

REVIEW ARTICLE

# Existential perspectives and cognitive behavioral therapy

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## Abstract

Classical CBT has its limitation related especially to existential questions, such as meaning of life, acceptance of unchangeable aspects, meaning of values, transcendence, significance of experiences, and heading into the future.

The method is a speculative review. It is a theoretical article, with discussion of concepts and possibilities for integration, rather than an analysis. The review includes arguments and deductions from relevant authors' monographs of the second and third wave in CBT movement and the key relevant information from important existential psychotherapy authors monographs. Additional literature review was performed using the National Library of Medicine PubMed database, Scopus and Web of Science of relevant articles up to July 2011. Databases were searched for articles containing the combinations of keywords: cognitive behavioral therapy, existential therapy, dialectical behavioral therapy, acceptance and commitment therapy, schema therapy, mindfulness, narrative, therapeutical strategies, experiential methods.

We discuss conceptual aspects related both to existential psychotherapy and CBT, and recognize overlaps and differences. Both existential psychotherapy and CBT strongly accent the central role of the subjective meaning, phenomenology, rationality, training of coping skills, the importance of immediate emotional experience in assisting clients to accept all aspects of experience, as more important than exploration of the unconscious. In addition, the existential psychotherapy more emphasizes transcendence of the man, responsibility, acceptance, and the motivation of the man to achieve the subjective sense of life. An integration of existential views to the CBT approach could notably enrich the treatment of the clients.

Many approaches deriving from existential psychotherapy could supplement pragmatic CBT approaches with philosophical extension.

## INTRODUCTION

Strategies of the existential psychotherapy, the different psychotherapeutic approach from the conventional point of view, might produce significant enrichment to the CBT process. How can this happen? Originally existential psychotherapy didn't want either replace or surmount other psychotherapeutic approaches, but wanted to supplement them with themes of existence, which are characteristic for the man, mainly free and responsible reflection of himself (Frankl 1994). Both existential psychotherapy and CBT strongly accent the central role of the subjective meaning. Individual is conceived of as having the freedom to choose who he/she wants to be. Based on this belief, it places a primary emphasis on self-actualization, rationality, will, decision making, and responsibility (May 1967; Beck 1976). Both the existential psychotherapy and CBT are based on the phenomenological approach to man and they both work mostly with verbal processes not interpretations. But there are also some different topics in both approaches. Existential therapy is based on existential "analysis of ordinary day". According to Jean-Paul Sartre life is meaningless unless a person makes personal commitments that give it meaning; personal decisions and choices are crucial (Sartre 1964). This approach stresses transcendence of the man, the motivation of the man to achieve the subjective sense of life. While CBT stresses the actual thoughts, emotions, somatic reactions and behaviors and search, how these experiences were learned in the past and are maintained at present, the existential psychotherapy emphasizes the overlap to future. In case of depression, from CBT point of view, negative automatic thoughts, negative intrusive imagery, a lack of positive thoughts and images, and negative interpretation bias serve both independently and interactively to maintain depressed mood (Coyne & Gotlib 1983; Holmes *et al* 2009). But already at time, when Aaron T. Beck postulated cognitive triad in depression, one part of this triad was negative view on the future – the sense of future is lost (Beck 1976; Beck *et al* 1979). Therefore depression is associated with vivid images focused on death and suicide (Gregory *et al* 2010). Loss of the sense of the life and negative view on the future in depression are typical existential problems (Yalom 1980). But typical existential problems were not the usual focus of the traditional approaches of cognitive therapy, and the future was a direct focus of cognitive strategies only during the last relaps prevention period of the therapy (Fava *et al* 1998). Last fifteen years the view of the change process in therapy has transformed, especially the therapy with difficult clients (e.g. clients with personality disorders) (Beck 1997; Leahy & Holland 2000; Leahy 2002; Segal *et al* 2002; Hayes 2002; Young *et al* 2003). Especially in third wave in CBT "neohumanistic" approaches came into the center of theoretical developments – experience is central, people are greater than the sum of their parts, people are capable of self-determination, a growth

tendency exists in all clients, and therapists need to be authentic and present with their clients (Lazarus 1991; Young 1994; Hayes 2004). The concepts of humanistic existentialism have discreetly but gradually entered the practice of CBT.

Existential psychotherapy stems originally from the existential movement in philosophy (Sartre 1964; Kierkegaard 1948). It is concerned with clients' ways of dealing with the fundamental issues of human existence – the meaning and purpose of life, isolation, freedom, and the inevitability of death (Frankl 1994; May 1967; Binswanger 1963; Yalom 1980; Boss 2002). In this method of treatment, increased awareness of the self is more important than exploration of the unconscious. CBT emphasizes the same aspects. An account of existential psychotherapy has been written by Yalom (1980). Existential therapists confront the client during the discussion with his/her experiencing of life. Major goals are to help the people to:

- take responsibility for their own existence in the world;
- be independent and autonomous;
- assert knowledgeable intention;
- make ethical decisions;
- manage anxiety as normal and unavoidable aspect of human life;
- get engaged and become participants with others;
- share affectionate relations.

