

A New Look at Existential Psychotherapy

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Existential psychotherapy has remained on the fringes of the mainstream practice of psychotherapy. One reason for its limited acceptance is that the literature has tended to be convoluted and existential psychotherapists' ideas heterogeneous. Another reason is the dearth of empirical validation studies. What if a more succinct, well-defined and research-friendly model of existential psychotherapy could be developed? An argument against such a manualized approach is that making the model more mechanized and structured goes against some of the tenets of existential psychotherapy. Another argument is that the heterogeneity of the field prohibits manualization of existential psychotherapy. Although these reservations have some legitimacy, the purpose of this paper is to develop a more clinically oriented adaptation of existential psychology and lay the groundwork for a manualized approach to existential psychotherapy.

BACKGROUND

Despite its long history, existential psychotherapy has remained on the fringes of mainstream practice. This is unfortunate because the therapy could be useful in a society that, some argue, is becoming more existentially minded (Yalom, 1980). One reason for its limited acceptance is that the literature to date has tended to be quite convoluted, and the existential psychotherapists' ideas heterogeneous. Another reason for its limited acceptance is the dearth of empirical validation studies. Again, I think the lack of clear definition and cohesiveness makes it difficult to evaluate the therapy quantitatively (Cooper, 2003).

So—if a more succinct, well-defined, and research-friendly model of existential psychotherapy would be desirable, why has it not been developed? One argument against developing such a manualized approach is that making the model more mechanized and structured goes against some of the main tenets of existential psychotherapy itself (e.g. subjective experience and free-form technique). Another argument is that the heter-

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ogeneity of the field prohibits the manualization of “existential psychotherapy” because there are actually quite diverse psychotherapies that fall under the existential umbrella (Cooper, 2003).

Although these reservations have some legitimacy, an effort to manualize existential psychotherapy is necessary if it is to gain wider acceptance and usability. The purpose of this paper then, is to develop a more clinically oriented adaptation of existential psychology and thereby, to lay the groundwork for a manualized approach to existential psychotherapy.

More specifically, the type of existential psychotherapy to be developed revolves around the issue of purposelessness¹. I will therefore refer to *purpose-centered existential psychotherapy*² instead of the more general term, *existential psychotherapy*. I have decided to focus on purposelessness because, in my opinion, this concept is more tangible and amenable to quantitative evaluation than other existential foci (e.g. scales are available to evaluate purpose in life). As a result, it is more feasible to develop this existential domain into a manualized model that can be rigorously evaluated.

One argument *against* focusing on purpose-centered existential psychotherapy is that historically it has tended to impose value judgments on its clients. Purpose-centered existential psychotherapists may, for example, suggest to clients that there is one ultimate meaning or that only certain types of “higher” activities are legitimate sources of purpose. I will argue that the approach presented in this paper, to the contrary, is relatively free of value judgments.

INTRODUCTION

This paper will accomplish the following tasks:

- distill the clinically important principles of purpose-centered existential psychology and present them in an elucidative diagram. This goal addresses the issue of providing clarity to a heterogeneous and sometimes convoluted set of ideas.

- classify and organize these distilled ideas, and also some new ideas, in a way that makes them more applicable to psychotherapy. This task is

¹The words “purpose” and “meaning” have been used interchangeably in the existential literature. I would like to use the word “purpose” instead of “meaning” because there is a more implicit reference to concrete and tangible purpose giving activities.

²Since the issue of purpose is my main focus, the existential psychotherapists’ works that I develop are those of Victor Frankl and Irving Yalom. In doing so, I recognize that other prominent existential therapies, such as those espoused by Heidegger, Binswanger, Boss, Bugental, Schieder, May, Laing, Havens, van Deurzen, and others are excluded; however, this is unavoidable in a field that is so diverse (see Mick Copper [2003] for a summary of these existential psychotherapy subtypes).

important because the existential psychology literature has been very philosophical and theoretical, which makes gleanings clinical principles difficult. I hope my reworking of existential ideas will help clinicians develop a manualized approach to existential psychotherapy.

— describe briefly some basic principles and future directions for the discipline, which may lay the foundation for a manualized approach to purpose-centered existential psychotherapy.

