

The Person-centered Approach from an Existential Perspective¹

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This paper deals with the question of how far existential issues are considered in the Person-centered Approach. Starting with the topic of existentialism and a short summary about its most inspiring promoters, a brief introduction is given to five approaches in existential therapy and their affinities with person-centered aspects. Thereafter the Person-centered approach in its classical tradition will be compared to and contrasted with existential perspectives, first outlining some parallels and then stressing the differences between the two orientations. The paper concludes with a discussion of the extent to which the Person-centered Approach has integrated existential concepts and also, vice versa, what Person-Centered Therapy has to offer for an existential approach to therapy.

Keywords: *Existentialism, Existential therapy, Person-Centered Approach*

Although I am not an authority on existential philosophy, I nonetheless feel attracted to existential questions regarding authenticity, freedom, anxiety, free will, choice, decision, responsibility, relationship, subjectivity, meaning and values, as well as tragic dimensions such as suffering, guilt, transitoriness, finiteness and death. During my training for psychotherapy and in theoretical writings I got the impression that, in the context of person-centered psychotherapy (PCT), these aspects have caught on only partially. In the course of my practical work as a person-centered therapist I found for myself that it would be worth investigating the matter further.

The paper deals with the question of how far existential dimensions are considered or neglected, respectively, in the Person-centered Approach (PCA), including an outlook as to whether the Person-centered Approach, as a prototype of Humanistic Psychology, starts from a fundamentally different point from existentially oriented therapies.

As a dilettante, so to speak, I approach a subject that in two respects is difficult to digest: first, because of the often complicated representation of this subject and, second, because of the challenges it presents to each individual addressed.

In the following, I will first introduce some of the essential features of existential thinking.

What does Existential mean?

According to existentialism, a human being has no (a priori) essence, only their existence; or as Sartre (1944) has put it: 'existence precedes essence'! A rather general definition of existence might be that it contains those givens (existential conditions) that are due to our being. Based on their freedom – which is one of those givens – it is up to each

individual how they take a position in regard to self and being-in-the-world: 'The person must create his own essence by throwing himself into the world, by suffering in it, by fighting in it, he defines himself gradually' (Sartre 1944/2000a, 116). Incidentally, in his dialogue with Rogers, Tillich, an existentially orientated theologian, objected to the above existential principle noting that it also characterizes a trait: namely, the essential nature of freedom (Rogers/Tillich in Kirschenbaum and Henderson 1989, 67f).

In the light of the high value which subjectivity enjoys in this tradition, it is almost a characteristic of the existential paradigm that there is no unified definition for it. For example, Yalom (1980) describes four thematic areas as existential givens, which form a fundament for our existence: death, freedom, existential isolation and search for meaning. Walsh and McElwain (2001, 253-260) choose for themselves, however, other key words as characteristics of existential psychotherapy: freedom, intersubjectivity, temporality, becoming, existential anxiety and existential guilt, authenticity, therapeutic relationship, understanding, psychotherapeutic liberation and flexibility. For his part, Cooper arrives in his article (2003b) on the connection of the PCA and the existential approach at the aspects of freedom and choice, limitations of our existence, intersubjectivity and meaning. In his thorough and excellent presentation of the variety of existential therapies (2003a, 8-30) and in a systematic comparison of existential therapies with classical Client-centered Therapy (2004, 96-106) Cooper elaborates the following characteristics of human existence:

- uniqueness of each individual;
- existence as a process (as opposed to an objectifying approach);

¹ This paper is dedicated to Hans Swildens, a pioneer of the existential branch in Client-centered Psychotherapy. Many thanks to Christina Metz who translated a first draft of the article, to Kathy Joslyn for her help to provide an improved English version and to two of the reviewers and Mick Cooper for their helpful feedback. An earlier version of the contribution was presented at the PCE Conference in July 2003 in Egmond aan Zee. Der Artikel ist in dieser Form in *Person-Centered and Experiential Psychotherapies*, 4, 2, 106-123 erschienen.

- existence as being fundamentally free (within given limits such as the context into which we are born, time, death);
- an orientation towards future (motivation through goals, intention and meaning);
- existence as being-in-the-world (emphasizing our inseparable connectedness with our environment);
- being with others (accentuating the insoluble interrelatedness with others);
- the embodiedness of our being;
- tragic dimensions including existential anxiety and guilt;
- the challenge of living authentically as an existential task; and
- as a basis of a phenomenological stance.

