

Existential Social Work

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Existentialism

Born again in the disillusionment of recent decades, the existential worldview argues for more effective, flexible treatment of the poor and minorities from an enhanced, humanizing perspective.

The impact of existential philosophy upon the social work profession remains unclear. The first article on the subject appeared in social work literature in 1962, and three books by social workers delineated existential perspectives in 1969, 1970, and 1978. The topic of existentialism has seldom appeared at the National Conference of Social Workers.

On the other hand, social workers familiar with the existential viewpoint emphasize that this perspective speaks to the profession's most pressing needs: for more effective treatment of the poor and minorities; for more present-focused, experiential, task-oriented work with families and individuals; for a more flexible and eclectic use of varied treatment techniques; for a lessening of categorization of people and of paternalistic efforts by therapists to adjust the values of clients to those of their families or those of the established society. The existential perspective is even seen as providing an important humanizing effect to social workers' present experimentation with social change.

The failure of the existentialist viewpoint to attract major attention among social work professionals may be twofold. In the first place, writings of this type by philosophers, psychologists, theologians, and social workers tend to present a terminology that seems foreign to the average practitioner ("Being, Nothingness, the Absurd, Dread, I-Thou, Bad Faith," etc.). Social workers tend to be "doers" rather than theoreticians, and even the theorists tend to be pragmatic rather than philosophical. Second, existential social work writers have proposed a more philosophical perspective rather than specific working techniques. This is primarily because there does not really seem to be an existential psychotherapy per se. To be more accurate, one might say there is an existential philosophical viewpoint of how one sees oneself and one's client system and what can happen between them. Various theoretical approaches may then be used to provide techniques compatible with this philosophical perspective.

The Existential Stance

Modern existentialism was born in the ruins, chaos, and atmosphere of disillusionment in Europe during and following World War II. Earlier existential writers, such as Kierkegaard and Dostoevsky, reacted against what they believed to be false hopes for the salvation of humanity and the world through a philosophy and politics of rationalism in their times. In the United States, with its boundless faith in achieving the good life through continued growth in economic productivity and scientific advancement, the interest in existentialism has been slower in coming.

The disillusioning events of the 1960s (assassinations, the “generation gap,” protest movements, Vietnam War) continued into the early 1970s (Watergate, economic instability, mounting divorce and crime rates, failures of psychotherapy hopes). These troubling occurrences opened the minds of many Americans to the existential themes that had previously been the interest of beatniks, artists, and a scattering of intellectuals.

Existentialism has been termed a “philosophy of despair,” partially because it seems to emerge from disillusionment. But we may view this emergence as the origin and rooting of existentialism and its turning away from a primary allegiance to the idols and values that it deems have fallen. Where it goes beyond this point depends upon which particular existentialist writer, theologian, philosopher, or film director one chooses to follow.

In most of the philosophical literature on existentialism, four themes seem to recur: the stress upon individual freedom and the related fundamental value of the uniqueness of the person; the recognition of suffering as a necessary part of the ongoing process of life—for human growth and the realization of meaning; the emphasis upon one’s involvement in the immediate moment at hand as the most genuine way of discovering one’s identity and what life is about (not in any finalized sense but, rather, in an ongoing, open way); and the sense of commitment that seeks to maintain a life of both discipline and spontaneity, of contemplation and action, of egolessness and an emerging care for others. In all of these there is an obvious

emphasis upon an inward turning in contrast to the “organizational” or “outer-directed” man of the 1950s.

The existentialists disagree with those who hold human beings to be either essentially impulse-driven animals or social animals of learned conditioning. Both of these ideas deny the individual what is, for the existentialists, one’s source of dignity: the absolute value of one’s individual uniqueness. A person discovers one’s uniqueness through the way one relates to one’s own experience of life. Sartre points out that this subjectivity is a person’s freedom; it is something that is there; it cannot be escaped or avoided; one can only deny one’s own responsibility for choices made within this freedom. From the existential view, psychoanalytic theory is sometimes misused by encouraging the individual’s denial of responsibility on the basis of impulsive forces; similarly, sociological and learning theory may be misused by excusing a person on the basis of totally determining social forces.

Characters from fiction, drama, mythology, and philosophical tradition have portrayed the existential posture. Stoicism, courage, and individualism are common attributes. Existentialist heroes are often characterized as living on the edge of the traditions, values, and enticements of their society, prizing the preservation of their own uniqueness and authenticity above all else. They commonly suspect the motives of others, bordering on the cynical, and therefore avoid complete identity with any group espousing a “good cause.” They are tough-minded in holding to their own code, evaluating it and preserving its integrity. They refuse to be “put down” by dehumanizing social forces through conformity or by selling themselves out to their rewards. They are against systemic efforts to suppress the individuality of others in society. They live forever with a clear awareness of life’s limits, the absurd, the tragic, yet they maintain a committed faith in their groundings of freedom—the springboard for unique assertion. Their interactions with life define who they are, rather than the acceptance of some definition of themselves imposed by an outside authority, such as family, church, or economic system. The rhythm of responsive life-swinging-in-situation is a primary guide.

Existentialism is rejected by many as a narcissistic withdrawal from life when disappointments arise. At first glance, this might appear true, as we hear existentialists proclaim their own consciousness, subjectivity, and uniqueness as the sole absolute: "Truth is subjectivity," said Kierkegaard. Existentialists do reject the world, in one sense, in their new commitment to their own deepest self. What they reject, however, is not life—its conditions, limits, joys, and possibilities—but the mistaken hopes and expectations they had held about life, which, under closer examination, failed to fit with the reality of their life.

What is real does shatter cherished yearnings in us all—about love, about divine protection, about our own abilities and goodness. Yet in surveying the landscape of rubble from broken aspirations and beliefs, we find that we still have a choice of how to relate to these realities. We can allow ourselves to be driven to despair, or to choose new illusional hopes, or we can accept the reality and go from there.

The Hemingway hero is a portrayal of this. We might expect him to say, "We lose in the end, of course, but what we have is the knowledge that we were doing great." One's manhood, the sense of realistic pride, comes from the engagement with and assertion of one's own uniqueness. Each must discern what is right for him in terms of talent and skill, what is of value, and what is enjoyable. This becomes his own private personal perspective for which he alone is responsible. It changes throughout life, but it remains always his own, and hence truly unique.

The blank concept of "soul" has been defined as "the force which radiates from a sense of selfhood, a sense of knowing where you have been and what it means. Soul is a way of life—but it is always the hard way. Its essence is ingrained in those who suffer and endure to laugh about it later." Soul is the beauty of self-expression, of self-in-rhythm. One swings from inside and in response to what is outside as well. Soul is mind operating free of calculation. It is humor and spontaneity and endurance. This concept of soul is consistent with the existential aim of authenticity. Here we have a shifted view of spirituality emphasizing personal integration arising from direct life engagement. This is not

a remote God, but rather God found at the heart of our daily experience in our interchange with others, ourselves, and nature.

Subjectivity

What is this subjectivity, this freedom, that holds the devotion and loyalty of a person? To Sartre, freedom is "nothingness." For Kierkegaard, it is the human encounter with the Transcendent—one's moment before God. Buber sees this as the "I" meeting the "Thou" of life. Kazantzakis speaks of the cry from deep within the human personality. To respond to it is our sole possibility of freedom.

Yet this subjectivity, while termed by some as an encounter with the transcendent, should not be mistaken for a direct expression of the Divine. Each of us is all too soon aware of the finite nature of subjectivity. It is not all-knowing, and subjectivity is different in each person and constantly in the process of change within the same person. Subjectivity exists as a unique responsive relation to the world. Its primary activity is the conveyance of meaning through thought and feeling, intuition and sensation, and the assertion of this unique perspective through creative acts. Some would term this the activity of spirit, a divine possibility available to human beings. Yet divine and human remain intertwined.

It is this relationship between one's own subjectivity and the outside world that is the basis for responsible freedom instead of narcissistic caprice. One experiences failures, misjudgments, hurt of others, neglect of self, conflict, and guilt. There is inevitable death, uncertainty, and suffering. These limiting situations, this suffering, becomes a revealing, guiding force of one's life. In a similar way, one realizes one's potentials. We sense that the world wants and needs some response from us. We feel called upon to choose, to act, to give, and to imprint ourselves on the world. This awareness of both limits and potentials is the foundation upon which we can judge our own unique perspective and readjust it when necessary. The ongoing encounter between subjectivity and the outside world may be looked upon as a continuing dialogue, dance, responsive process of inner and outer reality.

Each of us must assume the burden of responsibility for our own freely chosen perspective and the associated consequences of our actions. To be a person is to assert our intelligence, knowing that we do not have an absolute knowledge of truth and that we may hurt others or ourselves; our efforts will often end in mistakes or failure.

We fail, finally, in our resurging hopes, the existentialist might say, but then we are a brotherhood in this—not only with others, but with all of nature. For there is a striving everywhere, a fight, and, in the end, only the remnants of our struggles—and a little later there are no longer even the remnants. Our loyalty is to the thrust behind this struggle in all things. What is this thrust? A mystery! A meaningful silence! Can we be sure it is meaningful? Who is to know? The questions of salvation or an afterlife must be held in abeyance. They can no longer be certainties. For many, these very uncertainties become the springboard to religious faith.

