

# Viagra for the Brain

## Psychotherapy Research and the Challenge to Existential Therapeutic Practice

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### Introduction

Without doubt, the relationship between existential therapeutic practices and the field of counselling and psychotherapy research has been an uneasy one. Certainly, there are forms of research that are consistent with, even emergent from, an existential-phenomenological paradigm: such as phenomenological research (Giorgi, 1985); heuristic research (Moustakas, 2001); in depth qualitative interviewing (Kvale, 1996); idiographic, single-case designs (e.g. Elliott, 2001); and discovery-oriented research (Mahrer and Boulet, 1999). Indeed, if the notion of research is used in its loosest sense – as the use of empirical data to explore and develop hypothesis – then existential therapists could be considered masters of one particular research methodology: the case-study (see, for instance, Spinelli, 1997; Yalom, 1989; Yalom, 1999). Nevertheless, in the wider field of counselling and psychotherapy research – with its orientation around outcome, process and process-outcome designs – existential therapeutic voices are rarely heard. Indeed, in a recent review of the evidence in support of an existential approach to therapeutic practice (Walsh and McElwain, 2002), not one piece of research was cited that directly evaluated the efficacy or effectiveness of this way of working. In fact, the only piece of research that seems to have been carried out along these lines is by Yalom and his colleagues, who compared the effectiveness of a ‘supportive-existential’ therapeutic group for women with metastatic breast cancer against a ‘treatment as usual’ control (Spiegel, Bloom and Yalom, 1981). Furthermore, in contrast to other fields such as the humanistic (for instance, Rowan, 1981), and person-centred and experiential therapies (for instance, Barrett-Lennard, 1986; Elliott and Greenberg, 2002; Rogers, 1959), few existential therapists have been at the forefront of developments in the research field, though R. D. Laing (Laing and Esterson, 1964; Laing, Phillipson and Lee, 1966) and Irvin Yalom (Lieberman, Yalom and Miles, 1973) are two notable exceptions. Along similar lines, few empirical research studies have been published in the pages of the existential therapy journals. A brief tally, for instance, suggests that only three empirical papers had been published in the fourteen volumes of *Existential Analysis* (Dimmatia and Regazzo, 1995; Jacobsen, Joergensen and Joergensen, 2000; Spinelli, 1998).

On the whole, then, it could be said that existential therapists have tended not to involve themselves in the field of empirical inquiry, and particularly empirical inquiry of a nomothetic, quantitative variety. With the increasing demands on counsellors and psychotherapists, however, to demonstrate the efficacy and effectiveness of their therapeutic practice (see, for instance, Rowland and Goss, 2000), it seems likely that this stance will become increasingly at odds with the mainstream of therapeutic opinion and practice. It would seem timely and important, therefore, for existential therapists to reflect upon their relationship to empirical research: Should we resist calls to demonstrate the validity of our practice? Should we strive to continue developing methodologies that are consistent with an existential-phenomenological outlook? Or, Should we simply fall in with 'the One' (Heidegger, 1962) and strive to demonstrate our empirical credibility within the therapeutic marketplace? These are the kinds of questions that this paper will address.

### **Would Existential Therapies be Empirically Validated?**

There are a number of fairly obvious reasons why many forms of empirical research have been rejected by existential therapists, and these will be briefly discussed below. Before doing so, however, I want to address a concern that may underlie some existential therapists' anxieties about engaging with the field of empirical research: that if we were to evaluate our practice along the lines of traditional outcome, or process-outcome, enquiry, we might find little evidence to support our way of working.

Without doubt, the evidence in support of an existential approach to therapy is much weaker than the evidence in support of such approaches as cognitive behavioural therapy, interpersonal therapy, person-centred therapy, and even psychodynamic therapy - see, for instance, the Department of Health's (2001) *Treatment Choice in Psychological Therapies and Counselling*. This is almost entirely a function, however, of the fact that the former approaches have been researched to a far greater degree than the latter; and has nothing to do with any findings that an existential approach to therapy leads to less 'positive' outcomes. Indeed, a search of such databases as PsychINFO, Web of Science and Couns Lit suggests that there is yet to be a study which compares the effectiveness of existential therapy against another form of therapeutic practice.