DISTILLATION OF CLINICALLY IMPORTANT PRINCIPLES

Figure 1 outlines the important clinical principles of purpose-centered existential psychology. The diagram starts with the first assumption of purpose-centered existential psychology; namely, that human beings have a *will to purpose*, or in other words, a need to engage in something that gives their life purpose (Frankl, 1963). If this will to purpose cannot be fulfilled, an *existential vacuum*, or void, is created and this may in turn cause an *existential neurosis* (see Figure 1 for symptoms). In order to cope with this existential neurosis, people will often engage in activities, which I view as defense mechanisms, to fill their existential vacuum. These defense mechanisms are labeled, *purpose substitutes* (PS) because they are substitutes for activities that give *authentic purpose* (AP). The following sections contain detailed descriptions of PS and AP with accompanying case studies to illustrate the points.

PURPOSE SUBSTITUTES

As mentioned above, PS activities are attempts to defend against existential neurosis. Before describing these PS, I want to present the following three caveats:

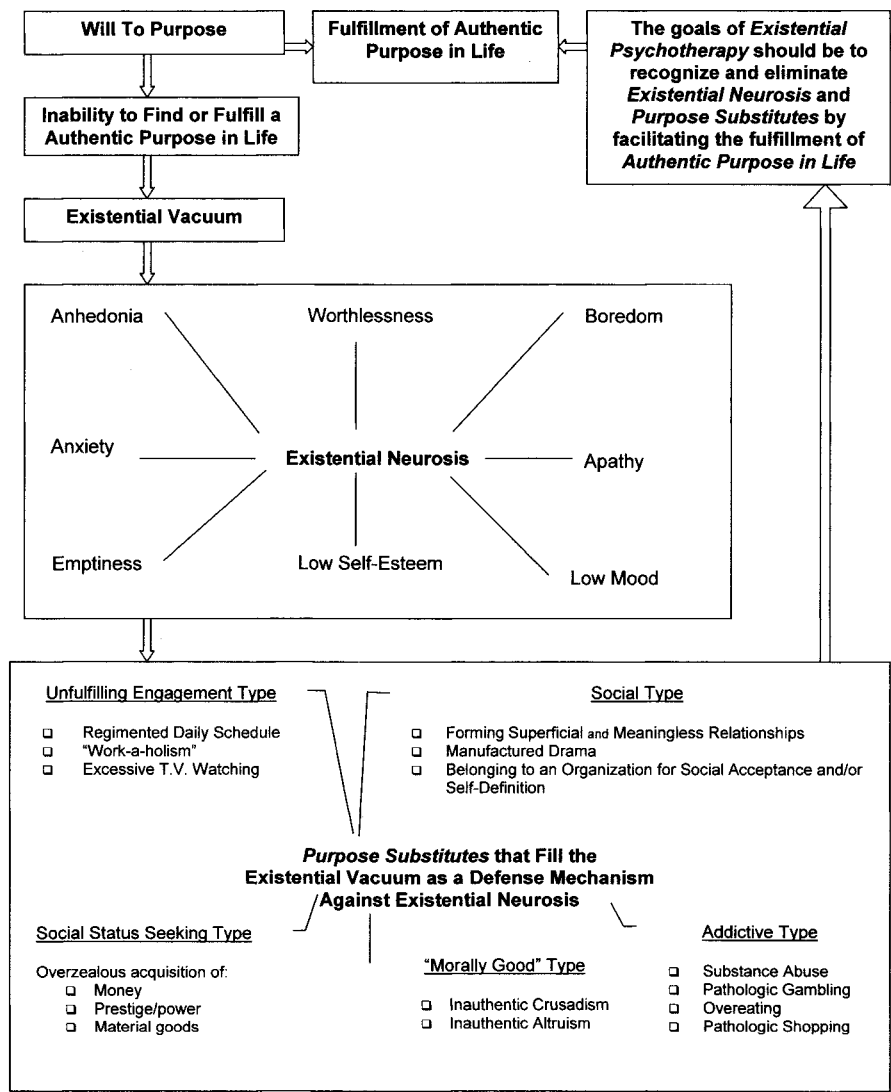
a) The activities labeled PS *may* be used as defense mechanisms; however, these activities *do not necessarily* serve that function. There may be multiple healthy or unhealthy reasons unrelated to purpose substitution that could explain why, for instance, an individual might adopt a religious lifestyle, abuse substances, or behave altruistically.

