

HEALING: A THEOLOGICAL PERSPECTIVE ON EXISTENTIAL PSYCHOTHERAPY

**A Study of Existential Psychotherapy
and Its Significance for Pastoral Theology**

by

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INTRODUCTION

The Church and organized religion are now passing through the last of three phases following the earthquake of Freudian discoveries which have shaken the religious establishment, opened fissures in the walls of dogmatism, and caused widespread anxiety and dread in men both within and without the Church. "At the turn of the century Freud, a Viennese physician, introduced a revolutionary new psychology based on the study of human drives, especially those of sex and aggression. He also introduced a method for the tapping of the unconscious." (p. 53, Lynch, Redbook, Dec., 1966).

Blind reaction and bitter denunciation characterized the first phase in the Church's response to Freud and the general movement which he represented. Only exceptional individuals like Oskar Pfister, a pastor and psychoanalyst trained under Freud, attempted to bridge the widening chasm during this initial stage.

Whereas the initial reaction focused upon the disturbing view of 'eroticised' man, Freud soon began to write about religion and called it a universal obsessive neurosis. Freud explored the psychic, sexual and obsessive reasons for religious development and practices in his books Totem and Taboo, Civilization and Its Discontents, The Future of an Illusion, and Moses and Monotheism. Like Archibald Macleish's

J.B. modern man was confronted with an apparently comprehensive and adequate explanation of Man and his ultimate concerns which not only nullified but also discredited the traditional response of faith. Suddenly the Christian Church found itself struggling for survival and resorting to apologetics in what appeared to be a life-and-death struggle with the quasi-religious exponents of Freudian psychoanalysis.

The third and most recent development in relations between religion and psychoanalysis has been one of conciliation based on dialogue and thoughtful consideration. While outwardly more promising than the first two stages, this phase is not without its own special problems. In a sometimes desperate attempt to relate themselves relevantly to human reality ministers have all too often substituted the goals and roles of psychiatrists and psychotherapists for their own tasks and responsibilities as clergymen. Consequently confusion has arisen in the fields of both psychiatry and religion requiring further discussion and definition of the roles, goals, boundaries, and relations between the respective fields and the implications of the truths found in each for the theory and practice of the other.

Arthur Rost, a protestant chaplain in a large American mental hospital, has rightfully pointed out that the goal of religion cannot be mental health (p.53, Redbook, Lynch); on the other hand, the Church and its clergy cannot simply overlook the question of mental health and its own responsibility for bringing important psycho-analytic insight and procedures as well as its own unique resources to bear on this problem. With penetrating insight and sensible bal-

HEALING: COVENANT AND COUCH

The fields of modern psychiatry and psychoanalysis offer a profound view of man and his existential predicament. Although avowedly scientific in nature, these modern medical disciplines do offer an informative comparison and in some places a vivid contrast with the theological view of man and the process of salvation or 'healing' initiated by God in Jesus Christ. This paper will attempt to draw upon and in the appropriate places either correct or complement certain psychiatric and psychoanalytic insights in terms of certain theological propositions; hopefully this will lead to a better understanding of the meaning and consequences of God's work in the world, its implications for pastoral theology and its application in the various forms of pastoral care. To avoid confusion it might be helpful to identify the basic components of the study and how they are related to one another.

First there is psychotherapy, or more specifically, existential psychotherapy. Then follows a criticism of modern psychotherapeutic procedure and theory from a theological perspective. And lastly, an attempt will be made to summarily discuss the implications of the above mentioned critique for pastoral theology today. Let us therefore examine these three items and their relations in more detail.

"Psychotherapy means literally the treatment of the mind. It therefore could be applied to all methods of treatment for mental illness;" (including physical, pharmaceutical, surgical, etc. as

discussed in Psychiatry Today by David Stafford-Clark or in An Introduction to Physical Methods in Psychiatry by Sargant and Slater).

However, in practice its use is restricted to those methods which rely for their effect upon an exchange of ideas between patient and doctor. Psychotherapy is formal treatment of patients distinguished by its dependence upon psychological rather than physical or chemical agents. "Psychoanalysis as a treatment method comes logically within the broader genus of psychotherapy." (p.16, Menninger).

For the purposes of this study it will not be necessary to distinguish between psychoanalytically-oriented psychotherapy and orthodox psychoanalysis. There are many differences between these two types and some are important distinctions based primarily on the theoretical differences among the various schools (i.e. ^{Jungian} ~~Jungian~~, Adlerian, Sullivanian, et al.). However, there is another distinction which is important and must be made for the purposes of our study. This is the distinction between the orthodox and traditional approach to psychiatry and psychoanalysis, which is still largely influenced by classical Freudian hypothesis, and the relatively new 'existential' approach to the same field.

Because existential psychology and psychiatry is relatively new and has not developed into a separate school in its own right, it has only challenged certain select principles and techniques as found in traditional psychiatry and psychoanalysis. Therefore this study will draw heavily upon traditional psychoanalytic theory and only introduce

the new existential psychiatric insights where they radically disagree with or amplify older concepts. For example, existential psychotherapeutic hypothesis disagrees at various points concerning the analyst-analysand relationship; this paper will endeavor to discuss and evaluate these disagreements as they arise.

The second element is the theological perspective and criticism of the therapeutic process. In order to distinguish this paper from a merely psychological or philosophical discourse a theological criticism, both positive and negative in nature, is necessary. Any contemporary movement with the reputation, influence, and mystique of psychiatry and psychoanalysis is worthy of theological consideration. Because psychotherapy is involved in mental healing and the restoration of wholeness and wields considerable power to that end, responsible theology cannot justify disinterest or indifference; Christian theology itself reflects upon God's ongoing work of healing and salvation as manifest most specifically in Jesus Christ. My main purpose in this paper is to show that God's act in history and particularly and most perfectly in Jesus as the Christ is the paradigm or prototypic model for the healing process as found specifically in modern psychotherapy.

Such an assertion implies that the goals of psychotherapy are somehow, though in a more limited or specific sense, the same as or similar to God's will for man as revealed in his Son. If this is found to be true, then we should desire to see what correction, exten-

sion or ultimate dimension might be added by our theological understanding. In other words, is psychotherapy carried out under merely human auspices and limitations and possibilities or does it contain some implicit ultimate dimensions which must be examined theologically? I hope to demonstrate in our discussion that such theological concepts as 'unconditional acceptance' and 'I-Thou relationships' are not only applicable and useful in psychotherapy but that they also permit and facilitate a deeper understanding of its ultimate possibilities and meanings. Our aim is not to theologize or artificially infuse religion into psychoanalytic technique (which may very seriously hinder the healing process) but merely to consider the theological implications and possibilities of the movement both as a secular phenomenon and as an increasingly important part of pastoral counseling. Therefore our goal is not a superimposition of the Gospel onto psychiatric theory but is rather a methodological comparison of these two areas.

The theological perspective will be provided primarily by the thought of two modern theologians, namely Paul Tillich and Martin Buber. These two thinkers were selected for two reasons; (1) both have written explicitly about psychotherapy from a theological perspective and (2) both are considered to be existential theologians. Prior to Tillich and Buber most statements concerning psychotherapy made by churchmen were apologetic or actually hostile, aimed at denigrating rather than at opening discussion and ~~mutual~~ ^{furthering} mutual under-

standing. Secondly, the existential approach of these two men provides a common medium in regard to the themes contained in the new existential psychotherapy which is largely derived from Martin Heidegger's philosophy, itself commonly considered 'existential'.

Buber presents a special problem because he is a Jewish theologian. Buber's divine Thou has been criticized by Christian theologians as having no face or body, as not being incarnate in Jesus Christ. Therefore Christian theologians have had no difficulty in adapting Buber's basic I-Thou categories to both the human dimension and to the face-to-face confrontation of man by the divine Thou in Jesus Christ, the God-Man. Therefore, although using Buber's writings and ideas, I will take the liberty of translating his divine and wholly numinous Thou in terms of the divine Thou present in Jesus as the Christ. As we shall see later in the paper and especially in relation to the transference phenomenon as applied to the divine Thou, it is much easier to project fantastic images and infantile wishes onto a so-called 'faceless' God in heaven than it is onto a specific figure in whom the Godhead is fully and really present, namely Jesus Christ. Because Jesus as the Christ paradoxically reveals the divine in the human, the General in the specific, the eternal in the temporal, and the 'faceless' Lord in the face of a servant, he provides the ultimate dimension while providing a norm of empirical reality against which to measure one's perceptions in the process of therapy and salvation.

The third and last element in our study is the hitherto neglected but now increasingly important field of pastoral theology with special emphasis on pastoral care and counseling. The newly recognized importance of this segment of theological study and practice is evident in the huge expansion in attention to pastoral theology and counseling in the American theological schools and the development of clinical training programs on all levels throughout the United States.

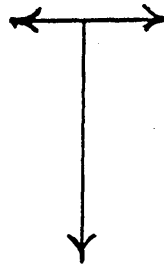
Pastoral theology and pastoral counseling relies heavily on the technical and theoretical insights ^{pertaining} ~~pertaining~~ to modern psychotherapy for deeper theological insight and increased effectiveness in its work. In contrast to professional psychiatry and psychoanalysis pastoral counseling outrightly combines some of the principles of psychotherapy with theological perspective to minister in a healing way to those in need. Consequently pastoral theology depends more than any other sector of theological study on a thorough understanding of both fields (psychotherapy and theology) and their mutual relationship.

It is obvious that pastoral counseling, except in rare circumstances where an ordained clergyman is fully trained in psychotherapeutic technique and commissioned by a denomination or local church to pursue full-time psychiatric work, differs significantly from professional psychotherapy. Pastoral counseling is part of a larger task while psychotherapy is a full-time profession. Pastoral counseling is geared to shorter, more limited periods with specific persons and is often-

times connected with his other professional tasks such as marriage counseling. On the other hand, the pastor who counsels brings certain unique tools to bear on the situation which are not only unavailable but also unadaptable to secular psychiatric practice. These special tools or aids are referred to as the 'means of grace' which include prayer, Scripture, sacraments, and Christian koinonia. Their part as aids to healing used by the pastor will be discussed later.

This theological critique of modern psychotherapy may prove to have valuable consequences for pastoral theology and these will be mentioned from time to time during our discussion. With these three elements in mind we might, for didactic purposes, diagram the thrust of this study as follows:

PSYCHOTHERAPY-
PSYCHOANALYTIC APPROACH
EXCEPT WHERE EXISTENTIAL
CONCEPTS PERTAIN



THEOLOGY-
GOD'S HEALING ACTS
IN HISTORY AND
ESPECIALLY IN
JESUS CHRIST

PASTORAL THEOLOGY-
SPECIAL REFERENCE TO
PASTORAL COUNSELING

With this schema in mind let us consider the first section of our study, the paradigmatic comparison of God's saving (healing) acts in Jesus Christ towards mankind with the analyst-client relationship in psychoanalysis.

'HEILSGESCHICHTE' AS PARADIGM FOR THE PSYCHOTHERAPEUTIC PROCESS

While studying the psychotherapeutic process both in theory and technique I was struck by its similarity to what Christian theology calls 'heilsgeschichte' or 'salvation history' which is comprised of God's redeeming acts in historical time. Certain concepts now in vogue have emerged and developed primarily during the last fifty years, sometimes referred to as the age of the behavioral sciences. Such popular sociological terms as 'interpersonal relationships' have been adapted to philosophy and described as 'existential encounters'; even theology has appropriated these thought-forms and theologians such as Emil Brunner and Martin Buber have spoken of 'God-man encounters' and 'I-Thou relationships'. Thought-forms used to describe the movements within and between men have been found helpful in describing intertrinitarian movements as well as God's active, revalatory relationship to mankind as recorded in Scripture. Whereas the goal and process of psychotherapy might be described as 'healing through meeting', so also might God's relationship to man be described in a similar way. In other words, insofar as God's acts of salvation include the concept of healing, then it is the ultimate paradigm or model for healing of all kinds and especially in the area of psychotherapy where the therapist is related to the client in a manner analogous to the way in which God is related to man. This is the paradigmatic relationship to which I refer.

It may be objected that such a thesis illegitimately alters and thereby distorts psychotherapeutic technique and the theory behind it which has been derived relatively recently by a scientific or at least quasi-scientific method. It is not the purpose of this paper to question the source or the integrity of the psychoanalytic discipline; but insofar as it corresponds to the manner in which God deals with man, psychotherapy may find its ultimate ground in God's 'heilsgeschichte' which has temporal priority and ultimacy.

Before proceeding further let us consider the relation of healing to God's work. According to Paul Tillich (Review of Religion, May, 1946, p.348-384) modern theological concepts of salvation are partial and unsatisfactory because they do not consider the whole man, both body and soul, as well as his sociological relations. The Western tradition has especially been preoccupied with individualism and has lost thereby the total perspective. Salvation is truly a cosmic event in which the world is saved (John 3:16).

An aetiological study of the word 'salvation' reveals that one of its derivatives is the concept of 'healing'. Consequently God's saving acts are in part connected with a cosmic healing which Tillich describes as 'making whole'. Seward Hiltner, author of the book Pastoral Counseling, also describes healing as a 'restoration to functional wholeness'. Therefore God's act of healing as included in his saving work in history has personal meaning as well as cosmic or universal overtones.

Karl Menninger (Theory of Psycho-Analytical Technique, p.179) comments that "the intangible gains of psychoanalytic treatment extend out into the universe"; the personal gains involved are obvious. As a result we see that psychotherapy and God's acts are reciprocally related. Although psychotherapeutic theory and technique are derived independently of theology (particularly obvious in the anti-religious attitude of Sigmund Freud), its profundity and effectiveness highly recommends and is recommended by the observation that God relates Himself to man in a similar manner. Below we shall expand upon the analogy.

THE CONTRACTUAL-COVENANTAL PARADIGM

Far from making God 'the Great Psychoanalyst in the Sky' this paper seeks to distinguish God's healing movements from other such therapeutic movements and yet to provide an outline for the pastor in his counseling and care in the name of Christ.

Karl Menninger has described all psychoanalytic treatment as transactional and contractual; furthermore, it, like other forms of psychotherapy, is a long, continuous two-party contract or compact (p.17). "First of all, in any engagement between two individuals in which a transaction occurs there is an exchange, a giving and a gain of something by both parties with a subsequent meeting of needs in a reciprocal, mutual way."(Menninger, p.21). This description of contracts in

general and the psychotherapeutic contract in particular is reminiscent of covenantal theology which describes God's way of relating himself to men. There are, however, certain distinctions which should be made. Whereas the prospective patient seeks out the analyst, covenant theology rests on the initiative and authority of God; God seeks out man in his broken and estranged state of existence. However, God has prepared man for this new 'contract' via the prior covenants or contracts which were broken by man. Another important difference between the psychotherapeutic contract and covenant theology is the fact that there is no 'meeting of needs in a reciprocal, mutual way'. Certainly God obtains worship, devotion, and adoration from the covenanted people, but theology explicitly denies that God needs such things as if he were incomplete or lacking without them. An inequality exists between the covenanted parties of the first and second parts. Therefore the differences can be summarized as follows: "Man's faith will be a response to what God does, not a bilateral bargain between equal partners." (Anderson, The Living Word of the Old Testament, p.353).

Dr. Menninger points out three other ways in which the psychotherapeutic contract differs from other contracts; (1) In contrast to sales transactions where the relationships between two parties are rather incidental to the goal, relationships between the two parties in psychotherapy come very close to being the goal themselves(p.22).

As we shall see more clearly later in this paper, interpretation and non-judgemental acceptance of the client are the mainstays of the therapeutic process. Paul Tillich speaks of God's grace in terms of God's unconditional acceptance of the unacceptable man. Therefore the unique situation which is the heart of the therapeutic process is also found to exist between God and the world. The New Covenant rests upon divine forgiveness. Although God pre-conditions the new relationship of unconditional acceptance through Jesus Christ by shattering men's pride and self-sufficiency through his discipline, He makes a new beginning in Christ: "For I will forgive their iniquity, and I will remember their sin no more." (Jer. 31:34).

Just as the unconscious material of the client is slowly uncovered and accepted by the therapist and thereby the client effects a self-acceptance, so also does God's unconditional acceptance of man lead to man's own self-acceptance and his acceptance of others, this being the first and most important step in healing both mental illness and cosmic sin. The very important question concerning the ways divine grace differs from analytic acceptance will be discussed later.

(2) "Ordinarily, transactions between people have defined time limits. A contract starts at some time and becomes consummated at another, specified time. However, as long as the goal of psychotherapy is betterment - or amelioration or growth or maturation - it is by definition an open-ended venture. It is essentially inter-

minable, since there is no predetermined specification of what is meant by mature, healthy or comfortable."(Menninger, p.23). Here again we see a theme familiar to Christians. Just as most psychotherapy is a continuing process rather than a single-step event, so also is the consummation of the divine purpose in history. Persons related to God in a new way through Jesus Christ (through grace by faith - covenantal) are always in the process of being healed and never 'arrive', so to speak. While the indetermination of the therapeutic process is due to the vagueness of the goals which are themselves defined or only vaguely defined in human terms, the indetermination in time of 'heilsgeschichte' is due to the mystery connected with God's activity and purpose. Consequently there is an explicit transcendental element in God's therapeutic work which is absent in the secular therapeutic area; the consequences of this will be discussed later. In any case, the comparison is enlightening.

(3) "Whereas most contractual relations are confined to two parties who are named and described and identified in the contract, the transaction between a psychotherapist and his patient need not be confined to these two; it may often involve other people to whom the patient is related. Perhaps the major part of all psychotherapy is at least focused on the patient's relationships with others. Though the focus is on the two parties, the transactions are not limited to a two-party space." (Menninger, p.23). Here again the analogy is evident; just as the

therapist is concerned with his client's interpersonal relationships as the locus of difficulty or improvement, so also is God concerned with our estranged or diseased relations with our fellow men and the subsequent restoration of wholeness to interpersonal relationships. Our acceptance and forgiveness by God in Jesus Christ, the great physician or therapist of souls, necessarily leads to our acceptance and forgiveness of others. Our description is couched in modern psychosocial terminology but it is undeniable that the New Testament directs men toward love of their enemy as well as their neighbor.

Medical as well as psychotherapeutic treatment can be divided into three general categories; (1) subtractive treatment which endeavors to remove something from the organism or psyche; (2) additive treatment which removes symptoms by introducing something to the organism; (3) manipulative treatment which is set in motion by the physician or therapist and effects an ameliorative change. Karl Menninger (p.24) says that "psychotherapy may be additive in the sense of giving a patient hope, subtractive in the sense of removing a fear, or manipulative as in the case of redirecting a patient in regard to a goal." Although God's curative action in Jesus Christ provides a significantly different content to our hopes and goals and in removing sin rather than fear, the similarities are more than coincidental. That part of God's work in which he acts as the healer of souls, indeed, as the healer of

man's whole personality, may be described in the same modalities used by the medical and psychoanalytical professions.

Speaking in this way seems to ascribe priority to scientific psychotherapeutic categories in describing God's healing work and therefore we may appear to be forcibly adapting religious concepts to medical theories. This impression, if it exists for the reader, is mistaken and this paper is suggesting rather that the implications are already inherent in our theology but is, in many instances, more aptly and systematically described in medical thought-patterns. This is not to say that the ultimate quality, meaning, and purpose of God's healing work is to be transformed into and identified with the limited and conditional aims of the psychotherapeutic or medical arts in general. However, this paper is suggesting that for the sake of interpreting the Gospel and communicating it to the modern man Christian theologians must avail themselves of such modern categories which adequately represent the meaning and purpose already inherent in the Good News of Jesus as the Christ. The idea of Jesus as healer and physician is not foreign to either the Gospels or the New Testament world-view; therefore modern therapeutic principles which offer a purview of certain biblical principles should be employed where applicable, not with uncritical acceptance but rather with judicious consideration.

Some psychiatrists consider psychoanalysis and other forms of psychotherapy to be more a matter of re-education than of treatment;

this appears to be a residue from the liberal views of man popular in the nineteenth and early twentieth centuries and it is most clearly evident in the thought of John Dewey, the renowned educational theorist. Such a view poses a serious problem for us. Such a view of man, his predicament, and his subsequent healing, psychological or otherwise, is shallow and does not take seriously the meaning of sin. Insofar as psychotherapy misapprehends this crucial fact and considers itself in theory and technique sufficient for the total healing of man, it becomes unrealistic and, paradoxically enough, inadequate for its rightful task.

The final concern in this section on the contractual-covenantal paradigm is the payment or the question of money. Although "complications also arise if the patient pays more than he can afford, the analysis will not go well if the patient is paying less than he can reasonably afford to pay." (p.32, Menninger). This is analogous to the doctrine of the atonement and to the cost of discipleship. The price of God's healing work is, so to speak, beyond our means and Christ's death is God's sign that he is willing to absorb the so-called 'expense' himself out of unconditional love for man. Any 'satisfaction' regarding payment can only be undertaken by God himself; furthermore, the sacrificial aspect of the atonement is a foreshadowing of what will be required of the 'patient' himself in the course of restoring him to wholeness. This unique act of God is unparalleled in the psychotherapeutic relationship and it points to the ultimate or religious dimen-

sion which is not inherent in the psychotherapeutic process itself.

Although God's act in Jesus as the Christ is unprecedented and unrepeatable in magnitude and kind, it would be wrong to assume that our relationship with God through which healing is effected is without personal expense or sacrifice. If the covenant depended on God assuming all responsibility, then man would assume a passively dependent, narcissistic, infantile, help-seeking attitude similar to a patient receiving psychotherapy at no personal sacrifice. The admonition in Scripture to become as little children is not encouraging the egocentric attitude referred to above.

Menninger also declares that the analysis "should be a definite sacrifice for him (patient), for him and not for someone else."(p.32). This is where the paradox of faith and the cost of discipleship comes into effect. Man is required to recognize the attitude and completeness of God's act in Jesus Christ and he then becomes fully responsible for his predicament and for making a response of faith; or again, the paradox of healing, the price of which has already been paid, which costs a man his life. Therefore God's act of cosmic and personal healing is measured not only in terms of Christ's death but in terms of each individual's life; "he who would save his life must lose it for my sake."

God's healing, far from being undemanding of our personal commitment, exacts from us the greatest price conceivable, namely our lives.

Becoming responsible for our own healing and return to functional wholeness is itself part of the healing and the very path which leads to greater integration and maturity. Such responsibility is fundamental to both the Christian faith and to the psychotherapeutic process.

In this connection Dr. Nils Haak ("Comments on the Analytic Situation", Internat. Jour. Of Psycho-Anal., 38:183-195, 1957) makes some penetrating observations on the analyst-patient relation which are applicable to the God-man relation: (1) The patient regards the analyst not as an indulgent 'father-figure' but as a reliable, integrated person who dares to accept the aggressions which the patient releases against this strict system of payment. "The patient experiences the therapist as an honest, upright person and thus the analyst becomes a good object of identification." Therefore God's integrity is not compromised and our healing includes what Bonhoeffer calls a 'Christ-formation' in us.

(2) The patient experiences that he has entrusted himself to a strong person who will not be tempted or 'castrated'. This attitude "becomes a good and realistic ego-ideal for the patient in contrast to his own neurotic one." Whenever the Church has emasculated or has allowed the world to emasculate Christ, He has lost much of his effectiveness and authority as a healing and saving figure.

(3) "The analysis must involve sacrifice, otherwise it becomes a matter of indifference in the patient's life. It is deeply rooted in the human mind that what is cheap is of little value and what is dear

is valuable." One only needs to read Dietrich Bonhoeffer's comments about cheap and costly grace in his Cost of Discipleship to see the relevance of the psychological observation for our Christian paradigm of healing. Similarly, psychotherapists believe that the treatment must be considered by the patient as one of the most important things in his life. Without stopping here to point out the idolatrous possibilities of such a view, we can notice its similarity to the Tillichian description of faith as ultimate concern, that it be both ultimate in content and the most important thing in our lives.

Having completed our survey of the contract-covenant paradigm, we must now consider some of the implications for practical theology. In drawing useful conclusions from our foregoing discussion the pastor must remember two things in order to avoid difficulties; as facetious as it may sound, the pastor must remember that he is not God; secondly, he must remember that he is not a professional psychotherapist or psychoanalyst either by training or by 'vocation'. More positively speaking, he must remember two other things; firstly, he does minister in the name of Jesus Christ and secondly, he is trained to care for and counsel those people entrusted to him. The pastor's unique position gives rise to certain very challenging possibilities as well as to some very specific limitations.

As described above God works in a healing way in history and he

acted most decisively in Jesus Christ. The pastor, as an ordained agent mediating the healing word of God, becomes at any given moment a focus of God's continuing healing and saving activity through the Holy Spirit. (I have chosen to neglect the fact that all Christians are priests one to another and therefore all of them are potential healing instruments of God; I shall concentrate primarily on the ordained professional clergy.) As such, he meets a counselee as a man but as a man open to the possibility that God may work in a healing way through him. In this capacity he will endeavor to mediate the unconditional acceptance of God to the counselee and refrain from premature judgemental or condemning attitudes. This corresponds to sound counseling technique which he ought to employ where possible. The very fact that the counselee came to a pastor instead of a psychiatrist may indicate various things (someone to listen without charge, a religious crisis, etc.) but this is no excuse for introducing extraneous 'religious talk' that may interfere with good counseling technique.

Two other considerations are worthy of comment. Remembering that the healing process is continuous and frequently difficult, the pastor will need to practice the cardinal rule of counseling, namely self-limitation. The pastor's training and technical skills may be unequal to the more serious personality disorders. A preliminary diagnosis may indicate the need to refer the counselee to a qualified,

professional psychotherapist (psychiatrist, psychoanalyst, psychiatric social worker, etc.).

