedures, but essentially

an attitude or a sensibility towards the facts of life that are inherent in the human condition (2000).

Yalom draws comparisons with Freud's dynamic model of mental functioning and describes existential psychotherapy as also a dynamic therapy which, akin to other psychoanalytic therapies, assumes the presence of unconscious forces that influence conscious functioning. "However, it parts company from the various psychoanalytic ideologies when we ask the next question: *what is the nature of the conflicting forces?*" (2000, p. 5).

Yalom disagrees with Freudian — psychoanalytic theory that posits instinctual forces form the essence of development, which in turn collide with an environment, that frustrates the satisfaction of natural desires and instinctual strivings. He says this approach constitutes a negative definition of the existential approach and that the Freudian doctrine omits central features that make us human. Features such as purpose, responsibility, sentience, will, values, courage and spirit denote an existentialist sensibility (2005). Furthermore, Yalom refutes the idea of the unconscious as a reservoir, or source of behaviour-influencing tendencies, desires, and drives. He suggests that existentialists always insist that the client in therapy assume full responsibility and ownership of his or her "unconscious". With Rollo May, Yalom wrote, "This 'cellar' view of the unconscious leads patients in therapy to avoid responsibility for their actions by such phrases as 'My unconscious did it, not I' " (May & Yalom, 2000, p. 279).

## **Attachment**

Although Yalom was trained in the neo-Freudian tradition (Josselson, 2008), and says he was influenced by Horney and Stack-Sullivan and others, he disagrees with the Neo-Freudian notion that it is attachment–security needs that lie at the core of early development, and pose the primary determinant on personality style. He disagrees too with the concept that interpersonal acceptance and approval – and a quality interaction with security–providing significant adults, alone determines character structure. Instead, he says, "That the inner conflict bedeviling us issues not only from our struggle with suppressed instinctual strivings or internalized significant adults or shards of forgotten traumatic memories, but also *from our confrontation with the givens of existence*" (2000, p. 5). Referring to the existential concerns of death, freedom, isolation, and meaninglessness, he adds, "I believe that the primal stuff of

psychotherapy is always such existence pain — and not, as is often claimed, repressed instinctual strivings or imperfectly buried shards of a tragic personal past” (Yalom, 1989, p. 4).

### **The Future versus The Past**

According to Yalom, many therapists continue to believe that the real or the deepest causes of behaviour are only to be found in the past. He adds that this position was staunchly defended by Freud, whom he described as a ‘committed psychosocial archaeologist’, who insisted that successful therapy hinged on the excavation of life’s earliest memories. Yalom agrees that while the past, through pathways described by psychoanalytic theorists may affect behaviour, the future or “the not yet” is no less powerful determinant of behaviour. In his view, the knowledge of our isolation, our destiny, and our ultimate death deeply influences our conduct and our inner experience (Yalom, 1980, 2002, 2005).

The contemporary field of psychotherapy, so dedicated to critical self-exploration, so insistent on excavating the deepest layers of thought, has also shrunk away from examining our fear of death, the paramount and pervasive factor underlying so much of our emotional life. (Yalom I. D., 2008, p. 275)

Yalom acknowledges a third temporal concept, that of causality, which he says alludes to current forces and how they impact upon the present. He says our behavioural trajectory may be thought of as triply influenced: by the past – the nature and direction of the original push; by the future – the goal that beckons us; and by the present— the current field forces operating upon it (2005).

The concept of causality associates with Yalom’s use of the here-and-now, an existential component he regards to be of major importance in the client-therapist process. Yalom points out that here and now interactions, that is comments about the other’s immediate behaviour, seldom occurs in social life (1976; 2008). He explains his meaning of the here-and-now as a focus on what is happening between the therapist and the patient in the immediate present. This is not a focus on the patient’s historical past, (which he calls the there-and-then), nor on the patients current outside life, (the there-and-now), but what is happening in the moment in the therapy encounter (2008).

And why is the here-and-now important? A fundamental catechism of psychotherapy training is that the therapy situation is a social microcosm; that is, patients will sooner or later exhibit in the therapy situation the same behaviour they exhibit in life outside. One who is self-effacing or arrogant or

fearful or seductive or demanding will, sooner or later, show the same behaviour toward the therapist during the therapy hour. At that point the therapist can focus on the patient's role in the creation of the problematic issue occurring in the therapy relationship. (2008, p. 222)

He attends carefully to every nuance that occurs in the interaction between himself and his clients and never allowed an hour go by without checking into the relationship. He will ask — How are you and I doing today? How are you experiencing the space between us today? Or wonder does the patient seem distant today? Competitive? Inattentive to his comments? Too rarely voicing any objection or disagreements? Detached or suspicious? Does he enter his dreams or daydreams? What are the words of imaginary conversations with him? Yalom (2002) says, “All these things I want to know, and more” (p. 12).