b) Purpose substitutes may have multifactorial etiologies; for instance, an individual may use pathological shopping as a defense mechanism, but only because she or he has a biological and/or environmental predisposition, for example, a serotonin deficit or poor parental modeling.

c) Existential neurosis (and resultant PS) can be integrated within a healthy individual's ego and may not necessarily be representative of psychopathology (I will elaborate on this point in a later section).

Listed in Table 1 are PS that have either been discussed in the

Figure 1



existential literature (Yalom, 1980) or which I have labeled. I have attempted to categorize these PS in a way that makes them more compatible with "DSM-IV³ style" descriptive clinical psychology and psychiatry.

³APA (1980) *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) Washington, DC: APA

Table I TYPES OF PURPOSE SUBSTITUTES AND SUB-TYPES

1. Addictive Type
• Substance Abuse
• Pathologic Gambling
• Overeating
• Pathologic Shopping
2. Social Type
• Forming Superficial and Unfulfilling Relationships
• Manufactured Drama
• Belonging to an Organization for Social Acceptance and/or Self-Definition
3. “Morally Good” Type
• Inauthentic Altruism
• Inauthentic Crusadism
4. Social Status Seeking Type
Overzealous acquisition of:
• Money
• Material Goods
• Prestige/Power
5. Unfulfilling Engagement Type
• Regimented Daily Schedule
• “Workaholism”
• Excessive Television/Internet Use

The advantage of this style is that it provides a consistent framework for identifying, understanding, and treating existential neuroses. Also, creating such a classification system enables consistent and comparable research studies, which are currently non-existent in the field. Enabling such research is a necessary step in the propagation of existential psychotherapy into mainstream practice. To maintain a theme of clinical relevance, I have elaborated on these PS in the cases that follow⁴.

CASE 1

When C., an A+ undergraduate science student, was nearing the end of her studies she pondered her next career move. She did not enjoy basic science research, so by process of elimination medicine presented itself as a career option. Although C. was not passionately drawn to medicine, she was from a geographic area in which there were high cancer rates among the population; therefore, C. thought (in a very intellectualized sense) that she might serve her community by becoming an oncologist (*PS type*–

⁴These case studies are derived from observed clients and situations.

Morally Good; Subtype-Inauthentic Altruism/Crusadism). On a subconscious level, C. found the allure of becoming a doctor and making a lot of money very appealing (*PS type-Social Status Seeking; Subtype-Money and Prestige*).

C. was admitted to medical school and completed it with no trouble. As the first couple of years of residency unfolded, C. became progressively less happy. The hours were long, the work was not what she had envisioned, and one day she realized that her life was devoid of things she truly enjoyed. Since she had a "Type A" personality, she dealt with her existential neurosis by throwing herself into work so busily and compulsively that she did not have time to ponder her unhappiness (*PS type-Unfulfilling Engagement; Subtype-Workaholic*). Her home life was no better. When she returned to her empty apartment at night, she only had the energy to sit in front of the TV and eat. In particular, she had come to enjoy junk food during these evening binges because it was the only activity that gave her a bit of short-lived pleasure. Over the next several months she gained a considerable amount of weight (*PS type-Addictive; Subtype-Overeating*).

Unfortunately, these PS could only temporarily prevent a psychological crisis. C.'s unfulfilling career and home life, in combination with her disgust over the weight gain, eventually led to a persistently low mood, insomnia, feelings of intense guilt, and low self-esteem. After several months of living in a state of escalating despair, C. drank two bottles of wine in one sitting and swallowed the contents of a whole bottle of acetaminophen.

The next day, a colleague, who was concerned by C.'s absence at work, found her at her home in an overdosed state and called 911. After being discharged from the ICU, C. was diagnosed with a major depressive episode, and she was admitted to an inpatient psychiatric unit where she was started on an antidepressant and taught techniques for relaxing and restructuring negative cognitions. At the time of discharge C. was no longer depressed, but still felt a vague sense of emptiness and anxiety revolving around the fact that she was not truly happy with her work and home life.