Secondly, the pastor must limit himself according to the time required for counseling. If he undertakes a long-term treatment, he must make certain that it does not interfere with his other pastoral tasks to which he was contracted. Although he receives no direct remuneration from a counselee but rather is salaried for his overall tasks, he must establish certain priorities for members of his own church and those from outside his congregation with whom his own congregation may or may not wish him to spend time. The fact that the counselee is not required to make payment may cause the counseling relationship to 'bog-down' so to speak. Since the pastor's counseling services do not make any monetary demands upon the counselee and the motivation provided by hired time is lacking, the pastor must be sure that the counselee is making an adequate sacrifice or payment in time and effort in the relationship.

Because the scope of this paper is rather broad, it must be suggestive rather than exhaustive. Therefore, further expansion of the topics already mentioned and their implications for the pastor may be found in several good books on pastoral counseling and theology.

- A. Godin, The Pastor as Counselor
- S. Hiltner, Pastoral Counseling
- " " , Preface to Pastoral Theology
- E. Thurneysen, Theology of Pastoral Care
- D. D. Williams, The Minister and the Care of Souls

THEOLOGY AND EXISTENTIAL PSYCHOANALYSIS

Before proceeding further it is necessary to lay certain groundwork preparatory to erecting our larger structure. Certain insights provided by Paul Tillich will lend certain theological perspective to our task and help out the values, weaknesses, and limitations of psychotherapy in general and existential psychoanalysis in particular. Tillich proposes a three-fold metaphysical scheme which is common to Christian tradition. The first fundamental concept is: "Esse qua esse bonum est. This...basic dogma of Christianity...means 'Being as being is good', or in the biblical mythological form: God saw everything that he had created, and behold, it was good. The second statement is the universal fall - fall meaning the transition from this essential goodness into existential estrangement from oneself, which happens in every living being and in every time. The third statement refers to the possibility of salvation. We should remember that salvation is derived from salvus or salus in Latin, which means 'healed' or 'whole', as opposed to disruptiveness. These three considerations of human nature are present in all genuine theological thinking: essential goodness, existential estrangement and the possibility of something, a 'third', beyond essence and existence, through which the cleavage is overcome and healed." (p.118,119, Tillich, Theology of Culture).

Depth psychology as such operates on the second level, that of

describing man's existential predicament. In typically existential categories Tillich suggests that depth psychology describes and analyses the experience of meaninglessness, loneliness and emptiness as a result of the human predicament in finitude, estrangement and loss of subjectivity. The precinct of depth psychology concerns the attempted escape into neurosis and psychosis.

In contrast to depth psychology which merely describes and explains the escape, the term 'therapeutic psychology' clearly implies that something must be healed. The question of healing and making whole, the movement from the existential toward the teleological and salvation, raises several important and difficult problems. If psychotherapy and existential psychoanalysis are concerned with helping restore wholeness and effecting healing in man, then is it intrinsically interested in salvation either in a wider or narrower sense? Secondly, by initiating and aiding a healing process through interpersonal means does psychoanalysis support the larger Christian meaning and task of salvation or does it establish itself as a quasi-religious system of salvation in itself?

In answering these questions we must again turn to Tillich for insight. Within the area of healing "...we have the difference between the healing of an acute illness and the healing of the existential pre-suppositions of every disease and of every healthy existence." Beyond the 'compulsive restrictions of men's potentialities' which produce

psychosomatic irregularities and destruction and lead to neurosis and to psychosis there are the existential presuppositions. "Neither Freudianism nor any purely existentialist considerations can heal these fundamental presuppositions. Many psychoanalysts try to do it. They try with their methods to overcome existential negativity, anxiety, estrangement, meaninglessness, or guilt. They deny that they are universal, that they are existential in this sense. They call all anxiety, all guilt, all emptiness, ^{illness or} ~~illness~~ which can be overcome as any illness can be, and they try to remove them. But this is impossible. The existential structures cannot be healed by the most refined techniques. They are the objects of salvation. The analyst can be an instrument of salvation as every friend, every parent, every child can be an instrument of salvation. But as analyst he cannot bring salvation by means of his medical methods, for this requires the healing of the center of the personality."(p.123, Theology of Culture).

Although not an effective agent of salvation in the larger Christian-existential sense as such, depth psychology, psychopathology, and psychoanalysis have led to a rediscovery of the meaning of the concept of 'sin'. "Sin is separation, estrangement from one's essential being." (Ibid.). Furthermore, the idea of unlimited freedom in man and the absolute authority of man's autonomous will over the rest of his person has been jettisoned with the discovery of the unconscious on the relatively involuntary patterns and motives which determine to a greater

or lesser extent even our apparently free, conscious decisions and actions.

In spite of these important contributions to theology the crucial and pivotal part in my proposed paradigmatic relationship between theological soteriology and healing through existential psychoanalysis is theology's rediscovery of the meaning of grace from the interpersonal relationship which exists between patient and analyst. "It is important to know that theology had to learn from the psychoanalytic method the meaning of grace, the meaning of forgiveness as acceptance of those who are unacceptable and not of those who are the good people. On the contrary, the non-good people are those who are accepted, or in religious language, forgiven, justified, whatever you wish to call it. The word grace, which had lost any meaning, has gained a new meaning by the way in which the analyst deals with his patient. He accepts him. He does not say, 'You are acceptable', but he accepts him. And that is the way in which, according to religious symbolism, God deals with us; and it is the way every minister and every Christian should deal with the other person."(p.124, Theo. of Culture).

Furthermore, Tillich writes: "If the counsellor or confessor is somebody who knows the human situation, he can be a medium of grace for him who comes to him, a medium for the feeling of overcoming the cleavage between essence and existence."(p.125, Theo. Of Culture).

The above comments may help to determine the limitations as well as

the possibilities of psychoanalysis and pastoral counseling. If the analyst mediates certain healing effects by certain movements which emphasize the difference between sin and sickness, realistic responsibility for changing direction (repentance in religious terminology), and mediates a form of grace and forgiveness by his acceptance, then in what way is he involved in salvation and what limitations does the lack of religious symbols impose on him?

Whereas Tillich sees the psychoanalytic interpretation of man's predicament as raising the question that is implied in man's very existence, the task of systematic theology for Tillich is to "...show that the religious symbols are answers to this question." Therefore he believes that there is no theistic or non-theistic psychoanalysis. Freud himself agrees with this view and in one of his letters to Oskar Pfister he writes; "In itself psycho-analysis is neither religious nor non-religious, but an important tool which both priest and layman can use in the service of the sufferer. I am very much struck by the fact that it never occurred to me how extraordinarily helpful the psycho-analytic method might be in pastoral work."(P.17, Letters of Freud and Pfister). But Tillich helps clarify the relation and its limitations: "Whenever the analysts...give an answer, they do it not as existentialists. They do it from other traditions, whether it be Catholic, Protestant, Lutheran, humanist, or socialist. Traditions come from everywhere, but they do not come from the question."

This means that the existentialist (psychoanalyst) raises the question and analyses the human situation to which the theologian can then give the answer, an answer given not from the question but from somewhere else, and not from the human situation itself."(p.175, Theology of Culture).

Tillich distinguishes between the universal existential conditions of human reality (e.g. existential anxiety over finitude and threat of non-being, existential loneliness, and existential self-estrangement) and the acute illnesses and disease entities which are to a certain extent rooted in the existential conditions but which pass beyond them into the province of disintegration and disease. Later we will discuss the difference between existential and pathological anxiety. For Tillich psychotherapy and existential psychoanalysis deals with the pathological forms of human existence and with a certain, limited type of healing while the universal existential condition of mankind is saved or healed in a wider sense by the use of Christian symbols; psychotherapy and analysis is not ultimately concerned with or able to heal the existential conditions and theology and pastoral care is not primarily concerned with healing the pathological state of men except as it accompanies the ultimate task of healing the general existential condition of mankind. In Tillich's scheme theology and pastoral care is primarily concerned with healing the universal existential condition of man by evoking an authentic ultimate con-

cern by the mediation of Christian symbols. Psychotherapy is relegated to describing the existential predicament and healing men plagued by psychogenic diseases.

The above distinction is helpful and understandable but perhaps it is at the same time too categorical to fit the facts. Tillich has been asked to define the difference between existential and pathological anxiety, presumably to allow the healers involved to pursue their rightful tasks without confusion, but the problem is difficult and it has given rise to disagreement among theologians and psychologists alike. Many psychotherapists including Karen Horney believe that some anxiety is creative and motivates positively while other levels constitute destructive and disintegrative forces. The study and definition of disease processes, some of which seem to be autonomous, self-regulating entities, is still incomplete. Therefore, although the question of distinguishing existential from pathological anxiety is not moot, it at least begs an incomplete and tentative answer for the present.

A more important matter involves what might be called for lack of a better name the 'ultimate movements' of the analyst in his therapeutic relationship to the mentally ill patient. The analyst may mediate through his personhood the ultimate truths embodied in the Christian proclamation and its symbols. Therefore the analyst may unknowingly and implicitly mediate grace in a real and meaningful and immediate way to his patient by his acceptance of those who are unacceptable.

The analyst may act 'grace-fully' toward his patient because of the dictates of technique or because he was accepted by his own analyst during his training; in other words, these so-called ultimate movements may not be self-consciously Christian or theologically motivated.

The patient, having meaningfully experienced the truth of grace through acceptance and the healing connected with it, may wrongfully attribute this truth and power in an ultimate sense to the analyst himself or to the psychoanalytic method and thereby make this source the object of his ultimate concern. Some analysts have proudly accepted this undeserved honor for themselves in a moment of unguarded countertransference, or, more modestly, they have encouraged this attitude on behalf of their patient toward psychoanalysis as a quasi-religious, ideological reality. In this situation Tillich offers helpful insight; the acceptance of a patient by an analyst is, insofar as it has its origin by whatever motivation in the analyst himself, conditional and relative. This grace or acceptance may help effect healing of the illness in the patient but it does not provide the ultimate ground required for healing the deeper existential situation of the patient as man.

The healing dimension of psychotherapy is penultimate and conditional. The ultimate healing of man in his existentiality is religious, unconditional, and absolute. Existential psychoanalysis is not properly concerned with the ultimate dimensions of healing or with developing an ultimate concern in its patients; furthermore, it

lacks the authority and symbols to mediate these 'religious' realities. Theology is primarily concerned with ultimates and it possesses the symbols and authority by which to mediate these ultimates to men. Therefore acceptance of the patient by the analyst and the subsequent self-acceptance by the patient is not synonymous with the religious experience of grace, forgiveness, and justification.

Nevertheless, the original thesis still stands; insofar as psychoanalytic principles which operate in and through the analytical relationship reflect certain ultimate principles and religious relationships (i.e. God's relationship to his creation and especially in and through Jesus as the Christ), there are ultimate dimensions to this particular healing process even though they remain unsymbolized or un verbalized. The pastor as counselor, insofar as his time and training permit, may be involved in mental healing as well as ministering to the existential condition of man by using religious symbols to mediate the ultimate dimensions of grace, forgiveness, and reconciliation as revealed by the Ground of Being Itself. Therefore he bridges the Tillichian categories and mediates healing in its narrower, conditional sense as well as in its wider, unconditional sense.

This is the crux of the thesis and the key to understanding the relationship which exists between theology and existential psychoanalysis and the value it has for the pastor as counselor. Within the structure of depth psychology and especially within the analytic

relationship between doctor and patient there are principles in effect and movements taking place that, in some analogous form, parallel and resemble those which Christian theology has represented with its religious symbols. This analogy or paradigm of relationship has, positively speaking, not only led theology to rediscovery and new understanding of such traditional Christian concepts as 'sin', 'freedom', and 'grace' but has also, negatively speaking, led certain analysts to represent the psychoanalytic method as an ideology, as a way of ultimate salvation in itself, thereby becoming an absolute truth over against the Christian religion. Becoming enamored with the fruit of the truth, some psychoanalysts claimed this partial truth for ~~itself~~^{themselves} while ignoring its connection with the larger ground of truth from which it grew. As a result of ~~plucking~~^{plucking}, this newly rediscovered truth and separating it from the life-giving roots of the whole, the truth became spoiled and dangerous just as a rotten fruit may become poisonous. At various times psychoanalysis has become perverted and idolatrous in the Tillichian sense that something relative is regarded as absolute.

The tendency for psychoanalysis to become idolatrous has several sources. The first and most obvious reason is the apparent success of psychoanalysis in dealing with nervous disorders. Failures are frequent ^{but} they are usually ascribed to faulty technique or ^{to} the patient rather than to the psychoanalytic method itself. Secondly, psychoanalytic training as well as its societies and professional associa-

tions tend to be closed and almost cultic, especially ^{as seen by} the outsider.
 The clientel is select and few in number due to the expense and time involved which not only boosts social status but also the cultic, exclusive aspects. Thirdly, the movement is modern, systematic, and logical, these qualities being especially appealing to the modern mind in contrast to to the more mysterious and more traditional Christian religion. Lastly and most importantly, psychoanalysts in their typically self-conscious way have sensed, intuitively in some cases and more rationally in others, the deeper truth reflected in the principles embodied in their professional methods and personal encounters. Psychoanalysis has recovered a more realistic view of human personality especially in its irrational aspects; it has helped describe profoundly what Tillich calls the existential predicament of man. Psychoanalysis provides a deeper understanding of psychopathology and psychotherapy. It has helped theology to rediscover the meaning of old religious symbols, and it has acted in a 'graceful' manner toward men in the interest of their healing.

With such phenomenal powers invested in this movement it is at least understandable, though no less unacceptable, that it should become an absolute for many men, an irresistible alternative to the Christian God and traditional religion. Psychoanalysis has been represented as a system of truth worthy of men's ultimate concern, as a religion without God, fashioned in the minds of men for the enlighten-

ment and betterment of human life. As an object of idolatry psychoanalysis is a formidable challenge to the genuine ultimates.

By way of illustration let us now consider some doctrines common to both psychoanalysis and theology. The first example is Freud's doctrine of man: "Man according to him, as infinite libido which never can be satisfied and which therefore produces the desire to get rid of oneself, the desire he has called the death instinct. His dismay about culture shows that he is very consistent in his negative judgements about man as existentially distorted."(p.119, Tillich, Theo. of Culture). Freud's pessimistic view of mankind captured the reality and depth of man's existential predicament; but Freud could not escape the existential condition he had perceived nor could he distinguish an essential nature. Despair should have been the logical outcome of his thought. "Now, fortunately, Freud, like most great men, was not consistent. With respect to the healing process, he knew something about the healed man, man in the third form, teleological man."(p.120, Ibid.). Freud's existential pessimism was ameliorated by his guarded optimism over the teleological possibilities of healing; this healing was purely humanistic and predominantly psychoanalytic.

Freud's doctrine or idea of God "...turns out to be at bottom a magnified version of the human father. The transformation of the father into God takes place both in the history of the race... and in the history of individuals who, in adult life, project upon the world

the infantile memory of the father, and raise this image to the rank of a Father God. The father who gave them life, protected them, and demanded their obedience, becomes the God who is similarly creator, preserver, and lawgiver. The main point that he wishes to make...is that a religious belief is determined by the psychological history of the person who holds it, and that such a belief is essentially infantile and neurotic. It is a projection of the nursery upon the world, and is thus a flight from reality. For Freud...the real world is the rigidly determined atheistic cosmos of nineteenth-century naturalism. No Father God reigns over it, but - as he expressed it - 'dark, unfeeling and unloving powers determine human destiny'."(p.109, Macquarrie, Twentieth-Century Religious Thought).

However, in spite of his frequent invectives against God, he took a pragmatic attitude toward religion. Because the permanent success of psychoanalysis largely depends on sublimating the instinctual drives, religion is a possible option. In a letter to Oskar Pfister, a long-time friend of Freud and a pastor-psychoanalyst, Freud wrote: "In your case...young persons...are personally drawn towards you and are ready for sublimation, and to sublimation in its most comfortable form, namely the religious. But you are in the fortunate position of being able to lead them to God and bringing about what in this one respect was the happy state of earlier times when religious faith stifled

the neurosis." Freud himself was not religious, though, and his patients had to find in humanity what he was unable to promise them from above and was unable to supply them with himself. (p.16, Letters of Freud and Pfister).

Three comments are necessary. First, not only is Freud gloriously inconsistent regarding religion but he is no theologian; even in sublimation true religion is not necessarily comfortable nor does it guarantee some Eden-like state of happiness. Karl Barth has most pointedly demolished the idea of comfortable religion and denied the authenticity of happiness as a criterion of faith. Secondly, and we shall discuss this question in the section on 'transference', Freud raises the crucial question regarding the importance of the quality and kind of ultimate concern held by the analyst or pastor and its influence on the patient or counselee. Thirdly, Freud, being unable to promise his patients anything from above or from his own personal ultimate concern, cannot see or understand the deepest religious dimensions which underlie his whole method and work. Because the ultimate roots of the truths contained in his theories were hidden from his eyes, Freud had to abandon his own patients to 'humanity' to find the value and meaning of their lives; in the end of the matter he was unable to deal with the existential problem of estrangement as described elsewhere by Tillich.

Neo-Freudians and Adlerians have abandoned many of Freud's in-

sights and consequently they have lost contact with the seriousness of the human predicament. "Other psychoanalysts have described the human situation as correctible and amendable, as a weakness only." Under such a doctrine healing consists merely of removing pathological anxiety and offensive behavior primarily by re-education through personal insight gained from analysis. Obviously such a position leaves man's healing or 'salvation' in the hands of medical and psychological specialists and the question of God is ignored or outrightly denied. "But we can ask: is man essentially healthy? If he is, only his basic anxiety has to be taken away; for example, if you save him from the evil influences of society, of competition and things like that, everything will be all right. Men like Fromm speak of the possibility of becoming an autonomous, non-authoritarian personality who develops himself according to reason." (p.122, Tillich, Theo. of Culture).

Carl Jung, an early and devoted Freudian who broke away from the master to found his own school, has probably contributed more to the psychology of religion and its place and function in the human psyche than any other leading depth psychologist. The rift between Freud and Jung is most obvious on the topic of religion. They have two radically different opinions on this subject; in the first instance, Jung is not a dogmatic atheist. Secondly, "Whereas Freud thought of religion as essentially neurotic, as a failure on the part of the religious person to resolve his problems, Jung attributes a positive value to all re-

ligions. For Freud, religion is pathological but for Jung, it is and ought to be health-giving."(p.109, Macquarrie). Whereas Freud saw religion as an optional and easy sublimation of the basic drives, Jung feels that adoption of a religious attitude is a prerequisite to healing people, especially people in the second half of their lives. Jung writes: "'Among all my patients in the second half of life - that is to say, over thirty-five - there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook.'"(p.109,Ibid.).

This attitude is extremely important to the pastor in his role as therapist and/or religious counselor. Whereas an analyst is theoretically required to be neutral in his relationship with the patient, in practice he probably will betray his religious attitude or ultimate concern. This is or should be accidental and it may even be harmful if it remains part of an unanalysed transference neurosis. However as Jung points out, the adoption of a genuine religious attitude, regardless of content, may ultimately be helpful in the healing process.

The pastor as counselor has a special advantage and responsibility insofar as his religious affiliation and commitment is obvious and inseparable from his role as a pastor-counselor. Unlike the analyst he

may exercise his wider responsibility of helping his counselee to find a religious viewpoint, although he must be cautious that this does not become part of a transference neurosis. Technically speaking, the pastor in his role as therapist is bound by the same rules of neutrality that bind the professional analyst. Practically speaking, though, when both pathological and existential healing are combined in the same person, the emergence of religious faith or ultimate concern may properly take place in conjunction with the psychotherapeutic part of the relationship. The ultimate truths which underlie and underwrite much of psychoanalytic theory, technique, and relationship may be experienced and lead to recognition of these ultimate dimensions and from there to a living Christian faith. Tillich rightly points out that although the priestly and medical function may be united in one man, the separate functions must be distinguished and neither confused with the other nor may one be eliminated by the other. The psychotherapeutic process and the truths contained therein may, via its paradigmatic relationship to God's healing movements, lead to an ultimate concern in the reality of Jesus as the Christ.

Jungian psychology is generally thought to be more helpful to pastors in their counseling than any other school of psychological thought; Jung offers a deep insight into religious symbolism. Jung takes religion seriously as a part of man's psychic life and is phe-

nominalogical in method, being based on experience of the numinous. It might aptly be described as a metaphysical mysticism. "Through Jung's spiritual works there runs a peculiar, closely knit religious dialectic, an almost inaudible communing with the Unknown." If religion as generally understood rests on one's capacity to let oneself be profoundly affected by powers that transcend consciousness, then the first and essential thing about it is this influence and not the intellectual formulation of such experiences; the reality of these seizures is prior to the truth of their conscious formulation. Jung has once more made room for this reality in psychology." (p.7-8, Schaer, Religion and Cure of Souls in Jung's Psychology).

Jung's view of man misses much of the seriousness attributed to it by Freud and Christian anthropology. Consequently his attitude toward the healing of man is rather optimistically based on the patient contacting, understanding and integrating the various parts and dynamisms of the unconscious into a synthetic and higher self. From a theological point of view certain criticisms are in order. All of the schools of depth psychology with the possible exception of Freud's miss the seriousness of man's existential predicament and estrangement. In all these representatives of contemporary depth psychology we miss the depths of Freud. "We miss the feeling for the irrational element that we have in Freud and in much of the existentialist literature." (p.122, Theo. of Culture). The doctrine of God exists only as a rather

naive denial in Freud and most of the other schools ignore the subject altogether. Jung's concept of God and religion in general is mystical and consequently vague and poorly defined.

Having dealt with the doctrine of man and the doctrine of God as it appears in several areas of depth psychology, let us now consider the important doctrine of psychological healing and its relation to theological healing or soteriology. "It is...possible to relate the different ways of healing to the reality of the New Being and its significance for healing. The basic statement...is that the integration of the personal center is possible only by its elevation to what can be called symbolically the divine center and that this is possible only through the impact of the divine power, the Spiritual Presence. At this point health and salvation are identical, both being the elevation of man to the transcendent unity of the divine life. Health in the ultimate sense of the word, health as identical with salvation, is life in faith and love. In so far as it is created by the Spiritual Presence, the health of unambiguous life is reached; and although unambiguous, it is not total but fragmentary, and it is open to relapses into the ambiguities of life in all its dimensions.

"The question now is how this unambiguous though fragmentary health, created by the Spirit, is related to the healing activities under the different dimensions. The first answer is negative from both sides: The healing impact of the Spiritual Presence does not re-

place the ways of healing under the different dimensions of life. And, conversely, these ways of healing cannot replace the healing impact of the Spiritual Presence. With the development of psychotherapy as an independent way of healing, problems arose in the directions both of medicine and religion. Today psychotherapy (including all schools of psychological healing) often tries to eliminate both medical healing and the healing function of the Spiritual Presence. The first is usually a matter of practice rather than of theory, the second mostly a matter of principle. The psychoanalyst, for example, claims that he can overcome the negativities of man's existential situation - anxiety, guilt, despair, emptiness, and so on. But in order to support his claim the analyst must deny both the existential estrangement of man from himself and the possibility of his transcendent reunion with himself; that is, he must deny the vertical line in man's encounter with reality. If he is not willing to deny the vertical line, because he is aware of an unconditional concern in himself, he must accept the question of an existential estrangement. He must, for example, be willing to distinguish between existential anxiety to be conquered by a courage created by the Spiritual Presence and a neurotic anxiety to be conquered by analysis."(p.299-300, Tillich, Systematic Theology, Vol.3).

Tillich's comments are surprisingly accurate when applied to our foregoing study. Freud, who came closest to grasping the seriousness of man's existential predicament, was realistic and moderately opti-

mistic about dealing with psychopathology but was led to despair about ultimate healing. Existential estrangement was hopeless to Freud who denied the reality of Spiritual Presence and all other symbolic religious truths.

On the other hand, other schools of depth psychology and psychotherapy lack Freud's profound insight into man's existentiality and therefore are able to offer relatively easy solutions and total healing to men and society as a whole, or so they suppose. Their systems are highly optimistic and yet they smack of superficiality and reflect a two-dimensional image of reality which lacks the substantiality and depth of the Christian or even Freudian world. They offer lightweight solutions to an equally lightweight but partial world.

The different schools of psychotherapy and psychoanalysis either give the existential predicament of man its proper gravity and seriousness and therefore are unable to transcend it for its weight, or they heal the symptoms leaving the nuclear conflict and existential rift untouched. Therefore psychotherapy cannot replace the healing impact of the Spiritual Presence. There is a modern reaction to the above trend; some churchmen and even a few psychologists, notably O. Hobart Mowrer of Illinois University (USA), have claimed certain healing prerogatives in both its pathological and ultimate forms for the church.

He (Mowrer) "...is demanding that the categories of sin, real

guilt and what he describes as the repression of true conscience be reinstated as the causes of neurosis and mental illness. We are thus in the presence of one who is not a priest or minister but who insists that sick people be packed off to confession and a change of conduct, with the help, it must be added, of a doctor and a therapeutic group. It is, Dr. Mowrer declares, the kind of ideas the church has, not that psychoanalysis has that can heal."(p.124, Lynch, Redbook). (Also see Mowrer's books The Crisis in Psychiatry and Religion and The New Group Therapy). Although Mowrer correctly sees new possibilities for both psychotherapy and religious healing in the church, he oversimplifies the problem and naively reduces all mental illness to existential-religious factors. There may be a relationship between sin, real guilt and repressed conscience, but it is not always direct nor does it account for all psychopathology or even just the neuroses.