Were such a study conducted, however, it seems unlikely that it would provide compelling evidence for the 'inferiority' of existential therapy - even against traditional markers of psychological well-being. What studies in this field seem to consistently demonstrate is that very different systems of psychotherapy bring about relatively similar 'results'. As Lambert (2002), for instance, writes, based on one of the most extensive reviews of meta-analyses in this field: 'whilst statistically significant differences can

sometimes be found favouring the superiority of one treatment over another, these differences are not so large that their practical effects are noteworthy. Furthermore, approximately two-thirds of the observed small differences between psychotherapies in outcome can be attributed to investigator allegiance' (p. 20).

In addition to this, if existential therapy is broadly understood as a dialogic approach to therapy in which clients are encouraged to find their own answers to their own questions through an honest, empathic, challenging, supportive and individualised relationship, then there is every reason to believe that existential therapy would be associated with relatively 'successful' outcomes. What outcome research seems to be increasingly demonstrating is that the quality of the therapeutic relationship is a central factor in the successfulness of therapy. In their 'common factors' model, for instance, Asay and Lambert (1999) suggest that it contributes to about 30% of the variance in therapeutic outcome – as compared with 15% for differences in approach and technique – and even Beutler et al. (2004), who give a more conservative estimate of 7-17%, acknowledge that the client-therapist relationship accounts for a significant variance in outcome. Indeed, after three years of systematic study and comprehensive meta-analytical reviews, the American Psychological Association's Division 29 Task Force on Empirically Supported Therapy Relationships came to the conclusion that 'the cumulative research convincingly shows that the therapy relationship is crucial to outcome' (Steering Committee, 2002, p.443). Furthermore, many of the elements of the therapeutic relationship that they concluded were 'demonstrably effective' in bringing about positive therapeutic outcomes are central to the practice of most existential therapists: for instance, a strong collaborative relationship between therapist and client, i.e. 'the therapeutic alliance' (Hovarth and Bedi, 2002), good empathic understanding, and consensus and collaboration on the goals of therapy. Similarly, those elements that were concluded to be 'promising and probably effective' are also central elements of most existential practice: positive regard to the client, genuineness in the therapeutic relationship, feedback to the client, appropriate self-disclosure, and the ability to reflect perceptively on the therapeutic relationship. Alongside this, what also emerges from the therapeutic research is that some of the techniques and strategies rejected by existential therapists – such as working in a manualised and formulaic way (Henry, Strupp, Butler, Schacht and Binder, 1993), and relying heavily on transference (Bachelor and Hovarth, 1999, p.144) and cognitive (Castonguay, Goldfried, Wisner, Raue and Hayes, 1996) interpretations – are of questionable validity. There is also good evidence, again, consistent with an existential standpoint, that there is not, one, particular type of relationship that is related to positive outcomes, but that different clients benefit from very different types of relationships. As Bachelor and Hovarth

write: 'To develop an effective therapeutic relationship, sensitivity to clients' differential phenomenological worlds as well as to relational needs and expectations seems important. Attitudes or interventions such as warmth, support, self-disclosure, deeper exploration, and so on appear to be highly beneficial to some clients, but more of less inconsequential to others, whereas still others may react adversely to such responses' (1999, pp.146-7).

In fact, from the meta-analytical data, there is only one set of factors that seems more central to the successfulness of therapy than the therapeutic relationship, and that is the kinds of qualities that the client brings in to the therapeutic relationship, and also the events and circumstances that they experience during it (Asay and Lambert, 1999). This, again, is entirely consistent with an existential understanding of the therapeutic process, which is one of the few therapeutic approaches to consider the client in the context of his or her lived-world, and to also consider the client and his or her resources as the primary source of therapeutic change. Indeed, the kind of client variables that have been associated with positive therapeutic outcome – such as willingness to participate and engage in therapy, ability to collaborate, openness, willingness to self-explore, expressiveness, internal locus of control, and lack of hostility to out-groups (Gonzales, 2002) – are all the kinds of qualities that existential therapists would consider essential to a constructive therapeutic experience (see, for instance, van Deurzen's list of appropriate client criteria in van Deurzen, 2002).

