

EXISTENTIAL BASES OF PSYCHOTHERAPY*

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THOUGH the existential approach has been the most prominent in European psychiatry and psychoanalysis for two decades, it was practically unknown in America until a year ago. Since then, some of us have been worried that it might become *too* popular in some quarters, particularly in national magazines. But we have been comforted by a saying of Nietzsche's, "The first adherents of a movement are no argument against it."

We have no interest whatever in importing from Europe a ready-made system. I am, indeed, very dubious about the usefulness of the much-discussed and much-maligned term "Existentialism." But many of us in this country have for years shared this approach, long before we even knew the meaning of that confused term.

On the one hand this approach has a deep underlying affinity for our American character and thought. It is very close, for example, to William James' emphases on the immediacy of experience, the unity of thought and action, and the importance of decision and commitment. On the other hand, there is among some psychologists and psychoanalysts in this country a great deal of hostility and outright anger against this approach. I shall not here go into the reasons for this paradox.

I wish, rather, to *be* existentialist, and to speak directly from my own experience as a person and as a practicing psychoanalytic psychotherapist. Some fifteen years ago, when I was working on my book *The Meaning of Anxiety*, I spent a year and a half in bed in a tuberculosis sanatorium. I had a great deal of time to ponder the meaning of anxiety—and plenty of firsthand data in myself and my fellow patients. In the course of this time I studied the two books written on anxiety up till our day, the one by Freud, *The Problem of Anxiety*, and the one by Kierkegaard, *The Concept of Dread*. I valued highly Freud's formulations: namely, his first theory, that anxiety is the re-emergence of repressed libido, and his second, that anxiety is the ego's reaction to the threat of the loss of the loved object. Kierkegaard, on the other hand, described anxiety as the struggle of the living being against non-being which I could immediately experience there in my struggle with death or the prospect of being a lifelong invalid. He went on to point out that the real terror in anxiety is not this death as such but the fact that each of us within

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himself is on both sides of the fight, that "anxiety is a desire for what one dreads," as he put it; thus like an "alien power it lays hold of an individual, and yet one cannot tear one's self away."

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

This is not a value dichotomy; obviously both are necessary. Our real problem, rather, is given us by our cultural-historical situation. We in the Western world are the heirs of four centuries of technical achievement in power over nature, and now over ourselves; this is our greatness and, at the same time, it is also our greatest peril. We are not in danger of repressing the technical emphasis (of which Freud's tremendous popularity in this country were proof if any were necessary). But rather we repress the opposite. If I may use terms which I shall be discussing more fully presently, we repress the *sense of being*, the ontological sense. One consequence of this repression of the sense of being is that modern man's image of himself, his experience of himself as a responsible individual, his experience of his own humanity, have likewise disintegrated.

The existential approach, as I understand it, does not have the aim of ruling out the technical discoveries of Freud or those from any other branch of psychology or science. It does, however, seek to place these discoveries on a new basis, a new understanding or rediscovery, if you will, of the nature and image of man.

I make no apologies in admitting that I take very seriously the dehumanizing dangers in our tendency in modern science to make man over into the image of the machine, into the image of the techniques by which we study him. This tendency is not the fault of any "dangerous" men or "vicious" schools; it is rather a crisis brought upon us by our particular historical predicament. Karl Jaspers, both psychiatrist and existentialist philosopher, holds that we in the Western world are actually in process of losing self-consciousness and that we may be in the last age of historical man. William Whyte in his *Organization Man* cautions that modern man's enemies may

turn out to be a "mild-looking group of therapists, who . . . would be doing what they did to help you." He refers here to the tendency to use the social sciences in support of the social ethic of our historical period; and thus the process of helping people may actually make them conformist and tend toward the destruction of individuality. We cannot brush aside the cautions of such men as unintelligent or antiscientific; to try to do so would make us the obscurantists.

You may agree with my sentiments here but cavil at the terms "being" and "non-being"; and many of you may already have concluded that your suspicion was only too right, that this so-called existential approach in psychology is hopelessly vague and muddled. Carl Rogers remarked in his paper at the American Psychological Association convention last September in Cincinnati that many American psychologists must find these terms abhorrent because they sound so general, so philosophical, so untestable. Rogers went on to point out, however, that he had no difficulty at all in putting the existential principles in therapy into empirically testable hypotheses.

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

Certainly the neurotic, anxious child is compulsively concerned with security, for example; and certainly the neurotic adult, and we who study him, read our later formulations back into the unsuspecting mind of the child. But is not the normal child just as truly interested in moving out into the world, exploring, following his curiosity and sense of adventure—going out "to learn to shiver and to shake," as the nursery rhyme puts it? And if you block these needs of the child, you get a traumatic reaction from him just as you do when you take away his security. I, for one, believe we vastly overemphasize

the human being's concern with security and survival satisfactions because they so neatly fit our cause-and-effect way of thinking. I believe Nietzsche and Kierkegaard were more accurate when they described man as the organism who makes certain values—prestige, power, tenderness—more important than pleasure and even more important than survival itself.