The healing impact of the Spiritual Presence does not, therefore, negate psychotherapy as a healing art in its own right. "The ways of healing do not need to impede each other, as the dimensions of life do not conflict with each other. The correlate of the multidimensional unity of life is the multidimensional unity of healing. No individual can exercise all the ways of healing with authority, although more than one way may be used by some individuals. But even if there is a union of different functions, for example, of the priestly and medical function in one man, the functions must be distinguished and neither

confused with the other, nor may one be eliminated by the other.

Finally, healing in its separate forms has an eschatological character. For instance, a neurosis may be relatively cured, the main conflicts resolved, symptoms relieved, and re-education of behavior accomplished; but this is an ongoing task and process rather than a once-and-for-all event. In this sense it is never complete or final. An analysis may be terminated but the healing process must be sustained from day to day. If this condition obtains in psychotherapy, so much more is it valid for ultimate or religious healing and the pastor's part in it. "Healing is fragmentary in all its forms. Under the condition of existence it remains fragmentary and stands under the 'in spite of' of which the Cross of the Christ is the symbol. No healing, not even healing under the impact of the Spiritual Presence, can liberate the individual from the necessity of death. Therefore the question of healing, and this means the question of salvation, goes beyond the healing of the individual to the healing through history and beyond history; it leads us to the question of the Eternal Life as symbolized by the Kingdom of God. Only universal healing is total healing - salvation beyond ambiguities and fragments."(p.300, Tillich, Syst. Theo.III).

Psychoanalysis: Orthodox and Existential -

Although our study is primarily concerned with existential psychoanalysis, this type of analysis, though differing significantly from orthodox psychoanalysis on crucial issues, is largely based upon and derived from the theory and principles of the Freudians. The relationship of existential analysis to orthodox psychoanalysis might be likened to the grafting of a young branch onto a still young but rapidly developing tree. Orthodox psychoanalysis is still rapidly developing but has attained a certain stability and maturity of its own; existential psychoanalysis is, even when compared to the young field of psychoanalysis, a relatively new development and largely untried on any wide scale. The use of this particular simile, fraught with dangers and misunderstandings as it may be, seems somehow appropriate in its limited way.

As the name indicates, existential psychoanalysis is still a form of psychoanalysis, the origin and foremost developer of which is Sigmund Freud and his successors. His theories and techniques, modified as they are by new developments and by other schools within the general psychoanalytic movement, form the fundamental matrix (or trunk, if you will) in which they grow and in terms of which deviations are defined. Understanding existential psychoanalysis without understanding its 'parent', orthodox psychoanalysis, is impossible. Existential analysts adopt and practice orthodox methods and theory diverging only where necessary.

On the other hand, the analogy of 'grafting' seemed appropriate because, although still a psychoanalytic discipline, existential psychoanalysis incorporates an explicit philosophical approach which makes it somehow different from and alien to the more scientific analytic body to which it attaches itself. For all its similarity to and connections with orthodoxy, existential psychoanalysis is not indigenous to the larger body. Furthermore, in any graft there is mutual influence between the parts involved. The influence of orthodox analysis on the existential branch is obvious and proportionately greater than the reciprocal influence. However, existential psychoanalysis has already led to the adaptation and in some cases the replacement of certain parts of the larger genre of psychoanalytic knowledge. In any case, only time will tell the future of existential analysis.

If the larger body of psychoanalysis dies or wanes in influence and truth-value, existential analysis will die or wane with it. Similarly, since it depends so heavily on the insights of existential philosophy, the future of existential analysis depends in part on the influence and truth-value of its philosophical parent. Or again, perhaps the synthesis will prove unviable and existential analysis will only flourish momentarily before withering away, leaving little mark on psychoanalysis in general. The final possibility and, to the writer's mind, the best probability is that the existential-analytic branch will become the most useful and valuable part of the larger movement, com-

bining the best of two modern movements.

Speculatively speaking, I believe that the graft or union will work to the benefit of both the psychoanalytic field in general and existential analysis in particular. This will probably occur because, as Tillich puts it, "psychoanalysis belongs fundamentally to the whole existentialist movement of the twentieth century; it is a fact that psychoanalysis and existentialism have been connected with each other from the very beginning." (p.113, Theo. of Culture). The success of their synthesis in existential analysis, if it in fact occurs, will be due to their respective profound insights into man's existential predicament. "The basic point is that both existentialism and depth psychology (and including psychoanalysis as the therapeutic form of depth psychology) are interested in the description of man's existential predicament - in time and space, in finitude and estrangement." (p.117, Theology of Cul.).

Combined in the one discipline of existential analysis these two analysers of man's predicament should strengthen and reinforce their fundamental insights while aiding theology in its task and especially aiding the pastor as counselor who is met by the existential and yet meets it from a teleological perspective. "Theology has received tremendous gifts from existentialism and psychoanalysis; existentialists and analysts themselves do not need to know that they have given to theology these great things. But the theologians should

know it."(p.126, Theo. of Culture).

Having made certain theological qualifications regarding existential analysis, it may become immeasurably helpful to the pastor. The pastor in his counseling role meets men and women caught up in the distress of their existential situations; knowledge of existential analysis will aid him to grasp their problems and understand them as his own, and it also should allow him to draw together these pieces of broken, existential humanity and relate them to their essential humanity via the religious symbols at his disposal. With this ultimate goal in mind let us briefly outline psychoanalysis and then outline its recent offspring, existential psychoanalysis.

Orthodox Psychoanalysis -

The word 'psychoanalysis' has three general meanings: "It is a research procedure to investigate human thinking processes, emotions and behavior. It is a psychological theory of personality structure and function. Finally, it is a treatment technique."(p.144, Menninger, You and Psychiatry). Since psychoanalysis as a research procedure is so intertwined with its personality theory and its psychotherapeutic technique, let us begin with the psychoanalytic theory of personality.

Freud himself is generally associated with the discovery and especially the development of theory concerning the unconscious mind. Mind for Freud consisted of the unconscious, preconscious, and conscious sectors. Within this tripartite framework exist the three

major systems or provinces, namely the id, the ego, and the superego, all functioning in dynamic interaction. "Although each of these provinces of the total personality has its own functions, properties, components, operating principles, dynamisms, and mechanisms, they interact so closely with one another that it is difficult if not impossible to disentangle their effects and weigh their relative contribution to man's behavior. Behavior is nearly always the product of an interaction among these three systems; rarely does one system operate to the exclusion of the other two."(p.32, Hall and Lindsey, Theories of Personality).

Although the newer ego-psychology hypothesizes the co-origin and development of id and ego, Freudian analysts believe the id to be the original and largest system of the personality, the one from which the ego and superego subsequently become differentiated . Although seriously questioned since Freud's time, we shall confine our discussion of the id to the two basic instincts described by Freud, namely Eros (the love instinct) and Thanatos (the destructive instinct), both acting according to the pleasure principle. Contrary to popular conceptions, Eros represented the synthetic-constructive forces and those which tend to bind together; these forces serve the purpose of individual survival and racial propagation. Thanatos acts in dialectical opposition to Eros and represents those forces which undo connections, disintegrate and reduce the more complex to the less complex.

"The ego comes into existence because the needs of the organism require appropriate transactions with the objective world of reality. The basic distinction between the id and the ego is that the former knows only the subjective reality of the mind whereas the ^{latter} ~~latter~~ distinguishes between things in the mind and things in the external world." (p.33-34, Ibid.). This principle of operation found in the ego is known as the reality principle and it is responsible for reality testing, or distinguishing what is real and what is merely hallucination, memory traces, etc.. The ego is primarily conscious and controls the cognitive-intellectual functions and the higher mental processes.

Furthermore and most importantly, "The ego is said to be the executive of the personality because it controls the gateways to action, selects the features of the environment to which it will respond, and decides what instincts will be satisfied and in what manner. In performing these highly important executive functions, the ego has to try to integrate the often conflicting demands of the id, the superego, and the external world. This is not an easy task and often places a great strain upon the ego." The integrative capacity of the ego is the primary factor in determining health or mental illness, especially neurosis. Alexander considers neurosis to be the failure of the integrative functions of the ego; what "...the ego cannot integrate harmoniously in its own system becomes repressed and therefore remains excluded from the learning process and later adjustment." (p.29, Psychoanalysis and Psychotherapy).

The superego is generally thought to be "...the internal representative of the traditional values and ideals of society as interpreted to the child by his parents, and enforced by means of a system of rewards and punishments imposed on the child. The superego is the moral arm of the personality; it represents the ideal rather than the real and it strives for perfection rather than pleasure. Its main concern is to decide whether something is right or wrong so that it can act in accordance with the moral standards authorized by the agents of society."(p.35, Hall and Lindzey).

Having described the basic structural ^{framework} ~~framework~~, let us briefly consider the developmental or dynamic aspects of personality. Fundamental to our understanding of existential analysis and also to the discussion in the second section of this paper is Freud's theory of anxiety. Anxiety is a state of tension which functions as a warning of impending danger. According to Freud anxiety has three forms; reality, neurotic, and moral anxiety. "The basic type is reality anxiety or fear of real dangers in the external world; from it are derived the other two types. Neurotic anxiety is the fear that the instincts will get out of control and cause the person to do something for which he will be punished. Moral anxiety is fear of the conscience."(p.45, Hall and Lindzey). Existential analysts and theologians differ with Freud on this point. They recognize an existential anxiety based on the threat of non-existence (being overcome by non-being) which exists

universally in mankind. Another issue is raised concerning guilt-feelings which, for Freud, may be either neurotic or based on reality; the existentialists posit an existential guilt again grounded in ontology. These are both key questions but we will reserve comment on them until the second section of the paper.

Freud discovered that the early years of infancy and childhood are decisive for the character structure of the person. "Indeed, Freud felt that personality was pretty well formed by the end of the fifth year, and that subsequent growth consisted for the most part of elaborating this basic structure. Freud believed that the child is father of the man".(p.46, Hall and Lindzey). This orthodox doctrine is radically altered even to the point of rejection by the existential school of analysis. The existential concept of time and its emphasis on the present moment and the importance of decisions made therein obviates much of Freud's developmental determinism.

This attitude leaves three alternatives to the existiaial analysts; (1) They must ascribe an ego to the infant (as in modern ego-psychology) and subsequently attribute proportionate responsibility for decisions to the child from birth. This would be difficult if not impossible to substantiate scientifically; in fact, science tends to disprove such ideas. Secondly, they might subscribe to a modified Freudian view which admits that certain character structures and tendencies are more or less developed during infancy and childhood which condition and

limit, not determine, developments and decisions made subsequent to the age of discretion.

Thirdly, they might postulate an absolute freedom which makes all things possible at any point in the life of a person; such a view of human reality would approximate ^{Sartre's} ~~Sartre's~~ concept of human freedom which identifies authentic humanity with human freedom which is essentially lack. Because man is his freedom, he, when fulfilling himself authentically, takes total responsibility in the 'eternal now' for his past, present, and future; i.e. in the words of Sartre himself, "Freedom is existence, and in it existence precedes essence." Under these conditions, "The central principle of existential psychoanalysis," according to Rollo May, "will not be libido or will to power, but the individual's choice of being." (p.13, Sartre, Existential Psychoanalysis). Furthermore, Sartre points out that "The goal of existential psychoanalysis is to rediscover through these empirical, concrete projects the original mode in which each man has chosen his being." (p.115, Ibid.). However, when existential analysts deal with 'absolute' freedom, they must be careful to explain themselves carefully so as not to forget the 'given-ness' of our 'throwness-of-existence' or tread needlessly on the toes of theologians; otherwise existential analysis will become absurd and fall into disrepute as a healing art.

In the developmental process man implements two methods to aid in maturation: displacement and identification. Displacement is the process of substituting an object when the original object-choice is

inaccessible. "A displacement which produces a higher cultural achievement is called a sublimation."(p.48, Hall and Lindzey).

The process of identification is of great interest to theology and the psychology of religion because it raises important questions concerning 'Pauline mysticism'. Speaking in strictly psychological terms, "Identification may be defined as the method by which a person takes over the features of another person and makes them a corporate part of his own personality. He learns to reduce tension by modeling his behavior after that of someone else. We choose as models those who seem to be more successful in gratifying their needs than we are." Identification, as opposed to imitation signifies a rather permanent acquisition to personality. Secondly, "Identification is also a method by which one may regain an object that has been lost. By identifying with a loved person who has died or from whom one has been separated, the lost person becomes reincarnated as an incorporated feature of one's personality."(p.46-47, Hall and Lindzey).

Although this psychological process of identification may help to explain certain superficial 'imitations of Christ' and other religious phenomenon (especially neurotic conversion symptoms such as stigmata, etc.), it cannot plumb the ultimate depths of the religious realities or what Bonhoeffer describes as 'Christ-formation' in the believer. Psychological identification as described above and as related to these religious subjects may be criticised at several levels.

First of all, Christ as a model of identification is unsatisfactory because he was not successful in gratifying many of the needs of which Freud speaks. In fact, with Christ 'in us' life may become more difficult and create more intense conflicts and tensions than without him. Secondly, we do not choose Christ as model but we are chosen of Christ and any reality of Christ in us is given and we are recipients and not the appropriators. Thirdly, psychological identification lacks the reciprocity that exists in our relationship with Christ. Not only is He 'in us' (II Cor.13:5, Rom.8:10) but believers are 'in Christ' (I Cor 1:30, II Cor.5:17, Gal.3:28). Identification as a means of regaining a lost object or reincarnating a dead person into one's own personality is not useful in explaining the Christian's relationship to his Crucified Lord. First of all, this kind of identification is unhealthy and neurotic and reveals an inability to come to grips with the finality and reality of death; secondly, it loses sight of the Resurrection and the reality of the Living Christ as mediated by the Holy Spirit to the believer.

Identification as a psychological phenomenon is more relevant to the pastor in his general relationships and especially in his counseling relationships. Many young people in the church use the minister as a model for identification, especially if he is young and has a successful or popular personality. Similarly, as an authority figure and counselor he is the object of valid identifications as

well as neurotic transferences which should be resolved if possible; the former is helpful and may consummate the paradigmatic relationship described earlier by allowing the counselee to pass via his relationship with the pastor-therapist from the conditional, penultimate concerns of mental healing to recognition and appropriation for himself of the unconditional, ultimate concerns which underwrites the former and is explicit in the latter.

As a common figure of identification, the pastor should be concerned about and aware of the 'image' which he projects and its authenticity. Furthermore, pastors frequently become the object of unrealistic projections (e.g. omniscient, holy, omnipotent, etc.) which these people then identify with or toward which they develop mild transference neuroses. If the pastor accepts and tries to fulfill these unrealistic roles and images, he endangers himself as well as his counselees and parishioners. Pastors, especially while they are involved in counseling, should pray and live the words spoken by Carl Jung: "God forbid that I should become as good or as wise as my patients (or parishioners) think I am."

The ego's use of defense mechanisms to allay excessive anxiety is of interest to all analysts and counselors regardless of school or theoretical commitment. These defensive measures of the ego make frequent appearances in any analysis or counseling and, though usually

used by the patient or counselee, the counselor or analyst is in constant danger of introducing his own defensive mechanisms. Even if not analysed as such, they should be recognized and dealt with implicitly by the analyst. "The principal defenses are repression, projection, reaction formation, fixation, and regression. (Anna Freud, 1946).

All defense mechanisms have two characteristics in common: they deny, falsify, or distort reality, and they operate unconsciously so that the person is not aware of what is taking place."(p.49, Hall and Lind.).

Repression is probably the most basic and earliest defense mechanism; it is a process whereby unpleasant experiences once present to the consciousness are pushed back into the unconscious. If this repressed material does not find suitable symbolic displacement or sublimation, it may manifest itself as a neurosis. Although repression is active in adults, it develops early in childhood. "The original repressions take place, in childhood to a large degree at least, under parental influences. Those impulses which find disapproval, punishment, loss of parental love are the ones which the child represses. The main factor is that the child's ego is weak and has no other means of defending itself against the onslaught of his own impulses than to exclude them from consciousness. Repression is, if not the only, the most important defense mechanism of the child. This whole process of repression can be reversed in the emotional atmosphere prevailing between patient and physician using the method of free

association. The physician reacts differently from the way the parents did - he does not evaluate and judge."(p.38, Alexander, Psychoanalysis and Psychotherapy).

Reaction formation concerns the replacement of a disturbing impulse or feeling with its opposite and more acceptable feeling or impulse.

"Rationalization is the device which we use to defend certain feelings, ideas or behavior by explaining very convincingly and apparently logically that they are the result of something other than the demands of our irrational Ids."(p.117, Menninger, You and Psychiatry).

Projection externalizes disturbing, unacceptable, and threatening internal impulses and feelings; it converts neurotic and moral anxiety to objective or reality anxiety. The person attributes his own unacceptable desires and impulses to objects or other persons.

Personality Development: In the course of normal development the personality passes through a series of rather distinct stages which Freud called the psychosexual stages of development. This particularly applies during the first six years and focuses on a specific zone of the body during each stage . These are the oral stage, the anal stage, the phallic stage and the genital stage.

During the oral stage (first year) the dominant modes of activity are incorporation and biting which help determine certain character traits. During this stage abundant love and protection, best expressed

in fondling and physical proximity, are absolutely essential to continued normal development in subsequent stages.

During the anal stage (second and third years) feelings of discomfort as well as pleasurable sensations focus on the anal sphincters. Toilet training introduces self-discipline and rhythmic regulation of the instinctual impulse. For reasons we won't explain here, this stage can be the basis for creativity and productivity if successfully resolved.

During the phallic stage (third to sixth year approximately) certain difficulties arise. Sexual curiosity leads to, among other things, autoerotic activity (infantile masturbation) which is usually followed by the parent's censure of the child. This is associated with a larger and, for Freud at least, the most crucial conflict of life, the Oedipus conflict, which is named after the Greek tragic who murdered his father and married his mother. During the first two stages the child developed dependency-feelings and sexual feelings toward his mother, the source of all pleasure. The boy develops a deep resentment of his father, his rival for the mother's time and attention and love. The child fears retaliation from his father for his love of the mother and hostility toward the father; as a result he develops castration anxiety.

The resolution of this primary conflict will largely determine his attitudes and responsive-tendencies towards authority for the

remainder of his life; hence his relationship to God will be healthy or rigid and fixated according to his relationship to his father at this stage. "If a father is a 'good' father and expresses his love and affection for him, the child is aware of it." (p.34, Menninger, You and Psychiatry). The resolution of the Oedipal conflict will substantially determine whether the person responds realistically to analysts or pastors as authority figures. This distortion in relationship and its dangers and implications for the pastor, himself in a position of authority, will be discussed under the subject of transference.

During the genital stage many narcissistic tendencies (self-love) are normally transformed into socialized, altruistic ones. "The person becomes transformed from a pleasure-seeking, narcissistic infant into a reality-oriented, socialized adult. The principal biological function of the genital stage is that of reproduction." (p.55, Hall and Lindzey). Most of the people coming to the pastor for counseling or therapy will fall within this stage. The pastor will need to familiarize himself not only with the earlier and largely formative psychosexual stages but also with the various existential problems presented by the different age groups within the genital stage of psychosexual maturity. This includes knowledge of adolescent psychology and their existential conflicts over social relations, marriage, vocation, and so forth. Existential situations, if difficult and anxiety-producing, may cause regression to inappropriate, inauthentic,

non-existential behavior and emotional responses from an earlier psychosexual stage. An excellent introduction to the existential conflicts faced at various stages in life, particularly in adolescence, middle-age, and old age, can be found in Erik Erikson's Childhood and Society.

Before examining the theological and therapeutic advantages and limitations of existential psychotherapy especially as used by the pastor, let us briefly examine psychopathology and some principles of orthodox psychoanalytic therapy in outline.

Neurosis: "...an attempt to relieve anxiety created by conflicts which repeat earlier conflicts and are reactivated by regressive desires. The anxiety is a reaction to repressed impulses which threaten to emerge into consciousness. The different forms of neurosis correspond to the different methods of defense employed by the ego."(p.208,214, Alexander, Fund. of Psychoanalysis). The various forms of neurosis include: (page number refers to pages in Alexander's Fundamentals of Psychoanalysis in which fuller description is available):

- Anxiety neurosis (214)
- Phobias (215)
- Obsessive-compulsive state (218)
- Depressions (222)
- Manic-depressive reaction (225)
- Hypochondriac syndrome (232)
- Psychopathic personality (neurotic character) (234)
- Addiction - alcohol and drug (240)
- Traumatic neurosis (241)
- Conversion neurosis
- Perversions (260)

Psychosis: The second category of psychopathology is psychosis:

"In a psychosis there is a 'degree of personality disintegration and failure to test and evaluate correctly external reality in various spheres'." (p.1193, Franit Lake, Clinical Theology). These include:

Paranoid schizophrenia

Dementias

Schizophrenia: "'A group of psychotic reactions characterized by fundamental disturbances in reality relationships, by a conceptual world determined excessively by feeling, and by marked affective, intellectual, and overt behavioral disturbances. In many cases there is a progressive deterioration.' Thought and behavior are characteristically bizarre. Delusions and hallucinations are common." (p.1195, Lake, Clinical Theology).

Psychoanalytic therapy: Psychoanalytic therapy attempts to increase the ego's integrative power, the lack of which becomes evident in neuroses.

Perhaps Franz Alexander can better summarize the process and its goals:

"Psychoanalysis aims at improving the Ego's capacity to deal with internal and external conflicts. Psychoanalysis achieves this by re-exposing the patient's ego to the conflicts it earlier repressed. It does this not merely by intellectual reconstruction but by making the patient experience emotionally the unsolved conflict under more favorable conditions. This re-experiencing takes place both in the transference and in the patient's other relationships. The latter, however, is now also under the control and guidance of the therapist. The core of the treatment lies in the transference situation. The most important therapeutic factor is that the therapist's response to the patient's neurotic reactions is different from that of the persons with whom the

conflicts were originally connected. The objective, understanding attitude of the therapist is for the patient a novel response. No relations in actual life are quite as objective and understanding or exclusively concerned with helping another. The corrective experience can be made even more effective if the therapist assumes an attitude opposite to that of the parents, which caused the neurotic development." (p.298-299, Alexander, Funda. of Psychoanal.).

Or again: "Psychoanalysis attempts to restore mental health by affording the patient an insight into the nature of his difficulties accompanied and made meaningful by a highly controlled type of emotional experience. This experience enables him to extend the integrative faculty of his ego over impulses which he excluded from his consciousness because he was unable to bring them into harmony with the rest of his personality. It is an extension of insight and control over one's self obtained through re-experiencing in the transference situation conflictful situations of the past. In this highly methodical procedure it is the therapist's role to serve as a target for the patient's preformed emotional reactions and to help the patient to understand these reactions in the light of his past experiences." (p.6, Alexander, Psychoanal. and Psychotherapy).

As we shall soon see, existential analysis criticizes this heavy emphasis by orthodox analysts on recovering past experiences and working through past traumas as prerequisites for healing. This almost

exclusive reliance on the past diminishes the importance of the present and totally ignores the future according to existential-analytical doctrine. Although some existential analysts have completely ignored the past of the patient in reaction to and as a corrective of the orthodox psychoanalytic method, most have balanced their appreciation of the past with a greater interest in the future-time and especially the present moment in true existential style.

In conclusion Alexander points out that "...psychoanalytic treatment aims to replace the individual's automatic, traditional internalized patterns with the ability to find his own formula of life based upon a fuller understanding of himself."(p.19, Ibid.). Existential analysis has the same aim but attempts to bring the patient to a 'fuller understanding via the truths and insights peculiar to certain parts of existential philosophy and psychology. To the extent that it touches dimensions of reality overlooked by the more clinical-scientific, orthodox approach, existential psychotherapy is a valuable aid to analysts, pastors and anyone else involved in healing of the mind and/or spirit. (For a more complete discussion of personality theory and the development of psychoanalytic theory and technique see the bibliographies in Hall and Lindzey's Theories of Personality (p.73-75) and in Franz Alexander's Fundamentals of Psychoanalysis (p.300-302)).

Existential Psychoanalysis -

Before its emergence as an independent social science psychology was for thousands of years a branch of formal philosophy especially as it pertained to the study of man. Subsumed as it was under philosophy, it was explicitly influenced by the presuppositions of the various systems under which it was developed. Beginning in the nineteenth century psychology emerged as a scientific discipline relying upon a more methodological-scientific foundation but nevertheless still influenced by the implicit and sometimes deliberately obscured presuppositions of science itself.

Science in a general sense is based on certain philosophical presuppositions, but scientists in every age are liable - No - are bound to introduce some elements of their own personal first principles or the prevailing philosophy of the period into their work as scientists and thereby influence their methodology and conclusions. An obvious example of this tendency is Sigmund Freud and his predominantly logical-naturalistic approach to psychology. The biggest danger to the integrity of the truth, and in this case, scientific truth, is twofold: (1) that one may deny the existence of scientific presuppositions or, on the other hand, absolutize these presuppositions making them immutable and eternal; (2) that one may fail to acknowledge the tentative and hypothetical nature of certain concepts (e.g. Freud's postulation of the unconscious) no matter how probable they seem.

With the development of existential psychology and psychoanalysis based on a phenomenological methodology and existential philosophy, we find a movement freely acknowledging its presuppositions yet proceeding with its task. Paul Tillich has remarked about this attitude of existential psychoanalysis and its ultimate possibilities: "This...opens up a new dimension for psychoanalysis and psychotherapy. It is the dimension of the ultimate question, the question of man's nature and his place within the whole of reality. Since an answer to this question underlies every method of healing, it is important that psychology now starts to bring its own presuppositions into the open."