### **Self-disclosure / Transference**

Yalom has a decidedly more open view of therapist self-disclosure than is commonly taught in psychoanalytic training. He says that in order to know the client the therapist must be prepared to do much more than observe and listen. To fully experience the client's world, requires the therapist to be prepared to disclose himself as a person, and he firmly believes this is integral to the therapeutic process (1980, 2002, 2008).

According to Yalom, it was determined early in the analytic movement that emotional distance was necessary to remain objective, to remain in control and not “be swept along by what a patient wishes rather than what the patient requires” (1980, p. 411). He adds, even today, some therapists provide patients only a sketchy description of how therapy works because they accept Freud's belief that ambiguity and the therapist's opacity encourages the formation of transference (Yalom I. D., 2008).

Yalom (2008) describes two categories of self-disclosure: disclosure about the mechanism of therapy and disclosure about the therapist's personal life, past or present. He draws from Frankl who recognised negative aspects in the therapist maintaining an objective attitude. Frankl (1977) wrote:

However psychoanalysis not only adopted objectivity— it succumbed to it. Objectivity eventually led to objectification, or reification. That it made the human person into an object, the human being into a thing. Psychoanalysis regards the patient as ruled by ‘mechanisms’ and it conceives of the therapist as the one who knows how to handle these mechanisms. He is the one who knows the technique by which then mechanisms may be repaired. (p. 19)

Yalom (2008) adds, “More recently, therapists have continued – with their reticence, their deep-sounding interpretations, their diplomas and pictures of various teachers and gurus lining their office walls— to stay apart from and above their clients” (p. 242). Likewise, Van Deurzen-Smith (1997) states, “The therapist who hides behind dogma or blank anonymity is unlikely to be very existentially inspired or inspiring” (p. 195).

Yalom admits that therapist self-disclosure is a complex, contested area, and is aware most therapists find his approach unsettling. He believes this links to the fear that such openness would interfere with the development of transference in the relationship; but he argues that given the key role of transference, the therapist should facilitate its development and believes that self-disclosure, used in the correct way, can aid the therapeutic relationship. “Again, I emphasize to therapists, reveal yourself when it enhances therapy, not because of pressure from the patient or because of your own needs or rules” (p. 244). Having said that, Yalom suggests moderation and acknowledges that there is also a place in therapy for concealment: “The most helpful therapist is by no means the one who is most fully and most consistently self-disclosing” (1970, p. 226).

## **On Diagnosis**

Yalom says diagnosis is an aspect of psychotherapy that can be counter-productive. He believes it limits one’s vision and reduces the therapist’s ability to relate to the other as a person (2002). Compare this with a psychoanalytic perspective: McWilliams (1994) says one of the strengths of the psychoanalytic tradition is an appreciation of personality structure. She suggests the diagnostic process offers advantages for treatment planning, contributes to protecting consumer health services, and can even play a role in reducing the chance that easily frightened people will flee from treatment (McWilliams, 1994).

Yalom agrees that diagnosis is important and critical in the treatment of severe conditions that have a biological substrate, such as schizophrenia and other major affective disorders for example, but in general, he rarely troubles himself with it (Yalom & Elkin, 1974). Furthermore, he believes it is counter-productive in everyday psychotherapy and says, “Once we make a diagnosis, we tend to selectively in-attend to aspects of the patient that do not fit into that particular diagnosis, and correspondingly over-attend to subtle features that appear to confirm an initial

diagnosis” (2002, p. 5). Rather it is best to approach the client as another human being who is perhaps facing the same issues and neuroses as the therapist might also be facing, or have faced at some stage of their lives (Shaughnessy, Main, & Madewell, 2007). Yalom says the major task of the maturing therapist is to learn to tolerate uncertainty and admonishes the psychoanalytic zeal for diagnosis. “Too often the diagnostic categorization is a stimulating intellectual exercise whose sole function is to provide the therapist with a sense of order and mastery” (1980, p. 410).