Similarity of CBT and existential therapy can be seen in several approaches:

- using phenomenological approach;
- using here and now approach;
- rationality;
- not working with unconscious;
- training of coping skills;
- preparing for future;
- using experiential techniques;

Existentialism divides the reality into two fundamental forms: being-in-itself which consists of non-human forms and animals, and being-for itself, which consists of human, transcendent consciousness (Yalom 1980). CBT stresses both these forms; there are many biological processes, which we acknowledge and use in understanding the clients and in the treatment (like conditioning), but also very individualistic, subjective view on the self, other and world (Beck *et al* 1985). Existentialism put great emphasis on the concept of conscious choice and includes the ideas of human consciousness and intentionality, freedom, responsibility, authenticity, and engagement. In the therapy CBT also stresses the conscious choice, consciousness, intentionality, freedom, but does not speak so much about responsibility, authenticity and engagement because these factors depend on conscious choice. Each client is original and unique and appropriate therapist can use any of CBT techniques to construct a specific approach

for an individual. In existential therapy the state of consciousness is always defined in relation to the external world. Being-in-world, a key principle, is especially to the practice of therapy; it stresses that people exist only in the context of the world and others (Binswanger 1963). In therapy setting, an individual's personal myth intentionality in the world, and authentic self, as they are seen by others, can be presented, verified, and accepted.

Many ideas of the third wave of CBT came from existential therapy, gestalt therapy, and person-centered approach, but they were brought up to date with cognitive-behavioral framework and contemporary psychological thinking (Hayes & Feldman 2004). A human being who lives his/her particular personal life is not only the one among many, but a unique individual. By distinguishing himself/herself from all other people he/she stands also in contrast to them. At the same time his/her life is an operation that entails a continuous being in time, but also a similarly continuous becoming (Beskow & Miro 2004). The core schemas, developed in childhood or adolescence, are the basic assumption about self, others and world (Beck 1976). The schemas are discovered during the therapy and it is client's freedom choice, if he/she wants to change these views or not. Existentialists have paid particular attention to coping skills deficits. They refer to this problem as "not becoming-in-the world". There is the problem of the distorted self, which grows up from the crisis in self-actualization. The self-actualization process is the continuing struggle to overcome a skills deficit. Decision making means taking responsibility for one's being-in-the-world (Binswanger 1963). The individual is expected to accept his/her role in forming his/her own destination, to decide if he/she prefers rationality to irrationality, freedom to dependence, health to disorder etc. CBT in general agrees with the existential perspective and maintains. CBT wants clients to be able to respond, and encourages this by developing enhanced coping responses to facilitate freedom. Without adequate skill development, CBT believes, clients will not be free to shape their own destiny. Self-actualization is strongly emphasized, and it is accomplished by broadened skill acquisition.

This becoming is due to the fact that the person is continually drawn into miscellaneous situations that cannot be repressed or disregarded, but which must be attended to. For this reason the human being faces the future and is influenced by it (Yalom 1980). Out of this forward looking attitude, conditioned by our living conditions, arise both our need to change and our capacity for change. The past, present and future are integrated into the reality of every human being (Binswanger 1963). However, it is only the present that changes taking place (May 1977; Kabat-Zinn 1982, 1990; Roemer & Orsillo 2005). That which is changed is retrieved from the past, but is of significance for the future (Beskow & Miro 2004).

## CONSTRUCTING NARRATIVES – FROM THE PAST TO THE FUTURE

If the human being's natural way of organizing personal experiences is to construct narratives about his life, then it seems natural that these narratives are also what let us develop a perception of who we are and what we want in the future. Narrative has been characterized by the way individuals use language connected to various psychological processes, such as memory, emotion, perception, and meanings (Angus & McLeod 2004; Goncalves *et al* 2004). Being-for-itself in existential perspective is strongly influenced by personal story. The client's story has developed from the experiences he/she had in childhood, parents' and teacher's stories and also from the interaction in the actual context and the anticipation of future tasks and events. A central claim of narrative therapy is that we "narrate" our lives: that we form narratives of the past and future and that these do not only describe our lives but might also influence our lives (Rhodes & Jakes 2000). Thus we develop a personal identity through our own life story (Beskow & Miro 2004). This identity deals with main issues of human existence, like self-actualization, freedom, responsibility, the sense of life, inevitability of death. According to the cognitive behavioral theory, the social and interpersonal experiences have strong impact on clients' perception of themselves (self schemas), others (schemas about others) and the world (schemas about world) and have a strong impact on the character of their experiences, their human features, and their anticipation of the future. Our clients make reality their original way, their stories are sincerely subjective and sometimes difficult to understand for others, however during the therapy therapists are able to disclose, which way the subjective stories were build and why the exact experience and behavior had come. Both cognitive behavioural therapy and existential therapy stress the subjective aspect of experience. According to the cognitive behavioral theory, the cognition (subjective thoughts, rules, assumptions) have the main impact on the consequent emotions and behavior. These cognitions are formed according to the experienced life stories. According to this model an individual's personal identity reflected the individual's personal life story and grows up during the interaction with the events. The relatively few events that are selected, as well as the subjective meanings, intentions, wishes, and motives fuse together with the intrigue. What is selected and how the selective material is subjectively interpreted are also influenced by the anticipated future and individual's sense of the experience. The latter develops through the subjective reconstruction of his/her actions and interlocks them together in a narrative structure. The personal life story is thus a selective synthesis (Beskow & Miro 2004). Narrative thinking and storytelling may therefore be understood as a primary self-organizing activity in humans. Even in the absence of others