Similarly, Rollo May, himself a forerunner of existential analysis on the American scene, has commented: Existential analysts "...are those who approach it (contemporary psychotherapy) with an 'ontological hunger', those who ask the ultimate questions about man, neurosis, health, and fulfillment." (p.365, Friedman, The Worlds of Existentialism). Furthermore, "...the confluence of these two disciplines (philosophy and psychology) indicates another aspect of the existential approach: it deals with psychological categories - 'experience', 'anxiety', and so forth - but it is concerned with understanding these aspects of man's life on a deeper level which Tillich calls ontological reality. It would be an error to think of existential psychology as a resurrection of the old 'philosophical psychology' of the nineteenth century. The existential approach is not a movement back to the armchair of

speculation, but an endeavor to understand man's behavior and experience in terms of the presuppositions that underlie them - presuppositions that underlie our science and our images of man. It is the endeavor to understand the nature of this man who does the experiencing and to whom the experiences happen."(p.14, May, Existential Psychology).

The question of man, his nature and predicament, is fundamental to our study of existential psychoanalysis. The scientific-theoretical approach to the nature of man called on the great modern human sciences of biology, sociology, psychology, and anthropology to tackle this problem. Their method is analytical and reduces a complex whole to the sum of its component parts. But because the problem and sheer reality which is man becomes most concretized and illumined in the psychotherapeutic arena, the inadequacy of theoretical formulae per se soon became evident. Rollo May points out that "...the crucial question is always the bridge between the system and the patient - how can we be certain that our system, admirable and beautifully wrought as it may be in principle, has anything whatever to do with this specific Mr. Jones, a living, immediate reality sitting opposite us in the consulting room?" (p.3, Existence). The existential approach takes greater cognizance of the consciousness and imagination of man and thereby renders valuable insight into the ultimate problem of human nature. However, theology must be vigilant for tendencies to finalize or absolutize these new existential breakthroughs. Although these various disciplines aid in clari-

fyng the ultimate question of man, it remains for theology to develop, correlate, and proclaim the ultimate answer to their question. The theological task of correlating ultimate questions and answers falls most heavily and practically on the pastor in his therapeutic-counseling functions.

Having considered the nature of man, let us turn to the problem of man's modern existential predicament. The problem has a least two main roots, the first originating in the philosophical revolution and the subsequent erosion of traditional, heteronomous values. With the disintegration of the medieval world-view and its attendant philosophical-theological system of metaphysics the process of fragmentation began. (As we shall see later, Heideggerian ontology, which is fundamental to existential psychoanalysis, is a radically new venture and does not represent a revival of traditional metaphysics). As a result of this abandonment of 'religious' values, man in his search for values became more autonomous, hence lonely, and finally idolatrous; he replaced absolute values with relative ones according to Igor Caruso. This is a "...two-fold process of relative values becoming absolute and, in direct consequence, of absolute values becoming relative ones. It was not only man who, in loosening or breaking the ties of his metaphysical relationships, became free and autonomous; the absolutized values of freedom and science themselves became independent of man."(p.X, Existential Psychology). The result is totalitarianism and nihilism.

This idea is Tillichian and refers to the replacement of ultimate concerns with relative ones, or in other words, idolatry. There are two dangers in Caruso's analysis of the problem; first, he portrays the medieval period as the locus of truly absolute values thereby ignoring the more subtle but nonetheless idolatrous action of attributing absoluteness to certain values and systems, in this case Roman Catholic systems and values. This is a deadly presumption which is unaware of its idolatry because it is predicated on 'religious' principles. Caruso's observation is therefore a half-truth which should be acknowledged as such. Undeniably the replacement of ultimate concerns and values by conditional ones is the source of man's existential 'sickness', but this is true for all ages and not only for the modern man. Caruso rightly makes the existential condition of man an ethical question, but when it comes to psychopathology and neurosis, he fails to see any distinction and makes it primarily a moral issue as well. This is true only in a limited sense as we shall ^{discover} later in the paper. The pastor must clearly make this distinction between the ^{existential} ~~existential~~ and the neurotic condition of men as they become his responsibility. Although there is a relation between the two, they do differ one from the other and call for a different approach by the pastor; the former requires a religious ministration aimed at ultimate healing and the latter requires a psychotherapeutic approach aimed at limited healing.

The second source of man's existential predicament is the result of modern technology. It is best expressed in the following quote: "Existential psychology tells us that Western man, in freeing himself from the drive-pressures of hunger, disease, and fatigue, has run head-long into a vacuum where boredom and meaninglessness usurp his being. Only by transcending this existential vacuum can he fill his life with significance and motive. Alienation is a fact; the capacity for self-transcendence is a fact; man's potentiality to achieve a responsible world-design is a fact." Not only are these the facts with which existential psychoanalysis and theology must deal, but these are the living issues (ultimate questions) which the pastor must face personally and professionally as a counselor and to which he must speak; perhaps speaking first as a psychotherapist but always as one who ministers in the name of Christ, the source and ground of all healing. To that end we seek further understanding.

In contrast to Freud's discovery, the existential approach to psychoanalysis originated in various parts of Europe from various researchers and creative thinkers at about the same time. "There were Eugene Minkowski in Paris, Erwin Straus in Germany..., V. E. von Gebattel in Germany, who represent chiefly the first, or phenomenological, stage of the movement. There were Ludwig Binswanger, a. Storch, M. Boss, G. Bally, Roland Kuhn in Switzerland, J. H. Van Den Berg and F. J. Buytendijk in Holland, and so on, representing more specifically the second,

or existential, stage."(p.4, May, Existence). Most of these men are Freudian analysts and a few others represent the Jungian school. Consequently, though grouped under the general rubric of existential psychotherapists and sharing certain common presuppositions and concerns, these men represent divergent schools of thought and exhibit only the broadest theoretical unity. The basis for the unity they do share is to be found in existential philosophy and phenomenology.

Phenomenology -

Phenomenology is a very complex philosophical trend fathered by Edmund Husserl; we shall only briefly summarize its main tenets and its relation to existential analysis here. The movement is basically methodological and has permitted psychoanalytic researchers to abandon older, classical methods and adopt its new approach to psychiatric investigation. In a concerted attempt to minimize the influence of presuppositions, theories and dogmas, the phenomenologist endeavors to observe phenomena as they present themselves.

Such openness to phenomena is permitted by an operation of the mind which Husserl called the 'psychological-phenomenological reduction' whereby "the observer...excludes from his mind not only any judgement of value about the phenomena but also any affirmation whatever concerning their cause and background; he even strives to exclude the distinction of subject and object and any affirmation about the existence of the object and of the observing subject. With this method, ob-

servation is greatly enhanced: the less apparent elements of phenomena manifest themselves with increasing richness and variety, with finer gradations of clarity and obscurity, and eventually previously unnoticed structures of phenomena may become apparent."(p.96, May, Existence).

The relation of phenomenology to existential philosophy and especially to Kierkegaard is evident here; Husserl's phenomenology shifts emphasis from existent objects to the mind that makes them its objects. Such a discipline of mind and attitude helps the pastor or analyst to 'get into' or assume the counselee's or patient's internal frame of reference or in other words, to investigate and appreciate the patient's subjective state of consciousness. This is of first importance because it allows the pastor to "...catch what the patient is communicating on many different levels; these include not only the words he utters but his facial expressions, his gestures, the distance from us at which he sits, various feelings which he will have and communicate subtly to the therapist and will serve as messages even though he cannot verbalize them directly, ad infinitum. And there is always a great deal of subliminal communication on levels below what either the patient or therapist may be conscious of at the moment."(p.26, May, Existential Psychology). This process and its importance for healing will become more evident in our discussion of the analyst-patient relationship later in this paper. Binswanger even refers to this reality of 'being-there' with the patient and 'being-for' the patient as presence. The urge to draw the parallel between the above and Christ's healing pre-

sence with and for mankind (incarnation) in terms of the paradigm set forth earlier in this paper is irresistible. Needless to say, this does not exhaust the meaning of the work and person of Jesus as the Christ, but it does, in the author's mind, contain truths which contribute theological insight toward understanding the interpersonal relationships of healing as found in existential psychoanalysis and pastoral counseling.

Contact with the patient as described above is aided by categorical phenomenology which also touches upon several fundamental existential topics. In the categorical phase..."the phenomenologist attempts to reconstruct the inner world of his patients through an analysis of their manner of experiencing time, space, causality, materiality, and other 'categories' (in the philosophical sense of the word."(p.101, May, Existence). One of the most important and basic coordinates of human life dealt with by phenomenology and existentialism is that of temporality. Though terribly overemphasized, this is properly seen as 'lived time' or immediately experienced time over against dialectical timelessness and infinite, quantitative, measured time. Disturbance in the balance and relation between past, present, and future time is closely associated with all mental illness and especially schizophrenia. One's subjective feeling of experienced time is closely tied to one's world-view and life-meaning.

Time is also an important subject for existential philosophy and theology. Whereas Nietzsche perceived time as eternal recurrence, Kierkegaard, the Danish philosopher with such brilliant psychological

insight, conceived existential time not as measured and objective but in terms of pregnant moments, moments in which the eternal forces its way into the temporal, when the vertical intersects the horizontal and man realizes the presence of God.

Paul Tillich in his typically systematic and thorough manner has developed the concept of 'kairos' as 'fulfilled time' - the right moment to act in a given situation. The 'kairoi' appear in the course of illness as critical moments or crises when treatment may be determinative. As such, each kairos makes its own intrinsic demand on the situation. In contrast to these relative kairoi there is the unconditional or religious Kairos, or the Kierkegaardian moment, when time is invaded by eternity. In the Kairos situation the healing and transforming power of Being Itself is present. Although Tillich applies this concept to ethics, politics and history, we are primarily interested in it on the individual scale as related to psychotherapy and pastoral counseling.

The essence of Christian existentialism is that a person, whether involved in analysis or in everyday life, recognize and respond responsibly to the kairoi as they present themselves and to the Kairos as it is presented, especially in and through Jesus as the Christ. Similarly, in the course of analysis and pastoral counseling there occur critical moments or kairoi which require recognition and responsible action by both parties involved in the relationship. For the analyst this

readiness is required in estimating the safe depth of interpretation, the timing of interpretation, and conversely, in determining the period for listening, and especially for the pastor, the timing of religious interjections at the point of maximum impact and effectiveness. In a similar manner the patient must determine what he will reveal of himself, what he will accept from the analyst's interpretation, and most importantly, whether he is willing to accept responsibility for himself. With the help of psychoanalytic theory and technique these relative kairoi may be somewhat controlled and anticipated by the analyst or pastor, but the divine Kairos cannot be regulated, controlled or scheduled even by the pastor with his arsenal of religious symbols, rituals and church history. The Kairos, or intrusion of the eternal into time, may occur in the office of a non-Christian analyst and not in the pastor's counseling room or vice versa, or it may not occur at all. The coming of God in Jesus as the Christ to any man in his existentiality is grace-ful, given, and unexpected. However, due to the structure and quality of the analyst-patient (or pastor-counselee) relationship and its paradigmatic relation to God's healing work in Jesus as the Christ, the writer feels that the pastoral counseling situation is particularly suited not only to a certain amount of psychotherapy but also provides the type of context in which it might please God to move and express his purpose of healing in both its ultimate and penultimate forms.

The second categorical coordinant on the phenomenological time-space index is spaciality. Again we find that mental illness is closely associated with a distorted subjective experience of space; this is most obvious in agoraphobia (fear of large, open spaces) and claustrophobia (fear of constricted, closed spaces) but it applies to most of the neuroses and psychoses.

Phenomenological studies of spaciality have established several existential-subjective characteristics or types of space such as oriented space, attuned space, clear space, dark space, luminous space, and so on. The idea of luminous space "...seems to underlie a number of mystical and ecstatic experiences, and there is a considerable literature devoted to 'mystical space'. Experiences of a 'mystic space' have been reported by an impressive number of seers in many countries and centuries. Guido Huber collected a number of relevant texts and tried to define the common characteristics ascribed to mystic space: the fusion of the subject and the object in a 'cosmic consciousness'; the experience of a radically different space in which distance and size are transcended, where immense spaces are contained in small ones, where the universe is at the same time empty and filled with blinding light, etc.. The experience which Freud called 'oceanic feeling' seems to be a subtype of this experience of mystic space."(p.112, May, Existence). This spacial phenomenology opens up many possibilities for studying the mystical experiences and parts of mystical metaphors dealing with space. Such subjective experiences of space are directly related to the man's existential exper-

ience of 'finitude' and 'loneliness' which leads to estranged space or alienated space.

Before leaving the phenomenological part of existential psychology and psychoanalysis, let us consider a few more component elements of space which will aid our understanding of Binswanger in the section to follow. The ideational representation of a 'vertical axis' has long been used to help understand religious concepts of transcendence and God-man relationships (e.g. the Fall, the Incarnation, Redemption, etc.). "The vertical axis, according to Binswanger and to Bachelard, is the basic axis of human existence to which our most vital experiences are related. Life is felt as a constant movement upward or downward. The movement upward is expressed metaphorically as becoming lighter, being 'elevated', 'uplifted' to a realm of peace and light; the movement downwards is expressed in being 'abased', 'falling', 'becoming heavier', 'dejected', 'downcast'.

"Distance also has many phenomenological implications. Alfred Adler described the various ways in which a neurotic puts 'distance' between himself and his life goal, the world, and his fellow men." (p.113,114, May, Existence). This is another way of describing 'estrangement' or alienation from the world, from the rest of humanity, and from oneself which is ultimately rooted in estrangement from God or Being Itself as Tillich would describe it. The implications for psychotherapy are obvious; for instance, it helps the therapist and pastor to

understand the requirements of psychological distance in his relationship with the patient. Hence, in dealing with the patient he is aware of both his own feelings and the emotional distance required to provoke the 'flight' response (withdrawal) and the 'fight' response (aggressive). In attempting to overcome the emotional distance and estrangement of his patient, the pastor-therapist should be aware of the 'space-binding' quality of love; "The lover feels himself close to the beloved in spite of the distance because in the spacial modality of love distance is transcended." Obviously love is not a technical tool that can be dragged in or turned on by the pastor or therapist; neither can it be forced by the healer either in himself or in the patient. But insofar as it appears and plays a part in the relationship and healing process, its value and neurotic forms (i.e. transference of childish, dependent love by the patient to the therapist and/or the countertransference of domineering, smothering love by the pastor-therapist to the patient) should be

recognized. The importance of love for therapy will be discussed in another section.

Whereas the importance of phenomenological distance is more obvious for therapy and ^{its} understanding ^{of} human beings and their relationships to others, the implications for religion and theology are less apparent but just as important. If the paradigmatic relationship between 'heilsgeschichte' (salvation history or God's saving acts in history) and the psychotherapeutic process is valid, then we should find in God's movements and the pattern of his healing activity in relation to mankind, especially through Christ, the paradigm for healing interpersonal relationships on every level, whether neurotic or more generally existential in the Tillichian sense. In other words, God's dealings with men establishes an ultimate model or paradigm for healing insofar as healing is part of the wider religious concept of 'salvation'.

Any theological study of God's healing and salvation in terms of phenomenological-psychological distance would mean studying the 'felt' presence and immediacy of God and his perceived attitude (love or wrath, etc.) as well as the 'felt' remoteness and distance of Him by different persons and peoples of all ages, not neglecting helpful accounts in Scripture. For instance, the Psalmists sometimes perceived or felt God to be remote and indifferent to their predicament and anguish; this is reflected by Christ on the Cross when God seems distant and like a father who has abandoned his son. Elsewhere God seems close at hand

and full of good will and consolation, while at other times he again seems angry and threatening. It might also be helpful to study the neurotic, defensive responses and transference reactions made to God by his sick and sinful people and his therapeutic, saving counter-responses and revelations on their behalf. For instance, one might study the way God deals with such inauthentic, neurotic responses as legalism and idolatry and tries to bring his elect to an authentic, mature relationship with Himself and each other.

By suggesting this type of study I do not propose to confine God's relation to man within a psychoanalytic model; nor is it my intention to encompass God within any pattern or plan and thereby restrict His absolute freedom and sovereign Will. However, I am suggesting that since God has already graciously chosen to reveal himself to man in a saving (healing) way, we might learn from it using principles and knowledge now available but already inherent in God's act at the time of performance. This in no way limits or circumscribes the way in which God is now relating to and may relate himself to man in the future.

Rather, in this way revelation completed once and for all in the past continues to disclose itself to us as we look back with knowledge only recently attained. Having made such qualification and admonishing any such ambitious researcher who might undertake this task to keep his work in the perspective of God's total relationship to his created order as witnessed to especially in the Cross of His Son, I hope that

theology will acknowledge the true value^{of} such existential-phenomenological studies for its understanding of man and God without losing its integrity or abdicating its special responsibility to God and his Church.

Hence we see the importance of phenomenology for analyst, pastor, and theologian. Though limited in special ways, phenomenological analysis helps the pastor-therapist reconstruct the patient's inner-world of experience. Whether this permits the therapist to intellectually understand the patient's existential situation or more directly aids in the establishment of an empathetic relationship and rapport, the method is basic and essential to the healing process.

For a more complete discussion of phenomenology and its application to psychotherapy see: The Foundation of Phenomenology by Marvin Farber and the relevant chapters in Existence, A New Dimension in Psychiatry and Psychology edited by Rollo May et. al..

Let us now discuss the second component of existential psychoanalysis, namely existential philosophy and metaphysics. Perhaps it is redundant to point out that existentialism is not confined to the Left Bank and Sartre, the man who boosted it to modern popularity. Rollo May writes: "Existentialism...is an expression of profound dimensions of the modern emotional and spiritual temper and is shown in almost all aspects of our culture. It is found not only in psychology and philosophy but in art, vide Van Gogh, Cezanne, and Picasso - and in literature, vide Dostoevski, Baudelaire, Kafka and Rilke. Indeed, in many ways it is

the unique and specific portrayal of the psychological predicament of contemporary Western man. This cultural movement...has its roots in the same historical situation and the same psychological crises which called forth psychoanalysis and other forms of psychotherapy. Existentialism, in short, is the endeavor to understand man by cutting below the cleavage between subject and object which has bedeviled Western thought and science since shortly after the Renaissance. This cleavage Binswanger calls 'the cancer of all psychology up to now...the cancer of the doctrine of subject-object cleavage of the world'."(p.11, Existence).

Kierkegaard is considered the 'father of existentialism' and his penetrating psychological insights derived from his own self-examination provided an early link between existentialism and psychology. Kierkegaard's The Concept of Dread and The Sickness Unto Death are classics of their kind.

The Kierkegaardian critique of man and his predicament is the cornerstone for modern anthropologies in science, philosophy and theology. He observes: "Man is not a ready-made being; man will become what he makes of himself and nothing more. Man constructs himself through his choices, because he has the freedom to make vital choices, above all the freedom to choose between an inauthentic and an authentic modality of existence. Inauthentic existence is the modality of the man who lives under the tyranny of the plebs (the crowd, i.e., the anonymous collectivity). Authentic existence is the modality in which a man as-

sumes the responsibility of his own existence. In order to pass from inauthentic to authentic existence, a man has to suffer the ordeal of despair and 'existential anxiety', i.e., the anxiety of a man seeing the limits of his existence with its fullest implications: death, nothingness. This is what Kierkegaard calls the 'sickness unto death'." (p.118, May, Existence).

In spite of these enervating possibilities, Kierkegaard believed that man must responsibly face reality and embrace existence in the face of eternity in a passionate commitment. Kierkegaard conceived of truth as radically relational whereby man only confronts truth and reality where he 'acknowledges it, participates in it, and relates himself to it'. This is the key to understanding this thesis in general and the section on the analyst-patient relationship in particular. Whereas the early Freudian analysts insisted that minimal interpersonal involvement was essential to the psychoanalytic process, Kierkegaard opened the therapeutic door to more effective healing through personality and more direct involvement by the therapist. Kierkegaard was, as May so concisely puts it, "...the forerunner of concepts of 'participant observation' of Sullivan and the other emphasis upon the significance of the therapist in the relationship with the patient. The fact that the therapist participates in a real way in the relationship and is an inseparable part of the 'field' does not, thus, impair the soundness of his scientific observations." The result is "...that we are freed from the traditional doctrine, so limiting, self-contradictory,

and indeed so destructive in psychology, that the less we are involved in a given situation, the more clearly we can observe the truth. The implication of that doctrine was, obviously enough, that there is an inverse relation between involvement and our capacity to observe without bias."(p.27, Existence).

The corollary of this concern with the therapist and his role in the analysis is the question of the role and responsibility of the patient in the relationship. This leads us to two observations; first, Kierkegaard's doctrine of indirect communication nullifies any merely objective, abstract approach to therapy. In spite of the interpretations given by the analyst-pastor, analysis is not merely a didactic process and the relationship is not one of teacher to pupil. May again comes to our aid: "It is well known to every therapist that patients can talk theoretically and academically from now till doomsday about their problems and not really be affected; indeed, particularly in cases of intellectual and professional patients, this very talking, though it may masquerade under the cloak of unbiased and unprejudiced inquiry into what is going on, is often the defense against seeing the truth and against committing one's self, a defense indeed against one's own vitality. The patient's talking will not help him to get to the reality until he can experience something or some issue in which he has an immediate and absolute stake." (p.28, Existence).

The second observation concerning the patient's role in therapy deals with his passionate acceptance of and commitment to his being-in-

the-world. Knowledge about the analytic process and techniques and intellectual discovery about repressed material and the nuclear conflicts causing the neurosis is of little or no value unless it is accepted as one's own with one's whole being, emotions, intellect and all. 'Working through' the problem (see section dealing with the 'corrective emotional experience') requires a total participation of the person and not partial intellectualization; it means 'taking it to heart' and coming to grips with reality about oneself and one's place in the world. The truth involved must become so through personal experience. It must become, as Nietzsche described it, 'a bloody truth for me'.

Furthermore, these two observations concerning the therapist and patient require a comment about the quality of this 'truth as relationship' of which Kierkegaard speaks and in which pastor and therapist find themselves during counseling and analysis. Feuerbach provides the answer: "Love is passion and only passion is the mark of Existence." (p.54, Tillich, Article on "Existential Philosophy"). Hence our conclusion that love is the passion that ultimately binds the healing relationship between therapist and client and pastor and counselee. This is a finite and limited human love to which we refer and it is not intended to give comfort and support to the rank humanists who praise and glorify human goodness and possibilities per se. Though it may help to heal the neurotic fissures in the human personality, it cannot ultimately overcome the existential and universal plight of mankind; man's 'natural' love is based on a fractured 'imago dei' and is

only a tortured facsimile of God's unconditional and perfect love upon which man's love is ultimately predicated.

Again we may make certain observations relating to the paradigm which undergirds this thesis. Kierkegaard's debunking of disinterested objectivity and his stress on passionate commitment effects the pastor in two ways, both as therapist and as religious counselor. As healer, the pastor knows that the patient must embrace the nuclear difficulties with his mind, heart and spirit and take responsibility for it before healing will be effective. Furthermore, having helped the patient move from the neurotic level to the universal-existential level and having begun to speak of God's healing of this latter level of existence, the pastor knows from Kierkegaard that these healing religious truths must also be appropriated inwardly and in a total way to be fully realized. Kierkegaard himself criticized those persons who only gave intellectual assent to religious truths. The commitment to truths discovered in therapy and upon which healing is contingent on this plane is equally applicable to the healing which comes through wholistic commitment to God's truths.

Another paradigmatic parallel: whereas the neurotic must come to terms with the repulsive, repressed side of his personality, so also must the existential man confront honestly his predicament of radical estrangement best expressed in the religious symbol of 'sin'. Just as the neurotic patient must feel he has an 'immediate and absolute stake'

in the analysis, so also must the existential man discern an ultimate claim upon his life to which he responds with an ultimate concern. Or again, the pastor who deals therapeutically with neurotics soon realizes that a will to recover and care about one's own existence in the world (Heidegger's sorge) is essential to healing; the emergence of this care in the neurotic is in some way gratuitous and given. It is not infrequently evoked by antecedent concern and care for the patient by the pastor-therapist. The dynamics may again be likened to the unsolicited and faith-evoking, loving acts of God which awakens a will to cooperate in alienated and broken mankind.

I must remind the reader that in developing the paradigmatic relationship between God's saving acts and the psychotherapeutic process I am not trying to make analysis a revelatory event in which God himself is disclosed to man because religious revelation is not based on eternal principles but on an existential and personal confrontation with God in Christ. Neither am I suggesting that psychotherapy or psychoanalysis be sanctified and made a sacrament or liturgical act. However, I am pointing to an analogy of truth which I believe exists between Heilsgeschichte and psychotherapy. Psychotherapy is still psychotherapy and revelation is still revelation and confusion of the two is to be avoided.

But psychoanalysis, and especially existential analysis, corresponds in many ways to truths we find in the Gospel (taken as the Old and New Testaments) in the intent, pattern, spirit, and quality of re-

lationship; Psychotherapy, though penultimate itself, taps a deeper, ultimate dimension and meaning. Therefore when psychotherapy is done by a secular analyst or especially by a pastor in the name of Christ, it becomes a powerful aid to understanding the work of God on a universal as well as personal scale. Psychotherapy is neither intrinsically religious nor is it 'saving' in the wider, ultimate sense of the word. My hope is that it will be seen for nothing more or less than it is, but within that context pastors and theologians will appreciate its full meaning, value, and many possibilities.

I believe my thesis to be delicately balanced between two extremes and slipping into one or the other leads to obvious error and justified criticism. Hence the frequent qualification and clarification is necessary lest the reader assume my position to be something other than it is. I concede the difficulty of following the chosen line of thought, but since truth is rarely simple or easy, I hope that perseverance will eventually be rewarded.