The meaning of 'existential' can perhaps best be illustrated with a practical example: the incarnate situation of uncertainty, that 'being-thrown-back-upon-oneself' while waiting for the results of medical testing with far-reaching consequences such as, for example, the results of an AIDS test. In such a 'limit-situation' (to use Jaspers' phrase) a human being is most likely living in immediate experience and threatened as a whole by what is about to come in the future (above all by the final limit, their death); but, at the same time, is free to stand up against it, facing authentically what it means to them, and also in relation to others. Of course one can deny the outstanding quality of such an extreme experience, but in existential terms this would mean choosing not to be involved in existential concerns.

Though existential issues are as old as mankind, the history of existential philosophy in a narrower sense is a relatively young one, representing a complete departure from classical philosophy. In the following section I will briefly introduce the most prominent protagonists of existential philosophy, with the key themes and guiding ideas that are also relevant for and from a person-centered view.

On the historical background and the roots of Existential Psychotherapy

The most important proponents of existential philosophy were, among others, Kierkegaard (1813-1855), Heidegger (1889-1976), Jaspers (1883-1969), Sartre (1905-1980), and Buber (1878-1965) (Zimmermann 1976). Yalom also mentions these thinkers and labels existentialism in regard to existential psychotherapy as 'Home of the Ancestors' (1980/1989, 26).

With *Kierkegaard* the themes of freedom and anxiety (dread) as well as authenticity are primarily addressed. 'Freud ... knew *about* anxiety, ... Kierkegaard ... *knew anxiety*' (May 1969, 3).

The question of freedom was also of the utmost significance for *Sartre*. He was even of the opinion that we are 'damned to freedom'; his concept of freedom leads towards the freedom 'to' something and not the freedom 'from' something, a thought which was also emphasized by Fromm and Frankl, the founder of logotherapy (see also the following chapter on existential therapies).

Buber especially – also in a psychotherapeutic context – became famous for his concept of the 'I-Thou-encounter'

(1923/1958). His emphasis on polarity and (sometimes tragic) limits (facticity) plays a role in our topic here.

Heidegger (first of all 1927) presented numerous concepts that in this context are of importance, such as, essentiality („*Eigentlichkeit*“) vs. non-essentiality ('one') („*man*“) as modes of being (that is, authentic/existential mode of being vs. every day mode of being). Also his comparison of *types of caring for someone else* („*Fürsorge*“) is highly significant for person-centered psychotherapy. While '*leaping in*' takes over the responsibility of the other, '*leaping ahead*' on the other hand facilitates self-exploration of the other in order that he/she finds his/her own direction.

Jaspers defined existential illumination as a concept of possibilities for a fulfilling existence and 'existential choice' as active decision making (Jaspers 1935). He classified the confrontation with illness, death, emptiness and existential anxiety as '*Boundary Situations*' (i.e., the loss of a loved one, the collapse of a self-concept or a concept of meaningfulness, an irreversible decision), which allow people to get in authentic touch with themselves.

Let it be noted that at the beginning of his career as counsellor and therapist Rogers was not familiar with the existential thinkers. Only after his students pointed out that they had found some parallels in his approach did he seriously take up existential philosophy. As a consequence, he refers repeatedly (e.g., 1961a) to Kierkegaard (speaking for instance of the 'true self' in the sense of authenticity, but also with his references to freedom and anxiety) - and to Buber (primarily his concept of encounter); and sporadically to Sartre. That he did not quote Heidegger and Jaspers, is, in my opinion, due to the fact that their writings, at the time Rogers was busy with existential philosophical texts, were in part not yet translated (Heidegger's main work *Being and Time*, for example, originally published in 1927, was first translated into English in 1964). Shlien (1997, 69f) shows how interested Rogers was around 1950 in Buber's books, *I and Thou* and *Between Man and Man*. (Shlien further commented that, 'Buber was far ahead of us' (ibid., 70). One may also assume that Rogers, in his pragmatic way and with his experience-relevant theorizing, would not have enjoyed Heidegger's highly complicated language.

Anyway, Rogers and some of his associates, for instance Gendlin (1966; 1975), Braaten (1961) and Prouty (2002, with his reference to Leslie Farber), drew much from the existentialistic wave that entered the American scene. I shall return to Rogers' references to existential perspectives in later sections on the parallels and the differences of the two paradigms.

Existential Psychotherapy

'Existential Psychotherapy' is not a unified school of psychotherapy. To a much greater extent, it represents a paradigmatic trend in psychotherapy with diverse examples and varieties (Yalom 1980; Cain 2001, 22-29; Cooper 2003a; 2004).