around, we learn about ourselves by imaginative listening to our own thoughts through the ears of the other (Prasko *et al* 2010). Story is one of the most potent containers for meaning (Gold 2007). Narrative – a form of personal storytelling – represents a fundamental mode of thought, a way of “ordering experience” and “constructing reality.” Narrative gives meaning to personal experiences, and through narrative the speaker discloses personal forms of thought and feeling. Narrative also allows the individual to construct order from the disorder and chaos that sometimes plague our daily lives and to come along with a problematic experience” (Jackson 2002). But narrative renderings are not simply free-flowing, disconnected and largely incoherent ramblings. Rather, they tend to be shaped by detailed, cultural, and often context-specific cognitive schemas, interpretative processes, integral to the constructive nature of cognition, which mediate our understanding of the world (Garro & Mattingly 2000) and future. When working with clients, therapists are thinking about the interactions between stories, which clients experienced in their personal lives and about stories that circulate in the context of their local culture and also in the context of rules and assumptions of the social system. A big part of our narrative is also influenced by our anticipation of the future. Narratives are conceived as the basic instruments for meaning making. Schemas are involved in conveying the specifics of a given story but also supply the narrative structures that characterize stories more generally.

## NEW PERSPECTIVES IN VIEW ON EMOTIONS

Conservative cognitive behavioral case conceptualizations have historically underplayed the importance of emotion variables. The subjective nature of emotional experience was an inconvenient matter of study for former behaviorists (Pritchard 1976). Skinner (1953) states that “emotions are excellent examples of the fictional causes to which we commonly attribute behavior” (p.160). Traditional cognitive therapy (Beck *et al* 1985) has affiliated emotions as a by-product of cognition. Also practice in traditional CBT treatments were characterized by less emotional activation within session (Goldfried *et al* 1997). In last 25 years affects and emotions have been increasingly brought to the prominence in cognitive behavioral theory. Foa and Kozak (1986), in their crucial article on emotional processing, enlarge the cognitive-behavioral definition of emotions, conveying the importance of evocating emotional arousal and its associated meanings while exposing feared stimuli. This view accentuates the significance of emotional experience but did not explicitly discuss functional aspects of emotions. Barlow (2002) has developed a view on mood and anxiety disorders that is established on emotion theory. He shows that these disorders are primarily emotional disorders and, as such, involve problem in emotional processes, not

limited solely to anxiety of fear. Friman, Hayes and Wilson (1998) emphasize that emotions as concepts need to be studied as they are basic to the experience of man but, according to a modern CBT framework, need to be understood as they relate to our actions to control, master, or accentuate these internal events rather than as stimulating entities in themselves. Leahy (2002) found that both anxiety and depression were associated with evaluating one’s emotions more different than others’ emotions, as uncontrollable, incomprehensible, and characterized by guilt. Williams *et al* (1997) have extended the construct of anxiety sensitivity (see Taylor 1999) to address not only fear of anxiety but also a more general drift to fear of other emotions (including fear of anger, sadness, and also positive emotions). Fear of negative emotions was significantly associated with severity of generalized anxiety disorder, controlling the degree of worry (Roemer & Orsillo 2005). Acceptance of emotions is one of the first steps on the way of change in modern CBT (Prasko *et al* 2009; Prasko *et al* 2010). One of the most important functions of narrative storytelling in the therapy is to regulate emotional storm by putting feelings into words and incorporating them in a coherent story. If this fails to function, the result is that overwhelming feeling burden the individual’s cognitive capacity (Beskow & Miro 2004). In a calmer situation client has better access to experiences that help him construct a more balanced and fair narrative. Acceptance of emotional experience as an integral aspect of living is also inherent in the tradition of existential approaches (May 1977; Yalom 1980). In existential therapy, individuals are conflicted with the knowledge of death, isolation, freedom, and meaninglessness (Watson *et al* 1998). Yalom (1980) emphasized the importance of immediate emotional experience, especially within the therapeutic context, in assisting clients to accept all aspects of experience and to create meaning, even in the confrontation with uncertainty. Health is seen as the ability to accept the anxiety that accompanies the knowledge of these negative forces and not to resort, trying to suppress, ignore, or control the reality of the definitiveness of experience. The same view is elaborated in CBT. One of the most powerful CBT strategies is confrontation with catastrophic scenario, especially in people with health anxiety (Praško *et al* 2010).