It was probably this lingering existential neurosis that lead C. to Kabbalah, a branch of Judaism of which Madonna and other celebrities have become devout followers. C.'s first exposure to Kabbalah was on a website, which professed that "[Kabbalah] unravels puzzles. It deciphers codes. It creates order out of chaos. And if that isn't enough, Kabbalah answers the ultimate question of human existence: Who are we? Where did

we come from? Why are we are this earth!"⁵ Although skeptical, C. ordered the "Kabbalah Course" learning packet and a book from their online store. At first, C.'s spirits were lifted so much by the sense of comfort and belonging that Kabbalah offered, that she bought the symbolic "red string" bracelet that many celebrities were wearing (*PS type–Social Type; Subtype–Belonging to an Organization for Social Acceptance/Self-Definition*). Unfortunately, the early boost C. had felt from the initial promises made by Kabbalah faded away, and she realized that she was still left with a job she hated, no close friends, no spouse, and no activities she truly loved. Once again, C. slipped into a major depressive episode.

Comments

This case illustrates how a failure to fulfill one's will to purpose can cause an existential neurosis and resultant cascade of PS. An existentially minded clinician, with an understanding of PS, would recognize this client's cluster of PS, and explore the existential issues in psychotherapy. On the other hand, a clinician who is not existentially minded might not recognize C.'s desire to become an oncologist, compulsive work habits, overeating, and interest in Kabbalah as a series of PS, or evidence of an existential neurosis. As a result, a therapist who is not existentially minded might not focus the psychotherapy in a manner directed to resolving C.'s underlying existential issues. I would hypothesize that focusing on the existential issues (i.e. using existential psychotherapy) with such a client would enhance the effectiveness of her treatment. However, future research would need to support this claim.

CASE 2

Mrs. F. is an 86-year-old, functionally impaired woman, who has lived in a nursing home since the death of her husband 15 years earlier. When she first moved into the nursing home, she went through a major period of adjustment, which was characterized by feelings of emptiness, boredom, apathy, anhedonia, and panic attacks. She attributed this psychopathology to the fact that since moving into the nursing home she had lost all her established social interactions and could not perform any of her previous recreational activities.

After several months of living in this state, Mrs. F. has begun to defend against this existential neurosis by using PS. The first defense mechanism she adopted was to make her daily life very regimented (*PS type–Unfulfilling Engagement; Subtype–Regimented Daily Schedule*). More specifically,

⁵Retrieved from www.kabbalah.com on June 19th, 2006.

Mrs. F. awakes every day at 730h, has toast and tea at 800h, plays solitaire until 900h, watches *Live with Regis* and *Judge Judy* from 1000h to 1200h, eats lunch from 1200h to 1300h, watches soap operas from 1300h to 1700h, eats supper from 1700h to 1800h, chats with the same two women from 1800h to 2000h, and then goes to bed. This lifestyle is not enjoyable for Mrs. F., but it does fill her existential vacuum with activities that are carried out in a very predictable, mechanized manner. This schedule defends against her existential neurosis. Instead of struggling to fulfill her will to purpose, Mrs. F. simply perseveres with daily life in an automated, perfunctory manner.

Comments

Most people would recognize that Mrs. F.'s existential neurosis is caused by the same plague that affects many nursing home residents; that is a lack of meaningful activities and socialization. Her case description illustrates several different PS. First, there is the PS of *Unfulfilling Engagement with a Regimented Daily Schedule subtype*. The second PS is the *Unfulfilling Engagement PS with Excessive TV Watching subtype*. This PS is a very potent one in Mrs. F.'s life because it consumes six of 12 of her waking hours; during her TV time she is essentially disengaged from life and her existential neurosis. The last PS that Mrs. F. uses is *Social Type with a Manufactured Drama subtype*, which is manifested by her daily conversations with the two other nursing home residents. These conversations fit this PS category because they tend to be flavored by gossip and over-dramatization, and they function as a superficially stimulating form of social interaction. In effect, these conversations replace truly meaningful and fulfilling socialization, which no longer exists for these women.