Cooper (2003a; 2004) distinguishes five main streams in

existential therapy: Daseinsanalysis, Logotherapy, The existential-humanistic approach, Laing's approach and the British school of existential analysis. In both publications, he analyzes the significant characteristics of these five approaches. In the second one he compares each of them systematically with the main concepts of the Person-Centered Approach. To be brief, I will restrict myself to a condensed illustration of the five forms of existential therapy, extracting a few conclusions from Cooper in regard to a comparison with PCA, and will also add some aspects.

Daseinsanalysis

This branch of existential therapies has been developed by Binswanger, Boss and others such as G. Condrau, drawing many elements from the work of Heidegger, for instance a strong emphasis on *openness to the world*. With Cooper (2004, 108-109) I share the view that Rogers (e.g., 1961a), too, in his conception of the process-continuum of personal development classifies openness for experiences as an indicator of a mature and functioning person. Cooper, however, refers to a subtle difference between the two schools of thought: while PCA focuses on 'inner' experiences, stressing self-relatedness, Daseinsanalysis lays emphasis on the person's relatedness to the world.

Logotherapy and Existential Analysis

Originating in the work of Viktor Frankl, the classical approach is clearly meaning-centered. For Frankl it is the striving for meaning which is the core motive of human beings. That concept shows a clear distinction from PCA, because Frankl assumes a preference in the motivation of human beings that is not the case in the concept of the actualizing tendency. I agree with Cooper that the original version of logotherapy, which is still communicated in trainings and in literature (e.g., Lukas 2002), applies a much more directive attitude than PCT.

Apart from the classical branch, however, a second school inspired by Alfried Längle (2000), has been established within the existential analytical community. By adding 'one's relation to the world', 'one's relation to life' and 'one's relation to oneself', he arrives at four fundamental motivational forces, thereby lessening significantly the crucial role of meaning as the main motivational force in human beings (Längle 2002). Frankl himself thought this to be 'Person-centered therapy at its best' (Stumm 2000), as it places 'self-acceptance' as a third pillar of human capacities – 'anthropological implications' – besides 'self-distancing' and 'self-transcendence' in the theoretical framework of existential analysis. As a result, Frankl left his own logotherapeutic organization. For him the introduction of the self via self-acceptance and self-experience was a break with his meaning-orientated outlook. Though this new trend in existential analysis is certainly less authoritarian in practice, I doubt that it really tends to be non-directive, as it includes both a lot of systematic techniques and holds that the therapist must be a challenger for his clients.

The Laingian approach

Though this specific conception has a strict phenomenological and interpersonal profile, the similarities to PCT, at least in my view, are rather superficial. Neither in theory nor in practice do the two approaches have remarkable attributes in common. Disregarding that Laing obviously detested Rogers (Cooper 2004, 115; see also the Rogers-Laing meeting in 1978, reported by Maureen O'Hara, 1995, 118-127), it seems to me that Laing's often rude tone reveals a lack of fundamental positive regard towards others. Further, although perhaps just a detail, the fact that he is said to have 'often' gone 'through whole sessions without saying a word' (Cooper 2004, 117) is not to me convincing proof for receptivity and a non-directive involvement. Though it might imply accurate listening, from a person-centered standpoint it does lack communicating of empathic understanding and positive regard.

The British school of existential analysis

Initiated and especially inspired by Emmy van Deurzen, this approach emphasizes everyday life challenges and philosophical dialogue in therapy. It shows – even more so in the writings of Spinelli who employs a type of client-oriented attitude – some affinities with the Person-Centered Approach, e.g., a depathologizing stance that values the subjective world of the client (see Van Deurzen 2001).

The existential-humanistic approach

Represented and advocated above all by Rollo May (Schneider 2005) and others such as Bugental (deCarvalho 2005), Yalom (1980/1989) and Schneider (1998), it grew out of the humanistic movement (see also the following section on the comparison of the person-centered and existential paradigm). Widely spread in the USA, it has emphasized client subjective experiences and therapist authenticity, including the external side of the latter, the therapist's frankness and self-revelation. While this shows a distinct affinity to PCT, existential-humanistic therapists not only rely on the trustworthiness of human nature and organismic self-regulation but challenge their clients to focus on specific issues and defenses (see also Rogers' dialogue with May: Rogers 1981, 1982; May 1982). In many respects this brand of existential therapy is closely related to explicit humanistic ideas and views. Yalom therefore expressed the existential viewpoint when he coined the term 'optimistic neighbors' to refer to the North American advocates of Humanistic Psychology (see Table 1).

