

Experience is the Best Teacher: Reflections on teaching Existential Therapy during the Covid-19 Pandemic

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ABSTRACT

As a considerable experience of existential shattering and suffering, the Covid-19 pandemic could be a context ripe for certain kinds of learning to take place. This paper presents reflections on the value of experiential learning in the training and development of student therapists based on the reflections of my students in a graduate course on existential therapy, which I taught in the latter half of 2020 during the Covid-19 pandemic. Student reported gains centered on enhanced self-reflection and awareness of their personal process in therapy, greater sense of confidence and competence in building therapeutic relationships, and changes in the way they relate to uncertainty, self, and world. From these student gains could be gleaned the value of guided experiential learning in training mental health professionals. Specifically, it provides the space for student therapists to cultivate attitudes and qualities associated with reflective practice and ethical competence. It also

provides opportunities for student therapists to integrate their personal and professional experiences towards the development of a personal therapy approach.

Keywords: Covid-19, pandemic, experiential learning, existential therapy

The nature of pandemic is one of upheaval, destabilization, and exacerbation of existing limitations in our systems, processes, and ways of living. As with many countries all over the world, the Philippines continues to grapple with large scale negative impact felt by individuals, families, communities, and society. The Covid-19 pandemic is a “powerful border experience awakening us to our existential predicament” (Yang, 2020, p.662). In education, the existential predicament is encapsulated in twin questions that have preoccupied educators and students since last year. First, “Is now a suitable time for learning?” and second, “What and how can people learn at this time?” It could be argued that in fact, the pandemic is also a form of existential shattering, “the sudden and unexpected dismantling or shattering of one’s conception and worldview as a consequence of an event or process that the individual has experienced” (Hoffman and Vallejos, 2018). No wonder then that with the pandemic has come the experience of suffering.

When we suffer, it is only natural to focus on alleviating our pain. We tend to view suffering as a burden that we should not have to bear. Yet insight from the humanities, sciences, and religions — along with our everyday wisdom — converge at an ostensibly universal truth, that the experience of suffering does not preclude and may even incite hope, growth, and thriving. As a mental health professional and teacher of clinical psychology, I wanted to grab the opportunity to look into whether the pandemic is a context ripe for some kinds of learning. Specifically, since crisis situations bring existential issues to the fore (Hoffman, 2020), I assumed that even my graduate students in (clinical) psychology were most probably grappling with their own personal experience of the pandemic. There was a real opportunity to help students make sense of their suffering and learn valuable lessons about what it means to do good therapy by guiding them to sit with themselves as they are suffering.

In this paper, I share my reflections on having taught a graduate course on existential therapy during the pandemic, in the latter half of last year. First, I discuss the core principles of existential therapy to clarify how the pandemic experience could conceivably be harnessed towards learning and wellbeing gains for therapists-in-training. I also briefly describe the context and method for the reflective exercise that I undertook. Then I discuss how an experiential learning approach helped my students with their

personal grappling as well as their professional learning. I present, and reflect on, themes constructed from my students' reported gains in the following domains: the therapist's personal process, the therapeutic relationship, and personal growth. Lastly, I reflect on the value of guided experiential learning in mental health education.

Existential Therapy

Lay perception of psychotherapy is that, as a healing process, it is centered on getting answers or solving problems. This is partially true in that some psychotherapies have as their aim the amelioration of certain problems. The cognitive-behavior therapies, for example, are a set of structured therapies that aim to reduce emotional suffering and behavioral compulsions through cognitive change (see Dobson and Dozois, 2019). In this sense, many of them are appropriately classified as "problem-solving" or "skills-based" therapies. Existential therapies — including existential-humanistic therapy (see Schneider and Krug, 2017), but also existential-integrative therapy (Schneider, 2007), existential analysis (Frankl and Batthyany, 2010), and structural existential analysis (van Deurzen, 2016) among others — diverge from structured psychotherapies in that the focus is to help clients explore questions rather than answer them, and the goal is to assist clients in cultivating, and optimizing, agency and choice within, and with full recognition of the, natural and cultural limitations of living (Schneider and Krug, 2017).

Existential therapy helps clients ask and address questions about how to live, how to be, what is truly important, and how to live their lives according to what ultimately matters to them. These are, understandably, difficult to answer and, in fact, much of the business of living is designed to keep us from dwelling on these concerns. It is when we are brought to the brink, through an experience of crisis, that we are compelled to confront questions that we have otherwise avoided. In existential therapy, this process is guided and safeguarded by the therapist.

Rather than being an intellectual exercise, existential therapy provides the space for clients to experience, in the present moment, their own confrontation with their existential concerns (Schneider and Krug, 2017).

The emphasis on the here-and-now, or what is going on in the moment-to-moment of therapy, places existential therapy within the category of experiential therapies defined as “approaches to therapy that emphasize the importance of promoting and using knowing by experience when facilitating client change” (Pos, Greenberg, and Elliott, 2008, p. 80).

The kind of existential therapy I taught last September to December 2020 is more appropriately called existential-humanistic therapy, a North American variant of existential therapy that integrates humanistic assumptions of growth and possibility with the existentialist focus on human limitations. Simply put, existential-humanistic therapy assumes the following: 1) that the process of becoming human occurs within, and appreciates, the constraints of existence, 2) that we must grapple with the challenges and implications of what we are becoming, and 3) that we must respond to, and act on, what we are becoming (Schneider and Krug, 2017).