In our brief survey of existential philosophy as the second component in existential analysis we have confined our discussion primarily to Kierkegaard. Nietzsche also did some writing directly applying existential principles to psychology, but most existential philosophers contribute only indirectly to a deeper understanding of psychology and psychoanalysis. Even a cursory treatment of this subject would entail studying the thought of some of the most illustrious minds in history; e.g. Feuerbach, Marx, Schopenhauer, Bergson, William James, Schelling,

Sartre, et. al.. Discussion of each of these men and his particular contribution is not feasible, but we shall now consider a man with a foot in both psychotherapy and existential philosophy.

Karl Jaspers along with Ludwig Binswanger and V. E. Gebsattel are all psychotherapists and at the same time existential philosophers. Jaspers was the first to bridge the two fields; Jaspers' pivotal work is essential to our historical discussion. He was one of the first pioneers to formulate the questions and draw the preliminary conclusions made incumbent upon psychotherapy by existentialism. His work was primarily along three lines: (1) examination of the philosophical presuppositions of every science of man; (2) criticism of depth psychology and psychoanalysis; (3) development of his own philosophical anthropology and its implications for psychotherapy.

(1) Jaspers argues in his General Psychopathology that every science studies man with specific questions and specific methods and therefore it cannot produce a comprehensive view of man. Hence any reductionist, synthetic, or additive approach fails to produce an authentic picture of man as a whole. Jaspers realizes that existential psychoanalysis brings its own presupposed philosophical anthropology to the study of man, but he, like Rudolf Bultmann in the Biblical field, believes that existentialism is more comprehensive, less dogmatic, more self-corrective, and relatively more open to all aspects of human being than any other system. Since we have already dealt with these considerations above, we shall not tarry longer on the subject.

(2) Jaspers' criticism of Freud and his psychoanalysis was three-fold. (a) Jaspers attacked Freud for trying to pass off his world-view for scientific knowledge, for confusing interpretive psychology with natural science. This is merely an elaboration of item (1) above.

(b) Jaspers censured Freud for allowing his theories to become movements of faith and his school of psychoanalysis a quasi-religious sect based on absolute, 'scientific' knowledge. "Socially the effect of Freud's work seems to have been the founding of a sect, brought about by his organization of an association and his expulsion of renegade pupils. Freudianism has become a movement of faith within the guise of science. There can be no discussion of faith, but one can sometimes learn from people with whom one cannot discuss. Freudianism as a whole is an existing fact which has made it universally clear that psychotherapeutic sects as such must be something like substitute-religions. Their teaching becomes a dogma of salvation and their therapy a redemption. They tend to nihilism, a callous fanaticism and an arbitrary scepticism. In the end they always work to existential ruin."(p.774, Jaspers, General Psychopathology).

The quasi-religious dogmatism connected with psychoanalysis seems to have pervaded the personality of its founder as well. "Kunz also differentiates Freud from the rest of the analysts who are his orthodox pupils. 'Is it chance that it is always the 'unanalyzed' Freud who time and again breaks through the psychoanalytic horizons and never his analysed followers?... Why are pupils with a viewpoint of their own perse-

cuted with such bitter antagonism? The necessities of the moment and foreground facts cannot wholly cover the power-tendencies taking hidden effect in the analysis'."(p.775, Jaspers, General Psychopath.). It appears that the god-like tendencies in Freud are ~~footed~~^{rooted} in his unanalyzed personality. Freud performed a monumental self-analysis but he never went through an orthodox analysis himself. Since the essence of an analysis is interpersonal, Freud's attitude is like that of a minister recommending or expounding the great Christian truths without a commitment to them himself. More discussion about the importance and paradigmatic implications of the analyst's own training analysis will be discussed under 'Countertransference'.

Intolerance towards deviations from Freudian dogmas rivals that frequently found in religion. Discussion is ~~severely~~^{severely} limited in the name of partial truth masquerading as the whole truth; opposition is demolished by Freud when he assesses the resistance of psychologists and psychiatrists to his theories as follows: "Psychoanalysis wants to bring into consciousness what has been repressed in psychic life and he who passes judgement on it is himself a man who has such repression and may perhaps only just be able to maintain them." With this line of argument and attitude psychoanalysis severely limits the freedom and love which play such an integral and essential part in effective healing. There is something strangely and tragically paradoxical about the 'unanalysed' defensiveness of psychoanalysis, supposedly the most introspective and

self-critical of all human studies.

On this point Jaspers and Christianity generally agree; both indicate the dangers of what might be called 'ideological idolatry' within psychoanalysis. This struggle for doctrinal supremacy is destructive not only of its rightful task but also of its relations with other disciplines (e. g. philosophy, theology and so on). "This kind of battle where people intrude personality into each other's psyche can become a malicious matter and a struggle for power and superiority. The important thing is to force the other into the situation of being psychoanalysed and communication is in fact not on the same plane."(p.773, Ibid.). But if the dangers are great, so are the creative possibilities; even Jaspers admits that there is opportunity for establishing the deepest of human relationships within this same context.

(c) Jaspers also criticise Freud's theories themselves. Psychoanalysis considers the past history of man's instincts to be determinant for man's present behavior. "Freud's approach was based on the assumption that psychopathological experiences were motivated and that motives could be understood if one realized their historical connection with childhood experiences and with early instinctual motivation of libidinal and aggressive instincts." Freud's acute insight into repressed sexuality completely overlooks the effects of repressed mind and spirit. Furthermore, "...being human is far from being unambiguous, transparent and clear; it is something fundamentally dubious, equivo-

cal and obscure."(p.775, Jaspers, General Psychopath.). Hence, ready-made psychological categories and techniques tend to dehumanize the patient. To the extent that this is true, healing is hindered and God's will for man, namely to 'make and keep human-life human' (Paul Lehmann), is hindered.

(3) Jaspers believes that "Man.is... a living, changing being who by his decisions and communications makes himself what he is, a being who is not split into three definite structures or two or more mythical instincts; he experiences himself always as the potential subject of future actions and decisions and the healthier and less neurotically restricted a man is the less are his future potentialities predictable." (p.4,21, Paper by Karl M. Abenheimer titled "Existentialism and Psychotherapy"). "Existence, namely, living according to the awareness of one's relatedness with the basis, the 'Urgrund' or 'Ungrund' of the transcendence, is the highest value of subjective behavior for Jaspers. This in itself is an existential choice since other possibilities for other individuals at other times are imaginable."(p.8, Essay by Karl M. Abenheimer titled "Reflections on Karl Jaspers' Concept of 'Existence'"). In other words, Existence is the freedom of an individual, the possibility of decision.

However, the other possibilities imaginable include self-deception and distortion of reality by seclusion when faced by marginal life situations, that is, 'certain impassable, unchangeable situations that be-

long to our human existence as such'. "Seclusion from reality as given is indeed a seclusion from the very basis of being which manifests itself through reality. And 'sin is separation from God'. Falsity of this sort has been thought to be a universal human trait; like Ibsen, we look for the 'life-lie' which everyone needs and acknowledge Goethe's saying that no one ever reaches such insight into truth and reality as would take away the conditions of his own existence. Others limit this world of radical self-deception to a particular group of persons who suffer from personality disorders...." Here we are faced with the distinction between the universal, existential predicament of estranged mankind and the more specific pathological form of inauthenticity.

Within the latter category we find the neuroses. "Neurosis has been conceived as failure in the marginal situations of life. The goal of therapy has then been visualized as a self-revelation or as a self-transformation of the individual through the marginal situation, in which he is revealed to himself and affirms himself in the world as it is."(p.330, Jaspers, General Psychopath.). "Everyone needs self-illumination and self-reassurance through his inner activity. We all need to master life's problems, renounce and refuse as well as accept the reality of life as it is given. The neurotic minority alone need therapy."(p.816, Ibid.).

Within Jaspers' very subtle and sophisticated system there are three concepts of particular interest to psychotherapy and theology:

self-revelation, conversion, and loving communication. All of these occur on a general existential level and are experienced by relatively 'healthy' (non-neurotic) men and women, but they also may occur or even be aided by psychotherapy in helping the neurotic to move from self-deception toward authentic Existence.

Jaspers refers to 'Umkehr', meaning return, reversal, conversion. "It is the courage to admit that one has gone in the wrong direction and that one has to change and renew one's outlook; what was rejected becomes valuable and what one fled away from becomes a goal. Such a reversal may be possible only for the sake of transcendence and the reality of the true self."(p.8, K. M. Abenheimer's essay "Reflections on Karl Jaspers' Concept of 'Existence'"). This occurs not only under normal existential conditions but also within the psychotherapeutic relationship. This 'turning' is essential to improvement and the abandonment of the false style of life (life-lie). Although this 'Umkehr' is a relative and conditional movement for the neurotic under therapy, this 'conversion' finds its paradigmatic counterpart within the religious and unconditional symbol of 'repentance' and 'conversion'. The basic elements are almost identical; the recognition and admission of wrong direction, the need for change and renewal, and the adoption of authentic goals. Within psychotherapy it means healing old neurotic wounds; within religion it means a cosmic healing of existential conditions, thereby overcoming ontological estrangement and effecting reconciliation.

In spite of this similarity, Jaspers' use of this concept runs into

difficulty when viewed theologically. Jaspers' 'Umkehr' presupposes a courage which is largely grounded in man himself. Therefore man, whether subject to neurosis in addition to his existentiality or not, is to a great extent the locus and source of his own healing. Though approximating certain Christian truths, Jaspers has overshifted the source and center of healing until an almost Pelagian attitude prevails. Man's freedom remains essentially intact and unimpaired and man, whether trying to shake off a constrictive neurosis or striving toward self-realization and authentic existence, need only be awakened and he will initiate the required movements. This is far too optimistic to suit either the general existential condition of man or the neurotic man undergoing psychotherapy. To the extent that this attitude prevails in either situation the real possibilities and expectations will be hindered.

Loving communication is of special concern to Jaspers and it must be considered in any situation where people confront one another verbally or extra-verbally or are confronted by God in his self-disclosure. Loving communication exists, according to Jaspers, "when one dares to meet the other in defenseless openness and asserts oneself against him only in what is existentially inevitable, and when one thus remains open to the 'reality' of the other and to its appeal to one's freedom, then existential self-awareness may occur as a discovery of one's real self." (p.8, Abenheimer, "Reflections on Karl Jaspers' Concept of 'Existence'"). Such loving communication is possible between people everywhere, says

Jaspers, but it cannot be scientifically or medically contrived. However, should this communication develop within the analytical relationship, it is unvaluable to the progress of the healing process.

By way of review and also in preparation for criticism of Jaspers' concept of 'loving communication', let us consider the paradigm again. The typical existential man seeks his real self from which he is estranged; the neurotic man must first be extricated from his special predicament and restored to a relatively non-neurotic, existential condition from which he then continues toward his real self. In other words, recovery from neurosis is the first stage of his movement toward authentic selfhood; the second phase begins when the neurotic conflict is healed. The neurotic needs to move from a pathological state (a special existential condition) to the existential condition and from there hopefully toward essential selfhood.. Most normal men begin at the existential level and move toward the essential goal. Christian theology believes that God in Jesus as the Christ has lovingly communicated with man partly for the purpose of healing the breach between his existential and essential condition. This is the cosmic act of ultimate healing. Begun in Christ, this healing continues and waits for completion in Christ; meanwhile God's loving communication with and for us continues. God's healing acts and movements are normative for all healing and especially for interpersonal relationships as they exist in existential psychotherapy. In moving from a neurotic to an existential condition a man undergoes a relative kind of healing which is none the less healing and which

finds its paradigm in God's larger act of healing. Healing in psychotherapy relies in part on a loving communication too. Furthermore, the 'defenseless openness to the reality of the other' which characterizes Jaspers' 'loving communication' as it exists in analyst-patient relations finds its ultimate paradigm in the Cross of Christ.

Insofar as Jaspers ascribes to man the courage to be defenselessly open to another and overlooks the ultimate source of this courage, namely the One who was unreservedly open to loving communication, then his concept is imperceptibly close to truth but is finally unsatisfactory; this applies to extra-analytical communications but it is especially true of the ^{analytical} ~~analytical~~ relationship in which the constricted freedom and radical closedness of the neurotic patient requires even greater defenseless openness in the analyst in order to break through and establish loving communication. Obviously this kind of attitude is especially important for the pastor in his therapeutic-counseling relationships and it must ultimately be grounded in his own experience of Christ's openness to him and loving communication with him. Having made these criticisms and qualifications, Jaspers' concept of 'loving communication' will be invaluable to our understanding of the section titled 'Healing Through Personality'.

Self-revelation involves a reciprocal relationship between self and 'Transcendence'. There exists within the psyche a polarity of intentional act and unintentional becoming, of intention (activity) and

occurrence (passivity). "Passive self-understanding provides the medium for actual self-revelation." This passive self-understanding or self-illumination comes through a fuller awareness of Being, an illumination conferred by Existence itself, a call from Transcendence itself. This is a grace-ful event, a given, which at least appears to resemble its theological counterpart in Christianity. But the resemblance is only apparent because this illumination conferred by Existence itself is reciprocal to the transcending movement of philosophical thought by man. Therefore, though acted upon by Being itself (passive), man actualizes himself by the absoluteness of decision (active).

"I am only revealed to myself by an inner activity which transforms me. Apparent revelation, unembarrassed exposures of the inward self, lavish self-confessions, endless introspection and self-description, revelling in the observation of inner events, usually cover a lurking attempt at concealment with no intention to reveal the self. Revelation is not an objective event...but rather a form of inward behavior, a grasp of the self, a self-election, a self-appropriation."(p.350, Gen. Psycho.). As such it is never completed or finished but remains open and in process.

This self-revelation must be achieved but the question of 'how' is most important. Jaspers points out that self-revelation should not be confused with interpersonal methods of psychoanalysis. "We cannot secure what Existence itself must foster. However, since psychotherapy is an important source of self-understanding, it must be considered in order to give widest possibility of realization, especially for the neu-

rotic."

Such knowledge as comes the patient's way through interpretations and the therapeutic relationship itself can only aid healing and in personal authentication through actual performance by will to act upon it. "Self-reflection may serve them on the way but in itself it is never a primary force, it only becomes effective through actual being, which in turn lays hold of its help. But once self-reflection in the form of psychological study of the self becomes the whole atmosphere in which a person lives, there is no end to it since the person's psychic life is not yet Being itself but only a place where Being is envisaged. There is a dangerous tendency in psychotherapy to convert the psychic actuality of an individual into an end in itself. The person who turns his psyche into a god because he has lost both world and god finds himself standing finally in the void. He misses the gripping force of things themselves, of objects of faith, images and symbols, tasks to perform, of everything absolute in the world."

And in another quote Jaspers beautifully states the crucial distinction which underlies my thesis of paradigmatic relationship and which prevents it from slipping into a secularized, immanent, and humanistic version of 'heilsgeschichte'. "Psychological self-reflection can never achieve that which only becomes possible through surrender to being. Here lie the radical differences between the purposeful manipulations of psychotherapists directed upon the psyche and the practices of priests, mystics, and philosophers of all times, directed

through the ages towards God or Being; between confidences, self-revelations given to the doctor and confession in church the transcendent reality marks the difference. Mere psychological knowledge of possibilities and the use of psychological influences to bring the desired end about can never realize the possibilities in me. The individual must set about things, not about himself (or only about himself as a means); he must set about God, not about faith; about Being, not about thinking; about something he loves, not love itself; about performance, not experience; about realization, not about mere possibility - or rather he must set about all these alternatives as means of transit, not for their own sakes alone."(p.809-810, General Psychopathology). Otherwise a psychological egocentrism develops which makes the individual the measure of all things; this is injurious to psychotherapy and it also constitutes the existential condition (as opposed to the neurotic) best symbolized by the 'sin of pride', an ontological category.

Herein Jaspers makes two important points. First, he disallows any mere intellectual engagement within psychotherapy, or even within life itself, as a possible way to healing or self-authentication or self-realization. Secondly, Jaspers postulates a fundamental freedom which, no matter how limited and constricted by neurosis, is essential to healing and true existence. In the neurotic this freedom is the seed which, though small at first, takes responsibility for itself and grows to larger proportions. According to existentialism, without some

germinal freedom there can be no responsibility for oneself and consequently no healing on the neurotic or existential levels by either psychotherapy or religion.

In one place Jaspers makes a statement that is of special importance to our study; he says, "With certain neurotic phenomena the process of becoming oneself is also a means to cure the neurosis. Depth-psychology at its limits coincides with the illumination of Existence itself and calls for personal closeness and friendship of a unique and contemporary character." (p.817, Ibid.). With the need for a unique friendship I wholeheartedly agree. I also agree that the 'process of becoming oneself may also be a means to cure the neurosis'; this is plainly seen when a patient enters upon and commits himself to a way of becoming (for example, a religious faith or Jaspers' way of self-revelation) which also cures the neurotic deviation in the larger process. During psychotherapy the patient may, for instance, develop a meaningful faith in Christ which will aid immeasurably and directly influence the psychotherapeutic process.

However, the thesis of this paper is not concerned with the direct influence of Christian faith (or any ultimate or pseudo-ultimate concern) or the absence of such on the psychotherapeutic process. Rather I am concerned with the paradigmatic relationship between the process of becoming oneself and the psychotherapeutic process in which similar principles are inherently active and similar movements are involved.

From this perspective I would like to criticise the statement that 'depth-psychology at its limits coincides with the illumination of Existence itself'. At this point Jaspers has made an error which I have tried to avoid. Whereas he posits an identity between the 'illumination of Existence itself' and depth depth psychology at its extremities, I have attempted to maintain a paradigmatic parallel on a broader level but have purposely avoided an identity at any point between the two areas. I believe that depth psychology and existential psychotherapy may approach or point towards the illumination of Existence itself but can never coincide with it. Otherwise the infinite qualitative difference between God and man, between his work (Heilsgeschichte) and man's response (ultimate concern), between his healing acts and man's healing is lost and psychotherapy becomes part of religion. This leads to an intolerable confusion within psychotherapy and also confuses the pastor-therapist who needs to distinguish between his roles and maintain the integrity of each.

Paradoxically, Jaspers is not blind to the difficulties and temptations involved. He writes: "If we are to study man properly we have to take into account both the openness of unrestricted possibility and the limitations imposed by the real impenetrability of what is not understandable. These limitations only receive confirmation through the practice of psychiatry, the openness will only come to us through philosophy. Psychotherapy cannot live simply on its own resources."(p.811,

Ibid.). However, the philosophy of which he speaks is essentially Jaspers' own philosophy based on his own presuppositions; therefore, who is going to 'watch the watcher' in order to insure the greatest possible openness? Perhaps a theological criticism is required.

Jaspers' philosophy resembles a semi-theological system. The concepts and terminology are reminiscent of Tillich; for example, he refers to Revelation, Transcendence, Being ('Urgrund'), and even faith. But Jaspers' God, or Being itself is abstract and impersonal and is met, if at all, at the 'limits'. The faith of which he speaks is philosophical and contrasts with religious faith by acknowledging no absolute or final revelation in time. This is truly the god of a philosopher and not the God of Abraham, Isaac and Jacob. As such, it cannot provide the fundamental insight required to understand the healing paradigm.

Thus far, our discussion has probed the origins and development of existential psychotherapy through phenomenology and existential philosophy including the pioneering effort of Karl Jaspers, a spokesman and practitioner of both psychotherapy and existentialism. Jaspers' preliminary groundwork has been superceded by more recent movements in existential psychotherapy. These new movements include the New Viennese School of Personal Analysis represented by V. E. Frankl and Igor Caruso; Frankl's 'logotherapy' is probably the most popular and ^{most} promising part of this movement. More closely associated with existential analysis as such is Viktor Von Weizsacker and Ludwig Binswanger. Binswanger has

drawn heavily upon the existential philosophy of Martin Heidegger which lends itself to a systematic and comprehensive development in therapy. Let us now consider Binswanger's existential analysis.

Binswanger's system incorporates the subtlety and difficulty as well as the profundity of Heidegger's philosophy including his Germanic neologisms. Due to its close relation with Heidegger's philosophy Binswanger's thought is largely subject to the same shortcomings and criticisms as Heidegger's work. With this in mind let us continue.

Binswanger's Daseinsanalyse (Existential Analysis) is essentially an analysis of Dasein which designates the mode of existence or being-in-the-world peculiar to human beings. As such existential analysis supercedes phenomenology because it takes into consideration the entire structure of existence of the individual and does not restrict itself to analysing states of consciousness. "The distinctive character of existential analysis is, thus, that it is concerned with ontology, the science of being, and with Dasein, the existence of this particular being sitting opposite the psychotherapist."(p.37, May, Existence).

Dasein signifies that man is the being who is there (da=there, sein=being). This 'thrownness' of my being is into a given time and place which is my 'world'. "World is the structure of meaningful relationships in which a person exists and in the design of which he participates." As such, my relation to it is both passive and active, past and future; "...to be aware of one's world means at the same time to be designing it. World is not to be limited to the past determining events but includes also all the possibilities which open up before any per-

son and are not simply given in the historical situation."(p.59-60, Ibid.).

The world in which a man has his being (being-in-the-world) consists of essentially three modes or differentiations according to Binswanger. "First, there is Umwelf, literally meaning 'world around'; this is the biological world, generally called the environment. There is, second, the Mitwelf, literally the 'with-world', the world of beings of one's own kind, the world of one's fellow men. The third is Eigenwelt, the 'own-world, the mode of relationship to one's self."(p.61, Ibid.).

Umwelt refers to the world/around. As such it is the natural world of causality and natural law. One of the most common criticisms of existential philosophy and analysis is that it neglects this world of nature which surrounds man. This accusation, though justified at times, is not applicable when the Umwelt is fully dealt with by the existential analysts. This category or mode allows the analyst and pastor to take the objective world seriously without falling into Freud's error of forcing all psychological phenomenon into the 'procrustean bed' of biological determinism.

Binswanger has contributed much to the study of man, but, being a humanist, he is not inclined to draw upon the insight theology has to offer; this resource should be helpful to the pastor in understanding these different existential categories. For instance, the Umwelt refers to a particular part of God's created world; the Umwelt is the world created by God and which has 'fallen' through the 'sin' of Man. As such our attitude and relation to the Umwelt may be regarded from the

perspective of theological truth. The stoics renounced the natural world and the participation of the body in it. The external world and the suffering therein is mediated to man by his own body. Even Plato characterized the body as the 'prisonhouse of the soul'. Man became divided into a higher and lower nature and with the general negation of matter came asceticism and abuse of the body. Even Christianity adopted specious attitudes facilitating the escape from and denial of the Umwelt through immortalizing the soul, and so on.

More recently scientific and philosophical insight has vindicated the Umwelt and prompted the rediscovery of Biblical truths which will be of help to the pastor in his exploration and understanding of his own Umwelt as well as his patient's. Medard Boss comments upon man's body and his corporeality: "If man is never really an extant object, his corporeality cannot be just a body, enclosed in an epidermis and ending at its surface. Rather, the human body - including its so-called animal, vegetative and hormonal arrangements - must be understood as a specific sphere of human existence, namely, that sphere which exists in that mode of being which we call the 'material' one. Because the human body is a proper realm of Dasein, it is one of the media through which the world-disclosing life relationships which constitute existence are carried out." (p.402, Wyss, Depth Psychology). Such an existential unity of body and soul as propounded above is matched only by the simplicity and concreteness of the story of man's creation in Genesis.

This Biblical-existential view of man's wholeness and indivisibility is normative for the pastor or analyst as he deals with his patient's or counselee's Umwelt. This does not mean that the therapist seeks to impose this concept on his patient or condemn any deviation from it; rather, the therapist will keep this as a point of personal reference as he tries to understand the patient's own Dasein especially in relation to his Umwelt. One of the most common distortions of Umwelt found in neurotics and psychotics, for example, is the retreat into disembodied intellectuality and/or spiritualism.

In this position the individual experiences his self as being more or less divorced or detached from his body. "The body is felt more as one object among other objects in the world than as the core of the individual's own being. Instead of being the core of his true self, the body is felt as the core of the false self, which a detached, disembodied, 'inner', 'true' self looks on at with tenderness, amusement, or hatred as the case may be. Such a divorce of self from body deprives the unembodied self from direct participation in any aspect of the life of the world, which is mediated exclusively through the body's perceptions, feelings and movements."(p.69, Laing, The Divided Self).

The Christian religion seems especially susceptible to and responsible for attitudes which denigrate and degrade sexuality as something dirty and sinful per se. This has provided a ready-made escape for people with individuation difficulties; 'faith' wrongly becomes a matter of denying the earthly and instinctual life and fleeing from the earthy and

emotional Umwelt into a realm of nothing but goodness and kindness, spiritual or intellectual heights, into purified aestheticism, into social or racial superiority resulting in an unreal, semi-deified manhood not 'rooted' or grounded in the created Umwelt.

Binswanger's second mode of world is Eigenwelt. This mode of self-relatedness is grounded in the 'I-am' or ur experience as Rollo May calls it. Eigenwelt is based on the fact that man is the creature capable of an attitude towards himself via self-transcendence. Man is the being who can be conscious of and therefore responsible for his existence. Self-consciousness is intrinsic to man as a thinking being and the basis of his uniqueness. An outstanding treatment of this mode from a philosophical-theological perspective may be found in Reinhold Niebuhr's The Nature and Destiny of Man; Niebuhr analyses man's existential relationship to himself from a normative, essentialist standpoint. This is helpful in understanding the essential-existential differentiation, but we must turn to R. D. Laing and Binswanger to appreciate the difference between self-relatedness in a neurotic or psychotic man and self-relatedness in a 'sane' existential man.

Laing's description of the psychotic way of being-in-the-world is vivid yet realistic; regarding the psychotic's Eigenwelt, or relation with himself, he says: "He experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as 'split' in various ways, perhaps as a mind more or less tenuously linked to a body, as two or more selves, and so on."