The mystical flavor of life is shared by both existential believers and nonbelievers alike. It affirms life as meaningful, not because it has been clearly revealed as such through science or Scripture, but rather because one has sensed a deeper or clearer experience of reality in certain moments. These moments are not dismissed lightly, but are preserved as precious and illuminating even though the full meaning of their revelation may be unclear. Such experiences as love, beauty, creative work, rhythm, awe, and psychic phenomena suggest seeing “through a glass darkly.” Those followers of religious faiths may find a “rebirth,” an adult reorientation to the message of revelation in religious writings. Yet the revelation of ultimate significance remains personal.

The Bond with Others

If subjectivity and its uniqueness, development, and expression is valued in oneself, it must be valued in others as well. Since there is no absolute subjective perspective, each person’s unique view and contribution contain an intrinsic value. Existentialists feel a bond with others and are responsive to their needs and to friendship, for they respect their subjectivity as being as valid as their own. They also know that

the assertion of courage is difficult and often impossible without occasional affirmation from others. Human love is the effort to understand, share, and participate in the uniqueness of others. It is validating in others that which we also value within ourselves. Love is sometimes an act of helping, at other times a passive compassion. At times it reaches a total merging that takes one beyond the fundamental awareness of isolation.

The existentialists realize, too, the dangers in human relationships. Just as we guard against self-deceptions that tempt us toward a narcissistic idolization of ourselves, so we remain on guard in relation to the institutions of society. The assertion of individual uniqueness is often a threat to others and to a smoothly functioning social group. This is because such assertion will frequently defy the rules, patterns, habits, and values that are sources of defined security for others, or a group. Thus society and subgroups within a society will again and again attempt to suppress arising individual uniqueness out of a sense of threat or an inability to comprehend. Conformity is urged. It happens with family, friends, neighborhoods, and church, professional, and political groups. Existentialists often find themselves estranged from others because of their own creativity and authenticity. Even when there is a relationship of mutual respect, with moments of unity through love, there will also come the moments of threat and misunderstanding because of the impossibility of one person’s subjectivity fully comprehending that of another.

Yet conflict and threat in relationships do not move existentialists into a schizoid withdrawal. They may display a touch of cynicism as they hear others identify themselves wholly with some group effort or as they proclaim the hope of humanity to be in their sensitive and loving interchange with their fellow man. But existentialists know that their growth depends upon both affirmation from others and their occasional disagreement with them. Existentialists believe in the beauty and warmth of love even though it is momentary.

The philosophical position described has stressed both faith and commitment to a perspective of life deemed valid as a result of one’s direct and sensitive involvement in the

life process. The subjective involvement of the whole person is essential to the life perspective that we finally conclude is our reality. Human life is highly complex, and we must seek an openness to its totality of experiences if our search is to be legitimate. This should not neglect an opening up of oneself to the meaning of experience as described by others as well.

What becomes apparent is a movement in personal awareness—from egotistical striving to self-understanding; then to I–Thou relationships with one’s immediate surroundings; and finally, in the incorporation of some overall principle where humanity and universe are joined. Disillusionment, freedom, suffering, joy, and dialogue are all important happenings along the way. The end of this process does not really arrive until death. It is a continuing way that requires again and again the reaffirmation of that personal perspective called “truth.” A transcendent view of existential freedom might be that of an illuminating light seeking understanding, compassion, and sometimes protective action in the surrounding world. This luminosity may also recognize that this very awareness is shared by all other humans, whether they know and validate it or not.

Professional Contributions

These ideas can be found in philosophical and religious writings as well as in motion pictures, plays, novels, and poetry labeled “existential.” One of the earliest examples of existential literature is the Book of Ecclesiastes in the Old Testament. From the Orient, Zen Buddhism is also often compared with Western existential thinking.

Existential philosophy as we know it today had its initial comprehensive presentation by Soren Kierkegaard (1813–1855), whose writings were a passionate reaction to the all-embracing system of Hegelian philosophy. Later developments included the thought of Friedrich Nietzsche and Henri Bergson. Modern-day existential philosophers include Martin Heidegger, Jean-Paul Sartre, Albert Camus, Simone de Beauvoir, Miguel de Unamuno, Ortega y Gasset, Nicholas Berdyaev, Martin Buber, Gabriel Marcel, and Paul Tillich. This

array of names suggests the widespread interest in existentialism among several European countries.

Much of existential psychology had its ideological rooting among the phenomenologists, most notably Edmund Husserl. Two European analysts, Ludwig Binswanger and Medard Boss, were constructing an existential psychology during Freud’s lifetime.

Viktor Frankl, a Viennese psychiatrist, developed his “logotherapy” following his imprisonment in a German concentration camp during World War II. Logotherapy is based on existential philosophy, and Frankl remains one of the most lucid writers in conveying existential thinking to members of the helping professions.

Rollo May’s monumental work *Existence* (May et al., 1958) represented the first major impact of existential psychology upon American psychiatry and psychology. May presented the translations of existential psychologists and psychiatrists from Europe, where such thinking had become popular and in many places had replaced psychoanalytic thought. There was a readiness in America for existential thinking, and it quickly became part of the “third force” or humanistic psychology movement. This group included people such as Karen Horney, Carl Jung (1933), Clark Moustakas (1956), Carl Rogers (1961), Abraham Maslow (1962), Gordon Allport (1965), Andras Angyal (1965), and Prescott Lecky. Two journals devoted specifically to existential psychology and psychotherapy began quarterly publication in the United States in the early 1960s.

Existential thought was related to Gestalt therapy (Frederick Perls 1969), the encounter movement (Carl Rogers and Arthur Burton 1969), rational-emotive psychotherapy (Albert Ellis 1962), and R. D. Laing’s provocative “anti-psychiatry” writings (1964/1967). Thomas Szasz (1984) pursued a similar attack upon psychiatry, particularly in relation to the “therapeutic state,” the insanity plea, and the dehumanizing use of clinical diagnostic categories. Ernest Becker and Irvin Yalom (1980) presented challenging reappraisals of psychoanalytic thinking from existential postures. Perhaps the most intense descriptions of the existential therapists’ use of self are found in the works of Thomas Hora and William Offman.

Perhaps the earliest social work writings with a decided existential flavor were by Jessie Taft of the functional school, which had its roots in the psychology of Otto Rank. In his Pulitzer prize-winning book *The Denial of Death*, Becker produced a monumental integration of the thought of Rank and Freud (Becker, 1958). Social workers, who once avidly debated the “dynamic” versus the “functional” schools of social work theory, appear to have totally ignored Becker’s incisive thought. A welcome scholarly exception to this is Robert Kramer’s work, which links Rank with Carl Rogers and Rollo May (Kramer, 1995).

In 1962, David Weiss’s article appeared in *The Social Worker* (1962) and Gerald Rubin’s paper in *Social Work* (1962). Andrew Curry was publishing articles in the existential psychiatry journals. In the late 1960s, several articles appeared in various social work journals, written by John Stretch, Robert Sinsheimer, David Weiss, Margery Frohberg, and myself. These papers were specifically related to the application of existential philosophy in social work thought and practice.

There were also several social work papers published during this period that did not specifically emphasize existentialism but were related to similar concerns of the existential social work group. These writers included Elizabeth Salomon (1967), Mary Gyarfazs (1969), and Roberta Wells Imre (1971).

The first book on the subject of existentialism in social work was published in 1969 by Exposition Press. It was Kirk Bradford’s *Existentialism and Casework* (1969). Its subtitle expresses its intent: *The Relationship Between Social Casework and the Philosophy and Psychotherapy of Existentialism*. It should be considered an introductory and integrative work rather than a comprehensive or prophetic book. In 1970, Alan Klein related existential thinking to social group work in his book *Social Work Through Group Process* (1970). A second book was published in 1975 by Dawson College Press of Montreal, authored by David Weiss and titled *Existential Human Relations*. This was a more comprehensive work applying existential thought to various aspects of social work practice. In 1974, James Whittaker’s book *Social Treatment* (1994) legitimized existential

thinking as one of the four major theories contributing to social work practice. An effort to clarify both spiritual and systemic ideas for social workers appeared in *Existential Social Work* (Krill, 1968) by myself. Two of my subsequent books in practical application were *The Beat Worker* (1986) and *Practice Wisdom* (1990). The former focused on psychotherapy and the latter on teaching the integration of self-awareness, philosophical thinking, and the therapeutic relationship to graduate students. Other social work writers utilized the existential view when addressing instances of child abuse (Brown, 1980), social work education (Swaine & Baird, 1977), and cross-cultural counseling (Vontress, 1979).

While there appears to be a rising, if somewhat limited, interest in existential philosophy in social work literature, it would seem that the interest is far more widespread among social work students and younger professionals. Many of the newer therapeutic approaches being performed by social workers are closely akin to the existential view of the therapeutic process. Such points of emphasis as choice and action; here-and-now problem orientation; dispensing with the use of diagnostic categories; stressing the expression of the worker as a vital, human person; and recognizing the connection of personal identity with the quality of “significant other” relationships all have their existential linkages.

