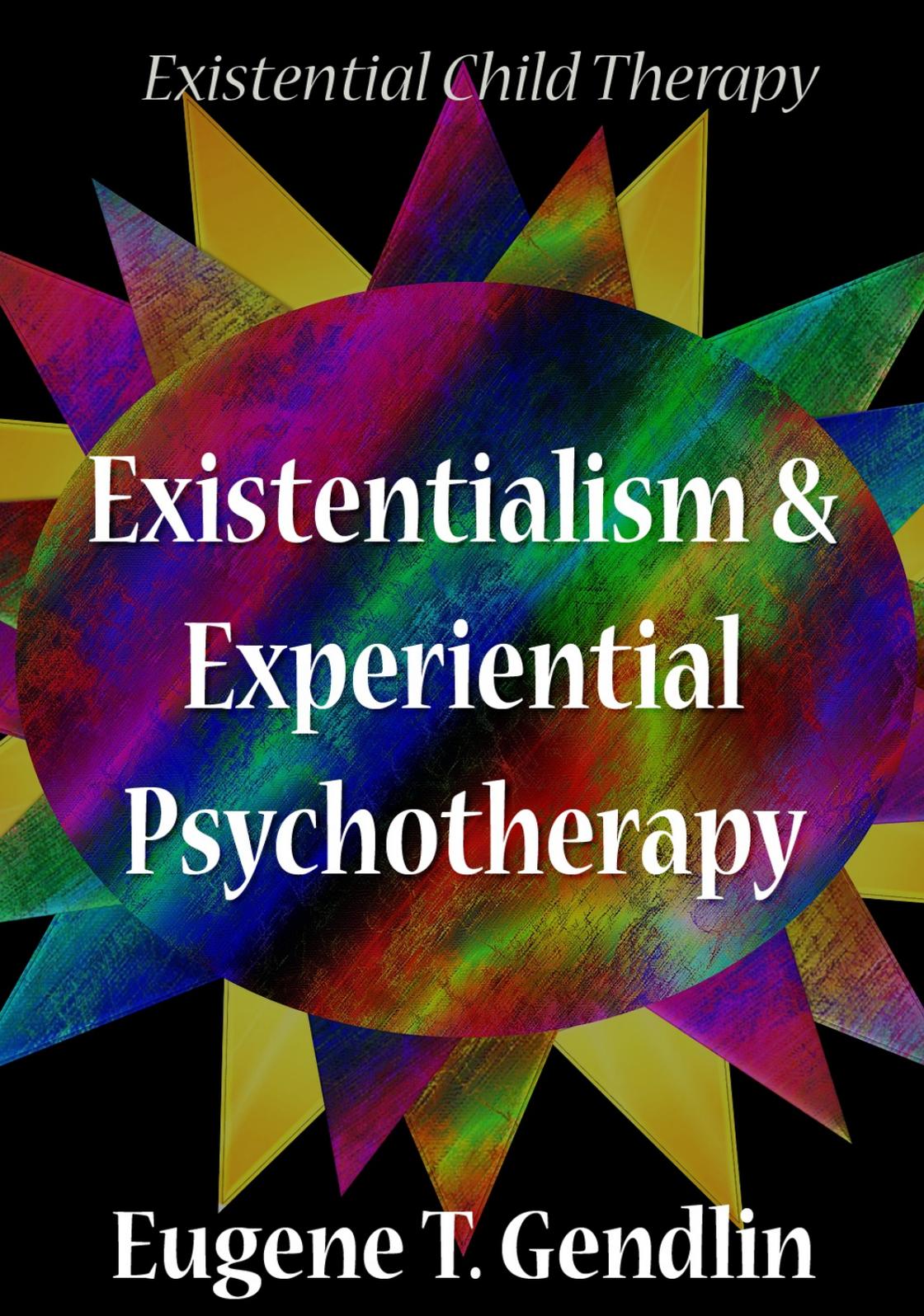


Existential Child Therapy



**Existentialism &
Experiential
Psychotherapy**

Eugene T. Gendlin

Existentialism and Experiential Psychotherapy

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Existentialism and Experiential Psychotherapy

Eugene T. Gendlin

The articles in this book have a humanity and a gentleness. In these newer therapies, people are perceived as human beings and not as containers of machinery. One can bear the thought of sending a child to a therapist who speaks and feels as these do.

In this chapter, I want to introduce the new formulations of existential and experiential theory. I shall try to state what existentialism has contributed to psychotherapy and to outline and illustrate experiential therapy. I will use the chapters in the present volume as examples of the “existential” approach.

Experiential Theory

In the new thinking, human experiencing is approached directly rather than studied after it has been translated into theoretical machinery. Therefore, theory for the new therapies is different in kind. It not only involves different concepts but a new way of using concepts. Both concepts and experiences enter into this theory in a very special kind of interplay.

The existential approaches use concepts as “pointers” that refer directly¹ to felt experience. That sounds very modest, and it is. Yet, the use of concepts as pointers to felt experience is the steppingstone to a new theoretical outlook.

For example, the articles in this book share a common outlook. Yet, they employ a huge range of different theoretical concepts. The authors themselves come from radically diverse theoretical orientations. A few phrases from the articles illustrate this diversity: “existential moment,” “pattern of neurotic interaction,” “acceptance,” “alienation,” “explore analytically,” “separation anxiety,” “the Great Mother.” Clearly, what these authors have in common is not their theoretical vocabulary!

If you take any of these phrases as well-defined concepts (*and each is a well-defined concept in the context of its proper theory*), then, of course, they are highly inconsistent with each other. The implications which follow by theoretical logic from one of these concepts are very different from those which follow from another. Since these authors share a common approach to psychotherapy, they are not using their concepts in accordance with original definitions. This divergence accounts for the impression that existentialism in psychotherapy is no more than a protest movement against theory and that it combines under its aegis a diversity of views united only by the refusal to think clearly—thinking clearly (*logically, theoretically, that is*) would reveal

definite inconsistencies.

This confusing picture is altered when we see that these therapists employ concepts, not chiefly via their logical-theoretical implications, but in a different way. I can illustrate this new way by means of the gentle example of the articles in this book.

These authors do not reason from concept to concept through logical chains. Their reasoning is not based on theoretical concepts as such. Rather, they use concepts to point to and differentiate directly felt experiencing. This new use of concepts turns theoretical orientations into mere vocabularies. A few decades ago, these concepts were not “vocabulary,” but fundamental forces, entities, or constituents of personality. Each theory viewed the nature of man differently, with different practical applications. Yet, today, something is the same in all these different theoretical writings. Something transcends the differing vocabularies (*indeed, makes them merely “vocabularies”*). It is the direct reference by each concept to specific differentiations of felt experiencing.

Let me say more exactly what I mean: One of the authors in this book, Allen, tells of a little girl who did not want to go to school or even separate from her mother because she feared that great harm would come to her mother. In one of the interviews, the child told Allen that her mother was

really her twin. Allen writes: “The feeling of separation aroused a feeling of being nobody, at best a twin, but with no adequate confidence of being a unique and distinct person.” Here is an “interpretation” via the theory of separation anxiety and birth trauma. It seems to be a totally different interpretation than that of another author in this book.

Discussing a little boy’s insistence on sleeping in his mother’s bed, this therapist, Lewis, interprets the behavior as a difficulty in “facing the problem of the Great Mother.” We recognize the Jungian interpretation. Yet, throughout these experiences, we know what both therapists are talking about; it is the same thing! We are unconcerned about their theoretical differences. We do not relate separation anxiety to birth trauma, as the theory would. We do not ask: Is it really birth trauma or is it an archetype? Notice, as I now cite two more statements from these same therapists, that it is difficult to know which expression is Jungian and which is Rankian. “I pointed out . . . that being alone is sometimes inevitable, that it was a requirement of living . . . the fear that mother might be killed was actually ... a wish to escape once and forever the imprisoning mother.” “To be brighter, keener, more aware, more in touch with life was a frightening thought . . . to transcend mother was equivalent to killing her.”