The givens of human existence include death (i.e., we will cease to exist at some point), freedom (i.e. we are bounded by our context), isolation (i.e. no matter how many relationships we have, we also remain alone), and meaninglessness (i.e. life is absurd and random) (see Yalom, 2020 / 1980; Yalom and Josselson, 2014; May & Yalom, 1967). Confrontation with these givens comes across to us as threatening to our worldviews, and they disrupt our sense of continuity, security, and constancy (Spinelli, 2016). This disruption, however, is an opportunity to explore the possibilities of our being.

The existential stance, then, is dialectical. It accommodates and sees the value in antithetical states of being such as “the certain and the uncertain” (Spinelli, 2016). Existential therapy illuminates for the client the paradoxes that they live out in their lives and helps the client increase their awareness of previously unknown and unprocessed polarities so that they can clarify what they truly value and shape their lives accordingly.

When applied to our understanding of pandemic, we can say that the current pandemic is a “boundary situation” (May & Yalom, 1967) that forces us to confront what May (1981) called our cosmic destiny or the limitations of nature that are beyond our personal (and even collective) control. The Covid-19 pandemic forced us to confront the illusion of control

and recognize the reality that we do not have control over many of the things that happen to us in our lives. It stripped us of what we used to just take for granted — the ability to move around, to interact with each other, to plan with an assumption of predictability. We have been forced to confront, live with, and make the best of, so many limitations.

In clinical psychology training, a key quality of effective psychotherapists concerns the courage to sit with clients who are suffering and feeling their limitations keenly. This shows up in terms of, among others, a therapist's willingness to confront difficult material (Wampold, & Carlson, 2011). Evidence suggests that effective psychotherapy is built on the therapist's ability to build and sustain a life-affirming relationship with the client (see Wampold, 2015; Wampold & Carlson, 2011), as well as the therapist's own ability and willingness to work on their personal concerns (see Elliott, et.al., 2018; Nissen-Lie, et.al., 2017; Ivey, 2014; Anderson, et.al., 2009). Hence, therapist training prizes those learning modalities that provide opportunities to have students experience for themselves the principles, process, and power of therapy, reflect on and make meanings out of their experiences, cultivate greater awareness of how their personal process shapes their therapy work, and integrate personal and professional gains.

Context and Method of Reflection

In this section, I briefly describe the context and process of the reflective exercise I undertook. To be clear, when I taught Existential Therapy during the first year of the pandemic, it was not my goal to do a qualitative research study using my students' narratives as data. However, the wealth of insight that I read from my students' reflections inspired my own self-reflections and led me to decide on the following: 1) look back at my students' reflections more purposively, with the goal of identifying themes that are relevant to experiential learning especially as it applies to learning existential therapy, and 2) document my more purposive analysis of their reflections as well as any insights built on the bases of this more purposive analysis.

The primary source of insight for my reflections are the final reflection papers of eleven (11) graduate students in my Psych 303 Existential Therapy course which I taught in the first semester of AY 2020-2021 during

the first year of the pandemic. Most of my students were advanced graduate students. Eight were in their third year of training, and one was already doing her dissertation while taking the course. Two of my students were in their second year of graduate training. Most were Clinical Psych majors. Only one came from a different but related program of study that required advanced courses in psychology.

Course Pedagogy

In developing the Existential Therapy course, I sought to integrate experiential with theoretical learning. Both modalities are important in psychotherapy training. It is likely for clinical psychology students to be trained in various paradigms of psychotherapy using a combination of didactics on theoretical underpinnings and role-play demonstrations for skill-building. However, the focus of experiential activities differs between existential and structured therapies. In experiential learning of structured therapies, students focus on practicing and demonstrating the skills, strategies, and protocols critical to the effective delivery of a particular structured therapy. While demonstration and building of skills, and strengthening of decision-making and strategy, are also important foci of experiential learning in existential therapy, the main point is for students to experience the process of becoming fully present, that is, getting in touch with their personal brushes with human givens, exploring their ways of understanding and interacting with themselves and their environments, and understanding the ways in which these self-protective patterns have both affirmed and limited their lives. The aim is for student therapists to understand their personal process in therapy, what they bring to the therapeutic relationship with their clients, and how their own existential grappling can shape how they relate and work with their clients.

The course's experiential activities included: 1) an online experiential workshop entitled Being Here, Being Now, designed to help students cultivate greater awareness of their personal relationship with uncertainty and indefiniteness; 2) a role-play demonstration in which students take turns being "therapist" and "client", and where as therapist, they used existential therapy principles and stances to facilitate a therapeutic conversation; and 3) actual client work as volunteer Psychosocial Support Specialist (PSS) for UPD PsycServ, UP Diliman's psychosocial services program, during which

they facilitated a minimum of nine (9) therapy sessions with clients. These activities progressed from personal exploration to exploration of personal process in simulated therapy to exploration of personal process in actual therapy.

The experiential mode is not about catharsis even though there is clearly a cathartic aspect to it. Broken down into component phases, the experiential learning process – both in the context of education as in psychotherapy – is about experiencing the experience then making meanings from the experience. The first part of the process is critical because one of the key assumptions in psychotherapy is that psychological disturbance is fundamentally a consequence of experiential avoidance or “the phenomenon that occurs when a person is unwilling to remain in contact with particular private experiences and takes steps to alter the form and frequency of these events and the contexts that occasion them, even when doing so causes life harm” (Hayes and Wilson, 2003; p. 162). In contrast, psychological growth and wellbeing are predicated on a person’s ability and willingness to get in touch with and embrace their experiences, even those that are difficult to go through. In here we see the operation of a key dialectic, short term pain for long term gain.