Therapeutic Concepts

The philosophical perspective discussed earlier suggests five organizing concepts of existential thought: disillusionment, freedom of choice, meaning in suffering, the necessity of dialogue, and a stance of responsible commitment. These same concepts can provide a way of viewing the therapeutic process (Krill, 1969).

Disillusionment

In existential thinking, one can move from a life of “bad faith” to one of authenticity. To do this, one must risk the pain of disillusionment. Similarly, in psychotherapy, change can be viewed as a result of giving up those very defensive beliefs, judgments, symptoms, or manipulations that interfere with the natural growth

process. This growth process would be seen as the emergence of unique personhood through responsive acts in relation to one's surroundings. Realistic needs and potentials begin to be the source of choice and action, instead of neurotic, self-deceptive security needs.

An important therapeutic task, then, is to help clients experience disillusionment with the various security efforts that block their own growth. Disillusionment will seldom result from a rational exploration of one's past with the hope of realizing causal factors of present defensive behavior. It is rare that one gives up security patterns because they are viewed as irrational, immature, or no longer applicable. Disillusionment occurs through the pain of loneliness and impotence. On the far side of such despair arise the possibilities of new values and beliefs. It is the therapist's concern that these be more human values than those abandoned. The therapist acts as a midwife for the release of the natural growth energies within the personality so that what is wholly and individually unique may emerge.

Freedom of Choice

Sartre characterizes consciousness as "nothingness," for it is an awareness of oneself that transcends or goes beyond any fixed identity one might have concluded about oneself. Personality is always emerging. To view it as static or secured is our act of self-deception (bad faith). This conception of consciousness as freedom is a break with conceptions of personality as being totally ruled by "unconscious" or by early learned behavior.

Despite our past, despite any diagnostic label pinned upon us, we always have the capacity to change ourselves. We can choose new values or a new lifestyle. This does not always necessitate years or months of "working something through"; it may occur within days or weeks.

Choice is for action and differs from intellectual meandering or good intentions. Chosen actions occur in the present. Therapy is, therefore, present-focused and task- or action-oriented. People learn from experience, not from reason alone, although the very process of understanding how one's current belief and

value system operates (and its consequences) can itself lead to new choices.

The critical ingredient for change is the client's wish to do so. Therapy must, therefore, be designed to clarify quickly the nature of change sought by the client, and the therapist must be able to work within this framework rather than seeking to convince or seduce the client into redefining his or her problems and aiming for some type of change goal that pleases the therapist but is only vaguely understood by the client.

A therapist's belief in the client's capacity for change is a message of positive affirmation conveyed throughout treatment. There is no question but that a therapist's focus on unraveling the intricacies of past relationships conveys a deterministic message that is a commentary on the weakness and helplessness of a client.

Meaning in Suffering

Just as existentialists see suffering as an inherent part of a life of authenticity based on responsibility and freedom, so, too, existential therapists do not seek to discredit or eliminate anxiety and guilt in their clients. Instead, they affirm such suffering as both necessary and directional for a person. They will help reveal what real anxiety and guilt may lie disguised behind neurotic (unrealistic) anxiety and guilt. But they would not seek to minimize or eradicate realistic anxiety and guilt. Such efforts would themselves be dehumanizing unless used to prevent decompensation. In many cases, the normalizing of pain or a problem as a natural consequence of one's valued conclusions about adjusting to life can enhance one's sense of responsibility and the potential for changing one's orientation.

Necessity in Dialogue

People do not grow from within themselves alone. Their emergence happens in responsive relation to their surroundings. They create their own meaning in response to situations, and these meanings become the basis for choices and actions. However, their own meanings are no more absolute than those of any other person. Their own growth has to do with the continued reassessment of personal meanings, and they depend upon feedback from their environment

(particularly human responses) for this reassessment activity. In order to gain honest feedback, one must allow others to be honest and free in their own expression. In therapy, therefore, it is critical to help clients open themselves to relationships with others wherein they give up their manipulative or “game” efforts in order to invite free responses from others. In doing this, they not only allow themselves experiences of intimacy, but they also realize that their own emerging sense of self requires such honest transactions with others.

Commitment

Clients’ recognition of and commitment to their own inner emerging unique lifestyle is a hope of the existential therapist. Clients realize this commitment through their experience of the therapist’s own affirmation of their worldview. This unique worldview is affirmed from the beginning in the therapist’s acceptance of how clients perceive their symptoms, problems, conflicts—how they perceive change and what they want changed. The client’s uniqueness is also affirmed during treatment by the way a therapist relates to “where a client is” in each interview. The theme of a session comes as an emerging force from the client, rather than as a rationally predicted starting point made in advance by the therapist. Both the goal-setting process and the activity of entering upon and working with an interview theme are therefore client-centered rather than therapist-centered. When possible, a client’s sense of destiny may be clarified and emphasized.

Clients’ awareness of and respect for their own unique lifestyle might be described as a turning away from self-pity and impotence. Rather than complaining about their lot in life, they discover that they are intricately involved in the life process itself. They learn to listen to what life says to them and find meaning in the response that is unique to themselves. This is what is meant by the existential concept of destiny and commitment.

Related Therapeutic Approaches

As suggested earlier, there are obvious differences among therapists who claim the existential

label. This becomes more understandable if we consider the above therapeutic principles and note how they may be activated in a number of differing ways. A consideration of the ranging techniques that may fit with the principles outlined will also clarify how other treatment theories tend to be compatible with the existential view. Existentialism claims no technique system of its own and needs none. Its affirmation of the uniqueness of each client results in a perspective that each treatment situation is also unique. Whatever techniques can be used, from whatever treatment theory, become the tools to work toward accomplishment of the special goal chosen. In this sense, existentialism is thoroughly eclectic. Techniques are always placed secondary to the world view of clients and the puzzle they present to the therapist.

Several therapeutic systems are compatible with existential thinking. (Some are not, and these will be considered later.) The reality-oriented therapists (Glasser (1965), Ellis (1962), O. Hobart Mowrer (1961), and Frankl 1965/1967) all stress choice and specific behavior change. William Reid (1979), Laura Epstein, and Harold Werner have described similar cognitive-oriented approaches in social work literature. They are present-focused and commonly propose specific tasks for clients wherein the client is expected to put into immediate practice a decision for change. They tend to use reason to aid the decision for change, but then stress action. The action is usually expected to occur outside of the therapy interview (often as homework assignments), but its results are brought back for further discussion. Reality therapists focus on the disillusionment process by clearly identifying “faulty or irrational beliefs” that are responsible for problematic behavior. They affirm the client’s freedom to choose and encourage a value shift through action.

Gestalt therapy, psychodrama, client-centered therapy, and provocative therapy techniques all stress a heightening of a client’s awareness through action in the here and now. They seek the immediacy of experience as a thrust for change rather than a rational process of analyzing causal connections. They differ from the reality therapies in that the stress is upon choice and action that is more immediate;

it is to occur in the here and now of the therapy meeting itself. Whether clients seek to make use of this experience in their outside daily life is usually left up to them. There is less effort to deal rationally with the disillusionment process of beliefs and manipulations. In group therapy, these are dealt with experientially as group members are encouraged to give direct and open feedback to the attitudes and behavior expressed by others. The activity of dialogue is stressed.

Family-system approaches, like those of Virginia Satir (1964), Salvador Minuchin, and Murray Bowen, combine awareness-heightening with choices and tasks, yet add the ingredient of activating the "significant other" system in the helping process. Here the dimension of dialogue and intimacy is at last addressed within its daily living context. Bowen and Satir emphasize individuation, while Minuchin focuses more on action tasks.

There are a few therapists whom the term "existential" fits more accurately than any other: Carl Whittaker (1989), Frank Farrelly (1974), Lester Havens, William Offman (1976), Walter Kempler, Irvin Yalom (1980), Sydney Jourard (1964), and Thomas Hora (1977). Their common attribute is an intense, often surprising use of their personal self-expression combined with a general disdain for conceptualization about clients from theory. Here the subjective emphasis of existentialism reaches its height of therapeutic expression. When these therapists are paradoxical in their actions, it is seldom as a result of planned strategy. Paradox results from their intuitive response to the client and often expresses the paradoxical life stance of the therapist him- or herself.

From the foregoing comparisons of therapeutic approaches as they relate to existential thought, several areas of existential theory become more clear-cut. We shall look at these in more detail, considering the therapeutic relationship, nature of personality, concept of change, use of historical data and diagnosis, and treatment methods.

The Therapeutic Relationship

One might conclude that all psychotherapies value theory, techniques, and the therapeutic

relationship, but the priority of their importance varies. Ego psychology clearly elaborates theory in its maze of complexities. Behaviorism delineates a vast variety of techniques, matched to specific symptoms. Humanistic psychology, and especially the existential worker, stresses the relationship itself, its transparency, spontaneity, and intensity. The therapist's use of self and the type of relationship he or she seeks to foster with a client will be considered from two vantage points—first, the attitude of the therapist toward the client and the client's problems; and second, the behavior of the therapist as he or she interacts with the client: one's use of self as a unique person in one's own right.