## CHAPTER 9: SUMMARY

Irvin Yalom presents a philosophy of practice for psychotherapists of all modalities to consider as a layer of awareness, able to be integrated with their existing approach. He encourages those in the mental health field to consider the premise that all anxiety is generated by confrontation with the four ultimate existential concerns — death, freedom, isolation, and meaninglessness. He posits that individuals respond to the four concerns with anxiety and develop other ego-dystonic consequences as defences against facing the reality that each presents. For example, that all ultimately die, that each must take full responsibility for his or her actions and for how a life is lived, that each must accept the fact that they are fundamentally isolated and separate from others, and that life is inherently meaningless and each individual is faced with finding meaning in their lives.

Yalom's model and existential psychotherapy generally, remain outside of mainstream psychoanalytic schools of thinking, although Yalom says the therapist must also deal with their own responses to the ultimate concerns and are thus already correlated to an existential frame of reference. Yalom suggests that our world is increasingly becoming socially fragmented, with the decline of organised religion and other community-based structures, and that each new generation is exposed to more random and catastrophic events than the previous. In this way, individuals are more existentially attuned and want therapists to be able to help them deal with these fundamental givens of existence. He proposes a more open client–therapist relationship is beneficial. Yalom also believes that clients respond more favourably to a here – and – now approach in the therapy session, one that explores in detail, what is happening in the moment, in the therapeutic relationship.

Yalom holds opposing views with psychoanalytic theory in a number of instances. For example, he disagrees with drive theory and also on the role and function of the unconscious. Instead, Yalom believes that awareness of the four concerns, and conflict in response to them, influence conscious functioning. Moreover, he opposes the idea of the unconscious as a source or influence on behaviour, believing instead that assumption of responsibility is the ultimate task facing the individual. Other instances of difference include therapist self-disclosure which Yalom strongly advocates, and he also refutes the importance of diagnosis, saying it can potentially have a negative influence on therapy.

## **Ideas for future research**

In spite of a long history, existential psychotherapy remains on the periphery of mainstream practice (Keshen, 2006; Van Deurzen-Smith, 1997; Yalom, 1980). Keshen (2006) says this is because the literature to date has been “convoluted and the psychotherapist’s ideas heterogeneous” (p. 285). He suggests that as a modality it remains research unfriendly. Yalom says that academic psychology, grounded in a positivist tradition, favours and values empirically based research, and this is the reason why the existential approach is so quarantined by the academic establishment. He says, “It is important to keep in mind, however, the limitations of empirical psychotherapy research are not confined to an existential orientation in therapy; it is only that they are more explicit in the existential approach” (1980, p. 23).

I began this dissertation with a personal note and that is how I will end it. In this study of Yalom and his approach to existential psychotherapy, I have begun to integrate and implement existential concepts into my clinical practice. Many of the clients in my workplace present with concerns related to their proclivity for at risk sexual behaviour, or addiction to sexual activity, either online or interpersonally, or other repetitive, sexually-based and essentially ego-dystonic lifestyles. The feelings most frequently expressed by the majority of these clients are those of isolation and loneliness and a sense of purposelessness to life — a lack of meaning.

According to McWilliams (1994), it is the unconscious and fearsome nature of the impulses that propel people to act out in such a compulsive, automatic fashion. She says, “People may sexualize any experience with the unconscious intention of converting terror or pain or other overwhelming sensation into excitement” (p. 140). I understand the symptomology of my client’s as outer manifestations of defensive processes and my efforts, where appropriate in the therapy, are to subtly draw the clients’ attention to a deeper awareness of existential issues. Often revealed are deep-seated fears of death and dying, a sense of groundlessness, fear of responsibility for example, located below the clients stated concerns of meaninglessness in life or feelings of inertia and declarations that demonstrate feelings of low self worth.

However, I have noticed positive outcomes in clients regardless of age as they become more aware of the existential givens, as posited by Yalom (and others), and I believe further research into the usefulness of existential approaches in general

psychotherapeutic practice would be of value. The research ideally would hold the potential to uncover data of an empirical nature, sadly lacking presently, to support the existential approach.

Therapists could be surveyed to ascertain their familiarity with concerns of an existential nature and how they incorporate that awareness into practice. From the client's perspective, questions may be asked as to how advantaged or disadvantaged they felt after being made more aware of existential concerns and to the improvements they found in their well being and outlook on life as a result of engaging in a therapeutic relationship with an existential focus.

## **Conclusion**

This dissertation set out to evaluate in detail Yalom's theory of existential psychotherapy and to present it in a synthesised form for the student psychotherapist or practitioner from other modalities. Psychopathologies commonly faced in the therapeutic encounter have been retrieved from Yalom's writing and re-presented, as have tips for improved practice. I was schooled in a psychodynamic-psychoanalytic approach and some contrasting views to that approach, as they appear in Yalom's literature, have been brought to the fore and included in the dissertation, as they offer the reader an alternative opinion.