In therapist training, therefore, part of the work is providing opportunities for student therapists to learn how to stay with their pains long enough to gain insight into what it means for them to be living the life they are living now including how their own pains and gains have shaped, and continue to shape, their choices as therapists-in-training. But the experiential mode does not end at experiencing, and the point is not just to have students experience, express, ventilate. It is also about providing the space for students to then step away from what they have just experienced and “process” it, i.e., make sense of it, create meanings from it.

For this course, processing was built into each experiential activity. For the experiential workshop, students experienced an activity then we had a conversation about what it was like to go through the exercise. The role-play demonstrations included process feedback during which the “therapist”, “client”, and I as observer shared our impressions and observations of the process, how the therapist and client related to one another, and how the

therapist and client, respectively, experienced the conversation. The processing of actual client work was in the form of group supervision (and individual supervision, upon request of the student). In these supervision sessions, the focus was not just on case formulation and treatment strategy. Attention was also given to the student therapist's personal experience of conducting the therapy session/s with a client. Lastly, reflection papers also provided students with the opportunity to reflect and process. Instructions also prompted students to reflect on how they are experiencing the pandemic. All these are in keeping with the personal process focus of supervision work from an existential-humanistic standpoint (see Krug and Schneider, 2016).

Data Analysis

I treated as dataset for analysis my students' final reflection papers because it was this requirement that prompted my students to have a full view of, and reflect on, the semester's worth of learning. It involved them reflecting on their experience of doing therapy work as volunteer Psychosocial Support Specialist for PsycServ providing a minimum of nine (9) psychotherapy sessions to clients. They also reflected on the broader experience of learning existential therapy throughout the semester and with their personal experience of pandemic as backdrop to the learning. Because I had not originally intended to analyze my students' reflection papers more purposively as bases for my own reflections on the value of experiential learning, I sought and secured my students' informed consent for me to conduct a thematic analysis of their narratives as documented in their reflection papers and to use this analysis as basis for deepening my reflections as an educator in a mental health profession.

I employed thematic analysis — defined as “a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set” (Braun and Clarke, 2012, p.57) modified to suit the purposes of my reflective exercise and its pedagogical context. The first step was to reread the reflections and take note of salient preliminary themes or initial codes pertaining to how my students benefitted, personally and professionally, from studying existential therapy at a time when they were most probably grappling with their own experience of the pandemic. I also documented whatever impressions and reactions I had to the initial codes I had identified.

Afterwards, I grouped together initial codes that came across to me as conceptually similar. This reduced the set of initial codes to four (4) themes which I named (1) therapist's experience of therapy, (2) therapist's ability to build relationships, (3) therapists' technical competency and knowledge, (4) changed view of therapy, and (5) therapist's personal gains from learning existential therapy. To further organize these and identify super-ordinate themes, I used as a guide Wampold and Carlson's (2011) list of fourteen qualities and actions of effective therapists. This framework for understanding what makes for effective therapists has been useful to me in shaping my existential therapy course pedagogy. Using this framework, I identified three (3) superordinate themes that reflect student reported learning and personal gains in three (3) domains relevant to existential therapy work, namely: (1) personal process in therapy, (2) therapeutic relationship building, and (3) personal growth¹. In the next section, I discuss these three domains.

Student Reported Gains

Personal Process in Therapy: Greater Awareness and Responsibility

I recognize how my desire to provide client relief may be an obstacle from witnessing important here-and-now processes as I rushed into a palliative-oriented approach of easing things for the client.

Personal process in therapy refers to the therapist's continuing awareness of how they are reacting to what is happening in the therapy session, and how these reactions could shape their choices, stances, and responses in therapy. Effective therapists have greater awareness of what goes on inside them as they do therapy and can approach therapy with deliberation rather than reactivity. Effective therapists ably face their own anxieties and discomfort, which means that they are also better able to help their clients approach and confront difficult material in therapy.

My students reported paying more attention to, and experiencing greater awareness of, what comes alive in them during therapy, i.e., their thoughts, feelings, sensations, and responses during therapy. With increasing

awareness of their personal process, many of my students reported feeling the tension, or push and pull, of the “struggles” they experienced in therapy, such as problem-solving versus being in-the-moment, intellectualizing versus experiencing, striving for comfort/relief versus working towards awareness of being. Their papers reflected intellectual and emotional honesty in discussing their observations about their own limitations:

On certain occasions, the client brings me into a new terrain that I am unprepared for – while maybe anxiety-rousing, I also feel such deep regard for this new aspect of being that they invite me to see. Although there are also times when I may have connived in my clients’ desire to avoid difficult topics either by assenting to the client’s wish for a more structured therapy or taking the various distractions that clients may bait me with (after trying to transition the discussion to a core concern, my client asserted ‘But you make me anxious when we talk about that!’) ... I realized the missed opportunities for addressing here-and-now concerns. Some moments were rich with affective content that could have been excavated deeper if only I learned to take a pause and bear witness to the moment unfolding.

Most of them reported initial discomfort at the lack of structure and problem solving of existential therapy, which contrasted with the structured therapies that most of them have been schooled in at that point in their training. Related to this, many also reported feeling an initial difficulty in focusing on the present moment, which showed up in conversation as a focus on asking about what has happened in the past, or about possible future occurrences, rather than slowing down the client’s current process so that they can feel what is going on in the present.