(p.17, Laing, The Divided Self). The development of a false-self system and other defenses distorts the Eigenwelt still more and makes the pastor-analyst's entry into and understanding of this mode of self-relatedness more difficult and risky. Even a pastor with extensive training in analysis will not likely deal with psychotic people therapeutically; even many psychiatrists and analysts avoid their treatment. But the difficulty of moving from one's own experience of being into another person's Eigenwelt is best illustrated in the extremity of the psychotic patient. The neurotic's Eigenwelt is less bizaar than the psychotic's, but the difficult task of orienting oneself as a person within the other's scheme of things via empathy and understanding is no less important and only slightly less difficult. A more complete description including examples may be found in Laing's The Divided Self and Binswanger's classic study of "Ellen West", Existence, p. 237.

Mitwelt, Binswanger's third mode of world, deals with the interpersonal relationships of human beings. The quality of relationship is essentially one of 'meeting' rather than of 'using', of personality rather than instrumentality. Consequently Mitwelt is based on personal decision and commitment and mutual influence of the persons involved. It is clear that a person's own identity can never be completely abstracted from his identity-for-others and his identity-for-himself depends to some extent on the identity others ascribe to him. A breakdown in this Mitwelt is disasterous on all levels; Martin Buber from a philosophical viewpoint and Harry Stack Sullivan from a psycho-social one have dealt with

the repercussions on man as man. One of the most penetrating discussions and descriptions of neurotic and psychotic Mitwelts is found in R. R. Laing's The Self and Others. In this book the origins of a broken Mitwelt as well as the dynamics leading to deeper alienation are described. I mention this book because the counseling pastor must have not only empathy but also understanding of the process before entrance into the patient's Mitwelt is possible.

Binswanger's three modes of world maintain a vital balance by being at once interrelated and mutually supportive. A breakdown in any one of the three has negative repercussions on the other two but, on the other hand, there is also the possibility of temporarily supporting the weakened mode or strengthening it through the other two. This is most obvious in therapeutic activity which uses Mitwelt as the door to healing the greater personality. This balance in perspective also accounts for the superiority of the existential approach to psychotherapy. It avoids the orthodox psychoanalytic error of trying to reduce Dasein to Umwelt while paying scant attention to the other two modes of being-in-the-world; Rollo May also points out the temptation of the interpersonal schools (Fromm and Sullivan et. al.) to make Mitwelt the essence of Dasein.

The key to Binswanger's existential analysis is the reconstruction of the subjective world of the patient, his own peculiar world-design. This presupposes, as Rollo May puts it, 'that technique follows understanding' and not vice versa as in orthodox psychoanalysis. This principle not only applies to neurotics whose world-design is more obviously orderly and coherent but also to schizophrenics. "The remarkable result

of existential analytical research in schizophrenia lies in the discovery that even in schizophrenia the human spirit is not split into fragments.... If the mental life of a schizophrenic, as existential analysis shows, is not merely a field strewn with ruins but has retained certain structure, then it becomes evident that it must be described...as a whole and as a Gestalt."(p.124, Existence). The implications for therapy are stupendous and health-giving: "We are now no longer stopped at the so-called borderline between that psychic life with which we can, and that with which we cannot, empathize. Quite a number of case reports show that our method has succeeded beyond earlier hopes in communicating with patients, in penetrating their life history, and in understanding and describing their world-designs even in cases where all this seemed impossible before."(p.213, Ibid.).

The principle is valid for any analyst or pastor doing therapy or religious counseling. These helpers are required to orient themselves to the patient or counselee in such a manner as to leave open the possibility of understanding him. The object of this movement is not to impose what we consider to be an authentic modality of existence on him or replace his inauthentic one; this new modality would be alien to the individual as well. Rather we seek to enter into his world design in such a way, namely lovingly and acceptingly, so as to allow the individual to realize his latent and best abilities and to shape his own self. The object of establishing this existential communication is to

help the patient to see that in spite of all his difficulties he is essentially the same as any human being and is alone only in the sense that all men must be alone in the uncertainty and anxiety which adheres to their existence as such. This attempt to point out realistically the universal existential condition of man in order to help the neurotic shed his pathological condition constitutes the beginning of therapy. On the other hand, helping the neurotic or the existential man to appropriate the power and 'courage to be' in their own Dasein is the task and responsibility of religion.

Nevertheless, this should not blur the seriousness of the pathological (as opposed to the universal-existential) condition. The terrible risks involved in entering the mode of existence of the patient should not be underestimated. One may become trapped in the modality and surrender his own relatively more free and authentic mode of being-in-the-world. The true openness of the pastor or analyst which is so important to healing also leaves him vulnerable to snares and hurt from his patient. Entering another's world-design does not mean that the therapist forgets himself or his own world-design but it does entail a risk of life and a sharing of suffering which is paradigmatically related to Christ's own healing and caring and freeing work. This is the risk involved in being-for-others as Christ was for others. As the healing of man's existential condition was met in Christ's own incarnate manhood, so must the healing of the pathological condition of men be initiated from their Dasein. The balance between giving oneself and losing oneself (surrendering

one's own health or sanity) is vital and must be maintained without injuring the integrity of either person involved. At its best psychotherapy and the attendant encounter between patient and analyst is a work of love not unlike God's own healing work especially in Jesus as the Christ. The pastor as therapist and counselor has an advantage in translating the transcendent-vertical into the immanent-horizontal dimension of existence and history because he sees this translation in Christ. He may work under the admonition of Christ to 'love one another even as I have loved you'. The 'Christ-formation' (Bonhoeffer) in the pastor should be the source of a unique freedom and courage to risk his 'sanity' and love for the sake of his patient.

To speak of the 'psychic incarnation' of the therapist in the patient's world-design would violate the paradigm and it also suggests an infinite qualitative difference between therapist and patient which simply does not exist as it does between God and man. However, the pastor is susceptible to the special and paradoxical danger of confusing his responsibility of being-a-man-for-others, especially in therapy and counseling, with his talk about God, or, in other words, with separating his person from his words. Paradoxically, the danger is greatest when dealing with existential concepts which, though having concrete meaning, may become philosophical abstractions. Rollo May points out the danger for existential analysts: "The temptation to use existential concepts in the service of intellectualizing tendencies is especially to be guarded against, since, because they refer to things that have to do with the center of

personal reality, these concepts can the more seductively give the illusion of dealing with reality. ...the necessary interrelation of verbalizing and acting is never overlooked. The 'logos' must be made flesh. the important thing is to be existential."(p.90, May, Existence). Thus, the pastor as a Christian engaged in existential psychotherapy must be doubly cautious.

Before bringing this section on existential psychotherapy to a close, let us consider some of the more important criticisms of the movement and its presuppositions. These fall under three general categories; relation to Freud, relation to Freedom, and relation to Commitment.

Relation to Freud - First, most existential analysts deny or severely limit Freud's concept of the unconscious. This is partially justified when, as Rollo May puts it, the doctrine is used "...as a convenient blank check on which any causal explanation can be written or as a reservoir from which any deterministic theory can be drawn." However, the opposite error is just as disastrous; in contrast to Freud's reductionism and his epiphenomenal view of consciousness, existential analysis tends to set aside the genetic-causal view and regard the patient's world-design as the basic explanatory factor for physical behavior and psychic processes. Such a development may lead to the complete absorption of empirical psychology into the philosophical side of existential analysis. Such a reduction and capitulation by science would mean the end of psychology as such.

To my mind Rollo May, an existentialist himself, holds a well-balanced view of the matter by proposing that being is at some point indiv-

isible, that the unconsciousness is part of any given being, that the cellar theory of the unconscious is logically wrong and practically unconstructive; but the meaning of the discovery, namely, the radical enlargement of being, is one of the great contributions of our day and must be retained. (p.91, May, Existence).

Relation to Freedom - This has two aspects; first, existential analysis postulates the reality and existence of human freedom as opposed to deterministic views. This means that in analysis we and the patient have to understand his past in terms of his present and not exclusively the other way round as in orthodox psychoanalysis. The danger of overstatement threatens the integrity of some representatives of existential analysis. They believe man's freedom to be absolute and even suggest that infants are endowed with a fully developed freedom and sense of responsibility for their world-design. This borders on absurdity; this subject will be treated in a later section.

Relation to Commitment - This concept is crucial to the tasks of both psychotherapy and pastoral counseling. In psychotherapy we discover a psychological anomaly known as 'commitment-anxiety' which is analogous to the existential aversion to religious commitment encountered in pastoral counseling. This 'commitment-anxiety', therefore, has ontological as well as psychological connotations; whereas the psychological type is primarily rooted in early experiences with parents, the existential type is grounded in man's estranged finitude. Psychologically this commitment-anxiety is characterized by a panic-reaction attached not to

separation from persons but to commitment to them. However, this commitment-anxiety is related dialectically to a separation-anxiety which faces the neurotic person with the dilemma of maintaining a wide psychological-emotional distance while craving permanent, intimate relationships with important people in his life.

The religious parallel is obvious; Man requires the loving presence of God and the concomitant healing but finds that he cannot tolerate his difficult and revealing presence. This existential commitment-anxiety and its attendant loss of 'being-by-relatedness' is overcome by God's prior, unconditional commitment to us in Christ; the analyst's part in healing the psychological counterpart of this existential condition is predicated upon its paradigmatic relationship to God's healing act. But what, we may ask, does this mean in more explicit terms for psychotherapy?

Commitment incorporates both freedom, or the ability to decide, and that to which the commitment is made and toward which one's freedom is exercised. In psychotherapy this has led to contention between orthodox psychoanalysts and existential analysts. With the exception of some psychoanalysts who do stress the importance of the 'corrective emotional experience', they emphasize the supreme importance and priority of self-understanding attained through free-association, interpretation and other techniques. Their attitude might be formulated as 'knowledge precedes understanding'. Rollo May, representing the existential analysts, maintains that 'decision precedes knowledge'. In treatment

this means that "...the patient cannot permit himself to get insight or knowledge until he is ready to decide, takes a decisive orientation to life, and has made the preliminary decisions along the way." He makes an important qualification which saves therapy from becoming just another form of activism. "This is no 'decision as a short cut', no matter of premature jumping because to act may be easier and may quiet anxiety more quickly than the slow, arduous, long-time process of self-exploration." (p.87-88, May, Existence).

According to my understanding, both the existential and orthodox psychoanalysts miss the essence of commitment and the dialectical relationship between knowledge and decision, mind and will. Igor Caruso has nicely expressed it as 'a truth to be lived', or as 'truth for me'. But this brings us to the border between psychotherapy and religious counseling. Discovering what is blocking commitment and then removing that obstacle to freedom is the task of psychotherapy; discovering what one may commit oneself to unconditionally is a religious, or, as many existential analysts prefer to say, a philosophical question.

Thus, as the patient moves from a neurotic to a plain existential mode of existence, the pastor moves from his therapeutic role to his counseling role. According to the paradigm, these two modes of being-in-the-world (neurotic and existential) and the corresponding roles of the pastor (therapist and counselor) are analogically related. Whereas the pastor as therapist might look to Binswanger for guidance, the pas-

tor as religious counselor and theologian might well look to Paul Tillich for enlightenment.

Tillich has said, "Man becomes truly human only at the moment of decision." Just as the neurotic man makes penultimate decisions during psychotherapy which help to determine his healing, so also does the existential man make ultimate decisions which help to determine his healing at the hands of God. The healing part of God's 'Heilsgeschichte' is ontologically prior to man's healing efforts through interpersonal means; this relation permits a theologian such as Tillich to speak helpfully, not authoritatively, to such a field as existential psychotherapy. The pastor who does psychotherapy is the double beneficiary of this paradigmatic relationship.

Tillich describes authentic Eigenwelt, or man's proper self-relatedness, as the 'courage to be as oneself'. This means 'the affirmation of the self as a self; that is, of a separated, self-centered, individualized, incomparable, free, self-determining self'. Inauthentic Eigenwelt, as a part of a larger condition of estrangement (estranged Dasein which includes estranged Eigenwelt, Mitwelt, and Umwelt), refers to man's self-estrangement and the inability to affirm himself. Under this condition man's life-space becomes empty and meaningless under the threat of non-being.

Tillich describes authentic Mitwelt and Umwelt together as the 'courage to be as a part'. "The courage to be as a part is the courage

to affirm one's own being by participation", and especially by participation in the community. Inauthentic Mitwelt (and Umwelt) and breakdowns in participation may take neurotic or psychotic forms and in psychotherapy the analyst helps to mediate the patient's participation in community on all levels (i.e., family, town, nation, mankind as a whole). If the analyst is also a pastor, then he mediates the patient's relationship to and participation in a very special community, namely the Church. As such, he may bring special resources to the task of healing on both the neurotic and existential planes (i.e., koinonia, sacraments, Scripture, prayer, and so on). Needless to say, these two sides of man's self-affirmation are distinguishable but not separable, interrelated and interdependent. For a more complete description of these two modes of Dasein and their inauthentic forms, see Chapters IV and V of Paul Tillich's The Courage To Be.

According to Tillich, "Courage is the self-affirmation of being in spite of the fact of non-being." However, this courage "...always includes a risk, whether the risk of losing oneself and becoming a thing within the whole of things (Dasein reduced entirely to Mitwelt or Umwelt) or of losing one's world in an empty self-relatedness (Dasein reduced entirely to Eigenwelt)."(p.152, Courage To Be). This^{is} not only the risk taken by the patient but also the risk taken by the analyst in attempting to help the patient to a state of greater self-affirmation.

On the neurotic level and in the course of psychotherapy the patient

may find the courage to affirm himself, both as a part (Mitwelt) and as oneself (Eigenwelt); this courage may be grounded either in the power of himself or in the power of his world; both of these powers are relative and grounded in relative and limited sources, namely oneself or one's world. However, in spite of its relativity this power may mitigate or completely remove the pathological condition and thereby effect a healing. In most cases this relative power will originate in the person of the therapist who, acting in his own power, may renew the patient's confidence in his own human possibilities. In its most potent and effective form this relative, anthropocentric power of self-affirmation can only mitigate the pathological condition of man and cannot deal with the existential predicament of estrangement from our essential being which is common to all men. On this relatively more healthy but still existentially conditioned level man must go beyond immediate sources of courage (i.e., self or analyst) and participate in the ultimate power which gives him the courage to affirm himself in spite of the presence of the negativities of existence.

Tillich argues that even this relatively limited courage of self-affirmation which is rooted in the power of oneself and one's world and accounts for some healing in psychotherapy seeks to ground itself in the power of being-itself. Therefore even the courage found in psychotherapy or derived from the person of the analyst and used for limited purposes of healing is essentially a religious movement. "This means that every

courage to be has openly or covertly a religious root. In some cases the religious root is carefully covered, in others it is passionately denied; in some it is deeply hidden and in others superficially. But it is never completely absent. For everything that is participates in being-itself."(p.152-153, Ibid.). Therefore, although relative courage derived from psychotherapy may heal pathological forms of escaping the threat of non-being, only courage rooted in the ground of being can ultimately overcome the threat to existence by non-being; the former type is consciously or unconsciously, more or less, encompassed within the latter type and certified by it because "...there is no self-affirmation of a finite being, and there is no courage to be in which the ground of being and its power of conquering non-being is not effective."(p.156, Ibid.). And on the basis of Tillich's reasoning and in spite of an infinite qualitative difference between the courage of the former and latter types, the two are analogically related. This analogy and the characteristics peculiar to it have been expressed in my paradigm discussed above.

Whereas a tentative and relative courage in oneself, the analyst (or pastor), or the process and technique of psychotherapy itself may aid in healing a pathological condition, it cannot and should not presume itself to be able to overcome the general existential condition of man. The infinite qualitative difference between a finite source of courage and the ultimate source of courage indicates that a man can only become confident about his existence by ceasing to base his confidence in himself or in anything finite, including the Church. 'It is based

on God and solely on God, who is experienced in a unique and personal encounter'.

The source of confidence and the key to God's healing work is the 'total, personal, and immediate certainty of divine forgiveness' or, in Tillichian terms, the 'acceptance of the unacceptable'. "One could say that the courage to be is the courage to accept oneself as accepted in spite of being unacceptable."(p.160, Ibid.).

The relation between God's healing acceptance of man and the analyst's acceptance of his patient is beautifully expressed by Tillich: "In the communion of healing, for example, the psychoanalytical situation, the patient participates in the healing power of the helper by whom he is accepted although he feels himself unacceptable. The healer in this relationship does not stand for himself as an individual but represents the objective power of acceptance and self-affirmation. This objective power works through the healer in the patient. He accepts the patient into his communion without condemning anything and without covering up anything. No self-acceptance is possible if one is not accepted in a person-to-person relation. But even if one is personally accepted, it needs a self-transcending courage to accept this acceptance, it needs the courage of confidence. Here...is the point where the religious 'acceptance as being accepted' transcends medical healing. Religion asks for the ultimate source of the power which heals by accepting the unacceptable, it asks for God. The acceptance by God, his forgiving or justifying act, is the only and ultimate source of a courage to be which

is able to take the anxiety of guilt and condemnation into itself. For the ultimate power of self-affirmation can only be the power of being-itself. Everything less than this, one's own or anybody else's finite power of being cannot overcome the radical, infinite threat of non-being which is experienced in the despair of self-condemnation."(p.161-162, Ibid.).

Thus we see that God's work of healing, seen especially in the symbol of Jesus as the Christ, has ontological priority in its analogical relationship to psychotherapeutic healing. Because of its comprehensive and unconditional nature, the healing Word of God may directly influence both the pathological and existential condition of man toward healing. In other words, by representing the objective power of acceptance and self-affirmation the analyst may inadvertently help the patient to be grasped by the power of being itself without violating the rules of analysis. This is a religious condition which is symbolized as 'faith'; "Faith is the state of being grasped by the power of being-itself."(p.167, Ibid.). In this man to man encounter in analysis the therapist, without breaking the rules concerning neutrality, may unknowingly mediate a divine-human encounter within his patient.

This is of special interest to the ~~the~~ pastor who does therapy as well as counseling. Whereas counseling is explicitly concerned with faith and God's grace and the mediation of such via its religious symbols and practices, the pastor as therapist also predicates his work on God's work and acceptance of him in Christ. Therefore without violating the stan-

dard rules of analysis he may in his analytic encounter with his patient mediate the acceptance which has ultimate healing power. This is the paradigmatic relation on which this paper is based.

A final word must be included concerning the pastor's representative function within the Church; "The Church, which stands for the power of being-itself..., claims to be the mediator of the courage to be. It is the Church under the Cross which alone can do this, the Church which preaches the Crucified who cried to God...."(p.182, Ibid.). The God who acts through His Church also acts through the power of individual persons within the Church; the pastor mediates this courage to be through his several activities but especially through therapy and counseling. This courage influences both the special neurotic condition of some men as well as the universal existential conditions of mankind. In the following section we shall briefly discuss three basic existential realities which the pastor will confront in his work both in its existential and neurotic forms.

**HEALING: FROM EXISTENTIAL TO TELEOLOGICAL
AND
FROM PATHOLOGICAL TO EXISTENTIAL**

Our three topics in this section include man's freedom, his anxiety (or Angst), and his guilt. Within each theme we shall discuss the fundamental characteristics of its existential form and the nature and means of healing it, whereby movement towards the teleological condition is initiated. Then we shall consider its pathological form and the nature and means of healing it through existential psychotherapy, whereby movement from the pathological towards the existential is initiated. Both anxiety and guilt presuppose a basic freedom in man.

FREEDOM

At the outset let us consider the existential-theological meaning of freedom. Freedom may be seen as the condition or power of indeterminate potentiality, a condition of sheer possibility - the possibility of making something out of Nothing. This freedom is not groundless but is rooted in man's creation in the image of God. Jaspers declares that 'I come to myself as a gift'. "Freedom can be ignored and evaded, but never effaced so long as man remains human. Yet its ground is not a knowable structure; it is rather a mysterious origin which I can choose only in the sense of acknowledging and accepting it, not in the sense of producing it."(p.236, Roberts, Existentialism and Religious Belief).

This freedom originates in God and is rooted in our own self-transcendence. By its nature it establishes an 'over-againstness' between God and man, man and his world (including his fellow men), and within man himself. Man's freedom is not rootless, absolute, or demonic but it is a limited, restricted freedom tied to the finitude and temporality of historical human existence. Sartre's doctrine of man's freedom is largely misunderstood but it captures the reality of the situation. In its ESSENTIAL form man's freedom and responsibility is total but not absolute, complete but not unlimited. In its EXISTENTIAL form freedom includes the debilitating condition of 'Bad Faith' whereby freedom deceives itself and freedom becomes constricted and diminished. Or again, Karl Jaspers helps us when he writes: "I am autonomous but not self-sufficient: I become what I am. In the dizzy consciousness of myself in liberty, I lean not only upon my actual situation in the world imposing its limits but also upon the Transcendence before which I stand; I stand in consciousness of my liberty before my concrete situation and before the enveloping situation which gives me my responsibility, my liberty." (p.49, Blackham, Six Existentialist Thinkers).

Within the limits of his possibilities man should understand his personal existence as a task and a responsibility; this is the task of self-making, or self-creation. We have a hand in making ourselves what we are to become. Man's essential humanity is not given to him; rather, he must attain his authentic selfhood through decision. But man's path to self-realization is, as Jaspers points out, hedged in by the exigencies

of necessity and finitude on one side and by God on the other. But freedom means that we can negate as well as affirm, we can destroy as well as construct. Freedom means that man can have kinship with Nothingness as well as with God. In this confrontation with void and non-being we face our contingency, finitude, and nihilation. The fact of inevitable death, as Heidegger pointed out, epitomizes this crushing question of non-being which pervades the whole of Being. This fearful possibility which is rooted in Nothing as well as Being leads to existential anxiety (angst) and finally to existential guilt. Thus we see that the very 'boundary situations' which are the condition of freedom are also an obstacle to its authentic unfolding toward man's self-realization.

Under the circumstances described above man has two inauthentic alternatives, to forget that he is rooted in eternity and renounce his humanity or to identify himself with the Eternal and take flight from his humanity by becoming God. "For example, the fact that a man may have attempted to achieve a 'merely animal' existence, by trying to renounce responsibility, shows that he is not a 'merely animal' existent. Furthermore, he can differentiate himself from every social role even when because of cultural conditioning, it is impossible to discard the role." (p.236, Roberts, Existentialism and Religious Belief). The attempt to exercise absolute freedom is similarly unfruitful. (More extensive discussion of these two distortions of freedom can be found in Reinhold Niebuhr's The Nature and Destiny of Man). Paradoxically, either alternative leads to a fatal constriction of man's real possibilities.

This tragic element in human existence has been described theologically by Tillich as man's estrangement from the ground of his being, or Being Itself. Contrary to Jaspers who admits the possibility of a disciplined self-recovery, Tillich rightfully points out that this alienation caused by man's misuse of his freedom is impossible to overcome by man's efforts. "Once separation has taken place...it is impossible for man to achieve by his own efforts a reunion with God, with the ground of being. Thus we are estranged, and action leads only to further estrangement. Reunion with being - the overcoming of estrangement - is possible only when man's heart lets itself be grasped by the divine spirit, only when being itself, entering men, overcomes and conquers the resistance of estrangement and despair." (p.495, Peerman and Marty, A Handbook of Christian Theologians).

Those familiar with Tillich's theology will recognize the New Being in Jesus as the Christ as the one who overcomes the estranged elements (i.e., angst and guilt) in man's existential condition. Tillich takes pains to point out that such healing does not abrogate the authentic existential conditions of man's life such as finitude and temporality; rather, it heals the estranged elements within the existential which prevent man from moving toward his 'essential' or teleological humanity in the New Being of Jesus Christ. This power of healing in the New Being is derived primarily from His triumph over non-being as represented in the Cross of death.

Healing the existential estrangement of man begins by appropriating the power of that which is given; even this presupposes a freedom which

is connected with the paradox of grace and faith. This ontological healing restores man by way of God's love to his rightful freedom and sense of responsibility.

Psychological healing as conducted by the psychotherapist attempts to move from the pathological condition towards the existential condition. Because the various forms of psychopathology are special types of distortion included within the larger and inclusive human predicament of existential estrangement, they too are primarily based on the ontological concept of freedom and its misuse. This is especially true of the neuroses where responsibility and freedom are at least partially and voluntarily renounced in favor of the neurotic pattern. Even in psychosis the person may be responsible up to the onset of the disease process.

The schools of psychotherapy which deny freedom as either an ontological or psychological category necessarily reduce psychoneurosis to a physiological process based on conflicts between social conditioning and biological determinants. As a result their methods of therapy are also more mechanical. If a man's freedom and responsibility played little or no part in the origin of his psychological difficulty, so these ^{schools} ~~schools~~ say, then why should the patient become responsible for his recovery? Consequently these psychotherapists try to increase the ego's adaptive powers but ignore the need for expanding the decision-making powers and sense of authentic responsibility in the patient. Existential analysis is more true to the total nature of man and therefore is more

comprehensive in its healing potential. It not only recognizes man's biological and sociological determinants but also acknowledges the ontological ground of his freedom and his self-transcendence.

By adding some insights of his own to Heidegger's basic ontology Binswanger beautifully captures man in his total need. He expands upon and deepens the one-sided, naturalistic-evolutionary viewpoint of psychoanalysis by adding the existential forms of BEING-ABLE-TO-BE (existence) and BEING-ALLOWED-TO-BE (love) to man's HAVING-TO-BE (thrownness). Having-to-be covers the existential conditions of finitude and temporality as well as the bio-social limitations on man. But the other two categories capture the other dimensions of man's being.