Our direct words about experiencing, our direct differentiations of experiencing, do not depend upon conceptual definitions. As we differentiate

experiencing directly, and, rather finely, we may occasionally use theoretical terms, newly invented words and old words that have differentiating power when referring to feelings.

The articles in this book use case reports and are naturally full of descriptive detail. But descriptive detail is really meant, and the concepts have meaning only in terms of descriptive life. The meaning of the concepts is precisely what they point to; it is not based on theoretical definitions. Existential thinking does not move from concept to concept through logical implications. Rather, it moves through experiential detail, through differentiations that make experiential sense and that enable further experience. In existential child therapy, the steps of discussion are steps of experiencing, not steps of conceptual derivation. The experiences are not defined by the concepts, but, on the contrary, the concepts are defined by the steps of experiencing.

The descriptive detail is not merely an “application” or “manifestation” of conceptually defined entities. At one time, the detailed texture of experience was considered “epiphenomena,” manifestations of conceptually defined forces, entities, psychologic factors. In the newer use, you might say the concepts are the “epiphenomena,” pointers whose sole meaning consists of the experiential texture at which they point, and which help us to differentiate so that we may directly feel and know the experiential steps in

therapy as the therapist discusses them.

This method, of course, requires concepts. It is a use of concepts, but a different use than the chain which moves: concept—implication—concept—implication—concept. It is a chain which moves: experiential step—concept—experiential step—concept.

These steps of experiencing (*of differentiating and moving from feeling to feeling*) must make direct experiential sense to us. They are always much more specific than any theoretical concept. Therefore, we could not possibly gain the sense of these steps by means of a theoretical concept. On the contrary, the theoretical concept, as used, gets its meaning from the detailed steps we must first directly feel.

Current developments in psychotherapy have obscured the lines between different orientations. For example, contrast psychoanalysis and client-centered therapy. What a sharp difference that once seemed to be! Today, looking back, we see the similarity: Both were highly formal denials of a real relationship. One role-played a relationship of transference; the other role-played a perfectly neutral acceptance. We see two of a kind—artificial, formalistic avoidances of genuine interaction between two people. The patient's real feelings were considered invalid (*transference*). The analyst's feelings were also considered invalid (*counter-transference*). Similarly, in

client-centered therapy, it was a mistake for the therapist to interject his own feelings into the therapeutic situation. Today, client-centered therapists make “genuineness” the first condition² for therapy and therapist-expressivity³ and spontaneity⁴ main therapeutic factors. Psychoanalysts are also moving toward real involvement and commitment as persons, with less reliance on technique.

A second main trend that cuts across orientations is emphasis on directly felt experience instead of insistence on certain special contents. For example, in classical analysis all difficulties had to lead back to Oedipal sexual conflicts. Few analysts today would construe psychotherapy so narrowly. The other orientations also place less emphasis on contents once held as necessary for successful therapy. Concepts, such as self-perception, power drive, separation anxiety, archetype, sexual conflict, and interpersonal reactions no longer fix the direction and movement of therapy. Today, there are many different “orientations,” but they do not differ along really essential lines. What appeared to be major differences in the essential personality determinants now seem more differences in vocabulary. Today, whatever the theory, the directly felt process in the patient is basic. The patient can oblige his therapist and express his felt experiences in any one of the content languages.

The present explorations in psychotherapy reflect a period of transition.

The new essential dimensions, shared very broadly by some therapists in all orientations, are *the relationship process between two humans and the therapeutic feeling process*. Both of these dimensions are experiential in character. For this reason, I am calling the new therapy “experiential therapy.” In every orientation, today, we find discussion for and against the new emphasis, in contrast to the technique forms on which we once concentrated so heavily.

I have already mentioned how the chapters of this book illustrate the direct experiential way of talking about and proceeding in therapy. Let me now discuss how these chapters emphasize the experiential relationship and the individual’s feeling process. These chapters point at the concrete living personal relationship, something that is much more than two people and their individual patterns, more than what each thinks of the other or how each sees the other, more than units of meaning communicated from one to the other. Martin Buber as quoted in “The Existential Moment” says of the therapist that “if he has really gathered the child into his life then that subterranean dialogic . . . is established and endures.” This is no mere professional relationship to a patient; it is a life relationship of two humans. They both live really there, in the “reality *between* them.” And this reality is a “subterranean” connection and interaction. It isn’t merely something perceived and communicated, or specific reactions of one to the other. It involves one’s whole ongoing aliveness. Poetic language—but we have no

well-established technical terms for it. We all know, for example, the concrete sense of being looked at by another human being, when someone looks *at* us. That is not what he really thinks or what we wish he would think, or how we wish he had seen us. It isn't this or that perception he may be getting. It is the live, direct sense of existing in the "reality between" ourselves and him, of being seen by him, and of meeting him in his seeing.

I believe that successful psychotherapy of any type has always centrally involved this concrete type of encounter. Yet, there has also been a great deal of artificiality, of therapists limiting their involvement as persons (*as if it were an error betraying the therapist's weaknesses, needs, or softness*), much painfully distant dealing with patients as though with forceps. Therapists have often felt they had to sit behind screens of various kinds—fully seeing the patient, but themselves neither visible nor visibly involved in an encounter.

But the fully real relationship involves the therapist's own person and hence his weaknesses and fears. Therefore, case reports of such relationships are quite personal. And so, these chapters each are quite personal. They include, as Dorothy Baruch says, ". . . the things I've wanted to put into other books, but which were. . . . Not to be spoken of," for example, the children's "crazy sounding but poignant longings" and "the fear of our own feelings." Both therapist and child, in these chapters, are fully rounded and fully human

persons. Only recently have case reports reflected this kind of human encounter. After all, one use of the word “clinical” and “case” is as a cliché for impersonal oblivion of humanness. No one likes to be treated “as a case” or to be looked at “clinically”—as if we all knew that, when the therapist looks at us “clinically,” he is in some way violating our person! There is no longer such inhuman formalism here: a theme running through content and manner of these papers is the directly felt encounter and the concrete way in which it involves the therapist as a person.

But why call it “subterranean”? Only because it involves our total, live, ongoing being rather than this or that message or analytic tool? More than that: because this concrete encounter easily and constantly transcends words. For example, what a shock to find, after many pages in one of these chapters, that the little boy *for the first time* speaks to the therapist! And all that went on with both of them, as described over these many pages, none of it involved the child’s speaking? You look back over the pages and, yes, it could be, you see it was . . . silent. In a similar way, Moustakas’ experience with Jimmy: “[he] saw the bottles of blood, his body tightened visibly throughout, and a dark look of violent dread crossed his face ... a foreboding expression . . .” and “I remained with Jimmy. . . .” “As far as it is humanly possible ... I was there. . . .”

“The physician tried to convince him that the needle would hurt him only a little. . . . He screamed repeatedly. . . .” “During this time, I held his hand.

... I did not talk about the realities involved.” So much action, without words, all of it direct living connections, specific, eventful, concrete.

Or, there is Alexander’s Jerry, a supposedly retarded boy who “struggled through almost the entire . . . Wechsler-Bellevue with little or no response. Everything I said, everything I showed him, seemed beyond his comprehension. . . .” “Yet, I could not stop.” (*And Alexander did not stop, but went on to the Block Design test, trying on and on.*) “But this time there was a difference; he was able to copy the third demonstration. Then ... he was able to complete the next five designs. . . . Jerry appeared to be a different boy. He seemed to relax.”

What is happening here? A relationship: a concrete interaction, a different boy. What is being said—how was it achieved? What technique was used? What of the facts shown in the Wechsler-Bellevue? What kind of facts are such facts, and what kind of facts are “he was able to copy the third demonstration” and “the next five designs . . .”? What is a person? What kind of facts? And, again, what different thing is a person-in-relationship, and what kind of facts are these different ones that grow out of a relationship?

