

Elements of Short-Term Existential Intervention

SHORT-TERM EXISTENTIAL INTERVENTION IS A TREATMENT ORIENTATION for use with individuals, couples, and families who are experiencing emotional or interpersonal problems. It is based on insights from the biopsychosocial understanding of human existence, humanistic psychology, the strengths perspective, psychoanalytic theory, and existential philosophy. In the psychoanalytic context, the imposition and experience of suffering are invaluable components of authenticity and therapeutic change (Guy, 2005). The existential perspective gives recognition to human potential coupled with an awareness of the irreversible difficulties of the human condition (Bretherton & Orner, 2003).

Although existential intervention is generally considered to be a longer-term approach (Lantz, 2000) it can also be utilized effectively as a brief intervention (one to approximately six sessions). When used as a short-term model, existential intervention includes the following characteristics that make it different from the longer-term approach (adapted from Corwin, 2002):

- ◆ Rapid assessment
- ◆ Identification of a limited number of problems for work
- ◆ Client and practitioner agreement on time limitations
- ◆ Clearly defined problems and goals
- ◆ An intervention agreement
- ◆ Focused interventions
- ◆ A session-to-session monitoring of progress

Still, it is important to emphasize that existential intervention is not always short term (Lantz, 2002). Long-term intervention is often appropriate when the client is suffering in a frozen crisis pattern either because short-term intervention has failed or because the client did not receive help immediately after he or she developed a particular problem (Lantz & Gregoire, 2000a, 2000b).

In short-term existential intervention the relationship between the client and practitioner, through the process of sustainment described in the last chapter, is

the most important variable in helping the client overcome or master the problem situation. It is the practitioner's responsibility to use the relationship and the intervention process to help the client enrich his or her life at the three "dimensions of existence" that are often disrupted by a problem situation. These dimensions include being "of" the world, "in" the world, and "for" the world (Frankl, 1969; Lantz, 2001).

This chapter outlines the process of short-term existential intervention from the point of view of these three dimensions of existence. Intervention cannot be described as existential unless the practitioner consistently focuses interventions toward growth at each of the three dimensions (Lantz, 2001, 2002).

BEING "OF" THE WORLD

The phrase "being of the world" refers to the fact that the human being has a body and must obey the rules of the biological and physical world. Frankl (1969) describes this dimension as the *must* dimension of existence. At the must dimension of existence, human beings must consume food and water or they will die, must die of hypothermia if they are deprived of clothing and shelter in cold weather, and must experience depression if certain biochemical imbalances exist within the central nervous system (Lantz, 2001). In short-term existential intervention, it is important to realize that at times the client is in need of medical-oriented services, and that comprehensive intervention includes the practitioner's willingness to link the client to a medical provider when such services are needed. (See "biological coping", in chapter 2.) Common problems that originate at the must dimension of existence include cancer, heart disease, emphysema, arthritis, acute lateral sclerosis (ALS), AIDS, some forms of depression, and organic brain diseases.

The central treatment issue at the must dimension of existence is *physical vitality* (Frankl, 1969; Lantz, 1978).

BEING "IN" THE WORLD

The phrase "being in the world" refers to the fact that people have some freedoms in their existence and can make many choices in life reactive to difficulties and opportunities (Berg & Dolan, 2001; Frankl, 1955). Being "in" the world refers to the fact that all people can have an impact on their inner and outer environments and are both reactive and proactive living beings. Frankl (1997) describes this dimension of existence as the *can* dimension. In the can dimension, the person is understood as having the gifts of "intentionality" and "freedom," which can be used to differentially respond to the limitations and opportunities of life (Saleebey, 1992). Frankl (2000) reported that a human being can choose his or her attitude toward life and, in this way, manifest response-ability, or the ability to respond differentially to life and its challenges. People from different cultures may view these choices

quite differently. Common problems originating in the can dimension of existence include adjustment disorders and some personality disorders (Frankl, 1975; Lantz, 1978).

The two central treatment issues at the can dimension of existence are *freedom* and *responsibility* (Frankl, 1967; Lantz, 1993).