Yalom views all theory as organic, and he accepts that as with all constructs, another will eventually replace his. I hope, as Yalom also hoped when he completed his ten years of writing *Existential Psychotherapy*, that this dissertation in some way helps to stimulate the discourse necessary to modify psychotherapeutic theory and practice in all its present forms, so that as human existence evolves, so too does the psychotherapy profession.

## REFERENCES

- Bach, K. (1973). *Exit-existentialism: A philosophy of self awareness*. Belmont, Ca: Wadsworth.
- Bartz, J. D. (2009). Theistic existential psychotherapy. *Psychology of Religion and Spirituality* , 1 (2), 69-80. doi: 10.1037/a0014895
- Basch, M. F. (1980). *Doing psychotherapy*. New York, NY: Basic Books.
- Benson, J., & Thistlethwaite, J. (2009). *Mental health across cultures: A practical guide for health professionals*. Oxford, England: Radcliffe.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.
- Bruce, A., Schreiber, R., Petrovskaya, O., & Boston, P. (2011). Longing for ground in a ground(less) world: a qualitative inquiry of existential suffering. *BMC Nursing* , 10 (2). doi:10.1186/1472-6955-10-2
- Choron, J. (1964). *Modern man and mortality*. New York, NY: McMillan.
- Cornett, C. (1998). *The soul of psychotherapy*. New York, NY: Simon and Schuster.
- Culbertson, P. (1999). Listening differently to Maori and Polynesian clients. *The Journal of The New Zealand Association of Psychotherapists* (5), 64-82.
- Dowrick, S. (1991). *Intimacy and solitude*. Auckland, New Zealand: Reed.
- Farber, L. H. (1976). *Lying, despair, jealousy, envy, sex, suicide, drugs, and the good life*. New York, NY: Basic Books.
- Frankl, V. (1972). The feeling of meaninglessness: A challenge to psychotherapy. *American Journal of Psychoanalysis* (32), 85-89. doi:10.1007/BF01872487
- Frankl, V. E. (1977). *The unconscious God – Psychotherapy and theology*. London, England: Hodder and Stoughton.
- Frankl, V. E. (2006). *Man's search for meaning*. Boston, Ma: Beacon Press.
- Giddings, L. S., & Grant, B. M. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse*, 13 (1), 10-28. doi:10.5172/conu.13.1.10
- Gurman, A. S., & Messer, S. B. (2003). *Essential psychotherapies* (2nd ed.). New York, NY: Guildford Press.
- Hart, C. (1998). *Doing a literature review: Releasing the social science research imagination*. Thousand Oaks, Ca: Sage.
- Heidegger, M. (1962). *Being and time*. London, England: Blackwell.

- Hobbs, N. (1962). Sources of gain in psychotherapy. *American Psychologist* (17), 742-48. doi: 10.1037/h0040135
- Horney, K. (1999). *Neurosis and human growth*. London, England: Routledge.
- Jesson, J., Matheson, L., & Lacey, F. (2011). *Doing your literature review: Traditional and systematic techniques*. London, England: Sage.
- Josselson, R. (2008). *Irvin D. Yalom: On psychotherapy and the human condition*. New York, NY: Jorge Pinto.
- Karasu, B. T. (2002). Response to Irvin Yalom. *American Journal of Psychotherapy*, 56 (3), 317-321. Retrieved from ProQuest database.
- Keshen, A. (2006). A new look at existential psychotherapy. *American Journal of Psychotherapy*, 60 (3), 285-298. Retrieved from ProQuest database.
- Kierkegaard, S. (1957). *The concept of dread*. Princeton, NJ: Princeton University Press.
- Klein, M. (1948). A contribution to the theory of anxiety and guilt. *International Journal of Psychoanalysis*, (29), 114-23. Retrieved from PEP database.
- Kramer, M., Winget, C., & Whitman, R. (1971). A city of dreams: A survey approach to normative dream content. *American Journal of Psychiatry* (127),1350-1356. <http://ajp.psychiatryonline.org>
- Krug, O.T. (2007). *A comparative study of James Bugental and Irvin Yalom, two masters of existential psychotherapy* (Doctoral dissertation, Saybrook Graduate School and Research Centre, San Francisco). Retrieved from ProQuest database.
- Maddi, S. (1967). The existential neurosis. *Journal of Abnormal Psychology* (72), 311-325. doi:10.1037/h0020103
- Maslow, A. (1968). *Toward a psychology of being*. New York, NY: D. Van Nostrand.
- May, R. (1957). *The meaning of anxiety* (rev.ed. ed.). New York, NY: W.W.Norton.
- May, R., & Yalom, I. (2000). Existential psychotherapy. In R. J. Corsini, & D. Wedding, *Current psychotherapies* (6th ed., pp. 279-302). Itasca, Illinois: Peacock.
- Mazer, M. (1960). The therapeutic function of the belief in will. *Psychiatry*, 23, 45-52.
- McWilliams, N. (1994). *Psychoanalytic diagnosis*. New York, NY: Guildford Press.
- Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond*. New York, NY: Basic Books.
- Mulrow, C. (1995). Rationale for systematic Reviews. In I. Altman, & I. Chalmers, *Systematic Reviews* (pp. 1 - 8). London, England: BMJ Publishing.