There is a critical difference between a therapist who sees the client as a complex of defenses or learned behaviors that are dysfunctional and a therapist who views the client as having a unique, irreplaceable worldview that is in the process of growth, emergence, and expansion. The latter is an existential position. It views the problems and symptoms of clients as their own efforts to deal with the growth forces within themselves and the risks these pose to them in relation to their self-image, their relationship with significant others in their life, and their role in society.

The writings of R. D. Laing are aimed at clarifying the critical differences between the two types of therapists (1967). He points out that therapists who see the client as a mass of complexes, defenses, and dysfunctional learnings see themselves as "the authority." Their task is to diagnose the nature of these "dynamics" and convey these insights to the client, either through verbal commentary or through specific behavioral tasks given to the client. But in doing so, the therapist also acts as another societal force that seeks to adjust the client to someone's definition of the "functional" personality. Such a therapist tends to support the view that the client's symptoms and problems identify him or her as ill (even "dysfunctional" implies the client is out of step with his or her surroundings). The therapist often becomes another dehumanizing force in the client's life in the sense of urging the "patient" to adjust to his or her family, instincts, needs, society's needs, etc. In contrast, existential therapists have no prescriptions of how the client should live. They see their task as

that of a midwife, an agent who has knowledge and skills to aid in the unblocking process that will allow the client to resume his or her own unique growth and emergence—whether or not this puts him or her in further conflict with family, friends, and society. The therapist may point out the potential risks and consequences of an emerging lifestyle, but will not negate its potential value.

The existential therapist's attitude affirms the inherent value of the client as a unique person with a very special worldview or lifestyle that is his or hers alone to chart. The client is also aware that the therapist sees in him or her the power of free choice. Instead of being helplessly at the mercy of forces beyond his or her consciousness, clients can see the significant choices in their present life situation and have the power to decide which way they will proceed in shaping their life.

In one sense, existential therapists do stand for a particular lifestyle, but it is one based on their belief in the nature of humanness rather than a cultural viewpoint of how a person should pursue his or her role in family or society. The values conveyed by the existential therapist are these: Human beings have the capacity for free choice; they are of fundamental worth in their own unique perspective of life and their assertion of this perspective; they require an open interaction with their surroundings in order to grow—emergence is a responsive and interactive process; suffering is an inevitable part of the growth process, for emergence involves risks and unknowns; and self-deception is a potent force.

These values are in opposition to several values supported by society at large: that an individual is a helpless creature, both at the mercy of an unknown unconscious and of utter insignificance in the complex mechanisms called society; that one can and should find happiness through avoidance of suffering and pain and by means of the distractions and pleasures offered at every turn; that a person is what he is, so he should fulfill his role in his family or social system as best he can and be satisfied with his already finished identity; and that since there are groups of humans considered ultimately wise in politics, in universities, at the executive level of business and the military, in churches,

and in medical buildings, Mr. or Ms. Citizen should essentially consider a conforming obedience to what these soothsayers say is best for him or her.

The behavior of the existential therapist reflects his or her philosophical-psychological attitudes toward the client. Another useful axiom regarding the therapeutic relationship is this: What facilitates change in people most powerfully are the values of the worker, not spoken, but demonstrated in his or her response to the client's concerns. If the worker is not the authority with the answers, what is he or she? Existential therapists do see themselves as experts, but their expertise has to do with their skills and talents of empathy; understanding; appreciation of and compassion for individual human beings and their struggles; experience in the process of self-deception, having struggled with growth-defensive process within themselves; and affirmation of the value of the unique soul, having themselves been disillusioned with all the society-made authorities who offer solutions, happiness, etc.; and an open honesty that offers the client the possibility of genuine dialogue, if the client seeks to engage in such. Existential workers, then, seek to normalize the problems of the client by reference to the struggles of the human situation. They avoid paternalistic conclusions about the client, viewing both problem- and person-exploration as a mutual process. Another way in which the worker avoids paternalism is by being honest and clear, rather than hidden and deceptive, in relation to strategies utilized.

Existential workers may exhibit a type of detachment, but this detachment is not the cool aloofness of the objective mechanist who is dissecting and reforming the patient. The detachment of existential therapists is an expression of their profound belief in the freedom of the client. The client has a right to his or her own lifestyle. If the client chooses not to follow a direction of personal growth but chooses to maintain his or her defensive posture for security or other reasons, so be it. The therapist's sense of worth is not in the client's hands but within himself or herself. His or her detachment is from results, even though his or her actual activity in the helping process will be quite open and involved.

Detachment must not impair vitality and therefore cannot take the form of intellectual aloofness, analyzing the client from afar. Vital engagement through spontaneity, surprise, and unsettling responses is one of the valued methods of the existential worker. Genuine dialogue calls for an immediacy of feedback in many cases, and considered responses in others. Habitual mindsets and communication patterns of clients require interruption and jostling, on occasion, in order for the new, the creative, to be brought to awareness. The use of vitality, lightness, spontaneity, and humor will often unbalance a client's defensive posturing. The client becomes engaged emotionally and often released from a fixed role or value position. At such moments, he or she is freer to experiment with new possibilities.

The relationship between therapist and client is seen by many existential writers as the essential ingredient of change. The concepts of individual growth and genuine encounter with others are interdependent in the thought of Martin Buber. David Weiss emphasizes this same connectedness in his discussion of healing and revealing (1970). This I–Thou relationship need not be seen as mystical. Carl Rogers's description of this activity suggests that the therapist provides an atmosphere for growth by means of a nonthreatening, affirming, understanding responsiveness (1961). But this does not mean therapists remain passive. On the contrary, Rogers emphasizes the importance of therapists' being themselves in the expression of important arising feelings. To offer a dialogue is at least to present one side of it in an open, honest fashion. Therapists reveal themselves in another manner at times. They share some of their own struggles, disillusionment, and experiences wherein they, too, sought growth in the face of pain. In both these examples of the therapist's openness, we see that the therapist sees his or her own unique world view as an important experience to share with the client—not in a “go and do likewise” spirit, but rather showing himself or herself as a fellow traveler on the rocky road of human existence.

Human Personality

Freudian theory proposed the ego as a balancing, organizing, controlling, harmonizing

agent among the demands of the superego, the pressures of the “outside world,” and the cravings of the id. Behavior theory suggests a passive psyche that is primarily molded by outside forces. What one learns from others is what one is. Both roles render the individual practically helpless to resist the many forces that work upon him or her.

Two key concepts differentiate the existential view from those above. The first is the idea of an integrating, creative force for growth at the core of the personality. The second is the belief that all individuals have the capacity to shift their style of life radically at any moment.

In terms of the human dynamo, the existentialists would not disagree with Freud's formulation of the id as a composite of Eros and Thanatos, or life and death instincts. To this is added, however, the notion of a force that moves one toward meaning and toward relations with one's surroundings on the basis of meanings concluded. There is an integrative, unifying, creative force within people that synthesizes their own experiences, potentials, and opportunities and provides them with clues for their own direction of growth. No matter how emotionally disturbed patients may seem, there is this integrative core within them that prompts them in the direction of experiencing and expressing their own uniqueness (realistic needs and potentials). They may shut themselves off from such integrative promptings; they may refuse to listen, or mislabel such messages as dangerous. But they are with the person always.

The existential idea of a core integration and creation suggests a conflict-free portion of personality that survives and transcends any dysfunctioning that may possess a person. Such a force toward integration and meaning need not be considered separate from the id. It is an expression of id activity. Teilhard de Chardin (1959) posits such a force as existing in all forms of existence: animals, plants, and even inanimate matter. Chardin sees in humans the fruition of this drive toward complexity, and it is experienced in the human need for meaning and for love. Martin Buber, too, suggests a force in humans that permits them to enter the realm of relationship with nature, ideas, other humans, and God (1955, 1965). This is a force that transcends what otherwise appears to be

a person's limited, finite, individual self. This thinking helps distinguish the existential view of the creative force in humans from what the ego psychologists have attempted to add to basic Freudian theory to explain creative functioning through certain basic powers of the ego.

The second major distinction has to do with the power of free choice possessed by every person. Even the most disturbed individuals are not solely at the mercy of chaotic, irrational, destructive forces—an id gone wild. Nor are they at the total mercy of environmental forces that seek to identify, coerce, dehumanize, conform, or destroy them. The individual personality is always in the process of changing and emerging. Sartre defined human consciousness as a “nothingness.” Since it is always in the process of becoming, it is never fixed and completed. This “no-thing-ness” is an openness to the new, the unknown; it is forever moving beyond whatever identity one has concluded about oneself. Sartre sees this as an essential human construct. One may deny one's freedom and find ways of avoiding responsibility for this very process of change and emergence, but the process itself goes on. Pathology is not the arresting of growth, but the self-chosen distortion of growth (Barnes, 1959).

Human consciousness is itself freedom—for it is a force that moves forever beyond whatever one has become as a fulfilled identity. As such, it is the power within humans to change, to alter their lifestyle, their direction, and their sense of identity. It is an ever-present potential for a conversion experience. “To find oneself, one must lose oneself.” If one has the capacity for free choice and also some awareness of integrative promptings toward growth from the very core of the psyche, then why should one choose dysfunctioning, defensive symptomatology, or madness?