BEING“FOR” THE WORLD

The phrase “being for the world” refers to the human responsibility to manifest a self-transcendent style of living in which people answer the call of life by taking care of other human beings, the community, and the environment (Frankl, 1978). This is the *ought* dimension. By using the term *ought*, Frankl (1975) is emphasizing that people should listen to the call of life to discover what they ought to do in order to discover a sense of meaning and purpose in life. When the sense of meaning and purpose in life is frustrated, disrupted, or ignored, the person will develop an existential vacuum that will become filled with either a developing sense of meaning and purpose or with symptoms such as depression, anxiety, or substance abuse (Frankl, 1975; Lantz, 2000).

The two central treatment issues in the ought dimension of existence are *meaning and self-transcendence* (Frankl, 1969; Lantz, 2001).

In short-term existential intervention the treatment process is used to challenge the client’s methods of defense that serve to cover emotional pain (Lantz & Gregoire, 2003). The interventions, including holding, telling, mastering, and honoring, are detailed later in this chapter.

MEANING AND PURPOSE IN LIFE

What follows is a description of existential process, or the means by which all people develop a sense of meaning and purpose in their lives, based on the work of Frankl (1988).

Existentialism may be understood as one’s search for, and adherence to, meanings, purposes, and commitments that reflect values lying outside the self. This approach to life may not always be appropriate to address during clinical intervention, especially when the client is absorbed in an immediate concern. It may be appropriate to address, however, when the client shows inclinations to look beyond the self and the immediate situation in dealing with an important life concern.

The ultimate life concerns include death, the experience or fear of isolation, the burdens that accompany freedom and responsibility, and life meaning and purpose. With regard to the last of these, categories of meaning may be social (making contributions to the lives of others), religious (seeking connection with spiritual objects), creative (anything that involves a unique contribution to the world outside the self), or experiential (such as the enjoyment of art, music, or literature). People aspire by their fundamental nature to engage in activities in any of these realms.

There are, however, certain emotions that may be prominent when the person does not feel satisfied. They are:

- ◆ Anxiety, which may be the result of uncertain threats to who a person is, his or her future well-being, and life and death and is powered by the struggle to maintain connections with others, which are often threatened by the fragile nature of life
- ◆ Guilt, which may be a result of thoughts or actions that are violations of a person's code of conduct and is a sign of an internalized moral flaw
- ◆ Shame, which reflects one's failure to live up to a personal ideal

When these emotions are prominent in a client, they signal the possibility of an existential crisis.

The challenge for crisis practitioners is to understand their own existential inclinations and spirituality and how it affects their work. They should encourage client disclosure of existential concerns when appropriate, consider client functioning within a context of meaning (bring consistency to the client's present and ultimate concerns), and help clients identify meanings and purposes that can guide them in making growth-enhancing decisions

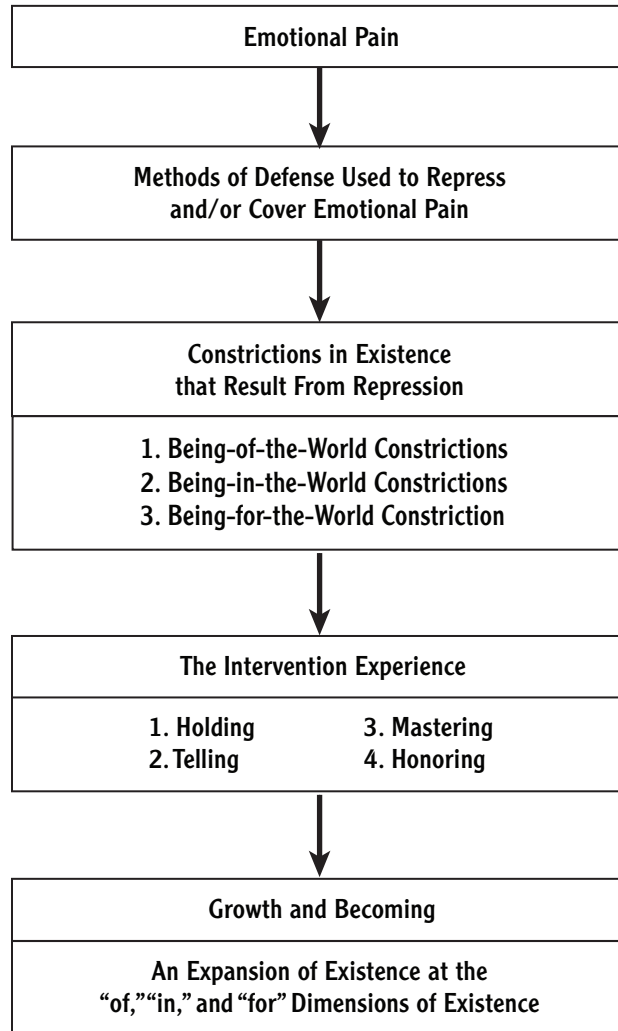
In Frankl's practice of logotherapy, the *will to meaning* is a basic, enduring tendency to obtain what satisfies one's nature. The will to meaning assumes that all people have an innate drive to either create or discover meaning and purpose in life. Thus, people aspire by nature to make commitments to values beyond their mere existence and survival, although there are no specific meanings to which one should aspire. It is realized through one's passions and interests.