Experiential approaches in psychotherapy have historically been used in humanistic, gestalt, and existential therapeutic schools. The role of emotions figures prominently in the original theories of these schools. Carl Rogers’s *client-centered approach* was based on the primary focus on the phenomenological experience of the person. Rogers presumed dysfunction to originate from an inability to be aware of all aspects of experiences, particularly those that have growth potential (Rogers 1959). An important part of this awareness is the acceptance of a full range of potential emotions that may be involved in that experience. Rogers argued

that clients change during the therapy is a function of their ability to become more aware of the emotional reactions in their experience and to accept them and to understand their importance in engaging in experiences congruent with their needs. *Gestalt therapy* traditionally has also explicitly focused on emotional processes in its approach to therapeutic change (Perls 1973). Awareness is the centerpiece of Gestalt practice and is explicitly assumed to be both necessary and sufficient to bring about change. Exercises are used to generate a focus upon the present moment experience of sensation, feelings, needs, and motor behavior. Treatment is holistic and the treatment goal is to broaden and deepen awareness on multiple levels – affective, cognitive, and physiological – to the point that the client can no longer evade who she/he is as an individual. At that point change supposedly occurs automatically. From this awareness of experience, clients are able to create meaning of this experience, become more active in determining where they would like these experiences to progress toward, and become more tolerant when unable to realize those goals. Insight into what is impeding their ability to gain this awareness and action related to their emotions occurs through a process of discovery rather than interpretation (Watson *et al* 1998). Gestalt also believes in practicing new behaviors, which is why it emphasizes experiments.

Several recent cognitive and behavioral approaches have begun to emphasize emotional phenomena (Linehan 1993a; Segal *et al* 2002; Leahy 2001; Hayes 2002; Prasko *et al* 2009). They share a focus on the allowance of emotional experiences, even those that are negative or painful. DBT (Linehan 1993b), ACT (Hayes *et al* 1999) and MBCT (Segal *et al* 2002) are some of most popular acceptance – based approaches.

Linehan (1993b) in *dialectical behavioral therapy* (DBT) was one of the first therapists who integrate a functional perspective on emotions into a cognitive behavioral treatment package. DBT incorporates a functional emotional approach involving both acceptance elements that illustrate the adaptive importance of emotions and change elements that highlights the importance of emotional management (Linehan 1993a). An acceptance view on emotions is also reflected in the mindfulness component, the distress tolerance component and the interpersonal component of DBT.

*Acceptance and commitment therapy* (ACT) is born from the behavioral school of therapy (Hayes *et al* 1999; Hayes 2004). ACT is part of the CBT tradition, although it has notable differences from traditional CBT. Theoretically ACT is based on relation frame theory, which offers an account of how language creates pain, how to deal with it, and alternative contextual approaches to these domains. The core conception of ACT is that psychological suffering is usually caused by experiential avoidance, cognitive entanglement, and resulting in psychological rigidity that leads to a failure to take needed behavioral steps in accord with core

values. Based on relational frame theory, ACT illuminates the ways that language entangles clients into futile attempts to wage war against their own inner lives. It is a unique psychotherapeutic approach that uses acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility. Psychological flexibility can be defined simply as “the ability to be present, open up, and do what matters.” Through experiential exercises, metaphor, and logical paradox clients learn how to make healthy contact with physical sensations, feelings, thoughts, memories and sensations that have been avoided and feared. ACT differs from traditional CBT in that rather than trying to teach people to better control their thoughts, feelings, sensations, memories, ACT teaches them to “just notice,” accept, and embrace their private events, especially previously unwanted ones. ACT is an example of the third wave behavior therapy that saves direct change strategies for overt behaviors and utilizes contextual and experiential methods such as mindfulness and acceptance to address cognitive process that hinder and limit overt behavioral change. ACT is developed within a pragmatic philosophy called functional contextualism. ACT seeks to undermine the literal grip of language (relational framing) that fosters experiential avoidance, cognitive fusion, and behavioral inflexibility, through the application of six core psychological techniques, which are overlapping and interconnected.

1. Acceptance: Allowing clients to come and go without struggling with them.
2. Cognitive defusion: Learning methods to reduce the tendency to reify thoughts, images, emotions, and memories. Cognitive defusion techniques attempt to alter the undesirable functions of thoughts and other private events, rather than trying to alter their form, frequency or situational sensitivity, ACT attempts to change the way one interacts with or relates to thoughts by creating contexts in which their unhelpful functions are diminished. For example, a negative thought could be watched dispassionately, repeated out loudly until only its sound remains, or treated as an externally observed event by giving it a shape, size, color, speed, or form.
3. Contact with the present moment: Awareness of the “here and now”, experienced with openness, interest, and receptiveness.
4. Observing the self as a context: Accessing a transcendent sense of self, a continuity of consciousness which is unchanging.
5. Values clarification: Discovering the most important principles for one’s true self.
6. Commitment to behavior change: Setting goals according to values and carrying them out responsibly.

Opening up is the potency to detach from thoughts (defusion) and accepting, or making space for and

withdrawing the battle with painful sensations, feelings, urges, etc. Acceptance is the capability to allow what it is to be as it is instead of avoiding or struggle it. If someone thinks: "I'm a bad person," they might be instructed to say, "I am having the thought that I'm a bad person." This strategy separates the client from his/her cognition, thereby withdrawing it of its negative influence. When someone is experiencing unpleasant emotions, like anxiety for example, they might be instructed to open up, breath into, or make space for the physical experience of anxiety and allow it to remain there, just as it is, without exacerbating or minimizing it. To be open to negative emotions is the very existential approach to cope with them.