Freud's concept of the superego and his view of defense mechanisms and pathological symptomatology are seen by the existentialist in a more holistic manner. The existential idea of “bad faith” is a person's activity of denying his or her nature of freedom and emergence for the sake of a sense of security and identity. Such people deceive themselves by a set of beliefs that define specifically who they are and what they can expect from others. This belief system

contains both positive and negative judgments about oneself and suggests how one must relate to other people. It is the center of one's defensive control efforts, of one's symptomatology, of one's manipulations of relationships, and of one's fostering myths about who one is. These people choose to believe certain notions about themselves when they are quite young and undergoing the socialization process with parents, teachers, peers, etc. The beliefs they hold to are used to maintain a sense of secured identity. They are tempted somehow to reassure themselves of the solidity of their identity whenever they feel threatened. This they can do through manipulations of others, physical or psychological symptomatology, and reassuring beliefs about themselves. The belief patterns may change somewhat over the years, so that ideas implanted by parents may become more personalized. But it is the rigidity and response to threat that characterize this person's security image, rather than the nature of the beliefs themselves.

This defensive belief system, or “security image configuration,” has its values, too. It helps the young, developing ego with limited experience and judgment create a manner of survival in a family constellation. The beliefs concluded about self and others provide habit patterns that furnish a sense of security so that one can use one's energy for other achievements as well. Even the adult ego is occasionally on the verge of exhaustion and needs to resort to the security image patterns of reassuring contentment. One will at times choose security image behavior, even when one knows it to be irrational and defensive, simply as a means of enduring and managing under considerable stress.

Security image patterns take the form of outer identifications, as well as inner passions. “Outer identification” includes all the ways that people use others to decide who they are as a fixed identity—using their parents, spouse, children, friends, employer, profession, politics, church, race, social norms, etc. Inner passions have to do with feeling responses to life's situations that also fulfill a sense of identity, so that certain feelings become fanned into possessing passions. For the self identified as “Top Dog,” irritation can become rage. For the self-identified “Don Juan,” sensual excitement

can become lust. For some people, competition becomes greed. For others, pride becomes a quest for power. In the outer identifications, one identifies with beliefs and roles; in the inner passions, one identifies with specific feelings. In either case, the sense of self is experienced as fixed, solidified, and defined, rather than flowing, free, and emerging.

The defensive belief system or security image configuration is sometimes referred to as one's "world design," composed of self-concluded value positions. These are seldom the idealized values thought to be one's "ego ideal," but rather the everyday pragmatic values related to security-based hopes and fears. Such values are easily discerned by attending to the "self-chatter" of one's thinking at times of troubling stress.

The Process of Change

If you want to know who you are, don't conceptualize about it: look at your actions, your behavior, your choices. Existentialism is a philosophy rooted in personal experience. "Truth is subjectivity," Kierkegaard's slogan, and "Existence precedes essence," Sartre's assertion, are both ways of rooting identity in personal experience—one's active and unique response in a situation. Being-in-the-world is a concept of Heidegger's that asserts the same notion.

There are two components commonly accepted as necessary for the change process—one rational, and the other experiential. Almost every form of psychotherapy includes both these components, despite their occasional assertions to the contrary.

The experiential component has to do with clients' experiencing themselves in a new and different way. They may discover that they are being dealt with differently by a significant other person in their life. They may also find new kinds of feelings or symptoms arising within themselves. The rational component has to do with self-understanding through the process of reflecting and conceptualizing about themselves—the cause-effect relationships in their background, evaluating how they handled recent situations, considering the meaning to them of a new way they have experienced themselves, and so forth.

The existentialists see values in both components of change—one reinforces the other when

both occur. The existentialists, however, are particularly wary of the common self-deception of intellectualizing about oneself—of dwelling on self-evaluation and introspection in a manner that negates any action or choice in the here and now. The self-understanding of importance is that of one's world design, its orienting values, and the negative consequences that naturally accompany this.

Here are some therapeutic activities that promote both clarified self-understanding and emotion-inducing experiences:

1. The attitude of the therapist toward the client can present a new type of affirmation by a significant other person that the client has never experienced.
2. The therapist's skill with empathy may provide the client an experience of being understood more intensely than by others in his or her life.
3. The openness of the therapist about himself or herself as a revealing, engaging person provides an invitation for the client to the dialogical experience. It can also offer an experience of an authority figure as human and of equal status. Such openness by a therapist may constructively take the form of provocative, negative feedback to the client about his or her appearance, attitudes, feelings, and behavior. Here the client experiences a candid honesty that may be otherwise denied to him or her in the everyday world of interactions.
4. Techniques designed for here-and-now heightening of awareness, such as in Gestalt, psychodrama, and encounter groups, or the dealing with "transference" interactions between therapist and client, are obviously aimed primarily at the experiential component of change. Similarly, efforts to vitalize new interactions between group or family members quickly stir new areas of individual awareness.
5. Action tasks for the client to perform outside of therapy sessions provide new behavioral experiences.

Compatible with the existential therapist's emphasis on experiential change is his or her lack of interest in historical data. Some history

may be of value in the early interviews to help the therapist see the client in a more human, better rounded perspective, so that the therapist is less inclined to make superficial judgments about the client in response to the stereotype the client usually presents to other people. But the therapist often does not even need this aid. It is far more important to understand the dynamics of clients' present struggles, and what their symptoms or complaints reveal about their efforts to grow and meet their own needs (the present beliefs and activities of their defensive belief systems).

If client themselves bring up historical material, the existential therapist will often seek to make it immediately relevant. The therapist may do this by relating the past experience to present choices, or else (using Gestalt techniques) by asking the client to bring the early parent figure into the present interview session by role-playing the past interaction that the client is describing.

The existential therapist is in agreement with Glasser's (1965) position that an intense focus on early historical material plays into the client's feelings of helplessness and/or efforts to rationalize his or her own impotence. History does, however, sometimes serve a useful purpose in relation to understanding a client's world design. When clients are able to recall patterns of thinking, feeling, and behavior that have recurred time and again, the power of their determining value positions, or conclusions, becomes more poignant.

World Design and Diagnosis

Clinical diagnosis has its value as a shorthand way of communicating to peers about clients, in terms of their areas of conflict and types of defenses. Other than this, it is of questionable value in the eyes of the existential therapist and commonly results in more harm than good. The danger of diagnosis is the categorization of a client, so as to provide therapists some "objective" way of defining prognosis, goals, the role therapists must play as they interact with the client, and their decision about termination. Such "objective" efforts based upon generalizations about clients with a similar history, symptomatology, and mental status constellation miss

what is unique about a particular client. A further danger described by Laing is that diagnosis is often used as a way of agreeing with the family that this client is "sick" and in need of readjustment to the demands and expectations of the family.

This depreciation of the value of clinical diagnosis, however, does not suggest a disregard for understanding the nature of a client's present struggles, conflicts, strivings, and fears. World-design understanding remains of key importance. Here existentialists differ with behavioral modifiers who relate themselves only to a specific symptom without regard for its meaning and the client's present lifestyle.

It is critical to understand the unique world view of the client. This consists of patterns of relating to meaningful others and expectations of them. It also includes beliefs about oneself, both positive and negative judgments, and assumptions about oneself and how these affect the way one meets one's own needs and handles one's frustrations of need-satisfaction. It is important to see how clients are interfering with their own growth, and this includes both the beliefs they hold about the sort of person they are and the notions they have about how they must deal with the significant people in their life. It may even include how they evaluate forces of society that play upon them and attempt to conform their behavior into some stereotype that is useful to society's needs (employers, church, racial attitudes, etc.). Normalization in the assessment phase conveys this message: "Given your special way of viewing the world and your patterns of affecting it and responding to it, your problem is perfectly understandable—it is a natural expression of you." This is not to say that the client created the problem; nor, on the other hand, is he or she a total victim of it.

This type of self-understanding in relation to orienting value conclusions stresses the here-and-now lifestyle—the client's present being-in-the-world. How the client gets this way is of questionable significance. The values of identity formulations are twofold. First, they provide the therapist with an understanding of each unique client and how the client's present symptoms are ways of handling a particular stress or conflict area. Second, world design gives therapists

somewhat of a guideline to assess their own work with the client, particularly when they discover that their therapeutic efforts are bringing no results.

The world-design understanding of an existential social worker will often emphasize family dynamics (interactions, scapegoating, alliances, etc.). These usually make up the most significant area of the client's lifestyle functioning. Intervention efforts will frequently involve other family members for the same reason. The existential understanding of the person as "being-in-the-world" is wholly compatible with the dual focus model of social work. The personal, unique truth of the individual is known best through his or her relations with others and forces beyond his or her own ego—usually social, but at times, perhaps, transcendental in nature.

Even when the problem is not set forth as family or marital in nature, the therapist will tend to see the presenting symptom as a means of dealing with significant others in the client's life. An interpersonal appraisal of symptoms is attuned to the absence, loss, breakdown, or dysfunctioning of important human relationships in the person's life. Therapeutic work will commonly be addressed to the creation, the restoration, or the improvement of such relationships. This interpersonal focus upon symptomatology need not neglect the individual's subjective experience of attitudes, values, and feelings; the two are obviously interdependent. However, the existential therapist sees catharsis and self-understanding as a vehicle for altering the person's world of human relationships, which is the fundamental goal. This interpersonal emphasis distinguishes the existential social worker from most existential psychiatrists and psychologists.