In the following section I compare existential therapies and the classical Person-Centered Approach in therapy in a more systematic way. It should be evident that despite its interest in existential concerns, PCA is rooted more in conceptions originating in and associated with Humanistic Psychology. Schematic categories and tables naturally oversimplify the diversity and complexity of the subject being represented and may suggest entities that – regarding differentiation and genuineness of the various streams and persons – do not exist in reality. The reader must understand that only for didactic reasons have I chosen to present the material in such a formal way.

European Tradition				British School of Existential Analysis	American Existential Humanistic Approach	Humanistic Psychologists (as 'Optimistic American Neighbors')	Humanistic Analysts (as 'Friends of the Family')
Existential Oriented Analysts	Daseinsanalysis	Logotherapy/ Existential Analysis					
Gebsattel Caruso	Binswanger Boss Condrau	Frankl Längle	Laing	van Deurzen Spinelli H. Cohn	May Bugental Yalom Schneider	Goldstein Maslow Bühler Rogers Perls	Adler Rank Horney Fromm Kohut

Tab. 1: Family Tree of Existential Psychotherapy and its Proponents (adapted from Irvin Yalom, 1980 and Cooper 2003a; 2004)

The person-centered approach and Existential Psychology

I will now present my comparison of the two paradigms, first highlighting parallels, similarities and commonalities between PCA and existential therapies. In a second step the two models will be contrasted by illustrating the differences (see Table 2) and commenting on each of the oppositions. Of course, a strict separation of commonalities and differences is an artificial venture; again, for didactic reasons, it might be tolerated.

Existential aspects in the classical Person-Centered Approach

Since its foundation, PCA has experienced modifications and expressions that show existential inspiration. Starting with Rogers himself, Gendlin, Prouty and many others – such as van Kalmthout, Lietaer, Zurhorst and, above all, Swildens whose *'Process Oriented Client-Centered Psychotherapy'* (1988/1991; 2002) is based on Heidegger's existential philosophy – have been concerned with existential philosophy. Limiting myself in this paper I will refer only to Rogers.

Phenomenology, the frame of reference and uniqueness of the client

First of all, Rogers takes a radical *phenomenological stance*, attempting to encounter his clients with no preconceptions, following their track and catching their inner experiencing. To me, Rogers supersedes in this respect many of the existential therapists who are often preoccupied with their frame of reference (for example, that clients should be worried about certain 'ultimate concerns'), though they claim phenomenology as indispensable fundament of an existential attitude. Rogers had great respect for *subjectivity*, the *client's inner frame of reference* as his/her phenomenal field and for his *uniqueness*; in Rogers' early phase he particularly emphasized being careful not to introduce external frames of reference onto the client.

Client's ability for awareness and the experiencing individual

Rogers was totally convinced of the fundamental *ability of the client for awareness*, to evaluate and solve their own problems, as long as favorable intersubjective conditions were available. As in existential theory, there is *no assumption of an unconscious as an agent*; instead, we go through proces-

ses that we are not (fully) aware of. According to both Rogers and the existentialists, we are capable of becoming aware of the relevant psychological processes that determine our being in the world. *Experiences* are appreciated as tools to help us adjust to our environment and in life; for Rogers they are the highest authority.

'Being with' and autonomy

As I previously noted, Rogers emphasized the necessity of the therapist providing *specific attitudes* within the therapeutic relationship. Rogers referred to this as 'a way of being with persons' (Rogers 1980), and he saw the individual as 'uncurably social' and a 'social animal' (1961b). This is reminiscent of Heidegger's *'Being-with'* and the ideal that humans are interconnected with others as one of our existential givens. Though 'being with others', for existential philosophy, belongs to the 'conditio humana', it seems that existential therapy tries to balance the polarities of being for oneself and being with others. Rogers, too, moves between the two poles of a continuum: on one side, he affirmed, above all, the need for positive regard through others. But Rogers also advocated autonomy as a criterion for a mature person, hence moderating the importance of interpersonal dependency.

The last example, again, reminds us that parallels, as well as sharp distinctions, should be regarded with caution. As I stated above they are inclined to oversimplification.

Process character of the self

In PCA the *self* is not an agent or an item within the person, but a phenomenologically derived concept: that is, how the person regards him- or herself. As such the self constantly changes, and it changes more as a person integrates new self-experiences. In this way, as Art Bohart (1991, 44) has stated, the self is more a 'river' than a 'house'. This is also valid for the 'organismic self', a term Rogers often used to designate a flexible 'gestalt' of the self that is congruent with the organism as a whole. That corresponds with the existential view, in which the process character of the self dominates and in which a reification of the self is rejected.