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

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

Let us now come back from theory to more practical matters. For a number of years as a practicing therapist and teacher of therapists, I have been struck by how often our concern with trying to understand the patient in terms of the mechanisms by which his behavior takes place blocks our understanding of what he really is experiencing. Here is a patient, Mrs. Hutchens (about whom I shall center some of my remarks this morning) who comes into my office for the first time, a suburban woman in her middle thirties who tries to keep her expression poised and sophisticated. But no one could fail to see in her eyes something of the terror of a frightened animal or a lost child. I know, from what her neurological specialists have already told me, that her presenting problem is hysterical tenseness of the larynx, as a result of which she can talk only with a perpetual hoarseness. I have been given the hypothe-

sis from her Rorschach that she has felt all her life, "If I say what I really feel, I'll be rejected; under these conditions it is better not to talk at all." During this first hour, also, I get some hints of the genetic *why* of her problem as she tells me of her authoritarian relation with her mother and grandmother, and how she learned to guard firmly against telling any secrets at all. But if as I sit here I am chiefly thinking of these *why's* and *how's* concerning the way the problem came about, I will grasp everything except the most important thing of all (indeed the only real source of data I have), namely, this person now existing, becoming, emerging, this experiencing human being immediately in the room with me.

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

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

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

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

¹ From a philosophical point of view, these are to be termed "ontological principles."

evance to human beings and gives a basis for the understanding of sickness and health, neurosis and mental health. Neurosis is not to be seen as a deviation from our particular theories of what a person should be. *Is not neurosis, rather, precisely the method the individual uses to preserve his own center, his own existence?* His symptoms are ways of shrinking the range of his world (so graphically shown in Mrs. Hutchens' inability to let herself talk) in order that the centeredness of his existence may be protected from threat; a way of blocking off aspects of the environment that he may then be adequate to the remainder. Mrs. Hutchens had gone to another therapist for half a dozen sessions a month before she came to me. He told her, in an apparently ill-advised effort to reassure her, that she was too proper, too controlled. She reacted with great upset and immediately broke off the treatment. Now technically he was entirely correct; existentially he was entirely wrong. What he did not see, in my judgment, was that this very properness, this overcontrol, far from being things Mrs. Hutchens wanted to get over, were part of her desperate attempt to preserve what precarious center she had. As though she were saying, "If I opened up, if I communicated, I would lose what little space in life I have." We see here, incidentally, how inadequate is the definition of neurosis as a failure of adjustment. *An adjustment is exactly what neurosis is; and that is just its trouble.* It is a necessary adjustment by which centeredness can be preserved; a way of accepting *non-being*, if I may use this term, in order that some little *being* may be preserved. And in most cases it is a boon when this adjustment breaks down.

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

Now as Mrs. Hutchens talks hoarsely, she looks at me with an expression of mingled fear and hope. Obviously a relation exists between us not only

here but already in anticipation in the waiting room and ever since she thought of coming. She is struggling with the possibility of participating with me. Our third principle is, thus: *all existing persons have the need and possibility of going out from their centeredness to participate in other beings*. This always involves risk; if the organism goes out too far, it loses its own centeredness—its identity—a phenomenon which can easily be seen in the biological world. If the neurotic is so afraid of loss of his own conflicted center that he refuses to go out but holds back in rigidity and lives in narrowed reactions and shrunken world space, his growth and development are blocked. This is the pattern in neurotic repressions and inhibitions, the common neurotic forms in Freud's day. But it may well be in our day of conformism and the outer-directed man, that the most common neurotic pattern takes the opposite form, namely, the dispersing of one's self in participation and identification with others until one's own being is emptied. At this point we see the rightful emphasis of Martin Buber in one sense and Harry Stack Sullivan in another, that the human being cannot be understood as a self if participation is omitted. Indeed, if we are successful in our search for these ontological principles of the existing person, it should be true that the omission of any one of the six would mean we do not then have a human being.

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

Our first four characteristic principles are shared by our existing person with all living beings; they are biological levels in which human beings participate. The fifth principle refers now to a distinctively human characteristic, self-consciousness. *The uniquely human form of awareness is self-consciousness*. We do not identify awareness and consciousness. We associate awareness, as Liddell indicates above, with vigilance. This is supported by the derivation of the term—it comes from the Anglo-Saxon *gewaer*, *waer*, meaning knowledge of external dangers and threats. Its cognates are *beware* and *wary*. Awareness certainly is what is going on in an individual's neurotic reaction to threat, in Mrs. Hutchens' experience in the first hours, for example, that I am also a threat to her. Consciousness, in contrast, we define as not simply my awareness of threat from the world, but *my capacity to know myself as the one being threatened*, my experience of myself as the subject who has a world. Consciousness, as Kurt Goldstein puts it, is man's capacity to

transcend the immediate concrete situation, to live in terms of the possible; and it underlies the human capacity to use abstractions and universals, to have language and symbols. This capacity for consciousness underlies the wide range of possibility which man has in relating to his world, and it constitutes the foundation of psychological freedom. Thus human freedom has its ontological base and I believe must be assumed in all psychotherapy.