An important caveat to this last example is that, in many cases, gossip and "small talk" are healthy and necessary elements of human interaction, which can be integrated into the life of an individual with an abundance of AP (I will speak more about this integration in a later section). The reason that *this* woman's social interactions exemplify the *Social Type PS with a Manufactured Drama subtype* is because her conversations completely replace meaningful and fulfilling relationships and because they are not a source of happiness or enjoyment.

AUTHENTIC PURPOSE

Authentic Purpose (AP) is derived from anything that one has a genuine love or interest in (as long as it does not compromise others or self). Authentic Purpose has some core similarities to the concept of

“authenticity” (Bugental, 1987; Heidegger, 1962; Sartre, 1958) but is less philosophically loaded and abstract; thus, it is more applicable to clinical use. Although the definition of AP is less abstract than the concept of authenticity, it *is* intentionally vague. The reason for this vagueness is that I perceive AP as being as unique and varied as the individuals pursuing it, and therefore it is not suitable for narrow definition. Compared to my inclusive definition, many existential psychotherapists have narrowly defined the areas in which they think people *ought* to find purpose (Frankl, 1963; Yalom, 1980). These definitions tend to be constrained because they limit purposeful activities to things that are perceived to contribute to society (and as a result tend to be moralistic and intellectualized purpose giving activities, such as altruistic or creative pursuits). I would argue that these definitions of purpose do not necessarily capture the essence of why individuals are truly passionate about certain purpose-giving activities. They do, on the other hand, encourage clients to chase what they think they *ought* to be doing based on the values of their psychotherapists (i.e. intellectualized and moralistic ideals).

So again, my concept of AP suggests that people should pursue only what they are interested in or are passionate about regardless of whether it contributes to society (as long as it's not harmful). I would argue that this approach to purpose seeking is a worthwhile manner with which to search for purpose. I would offer two reasons to support this claim, which are basic and hypothetical, but I think intuitively valid.

First, I would argue that this approach to purpose seeking is an effective way to achieve mental health. Anyone who has ever engaged in something they *truly* love can attest to the deep and enduring feeling of fulfillment and happiness this brings.

Second, engaging in an activity because it's enjoyable will likely yield more success and productivity than an unenjoyable activity. This presents an interesting irony: Doing something for self-interested reasons may have the secondary effect of contributing to society more so than deliberately attempting to improve society for inauthentic reasons (e.g. someone with a *Morally Good PS*, such as in case 3).

Another issue that should be addressed with respect to AP is the somewhat value-laden nature of the word “authentic”. I recognize that encouraging the discovery of AP presents the client with the therapist's existential values (i.e. having authentic purpose in life is a “right way to live”) more so than some other subtypes of existential psychotherapy, which would assume no “right way to be” (e.g. Deurzen, 1999). However, as discussed earlier, encouraging AP certainly imposes fewer value judg-

ments than other purpose-oriented psychotherapies (e.g. Frankl, 1963; Yalom 1980), and by definition would tend to match and nurture the client's own values.

The following hypothetical case study illustrates the previous points regarding AP.

CASE 3

M., a 62-year-old widowed police officer recently retired from the force. Since retirement he had felt a profound sense of emptiness and low mood. To alleviate this existential neurosis, he began volunteering at a local soup kitchen several days a week (*PS type—Morally Good; Subtype—Inauthentic Altruism*). Although he knew that the activity was altruistic and *should* give him a sense of fulfillment, he did not really enjoy the activity. He stuck it out for a few weeks, but then stopped because the activity was not rewarding nor was it lifting his spirits. Furthermore, he knew that his lack of fondness for the work was making him an ineffective volunteer.