Being-allowed-to-be (love), as we shall see in the last section of this paper, is the key to healing and the means by which man recovers and experiences his rightful freedom. Since love is both the end and means of healing and the only path to restored freedom, it is well to recognize that this love only heals when it does justice to and respects the freedom of the other person. Love makes man whole again and part of that wholeness is his freedom. When God extends his love in Christ in order to heal man's basic estrangement, He does it with full respect to man's freedom to respond with ultimate concern (faith); paradoxically, this love not only appeals to freedom but creates the conditions for its authentic expression.

Paradigmatically speaking, the love extended by the analyst to the patient also depends on the free response and cooperation of the patient

for its effectiveness. But the unsolicited love extended by the psychotherapist, like God's own love, helps create the confidence and trust which permits the free response, no matter how small the patient's power may be or how weak his response. Thus, the paradigm reveals that healing on either the ultimate plane or the psychological plane follows the same general pattern and principles.

Binswanger's concept of being-able-to-be (freedom), when applied to existential psychotherapeutic procedure and relations, makes freedom an integral and essential part of healing, while in a more naturalistic-oriented therapies it would be considered extraneous or ignored altogether. Existential psychotherapy calls for cooperation on the part of the patient, a commitment to the task of healing, and at least a feeble will-to-recover. However, it does not overlook the importance of freedom in the analyst; the analyst must be free enough from himself to be able to freely give himself initially to the patient. Analogically, God in his perfect freedom has willed to give himself in a saving (healing) way through the One who was 'a man for others'. The psychotherapist is also asked to be a man for others in like manner for the sake of a more limited type of healing.

The analyst's freedom to love is the cornerstone of healing in existential psychotherapy just as it is in our ultimate healing at the hands of God. The analyst's freedom to love is related to the patient in three ways; first, it appeals to the freedom of the patient no matter how constricted, diminished, or ambiguous it may be in his pathological condi-

tion. Secondly, it creates the conditions necessary for a response from the analysand; and thirdly, it helps to transform the pathological restrictions on his freedom thereby expanding his powers of decision and responsibility. But freedom is only the presupposition of the other two conditions mentioned at the beginning of this section. Let us now consider 'anxiety'.

ANXIETY

Anxiety is, as Tillich puts it, 'the existential awareness of non-being'. Because being has ontological priority over non-being and non-being itself has no qualities apart from being, non-being is dependent on the special qualities of being which it negates. This line of reasoning allows Tillich in his Courage To Be to 'distinguish three types of anxiety according to the three directions in which non-being threatens being'. "Non-being threatens man's ontic self-affirmation, relatively in terms of fate, absolutely in terms of death. It threatens man's spiritual self-affirmation, relatively in terms of emptiness, absolutely in terms of meaninglessness. It threatens man's moral self-affirmation, relatively in terms of guilt, absolutely in terms of condemnation. The awareness of this threefold threat is anxiety in three forms, that of fate and death (briefly, the anxiety of death), that of emptiness and loss of meaning (briefly, the anxiety of meaninglessness), that of guilt and condemnation (briefly, the anxiety of condemnation)." (p.49, Courage To Be).

These types of anxiety are not only related to one another but

they are also all mutually interrelated with freedom as discussed in the last section. Anxiety and guilt are not conceivable without freedom and yet both negatively influence the freedom from which they proceed. In this section under anxiety we shall discuss anxiety in general and then the first two types of anxiety (death and meaninglessness) leaving the anxiety of guilt and condemnation until the last section. The categories of anxiety described above by Tillich are of the existential variety in contrast to the pathological variety treated by existential psychotherapy which will be discussed later.

Both fear and anxiety are related to the threat of annihilation which limits our being-in-the-world; however, fear has a definite object while anxiety is the ontological response to the more general threat of non-being. This existential situation in which being is limited and ultimately threatened by non-being is known as finitude and it is threatened in basically two different ways, by nothingness and meaninglessness.

Nothingness is ultimately experienced in the anxiety of death which is subjectively disclosed as an immanent possibility and an eventual inevitability. This fact of death is primarily a threat to our temporality which is the central category of finitude. As such, man is unable to face this immanent possibility and attempts to either conceal or control it. One method of concealment is to objectify death and see it as a general and universal occurrence which befalls all forms of life. On the otherhand, man may try to control death by determining the timing of his own death in the act of suicide, thereby thinking to gain advan-

tage over its unpredictability while surrendering to non-being.

But Tillich points out that the anxiety of death is only the permanent horizon within which the anxiety of fate is at work. "For the threat against man's ontic self-affirmation is not only the absolute threat of death but also the relative threat of fate. Certainly the anxiety of death overshadows all concrete anxieties and gives them their ultimate seriousness. They have, however, a certain independence and, ordinarily, a more immediate impact than the anxiety of death. The term 'fate' for this whole group of anxieties stresses one element which is common to all of them: their contingent character, their unpredictability, the impossibility of showing their meaning and purpose." (p.51, Tillich, The Courage To Be). Thus, we see in the primarily temporal anxiety of fate and death the dread of life in the former case and the dread in the latter.

Meaninglessness is primarily a threat to man's spaciality, the second coordinate or axis of finitude. Meaninglessness is a type of non-being whereby the structure of being is destroyed. Finite man is in danger of losing his space and even the place he might have had. 'Without space there is no presence and, conversely, the loss of space includes the loss of temporal presence, the loss of being.' This final 'spacelessness' means ultimate insecurity. The man who is being squeezed out of existence may react by attempting to create a spurious place of security in the natural and social milieu. These attempts have been clearly described by Erich Fromm in his book Escape From Freedom and by David Riesman in The Lonely Crowd.

Another characteristic of the anxiety of meaninglessness is the loss of an ultimate concern, a standard which gives meaning to all meanings. In the absence of an ultimate concern lesser realities lose their relative meanings resulting in a self-negating emptiness and a diminishing of meaningful life-space. This bleak picture of profound and radical existential anxiety calls for healing of an equally profound and radical nature. This way is provided, as we have seen in previous sections, in the New Being in Jesus as the Christ through whom we receive the courage to affirm our being in spite of the fact of non-being. The way of healing does not mean that man transcends his finitude or creatureliness or the other conditions of human existence; rather, the only way of dealing with this threat of non-being, says Tillich, lies in the courage of taking it upon one's self.

But what, we may ask, is healed by our participation in our self-affirmation by Being-Itself? For the man suffering under the anxiety of fate and death this has two consequences: first, rather than surrendering to the annihilating character of death, man finds the power to accept the anxiety of having to die in him who was called the Christ. Secondly, this new birth in the One who overcame, not abolished, death and its threat of non-being permits us 'to live and move and have our being' not only on the ultimate level of finitude but also within the relative sphere of contingency and fate. In other words, if death itself is appropriated in such a way that it transforms the whole of man's life, then every decision has 'infinite worth' and every moment is a

unique occasion for decisive action.

In a similar manner the healing of man's existential estrangement has two effects on the anxiety of meaninglessness: first, "man's anxiety about having to lose his space is balanced by the courage with which he affirms the present and, with it, space. Everything affirms the space which it has within the universe. As long as it lives, it courageously faces the occasions when not-having-a-place becomes an actual threat. It accepts its ontological insecurity and reaches a security in this acceptance."(p.217, Tillich, Systematic Theology, Vol.I). Secondly, the finite individual obtains the power of universal participation in meaning through his ultimate concern in Jesus as the Christ, the one in and through whom ultimate reality becomes manifest. This mitigates the effect not only of absolute meaninglessness but also of relative emptiness. Tillich writes, "Spiritual self-affirmation occurs in every moment in which man lives creatively in the various spheres of meaning. Everyone who lives creatively in these meanings affirms himself as receiving and transforming reality creatively."(p.53-54, Tillich, The Courage To Be). Such is ontological healing as it moves from the existential toward the teleological.

We now turn to the concept of pathological anxiety and its healing through psychotherapy; this movement from the pathological toward the existential requires that we make a distinction between existential anxiety and non-existential anxiety in its neurotic or pathological form.

To shed light on this problem we must turn again to Tillich who accurately describes the crisis in psychoanalytic theories of anxiety. He writes: "Many theories are under discussion today. There^{is}, however, one common denominator in all the theories: anxiety is the awareness of unsolved conflicts between structural elements of the personality, as for instance conflicts between unconscious drives and repressive norms, between different drives trying to dominate the center of the personality, between imaginary worlds and the experience of the real world, between trends toward greatness and perfection and the experience of one's smallness and imperfection, between the desire to be accepted by other people or society or the universe and the experience of being rejected, between the will to be and the seemingly intolerable burden of being which evokes the open or hidden desire not to be." (p.69, Courage To Be). This clearly shows that pathological anxiety is related to but different from existential anxiety; however, the distinction must be made on an ontological basis which is lacking in most ^{schools} ~~schools~~ of depth-psychology and psychotherapy.

This deficiency is illustrated in the work of Freud who was the first to identify anxiety as the central problem in neurosis. He correctly recognized anxiety as a universal emotional experience, and in his second theory of anxiety he correctly saw the ego as the locus of interpsychic conflict resulting in neurosis; "The ego perceives the danger signal, and the symptoms and inhibitions are then created in

the endeavor to avoid the anxiety."(p.103, Thompson, An Outline of Psychoanalysis). Then Freud attempted to reduce all anxiety to its prototypal origin in the trauma of birth (from Otto Rank) and the fear of castration (from the Oedipal situation). "Even fear of death is an analogue of castration, since no one has actually experienced death but everyone has experienced a castration-like experience in the loss of the mother's breast in weaning. He then speaks of the danger of castration 'as a reaction to a loss, to a separation,' of which the prototype is the birth experience. Thus we are presented with a hierarchy: fear of loss of the mother at birth, loss of the penis in the phallic period, loss of the approval of the superego (social and moral approval) in the latency period, and finally loss of life, all of which go back to the prototype, the separation from the mother. All later anxiety occasions 'signify in some sense a separation from the mother. Freud's thought...holds that anxiety has its source, as far as a primal source is reactivated in later neurotic anxiety, in the fear of premature loss of or separation from the mother (or mother's love), and thence fear of the loss of subsequent values."(p.106-107, Ibid.).

Two comments are required: first, Freud, by reducing all anxiety to the earliest experiences in life, robs the later anxiety-producing experiences (such as death, etc.) of their existential integrity. The existential analysts are justified, for reasons already discussed, in stressing the relative autonomy of experience; the existential analysts are wrong insofar as they ignore or deny the continuity of present ex-

periences with important childhood experiences. Secondly, Freud's formulation is at least one-half true but he has not linked it with ontology or the threat of non-being which it so vividly describes. The mother is, in fact, the primary means by which a child receives his sense of being as well as his sense of well-being. Freud unfortunately didn't draw the ontological implications.

Or again, Harry Stack Sullivan, the foremost exponent of the interpersonal school of psychology and psychotherapy, in his definition of panic presents a perfect description of non-being impinging on being. "Terror is anxiety of a cosmic quality in the face of a primitively conceived threat of danger. The terror-stricken person feels himself to be alone among deadly menaces, more or less blindly fighting for his survival against dreadful odds."(p.114, Ibid.).

These examples from Freud and Sullivan substantiate Tillich's belief that an ontological basis is essential to our widest understanding of anxiety and the distinction between its existential and pathological forms. Fortunately existential psychotherapy has such an ontology which allows it to capture the wider meaning of the insights of Freud, Sullivan and other psychologists. Its conception of existential anxiety is essentially the same as Tillich's; "In his classical contributions to the understanding of anxiety, Kurt Goldstein has emphasized that anxiety is not something we 'have' but something we 'are'."(p.50, May, Existence). However, in spite of its implicit distinction between existential and

pathological anxiety, existential analysts do not have a working definition of pathological anxiety; for this we must again turn to Tillich.

Tillich describes pathological anxiety as '...a state of existential anxiety under special conditions'. Existential anxiety can be met either authentically by a courage which takes anxiety into itself or inauthentically by despair. Because despair is equally intolerable, the man may attempt to escape into pathological anxiety and neurosis; hence our definition of pathological anxiety and neurosis as "...the way of avoiding non-being by avoiding being."(p.71, Tillich, The Courage To Be). With this working definition of pathological anxiety to guide us, let us examine its manifestations in 'meaninglessness' and 'nothingness' as encountered in existential psychotherapy.

Pathological anxiety is grounded in "...the symbol of the birth trauma as the prototype of all anxiety - an interpretation suggested by the etymological source of the word 'anxiety' (Angst) as 'pain in narrows', 'choking', as through the straits of being born. This interpretation of anxiety as birth trauma was, as is well known, held by Rank to cover all anxiety and agreed to by Freud on a less comprehensive basis. There is no doubt that it carries an important symbolic truth even if one does not take it as connected with the literal birth of the infant;"(p.52, May, Existence). Therefore pathological anxiety of meaninglessness and nothingness on a psychological plane is the analogue of meaninglessness and nothingness on the plane of existential anxiety.

Pathological anxiety of meaninglessness, like its existential counterpart, means a psychological distortion of one's life-space. Binswanger describes two possibilities, both of which are likely to appear to a greater or lesser extent in the neurotic or psychotic. The first is described as the grave-world and in it one is beset by an annihilating narrowness, horror of enclosure and despair over the possibility of escape. It is further characterized by loss of substantiality and loss of shadow, being 'squeezed-out' of spatial and emotional existence (in birth and in the home), and being a 'no-body' (one without a body or importance). The second possibility is that of unlimited expansiveness and annihilating openness. (Further discussion of these pathological conditions as described by an existentialist may be found in Binswanger's article, The Case of Ellen West, in Existence, A New Dimension in Psychiatry and Psychology). Their relation to the birth trauma and other psychological experiences of spacial or personal constriction is obvious. The child's experience of 'being-made-small, either physically by the constriction of birth and the castration which the child fears or psychologically by adults who 'belittle' (to make small) the child is an experience of non-being and may be met pathologically by self-constriction or by reaction to it in the form of exaggerated size.

Pathological anxiety of meaninglessness also signifies the loss of a sense of personal value and worthwhileness. This devaluation and loss of essential values in the life of the individual is closely related to

the failure to obtain adequate interpersonal recognition and acceptance, especially from the mother as a child. Rejection by the parents and lack of love, the primary value, may lead to the loss of subsequent values essential to the individual's existence as a personality. This personal devaluation is the essence of pathological meaninglessness and one of the main problems encountered in psychotherapy.

Pathological anxiety of nothingness, like its existential counterpart, is experienced in the face of death, but in this case it is a 'psychological death' as Frieda Fromm-Reichmann has described it. She recognizes that this anxiety of 'psychological death', though not universal, is factually correlated with the universal experience of anxiety regarding the 'inconceivable experience of ultimate psychological separation' in death as a general phenomenon. In other words, the anxiety of 'psychological death' is grounded in the inclusive existential anxiety of nothingness experienced in death itself.

This experience of nothingness in the face of 'psychological death' elicits a feeling of helplessness and paralysis. "It means that the person concerned is living in an unreal psychological world and that he feels he is in danger of pulling the people of his environment actually or in fantasy into the same threatening abyss of unreality. Being unable to successfully avail himself of the possibility of using new means of evaluating people and relating himself meaningfully to them amounts to being blocked in the utilization of learning processes which serve growth and change. This absence of growth and change is tantamount to psychological stagnation and emotional sterility, i.e., psychological death."

(p.119, An Outline of Psychoanalysis).

These are the primary pathological forms of the anxiety of nothingness and meaninglessness; the third form, the pathological anxiety of guilt, will be discussed in the following section. Pathological anxiety, according to Tillich, in relation to nothingness produces an unrealistic security and in relation to meaninglessness produces an unrealistic certitude. These all have a similar effect which is to reduce and weaken the range of self-affirmation. Tillich points out that self-affirmation is not lacking in the neurotic state; rather, it means that the individual 'affirms something which is less than his essential or potential being'. Overcoming the estrangement wrought by the various types of existential and pathological anxiety is the healing task of religion and psychotherapy respectively.

Tillich provides the guidelines, limitations and goals for this task when he writes: "Pathological anxiety, once established, is an object of medical healing. Existential anxiety is an object of priestly help. Neither the medical nor the priestly function is bound to its vocational representatives: the minister may be a healer and the psychotherapist a priest, and each human being may be both in relation to the 'neighbor'. But the functions should not be confused and the representatives should not try to replace each other. The goal of both of them is helping men to reach full self-affirmation, to attain the courage to be."(p.81, Courage To Be).

Among all the schools of psychotherapy, existential psychoanalysis seems best prepared to carry out this task as outlined above by Paul Tillich. This is true for two reasons; first, existential analysis rests upon an ontology which recognizes the distinction between existential and pathological anxiety. Secondly, because the existential analyst is aware of the qualitative distinction between the two types of anxiety, he is less likely to attempt religious healing himself, but he will understand the greater need and refer his patient to a priest or pastor if necessary.

In terms of the paradigm of healing the psychotherapist is helping the patient to move from the pathological toward the existential, and God's healing in Christ helps man move from the existential toward the essential or teleological. The psychotherapist helps the patient overcome the anxiety of nothingness represented in 'psychological death' by uncovering his artificial security and the neurotic defenses on which it rests. The psychotherapist helps the patient overcome the anxiety of meaninglessness through his acceptance and concern for the patient which helps restore his sense of value and self-worth. The healing effected is relative and releases the pathological restrictions allowing a relative self-affirmation.

Overcoming the estrangement imposed by existential anxiety is the healing work of God, and religious healing by a minister is the communication of this message to men. Healing man's existential anxiety of death and nothingness is found in Jesus as the Christ who overcame the noth-

ingness of death in his own death and resurrection; these are the primary religious symbols of healing in this instance. Healing man's existential anxiety of meaninglessness is also found in Jesus and the Christ who is the object of man's ultimate concern and the source of his ultimate worth. 'Grace' and 'faith' are the primary religious symbols of healing in this instance. Thus by participating through faith in God's own self-affirmation in the New Being of Jesus Christ we enter into our own ultimate self-affirmation and receive the power to take existential anxiety upon oneself and accept the derivedness and dizziness of finitude.

Courage, or the power of self-affirmation in spite of non-being, does not eradicate existential anxiety but takes it into itself instead. Tillich says, "He who acts courageously takes, in his self-affirmation, the anxiety of non-being upon himself. Both prepositions, 'into' and 'upon', are metaphorical and point to anxiety as an element within the total structure of self-affirmation, the element which gives self-affirmation the quality of 'in spite of' and transforms it into courage."(p.71, Ibid.).

Most psychotherapists agree that removing all anxiety is not only impossible but also undesirable. The goal of therapy is not eradication of anxiety; rather, its aim is 'to guide people in understanding and then accepting and learning to live with and to utilize mild degrees of anxiety'. Many psychologists and psychotherapists including Karen Horney,

Erich Fromm, Freud, Jung, Adler, and especially Binswanger have stressed the constructive aspects of anxiety. Roy Grinker sums up this outlook when he writes, "If anxiety is mild, it is stimulating and facilitates increased and efficient action or thought."(p.126, Outline of Psychoanalysis). Existential anxiety is, therefore, an integral part of self-affirmation even at the psychotherapeutic level, and the courage to accept it, though remaining implicit in psychotherapy, is ultimately grounded in Jesus as the Christ.

GUILT

We have already seen that the fundamental quality of human existence is finitude and that existential anxiety originates in the awareness that finitude is one's own. Anxiety or 'dread' might, therefore, be described as the 'shadow' of freedom, a description used by Kierkegaard in The Concept of Dread. In any case man's finite freedom is the ontological presupposition of existential anxiety in general and of the existential anxiety of guilt in particular. Kierkegaard elaborates upon this: "Dread is the dizziness of freedom which occurs when the spirit would posit the synthesis, and freedom then gazes down into its own possibility, grasping at finiteness to sustain itself. In this dizziness freedom succumbs. Dread is the psychological state which precedes sin, comes as near as possible to it, and is provocative as possible of dread, but without explaining sin, which breaks forth first in the qualitative leap. Fur-

ther than this psychology cannot go and will not. That very instant everything is changed, and when freedom rises again it sees that it is guilty. Between these two instants lies the leap, which no science has explained or can explain. He who becomes guilty in dread becomes as ambiguously guilty as it is possible to be. Dread is a womanish debility in which freedom swoons.... In dread there is the egoistic infinity of possibility, which does not tempt like a definite choice, but alarms (aengster) and fascinates with its sweet anxiety (Beaengstelse)."(p.319, Friedman, The Worlds of Existentialism).

Kierkegaard's 'leap', as the way to the real self, incorporates the basic existential category of risk and daring decision whereby man risks losing himself or his essential being for the sake of the possibility of actualizing himself. "This situation," writes Tillich, "can be observed in every moment in which innocence is put before the decision either to remain in a state of non-actualized potentialities or to trespass the state of innocence and to actualize them. In both cases, something is lost; in the first, a fully actualized humanity; in the second, the innocent resting in mere potentiality."(p.284, Four Existential Theologians). The consequence of either of these alternatives is a despair which is life-negating and essentially defeating as described again by Kierkegaard in Sickness Unto Death: "The Despair which is Conscious of being Despair, as also it is Conscious of being a Self wherein there is after all something Eternal, and then is either in despair at not willing to be itself or in despair at willing to be itself.

This form of despair is: despair at not willing to be oneself; or still lower, despair at not willing to be a self; or lowest of all, despair at willing to be another than himself, wishing for a new self."(p.371, Friedman, The Worlds of Existentialism).

This despair over losing one's true being is closely connected with that guilt which is an ontological part of human existence. When one deviates from his absolute telos, what one essentially is and therefore ought to be, he enters into a state of existential estrangement in which everyone participates. Through guilt man's disrelationship with God on a transcendent level extends to the immanent level where he stands in a guilty disrelationship with himself and with his fellow men.

Thus we see that Søren Kierkegaard, the nineteenth-century genius who is popularly referred to as the father of modern existentialism, anticipated and contributed to the thought and understanding of the philosopher-theologian Paul Tillich who has attempted to systematize these insights concerning freedom, anxiety and guilt and also relate them to non-religious disciplines (e.g. psychology and psychotherapy). Whereas Kierkegaard was, to an extent, intuitive, romantic and random, Tillich, drawing upon subsequent scientific and theological insights, has consolidated the basic existential concepts and logically arranged them into a system.

Within Tillich's system the human situation we have been describing would come under the 'anxiety of guilt and condemnation', the third and last type of existential anxiety delineated by Tillich. As such, it is the response to the threat of non-being to man's moral self-affirma-

tion. This existential guilt implies, in its relative form, that man stands over against himself as judge, and it also implies in its absolute form, that God stands over against man as judge. Failure to actualize his essential being brings him under negative judgement both in relative and absolute terms; this failure in moral self-affirmation results in the encroachment of non-being which expresses itself in the feeling of guilt.

Unless man receives the courage to accept and overcome this existential guilt through Jesus Christ, he may attempt, as Tillich points out, to escape into either anomism ("...the defiance of negative judgements and the moral demands on which they are based...") or legalism ("...a moral rigour and the self-satisfaction derived from it..." - p.60, The Courage To Be). This is a problem for religious healing and it will be considered later. The final possibility of avoiding the non-being in existential guilt is escape into neurosis and pathological anxiety. This crucial distinction between existential and pathological anxiety of guilt requires that we consider the psychological meaning of guilt.

There has been a tendency in modern psychology and psychotherapy to deny existential guilt and explain away pathological guilt wholly in terms of neurotic guilt feelings. Freud believed guilt feelings to be the result of social conditioning whereby the child introjects the values and norms of the society as they are represented to him through the demands of the parents. These introjected values comprise the 'superego' which harshly judges any anti-social tendencies of the id

which seek expression through the ego. As a result, the id is repressed and judgement takes place below the level of consciousness thereby giving rise to seemingly 'free-floating' or groundless guilt feelings.

In spite of the fact that Freud considered all guilt to be neurotic in origin he did sense its deep-seated nature and tried to explain it in mythological terms. Nevertheless, Martin Buber in The Knowledge of Man correctly assesses Freud's attitude towards guilt; "The denial of the depth of existential guilt beyond all mere violation of taboo' is what Freud sought to accomplish through relativizing guilt feeling genetically, says Buber. It is characteristic of that 'advanced generation for which 'it now passes as proved...that no real guilt exists; only guilt-feeling and guilt convention'. This denial amounts to a crisis not only in the life of modern man but of man as such, for man is the being who is capable of becoming guilty and is capable of illuminating his guilt'." (p.50, Buber, The Knowledge of Man).

O Hobart Mowrer, an American psychologist, appears to be the Christian's answer to Freud. In antithesis to Freud, Mowrer believes that the superego is repressed instead of the id, and this is the source of neurotic guilt feelings. Mowrer concludes that the neurotic feels guilty because he is in fact guilty, and it is the repression of real guilt that causes the problem of pathological guilt. A man chooses to be 'bad' and then represses the deserved guilt feelings which arise. Therapy for Mowrer consists in helping the person to readmit their real guilt to

consciousness where it can be dealt with rationally and/or religiously. (See Mowrer's The Crisis in Psychiatry and Religion and The New Group Therapy).

However, Mowrer's so-called 'existential' approach to guilt is more apparent than real for two reasons; first, his 'real' guilt is neither ontological nor the result of the encroachment of non-being on moral being. Secondly, in spite of his use of emotive words like 'sinner', societal values are normative for Mowrer. 'Sin' is the deviation from any given societal norm and therapy means alteration of behavior patterns in accordance with socially acceptable conduct. Mowrer's theory, therefore, is just another instance of a psychology which cannot take full account of man's relation to guilt or address itself properly or effectively in psychotherapy to the problem.