In these relationships the individual is already, in these moments, ongoingly, a different person differently involved and differently alive than he was as a lone set of facts.

The chapters in this book describe many other ways of portraying this same theme. Here is one author's clear tracing of how the individual is what he is in interaction, and how he changes in the moments in which the interaction is concretely different. Colm describes the older brother Bobby and the little Gavin:

And I saw Gavin slowly, slowly moving his foot closer against the big, complicated building that Bobby had just erected for an army barracks. Bang! It collapsed by "accident." Bobby instantly became the monster and threw a stone. Gavin cried out *desperately* and ran to me for protection.

If the therapist is temporarily drawn into the child's pattern of provoking unreal acceptance, pity, or protection, he must catch this in himself, and make it a useful experience for the child, and for himself.

I said, "Oh shucks. . . . Poor little Gavin (*pause*) or (*pause*) really like superman? . . . could wreck even big Bobby's building *and* could make Mom come and scold Bobby and comfort *him*." . . . An embarrassed . . . smile came from Gavin. At this point, I gave him a short hug—not before, when he had tried to force me into protecting him.

Sometimes, in these chapters, therapists know and describe moments when it is clear and self-explanatory by just what steps the relationship changes the individual. At other times therapists equally well know these moments and describe them in finely caught detail, yet only the child's unfolding is visible—the why is mysterious. The *general* explanation is the same: it isn't that the interaction affects the individual and then makes him

different. In the very ongoing of that interaction, he is already different.

The therapists sometimes know and can say just what kind of change they bring, in what way they make the interaction (*and the changed person in that interaction*) into something more positive, more alive, more free and life worthy. At other times such “making positive” is not specific nor known to the therapist. It happens nevertheless. It is a function of the nature of two people connected, open, honest, and struggling. To be helpless, hopeless, isolated, unloved, lost in weirdness—we call these things negative; but no “value judgment” is required of the therapist in order to alter these negatives in the patient. The very nature of finding oneself concretely seen, felt, connected, and one’s every feeling and motion responded to constitutes finding oneself no longer helpless, hopeless, no longer isolated, unloved, lost in weirdness. The concrete mode of living is already different. The words with which to perceive and say what has changed, these can come later. For example, in his chapter, Allen writes: “I reflected the side of her that wanted to live, helping her to recognize her own fear of growing up, but, at the same time, her desire to be connected with life and to emerge as a distinct and independent person. . . . Once she remarked, . . . when I come here I know I want to live.”

That is what a relationship does! Always the *positive* being of the person is concretely extended and made real. But this is no “value choice” of accentuating the positive. It does not mean at all that one welcomes positive

feelings and plays down negative ones. In the case above, it was just as important to respond to “her own fear of growing up.” The making real of the person’s positive being lies in the concrete relating, in the response and welcome to every shade of feeling, in the kind of ongoing person-process made by such responding. Precisely “the side of her that wants to live” is made real and alive as *she* is responded to in whatever she may be up against. A responded-to person is already a more positively alive one, than the dulled, life-blocked, hardly ongoing, lone facts of the person were.

Similarly, Lewis tries to help the boy “. . . see the self-creative strivings implicit in his rages.” She remarks, “Anger can be good as well as bad, you know. It can be right to be angry with something that is evil, can’t it?” Or, note her positive view of the boy’s refusal to go to school for fear of fainting and having to return to the hospital. “He could not bear the thought ... of being isolated in a bed. . . .” (*The boy slept only with his mother in her bed.*) The therapist calls it “Roy’s fear of isolation, ... his fear of forced removal from life. . . .” Does this therapist see only the silver lining? Is she unaware of the pathological and negative character of all this? Hardly. She calls it “his infantile mother fixation,” but she sees it as “holding Roy back from a full restoration of his talents and powers.” Consider the phrase “holding Roy back.” It is a phrase describing something negative, and yet it surges with the positive, which is to be released, allowed, made real, made ongoing.

These concrete existential encounters make the positive ongoingly real, and it hardly matters whether a therapist's design is quite conscious and clear, or whether he has no design at all—except precisely to relate responsively and connectedly. That subterraneously includes all possible positive designs. For example: “. . . I responded to him in ways which told him that a strong adult who knew the realities of life was his honest ally . . .” (Kogl); or “I give myself to you without fear of losing myself” (Baruch); or “The therapist never loses touch with himself as a person . . . (*and brings*) to the child the full resources of a real self . . . (Moustakas). The experiential relationship, the existential encounter, then, is fully and mutually personal and not just professional; it is much more than verbal, it is a concrete interplay and connectedness; and in the very ongoing of this kind of interaction the individual is already different and more fully and positively alive.

These themes run through every chapter of this book. And, literally as a corollary of concrete relating, another pervasive theme concerns the experiencing process in the individual. The concrete relationship involves humans as experiencing and feeling persons. And so, the individual is ongoing as a new and different process of experiencing, of feeling. Not this or that content, but the type of process determines illness or health.

The very contents of an individual are different depending upon what

kind of feeling process he is—and the relationship determines that. Baruch, in her chapter, speaks of children’s “preposterous giant imaginings.” “A child must pathetically hide inside him the monstrous things.” Yet, these are normal! Baruch pleads with us as parents and therapists to give “attention, more hearing, more understanding that goes forth in quiet peace to meet our children’s feelings.” In this way, she tells us, “the normal problems of childhood remain normal.” These “monsters” of childhood, as such, don’t create trouble. Rather, it is the way in which the child is responded to, and allowed to exist as an ongoing being—that determines sickness or health.

Similarly, Colm’s Bobby and his “monster” dreams. As the little Gavin goads him, “Bobby instantly became the monster. . . .” And, when Bobby experiences himself in a different interaction, no longer as unwanted and goaded, “the monster dreams disappeared.”

These concrete relationships change the individual just because an individual isn’t these or those facts inside, but always an ongoing feeling process in interaction. The monsters aren’t “psychotic contents.” They are as human as having your block building kicked over by your sneaky little brother who competes for your mother’s love. They are the consequence of being isolated and unresponded to as children. They “disappear” in a relationship as a distinct person emerges. Or, as Wenkart states, in her chapter, “By being responded to lovingly, by being nourished and valued he

[the child] develops responsiveness in kind; he builds bridges to objects and to people.”

What is the individual? Not these or those factual contents but the felt, ongoing process. Moustakas describes it in “The Existential Moment” as “an entirely unique and particular substance which is his own ... an essence which can be recognized and called forth in the encounter.” The encounter calls it forth, it brings it about that “the person feels his feelings . . . is more fully alive as his own unique substance, and is just thereby and just in that way changed from how he was before!

Insight plays a great role in this feeling process which transcends content. But, in these chapters, it is not an insight brought up dead, like a long-drowned fact from the bottom of the unconscious sea. As Allen puts it, “the child’s inner life is revealed in such a way that the child participates directly and actively in the resolution of his own conflicts and problems.” Throughout these chapters, recognition, “helping him to see . . . this is insight that stems from the concretely felt flow of ongoing inner life. The payoff and truth directly bring an immediately experienced release, a more fully being alive, concretely. This is insight which emerges out of felt experiencing and leads right into a movement of that experiencing.

The Theoretical Questions

How, now, shall we formulate these themes more exactly? There is great promise but also danger in the new experiential psychotherapy. The promise is for genuine therapy and a genuinely human science of man. The danger is a therapy without theoretical perspectives and trainable principles. Existential psychotherapy can look like a mere rejection of theory and precise thought. No such rejection is implied here—only that the main concerns and the very method of thought are still in the process of being formulated, and they are different from older theories.

Having pointed to some of the main themes as exemplified in these chapters, let us formulate these more exactly. We must develop a theory of experiential process and experiential steps. Experiential process plays a central role in at least three related respects: in the function of experiential steps, in the interpersonal relationship, and in the individual during psychotherapy.