At the same time that M. joined the soup kitchen staff, D., a 52-year-old woman also began volunteering there. She had been a stay-at-home mom for 25 years, and her youngest son had moved out of the house four months earlier. Since then, she had become apathetic and anxious, and she was tearful for several hours in the morning and evening. To defend against this existential neurosis, D. volunteered at the soup kitchen because she, like the retired police officer, thought that engagement in an altruistic activity would lift her spirits. Unlike the police officer, however, D. found a great sense of fulfillment in working at the soup kitchen (but for reasons different from what she expected). One reason that she enjoyed the activity was because she formed genuine friendships with other volunteers, and this appealed to her love for social interaction (AP). The other reason she found fulfillment was because she had always enjoyed tasks that needed astute organizational and management skills. As time went on D. was given more and more management duties; this eventually led to a paid position as director of the soup kitchen (AP). Now that D.'s days were filled with activities that she truly loved and enjoyed, she lost her feelings of apathy and anxiety.

Comments

This case is meant to demonstrate that using PS as defense mechanisms may not effectively resolve existential neuroses or result in happiness, as in the case of the retired police officer. On the other hand, as with the mother, engaging in something that one loves *can* eliminate the symptoms of existential neurosis, and also lay the groundwork for a satisfying life.

Furthermore, pursuing something that one loves doing, even if the motivation for it is somewhat trivial or self-interested, may have a secondary effect of making that person a more effective contributor to society, while pursuing something for inauthentic reasons may not. Case in point, D. loved the soup kitchen because of the friendships she made and organizational tasks she was given (i.e. relatively self-interested motivators). Because of her passion, she was made director of the soup kitchen—a role that contributes to society in a broader sense. On the other hand, the police officer's reason for volunteering ("do the right thing") was an inauthentic desire (*PS type—Morally Good*), and as a result, he could not effectively contribute to society.

INTEGRATION OF PS AND AP

The concepts of PS and AP have been discussed individually, so I would now like to discuss the integration of these two entities. In my opinion, many people, even those with a strong sense of AP, experience a degree of existential vacuum (and resultant PS). However, this only becomes unhealthy when overall an individual's existential vacuum and resultant PS predominate, overwhelming his or her AP. The following case examples, illustrate that AP and existential vacuums (with resulting PS) are integrated to varying degrees within individuals, and that the overall balance of AP and PS determines the degree of psychopathology.

CASE 4

A physician in a teaching hospital, E. has a true passion for teaching and research (AP), and he also gains a deep sense of purpose from his relationship his wife and three children (AP). However, despite the passion for his work, E. experiences a period of low mood because his latest research does not win a prestigious award in his field. This emotional turmoil confuses him. He knows that his research is respected by his peers, and he understands it has advanced his field of research in many ways. Despite this, E. is still affected by not winning an award that he knows is superficial and subjective. One could argue that because E. yearns for the prestige of the award, he must not be getting complete fulfillment from the research itself. If he were, he would not look for a superficial and external source of validation to convince himself that his work is purposeful and worthwhile (*PS type—Social Status; Subtype—Prestige*). Granting this view, it does not necessarily follow that the E. lacks AP to any significant degree. *Most* of his motivation for working comes from genuine passion, and E. also gets AP from his family. Because E. he has an overall predominance

of AP rather than existential vacuum (and resultant PS) his having some need for a PS is not evidence of psychopathology.

CASE 5

J., a New York stage actor, has a genuine passion for acting, and when performing or preparing for a role he is very fulfilled (AP). However, this AP does not completely fulfill his need for purposeful activities, and so J. must defend against existential neurosis with PS. For example, he seeks out many superficial relationships, which do not supply him with meaningful or fulfilling bonds (*PS type–Social; Subtype–Superficial and Unfulfilling Relationships*). Also, J. spends much of his free time alone at a casino playing blackjack, an activity that gives a short-lived rush when he is winning but leaves him feeling empty afterwards (*PS type–Addictive; Subtype–Pathologic Gambling*). Although J. has a mix of AP and PS (like the researcher in Case 4), the existential vacuum (and resultant PS), rather than AP, predominates; therefore, J. is often depressed and anxious unlike the researcher, who is generally fulfilled and happy.

FUTURE DIRECTIONS FOR EXISTENTIAL PSYCHOTHERAPY

This section is based on my analysis and offers a brief description of the basic principles and future directions for existential psychotherapy. The section will also include an illustrative case study.

In my opinion, the goals of a purpose-centered existential psychotherapist should be:

Symptom and PS Recognition

The therapist would achieve this goal by being cognizant of the symptoms of existential neurosis and resultant PS as listed in Figure 1.