Treatment Methods

It is difficult to talk of treatment methods without first considering the types of clients and problems for which the methods are used. In one sense, the existential perspective is loyal to no particular treatment system. It is eclectic and uses whatever techniques will best meet the needs of a particular client. In another sense, the existential therapist may be considered best equipped to work with clients whose problem

involves a loss of direction, a value confusion, a shaken identity in a swirling world of anomie. For these clients, certain techniques have been developed to focus precisely on such difficulties. However, it should be clearly understood that the existentialist works out of his or her unique philosophical perspective with all clients and should not be viewed only as a specialist with clients experiencing personal alienation.

There are three principles of treatment that clarify the therapeutic approach of the existentialist:

1. A client-centered orientation
2. An experiential change emphasis
3. A concern with values and philosophical or religious perspectives.

Client-Centered Orientation

The client-centered focus has already become apparent in our introductory comments on the existentialist's anti-authoritarian stance. Client centeredness was also the major issue in the discussion on diagnosis and world-design formulation. Two other areas exemplify client-centeredness: goal formulations and work with an emerging theme in any given interview.

Goal formulation involves the therapist and client working out a mutual agreement in the early interviews as to the purpose of future treatment. What must be guarded against here is the type of therapeutic dogmatism that seeks to convince the client of the "true implications" of his or her symptoms or problem so that he or she will work in the manner the therapist wishes. The most important initial step in treatment, following the age-old social work principle, is to "start where the client is." This adage refers to focusing on how the client is experiencing the problem, what it is the client wants changed, and other ideas about the type of help the client is seeking.

Elsewhere, I enumerated a framework of possible goals from which social workers may proceed with treatment (Krill, 1966, 1968, 1978). These are: provocative contact, sustaining relationship, specific behavior (symptom) change, environmental change, relationship change, directional change, and combinations of the above.

The type of goal left off this list is the extensive insightful analysis that a client who enters psychoanalysis may be seeking. Whether or not the client ends up with any more significant change through insightful analysis than in some of the above-mentioned goals is highly questionable at this point in time, considering research efforts into the effects of treatment.

The previously-stated goals can be briefly differentiated by considering the client's view of change in each category:

Provocative Contact. The client seeks neither change nor help of any kind. The caseworker assertively seeks to provoke a client into wanting change. This occurs often in protective services, in residential treatment centers for children, and in the "back wards" of psychiatric hospitals and institutions for the developmentally delayed. It is also common with the "hard-to-reach" families who present various problems to the community via the schools and police departments. Just how far caseworkers should go in their provocative efforts is itself an ethical decision related to the right of a client to his or her own unique lifestyle. Nevertheless, provocative efforts are often justified insofar as they provide an outreach effort and offer an opportunity that the client might otherwise never consider.

Sustaining Relationship. Here the client seeks help, in that he or she is lonely and wants an affirmative, interested contact in his or her life, but the client has no hope for changing his or her lifestyle in any way and will resist any such efforts. The client's need is for an affirming relationship without expectations of changed behavior. Change will commonly occur anyway as the client's self-esteem is boosted through a caring, non-demanding relationship.

Specific Behavior (Symptom) Change. The client is distressed by a particular troublesome behavior but has no interest in widening the problem area by seeing how this particular symptom is related to his or her past or present lifestyle and system of relationships. The client's motivation is restricted to symptom alleviation.

Environmental Change. The client sees his or her difficulty in relation to the environment beyond his or her family. The problem may have to do with employment, education, social contacts, or community forces that he or she experiences as dehumanizing. The client does not see himself or herself as part of the problem. The client seeks help in dealing with social institutions and systems.

Relationship Change. Here the client experiences difficulties in relationships with significant others in his or her life—spouse, children, parents, relatives, friends. The client realizes his or her own involvement and wants to alter a relationship pattern.

Directional Change. The client's sense of identity, of values, of personal direction is confused. He or she has difficulty in making choices and feels impotent in relation to the immediate future. The conflict is experienced as within himself or herself.

The mode of therapy used (individual, couple, group, family) or the types of techniques (reality, behavioral modification, encounter, psychoanalytic ego, Gestalt, etc.) will vary, of course, in accordance with the interest of the client, the skills of the therapist, and the nature of the treatment setting itself. However, certain techniques are obviously more appropriate for certain goals. Behavior modification would be particularly useful with the goals of provocative contact and specific behavior (symptom) change. The core conditions elaborated by Carl Rogers (1961) will be most useful in providing a sustaining relationship for a client. Social work literature provides many useful approaches to accomplishing the goal of environmental change. The goal of relationship change can be dealt with using communications theory (Satir, Haley 1976, Jackson) and other family and marital therapy models. Directional change can be effected by techniques described by Rogers, Farrelly, the Gestaltists, reality therapy, cognitive therapy, task-centered casework, and psychoanalytic psychotherapy. The critical point here is that the therapeutic approach must fit the unique goal and needs of a client, rather than fitting clients into some pet system of psychotherapy and dismissing the misfits as "unmotivated."

What is important to understand in this goal framework is that it provides a starting point for treatment in a manner that recognizes the unique experience of the client as valid. The goal may change during treatment as the client begins to experience his or her problems in some other light. The goal must also be tested out in early interviews so as to ascertain whether the goal agreed upon is merely a verbalized goal of the client, or whether it is indeed the way in which the client experiences the need for help and hope for change. With this framework, the therapist engages the client in a manner by which they can both “talk the same language” and have similar expectations about what is to follow.

There would appear to be a contradiction between some of these therapeutic goals and what has previously been described as the existential focus upon disillusionment, freedom of choice, finding meaning and suffering, discovering the growth value of dialogue, and coming to a sense of personal commitment in relation to one’s future. Such a focus seems most applicable to the goal category of directional change. The existential therapist, however, is not bound to pursue such a focus if it does not seem appropriate. Existentialist therapists’ concern with client-centered treatment and an emphasis on experiential change enable them to assert their philosophical perspective to a degree in all goal categories described.

The other client-centered activity deals with the interview theme of any given session. The client is not a problem to be solved, a puzzle to be completed; the client is a person who is undergoing constant change from week to week, day to day. Change occurs in the client’s life for both the good and the bad, apart from what happens during therapy sessions. For the therapist to pre-plan an interview, picking up where the last one ended or getting into what the therapist considers to be an area of increasing importance, is often presumptuous.

The interview begins and the therapist listens to both verbal and nonverbal expressions of the client, staying alert to possible inconsistencies among what the client says and the client’s feeling state and behavior. The therapist’s most important listening tool is his or her capacity for empathy. In the initial stages of the interview,

therapists must free themselves of preconceptions about the client and preoccupations with themselves in order to open themselves to the whole person before them.

How the theme is made known and how it is dealt with are related to the goal of therapy (thinking in terms of the goal framework described earlier) and what particular therapeutic approach a therapist favors for work on such a goal. The therapist and client work together from the point of thematic clarity.

An Experiential Change Emphasis

The experiential emphasis has already been discussed. The activities encouraging experiential change include: attitude of therapist, empathy, therapist’s openness or transparency, heightening of here-and-now awareness, tasks for choice, and action. In the earlier discussion of how various theories of therapy reflected existential points of emphasis, it was apparent that techniques could be tapped from many theoretical sources.

It is clear by now that the existentialist is radically concerned with the here-and-now encounter between a person and the person’s world. For it is in this moment of responsiveness, of being-in-the-world, that one experiences freedom of choice and meaning-making. Who the person is stems from what he or she does—the choice he or she activates—not from the intellectual conceptualization he or she holds about the self, nor from any dogmas or groups to which he or she holds allegiance in exchange for some bestowed identity.

A Concern with Values and Philosophical or Religious Perspectives

The concern with pinpointing, challenging, and clarifying values and philosophy or religious perspectives is also dealt with by various writers. There are strong similarities between the rational-emotive psychotherapy of Albert Ellis and the Morita therapy of Japan. Both pinpoint “irrational” or “unrealistic” beliefs and specifically propose other, more realistic and human beliefs in substitution for the dysfunctional beliefs. Hobart Mowrer’s integrity therapy follows a similar course, where the emphasis is on

helping client see their guilt as a contradiction between the values they hold in common with their “significant others” and their behavior or actual lifestyle. Frankl has developed two techniques, “dereflection” and “paradoxical intention,” that are designed to help clients reexamine and alter their philosophical perspective to affirm a new way of viewing themselves in relation to their symptoms, choices, and life direction.

These “reality-oriented” approaches include four common ingredients:

1. Pinpointing specific values (attitudes, beliefs, and judgments about self and others) manifested by the client’s lifestyle
2. Clarifying how these very values may be interfering with the client’s own growth and intimacy needs or efforts
3. Helping the client consider more realistic, human values and beliefs rather than the dysfunctional ones so that the client’s realistic growth and intimacy needs might achieve more direct satisfaction
4. Encouraging decisions, choices, and actions (often as homework assignments) in order to activate the new values concluded to be more valid.