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

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

Nothing in what I am saying here should be taken as antibiological in the slightest; on the contrary, I think it is only from this approach that we *can* understand human biology without distorting it. As Kierkegaard aptly put it, "The natural law is as valid as ever." I argue only against the uncritical acceptance of the assumption that the organism is to be understood solely in terms of those elements below it on the evolutionary scale, an assumption which has led us to overlook the self-evident truth that what makes a horse a horse is not the elements it shares with the organisms below it but what constitutes distinctively "horse." Now *what we are dealing with in neurosis are those characteristics and functions which are distinctively human.* It is these

that have gone awry in our disturbed patients. The condition for these functions is self-consciousness—which accounts for what Freud rightly discovered, that the neurotic pattern is characterized by repression and blocking off of consciousness.

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

To come back to our too-long silent patient: After about 25 hours of therapy Mrs. Hutchens had the following dream. She was searching room by room for a baby in an unfinished house at an airport. She thought the baby belonged to someone else, but the other person might let her take it. Now it seemed that she had put the baby in a pocket of her robe (or her mother's robe) and she was seized with anxiety that it would be smothered. Much to her joy, she found that the baby was still alive. Then she had a strange thought, "Shall I kill it?"

The house was at the airport where she at about the age of 20 had learned to fly solo, a very important act of self-affirmation and independence from her parents. The baby was associated with her youngest son, whom she regularly identified with herself. Permit me to omit the ample associative evidence that convinced both her and me that the baby stood for herself. The dream is an expression of the emergence and growth of self-consciousness, a consciousness she is not sure is hers yet, and a consciousness which she considers killing in the dream.

About six years before her therapy, Mrs. Hutchens had left the religious faith of her parents, to which she had had a very authoritarian relation. She had then joined a church of her own belief. But she had never dared tell her parents of this. Instead, when they came to visit, she attended their church in great tension lest one of her children let the secret out. After about 35 sessions, when she was considering writing her parents to tell them of this change of faith, she had over a period of two weeks spells of partially fainting in my office. She would become suddenly weak, her face would go white, she would feel empty and "like water inside," and would have to lie down for a few moments on the couch. In retrospect she called these spells "grasping for oblivion."

She then wrote her parents informing them once and for all of her change in faith and assuring them it would do no good to try to dominate her. In the following session she asked in considerable anxiety whether I thought she would go psychotic. I responded that whereas anyone of us might at some time have such an episode, I saw no more reason why she should than any of the rest of us; and I asked whether her fear of going psychotic was not rather anxiety coming out of her standing against her parents, as though genuinely being herself she felt to be tantamount to going crazy. I have, it may be remarked, several times noted this anxiety at being one's self experienced by the patient as tantamount to psychosis. This is not surprising, for consciousness of one's own desires and affirming them involves accepting one's originality and uniqueness, and it implies that one must be prepared to be isolated not only from those parental figures upon whom one has been dependent, but at that instant to stand alone in the entire psychic universe as well.

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

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

From an existential viewpoint we take very seriously this temptation to kill the baby, or kill her own consciousness, as expressed in these forms by Mrs. Hutchens. We neither water it down by calling it "neurotic" and the product merely of sickness, nor do we slough over it by reassuring her, "O.K., but you don't need to do it." If we did these, we would be helping her adjust at the price of surrendering a portion of her existence, that is, her opportunity for fuller independence. The self-confrontation which is involved in the acceptance of self-consciousness is anything but simple: it involves, to identify some of the elements, accepting the hatred of the past, her mother's against her and hers of her mother; accepting her present motives of hatred and destruction; cutting through rationalizations and illusions

about her behavior and motives, and the acceptance of the responsibility and aloneness which this implies; the giving up of childhood omnipotence, and acceptance of the fact that though she can never have absolute certainty of choices, she must choose anyway. But all of these specific points, easy enough to understand in themselves, must be seen in the light of the fact that *consciousness itself implies always the possibility of turning against one's self, denying one's self*. The tragic nature of human existence inheres in the fact that consciousness itself involves the possibility and temptation at every instant of killing itself. Dostoevski and our other existential forebears were not indulging in poetic hyperbole or expressing the aftereffects of immoderate vodka when they wrote of the agonizing burden of freedom.

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

I hope that this analysis of ontological characteristics in the human being, this search for the basic principles which constitute the existing person, may give us a structural basis for our psychotherapy. Thus the way may be opened for the developing of sciences of psychology and psychoanalysis which do not fragmentize man while they seek to study him, and do not undermine his humanity while they seek to help him.