Reservation against static labeling

At least with some approaches in existential therapy (above all the British school), the classical PCT shares its reservation about pathologizing categorizations.

Authenticity

Probably one of the strongest commonalities of the two orientations is the stress on *authenticity* (congruence, genuineness), and also the therapist's non-abstinent but transparent part in the therapeutic relationship. For Rogers authenticity is the result of mature development and belongs to his health concept (with the 'fully functioning person' as the idealized final stage). As it requires an 'existential choice' and courageous personal engagement, including the courage to be oneself, even more existential dimensions such as freedom and existential anxiety come in.

Freedom of the individual

For Rogers, *freedom* certainly is a very important quality. Though coupled with (existential) anxiety, it can be achieved during personal development (also measured on the process scale). The 'fully functioning person' would be free to choose whatever is good for the organism. The 'good life', however, is not for the faint-hearted, but rather is bound to excitement and challenge (Rogers 1961a/1973, 195). The increasing openness to experience and existential choice as person-centered criteria of the growth process make the individual more independent and self-reliant. The 'experiential flow' going on in a highly congruent person, in my view, resembles Heidegger's 'openness to the world' stressed in the Daseins-analytic approach.

Cooper (2004, 98) stated a contrast between Rogers' view and an existential standpoint by noting that Rogers presents 'freedom as something that human beings can attain', while for existential approaches freedom is an existential given that is innate to our being. To summarize Rogers' attitude towards the free will of people, two tracks are revealed in Rogers (1961a/1973, 192): He is a determinist *and* an existentialist.

Subjectivity in the research process

According to an existential point of view, researchers resemble individuals as they create and construe the world through their selection of the research subject, of the hypotheses to be checked, of the research designs being used, and of the interpretations of the results. Arguing against a split between subject and object, existential theory underlines that there is no such thing as an objective observation. The researcher developing or deciding for a research design or doing observation is part of the world and of the research process. Though Rogers did quantitative studies and tested his theories and concepts by means of objective material, contributing to a view of him also as a positivist, he stressed the importance of *subjectivity in the research process*, and advocated that in selecting specific topics and using certain designs the researcher brings in their own values and choices (Rogers 1969).

Differences between PCA and existential approaches

The Person-Centered Approach has been labeled both as a prototype of the humanistic paradigm (e.g. Cain 2001, 16; Quitmann 1991; Hutterer 1998) and as having a more or less

strong affinity to existential philosophical positions. Thus, it seems appropriate to start this section with a short exploration of the relation between these two orientations.

Some who attempt to systematize psychotherapy combine 'humanistic' and 'existential' together, by placing two overlapping headings under one historically derived common roof. There exists some proof that, at the beginning, Humanistic Psychology in the USA 'imported' terminology and an existential approach from Europe (primarily via the work of Rollo May; note also the partly enthusiastic review by Rogers 1959, of the book *Existence*, published in 1958 by May, Angel and Ellenberger); but gradually the differentiation between humanistic and existential crystallized. The 'American existential-humanistic approach' (Cooper 2003a, chapter 5; see also the previous sections including Table 1) could be regarded as a link between the two paradigms. However, some others – myself included – argue from today's perspective for a stronger differentiation between these orientations. Although in gestalt therapy (for instance the concepts of self-responsibility, contact, and the creative experiment in the here and now), as well as in the Person-Centered Approach, an existential emphasis can clearly be found, it is my opinion that a list of differing emphases on central aspects justifies this differentiation. I will now turn to these differences as they become visible in a comparison of existential therapy and the Person-Centered Approach as a branch of Humanistic Psychology.

<u>Existential</u>	<u>Person-centered</u>
Freedom within Limitations	Growth, Expansion and Development of Potential
Tragic Dimensions, Anxiety, Guilt, Death	Optimism
'Boundary Situations' (Jaspers)	'Peak Experiences' (Maslow)
Orientation towards Future	Here-and-Now
'Call' of the World	Assumption of an Actualizing Tendency
Therapy as Challenge	Therapy as Facilitating the Exploration of the Inner Being
Constructive vs. Destructive Forces in Human Beings Struggle between Polarities	Trust in Constructive Nature
Taking a Stand as Task Conscience and Responsibility of the Individual for own Existential Choices and Decisions 'Make It Happen'	'Wisdom of the Body' 'Organismic Self-Regulation' (Goldstein) 'Let It Happen'
Self-Creation	Self-Discovery
'Realization of Meaning' (Frankl)	Self-Actualization
Loneliness (Existential Isolation)	'Encounter'

Tab. 2: Different Emphases in the Existential and the Person-centered Paradigm

Limitations vs. growth tendency and human potential

The emphasis on growth as it has been outlined by Humanistic Psychology tends to ignore limits. The failure to acknowledge limits and existential givens would, from an existential viewpoint, then result in an overestimation of our potential. In the context of psychotherapy this means that anxiety, guilt, despair, emptiness and meaninglessness, disappointment and grief are not recognized as immanent in human existence. An existential orientation, however, does not see these as pathological, but rather understands such phenomena as caused by our existential condition, and therefore prefers terms like ‘existential anxiety’, ‘existential guilt’, and ‘existential despair’ to distinguish them from clinical manifestations.