### **Existential Rejection of Mainstream Psychotherapy Research**

There is every reason to assume, then, that the results obtained from outcome, process-outcome and comparative studies would show the existential approaches to therapy in a relatively positive light. Nevertheless, existential therapists have tended to steer clear of undertaking – or even engaging with – such positivistic, nomothetic and primarily quantitative research; and whilst this is partly for practical reasons – existential schools of therapy have never been of the size or income to generate large scale, quantitative research projects – it is also for some more fundamental, philosophical reasons. Indeed, to a large extent, existential thinking emerged precisely as a reaction to the kinds of assumptions implicitly held within such empirical research - see Slife's (2004) excellent critique of the naturalistic assumptions underlying mainstream psychotherapy research. First is the assumption that human lived-existence can be reduced down to a series of numerical and statistical essences: that it is really meaningful to talk about human existence in terms of ratings on a scale or levels of significance. Second, that human beings and the change processes that they may go through during therapy can be

understood in terms of causal laws: that when condition ‘a’ is in place or when intervention ‘b’ is implemented, that this will lead to outcome ‘c’. Third, and closely related to this, that the dynamic complexity of human being-in-the-world and human change can be understood in terms of a series of linear, uni-directional relationships. Fourth, that a researcher can in some way stand outside of the complexity of human relationships, and study the behaviour of others in an objective, detached, value-free way. Fifth, and perhaps most significantly, that unique, individual human existences can be understood in terms of generic and universal laws and processes.

In terms of therapeutic practice, the rejection of this final hypothesis is of particular importance. If, from an existential standpoint, it is simply not possible to generalise from one individual to another, then what possible value can conducting – or engaging with – empirical research have? Erwin (1999) refers to this as the ‘idiographic problem’. If, for instance, we understand Mr X as uniquely and purely Mr X, and we want to focus on Mr X exactly as he is, then there is little value in knowing that, on average, Ms Y and Mr Z tended to act or respond in a particular way. Indeed, from a phenomenological standpoint, with its emphasis on bracketing and un-knowing (Spinelli, 1989), we could argue that the knowledge of how Ms Y or Mr Z responded to a particular type of therapeutic ‘stimuli’ is only likely to prejudice our encounter with Mr X: that rather than meeting him as the unique individual that he is, we start to assume that he is likely to respond as other people have. From this standpoint, then, empirical research could not only be considered irrelevant to our therapeutic practice, but positively counter-therapeutic: something that we need to put to one side in order that we can meet our clients in the uniqueness and wholeness of their being-in-the-world.

To make matters worse, not only is most empirical work in the therapeutic field imbued with certain assumptions, but it has a strong tendency to present those assumptions as reified, given ‘truths’. In Heideggerian (1962) terms, this would seem to be the essence of an inauthentic standpoint. Heidegger writes:

*When tradition... becomes master, it does so in such a way that what it ‘transmits’ is made so inaccessible, proximally and for the most part, that it rather becomes concealed. Tradition takes what has come down to us and delivers it over to self-evidence; it blocks our access to those primordial ‘sources’ from which the categories and concepts handed down to us have been in part quite genuinely draws. Indeed, it makes us forget that they have had such an origin, and makes us suppose that the necessity of going back to these sources is something which we need not even understand.*

(1962, p.43)

Within the field of mainstream psychotherapeutic research, for instance, there is little reflection on the question of what actually constitutes psychological well-being. Rather, once measures such as CORE (Barkham, Margison, Leach, Lucock, Mellor-Clark, Evans, Benson, Connell, Audin and McGrath, 2001) are shown to correspond with other purported measures of ‘psychological well-being’ (such as DSM-IV diagnoses) – and to be reliable – it is simply assumed that they can then be used to assess the ‘successfulness’ of different therapeutic interventions and procedures. The world of empirical therapeutic research, then, is like a self-referential network of meanings and signifiers, that fails to acknowledge the groundlessness of its assumptions.