Thomas Hora (1977) discusses values by distinguishing between two versions of reality: “the way it seems” and “the way it is.” The first of these describes the distorted and limited views the client has about his or her lifestyle and its related value perspectives. The second view of reality is that expanded by the therapist as he or she highlights other values in the client’s lifestyle that are being ignored or minimized. Like Offman, Hora will also clarify negative consequences in relation to some of the client’s value positions and pose alternative possibilities for the client’s consideration. Hora emphasizes the personal stance of the therapist to be one of a “benevolent presence” through which the therapist may convey peace, assurance, gratitude, and love as important human realities.

This therapeutic emphasis on values and a philosophical perspective is designed for certain types of clients—those whose working goal is directional change. There is a growing recognition of the effects of anomie in modern culture

with its resulting personal alienation from the roots of human needs and human strivings. Jung reported this phenomenon many years ago, and existential novelists, philosophers, and psychologists have been emphasizing the extent of alienation ever since.

In relation to religion and spirituality, the existential teacher would strongly endorse a recent development in some graduate social work programs. Related to the emphasis on diversity, schools are developing courses on religion and spirituality in order for students to address their own prejudices and appreciate the varied religious resources in the lives of their clients.

The American culture has finally felt the same impact of alienation that shook Europe during and after World War II. In America, this awareness was helped along by the revolt of the youth, minority groups, and poor people. At this point, it is unclear whether alienation is a problem of a particular client population or whether it is really at the root of all emotional distress. The writings of Laing, Becker, and, recently, Irvin Yalom are certainly weighted toward the latter view.

Considering the three therapeutic principles discussed (the client-centered orientation, focus upon experiential change, and concern for values and philosophical perspectives), it becomes clear that existential caseworkers seek to work with all types of clients and human problems, and that they could function with any kind of social agency or therapeutic setting, provided they were given the administrative approval to work as they wished. It is also clear that the existential position is in opposition to the therapeutic practices that seek to adjust clients to family and social norms or to prognostic norms stemming from the rigid use of diagnostic categories. The authoritative misuse of behavior modification and psychoanalytic theory is a major concern of the existential social worker.

The existential social worker is also concerned with how monetary preoccupations of insurance companies and funding sources of agencies are dictating therapeutic approaches. The popular emphasis on short-term, symptom-relief therapies ignores the existentialist’s view that a presenting problem is commonly a warning sign of more troubling value issues of the

client's lifestyles. This Band-Aid, patchwork approach simply reinforces the inclination of many clients to view themselves in a superficial manner.

Considering the eclectic use of treatment approaches suggested by the existential perspective, it is also apparent that social workers can make more creative and varied use of the existential perspective than can psychiatrists, psychologists, ministers, or nurses. This is because of the wide-ranging problem activities that engage the efforts of social workers, necessitating a manner of work that includes multiple skills.

The modes of therapy (individual, couple, family, and group) are all effective ways of conducting an existential-oriented treatment. Application to individual counseling has been elaborated upon, particularly by Rogers (1969), Farrelly (1974), May (1961, 1967), Frankl (1967), and Perls (1969). Work with groups with an existential perspective has been described by Helen Durkin (1964), Carl Rogers (1961), Arthur Burton (1969), and Irvin Yalom (1980). Social work writer Alan Klein relates the group work approach to existential thinking. Family therapists whose approaches are highly compatible with the existential perspective include Jay Haley, Virginia Satir, John Bell, and Carl Whittaker.

The existential approach fulfills two major needs of modern social work practice. First, it is the only social work approach that emphasizes value issues related to the client's problem. With the apparent increase of alienation and anomie, social work may require methods of response to value questions. Second, the emphasis on the human ingredients of the therapeutic relationship, coupled with an "atheoretical" understanding of the client as a person, results in a restoration of humanitarian helping. Self-aware workers are better able to appreciate all clients as more like themselves and less as objects for diagnostic categorization and manipulation.

Case Example

The case presented here could be considered an example of the existential social work approach. It involved short-term casework with an individual from

the goal framework of specific behavior change. It should be clear from the previous discussion about differing goals and the eclectic use of treatment techniques that other case examples would take much different forms than the one described. The three existential principles of client-centered focus, experiential change, and value focus are illustrated in this case.

A Latin-American woman, aged 34, came to me complaining of a severely inhibiting depression. In the course of the evaluation, it appeared that she had little interest in or sensitivity for seeing any connection of her symptoms to her past or present living situation. She was somewhat troubled over her recent divorce, which had happened only a year ago. There was also a problem with her mother (living across the street), who tried to dominate her and provoke her guilt, and who often took care of her two teenage daughters. Some rebellion in the older teenage daughter was apparent. She also believed herself "hexed" by her former mother-in-law. These were areas of complaint, yet she saw no prospects for changing them. Her concerns for change were very concrete: she could not do her housework or cook the meals or discipline the children, for she would usually go to bed soon after she returned from work. In bed, she would either sleep or fantasize about how badly off she was, and the running of the house was left to the children, particularly the rebellious older one. She feared losing her job as a nurse's aide at the local hospital and had already missed several days of work because of feeling too tired. She had given up on going out with her boyfriend and felt extremely alone and worthless.

Within ten interviews, seen on an alternate week basis, the depression had lifted. She managed her housework well; disciplined the children—the older one was much less rebellious; she could stand up to her mother on a realistic basis; she was dating again; and she was taking a training course to become a practical nurse. The goal was specific behavioral change, although its successful accomplishment resulted in a broadening of this woman's constructive activity in several areas of her life.

My techniques dealt primarily with the symptoms of depression and helplessness. In the second interview, I emphasized what I sensed to be her inhibited potential: I said that she could make herself get out of bed (or refuse to enter it) by performing the tasks of her housework and by going to her hospital work every day, no matter how tired she felt. I recognized

that feelings of depression were strong within her, but pointed out that they represented a part of herself that seemed to be trying to convince her that she was no good. She could go on believing this or she could challenge this idea. In the third interview, I dealt actively with another belief, challenging its power and questioning her need to be dominated by it. She thought the depression resulted from being "hexed." I told her that I had doubts about the magic of hexing, and if there was anything to it, it probably had to do with her own reaction to the notion that she had been "hexed." I linked this belief with the part of her that was trying to convince her that she was helplessly useless and inadequate.

As sessions went on, she did bring up material about her mother, former husband, children, job, and relatives, but this was more from the standpoint of content for discussion in what she felt to be a positive, affirming relationship. The actual therapeutic effort, in terms of pinpointing her problem and a way of dealing with it, was primarily in relation to the depressive symptom described. The techniques used were my ways of responding to her area of concern and view of change. We could communicate through the goal of specific behavior change. She was able to see the depression as being a self-defeating part of her. This freed her from the belief that the depressive symptom was a condemnation and failure of her whole personality, which had been implied in her notion of "being hexed."

While this was a limited shift in the belief system of this woman, it could still be a significant one. Furthermore, her resumption of responsibility in the family had its rewarding feedback responses from the children, as well as from her own mother, who was closely involved with her family.

Note the three principles involved: a client-centered focus in terms of goal selection and interview management; emphasis on experiential change through use of task assignment as well as through the attitude of the therapist toward the client's potential strengths; and finally, an effort to deal with the woman's value system, specifically suggesting that she did have some capacity for free choice and need not identify herself completely with her symptoms (feelings of fated helplessness).

This case raises an interesting cultural issue in relation to the client's view of the change process and how she viewed change as possibly occurring. An alternative approach might have been a referral of this woman to a *curandera* to handle the "hexed"

issue. Had she been unresponsive to my rational efforts to deal with her belief about "being hexed," I would have considered such a referral. Since she had sought out my help, I chose to deal with this belief issue in this more personal, challenging way. I felt free to share my personal view of most hexing experiences after sensing that she wanted to differentiate herself from her mother, who had been emphasizing the power of hexing.

Existentialism and Community

Existentialism is sometimes criticized as an individualistic philosophy lacking a social ethic. This is a misconception. Philosophers such as Camus (1969), Berdyaev (1944), Tillich (1952, 1960), and Buber (1955, 1965) have written extensively on the application of existential thinking to social issues. Members of the helping professions have also related existential philosophy to social concerns. Edward Tiryakian (1962), a sociologist, compares existential thought with that of Durkheim. Lionel Rubinoff writes a critique of modern philosophical, psychological, and sociological thought on the subject of the individual and his relationship to society. Rubinoff's (1967) basic premises are existential. R. D. Laing (1967) also uses an existential framework in his critique of society and of the helping profession often being dehumanizing extensions of society's values.

Beginning with the existential belief that truth is not found in an objective fashion, within a doctrine or within a group of people, we find some implications for a view of society and social change. In the first place, the existentialist stands against tyranny in any form—not only by politically conservative, status-quo-oriented leaders, but also by the rational social engineers who would seek to establish the utopian society necessitating many controls and committed to adjustment of individuals to a "properly functioning" society. The existentialists are a prime opponent of B. F. Skinner (1971) in his appeal for a society that meets humanity's needs by limiting freedom and nonconformity.

The existentialists know that power corrupts, and that much of the evil perpetrated is unpredictable at the moment of its inception. If, on the other hand, there is an effort to decondition

evil-producing behavior, this effort itself, if successful, would result in the profoundest evil of all: the dehumanization of people by depriving individuals of freedom—the only valid source of their sense of personal meaning and dignity.