Tragic dimensions vs. optimism

For existential philosophy *anxiety* is the flip side of freedom, which is one of the fundamental existential givens. It arises in the wake of avoided possibilities. It is not the cause but, rather, the symptom! *Guilt* is equally not a cause; rather, it is a result of the feeling of avoided life activities and missed encounters.

Psychotherapy offers a space to catch up and correct these missed chances. An authentic life (‘to decide for one’s self’) makes the person stronger and less fearful. But psychotherapy, in fact, promotes not only the liberation of potential and resources, but rather is often simply ‘grief work’, addressed at that which never was, is not now and never will be. Grief work is necessary in order to recognize and integrate the not-achieved and the non-achievable and, in so doing, to free up energy and clear the path for further progress. One could say: in the course of a successful psychotherapy the non-appropriate ‘neurotic’ (pathological) fear decreases; however, the ‘existential anxiety’ can not be alleviated, because it exists due to the uncertainty (abyss) of our existence. ‘Fear is in no way an obstacle for acting; rather much more its prerequisite’ (Sartre 1946/2000b, 177). ‘The patients who were gay and hopeful and tried to make light of the disease frequently died. Those of us who lived with it, accepted it, struggled against it, recovered’ (May, in the introduction to the *Rogers-May dialogue* in Kirschenbaum and Henderson 1989, 230). Acknowledging boundaries, in my experience, leads clients finally to a harmonious state of mind and often has a surprising effect on them, i.e., increasing their optimism. To confront oneself with the ultimate questions helps one find the courage to live. Anxiety then becomes the motor for authentic being. When Rogers (1957a) refers in his condition 2 to anxiety and vulnerability, he also makes reference to the experience of fear which goes along with the growth of freedom.

Problems may pile up when the therapeutic optimism is used by psychotherapist and to form of a collusion against the recognition of limitations. Also *death*, one of the four (extracted by Yalom 1980/1989) crucial existential categories (‘ultimate concerns’, a term coined by Tillich), is a more or less neglected topic in the PCA. Although separation and parting, as well as the transitory nature of life and death, are

often relevant in psychotherapeutic practice, it is notable how little these themes have been taken into account by Rogers. If we look at the title of one of his later publications ‘Growing old – or older and growing’ (1980), we see that his dominant perspective is growth, even when he was already 78 years old! At the end of a video recorded in 1984 he states stoically: ‘When death comes, it comes’.

‘Boundary-situations’ vs. ‘peak-experiences’

The first term (coined by Jaspers) defines the encounter with decisive situations ‘which at the limits of our existence are everywhere felt, experienced, conceived’ (Jaspers, 1931, in the translation of Friedman 1964/1991, 100) as if ‘being-thrown-back-upon-onself’. On the other hand, Maslow described his ‘peak experiences’ as feelings of limitless horizon (Maslow 1962/1985), which in their ecstatic and mystical quality could be released, for example, by a first kiss or an overwhelming experience of nature. Here again the existential thinker focuses on confrontation and struggle with unavoidable limits, while Maslow’s optimistic humanistic perspective is concerned with infinite expansion.

Orientation towards the future vs. here-and-now

It is true that existential and person-centered theory downplay the overall importance of the past of an individual for their further development. However, Client-Centered Therapy especially values the work in the *here-and-now* of the therapeutic situation, and the relationship as most effective therapeutic means; whereas an existential perspective highlights people’s *orientation towards the future*, their being directed towards and influenced by what is to come.

‘Call’ of the world and dialogue vs. the actualizing tendency

The *actualizing tendency* is the only a priori axiom in the PCA. It promotes the maintenance and enhancement of the organism including its sub-system, the self (Kriz and Stumm 2003, 18-21). Together with the human need for positive regard and self-regard, it represents a cornerstone of person-centered developmental theory. It is thought to have specific characteristics, for instance movement in a constructive and social direction.