Many of my students also recognized a tendency to avoid the emotional aspect of their experiences, instead preferring to intellectualize. While grappling with the implications of our being and becoming does have a cognitive component, in existential work, care is taken to ensure that the client does not hide behind intellectualization to avoid feeling the extent and

depth of their experience. Since this process is facilitated by the therapist, it is bounded by the therapist's own relationship with their emotional experiences and the extent to which they allow themselves to really feel what they are feeling. One student saw this struggle come alive in her therapy work:

There are also times when my sessions may feel too cognitive or intellectual which I observed in one instance when after a few sessions of talking about emotions, a client who likes to shun emotion said, 'I tried to stay with it for a while, analyze it, but I grew frustrated.' I thought this mode of analysis may also have been a product of how I guide them through the process of emotional experiencing in session. I have been more aware of my need to develop my skills and build the courage to work with the affective (emotional) aspect of experiencing, to vivify experiences instead of intellectualizing them.

Many of my students noted that with increasing awareness of their personal process as therapists ("I am now much more conscious of my presence in therapy;" "I am now more aware of my voice in therapy") comes a greater awareness of their responsibility towards their clients. One student noted "weighing my own competence" vis-a-vis what the client may need. Several students reported continually engaging in self-reflection, asking themselves whether a particular response in therapy "is for me or for my client."

Related to this is my students' increasing acceptance that preparing for an existential therapy session entails taking a dialectical stance towards the benefits and limitations of planning. They recognize that they can only do so much planning for therapy, and that they cannot control how a therapy session will flow. Many of them expressed greater openness to letting the therapy process unfold. One student described her evolving approach, thus:

I plan for every session with the client, but not all the time the plan is implemented because the flow of the session depended on the client's narratives or concerns

now... One of the skills I had to learn was being spontaneous and responding to the present demeanor and concerns of the client as they happen, no matter how detailed I had prepared for our session.

Greater awareness of their therapy process also amplified my students' curiosity and interest in their clients. This changed the way they approached the therapy session and their clients:

In employing and becoming mindful of EH principles, I tend to exhibit more curiosity and interest in the experiences and personal meanings of my clients. My questions were more exploratory and curious than confirmatory. In my previous client work, I was used to finding solutions for clients and directly suggesting these.

Most of them reported feeling connected to their clients whom they saw as "a whole being":

I took the stance of being here-and-now with my clients. I took my clients as they are, 'a whole being,' and tried to be present with them... Without an agenda at the back of my head, I slowly got to know them and together, we became aware of different parts of their being, both of what they know about themselves and what they do not.

Greater awareness of personal process, a keener sense of responsibility to the client, and non-judgmental curiosity towards the client's experiences are qualities associated with emotional competence, defined by Pope and Vasquez (2011) as "therapists' acknowledgement and respect for themselves as unique, fallible human beings. It involves self-knowledge, self-acceptance, and self-monitoring" (p. 49). Pope and Vasquez add that "therapists must know their own emotional strengths and weaknesses, their needs and resources, the abilities and limits for clinical work" (p. 50).

In existential work, emotional competence finds resonance in the construct of presence, deemed to be core to the change process. There are

two dimensions to presence, the intra-personal (i.e. what is alive and significant to the person, in this case, the therapist and the client) and the interpersonal (i.e. what is alive and significant in the encounter between therapist and client) (Schneider and Krug, 2017; Krug, 2009).

Through the cultivation of intra-personal presence, clients become aware of how they have been blocking hidden, painful, aspects of their experience from their own view. In doing so, clients can reconnect with their pains, reckon with their limitations, attune themselves to possibilities for transforming or transcending these pains and limitations, and experience a renewed sense of freedom, viewed as the exercise of choice within natural and man-made constraints (May, 1981) as well as a capacity for awe, i.e., a respect and appreciation for all of life's complexities (Schneider, 2014). The willingness to show up for oneself is facilitated by interpersonal presence. That is, the client becomes more willing to get in touch with the depths of their experience, despite the discomfort that this touching base brings, if this process unfolds within a psychologically safe atmosphere punctuated by trust and mutuality between therapist and client.

Therapeutic Relationship Building: Mutuality and Encounter

Relationship-building in therapy refers to attitudes and actions that therapists bring to the relationship which build and sustain trust and mutuality. These include sound interpersonal skills, persuasive communication, respect for client context and perspective, and ability to create a psychologically safe atmosphere in which clients feel validated but not coddled, hopeful but realistic, anxious but willing to engage.

All my students reported feeling more connected to their clients. Two of them used the word "mirror" to describe how they found themselves naturally "matching" their clients' demeanor, tone of voice, manner of speech, and interaction, and more profoundly, sharing in their clients' experience:

Like a mirror, I found parts of myself within my clients, vacillating in the polarity of blinding conviction or paralyzing self-doubt... Genuine presence and attention allowed me to feel their discomfort and courage as we explored how we are living and our willingness to live.

Another student described her and her client's "shared journey":

I observed that I have been more mindful and accepting of where my client is at the moment and to journey with her is such a wonderful experience personally and professionally. I am no longer in a hurry; I do things with her one-small-step-at-a-time. Being present in those amazing moments with her made me feel more alive. I am becoming more aware of my demeanor (tone of voice, style of speech) which is very important in establishing a safe and empathic space... We journeyed together in an unknown area of our existence together in a boat that keeps on changing and moving course / direction, and it is ok. It is ok to be present when there is a clear bright sky in the horizon and it's ok to be present still when the storm comes.

When the deepest part of the therapist resonates with that of the client, a genuine human encounter occurs. Encounter refers to the mutual experience of two individuals which facilitates change and growth (see May, 1958; Rogers, 1957). When there is encounter, there exists a real relationship. In the prior narrative excerpts, the genuine encounter between my students and their clients is indicated by the shared-ness of experience ("...we explored how we are living;" "We journeyed together in an unknown area of our existence together..."). In these encounters, something alive happens between the therapist and the client. The client's experience is illuminated and amplified in the session, and it touches something deep in the therapist who then responds in an emotionally honest and validating manner. This kind of encounter builds and sustains a relationship of mutual respect and trust, which offers the safety needed for further, continuing exploration of the client's ultimate concerns.