On the other hand, an appeal for a completely free and open society, such as proposed by Charles Reich's *Greening of America* (1970), is again a naïve position founded on a disregard for the sometimes self-defeating, the aggressive, and the evil-producing behavior of people. Spontaneously "doing one's own thing" is too simple a commitment. We can be defeated by our own instincts and self-deceptions as easily as by our efforts to organize and construct the happy state.

Power itself results in an increased effort toward solidification and self-perpetuation. Society must be a dynamic, growing system, just as an individual is a being of responsive emergence. The healthy society is one attuned to the creative ideas and efforts of individuals and groups within its structure that propose change and new ideas. A participatory democracy is an expression of the existential affirmation of the unique perspective of each individual. In a participatory democracy, groups are seen to possess their own truths, which will differ from the attitudes and values of others who have not had the same life experiences.

The direction for a society's emergence stems from the sufferings and potentials of its people, and not from an elite group of rebels or social organizers. Eric Hoffer was right in saying that the most creative and innovative shifts in a society stem from its outcasts, nonconformists, and those who experience the failures of its present functioning. The existential model for social change would be one wherein the very people who suffer from dehumanizing social forces would be the indicators of what sorts of changes are needed. The community organization social worker would have a facilitating, clarifying, enabling role here, perhaps, and once a direction is clear, he or she may use his or her knowledge of power structure and change tactics in order to mobilize the social change effort.

The "antiexistential" community organizer would be one who decides for himself or herself what change other people really need and then uses his or her knowledge and skills to

"educate," seduce, and pressure a disadvantaged group into deciding what their problems are and the change that is indicated. The worker's basic notions of change, here, come either from his or her own needs, or his or her rational, analytical conclusions of what this group or community lacks in comparison with some ideal he or she holds about how people should live. The impetus for change is worker-oriented rather than community-oriented.

The opposite extreme, also antiexistential, is sometimes seen in community mental health clinics. Although such clinics are committed, by their very purpose (and federal funding), to a community-outreach stance, there is often little genuine effort at dialogue with the needy members of the community who do not enter the portals of the clinic itself requesting some specific help. In contrast, the genuinely committed community mental health clinic is actively seeking contact with the groups in its community who are known through police, welfare, and schools to have problems, but who are not availing themselves of any helping services. Primary prevention at times of family or neighborhood crisis becomes a major way of help, and this most often takes the form of consultation with police, welfare workers, teachers, nurses, ministers, and physicians.

As discussed earlier, the existentialists see many of the forces of society as being in opposition to the individual's effort to create an authentic lifestyle, establishing his or her unique direction out of an awareness of his or her own freedom, responsibility, and what he or she learns through personal suffering. Modern society encourages anomie and personal alienation by its forces of seduction and oppression. Insofar as the economic-political system uses people as objects in order to preserve its own efficient functioning, it may be said to be dehumanizing. Various social institutions combine their efforts to achieve this goal. Certain roles in the system are rewarded with status, financial remuneration, and prestige, while others are ignored. Happiness is defined in such a way as to keep the public at large an active consumer of economic goods. An attunement to personal suffering is discouraged through the various tranquilization forms of drugs, alcohol, treadmill activities, and a work ethic that

implies a solution to all of one's problems with the purchase of the next automobile, house, or packaged vacation plan. Such writers as Erich Fromm (1955) and Henry Winthrop (1967) have elaborated on the multiple forms of social dehumanization, which are too numerous and complex to mention here.

Helping professionals are faced with a critical choice in relation to social dehumanization. They can become a part of this system that is a purveyor of anomie by the very way they perform their helping role. Or, on the other hand, they can be members of a vanguard actively in touch with many of society's victims, who can help bring individuals and groups to an active awareness of themselves as free and responsible beings despite the negative forces bestowed upon them by society. Beyond such awareness, such workers will help them toward personal direction and actions that affirm human dignity in the face of tyrannical and dehumanizing social forces.

The institutions of society can and do provide constructive, affirming forces for individuals and groups, of course, through education, employment, protection, health and welfare care, as well as valued traditions, a sense of history, and a national spirit that affirms a set of values that is generally accepted and may be quite compatible with the freedom, responsibility, and valuing of uniqueness and personal dignity that characterize existentialism. The existential helping professional realizes, however, that the constructive forces of society cannot in themselves bring an individual to authenticity. The matter of personal choice and acceptance of responsibility for one's own worldview and lifestyle remain essential. The existentialist is, therefore, cynical in response to social utopians who seek to construct a society of needs-met, happy people.

Research and Knowledge Gaps

The existential approach eludes research. Its lack of a specific theory of personality, its emphasis on subjectivity and uniqueness, its eclectic use of varied techniques, and its concern about values are all factors that make structured studies difficult. On the other hand, the existential perspective extends the hand of gratitude to

the numerous research studies that have clearly unseated dogmatic-authoritative assumptions proselytized by "sophisticated" adherents to the varied theories of personality. When it comes to practice, the existential worker tends to agree with the behaviorist: We should utilize what was proven effective in practice to avoid forcing clients to submit to our favored (though ineffective) methods. Research indicates that effective treatment can occur with the following conditions: client and worker who like each other; use of the "placebo" effect in structuring the treatment process; core conditions (warmth, genuineness, empathy) when combined with attitude change; attitude change when accompanied with emotional change as well as task assignments; and the use of significant others in the assessment and treatment process wherever possible (Krill, 1986).

Another important conclusion from practice research has been that no theory of treatment has proven itself superior to any other model. The existentialist sees this as a crucial statement about the place of theory in practice. Theory does not seem to be the important ingredient in helping people, and is therefore considered of secondary (informative) value. While it is not clear what, then, is the magic ingredient, the existential worker would suggest it to be human sensitivity as developed over time through both self-awareness and learning from many experiences with clients. The better one comes to know oneself, the more clearly is one able to see oneself within the client's experiences as well. This is a most important area for future research study.

How are social work education programs preparing students for present practice? Do they foster ingredients that may eventually result in a wise practitioner, given a few years of additional experience? Here the existentialist has serious concerns. An educational tradition has existed for many years in social work that has emphasized the pragmatic, diagnostic, rational-authoritarian approach. Teachers have often viewed students in this categorical manner and have in turn urged students to view their clients in a similar way. This has been the phony guise of "scientism" that has sought to identify social workers as "scientific," when in fact the "objective nature" of most of their

knowledge would be scoffed at by physical scientists. Many students, in their insecurity, seek comfort in categorizing clients according to the knowledge system taught them. Other students, rebelling against what feels like a rigid authoritarianism, will completely abandon diagnostic understanding of any type and naively seek to provide “Band-Aid” answers to problems posed by clients. It would appear that students need to be somehow “humanized” rather than “objectified.” Self-awareness has been a goal of social work education, but it would seem that new educational approaches need to be devised to achieve this goal more effectively. Only by appreciating one’s own personal complexity can one begin seriously to understand the complexities of others.

Human sensitivity is a bed-partner of humility. Humility results from personal disillusionment, or humiliation, providing the student is warned against too quickly attaching oneself to the notion that one has now achieved some “sophisticated maturity” as a result of personal insights. Humility can be also the springboard toward creativity. As one realizes one’s personal blind spots, gaps in awareness, and withdrawal from knowledge and situations posing threat, students find a personalized direction for their reading and openness to new experience. They sense, too, that their search for expanding truth will enable them to understand and help more clients.

I have found the classroom situation a useful “experimental lab” for generating human sensitivity among students. Assessment of clients is dealt with simultaneously with students’ self-exploration. Personal exercises to promote such examination are used in class as well as through homework assignments. Peer sharing in small groups engenders honesty, spontaneity, and supportive feedback in relation to results of exercises (Krill, 1990). Exercises explore dimensions of the interplay between personal problems, emotions, attitudes, and values; of roles with family and significant others; and of trouble spots in personal response to certain clients. Reading of theory is encouraged, then, as the student’s means of building upon and expanding self-knowledge in the directions necessary to handle areas of confusion, insufficient self

or client understanding, and intrigue with new ideas. Values need to be clarified by both the instructor and the students in terms of how they are used constructively with clients. Vitality and spontaneous engagement with clients are demonstrated and practiced in role-plays of common client–worker situations.

In conclusion, the existential stance provides a philosophical perspective that can be related to the many avenues of social work practice. One does not need a profound acquaintance with existential philosophy in order to benefit from the perspective. One might, instead, view the existentialists as emphasizing a sense of direction and a style of working that are primarily concerned with a greater humanization of the social work profession. From their emphasis on the value of the uniqueness of the individual there comes an affirmation of a client-centered focus and an awareness of the dangers of anomie in a mechanistic society. From their view of growth through choice and action there comes a primary effort aimed at experiential change with clients. From their model of humans as meaning-making beings there comes a recognition of the importance of values, philosophy, and religion as ingredients of the casework process. From their emphasis on dialogue there comes the concern for therapist transparency and authenticity, as well as the valuing of a participatory democracy. And from their appreciation of the powers of self-deception at work with human beings, there comes an emphasis on personal commitment in the face of suffering and uncertainty, as well as a suspicion about any authority that establishes itself as knowing how other people should live their lives.

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