The concept of the actualizing tendency has a great impact on person-centered therapeutic practice, as it implies a rather non-directive attitude. As just stated above, person-centered theory tends to facilitate the client’s capacities by providing specific therapeutic conditions, thus actualizing the client’s potential. This often leads to a rather passive understanding of the therapist’s role in the therapeutic process. To use a metaphor, person-centered practice sees the client rather as a wind-surfer taking advantage of the power of the wind. As compared to that, existential practice sees the client – and the therapist – rather as rowing through rough waters, and sometimes facing the calm of the wind with no other means than their own efforts to move forward. Existentialism holds that the human being is asked and *called by the world*.

Friedman – a Buberian – brings to light the opposition

between self-actualization and dialogue. He holds that existential thinking views the dialogue as a goal and the self-actualization as a by-product; for Rogers sometimes the encounter is seen as a value in itself, while at other times it is just a means of promoting self-actualization – according to Friedman (1986, 416) a ‘pseudobiological’ construct.

Challenging vs. facilitating through listening and empathic understanding

One finds here two opposing concepts (in German: „fördern“ und „fordern“). *Facilitating* („fördern“) means to support, help, and promote in the sense of following as ‘alter ego’ (primarily through communicating empathic understanding). Though emphasizing the encounter quality of a therapeutic relationship, in my view, PCT puts more weight on a non-directive attitude, i.e., not imposing anything onto the client. Opposed to that quality of listening and resonating is *challenging* („fordern“) the client, which means to demand, to call for, to expect something from the point of view of the ‘other’. That brings in the ‘opposing’ therapist as a partner, in the form of offering meaning, confronting, clarifying relationship, and self-involvement, preferably in the form of I-messages. Existential therapists usually employ such a perspective. Facing their existence, the client should be challenged regarding their free will, choices, decisions and responsibility for themselves and towards others. Here the danger of moralizing and of being directive, which Rogers absolutely wanted to ban from his approach, is evident.

Person-centered psychotherapy in its further development through Rogers himself makes the psychotherapist’s congruence (especially transparency) of the highest priority. With that, the interactive exchange is not only in conformity with theory, but perhaps is even as imperative as understanding the experiencing of the client. My friend and colleague, Wolfgang Keil (personal communication), puts it this way: ‘The person-centered therapist must challenge the enhancing force of the actualizing tendency’. The therapist is needed as an expert on him- or herself, and as a professional who is at the same time an existential companion along the way. To work ‘at the edge of awareness’ takes into account that which has just become possible; therefore the therapist is sometimes already a step ahead. But that certainly can be rejected by the client.

Choice between destructive and constructive vs. fundamentally constructive (as nature of human beings)

This contrast turned out to be one of the strongest controversies in the dialogues of Rogers with Buber (Rogers and Buber 1989, 41-63; Anderson and Cissna 1997), May (Rogers 1981, 1982; May 1982), and Laing (O’Hara 1995, 18-127). Rogers did not cease to underline that human beings are *fundamentally positive and social* creatures. In his utopian outlook, he believed that through education and social activities, such as encounter groups, destructive manifestations could be decreased significantly. Supposedly, Rogers’ own experiences with and in sheltered encounter groups contributed to his conviction. For him, destructive behavior is a result of social processes such as conditions of worth and failure of

positive regard. For most existentialists this position is simply untenable. There is always the option to be *destructive* or ‘evil’, there is always a ‘dark side’ in us. It belongs to our nature, to our equipment, to live with a destroying energy within ourselves. It is up to each individual to struggle with the destructive potential, to create a life that is pro-social by making adequate choices and decisions.

Taking a position vs. ‘trust in the process’ and ‘organismic self-regulation’ (‘wisdom of the body’)

While Rogers (1957b) works with the fundamental idea of the organismic nature of the human being, the existential perspective stresses the importance of the person’s choice.

Regarding personal evaluation the question arises nevertheless: Who or what is the valuing or decisive authority? The organism? The person? The I? The self? Quitmann (1991, 163) offers an answer: ‘The organism is a completely reliable partner ... but: it can not make decisions. Only the person, who is more than his organism, can decide and choose’. For this reason, the client in the search for coherence is, as the first step, called upon to turn to their *inner wisdom* for advice, to their felt sense (‘to let it happen’). It is nonetheless necessary for the (acting) person in order ‘to make it happen’ to *take a stand* upon incurring the consequences of implementing the decision, referring to their *conscience* and taking over *responsibility*.

Self-creation (-construction) vs. self-exploration (-discovery)

This pair of opposites is closely connected with the previous point. According to the existential view the congruent self is less *found* than *created* and put, wrestling, into the world. It is a task. It is not just there to be found. It has to be constructed.