## The Challenge of Psychotherapy Research

Does this mean, then, that, as existential therapists, we should turn our backs on the field of psychotherapy and counselling research – particularly in its more quantitative, nomothetic variety – and instead concentrate on encountering our clients in their un-generalisable uniqueness? Perhaps, if this were possible, we should; but it is essential to remember that, from a Heideggerian (1962) perspective, we are *always* fallen in to a particular world of social understandings and interpretations. This means that it is never possible for us to encounter our clients from a neutral, un-tainted perspective. Rather, the moment we meet our clients, and no doubt for some time before that, we will have certain assumptions about what our role is, what kind of person the client is, and what may be of value to them. So, for instance, we might assume that our role is to help clients ‘describe, clarify and unravel their relationship to the world in all its different dimensions, and to make the most of their particular way of being’ (van Deurzen-Smith, 1997), or to explore their realms of encounter (Spinelli, 1994); and that these processes may in some way be of benefit to them. However we encounter our clients, then, it will always be through particular assumptions and beliefs; and to assume that we, as existential practitioners, come from a more neutral and un-biased position than those who draw their assumptions from empirical research would be as inauthentic as an un-reflective naturalistic standpoint. Indeed, to the extent that our assumptions are grounded in our own experiences and the experiences of those we have learned from – such as supervisors or authors in the field – we are equally drawing on empirical material as the basis for our therapeutic work.

From this standpoint, then, the value of psychotherapy and counselling research for existential therapists may be less in terms of what it teaches us about therapy, and more in terms of how it can *challenge* our assumptions and beliefs about the nature of therapy. As an example: with respect to self-disclosure, I have tended to assume, like Ernesto Spinelli (2001), that

*'it is when the focus of attention is upon the third interrelational realm (the we-focused level) [i.e., the immediate encounter] that the psychotherapist's disclosures may be both appropriate and beneficial to the client'* (2001, p.34). A few months ago, however, I came across a paper by Sarah Knox and colleagues in which thirteen adult psychotherapy clients were asked to describe a therapist self-disclosure that they had found particularly helpful (Knox, Hess, Petersen and Hill, 1997). Of surprise to the researchers and myself, all thirteen clients described an episode in which the therapist had disclosed information that was not related to the immediate therapeutic encounter: such as the fact that they had a young son, that their experience of 'coming out' had affected their relationship with their family, or that they had tried street drugs. This finding is by no means conclusive, and it certainly did not motivate me to radically change my practice, but it did encourage me to question my assumption that I should always withhold non-immediate personal information from the therapeutic relationship. In this way, then, the empirical research served to open me up more fully to my clients and the uniqueness of each therapeutic relationship, rather than closing me down along fixed lines of therapeutic practice.

Another example: like van Deurzen (1997), I have tended to assume that one of the values of therapy is that it can help clients to face up to the reality of their situation and to 'wake up' from self-deception. Within the psychological literature, however, there is a growing body of evidence to suggest that most 'well-adjusted' people tend to perceive their world with a certain degree of illusion, distortion and self-deception (Baumeister, 1991), and that those who adopt an unrealistically optimistic outlook on life can often fare better than those who face up to the brute reality of their situation (Armor and Taylor, 1998). Indeed, a recent meta-analysis suggest that the client's optimism for the future and their belief that therapy will help them is an important factor in the successfulness of therapy, accounting for approximately 15% of the variance in outcome (Snyder, Michael and Cheavens, 1999). Again, then, whilst I am aware that such findings are by no means the 'last word' on the matter, they invite me to reconsider the way I practice. Is it always best to simply sit with clients in their hopelessness and dread? Do I need to take a more proactive stance, as some therapists might do (e.g. Frankl, 1986)? As of yet, I am not convinced, but an engagement with the empirical research has stimulated me to question and reconsider my stance.