In his seminal work on the necessary and sufficient conditions for psychotherapeutic change, Carl Rogers (1957) identified three conditions related to therapist qualities that facilitate the client's movement towards growth. These are congruence, unconditional positive regard, and empathic understanding. By congruence is meant that the effective therapist is somebody who is in touch with the personal significance that the encounter

has for them and can respond genuinely, and non-defensively, to what is happening in therapy. Unconditional positive regard is when the therapist cares for and accepts the client as a separate person who is free to have their own experiences and perspective. Empathic understanding refers to the therapist's capacity to understand the client's thoughts, feelings, and behaviors from the client's own point-of-view. According to Rogers (1957), these three (along with three other conditions) are necessary and sufficient for clients to become more accepting of who they are and to take greater responsibility for who they will become.

The interrelatedness of therapists' personal process and their effectiveness in relationship-building can be seen in my students' reflections. None of my students was left unchanged by the semester's worth of studying and learning existential therapy especially as it pertains to the experience of facilitating therapeutic conversations (both simulated and with actual clients). As discussed in the previous section, my students reported beneficial changes to how they experience, and approach, their therapy work. As they became more aware of, and more effective in staying with, their own discomfort and anxieties in addressing difficult material, they became much more willing to sit with their clients in the present moment. In other words, the cultivation of intra-personal presence by my students made it easier for them to cultivate inter-personal presence, i.e., to create the atmosphere in which their clients would be willing to (re)connect with their pains and become more present to themselves (i.e., more aware, less evaluative, more accepting).

One of the more meaningful aspects of existential work is that the therapist-client relationship is not simply facilitative. It is also mutative (Richert, 2003). Therapy changes not just the client but also the therapist. Therapists are privileged to witness, and share in, the client's expanding experience, and hence, are also enriched by the same process that the client undertakes. As one of my students aptly put it:

The relationships I have with my clients have become one of trust, honesty, and mutual respect—manifesting the I-Thou Relationship. I like them as people and enjoy the time we spent together. An open dialogue with my clients last December suggests that this feeling is

reciprocated. They continue to share with me valuable ways in which I can be a more effective therapist or strengthen our therapeutic relationship.

Personal Growth: Changed Relationship with Uncertainty, Self, and World

Personal growth refers to the therapist's own experienced changes in how they relate to themselves, view their contexts, and approach their lives. The changes that my students observed in themselves are not confined to the professional. They also reported having experienced meaningful applications of existential therapy principles in their lives and, specifically, on their personal experience of pandemic. For my students, learning about existential therapy meant being able to personally experience exploring and clarifying their own meaningful and patterned ways of protecting themselves against pain.

For most of my students, the initial discomfort of using a therapy approach that focused on experience in the here-and-now could be traced to a deeply felt anxiety about the unknown. To be in a state of not knowing or uncertainty was something most of them did not prefer or relish at the beginning of their learning process, hence, their gravitation towards more structured psychotherapies that offered clear parameters within which they could operate.

For most of my students, the pandemic put them in a state of not knowing. It placed in stark relief the seeming uncontrollability and absurdity of life. For one of them, last year was "a first" in terms of feeling "lost, like I am going nowhere personally and professionally." Another reported feeling and being "displaced" as the pandemic had left her stuck in Metro Manila and unable to return to the family home in another part of the country. Like many people, some of my students struggled with the economic impact of the pandemic, which for some, exacerbated the difficulties already associated with having to do graduate studies at a time when most of their peers were most probably earning decent salaries in full-time employment. And at least one of my students had to confront the implications, on health and mortality, of having contracted Covid-19.

It is unsurprising, then, that learning existential therapy in the current context felt “very relevant” to my students. One identified the pandemic as one of “few moments in life when we are removed from our day-to-day existence and are prompted to reckon with our existence.” Hence, taking existential therapy this semester was “both a professional and personal pursuit” given that many of them were brought to the point of “reevaluating” aspects of their lives.

Related to their initial discomfort with the relative lack of structure of existential therapy, most of my students also reflected on their initial anxieties about what an experiential mode of learning would open for them. One of the recurring themes in my students’ reflections was the sense of anxiety in talking about emotion laden issues, compounded by the idea of facilitating such a conversation for somebody else, i.e., the client. The experience of applying EH principles to exploring their personal concerns through our experiential workshop and then applying those same principles in their therapy work with actual clients seem to have provided my students with many opportunities to increase their tolerance for the discomfort of staying in an uncertain emotional state. And increasing their tolerance for uncertainty better positioned them to appreciate the opportunities for meaning-making that a state of not knowing offers. As one student put it:

As someone deliberate in my life choices, I must reckon with the idea that regardless of how much I prepare in making decisions, there will always be a part that I will never be able to account for. One of my clients would often ask me ‘How do I know it is the right choice?’, a question that mirrored my thoughts... Time and time again, I am finding that the answer is not as straightforward... one has to live it through and see. This attitude of curiosity and courage of the unknown is the bulwark we have to the uncertainty of life.

Another student of mine reflected:

I am meant where I am supposed to be. I must experience not knowing and nowhere to go so that I can know better and have somewhere to go. The journey into the known realms of our existence can only be found if we are willing to go to the unknowns. Maybe this is my key takeaway from this course, that willingness to go beyond, to experience, to be present and to stay in that unknown is what makes our journey meaningful.