Very important strategy is values clarification. Clients, who are fused with their thoughts and tend to battle with or avoid painful emotions, often struggle with choosing purposeful and values-guided action. Through mindful liberation from such struggle they find acting congruently with their values to be quite natural and fulfilling. ACT aims to help the individual to clarify their personal values and to take action on them, bringing more vitality and meaning to their life in the process, increasing their psychological flexibility. Valuing as a choice clarifies what the client values for his grounds: What gives my life meaning? The goal is to help clients understand the distinction between a value and a goal, choose and declare their values, and set behavioral tasks linked to these values. Various exercises are employed to help identify chosen values, which act like a compass from which to direct intentional and effective behavior. Homework can be especially useful because it allows the client to utilize these principles in situations that cannot be created in the therapy sessions, such as public situation for someone who struggles with anxiety.

The use of *mindfulness* in psychotherapeutic interventions has grown significantly in the last 20 years and it is applied to a variety of different client groups (Bedard *et al* 2003; Grossman *et al* 2004), as well being integrated into specific models such as Mindfulness-Based Stress Reduction (MBSR). Mindfulness meditation, the disciplined practice of bringing mindful awareness to moment-to-moment experience, has been at the core of all of the major streams of Buddhist practice and scholarship for centuries (Goldstein 2002). Buddha stated that mere belief and rational reasoning were not sufficient to mitigate suffering. He proposed mindfulness as a "direct way" to confront suffering by transcending it. He called for accepting what one has analyzed by direct and immediate experience only. Mindfulness can be described as: (1) the capacity to dispassionately observe the present moment, through (2) a stance of non-judgmental and accepting openness (Kohls *et al* 2009, Wallace & Shapiro 2006). Being present means being in directed contact with the present moment, rather than drifting off into automatic pilot, and getting in touch with the observing self, the part that is aware of, but separate from the thinking self.

However, mindfulness is also considered to be a capacity inherent to humans independent of any affiliation with Buddhism (Kabat-Zinn 2003) and has recently been the focus of psychological practice, theoretical discourse, and research in Western psychology. Mindfulness could be applied to help manage psychiatric symptoms (Rapgay *et al* 2011). Mindfulness as a clinical and nonclinical therapeutic approach for a variety of problems has recently received a considerable amount of interest (Baer & Krietemeyer 2006). Probably the best known and evaluated mindfulness-based treatment is the Mindfulness-Based Stress Reduction (MBSR) that is used in many clinical settings in the US and Canada and evermore, in Europe (Didona 2008). MBSR program is a meditation training course developed by Dr. Kabat-Zinn and colleagues at the University of Massachusetts Medical School (Kabat-Zin 1982). "Mindfulness" is defined as moment-to-moment nonjudgmental attention and awareness actively cultivated and developed through meditation (Kabat-Zin 2003). Mindfulness interventions have also been incorporated into a number of cognitive-behavioral treatments mentioned above including DBT (Linehan 1993b), ACT (Hayes *et al* 1999; Hayes 2004) and MBCT (Segal *et al* 2002). These and other secular mindfulness-based interventions have been shown in some studies to effectively reduce psychological and physiological reactivity to a variety of stressful life situations and chronic illnesses (Brantley 2005; Carlson *et al* 2003; Kabat-Zinn 2003), treat anxiety (Roemer & Orsillo 2007), decrease recurrence of depressive episodes (Ma & Teasdale 2004; Segal *et al* 2002) and substance abuse relapse in adults (Bowen *et al* 2006, 2007), although more rigorous study designs and replication are needed to reach firm conclusions regarding their benefit. Overall, the empirical evidence regarding the outcomes of these interventions demonstrates the potential benefit of using them to break cycles of automatic behavior and cognitions in order to treat people suffering from a variety of disorders with a high likelihood of relapse (e.g., anxiety disorder, and substance abuse).

## THERAPEUTIC RELATION

From the existential point of view Binswanger (1963) refers to caring as the essential quality that characterized man and his relationships. In the therapy the experience of openness and trust must be present. Client must perceive the therapist as interested, concerned, and caring. The primary concern of both client and therapist is with the relationship itself. This can facilitate and intense experience of intimacy and closeness, which may result in unusual openness and alleviation of interpersonal anxieties (Basescu 1972). The therapist is a guide for the patient, encouraging and goading him to his own searching and behavior. The patient keeps his freedom in decision making. The therapist is expert on general, the patient on his own individual experi-

ence. The same principal stands in CBT. In Existential therapy the therapist is helping the patient to find the meaning. The meaning cannot be given, it must be found. The personal meaning is individual and is in accordance with the personality of the man. In search of the meaning the individual is guided by the conscience, that Frankl (1994) defines as an ability to perceive the meaningful shapes in concrete life situations.