The individual during psychotherapy could not change in personality if he did not engage in directly felt experiential steps. If we think of his experiential steps as merely an experiential version of conceptual steps, then we cannot explain how he changes. Suppose he and we describe accurately how it is with him now, the what and why of his painful, self-defeating patterns, the factors which have made it so and keep it so. Suppose he remains only within what logically follows, what is logically consistent with

this way of being. He would never change. To remain consistent with—that means precisely not to change. Any account of how someone changes and resolves difficulties must involve a process that moves beyond what can follow consistently from how the individual is.

For this reason, the older theories failed to define the change process in the individual. Freudian theory, for example, calls the change process “working through,” an admittedly chaotic, little-understood struggle in which the individual “somehow” overcomes what the theoretical diagnosis represented. The theoretical diagnosis explains why and how the individual came to be and had to remain as he is. If the experiential process of the individual did not move through steps other than those which could be deduced from the diagnosis, the diagnosis would continue to fit him. He would not have changed. The experiential steps cannot possibly be only concrete versions of consistent conceptual steps. Thus, our theory must not portray experiential steps and resolution as if they were logical steps. Patients and therapists employ not only concepts, but also experiential steps. We do not want merely to “intellectualize” or “rationalize”—neither *in*, nor *about* psychotherapy.

I call this reliance on experiential as well as conceptual steps the “experiential use” of concepts. In “experiential use,” concepts, words, or other symbols have a vital function, but a different one than that of leading directly

(by logical implication) to other words or concepts. Steps of experiential differentiation intervene between one concept or set of words and the next. Rather than leading by implication directly to other words or concepts, there is first a directly experienced effect. Something directly felt is newly noticeable. That newly noticeable experiencing then leads to further concepts. The new conceptualization “makes sense”; it follows understandably *from* the preceding concepts, yet one could not have gotten to it by any conceptual implications *of* the preceding step.

One can, and often does, move directly from concept to concept by conceptual implication. But therapeutic change and resolution occur because of those times when one moves via intervening experiential steps.

An experiential use of concepts still requires that concepts retain their logical precision and meaning—for that is what has the power to refer to experiencing. It is an error to drop logic, language, definition, and logical precision. That leads to arbitrary emotionalism, not to experiential steps. It is true that there is here a difficult philosophic problem,⁵ just how to know what aspects of a conceptual construct one employs to refer to experiencing, as against those aspects one ignores for the moment, as being experientially irrelevant. To so use concepts systematically involves a systematic method. For the moment I want only to point out that a glorification of “ambiguity” and “inexpressibility” is not in order. Concepts and intellectual

differentiations play a vital role both in psychotherapy and in civilized man generally. We cannot differentiate experiencing and move along experiential steps unless we are willing to grant concepts even more precise and specific power than when we use them abstractly. For example, recall how often in psychotherapy the client struggles for the exactly right way of stating something he feels. Many statements may be rejected as “not quite it,” even though conceptually they seem to be the same as what he finally asserts is “exactly it.” That exactly right statement has a powerful experiential effect. The person may visibly relax, exhale deeply, and feel released and deeply relieved, often despite the fact that the statement asserts something awful. The “felt rightness” (*as we usually call it*) of such a statement is obviously not at all arbitrary. Not any and all concepts or words will do. Only just exactly these words have this effect of experiential movement. We experience this effect as “the words are exactly right; they feel true”; just this is a deeply felt experiential movement and change. A few minutes or days later, it thereby becomes possible to conceptualize quite a different experiential step. That new conceptualization may well now contradict the one that felt so true, and just because of the change made by this “feeling true.” Thus the process of felt experiential steps is involved not only in our own experiential use of concepts, but also in the client’s change process in therapy.

This process of felt steps helps to explain the value of the personal relationship in psychotherapy.

Again, the old method of conceptual machinery fell short. Just as the change process within the individual is a mystery if only constructs and their implications are considered, so also, without the experiential process, it is a mystery how the interpersonal relationship creates its powerful change-effects.

Freud explained how the patient repeats his self-defeating patterns (*the "transference"*), but he did not explain why the patient ever ceases this repetition, how he ever becomes different, how the transference is "handled" or "overcome." More basically, it was said that the presence of the therapist in a close transference relationship "changes the libidinal cathexes" or "alters the dynamic balance." Today, with our new experiential way of using concepts, we need not object to these terms. The personal relationship indeed changes the "dynamic balance," we may agree. We say "of course it does." We aren't even thinking of "dynamic balance" as the theoretical construct it is, with all its conceptual implications of bound forces and hydraulic economic complexes. We are not using the definition of "dynamic balance" when we easily assent that, indeed, a personal relationship of a certain sort can alter the dynamic balance. We can let this phrase stand as a pointer to what we feel directly: the way in which one's whole manner of being alive feels and is different, depending upon toward whom and with whom we live, feel, and express.

In the words of Allen, in his chapter in this book (*Allen who has done so much during the last thirty years to bring us just this insight*): “Therapy exists to the extent that it is a meaningful and unique life experience.” The therapeutic change, resolution, working through, overcoming of repetitive and limiting patterns, occurs not from more exact revelation of how the patient is and came to be as he is, not from more and more fully showing him that he must be as he is, and must react as he does. It comes from making this now ongoing relationship into a new and different concrete life experience for him, a kind of experiencing he could not be, and was not, until now. Thus, the effects of a personal relationship must be understood as the new and different experiential process that a genuine relationship makes possible.

Existentialism

Previous theories looked upon the interpersonal relationship second; they considered the individual first. The individual was explained (*his behavior, personality, feelings, and so forth*). Then, when two individuals met, they “communicated,” or “interacted.” Such interaction was explained in terms of basically individual entities. Behavior was explained out of individual motives, drives, patterns, or tendencies. Outside “stimuli” set off patterns or forces in the individual, and these determined his behavior. The individual was regarded as a self-contained box, and his internal machinery determined his feelings and acts. Existentialism overthrows these kinds of

perceptions and interpretations.

Being in the world and being with others is the first consideration of existentialism; the individual as a separate entity is explainable only in the second place. In America, Sullivan⁶ effected a similar theoretical revolution, although in different terms and not quite as thoroughly.

For existentialism there is no “subject’ within, separate from the “objects” outside. Our language and habits of thought have been guided so long by British Empiricism that even existentialists sometimes fall back into just those modes of thought which existentialism most opposes. For Husserl, and phenomenology since then, the basic term is “intentionality.” This word means that experience as we have it is always about something, toward something, in reaction to something, of something, with something, never *just* an entity inside our heads or bodies. Phenomenology rejects the theory that we see “percepts,” that we think “images” and “sensory traces” or “nervous stimulations.” Husserl, in examining directly-given experience, found that he just never saw a percept. No one has ever seen a percept. We always see a tree or a person or a room. We always see something outside us (*even dream images are like that*), never a percept in our heads. We always feel angry at what someone did because of what happened to us and what we must now do. We never feel anger as just something subjective, an entity within, unrelated to the world we live in. What we actually experience eliminates the

old barrier between the objective (*geometrically conceived atoms and physical forces outside*) and the subjective (*entities or forces inside*). Husserl found that the whole human world was really implicit in our experience and that the supposed entities within were mere theoretical constructs.

The individual's gut-felt experience (*for example, "I am all tense and tied-up"*) is no mere internal entity (*like a swallowed rock*) but implicitly contains a whole texture of concerns about situations, reactions to others, perceptions of things and people. The following speech illustrates the many situational conditions and perceptions implicit in what may seem to be purely internal entities, being tense or afraid or ashamed:

Oh, I'm so tense because I know I am going to have to talk about X and I don't want to because of what you'll think of me . . . and what I'll think of myself, I guess I am ashamed, really, because I did this awful thing, but really that isn't the main of it, it's that I had to do it not out of meanness but because I was afraid to stand up to him because I'd have to fight and so it was really out of fear I got pushed into it, and having to admit that is worse than just what I did, and I was afraid to admit that. Boy, was I tense.