In these narratives we can glean that my students, like their clients, also went through their own process of becoming more open to, and curious about, their subjective experiences including that of struggle and suffering. Like their clients, this required a willingness to be uncomfortable especially since the endeavor of self-knowing compelled them to look at those parts of self that they did not necessarily like or value. In the context of our collaborative learning for the course, interpersonal presence was cultivated through our processing of their experiences during the experiential workshop, role-play demonstration, and group supervision. These were the in-between spaces in which my students and I connected in our shared endeavor of learning about existential therapy through our own experience of its principles.

In many of the final reflections as well as all the responses in the post-engagement survey, my students noted that being given opportunities to experience for themselves the principles of existential therapy and then being given space to process their experiences helped cultivate in them empathy and compassion for themselves, and a greater desire to learn more about themselves.

In existential therapy, “self-and-world constructs” (Bugental, 1992 / 1987) refers to our implicit understanding of our own nature and the world, which shows up in how we relate to and approach ourselves and our environments. These patterns, which Bugental once described as the “spacesuit” (1992 / 1987) or protective gear we don before we go out into the world, are both life affirming and life limiting. The reason they are difficult

to shed is because they have served specific protective purposes for us in response to the traumas, small and great, that form part of our unique personal histories. A student noted in his final reflection as well as in his survey response that experiencing the workshop for himself and the telepsychotherapy sessions with his client “allowed me to be aware of my ‘spacesuit’ and how best I could move around with it on, and when I am most comfortable and willing to take it off.”

This is the kind of nuanced self-knowing that recognizes the difficulty of undertaking change while reinforcing one’s personal agency in deciding the directions in which one will change. After all, the point of getting to know our self-and-world constructs is not so that we can impose a perfectionistic expectation that we must change all our life-limiting patterns. The point, rather, is to get to know the breadth and depth of our experiences as whole beings rather than confine our view only to those experiences that align with our self-and-world constructs. By getting to know how we have been constrained by our own ways of knowing and being, we can then open ourselves up to possibilities that we would have otherwise avoided. Whether or not we undertake behavioral change is secondary, though we could argue that behavioral change becomes more sustainable when there is reflective change (i.e., change at the level of how we view our selves and the worlds we occupy) (see Spinelli, 2016).

More than conventional mental health outcomes such as reduction in reported symptoms, a valued result of existential therapy properly undertaken is a growing appreciation of one’s unfolding sense of possibility and agency. The gradual replacement of a results orientation with a process orientation that tolerates dissonance and tension in the pursuit of self-knowing is encapsulated in the following reflection by my student:

I appreciate the beauty of focusing on the process of knowing oneself, regardless of how fast, slow, deep, or shallow one goes through it... Somehow, I found myself becoming more comfortable with the tension that one feels when facing what s/he [has been] trying to avoid for a long time.

The Value of Experiential Learning

I begin this section with sharing my personal experience as a student of existential therapy. In one of my sessions with my supervisors, I was working through my anxieties about a client of mine, in her early twenties, who had a deadline for staying alive. My client and I can maintain a relationship punctuated by trust, respect, and warmth. She is also coping and managing well enough. However, she has not let go of her firm conviction that she will die by her hand at the age of 30. I found myself crying as I expressed my feeling of being stuck between resignation (that she will never be not suicidal) and hope (that we can beat her deadline and she will stay alive past 30). One of my supervisors noted, “You seem to truly care about your client, and you are invested in her continued living and psychological health.” Then my supervisor asked, “What are the limitations of your investment in your client?”

With this question, and our subsequent exploration, I realized that I was approaching therapy with my client from an outcome rather than a process orientation, as if the only important goal is for my client to give up her deadline. What I was experiencing was the dialectical tension between what I know and can control and what I can never know and fully control. I realized that I had been equating the effectiveness of therapy with efficient and linear achievement of measurable outcomes, expecting that amelioration of my client’s symptoms would automatically translate to a desire to stay alive and to live. I felt humbled in this moment because I also realized that my client must be in a similar dialectical state — aware of two possibilities for her, of dying by her hand or deciding to live, and knowing that the decision to live is in fact the harder, riskier, one to make given that dying by her hand aligns with her worldview (that she is deficient, the future is gloomy, the world is harsh, and she does not have the power to change). I realized that there must be a reason my client keeps coming back to therapy — she and I must share a similar hope and fear. And perhaps the challenge for our therapy work is not just to prevent her from taking her life at some point in the future, as important as this outcome surely is, but to help my client become more curious about her own experiences right now, both distressing ones and those that offer the possibility of joy, so that she could get to know her inherent value.

This experience resonated with the experiences reported by my students. This convergence in our experiences — of clarifying what we value in therapy and our hopes for our clients and ourselves — reinforces the importance of reflected experience in shaping therapists' personal approach to therapy and their answers to questions such as: What is effective therapy? What is the nature of therapeutic change? What is the nature of the client's experience, and is this experience a valued outcome in therapy?

How, then, is experiential learning linked to value in therapy? As a starting point, I define value as an orientation towards something that is deemed good and worthy of pursuit. At an individual level of understanding, what we value could be gleaned from our narratives (i.e., self-report) as well as courses of action that we take (i.e., behavioral choices) (Oyserman, 2001). In psychotherapy, reduction of symptoms is considered a good and worthwhile object of pursuit. Symptom reduction is the most obvious and measurable indicator of therapeutic change, and many interventions are evaluated based on how effectively they can help people achieve sustainable reductions in mental health problems.