Meador and Rogers (1973) advocated genuineness in addition to warm, empathic regard and nonjudgmental acceptance. By “genuineness” they meant direct expression to the client about how the therapist was reacting to him/her. Such reactions can provide useful feedback about how others may also respond to the client. Among the chief advocates of direct self-expression are existential therapists who tend to believe that direct emotional encounters between client and therapist are healing (Havens 1974). Yalom (1980) provided a series of anecdotes demonstrating that therapists believed their clients changed because the therapists were willing to encounter them in the real and human way. In Haven’s view (Havens 1974) of existential psychotherapy, the therapist strives to be with the client in the “here and now”, to comprehend and experience the ongoing state of the other. Frequently this view requires attempts to shift, to go with and keep looking for the ever-changing experience of the other. Occasionally the therapist may require the client to stay with them. In order to do this, therapists may be required to express their own feelings. In this manner, the process is somewhat reversed; the client must meet the therapist. This coming together in the “here and now” may create an existential moment of existential encounter through which the isolated individual called client comes to experience the existence of another. According to Havens, this reduction of emotional distance can be curative. The idealization of the existential moment resembles the idealization of the mutative interpretation.

Cognitive behavioral emphasis to the therapeutic relation is slightly but not fully different. The therapist and client are like two researchers: open to the trust about experiences. Techniques of explicit formulation are included in modern CBT approaches (Prasko *et al* 2010b). Having a clinical formulation that is shared with a client can help maintain the therapeutic alliance during difficult reenactments (Goin 2005; Spinhoven *et al* 2007). In CBT, especially in schema focus therapy, therapists and client use operationalized core schemas and beliefs as the focus of therapy, targeting transference and maladaptive interpersonal patterns. Developing the collaborative CBT case conceptualization is recommended for treating each client in CBT (Persons 1989; Sareen & Skakum 2005). Explicit discussion of the client’s ongoing relationship with the therapist is compelling when it is accurate. Focus on the transference makes it possible for the client (and therapist) to become directly aware of the distinction between reality and fantasy in the therapeutic encounter (Prasko *et al*

2010b). Every therapist works using himself as resource. His condition, just as his own continuous development, therefore become of major significance for both himself and his clients. To actively take responsibility for the development of one’s consciousness and actively try to influence it can, however, feel strenuous and unnatural. It can also mean a distancing, which makes some difficulties in the spontaneous experiencing of the here and now (Beskow & Miro 2004).

### VALUES AND MEANING OF LIFE IN EXISTENTIAL THERAPY AND IN COGNITIVE BEHAVIORAL THERAPY

Nietzsche said that if you want to learn about man’s philosophy, ask first, “What are his values?” Lack of values, confusion of goals with values, and other values problems may underlay the failure to build broad and flexible repertoires. Existential psychotherapy may ask two different levels of therapeutic goals:

- *The first level is the search for the value anchoring of the individual in his life at all.* Here the existential psychotherapy focuses on the discovery and acceptance of such values, which provide the experience of meaningfulness in their fulfilling. It focus on the attitude of the man to himself, the world and the life in it and guides him to discovering of the values connected with the self-overlap – the transcendence. This is a level of perspective, that may significantly complete the pragmatic CBT approaches.
- *The second level is the treatment of the neurotic and psychosomatic symptoms,* when the existential psychotherapy mobilizes the abilities of self-distance and overlap of oneself as the therapeutic device. The therapeutic change occurs by the patient’s adoption of the different attitude to his own problems and subsequently uses the new practical techniques towards them. This method is very similar to the cognitive restructuring in CBT.
- *The change in existential psychotherapy always begins by the change in the existential area,* which means that for all the further changes on the psychological level, the change in the dimension of the free and responsible choice is needed (Frankl 1994). Man finds his own meaning on the way to the values realization. That’s why the existential psychotherapy tries to *broaden patient’s value horizon.* It knows three categories of values:
  - ▶ *Creative values:* the sense of meaning may be gained by the valuable work creating at work or in art.
  - ▶ *Experiential values:* Meaningfulness is gained by the experiences related to the aesthetics (the experience of beauty of nature, art), cognition, important relationships and skills, where the individual overlaps himself and becomes the part of larger whole. The height is the experienced relationship of love.

- ▶ *Attitudinal values:* Those are values as freedom or responsibility to the conscience. They manifest especially in confrontation with crucial realities. According to Frank the life may be meaningful even in the hopeless situation (serious illness, loss of the nearest person, etc.), if the individual succeeds in changing his attitude to that situation as to the unique task, that brings spiritual benefit to the sufferer and others.

Similarly in the third wave of CBT the direct work with values appeared. Especially ACT aims to help people identify their set of inner values. Values are chosen qualities of purposive action that can never be obtained as an object but can be instantiated moment by moment (Hayes *et al* 1999). ACT uses a variety of strategies to help a client choose life directions in various domains (e.g. family, career, spirituality) while undermining verbal processes that might lead to choices based on avoidance, social compliance, or fusion (e.g. "I should value X" or "A good person would value Y" or "My mother wants me to value Z"). Therapy focuses on choosing behaviors that accord with these values.