There are inherent problems in maintaining a will to meaning. First, having a purpose beyond the self involves an awareness of vulnerability and responsibility and a potential for tragedy, anxiety, and loss. Second, suppression of the will can result from actual experiences of guilt, suffering, and death. Frankl spoke of an "existential unconscious," with which meaning potentials are avoided in order to allow one to escape the accompanying sense of vulnerability and responsibility. This is similar to the concept of suppression in psychodynamic theory. In logotherapy, a person's awareness of an ultimate concern may lead to anxiety, so that awareness may be suppressed in an effort to be relieved of the anxiety.

General intervention perspectives in short-term intervention relative to existential crises include engaging the client more fully in life activity, encouraging the client to look externally, encouraging the client to care about something outside the self, and removing obstacles to the client's external focus (figure 3.1).

A number of instruments have been developed to assess one's purpose in life, including the Purpose in Life (PIL) test (Crumbaugh, 1968; Crumbaugh & Henrion, 1988; Crumbaugh & Maholick, 1964). This instrument was designed to operationalize Victor Frankl's ideas for measuring a person's experience of meaning and purpose. The PIL is a twenty-item scale that has been shown to have good reliability in

Figure 3.1. The intervention process.



Crumbaugh's work (0.91) and to demonstrate convergent and discriminant validity (Seeman, 1991). Each item is rated on a seven-point scale, with total scores range from 20 (low purpose) to 140 (high purpose). Examples of the twenty items include:

- ◆ I am usually: completely bored (1)—exuberant, enthusiastic (7)
- ◆ If I could choose, I would: prefer never to have been born (1)—like nine more lives just like this one (7)

- ◆ As I view the world in relation to my life, the world: completely confuses me (1)—fits meaningfully with my life (7)
- ◆ With regard to suicide, I have: thought of it seriously as a way out (1)—never given it a second thought (7) (Crumbaugh & Maholick, 1964)

A score below 93 indicates a serious disruption in the client's awareness of purpose and meaning in life. A score between 93 and 111 suggests that the person is in some danger of experiencing an existential-meaning vacuum, and a score above 112 indicates that the person is experiencing a sense of meaning and purpose.

The PIL is one means of assessing a client's sense of meaning and purpose; it is not a necessary part of the assessment. This scale should be used sparingly and should be reserved for situations in which it seems that a client would benefit from concrete evidence of his or her meaning status.

EMOTIONAL PROBLEMS AND THE THREE DIMENSIONS OF BEING

In short-term existential intervention, a crisis can be understood as any condition or occurrence that disrupts the manifestation of a client's existence on any or all three of the dimensions of existence (Lantz, 2000, 2001).

Emotional pain is defined simply as a person's negative cognitive and affective reactions to a serious problem or crisis (Grove & Haley, 1993). Such pain is often not well tolerated unless the person is fortunate enough to have access to supportive and empathic friends and family. When the emotional pain is overwhelming, or the person in crisis lacks sufficient emotional support, the person will use methods of emotional defense to cover, repress, or deny the significance of the problem (Frankl, 1969; Lantz, 2000).