In clinical psychology, the emphasis on symptom reduction and problem solving is reflected in the tradition of developing manualized therapies that are then tested for effectiveness and efficacy in controlled settings. It is unsurprising, then, that a sizable chunk of training is devoted to learning psychotherapies that have strong empirical support. Standards of empirically supported treatments (ESTs) were first developed in the 1990s and have been revised periodically (Tolin, et.al., 2015). The emphasis on ESTs has led to a rise in treatment outcome studies, an increase in the quality of research evidence on psychotherapies, and an educational emphasis on ESTs in clinical psychology training (Tolin, et.al., 2015). This means that time is taken up with cognitive learning, i.e., acquisition of knowledge about theoretical models of therapy, therapeutic techniques, the nature of problems on which these techniques are applied, and the research evidence supporting certain interventions. This is especially so since cognitive learning is much more amenable to measurement than is affective learning (Feiner, 1998), which is the kind of learning facilitated and amplified by experiential activities.

Given the research evidence suggesting that psychotherapists tend to form personal approaches to practice during their professional training and development (Maruniakova, et.al., 2017), it is not surprising that clinicians, including myself and my own students, tend to default to a reductive view of therapeutic growth as constituting primarily mechanistic change. From the standpoint of existential therapy, mechanistic change is a surface level target. The real targets of therapy are at a deeper level of value and meaning, including curiosity and courage to explore our existential experience (Leontiev, 2016), reflective self-awareness especially regarding one's worldview, intentionality and involvement in one's life, and personal responsibility (Sousa, 2016). These are the valued outcomes in existential therapy and, it could be argued, in any effective therapy regardless of theoretical orientation. Therapists who can facilitate such a healing process are most probably also self-reflective and capable of great insight, caring and interpersonally open, tolerant, appreciative of ambiguity and possibility, and with a keen sense of personal responsibility. These are associated with values identified by expert therapists as related to ethical competence in therapy (Ivey, 2014), namely: relational connection, humility, commitment to professional growth, openness to complexity and ambiguity, and self-awareness (Jennings & Skovholt, 1999; Jennings, et.al., 2005, cited in Ivey, 2014).

It is difficult to imagine how a primarily cognitive learning approach that relies on didactics can bring student therapists to a place of greater self-reflectiveness from which to cultivate their own intentionality and sense of responsibility. Personal psychotherapy is effective in developing the virtues of ethically competent therapists (Ivey, 2014), but apart from it, experiential learning activities that encourage and guide students towards reflective practice (i.e., inhabiting then reflecting on one's experience) are also constructive and relevant (Atkinson, 2006, cited in Ivey, 2014). Examples of such activities include clinical supervision, self-reflection, workshops, and group process. What is key here is that experiential learning is guided sufficiently, with clear objectives and purpose rather than executed perfunctorily.

Personal influences also manifest themselves in the development of a personal therapeutic theory (Maruniakova, et.al, 2016). During professional training, therapist trainees develop an implicit theory of therapy alongside learning explicit theories of therapy (Najavits, 1997, cited in Maruniakova, et.al., 2016). These implicit theories are, in part, based on students' personal philosophies, values, and experiences, and could converge or diverge with explicit theories. The value of guided experiential learning is in providing space in which student therapists can explore dimensions of their own experience as they apply explicit theories of therapy to their personal concerns and professional work. This space allows students to integrate the implicit and personal with the explicit and professional, and to evolve a more nuanced view of what constitutes therapeutic growth, the complex nature of therapy as a healing process, and the role that a therapist takes in this process.

Conclusion

In this paper, I shared my reflections on the value of experiential learning in the training and development of student therapists. Educational gains reported by my students centered on enhanced self-reflection and awareness of their personal process in therapy, greater sense of confidence and competence in building therapeutic relationships, and personal growth in terms of changes in their relationship to uncertainty and their self-and-world constructs. When executed properly (i.e., with guidance and clear objectives), experiential learning provides a space in which student therapists can cultivate attitudes and qualities associated with reflective practice and ethical competence. It also provides opportunities for integration of personal and professional experience as well as implicit and explicit theories of good therapy, therapeutic growth, and the role of the therapist.

From these reflections come several recommendations: 1) the use of a variety of guided experiential activities in training of students in the allied mental health professions such as psychiatry, social work, and counseling psychology; 2) systematic investigations into the educative value of mandatory personal psychotherapy for clinicians-in-training; and 3) further research to investigate potential links between experiential learning, personal and professional integrations, therapist characteristics, and client wellbeing outcomes.

The Covid-19 pandemic has brought us suffering and it compels us to confront the limits of our existence as human beings who are alone but also connected to one another. In the face of uncertainty, unpredictability, and vastness, there is an understandable temptation to confine our view only to those dimensions of experience that make us feel safe, secure, and certain. Mental health professionals are not immune to this very human urge to self-protect and to affirm our currently maintained worldviews (Spinelli, 2016) even at the cost of our wellbeing. Students of the allied mental health professions might be better served by training that encourages them to stay in the in-between — of suffering and joy, freedom and constraint, ability and limitation — so that they are better able to be with their clients in a mutual exploration of what it means to exist as a human being in the world.

NOTE

¹ I recategorized the initial codes / sub-themes under the preliminary themes “technical competency and know-how” and “changed view of therapy” as more appropriately belonging to one of the two super-ordinate themes, “personal process in therapy” and “therapeutic relationship building”. This decision reflects my assumption that technical competency and changes in attitudes towards therapy are aspects of a therapist’s personal process and that these would also show up in their relationship building behaviors in therapy.

WORKS CITED

- Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755-768.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Bugental, J. F. (1992 / 1987). *The art of the psychotherapist*. WW Norton & Company.
- Dobson, K.S. and Dozois, D.J.A. (ed.). (2019). *Handbook of Cognitive-Behavioral Therapies, 4th Edition*. The Guilford Press: NY and London.
- Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy, 55*(4), 399.