Realization of meaning vs. (self-)actualization

This opposite emerges especially in a comparison between Frankl’s Logotherapy and Existential Analysis and the Person-Centered Approach (see also the section on existential therapies above). In Frankl’s Logotherapy and Existential Analysis, the *search for meaning* is seen right at the center of human existence. It is *the* motivational force, and thus a person’s being is dependent upon the fulfillment of personal values and personal meaning. For Frankl (1969/1988), finding meaning transcends the self.

As I pointed out earlier, Rogers did not define particular values or singular motivational systems. The only motivational system in PCA is the actualizing tendency. A person’s becoming and being congruent therefore is dependent upon the adequate *actualization* of their potentials and its representation in the self-concept.

In Frankl’s view, on the other hand, meanings have to be found and discovered, rather than construed and created, which resembles somewhat the notion of actualizing one’s own already-existing potential in the person-centered tradition.

In PCA there is also no rapport with the topic of *meaninglessness* as it has been discussed by Sartre, Camus and Yalom. For Rogers, it is in no way an existential dimension but rather the consequence of lacking congruence.

Loneliness/existential isolation vs. relationship/'encounter'

In my opinion, this controversial field is well illustrated in Rogers' commentary on the case of Ellen West (1961b/1980). In this case, Rogers arrives at very divergent opinions and evaluations from the Daseinsanalyst, Ludwig Binswanger, who in 1944 had presented the case. While Binswanger focused on the tragic fate and *existential isolation* of the young woman, who finally committed suicide, Rogers' comments on the case reveal both his therapeutic optimism and his deep conviction that the self-alienation and loneliness of the client could have been kept at bay through healing care and appropriate understanding in a nurturing *relationship*. For Rogers, 'existential isolation' is definitely not an 'existential given'.

Conclusion

The Person-Centered Approach as a prototype of Humanistic Psychology, to quote and affirm Yalom's conclusion, belongs to the 'American neighbors' (Yalom 1980) of the existential approach(es) in psychotherapy. While some essential elements of existentialism have moved into the theoretical foundation of the Person-Centered Approach (i.e., phenomenology, recognition of subjectivity, significance of authenticity, encounter, the specific understanding of research), some features of the person-centered identity (i.e., non-directivity, the organismic valuing process, the concepts of self and self-actualization) oppose a radical integration of the existential orientation into the PCA. This applies to Rogers who, in my view, took up a serious liaison with an existential perspective, but not an everlasting marriage, and also to Gendlin, who equated existential with experiential. Alternatively, Swildens' 'Process-oriented Client-centered psychotherapy' provides an existentially based conceptualization within the Person-Centered Approach (Swildens 1991; 2002).

All in all, in my view, the impulses that the existential approach can bring to psychotherapy have not yet been fully elaborated and discussed in the person-centered community (Cooper 2003b). In this sense, it would be worthwhile to explore the person-centered literature beyond Rogers and Swildens. I'm sorry to say that I could not cover this goal. Also the reader should forgive me for abstaining from quoting some of the primary existentialist sources.

At the same time, existential therapies can also profit by valuing, implementing, and applying in practice some person-centered principles. The positive effects of being client-centered, in terms of being open to the world as the client perceives and experiences it, seem obvious to me. These include the crucial role of empathy in PCA; a clearly non-authoritarian stance; a view critical of the therapist as an expert of client's matters, while seeing the client as the ultimate judge relying on their ability to figure out their concerns, experiences and decisions; and a reservation against methods and techniques that might interfere with the therapist's immediate experience of the client and of the encounter between the client and the therapist. All these aspects, in my view, are not taken for granted in existential approaches and should

therefore be given particular consideration by existential therapists.

In particular, the dynamic balance of polarities that I have described offers advantage for both models. Rogers shows in some respect balances: Regarding the free will of human beings he is a determinist *and* an existentialist. We can see a similar phenomenon in his understanding of science, where he reveals himself as a positivist *and* phenomenologist, and in regards to self-actualization, where he is an actualist/vitalist *and* adherent of encounter theory.

It is up to both orientations to avoid or, at least, to decrease one-sidedness and to integrate fruitfully such polarities as freedom *and* limitations, optimism *and* pessimism, autonomy *and* interdependency, an inward-focused openness (self-experience) *and* an outward-focused openness (openness to the world). On the one hand, the therapist acts as an empathic and positive regarding alter ego by trusting in the client's actualizing tendency and the organismic wisdom, and on the other hand challenges the client by being the other who enlargens and enriches the client's horizon through bringing in their own views and experiences.

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