A number of existential practitioners (Frankl, 1969; Lantz, 1978, Yalom, 1980) have described three primary methods of defense that are used to repress emotional pain:

1. Some people transform normal assertiveness into problematic patterns of aggression to *move against* situations and individuals that remind them of their problem experiences and pain.
2. Some people transform normal independence into problematic patterns of avoidance to *move away from* situations and individuals that remind them of their pain.
3. Some people transform normal intimacy patterns into patterns of dependence to *move toward* others in a way that gets those other people to take responsibility for overcoming their problems.

These three defense patterns can effectively cover emotional pain, but they also disrupt the person's ability to master and transform the pain into new and healthier manifestations of existence. In other words, each method of defense protects the

person but also disrupts his or her ability to constructively manifest existence at the being of, being in, and being for dimensions (Lantz, 1978, 2000, 2001).

PRINCIPLES OF INTERVENTION: HOLDING, TELLING, MASTERING, AND HONORING

Working with clients is an artistic process that blends human and technical elements. Although it is important for the existential practitioner to have a well-developed knowledge base and treatment framework, the specific nature of that work is always unique to the interactive characteristics of client and practitioner. The practitioner and client freshly re-create the unique nature of intervention during their interactions (Lantz & Gregoire, 2000a; Lee & Greene, 1999). Viktor Frankl (1969) made this point in a famous treatment formula, $T = X + Y$, where T = good therapy, X = the unique treatment needs of the client, and Y = the unique characteristics and capacities of the therapist. Although such creativity is a hallmark of existential intervention, an artistic healing process occurs most frequently when the practitioner helps the client to hold the pain, tell the pain, master the pain, and honor the pain (Lantz, 1993, 2002). The following sections of this chapter will describe and illustrate this art.

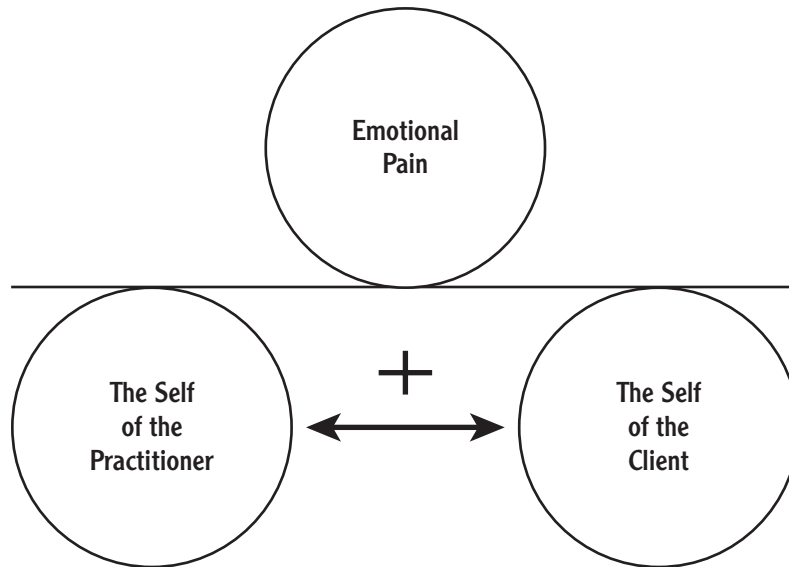
Holding the Pain

People often ignore, avoid, deny, cover, or push significant interpersonal problems into the unconscious level of awareness in order to avoid the experience of pain (Lantz, 1993). In existential intervention, *holding* refers to a process of holding up the problem experience so it may be seen, remembered, and reexperienced by the client. Unfortunately, holding up the painful experience involves reexperiencing the pain and suffering that is at the core of the problem (Lantz, 1993). Holding up the pain can also include catharsis. As a client remembers, holds up, and reexperiences the negative feelings, there is often a release of pain that reduces (but does not eliminate) the client's ongoing suffering.