Furthermore, there may be reasons why empirical research is a particularly valuable source of challenge to existential therapists. First and foremost, much of it provides a vehicle through which the client's experience of therapy can be expressed: albeit in a heavily distorted and restricted format. This, then, can challenge our assumptions about what it is like to experience therapy from the other side of the consulting room: how it is to be with a therapist (e.g. Maluccio, 1979; Rodgers, 2002), what

clients may find helpful and hindering in the therapeutic process (e.g. Lietaer, 1992; Paulson, Everall and Janice, 2001), what kinds of qualities clients may value in a therapist (e.g. Lorr, 1965), and even the kinds of things that may go through the heads of clients in between sessions (Heppner, Rosenberg and Hedgespeth, 1992). A study by Robert Elliott and colleagues, for instance, found that ‘interpretations’ were rated by clients as the most helpful type of therapist response, where interpretations were defined as responses ‘intended to explain the client to him- or herself by means of new information such as descriptions of cause-effect relationships and labels that might apply to the client’ (Elliott, Barker, Caskey and Pistrang, 1982, p.356). Such a finding undoubtedly sits uneasily with many existential therapists, but it does challenge us to question whether a descriptive, phenomenological approach to therapy is always the most appropriate.

Hearing the voices of clients in this way may be of particular value to existential therapists, given that our approach to practice is derived from some relatively abstract, theoretical assertions. Empirical research brings us down from our Sartrean or Heideggerian heights, and invites us to engage with clients’ experiences of therapy in the terms in which clients actually experience it. Whilst we may conceptualise our practice in such abstract terms as ‘nothingness’, ‘temporality’ and ‘being-in-the-world’, then, an engagement with the empirical literature reminds us that clients may be more concerned with such concrete realities as ‘not being listened to’ by their therapist (Paulson et al., 2001). Of course, from a Heideggerian (1962) perspective, we should not be taking such findings at face value: construed, as they are, within the discourse of everyday existence. But neither would it be consistent with an existential outlook – at least, in its more democratic manifestations – to simply dismiss these findings on the grounds that they are the voice of ‘the One’. Rather, such findings afford us the opportunity to enter into dialogue with public perceptions and experiences of therapy, to challenge and to be challenged, and to bring existential philosophy back to the concreteness of everyday existence from which it emerged. As Polkinghorne argues, then, the empirical literature can provide us with ‘vicarious therapeutic experiences’ (1999), through which our understanding of how clients may experience the therapeutic relationship – or, rather, how they may *not* experience the therapeutic relationship – is broadened and diversified.

## Conclusions

This paper has argued that an engagement with mainstream psychotherapy research can be of substantial value to existential therapists, and that the two fields are by no means mutually exclusive or inherently antagonistic. Furthermore, whilst, in terms of the future, there would be great benefit in

existential therapists developing those forms of empirical enquiry that are consistent with an existential-phenomenological outlook, I believe it is also important for us to develop an existential *attitude* towards psychotherapy research of all persuasions. Such an attitude, I would argue, is one that sees empirical research as a source of challenge and de-sedimentation – ‘Viagra for the brain’, as Stephen Goss (2003) recently described it – rather than one that looks on research as consecutive approximations towards a truth or as a search for enduring and unalterable facts. It is also one that maintains a sceptical and questioning attitude towards research – a willingness to seek out the assumptions and biases behind the empirical findings and methodologies – but one that is not so sceptical as to be entirely closed to the voices and methodologies contained within. Indeed, I would argue here that an attitude of scepticism, questioning and doubt is exactly the one through which we may be able to carry out our own process-outcome and comparative research, without feeling that we are compromising the very principles on which our approach is based. In Daseinsanalytic terms (Boss, 1963), perhaps such an attitude could best be described as an openness to all that is: a willingness to respect, engage and dialogue with a plethora of perspectives and methodologies – a humility in the face of Otherness – whilst at the same time remaining open to one’s own beliefs and values. Such a standpoint, I believe, can not only lead to existential therapists becoming more flexible, adaptive and open practitioners, but to the field of existential therapy taking a more central role in the world of psychotherapeutic and counselling research.

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