#### **POTENTIAL USE OF EXISTENTIAL APPROACHES IN CBT STRATEGIES**

There are many strategies in CBT, in which the existential perspective could be very helpful.

##### Activity planning

Many our clients suffering from anxiety or depression have experienced the pressure. They have problem how to determine priorities. Typical jumping from one activity to other makes the chaos in their life. The purposeful activity planning can be one of the aims of the therapy. Mechanical scheduling hour by hour is important for clients with severe symptomatology, who are apathetic and lacking energy. For less complicated clients the activity planning touches existential questions, because answers the question: "what is important for the person today from the long-term perspective?" (Praško *et al* 2007). Long-term aims reflect personal philosophy – what are the priorities of the person in his/her life. Are these priorities in accordance with personal values? Discussion about the life priorities can be organized around the personal life roles, like being mother, wife, sexual partner, daughter, worker, friend, human being, caring person, joyful woman etc. Activities that are in connection with long-term priorities might have high priority in activity planning. Long-term priorities must be translated to the concrete everyday activity. Therapist and client discuss questions like: What do you expect from your life and from yourself in long term perspective? What will you want to say to yourself once in ripe old age – which things were most important in your life to fulfill? How is it hanging together with what you do every day at work, at home, in leisure time? What is

most important for you in your family, at work, in relations? What can you do to realize it? What is your main responsibility in your life? What are the tasks resulting from this?

##### Values clarification

Values are a guide for decisions as to what is right, good and true. Inability to clarify values may cause stress and depression as well as anxiety. Values clarification is a technique to help someone relate their feelings and increase their awareness of their own values. It offers reflection of personal moral dilemmas at which point values may be analyzed. Values clarification is not only important for self-improvement and well-being but also in interactions with others and is vital for internal and external success. Values clarification techniques can be used as part of CBT. Therapists use values clarification exercises to help clients learn more about themselves and to help clients make and accomplish goals. Psychotherapy allows for a proactive environment in which clients may clarify their values and understand their personal motivations and characteristics.

##### Cognitive restructuring

Cognitive restructuring does have utility as a growth model (Sharoff 2002). It is effective for removing blocks of self-actualization efforts. By changing cognition that is preventing them from developing, clients are free to become-in-the-world, as existentialists would say. In addition, cognitive restructuring can supply the beliefs necessary to develop healthy responses, such as optimism, perseverance, altruism, civility, or tolerance. Cognitive restructuring also focus on awareness. However, the cognitive level receives much more attention while other levels of response receive only superficial, intellectual consideration. The problem is that growth involves more than just good thinking. Likewise, supplying people with good thinking does not guarantee adaptiveness. Adaptiveness, like growth, may require other skills of and beyond rational thinking. In the third wave of CBT, Geoffrey Young (1994) has broadened cognitive restructuring and extensively uses experiential techniques in addition to cognitive and behavioral techniques. His schema focus therapy is more of a holistic approach than former cognitive therapy.

##### Mindfulness based approaches

Mindfulness is an approach that can be used to change reaction(s) toward unwanted experiences. Clients need to be aware of this point in order to avoid unrealistic expectations that may lead to disappointment before consenting to a mindfulness based intervention (Sauer *et al* 2011). Mindfulness refers to a process of purposeful, flexible, nonjudgmental awareness of the present moment (Kabat-Zinn 1990). Mindfulness has been defined as "a receptive attention to and awareness of present events and experience" (Brown & Ryan 2003) or "paying attention in a particular way: on purpose, in

the present moment, non-judgmentally” (Kabat-Zinn 1994, p. 4). These definitions reflect three core qualities of mindfulness (Duncan *et al* 2009):

- a. present-centered attention and awareness;
- b. intention or purposefulness, which highlights a motivational component to one’s attention and behavior; and
- c. attitude, which reflects how we attend, or the qualities that one brings to the act of paying attention, such as interest, curiosity, non-judgment, acceptance, compassion, and receptiveness (Shapiro *et al* 2006).

Mindfulness is about being aware of actual experiences from one moment to the next with gentle acceptance (Baer 2003, 2005; Sauer *et al* 2011). This may contribute to the coping and recovery process in many health conditions. Maintaining a mindful awareness allows for exercising choice in responding to experience and provides an alternative to engaging in habitual, or “automatic,” cognitive and behavioral reactions to internal and external experience. Concordantly, halting automaticity through mindful processing of experience would allow self-regulation in goal pursuit (Brown *et al* 2007).

A number of mindfulness-based interventions encourage an attendance to internal experiences including emotions (Baer 2003). Emotions, even negative and painful ones, are seen as important aspects of experience and, thus, should be allowed and noticed. The key element is the allowance of their rise and passage without attempts to avoid or control this experience (Segal *et al* 2002). Distress may not be decreased by mindfulness but through the component processes of decentering and nonjudgmentalness, emotions are seen in a greater context and are, more able to be recovered from (Roemer & Orsillo 2003). Hayes and Feldman (2004) argue that mindfulness may provide a balance of extreme emotional responses such as avoidance or overengagement, such that one is able to have greater clarity in the meaning of his or her emotions.