- Neill, J. (2006, May). *What is a Traditional Literature Review?* Retrieved from Wilderdom: <http://www.wilderdom.com>
- Rogers, C. (1961). *On becoming a person*. Boston, Ma: Houghton Mifflin.
- Russell, B. (1923). *A free man's worship*. Maine: T. B. Mosher.
- Sartre, J.P. (1949). *Nausea*. (A. Alexander, & R. Baldick, Trans.) France: Editions Gallimard.
- Shaughnessy, M. F., Main, D., & Madewell, J. (2007). An interview with Irvin Yalom. *North American Journal of Psychology*, 9 (3), 511-518. Retrieved from ProQuest Database
- Spinelli, E. (2006). Existential psychotherapy. *Análise Psicológica*, 3, 311-321.
- Suri, H. (2000, September). *A Critique of Contemporary Methods of Research Synthesis*. Retrieved June 20, 2011, from The University of Melbourne: [http://www.edfac.unimelb.edu.au/research/resources/student\\_res/postscriptfiles/](http://www.edfac.unimelb.edu.au/research/resources/student_res/postscriptfiles/)
- Szasz, T. (1994). *Mental illness is still a myth*. New York, NY: Harper.
- Van Deurzen-Smith, E. (1997). *Everyday mysteries – Existential dimensions of psychotherapy*. London, England: Routledge.
- Yalom, I.D. (1960). Aggression and forbiddenness in voyeurism. *Archives of General Psychiatry*, 3, 305-319. Retrieved from <http://archpsyc.ama-assn.org>
- Yalom, I. D. (1970). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.
- Yalom, I.D. (1971). A study of encounter group casualties. *Archives of General Psychiatry*, 25, 16-30. Retrieved from <http://archpsyc.ama-assn.org>
- Yalom, I.D, & Elkin, G. (1974). *Every day gets a little closer*. New York, NY: Basic Books.
- Yalom, I.D. (1976). Using the here-and-now in group therapy. *Proceedings of the Third Annual Conference of the Group Therapy Department*. Washington Square Institute for Psychotherapy and Mental Health.
- Yalom, I.D, & Greaves, C. (1977). Group therapy with the terminally ill. *American Journal of Psychiatry*, 134 (4), 396-400.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.
- Yalom, I.D. (1986). Interpersonal learning. *American Psychiatric Association Annual Review*, 5, 699-713. Retrieved from ProQuest database

- Yalom, I. D. (1989). *Love's executioner and other tales of psychotherapy*. New York, NY: Basic Books.
- Yalom, I. D. (1991). *When Nietzsche wept*. New York, NY: Basic Books.
- Yalom, I. D. (1996). *Lying on the couch*. New York, NY: Basic Books.
- Yalom, I. D. (1998). *The Yalom reader*. New York, NY: Basic Books.
- Yalom, I. D. (1999). *Momma and the meaning of life*. New York, NY: Basic Books.
- Yalom, I. D. (2000). Religion and Psychiatry. *American journal of psychotherapy*, 56, (3) 301-306. Retrieved from ProQuest database
- Yalom, I. D. (2002). *The gift of therapy*. New York, NY: Harper Collins.
- Yalom, I. D. (2005). *The Schopenhauer cure*. New York, NY: Harper Collins.
- Yalom, I. D. (2008). *Staring at the sun*. San Francisco, Ca: Jossey-Bass.
- Yalom, I.D. (2011). *I'm calling the police*. New York, NY: Basic Books.