In the old theory, we talked as though "affects" (*internal entities*) were "attached" to situational stimuli. The formula we used is "I am tense because of X" and the "because" bridged the artificial gap between the subjective and the objective. But, this "attached affect" hides the real way it is. Notice, in the few lines above, first tension was "attached," then "fear," then "shame." These different emotional colorings did indeed come and go, but the individual was

really explicating one felt chain of experience. As he told why he felt tense, he no longer felt tense, but instead, ashamed. Nor was he merely “tense” as an entity within. He was tense at the prospect of having to discuss something with someone. He did not merely have shame as an entity within. He was ashamed at being pushed into certain things through fear. His “fear” was not an entity within but a being afraid of having to fight.

It is an essential character of felt experience, that it is internally differentiable,⁷ that it may, after moments, turn into a long chain of complex situational and interpersonal aspects. Experience is not something “within,” but something interactive, implicitly containing many aspects of the situations one lives in.

Existentialism defines human beings as being “in the world” It defines subjective or individual experience not as something within, but as “in the world.” It defines the individual human as a being here (Dasein). This means he is concretely sentient. Existence is always yours, mine, his. It is the concrete ongoing living we feel and are. It implicitly contains how we are alive and geared into our situations.

Other persons are perhaps the most important aspect of the world and the situations we live in. Human beings are always a “being-with.”⁸ *(Loneliness is no exception; in fact we can feel lonely only because being-with is*

an essential aspect of human beings.)

Being-with and being-in (*situations, the world*) are not mere “traits” of humans. They are what it is to be human, they are human “being.” Much as Sullivan had altered theory from individualized entities to “dynamisms” (*ongoing exchanges between people*), so also existentialism portrays human nature as first and essentially an ongoing living in and with. What we feel and do stems not from inner self-contained machinery, but rather from what is felt toward and done toward people and things, to bring about situations, to alter them, to realize possibilities we foresee and avoid possibilities we fear. If you take away from human beings this aspect of a “projected” world (*of fearing, caring, worrying, planning, arranging, being glad at, or avoiding*), nothing is left, since all feeling, thought, and behavior is being in the world. The past is nothing but a texture of feelings and behaviors that were once fears, cares, concerns, and alterations of situations, avoidances and acceptances of conditions we lived in. True, all that is over and settled, and we can recall it as though it were fact, but it is still this peculiar type of being which, unlike a thing on the table, is never just what it is but always something else, something worried about or desired or cared for or done because of.

One false version of existentialism makes it into the subjectivism that existentialism opposes. Another false version makes it into an emphasis on

the present, as though there were a present that did not consist of creating and being concerned about a future. Indeed, existentialism holds that the past does not make us what we are, but this is because the kind of “are” applicable to human beings is fundamentally the way we are in the world, always a possible way of being about to act or be affected. Human beings “are” never just here, in the room, but they “are” writing a paper about because and for ; they are getting something in order to do something with, waiting for someone, or avoiding someone, or resting from, or being lonely for. Of course, humans have their factual aspect (*facticity*). A human in a room is just here and cannot, without transportation, suddenly be in England. As a factual “thing” he can be shot, hit, or transported. But as a human kind of being, he is thinking about, feeling affected by, angry at, glad in, lonely for, close to, concerned about, and happy with.

It is therefore not the case that I know only myself (*as an entity within*) and can know you only via my analogous inner entities. Rather, there is no entity-self within but only the ongoing self in the world. I know directly how you affect me because the kind of being I am is a being affected in the world, a being-in and a being-with. I know myself secondarily from out of relationships, from out of my ongoing being-in and being-with.

When you communicate to me, existentialism implies, you do not rearrange some old entities within me; you affect me in ways in which I have

never been alive before. What you stir in me are not entities that sit waiting in me like marbles or rocks or pictures or pathways. I do not first have a given machinery-like nature and am then affected by what happens. I am always, only, a being affected by what happens. It is not the case that you act, and then I perceive your act, and then I react to your act out of my own constitution. Rather, as soon as you act, I am already this being affected by you. There is much to be said about how individuals have differing perceptions and reactions, how they remain within certain limitations and repetitious structures, how they avoid aspects of their human ongoing—indeed Heidegger makes such avoidance the most common mode of being human—but just as loneliness is possible only for a “being-with” type of being, so also avoidance and inauthenticity are possible only for a being-in type of being.

Individuals are not boxes full of entities into which a therapist tries to put new entities (*information, example, insight, values*). We have no way to get such entities into somebody. Personality change is just this shift of a person from being unable to learn, to take in, or to perceive accurately to being able to do so. Hence, even if information, example, insight, and values are “communicated” from therapist to patient, the question of change is: What happens in psychotherapy so that the patient “becomes aware,” “learns,” “accepts,” “takes in” from his living what, at first, he was unable to be aware of, or learn; what happens to alter his self-defeating patterns?

If the essential nature of human beings is conceived of as a being-with and a being-in, then it is most easily explainable that people change when their surroundings change, that people are different when they are with someone different. If there is a puzzle, it is how we avoid being alive in new ways, how we repeat patterns that are not a being affected by the situation or person, here, now. *(For this reason existentialists discuss at such length the avoidant “bad faith” or “inauthentic” modes of being.)*

This is not to say that there is no separate, individual, self based personality, but only that personality is not a thing. We have our separate being as selves—but only as we carry it forward by our actions, thoughts, gestures, and moves *(all of them at, in, or toward situations)*. When we think or say what we feel or are, we do not “dig up” contents of self that were lying down under there but, rather, we have this ongoing being this or being that only as we complete it in action, in process, in symbolizing, in feeling. To the extent we are able to so carry forward our own process, to that extent we are separate and independent selves. Conversely, in those respects in which another person carries our experiencing forward in ways we alone cannot, in those regards we are not separate persons.

But, we cannot conclude from this that an optimal person would be able to carry his own experiencing forward in *every* respect in which it *could* be carried forward with others in a relationship! Every new individual who

relates with me may carry my experiencing forward in ways that then seem terribly valuable and essential to what I (*then*) feelingly am. There is no set, limited, exhaustive list of what I am or could be in all respects! Again, humans are not set things! They have no exhaustive table of contents. But, an optimal person does carry forward his own experiencing (*responds to himself with action and thought*) sufficiently to constitute a broad ongoing process of experiencing, even when alone in his room, or for years in a lonely forest.

The view of human beings as entities or containers of entities comes from physics, from Galilean science, from the absurd (*but highly fruitful*) assumption that nothing is real except mathematically behaving masses and energies. But should we really accept as basic the type of construct that inherently assumes that people are not part of reality? Aren't we once and for all here, and part of reality? For some sciences it may be fruitful to assume that humans do not exist, but that is not a fruitful assumption for a science of man. Yet it is the assumption implied in a type of construct still often employed in studying human behavior.

Philosophy often sounds very arid and abstract because it is a discipline of discussing *types* of constructs. No one asserts that people do not exist. But many will persist in a type of construct that fits physical reality only if the humans who live in it, and study it, are first abstracted away. Existentialism poses the possibility of types of construct based on human modes of being,

rather than on subsistence apart from human living.

Thus humans should not be conceived as containers with thing like entities within (*like a box full of individualized forces, energies, contents, experiences, drives or motives, wishes or needs, archetypes or repetition compulsions, instincts or nerve patterns, anxiety bonds or repressions, power drives or conflict equilibria, laws of thought or firing synapses, representations, images, percepts, or sensory traces*). This is not to say that one or another of these construct systems might not generate fruitful hypotheses or lead to behavior predictions. But a more fruitful science of man must adopt more human-fitting types of constructs than that of the thing in the container.