#### Therapeutic letters

The letter writing is a therapeutic strategy, which can help to the clients to cope with the relationship to the significant people from their childhood (Prasko *et al* 2009). The purpose of writing letters is to experience and to understand their own feelings, to cope with strong emotional experiences, which are related to the injuries in the childhood. The letter-writing process is carried out in a safe atmosphere of the therapeutic relationship, where the clients can learn to deal with these emotions. Then the result is a profound change in beliefs about themselves and others. There are basic 4 types of therapeutic letters: uncensored letter, emphatic letter from the “other side”, the letter to the “inner child” of the significant person and the letter “visit-card”. In uncensored letter the clients primarily

reflect the negative feelings that had hurt them in childhood (frustration, unfulfilled desire, fear, helplessness). The emphatic letter from the “other side” is the ideal answer the clients would have wanted to receive from the significant person; clients formulate the particular wishes and expectations, which meet in a fictional response (encouraging self-confidence, assurance of love, respect). The “visit-card” letter is the censored letter in “adult to adult” mode, written with respect for oneself and significant person, directed towards reconciliation. By writing the letter to the “inner child” of the significant person the client gains the insight into the shortcomings of the significant person, which acknowledges that even this second person had unmet needs in childhood which could explain the behavior in adulthood.

#### Rescription of the traumatic memories

Trauma victims frequently report sleep disturbances, including nightmares, following traumatic events. Imagery rescripting of distressing memories has so far been mainly used to treat trauma-related disorders and as a component of the treatment of personality disorders. Although imagery rescripting has long been part of CBT, recent years have seen a growing interest in the use of imagery rescripting interventions in CBT, especially with clients who struggle with distressing, intrusive imagery (Holmes *et al* 2007; Wild *et al* 2008; Speckens *et al* 2006). Exploring and reinterpreting memories of early childhood experiences that are assumed to have contributed to the pathogenesis are more and more viewed as a promising way to modify core schemas. Experiential methods seem to be the most effective (Arntz & Weertman 1999; Grunert *et al* 2007; Weertman & Arntz 2007; Wheatley *et al* 2007). The rescription of traumatic or stressful events typically follows after cognitive restructuring of core schemas and conditional assumptions. Therapeutic process can be divided into several steps (Prasko *et al* in press): (a) creation of therapeutic atmosphere (with feelings of security and control, acceptance, approbation); (b) exposition to the painful memories in imagination; (c) expression of negative emotion to the aggressors, or persons that didn’t guard the client against stress or trauma; (d) formulation of the needs of the child from significant adult person; (e) experience better ending in imagination – transcription of the story; (f) general calm down. The aim of therapist is to help the client memorizing the stressful events and expressing affective experience and then help him/her to rescript experience to less painful.

#### Exposure to the imaginative illness and death experience

Death and dying, natural processes of the end of life are not reflected in the modern society. People live as if dying and death were always someone else’s problem. They tend to displace these topics. Paradoxically, this is even truer for clients suffering of hypochondriasis.

On the one hand, clients have frequent thoughts of serious diseases or fears of dying. On the other hand, they respond to them by safety behavior, diverting their attention, reassuring or monitoring. Since they are afraid of developing the idea of the course of disease and death, they try to avoid it in their thoughts and imagination (cognitive avoidance). Due to cognitive avoidance, the client does not go through the entire worst-case scenario and thus can neither create a strategy for coping with the feared situation nor habituate to catastrophic thoughts. This in turn maintains and gradually increases the fear from suffering, dying and death. Treatment of hypochondriasis becomes markedly shorter and more intensive if cognitive avoidance is prevented. The main idea of the technique of imagining one's own illness and death is exposure to catastrophic thoughts and prevention of cognitive and emotional avoidance. It is essential to use the approach at the time of a stable therapeutic relationship, after the client has started cognitive reconstruction and his or her compliance is apparent. Clients are made to think about the worst variants of their imaginary disease and the future with it (Prasko *et al* 2010). Gradually, they imagine the worst consequences for both themselves and their relatives. The interview guides them through the severe course of their disease, its physical, mental and social consequences, dying and death experience with all emotions and details they can imagine. Then clients are asked about their fantasies about life after death. For next sessions, clients always bring written concepts of what was discussed during previous visits. The texts are read at the beginning of each session, with clients imagining everything.

## CONCLUSIONS

Many approaches deriving from existential psychotherapy could supplement pragmatic CBT approaches with philosophical extension and thus increase the efficacy of the treatment. As CBT pays attention mostly to the present and the fact how the present behavior, thinking, emotions and physical reactions were taught and how they are maintained, the existential approach elaborates the perspective view of the future, expectations from it and processing of those expectations the way they correspond with the man's need for fulfilling the meaning of his own life. Existential view may notably amend strategies routinely used in CBT, such as activity scheduling, cognitive restructuring, exposure therapy, and relaps prevention. Existential approach also may help to right the realities, which belong to the human life nevertheless they are frustrating or impossible to change, like the presence of unpleasant emotion or sense of finality of the life.

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