- Feiner, S. E. (1998). Course design: An integration of didactic and experiential approaches to graduate training of group therapy. *International journal of group psychotherapy*, 48(4), 439-460.
- Frankl, V. E., & Batthyány, A. (Ed.). (2010). *Marquette studies in philosophy: Vol. 60. The feeling of meaninglessness: A challenge to psychotherapy and philosophy*. (D. Hallowell, Trans.). Marquette University Press.
- Fruzzetti, A.E., McLean, C, and Erikson, K.M. (2019). Mindfulness and acceptance interventions in cognitive-behavioral therapy. In Dobson & Dozois (eds.). *Handbook of Cognitive-Behavioral Therapies*, 4th Edition. NY and London: The Guilford Press.
- Hayes, S. C., & Wilson, K. G. (2003). Mindfulness: Method and process. *Clinical Psychology: Science and Practice*, 10(2), 161-165.
- Hoffman, L. (2020). Existential–Humanistic Therapy and Disaster Response: Lessons From the COVID-19 Pandemic. *Journal of Humanistic Psychology*, 0022167820931987.
- Hoffman, L., & Vallejos, L. (2018). Existential shattering. *The encyclopedia of psychology and religion*.
- Ivey, G. (2014). The ethics of mandatory personal psychotherapy for trainee psychotherapists. *Ethics & Behavior*, 24(2), 91-108.
- Krug, O., & Schneider, K. (2016). *Supervision essentials for existential-humanistic therapy*. Washington, DC: American Psychological Association.
- Leontiev, D. (2016). Experience processing as an aspect of existential psychotherapy: Life enhancement methodology In Schulenberg, S. (Ed.). *Clarifying and Furthering Existential Psychotherapy* (pp. 79-94). Switzerland: Springer.
- Maruniakova, L., Rihacek, T., & Roubal, J. (2017). How beginning counselors learn: The interaction of personal and professional experiences in counselors with an experiential orientation. *Counselling Psychology Quarterly*, 30(1), 48-66.
- May, R. (1958). Contributions of existential psychotherapy. In May, R., Angel, E. & Ellenberger, H.F., (Eds.). *Existence: A new dimension in psychiatry and psychology*. New York: Basic Books.
- May, R. (1981). *Freedom and Destiny*. Norton: NY.
- May, R., & Yalom, I. (1967). *Existential psychotherapy*. Canadian Broadcasting Corporation.
- Nissen Lie, H. A., Rønnestad, M. H., Høglend, P. A., Havik, O. E., Solbakken, O. A., Stiles, T. C., & Monsen, J. T. (2017). Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology & Psychotherapy*, 24(1), 48-60.

- Pope, K. S., & Vasquez, M. J. (2011). *Ethics in psychotherapy and counseling: A practical guide* (4th ed.). NJ, USA: John Wiley & Sons.
- Pos, A. E., Greenberg, L. S., & Elliott, R. (2008). Experiential therapy. *Twenty-first century psychotherapies: Contemporary approaches to theory and practice*, 80-122.
- Richert, A.J. (2003). Living stories, telling stories, changing stories: Experiential use of the relationship in narrative therapy. *Journal of Psychotherapy Integration*, 13 (2), 188-210.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95.
- Schneider, K. J. (2014). Rediscovering Awe: A new front in humanistic psychology, psychotherapy, and society. In Schneider, K.J., Pierson, J.F., and Bugental, J.F.T. (Eds.). *The Handbook of Humanistic Psychology: Theory, Research, and Practice* (2nd ed), 73-82. USA: Sage Publications.
- Schneider, K. J. (2007). Theory of the existential-integrative approach. In Schneider, K.J. (Ed.). *Existential-integrative psychotherapy: Guideposts to the core of practice*, (35-48). NY, USA: Routledge / Taylor & Francis.
- Schneider, K., & Krug, O. (2017). *Existential-humanistic therapy*. Washington, DC: American Psychological Association Press.
- Sousa, D. (2016). Existential psychotherapy — the genetic-phenomenological approach: Beyond a dichotomy between relating and skills. In Schulenberg, S. (Ed.). *Clarifying and Furthering Existential Psychotherapy* (pp. 115-130). Switzerland: Springer.
- Spinelli, E. (2016). Experiencing change: An existential perspective. In Schulenberg, S. (Ed.). *Clarifying and Furthering Existential Psychotherapy* (pp. 131-145). Switzerland: Springer.
- Tolin, D. F., McKay, D., Forman, E. M., Klonsky, E. D., & Thombs, B. D. (2015). Empirically supported treatment: Recommendations for a new model. *Clinical Psychology: Science and Practice*, 22(4), 317-338.
- van Deurzen, E. (2016). Structural existential analysis (SEA): A phenomenological method for therapy work. In Schulenberg, S. (Ed.). *Clarifying and Furthering Existential Psychotherapy* (pp. 95-114). Switzerland: Springer.
- Wampold, B. E., & Carlson, J. (2011). *Qualities and actions of effective therapists*. Washington: American Psychological Association.
- Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14(3), 270-277.

- Yalom, I. D. (2020 / 1980). *Existential psychotherapy*. UK: Hachette / USA: Basic Books.
- Yalom, I. D., & Josselson, R. (2014). Existential psychotherapy. *Current Psychotherapies*, 265-298.
- Yang, M. (2020). Resilience and Meaning-Making Amid the COVID-19 Epidemic in China. *Journal of Humanistic Psychology*, 0022167820929215.