Existentialist philosophers are giving us alternative types of constructs. Sartre,⁹ for example, states that “thirst” is not a thing inside. It is my “drinking from a glass” which “haunts” how I am now (*it isn't actual, yet it isn't unreal either*) ... a possibility that I *feel* and call thirst. Another example: “A belief” is not an entity, a content. It is just as much the “believing,” an ongoing process. The process can never be separated off, so that entity-like contents exist as such. The process always “surpasses” whatever seem to be the entities, the beliefs, the emotions, the thoughts. Contents are “made to be” by the process and sustained by it.

We “interrogate” ourselves inwardly to discover what we feel, wish, are.

This “self” we interrogate is not an “inhabitant” inside. In one respect it is “present” (*our directly-felt bodily concreteness*), in another respect it is “absent.” (*We must ask ourselves, dig, project questions “down there.”*) Sartre calls it the “absent-present,” deliberately portraying it as one process, rather than as two separately existing things (*like the Freudian down under, and the Freudian ego*). There are no contents or ‘laws of consciousness’ (*there is only consciousness of laws and contents*). The process as concretely ongoing is always more basic. The type of construct that fits such phenomena always needs hyphens in English, because it combines what had previously been split into two thing like entities, and because it presents this combination, not as a tying together of two things, but as an ongoing process.

When we conceptualize or express how we are, what we feel, what our feelings imply, we are not digging up things which were down under there in just the same shapes as they now have, when we express them. Rather, to “dig up,” to “express,” these are ongoing life processes. They make meaning, rather than simply finding meaning already there. This may be expressed by the hyphenated pair “facticity-surpassing.” There is always a given situation I factually find myself in, but to think, feel, interpret, react, explicate, perceive it, there is a process that alters what the situation is for me. Situations do not exist apart from me. A situation is not purely physical attributes, but human relational factors, what I can and cannot do, need, expect, achieve, use, avoid, and so forth. All the “attributes” of the facts as “situation” are in terms of

someone's living, doing, using, and avoiding, altering, or failing to alter. But this means that there are not already given finished facts in us, or around us. Rather, to say how I feel is a living process that "surpasses" what was given when I began to talk. And, to tell you how I feel is, of course, a different being-in-the-world, than to say it to myself or some other person.

Existentialism is phenomenological; that means it aims to explicate directly what we concretely are, live and experience. Often, very abstruse constructs are coined, and these make existentialism seem like any other abstract conceptual-assumption system. Existentialists struggle to emphasize that they do not impose or assume their schemes to be in experience as such. Everything we say, both in theory and in personal self-expression, is a "lifting out," a "making be" of order, meaning, pattern, and situation, a "surpassing" in the very process of concrete living and doing, speaking, and thinking.

Thus they use words like "preontological" (*that is to say, before ontology or philosophy is formulated*), "prereflective" (*before one reflects upon it and fashions a content that is reflected on*), "preobjective" (*before given objects are precisioned out, fashioned as objects*) to convey the concrete flow of sentient living. All philosophic assertions are an explicating, a precisioning, "based on" the concrete ongoing living and feeling process.

Yet, this seemingly complicated way of describing concrete experience

can be misleading. Many readers of existentialism do not realize the simple, obvious, concrete reference to their own “gut sentience,” which these technical phrases attempt. Then it seems that existentialism is simply vague, “ambiguous,” and one is invited to glorify the ephemeral as something described only by negative phrases (*like God’s negative attributes*): It cannot be reduced to analysis; it cannot be reduced to words; it cannot be presented as lawful; it cannot be predicted; it is ever new, unique, unexpected, irreducible and hence incapable of being thought about clearly. This is an error. What is intended is the directly experienced, felt sentience which you are all the time, and out of which you live and look through your eyes. Nothing is more ordinary and known to you than your concrete sentient “being here”—in its “preontological,” “predefined” concreteness. Only from out of it do you genuinely express yourself or genuinely make the specific contents and patterns, emotions and chains of explication, experiential steps and reactions that you find as you explicate phenomenologically (*and these are always about the world, others, situations, what you want, fear, might do, hoped to avoid, and are affected by*). Thus the crux of existentialism is this formula that humans exist without defined essence. Humans have as their being just their existence (*ancient philosophic words for that alive felt sentience you are*).

The crux of existentialism, however, is not merely to assert that concretely felt experiencing is basic, but to put all concepts and thoughts into

direct interplay with it. Phenomenological assertions are “based on” direct concrete existent living. What does “based on” mean? What is this peculiar interplay of the patient’s living-and-formulating that we call genuine psychotherapy? How is it different from the mere mongering of verbalizations or concepts that we call intellectualizing? The difference lies in a peculiar relationship between directly felt sentience and words or concepts.

“Being-in-the-world” is *concrete*. It isn’t something general; it is always your existence, or mine, or his. “It is my “here,”” says Heidegger. He explains: it isn’t this or that mood, but the very possibility of mood or quality of feeling. Feelings are our ways of being affected in the world, more exactly, the very possibility of being affected. What we are is feeling—an “openness to being affected” (Heidegger). Similarly, Sartre points out that our feelings are “possibilities,” possible actions in the world. We interrogate what seems like ourself, down under there (*the “absent-present”*), but these possibilities are really the stuff of the body. We *feel* our possibilities before we shape them and verbalize them.

Experiential Psychotherapy

In the last section I presented what the philosophy called existentialism contributes to psychotherapy. But, it is also true that psychotherapy contributes greatly to existential philosophy. Felt concreteness is difficult to

describe philosophically, whereas in therapy we are continually working with it and familiar with it. The work of Jung, Rank, Allen, Rogers, and others (*coming directly from psychotherapy*) joins with the philosophical existential trend. Both streams are going to make up a new philosophy and psychotherapy.

In psychotherapy, the concretely felt is so familiar that we define therapy as just this. We call it “rationalizing” or “intellectualizing” or “externalizing” (*not therapy*) if an individual talks and explains without the direct participation of his ongoing experiencing. We call it genuine therapy only when he freshly phrases his ongoing feelings, or otherwise symbolizes them, reacts to us from out of them, and lets his feeling process evolve and move in relation to us. As practicing therapists, we do not merely intellectualize, and we wish our clients to do more than that. Why, then, as theorists, should we remain on a merely intellectualized plane? Existentialism succeeds if we equate “existence” with “experiencing.” For the client, the ongoing sentience is the basis of what he says and does in therapy, and it is what we try to respond to interactively, it is what we try to maximize, to free, to permit its fuller ongoing.¹⁰

Those who work with children (*and with adult schizophrenics too*) have always emphasized the experiential, and have always looked at words, gestures, play activity, and all symbolic activity generally as growing out of

concretely ongoing sentient experiencing. It is not what is said or what is painted that does the effective changing of the personality, but rather it is the living experiential process of so speaking to someone and of so painting.

When an individual expresses accurately for the first time how he is, just then and precisely in so doing he is no longer that way. The accuracy which he feels so deeply—the physically sensed release of the words which feel exactly right—this very feeling is the feeling of change, or resolution, of experiencing moving a step forward.

From this carried-forward experiencing, from this new step, everything now looks somewhat different. Solutions may not be in sight. What was said earlier (*perhaps with deep-felt rightness*) may now be false or irrelevant. The whole scene may have changed. The issues and questions may be different, they may be worse than one had thought, yet it always feels good and enlivening to have the experiential process carried forward.

To say how it is does not simply represent, but it creates, it moves, it carries forward; it is a process of living.

No wonder, then, that a similar process is possible with nonverbal symbolizations. Therapists of children have always been ahead of others (*for example, Allen or Rogers*) in pointing out that psychotherapy is an experiential process.

Not only can playthings and dramatized situations symbolize experiencing and carry it forward; the other person's responses, too, can be considered as symbolizing and carrying forward the patient's experiencing. We are using the word "symbolizing" here in an odd but true way. Symbolize here does not mean represent in symbols. Symbolize means for external events (*words, acts, others*) to so fit the individual's implicit preconceptual feelings that the process is carried forward.¹¹

I prefer to call this view of psychotherapy "experiential," since the "concrete existence" existentialists speak of is really experiencing.