Existential Formulation

If the initial assessment reveals such symptoms or PS, the therapist would then derive an existential formulation of the psychopathology based on the predominance of existential vacuum relative to AP.

This stage of therapy might involve a brief exploration of why the client has *not* chosen AP-giving activities, and why she/he *has* chosen particular PS. For example, if a person has always felt the need to please his parents, he may pursue *their* dream for him, such as becoming a lawyer, rather than pursuing an AP-giving activity. This exploration would not be the focus of the therapy, however. If the etiologic underpinnings were not readily obvious, the next stage of psychotherapy would proceed anyway.

Facilitate the Discovery of AP

Once a formulation is discussed with the client, the next stage of

therapy is facilitation of the client's discovery of AP. A future direction for existential psychotherapy is to manualize specific *existential psychotherapy techniques* that directly facilitate existential exploration. One example is a thought experiment in which the client is directed to imagine activities she would ideally accomplish or wish that she would have accomplished, if she discovered she was terminally ill. This exercise allows the client to examine where her passions truly lie and which pursuits are genuinely important (i.e. AP-giving activities).

Facilitate Fulfillment of AP

This stage of therapy involves more existential psychotherapy techniques (that still need to be manualized), which would facilitate the client's pursuit of the chosen AP purpose-giving activities. This might involve, for example, facilitating a role transition, such as starting a new job that is expected to provide AP.

Facilitate the Discontinuation of PS

If an activity is truly functioning as a defense mechanism against existential neurosis, then treating the existential neurosis should eliminate the activity (i.e. the PS). If, however, the PS is used despite resolution of the existential neurosis, it may be necessary to reevaluate whether the assumed PS is actually functioning as a defense mechanism. Another consideration is that adjunctive treatment may be needed in order to eliminate the PS; for instance, support groups (e.g. Alcoholics Anonymous) may be needed to eliminate an addictive-type PS.

CASE 6

A 33-year-old man, H. is referred for outpatient psychotherapy by his family doctor because of a continuing major depressive disorder that has not resolved despite treatment with two different antidepressants. In the initial assessment with the client, the psychotherapist elicits descriptions of the client's symptoms, such as low mood, decreased appetite, anhedonia, insomnia and a profound sense of emptiness. Other pertinent aspects of the client's history are preoccupations with social status and material goods and progressive alcohol abuse, which is manifested during after-work outings with co-workers to the local bar. The psychotherapist recognizes the symptoms of potential existential neurosis and PS use and so develops a formulation for this client's psychopathology based on the predominance of an existential vacuum relative to AP giving activities engaged in by the client. This formulation is discussed with the client; the two parties agree to base the remainder of therapy on the facilitation of AP-giving activities and discontinuation of PS.

The therapist then explained the *terminal illness* existential psycho-

therapy technique, and suggested to H. that he engage in this thought experiment between sessions. In the next session the client explained that he found the experiment useful because it allowed him to realize that if he were terminally ill he would not have anyone that truly loved him by his side. Furthermore, he wished that he had had a chance to experience fatherhood—something he had delayed in order to foster a successful career.

Having discovered AP-giving activities to pursue, H. and his therapist began to work through issues H. had related to “settling down”. After 15 bi-weekly sessions and several brief relationships, H. found a partner with whom he can envision starting a family.

Given that AP is developing, the next stage of therapy is PS discontinuation. Luckily, H.’s drinking behavior had not developed into an alcohol dependence disorder, and as a result, his after-work alcohol abuse stopped quite easily as he replaced it with something more meaningful (i.e. his new relationship).

Since he is no longer depressed or abusing alcohol, H. and his therapist agree to terminate therapy. During the next two years H. was married and soon after had his first child. As the child grows, H. gains more and more AP from being a father. As a result, his preoccupation with social status and material goods diminished.

CONCLUSION

In my opinion, existential psychotherapy, despite its tremendous potential, has not been adequately utilized in mainstream psychiatry or clinical psychology. This paper provides a more tangible version of existential psychology and the groundwork for an existential psychotherapy manual. It is my hope that this will be the first step towards a more accepted and usable version of existential psychotherapy.

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