Sometimes holding is described as empathic availability (Marcel, 1948). Empathic availability is a committed presence to the "other" and openness to the pain and potentials of the other even when such openness is difficult and unpleasant (Lantz, 2000). When manifesting empathic availability, the existential practitioner does not hide from the client's pain behind a stance of objectivity or abstraction, nor behind a belief in a rigid interpretation of his or her role. Although the practitioner must remember to persist with a well-formulated intervention stance, such a concern should not result in blunted compassion, or a distancing of the practitioner from the client's pain. Empathic availability often provides the client with the support he or she needs to tell the story of his or her problem experiences. Empathic availability gives the client a feeling of being understood (Lantz, 2001).

The risks of empathic availability are that the practitioner may begin to experi-

Figure 3.2. Results in an adequate holding environment and empathetic availability.



ence secondary stress disorder symptoms. That is, when a practitioner is helping the client hold up the intense pain, the practitioner will begin to experience bits of the client's pain (Coady, 1993; Lantz, 1993). This process is illustrated in figure 3.2. The existential practitioner's empathetic availability and willingness to help hold and share the client's pain allows the client to remember or openly reexperience that pain without defensiveness. The client is often able to reexperience emotional pain in proportion to the practitioner's empathetic availability. In the absence of such empathy, the client will continue to repress the awareness of emotional pain (Lantz, 2000).

Telling the Pain

Telling, talking about, and naming emotional pain is the second element of existential intervention (Lantz, 1993; Lee, Sebold, & Uken, 2003). Paradoxically, *telling* the pain both depends on the development of empathetic availability between the practitioner and client and powerfully facilitates the development of such an encounter. Telling the pain is helpful to the client for two reasons. First, such telling places the emotional experience and pain into the world of mutual encounter, where the relationship between client and practitioner can be used to process the situation under circumstances of increased support (Lantz, 1978; Lee, Sebold, & Uken, 2003). Telling emotional experience brings pain out of the internal world of the client and

into the interactional world of mutual awareness, understanding, and support (Bell, 1995; Lantz, 1978).

A second reason why telling the pain is helpful has to do with the power of naming. When a client can describe, tell, and name the emotions he or she has experienced, this often begins the processing and mastering of the crisis (Lantz, 2002; Turner, 1996). Telling and naming occurred during intervention with Mrs. Jones. Mrs. Jones was an adult survivor of childhood sexual abuse. During the fourth treatment session, the client was able to remember and tell about how the man next door had forced her to perform oral sex (i.e., oral rape) on him while she was a child. She also was able to remember and tell how this man would take nude photographs of her before and after the oral rape. Mrs. Jones reported that for years she had become horribly nervous whenever anyone tried to photograph her. She said she had always felt “nuts” about this photophobia until she was able to remember and tell about her awful childhood experiences. Telling and renaming the events that caused her photophobia helped Mrs. Jones to feel more in control. In her words, she no longer felt like a “mental case.” Instead, she felt “like a normal person—who the hell wouldn’t have gotten afraid if this kind of stuff had happened to them?”

Mastering the Pain

Mastering the emotional pain is a process of reflection and behavioral experimentation that helps a client discover unique healing activities that are useful in processing and defusing the problem situation (Brunson, 2002; Corcoran, 2001). From an existential point of view, helping a client to transform aggression into assertiveness, avoidance into independence, and dependency into the ability to experience intimacy is a powerful way for him or her to master emotional experiences (Lantz, 1978). Mastering the pain helps a client develop freedom at the being of the world dimension of existence (Frankl, 1959). For Viktor Frankl (1969) mastering a crisis includes noticing and actualizing a meaning potential that is hidden in the crisis experience or, in other words, taking advantage of a growth opportunity.

Honoring the Pain

Honoring the pain refers to the process of celebrating the meaning potentials and opportunities in the problem situation that the client actualizes and makes real. To Viktor Frankl (1959), honoring emotional pain involves becoming consciously aware of some of the opportunities for self-transcendent giving to the world that are embedded in the problem situation and the client’s memory. During the process of honoring the pain, the practitioner helps the client to find and actualize a desire to give birth to another’s joy or facilitate the cessation of another’s pain, which occurs as a result of his or her empathic understanding of the pain of other human beings (Lantz, 2000, 2001). This helps the client to manifest exis-

tence at the being for the world dimension. Honoring is a celebration of the mastering of one's emotional pain.