I have described three closely related contributions of existentialism to the current developments of psychotherapy: (1) the relational being-in-the-world and being-with character of human beings as the primary type of construct with which to study human behavior; (2) the concrete sentient life process of an individual as not reducible to entities, pictures, contents (supposedly within), but rather as a feeling process; (3) a mode of thinking in which concepts and words are "based on" felt experiencing directly, precisioned or lifted out, creatively fashioned, not merely represented conceptually, but directly felt as a result of being thought about and differentiated in this way.

To discuss these three points I have already had to add a good deal of

more therapeutically-oriented experiential theory. Let me make my own further steps clearer by discussing them separately:

As I mentioned earlier, in the United States existentialism came late upon the therapeutic scene. The contributions of Otto Rank, J. Taft, Frederick Allen, George H. Mead, Harry Stack Sullivan, Frieda Fromm-Reichmann, Carl G. Jung, Carl A. Whitaker, John Warkentin and Thomas P. Malone (*they first coined the term "experiential psychotherapy"*), Paul Fedem, Abraham H. Maslow, Carl R. Rogers, and many others had already created a major movement in the experiential direction.

I will quote now from just a few sources to illustrate earlier trends toward what we have been discussing. First, Jung:

According to this definition, the self . . . transcends the powers of imagination to form a clear picture of what we are as a self. . . . Thus we can, for example, see ourselves as a *persona* without too much difficulty . . . [but] the self remains a superordinate quantity. [The self is] . . . an actual, living something, poised between [conscious and unconscious]. ... I have used the word "sensing" in order to indicate the apperceptive character of the relation between ego and self.¹²

Thus Jung points both to the concretely sentient, felt nature of experiencing and to its noncontent character, the way contents (*ego, persona*) are only aspects of the concretely "sensed" process. Similarly, Rank says:

As long as one makes the feeling experience as such, in which the whole individuality is revealed, the sole object of the explanation and

understanding, one finds one's self on sure ground, and also, in my opinion, insures the only therapeutic value, that is, to allow the patient to understand himself in an immediate experience which, as I strive for it in the therapeutic process, permits living and understanding to become one.¹³

Only in recent years are these views really understood by most therapists. To cite one of those who moved developments in this direction, Rogers wrote:

As the individual perceives and accepts . . . more of his organismic experiences, he finds that he is replacing his present value *system* . . . with a continuing organismic valuing *process* . . . (*the individual*) examines ... in terms of a more basic criterion—namely, his own sensory and visceral experiences.¹⁴

Rogers developed a method of responding to “feeling” (*this word is not yet in the index of the 1951 edition, however*). The “reflection of attitudes” he discusses soon became known informally as “reflection of feeling.” In client-centered parlance a “feeling” was always something like “You resent her criticism” (p. 28), something which the client *feels* viscerally as he speaks, but which he probably does not know conceptually, or say. Client-centered therapy is a method of doing regularly and systematically at every step what Rank described in more general terms in the sentence above. It depends upon the therapist using all his words to phrase and point at the client’s ongoing, not fully formulated experiencing, something directly felt, yet upon explication always about living in situations, reacting to, feeling about, worrying over, fear of, and so forth.

Even when the therapist is not at all clear about just what the client directly senses and feels (*and when the client is not at all clear about it*), both persons can point their words at it. It is concretely felt. Both people's attention and symbolizing "carries forward" this experiencing process, as I formulate it today.¹⁵

Words, acts, other people's reactions ... all "carry forward" the experiencing process, and that is what man is: a sentient, interactive organism. Like the oxygen and food we take in, like the CO₂ and feces we give off, the life process is inherently an interaction. Even the animal's physical structure dies and disintegrates when it ceases to inhale and exhale, to push against the ground and bury feces in it, to ingest food and circulate blood whose very internal content consists of external oxygen and food particles. The sentience of this live body is its complex ongoing (*not "in" the environment like a thing lying in a container, but "as" ongoing process, much like the water is not "in" the river, but is the river*). Our experiences are not "in" us. We are our felt experiencing. Whatever we bodily feel is already highly organized. To put words or points or action to it "carries it forward" further, "surpasses it," so that words do not render it, but are "based on" it, in relation to it, explicative of it, in a direct interplay with it.

Not all words and responses have this effect of "carrying forward." Only very few do; everything else affects us, to be sure, but not in a way of making

the ongoing experiencing move forward more fully and broadly. When that happens, there is a release and relief, a powerful bodily felt effect which convinces us of the accuracy of what was said, or the rightness of what was done, even just as we change by this very movement, being carried forward.

One example, among many in this book, of "just the right words" comes from the dialogue between Philip and Dr. Buhler. Philip has been describing the various ways in which his parents try to force him into a dependency relationship and try to make him feel guilty. Struggling to achieve a sense of clarification, he expresses this attitude: "I guess it comes back to the fact that I don't trust my parents." Dr. Buhler enables Philip to reach the next step in awareness, responding: "They have made you feel that strings are attached." Philip adds: "That's putting it well. . .

That the words or symbols "fit" or "feel right" means that what is said or symbolized or done was already *implicit* in experiencing earlier. But "implicit" does not mean "in the same form as explicit, only hidden." Rather, it means not yet formed, not yet ongoing fully, and therefore amenable to many different ways of being formed (*though these many ways are still few, compared to all the possible words, deeds, and responses which do not fit, and would leave the aspect implicit and unlived*).

When even one experiential step occurs (*when some words, gestures,*

symbols, responses, actions, or events have carried experiencing forward in some respect), then there is a felt change, a shift. One feels at least a slight release, a “give” in the felt referent, and thereafter new aspects arise and can be referred to. True explanations which do not carry experiencing forward are worthless when compared to one even slight *referent movement*, that felt sense of “give” in what we feel, after which arise new facets and changed aspects of our feelings and situation.

A feelingly accurate statement or symbol (*even if it makes little conceptual sense, or seems awfully obvious, like “I don’t know what to do, that’s what I feel now”*) can have this effect of referent movement. As a result of referent movement, there is *content mutation*, that characteristic way in which the contents shift in the therapeutic process. Often, even one slight, felt referent movement takes the process in a totally unpredicted direction, all the parameters of the discussion change, the decision at which the client seemed about to arrive is now irrelevant or different, the whole scene changes.

Experiencing never consists of sheer emotions (*the affect-tonality reified into a thing*): joy, fear, anger, etc. Rather, *experiencing is always internally differentiable and explicable*.

We should not confuse intensity of emotion with experiencing. Anxiety can double one up, shame or guilt can make one weird and intensely pained.

Schizophrenics whose self processes have largely stopped feel intense and weird discomforts. Primitively structured sounds and pictures occur. In dreams (*where interactive experiencing is also curtailed by sleep*) the same sort of static imagery occurs. Whenever the process of felt ongoing living-in-the-world is narrowed and inhibited (*sleep, hypnosis, poisons of all sorts, stimulus deprivation, isolation*), these peculiar phenomena occur: instead of functioning as the apperceptive sensing of ongoing living, the shape of feeling and sensing becomes weird and frightening, psychotic and primitive, the body's own life process without full interaction in the human world.

When the apperceptive flow of differentiable felt experience is narrowed, then words and events are not interpreted by an ongoing feeling process. Reactions and interpretations are no longer modifications of this felt sentience, as we are accustomed to have it. Rather, it is all dark and dank, swampy and silent, stuck and dully painful. Passively, with only little ongoing sentient flow, an individual still watches the rampant specters. But these are weird childlike imagery. Such imagery is very, very much akin to the small child's imagery when he is left alone at night for a long time. His interactive process ceases, his capacity to respond to himself in human in-the-world ways is not great enough to carry his own experiencing forward and, instead, very psychoticlike imagery appears. Respond to the person (*or the "psychotic contents"*) in an adult way but similarly to the way you would respond to a weirdly frightened child, and an ongoing human process will replace the

psychotic material. That “material” is not “contents” in him, but a manner, a mode, that mode in which there is too little ongoing *interaction-with*.

