

# UNDERSTANDING CLIENT DISTRESS FROM A DIALOGICAL PERSPECTIVE

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Supplementary material for *Existential Therapies: Contributions to a pluralistic practice* (Sage, 2014), Chapter 2.

Chapter 2 has primarily discussed the I-Thou, dialogical stance as a means by which therapists can deepen their engagement with clients. However, within the existential literature (Trüb, 1964) it has also been used as a way of understanding how clients can come to experience psychological distress. From this perspective, human beings have a basic need to relate to others in open, dialogical, reciprocal ways. They need encounter (Mearns & Cooper, 2005): to interact and engage with the people around them and their communities. This, it is argued, is an innate human propensity: one that can be witnessed in infants from the earliest ages (Trevarthen, 1998). However, if these experiences of early relating are painful or traumatic, it is suggested that people may come to 'close down' and 'disconnect' from others (Jordan, 2004). That is, they withdraw from the world into a 'central citadel' of the self (Laing, 1965, p. 77), 'pull up the drawbridge', and relate to others in a distanced and I-It way. The person may now feel safer but, from this perspective, they are also cut off from the 'divine spark which only true communication from existence to existence can bring forth' (May, 1983, p. 158). Without connection to others and their communities, they fall into isolation, loneliness and mental health difficulties; and are unable to thrive (see below).

This understanding of psychological distress shares many parallels with other psychotherapeutic models. In psychodynamic theory, for instance, it is hypothesised that people can develop problems because they project 'feelings, drives, attitudes, fantasies, and defences' onto others, 'which do not befit that person but are a repetition of reactions originating in early childhood' (Greenson, 1967, p. 155). In other words, they do not experience the actual others around them, but their own fantasised projections of who those others are. Similarly, in CBT theory, it is argued that people may experience problems because they relate to others through fixed and inflexible *cognitive schema*, which distort their conceptualisations of others (Beck, John, Shaw, & Emery, 1979). And in Interpersonal Psychotherapy (Stuart & Robertson, 2003), it is hypothesised that people's psychological difficulties are attributable to problems in interpersonal relating.

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