Honoring the pain associated with an emotional problem has been described by Viktor Frankl (1959, 1969) as a way to "fill the existential-meaning vacuum" that often occurs reactive to a traumatic experience. He asserts that only the manifestation of human love can overcome the negative effects of such experiences. Honoring the pain occurs through the manifestation of human availability in the face of emotional pain. Honoring the experience is both an outgrowth of mastery and a facilitating factor in the development of a client's sense of mastery and control (Lantz, 1978, 1993, 1998).

The following examples illustrate the short-term existential intervention process of holding, telling, mastering, and honoring the client's experiences and pain.

SANDY JAMES

Mr. and Mrs. James requested mental health services for their eighteen-year-old daughter, who was depressed and "wants to die." Sandy's depression had started immediately after she survived an auto accident in which three of her friends died on the day preceding their senior prom and two weeks before their graduation from high school. Sandy and her friends had been drinking. Although Sandy had not been driving, she felt guilty that she was alive while her friends had died. Sandy was no longer motivated to go to college, wanted to stay at home all day long, could not sleep, could not eat much food, had lost ten pounds, and manifested frequent crying spells. Sandy had a good preaccident history of social functioning, and her problems seemed directly related to her crisis experience of the accident. Sandy's parents asked the practitioner to "fix our child."

Sandy and her parents were seen together in existential intervention on five occasions. The focus of the intervention was to facilitate the family's ability to hold, tell, master, and honor their emotional pain. The central issue in working with the James family was to help the parents discover that they could deal with their own and Sandy's pain as a family and did not need to turn their daughter over to an "expert stranger." Sandy went on to college, getting good grades, and becoming an active volunteer with a national anti-substance organization. She was a frequent speaker at high schools, telling about what happened to her three best friends after drinking and driving. In those ways Sandy was able to tell, master, and honor her crisis pain.

MRS. BROWN

Mr. and Mrs. Brown were referred for intervention after Mrs. Brown had trouble "bouncing back emotionally" after breast surgery for cancer and, later, chemotherapy. Mrs. Brown experienced crying spells, weight loss, energy loss, and anxiety attacks when

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she went out in public. She attempted to use antidepressant medications but stopped taking them because of side effects that she did not wish to tolerate. The Browns were referred for intervention by their oncologist after Mrs. Brown reported that she wanted help for herself and her husband in learning how to face not having a breast. Both Mr. and Mrs. Brown also complained that the breast surgery and chemotherapy had disrupted their sex life.

The Browns were seen for intervention on four occasions. The couple was helped to express their emotional pain (holding), talk openly to each other about their pain (telling), work out some of their sexual difficulties that were reactive to the crisis of losing a breast and facing cancer (mastering), and, finally, to find some way of helping others who face cancer in honor of their own experience (honoring). Mr. and Mrs. Brown became active in fundraising efforts for the American Cancer Society and reported a good adjustment at a one-year follow-up evaluation.

SUMMARY

Existentialism can be understood as one's search for, and adherence to, meanings, purposes, and commitments that lie beyond the self. Short-term existential intervention is based on the humanistic concepts of Viktor Frankl and the family treatment concepts developed by Jim Lantz and his colleagues. In Frankl's logotherapy, the will to meaning is a basic, enduring tendency to obtain what satisfies one's nature. This will assumes that all people have an innate drive to either create or discover meaning and purpose in life.

In short-term existential intervention, it is the practitioner's responsibility to help clients resolve their problems and challenges in the context of ultimate life meanings through the process of holding, telling, mastering, and honoring pain. Short-term existential intervention has shown to be effective in a variety of crisis situations and in both public agency and private practice settings. The approach has been useful with Vietnam veterans living with the symptoms of PTSD, clients facing the crisis of migration and the death of a beloved family member, clients facing life stage change, and clients attempting to overcome the trauma of physical abuse or rape.