For the same reason we should not turn away from someone who is “latently psychotic” because we fear (*as the contents-in-people theory implies*) that the psychosis will “erupt.” Psychosis is not an entity in people that erupts. Whether psychosis occurs or not depends on whether one helps or fails to help carry experiencing forward.

The fear of incipient psychotic material arose because so many therapists employed methods in which psychological entities were “dug up” and symbolized without response to the individual, his feeling process, his personal relating to the therapist. Many patients did become psychotic as a result of *such* therapy. They felt their effort to relate warded off and defeated, their ongoing experiencing further deadened inside themselves.

We should never avoid what an individual *implicitly* feels because we fear he cannot take it. He is already taking it! The question is: “Will you enable him to live it with you or only alone (*two entirely different sorts of experiential processes*)?” But, this principle applies only if we respond personally, if we refer concretely to exactly what the individual feels and if we go with him the steps in which—with our help—he explicates it.

But we must make responses not only to what he seems to say and do,

but also the sort of responses which first make personality, the picking up of a child, the touching gently on the shoulder, the expression of some of our feelings to him, the spontaneity of having another person be with one. Therapy too often consists only of clarifying conceptually the admittedly inadequate and undeveloped machinery he has. In contrast, to respond to what another feels carries experiencing forward because experiencing (*feeling*) is an interactive ongoing-in and with.

Similarly, at times we express our own feelings toward him (*the content seems different—it seems to be about us*), and the carrying forward effect occurs. Expressing our feelings does not just tell about entities in us. Rather, expressing our feelings toward him is an interactive process and constitutes what occurs in him as much as in us.

Therapist expressivity and carrying forward concerns *the individuals* ongoing process. It is a carrying forward and reconstituting of his life process that cannot be done without a genuine other person genuinely responding with the whole gamut of his feelings to the patient's whole gamut of feelings. We know best with children that this is a personality development process. With children we do not expect everything to be "in there" already. However, such a relationship requires that the therapist's feelings be expressed as clearly his own, and the child's as clearly the child's own. To protect another's freedom we do not need to paralyze ourselves. That would give him only a

useless emptiness instead of a full relationship in which he is free. We need to express our feeling reactions and then still let him be free— by virtue of the fact that these reactions are our own. They don't preempt *his*. We point again and again at his, ask about them, make room for them, refer to them—even at a time when, perhaps, he remains totally silent and neither expresses anything of his own feeling life, nor has it at all clearly.

Today, the main parameters of therapy are the experiential process in the patient, and our carrying it forward directly by living as people toward him. In ourselves as therapists (*out loud, when possible*) we must do with our own ongoing experiencing what we try to help the client do with his: we must differentiate it, we must explicate it. We must not just blurt out: “You bore me,” or “Why do you never say anything important?” Instead, we must ourselves carry forward our own experiencing for a few moments in a chain of content mutation and explication. For example, “I am bored. . . . This isn't helping him. . . . I wish I could help. . . . I'd like to hear something more personal. . . . I really would welcome him. . . . I have more welcome on my hands for him than he lets me use . . . but I don't want to push away what he does express. . . .” The resulting therapist expression now will make a personal interaction, even if the client says nothing in return. The therapist will say something like: “You know, I've been thinking the last few minutes, I wish I'd hear more from you, more of how you really feel inside. I know you might not want to say, but whenever you can or want, I would like it.” Or, to the silent, unwilling

schizophrenic: “I don’t know how you felt when the aids pushed you in here so roughly, but I felt bad about it. I hate seeing you pushed and shoved.” Or, “I know I am going to feel a lot better when you’re out of the hospital and we can meet in town, but I guess it’s no simple thing to you. You haven’t said how *you* feel about it.” Or, “Gee, am I glad to see that they gave you back your shoes. How I have hated seeing you in those rags they had you wear instead. Are you glad too?”

If there is one rule which encompasses the many we are still formulating, it may be: Let us conceive of the individual as not fully formed sentient experiencing, and pay attention to it, respond to it, refer to it, and make room for it, even when silent and without shape. Then let us respond from our own persons in whatever way is immediate and plainly real for us, but quickly again make room for attention to the newly moving experiencing in him which we thereby create. For no one can predict what will come next and can be referred to next by him, in this newly ongoing further process.

How radical this sounds for adult therapy, how obvious it sounds for therapy with children! It is what each illustration in this volume exemplifies. Those who work with children know instinctively to respond to children with a real self, know to pick them up rather than only talk at them; know to make positive what seems negative (*we hug the child that cries and pounds at us with fists*). We respond to experiencing if the child lacks the words; we

respond to fashion positive interaction rather than only explaining what is lacking.

In summary: Therapy must be “experiential,” experiencing is always internally differentiable (*never just this or that set of contents, always a moving directly felt process*). Change comes through directly felt experiential steps. Interpersonal relationships carry the experiencing process forward, if the therapist expresses his own actual reactions (*as clearly his own*) and at the same time gives room, attention, and reference to the client’s felt reactions as the client’s own. Our words (*in theory and practice*) must refer to this felt, as yet not carried forward sentience of experiencing. Words, in practice, and in theoretical statements must refer to what we directly feel. We can call that “experiential theory” and “experiential psychotherapy.”

Notes

- [1](#) Antoine de Saint-Exupery, *The Little Prince*. Translated by Katherine Woods (New York: Harcourt, Brace & World, Inc., 1943).
- [2](#) Eugene T. Gendlin, *Experiencing and the Creation of Meaning* (New York: The Free Press of Glencoe, 1962); Eugene T. Gendlin, “A Theory of Personality Change,” in Worchel and Byrne, eds., *Personality Change* (New York: John Wiley, 1964).
- [3](#) Carl R. Rogers, *On Becoming a Person* (Boston: Houghton Mifflin, 1951).
- [4](#) Eugene T. Gendlin, “Subverbal Communication and Therapist Expressivity Trends in Client-Centered Therapy with Schizophrenics,” *Journal of Existential Psychiatry*, IV (1963), No. 14; Eugene T. Gendlin, “Schizophrenia, Problems and Methods of Psychotherapy,” *Review of*

Existential Psychology and Psychiatry, IV (1964), No. 2.

- [5](#) J. M. Butler, "Client-Centered Counseling and Psychotherapy," in D. Brower and L. E. Abt, eds., *Progress in Clinical Psychology* (New York: Grune & Stratton, 1958), Vol. III. Changing Conceptions in Psychotherapy.
- [6](#) B Eugene T. Gendlin, *Experiencing and the Creation of Meaning* (New York: The Free Press of Glencoe, 1962).
- [7](#) Harry Stack Sullivan, *The Interpersonal Theory of Psychiatry* (New York: Norton, 1953).
- [8](#) Gendlin, "Experiencing: A Variable in the Process of Therapeutic Change," loc. cit.
- [9](#) A. Burton, "Beyond the Transference," *Psychotherapy: Theory, Research, and Practice*, 1 (1964), No. 2; M. Heidegger, *Being and Time* (New York: Harper & Row, 1962).
- [10](#) J. P. Sartre, *Being and Nothingness* (New York: Philosophical Library, 1956).
- [11](#) Gendlin, "A Theory of Personality Change," loc. cit.
- [12](#) Gendlin, *Experiencing and the Creation of Meaning*, loc. cit.; Gendlin, "A Theory of Personality Change," loc. cit.
- [13](#) Carl G. Jung, *Two Essays on Analytical Psychology* (New York: Meridian, 1956).
- [14](#) Rank, loc. cit.
- [15](#) Rogers, loc. cit.
- [16](#) Gendlin, *Experiencing and the Creation of Meaning*, loc. cit.; Gendlin, "A Theory of Personality Change," loc. cit.

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