The existential psychotherapists are better prepared to accept and observe the limitations imposed by the distinction between existential and pathological anxiety of guilt. Martin Buber, who like Tillich has directly contributed so much to psychotherapy, is the source of much wisdom on this subject. Buber recognizes that there is neurotic guilt derived from a set of mores and taboos imposed upon the individual by parents and society and incorporated into an internalized 'superego' (Freud) and even that there is social guilt (Mowrer); but Buber also acknowledges an existential guilt which cannot be comprehended through such categories of analytical science as 'repression' and 'becoming con-

scious'. Buber writes: "There exists real guilt, fundamentally different from all the anxiety-induced bugbears that are generated in the cavern of the unconscious. Personal guilt, whose reality some schools of psychoanalysis contest and others ignore, does not permit itself to be reduced to the trespass against a powerful taboo." (p.132, Buber, The Knowledge of Man).

Buber's concept of existential guilt is basically interpersonal and dialogical. "'Existential guilt', writes Buber, 'occurs when someone injures an order of the human world whose foundations he knows and recognizes as those of his own existence and of all common human existence'. It is dialogical - the inseparable corollary of one's personal responsibility, one's answer - ability for authenticating one's own existence and, by the same token, for responding to the partners of one's existence, the other persons with whom one lives." (p.47-48, Ibid.). Hence, according to Buber, the essence of existential guilt is found in the transcendent betweenness of the dialogical encounter, in the inter-human.

Buber has captured the real depth of the Mitwelt type of existential guilt, but by absolutizing the dialogical relation he misses the other forms in which it exists, namely the Eigenwelt and the Umwelt. Guilt on the level of Mitwelt is, as Buber points out, the guilt accrued for 'failing to respond, for responding inadequately or too late, or without one's whole self'. But this single category of Mitwelt does not

capture the guilt involved in one's Eigenwelt or Umwelt.

Medard Boss, an existential psychotherapist, characterizes existential guilt mainly in terms of one's Eigenwelt and the forfeiture of one's potentialities. Boss writes, "If you lock up potentialities, you are guilty against (or indebted to, as the German word may be translated) what is given you in your origin, in your 'care'. In this existential condition of being indebted and being guilty are founded all guilt feelings, in whatever thousand and one concrete forms and malformations they may appear in actuality." (p.53, May, Existence). Boss somewhat overstates his argument and Buber is justified in criticising Boss for remaining too much with oneself and avoiding dialogical experience. But neither Buber nor Boss has captured the full picture of existential guilt because it also includes one's Umwelt.

Existential guilt with regard to one's Umwelt points to the guilt of estrangement in relation to nature as a whole. Again we are reminded that any perspective on existential anxiety must include the bodily, interpersonal and spiritual possibilities of experience, and the healing of guilt, whether existential or pathological, must extend to all three modes of Dasein.

Pathological guilt in any or all of these modes is the result of existential guilt which has been repressed into the unconscious. The unwillingness to accept ontological guilt as one's own is at the root of this problematic and morbid guilt. This situation becomes a vicious

circle which leads to nothing but deeper enmeshment, despair, and intensified self-hatred; this predicament is clearly described by Malcolm France's The Paradox of Guilt: A Christian Study in the Relief of Self-Hatred. Rollo May helpfully contrasts neurotic and existential guilt. He writes, "Normal guilt, in contrast to neurotic, is guilt that is appropriate to the situation.... Secondly, there (is) no repression into unconsciousness.... Thirdly, conscious or normal guilt does not involve symptom formation.... Fourthly, normal guilt has a constructive effect. Specifically, it can and should lead to humility, sharpened sensitivity in relationships with fellow men, and increased creativity in the use of one's own potentialities."(p.445, Friedman, The Worlds of Existentialism).

Having discussed guilt in general, what, we may ask, is the nature of guilt feelings? Existential guilt has an ontic character while guilt feelings are subjective and essentially psychological. As such, guilt feelings may signal the presence of either existential or pathological guilt. Guilt feelings associated with existential guilt call for religious attention and an ultimate healing; guilt feelings associated with pathological or neurotic guilt signals the presence of ontological guilt which has been repressed into the unconscious and this condition calls for the healing attention of psychotherapy.

Existential psychotherapy seeks to disentangle the existential guilt from the pathological or neurotic guilt in the patient and then proceeds to help the patient resolve the unrealistic guilt through

technique and personal concern. This liberation of the conscience is accomplished in psychotherapy by what Buber calls 'self-illumination', which means to 'illuminate the darkness that still weaves itself about the guilt despite all previous action of the conscience. This process, Buber tells us, corresponds on the plane of faith to the confession of sin; however, it differs slightly because it must first uncover the guilty experiences which have been repressed. Thus, 'self-illumination' has basically two parts; first, there is the reactivation of the repressed experience, and secondly, there is the educational task which is composed of 'conscience-vision' and 'conscience-courage'. Conscience-vision includes the recognition of the guilty quality inherent in the experience, and conscience-courage means helping the patient to accept this guilt by taking it into his consciousness. The development of conscience-courage in the patient during psychotherapy is the relative counterpart of the absolute courage which takes existential guilt into itself on the ultimate or ontological level.

The process of self-illumination helps change neurotic anxiety into normal or existential anxiety and the development of conscience-courage means a greater capacity to tolerate normal anxiety. This opens the way for the patient to take his guilt seriously and deal with it consciously and realistically. Rollo May reminds us that the goal of therapy is not the absence of guilt feeling but rather the transformation of neurotic guilt into normal guilt, together with the development of the capacity to use this normal guilt creatively. "The patient after

therapy may well bear more anxiety than he had before, but it will be conscious anxiety and he will be able to use it constructively."(p.446, Friedman, Worlds of Existentialism). Or again, Karl Menninger also denies that psychoanalysis of any kind can or should remove guilt altogether; "Psychoanalysis can indeed alleviate certain guilt feelings which are attached to the idea of an aggression which the individual never committed; it cannot remove guilt feelings properly attached to the aggressions which a person does commit or has committed. Many of the unconscious guilt feelings which people experience are attached to the wrong thing, and one of our objections might be said to be to get people's guilt feelings attached to the 'right' things."(p.171, Theory of Psychoanalytic Technique). Being able to confront and wrestle with one's existential guilt is a mark of true humanity and is the beginning of moral self-affirmation.

Healing existential guilt is the work of God in and through the New Being of Jesus Christ; existential guilt means that man is accountable for his existence and he is accountable alone; however, 'he is alone but he is not lonely'. "In his solitude he participates in the power which gives him the courage to affirm himself in spite of the presence of the negativities of existence."(p.158, Tillich, The Courage To Be). This power is received through Jesus Christ who has taken the negativity of guilt upon himself when he was made sin for our sakes. Thus, he took our guilt and condemnation upon himself, becoming at the same time, paradoxically, judge and savior (or healer). Through him we receive our con-

demnation as well as the total and immediate certainty of divine forgiveness. Accepting acceptance (forgiveness) though being unacceptable (guilty) is the basis for the courage of confidence. "The courage to be in this respect is the courage to accept the forgiveness of sins, not as an abstract assertion but as the fundamental experience in the encounter with God. The acceptance by God, his forgiving or justifying act, is the only and ultimate source of a courage to be which is able to take the anxiety of guilt and condemnation into itself. Here...is the point where the religious 'acceptance as being accepted' transcends medical healing."(p.161-162, Ibid.).

However, whereas an analyst may incidentally transcend the relative healing of pathological guilt by representing the objective power of acceptance and self-affirmation, this is the explicit task of the religious healer or minister. His goal is to help make God's forgiveness just as real and lively as his existential guilt. Hatred so strong and relentless can only be overcome by love more relentless still. Both the Old and New Testaments provide ample evidence of the religious experience of love as being stringent. Christians sometimes err in supposing that God is hard in judgement but gentle in forgiveness: "His judgements are gentle, but His forgiveness will not be satisfied until all man's defenses are broken down, the hideous self-hatred exposed, and reconciliation brought to those places where he feels engulfed by badness. The experience of forgiveness comes most strongly to those who have been forced by circumstances to return to passive loss of good identity. It is the

hardness of love which takes us there."(p.95, France, The Paradox of Guilt). In his book titled The Dynamics of Forgiveness J. G. Emerson calls this 'realized forgiveness'.

Although God's absolute forgiveness has ontological priority over the relative, interpersonal forgiveness which takes place between men, 'realized forgiveness' may be initiated on this horizontal ^{plane} and its ultimate source only later revealed on the vertical plane. In other words, if a guilty man experiences acceptance, forgiveness and love from another whether it be a psychotherapist, pastor or otherwise, he may only later recognise this experience as the working of Grace.

Consequently the importance of interpersonal relations for communicating forgiveness can hardly be overestimated, and ,conversely, the effect of isolation is devastating. Malcolm France points out that "...many people feel their loneliness to be an accusation in itself. To be isolated is to be guilty already; guilt and isolation feed each other and create despair."(p.17, The Paradox of Guilt).

This accentuates the importance of the community of faith and the pastor who represents this community in the task of healing existential guilt. Besides personal resources there also exist formal and traditional means for helping the Church and its ministers in the task of healing existential guilt. These means are threefold: first, we have the sacraments of the Lord's Supper and Baptism. These are of primary importance in dealing with guilt and its healing through the life and

death of Jesus Christ.

Secondly, we have confession. Buber writes: "The confession of sin is spoken by a man when, seeking reconciliation with God, he directly or indirectly steps before the absolute judgement. That may happen in the chorus of the community, as at the Jewish Day of Atonement, or in the whispers of the confessing man into the ear of the confessor, or even in solitude by those who feel themselves as standing before God and their speech as addressing God: 'the confessing one is always removed from the anonymous publicity of society, but by no means referred to himself. He has one over against him who receives his confession, answers it, 'forgives' him...."(p:137, The Knowledge of Man).

Lastly, there is healing power available in the symbols found in religious language. "It is almost a truism to assert that religious language is symbolic. But it is less of a truism to assert that for this reason religious language expresses the truth, the truth which cannot be expressed and communicated in any other language."(p.286, Tillich, Four Existentialist Theologians). The great effectiveness of symbols comes from the fact that they not only point to what they symbolize but also participate in its power. Some symbols only represent the existential predicament of man while others point to the healing answer to that question.

For example, Tillich tells us that the mythological symbol of creatureliness represents man's finitude as it is experienced in anxiety.

Temptation symbolizes the anxiety of existential decisions (freedom) while sin represents man's status of estrangement. Other symbols represent the solution to the existential problem. "The symbol of creation shows the source of the courage to affirm one's own being in terms of power and meaning in spite of the ever-present threat of non-being."(p.287, Ibid.). Other symbols such as salvation (meaning whole and healed), redemption, savior, Christ, etc. represent reconciliation, forgiveness, acceptance, and other such ultimate realities. Tillich even points out that the symbol of God is the basic and all-embracing symbol of religion. "In relation to creation, He is creator; in relation to salvation, He is savior; in relation to fulfillment, He is the eternal. God, in the light of this question (the questions implied in human existence), is the power of being itself, prevailing over against non-being, overcoming estrangement, providing us the courage to take the anxiety of finitude, guilt, and doubt upon ourselves."(p.291, Ibid.).

By using such symbols a pastor can not only help a man to understand his existential anxiety of guilt and the possible solution to it, but he can also aid in healing it by helping the person to tap the power also available through the symbols. This applies not only to guilt but also to freedom and the various types of anxiety already discussed. The symbols found in religious language are not only the key to understanding man's existential predicament but are also a means of healing it.

Nevertheless, healing takes place through the meeting or communion

of personalities. The 'meeting' of which I speak includes and at the same time transcends that which is captured by sociological analysis. The personality of which I speak includes not only biological and psychological categories but also an ethical and spiritual reality. This is the subject of our next section on 'healing through meeting'.

HEALING: OF PERSONS THROUGH MEETING

By way of summarising our work thus far and at the same time introducing this very important section of the paper I again turn to the paradigm of healing by which I have attempted to gain a theological perspective on existential psychoanalysis and its implications for pastoral theology and counseling. The truth of the paradigm itself as well as its practical value for this discussion rests on three basic propositions concerning ontological, relational and healing priorities.

First, I propose the ontological priority of God, the Ground of Being. For this I turn to the existential school known as 'personal analysis'. They postulate an objective Absolute which is God and believe that at the existential level spirit is directed towards the Absolute, towards God. On the initiative of God there is established an ever expanding and more differentiated relationship between God and man which also permits an ever more differentiated relationship between man and his world. Thus openness vis-a-vis personal Being is the ontological basis for openness vis-a-vis the world and not viceversa. For instance, whereas for psychoanalysis God is also a father imago, "...in reality God is not a father imago but a father is an imago of God. ...the father is not the original image of all godliness. On the contrary: God is the original image of all 'fatherliness'. Only ontogenetically, biologically, bio-

graphically is the father the first - for ontologically God is the first. And so, although psychologically the father-child relationship is prior to the man-God relationship, ontologically it is not illustrative but derivative. Ontologically speaking my father in the flesh, who created me in the flesh, merely happens to be, as it were, the first representative of Him, who created everything; and so, ontologically speaking, my natural creation is only the first symbol and thus in a certain sense the imago of the supernatural creator of all nature."(p.382, Wyss).

I have used the foregoing extended quotation not only to establish the ontological priority of God but also to point out the particular type of God-man relationship subsumed under the symbol of father-son relations. This will be helpful in developing our paradigm later because many transference relations in analysis are of the father-son type.

The second proposition is essential to the paradigm in general and especially to the explication of this particular section of the paper. I refer to Karl Barth's analogia relationis, the 'analogy of relationship'. Through this doctrine Barth proposes a relational priority grounded on the inter-Trinitarian relationships. The triune God exists in Himself in three distinguishable 'modes' of Father, Son, and Holy Spirit which are inseparably related to one another and whose internal relationships serve as the prototype or model for all created, secondary, and derivative relationships. For example, Barth believes that the "...essential humanity of man is found in his togetherness as I and Thou, male and

female; he finds in this togetherness the imago Dei, for it corresponds to an analogous relationship of I and Thou in the triune God himself." (p.985, Magill). Furthermore, God overcomes man's existential estrangement by establishing an I-Thou relationship with man especially through the person of Jesus Christ in whom the existence of man in his proper relationship with God is actualised.

That the inter-Trinitarian relationships are primary analogues of secondary or extra-Trinitarian relationships is further demonstrated in God's work of reconciliation and salvation in Jesus Christ. Barth sees in Jesus Christ both the electing God and the elected man; in Jesus Christ God says 'Yes' to mankind. In this primary and affirmative I-Thou relationship between God the Father and God the Son we find the basis for our self-affirmation and our authentic I-Thou relationships with God and with our fellow men. As Tillich says, "The divine self-affirmation is the power that makes the self-affirmation of the finite being, the courage to be, possible. Only because being-itself has the character of self-affirmation in spite of non-being is courage possible. Courage participates in the self-affirmation of being-itself, it participates in the power of being which prevails against non-being." (p.175, Tillich, Courage To Be).

Since psychotherapy largely revolves around the analyst-patient relationship, the divine I-Thou relation and its paradigmatic relationship to all other I-Thou encounters will aid our theological understanding

of analytic relationships including their limitations and possibilities. Later in this section the analogia relationis will be helpful in evaluating the kind of relationships which may develop in an analysis; but now we turn to the third proposition of priority on which the paradigm rests.

The third proposition concerns the priority of healing and includes the wider context of healing as described in the paradigm; it is concerned with both 'Heilsgeschichte' and analysis as wholes which provide the contexts for the more specific interpersonal relationships discussed under analogia relationis. Insofar as salvation means healing and healing is an element in the work of salvation, God's healing has priority over other kinds of healing and especially types like existential psychoanalysis in which interpersonal relationships are so important. Tillich expressed this analogy with an economy of words: "With respect to both the original meaning of salvation (from salvus, healed) and our everpresent situation it may be adequate to interpret salvation as 'healing'. It corresponds to the state of estrangement as the main characteristic of existence. In this sense, healing means reuniting that which is estranged, giving a centre to what is split, overcoming the split between God and man, man and his world, man and himself. This understanding includes the elements of salvation which were emphasized in other periods; it includes, above all, the fulfillment of the ultimate meaning of one's existence, but it sees this in a special perspective, that of making salvus, of 'healing'. If Christianity derives salvation from the appearance of

Jesus as the Christ, it does not separate salvation through the Christ from the processes of salvation, i.e., of healing, which occur throughout all history."(p.93, Tillich, Systematic Theology, Vol.III).

HEALING ACT OF GOD - HEALING ART OF PSYCHOANALYSIS
AN ANALOGY

The word 'analogy' has several characteristics and definitions which may enlighten our study. First, the Greek word from which it is derived refers to that 'which was earlier'; this may refer to the ontological or even the historical priority of God's acts as compared to the art of psychoanalysis. Secondly, 'analogy' refers to similar parts of different origins; the healing act of God originated in His own inscrutable Will and proceeded from the superfluity of his gratuitous love for mankind; psychoanalysis and modern psychotherapy, according to Franz Alexander, appears as a self-curative reaction of Western society to the immense complexities of adjustment. Furthermore, 'analogy' refers to a similarity or likeness of attributes and relations; examples of this may be found in the first section of this paper and in the analogia relationis. Lastly, the word refers to 'having a like course, tendency, or purport'. (Shorter Oxford English Dictionary).

Insofar as the object of God's healing is the existential negativity, meaninglessness, guilt and general estrangement of man and psychoanalysis deals with the healing of pathological conditions, they manifest a 'like course or tendency'. Again I must reiterate that I am not proposing by

the use of the paradigm that the healing act of God and the healing art of analysis are perfectly analogous in every way or identical in any part at all; there are several areas of dissimilarity as discussed in the first section of this paper. On the other hand I submit that this study may draw attention to important ways in which each half of the analogy of healing can correct and enlighten the other. For example, psychoanalysis helped theology rediscover the meaning of 'grace' in terms of the unconditional acceptance of the patient; or again, psychoanalysis has dramatized the concreteness of healing as part of the increasingly abstract and spiritualized concept of 'salvation'.

Reciprocally, theology can help existential analysis and psychoanalysis in three ways; first, theology's task is to recognize the real value and possibilities of analysis while at the same time bringing the ultimate criterion to bear in pointing out its limitations. Tillich again informs us: (It) "...cannot be that there is no saving power apart from him but that he is the ultimate criterion of every healing and saving process." And again: "The New Being in the Christ transcends every relativity in its quality and power of healing. Therefore, wherever there is saving power in mankind, it must be judged by the saving power in Jesus as the Christ."(p.194, Tillich, Systematic Theology, Vol.II).

Secondly, the theologian needs to show the analyst how he needs grace - the power to heal - and the ultimate source of it in order that the therapist may really address himself meaningfully to man's root problem and thus do more than merely relieve the patient's symptoms of

his deeper suffering. Thirdly, since interpersonal relationships play such an important part in analysis, theology may point out what it means in these man-to-man encounters to be 'a man for others' in Bonhoeffer's Christological sense.

Apart from the mutual benefits to theology and psychotherapy as derived from this study I hope that pastors and especially those who do some psychotherapy in conjunction with their other pastoral duties may receive double benefit. To these several ends we continue our discussion.

Transference -

Above all else psychotherapy places primary importance on the personal factor in the process of healing. The interpersonal relationship consists not merely of observation but also of participation, not merely intellectual understanding but also emotional involvement. This relationship is the basis for corrective change and healing and it mediates the curing or saving effect of psychotherapy.

We remember that the patient's neurosis is an unsuccessful attempt to solve a problem in the present by means of behavior patterns which originated in the past and were found to be more or less inadequate. The analyst is interested in the past as the source of these rigid, stereotyped behavior patterns; but his primary concern is for helping the patient find a solution for his present problem by correcting the unsuccessful patterns and helping him to take account of the differences between present and past. Even for existential analysis and especially

for orthodox psychoanalysis this amendment of behavior and process of emotional reeducation takes place in a situation designated as 'transference' and 'counter-transference'. These special relations are predicated upon involvement by both patient and analyst, whether it be conscious or unconscious.

Transference is a special kind of neurosis in which 'the original pathogenic conflicts of the early family relationships are repeated with lesser intensity'; it is based on the distorted perception of the present in terms of the past. Although any person may be the victim of a neurotic's transferences, the analyst or counseling pastor is especially susceptible because of the permissive atmosphere and the authority wielded by men in these roles. As a psychoanalytic phenomenon transference "...consists roughly of two parts: (1) the development of the transference neurosis, and (2) its resolution." (p.280, Alexander, Fundamentals of Psychoanalysis). The permissive attitude of unconditional acceptance of the patient is conducive to the development of the neurosis; the resolution of the transference neurosis is the key to a new kind of relationship which is at once satisfying and adapted to reality.

Gilbert Russel accurately describes the essence of the transference: "There are projected upon the analyst feelings of love and hate, of fear and anger, of hope and desire - feelings which were repressed as the consequence of earlier (usually infantile) experiences which inhibited their overt display. The classical transference is of affect derived

from the patient's relationship with his parents, but which remained unconscious, and is now transferred to, or projected upon, the analyst - who is 'loved' and/or 'hated' as Father could not be consciously loved or hated. These emotions were not expressed in the past on account of the fear attached to them; and therefore they cannot at first be felt in the analysis, but appear in disguise. Depressed aggression, for instance, will show itself not, to begin with, in open hatred vented upon the doctor, but in covert manifestations.... The analyst's business is to bring this hate into the open and not allow it to go on masquerading in 'safe', i.e. indirect and ambiguous, fashion. The patient must become conscious of it as hate; and that means feeling he hates the doctor instead of loving him."(p.153, Christian Essays in Psychiatry). It is important to recognize that the projection of these images is an indication of a lack of any realistic or authentic relationship with the person who bears the projected image.

This transference neurosis and the basic mechanism of projection on which it is based is of considerable interest for the psychology of religion. Although God is ontologically prior and a father is an imago of God, the father-child relationship is psychologically prior to the man-God relationship. Therefore man is liable to project unrealistic images onto the blank screen of the universe or superimpose these images on what he knows of the living God. Freud suggests that God is a projected, neurotic holdover from childhood, a magnified version of

the image of the human father. As such, the projection is infantile and distorted and man's relation to it is unrealistic. Feuerbach also suggests that man projects himself in an objective way and then relates himself to this projected image which he calls god; God, for Feuerbach, is man's essential humanity made large.

These projections as described by Freud and Feuerbach are widespread and belong to mankind as existential beings. However, since neurosis is a special mode of escapism from man's existential predicament, the neurotic is even more prone to such projections and transferences onto both the analyst and God. Therefore, one may see that healing a neurotic condition may also allow greater openness to a real relationship with the living God based on an experience of who he is in reality. This is especially true if the truths of God are mediated through the attitude of unconditional acceptance by the analyst/pastor and in other ways related to the paradigm. Whereas in analysis the unrealistic transference will hopefully destroy itself by battering against the real, accepting person of the analyst, the real, unyielding person of Christ must stand firm before the projected images of the neurotic individual and semi-neurotic, existential mankind. This is best accomplished by the pastor in his preaching and celebration of the sacraments; but this is not, I repeat, not a part of psychotherapy as such; only the resolution of the transference to the analyst should be undertaken by the analyst. The correction of the distortion of the God-man relationship falls to the

pastor as pastor and not to the pastor as therapist.

An observation may be in order here. Just as a neurotic transference in an analysis must be resolved and the relationship sustained on a more realistic person-to-person level, so also must a neurotic transference to God be resolved in the course of teleological healing. Nevertheless, a distinction must be made; whereas the transference to the analyst by the patient may take the unrealistic form of a father-son relationship which should be transformed into an I-Thou relationship of man-to-man, of analyst to patient, the transference to God, when transformed into an I-Thou encounter on a realistic basis, may be, if appropriate, symbolized by a Father-son relation between God and man. In other words, whereas a father-son relationship would always be inappropriate to existential analysis, the God-man relationship may be characterized by a father-son relationship as long as it is authentic and not regressive and distorted. Therefore the paradigm is still applicable in this instance because it is based on the basic truth of relationship which is the ability to see the other and one's self in reality and not in projection.

Especially in orthodox psychoanalysis the development of the transference neurosis is encouraged by the principle of minimized and strictly passive participation on the part of the analyst. This ideal of neutrality is especially symbolized by the relative positions, postures, and parts played by the parties involved. The patient usually lies on a couch (representing his submissiveness) and tries to free-associate, which encourages

projection and transference. By restricting his sparse comments to interpretations and by sitting behind the patient the analyst achieves a greater degree of distance and objectivity while giving the patient a relatively blank screen upon which to project. This arrangement is technically sound and is designed to maximise the patient's transference by not interfering visually with the patient's free associations and neurotic tendencies; it also minimises countertransference from the analyst by encouraging an understanding yet objective-neutral attitude. Thereby the analyst is relieved of the pressure of having to face patients all day long. These are all sound reasons for a psychotherapy which relies so heavily upon the development and resolution of the transference neurosis for its curative effects.

However, as we shall discover later, the therapeutic relationship is one which does not wholly consist of projections; it is also an existential I-Thou relationship between two people or it is no relationship at all. Therefore there is much that commends the Jungian and existential analytical method of sitting face to face with the patient. Facing each other not only helps keep one foot in reality thereby preventing the disintegration of the relationship into pure projection and irresolvable transferences but it also takes cognizance of the face as being the primary medium of I-Thou encounters.

The importance of this 'facial' encounter between analyst and pat-

ient is psychologically grounded in infancy, where the neurotic^{conflict} probably had its origin, and ontologically grounded in the face of God, where the existential conflict had its origin. Regarding the importance of the face in infancy Frank Lake writes: "It became evident that the adequate growth of selfhood and a sense of personal identity depended upon the faithfulness and regularity with which the mother presented herself and particularly her face, to look full into the face of her baby. The infant came to life as a person in the light of the mother's countenance. Conversely, to be identified, not with a loving being, but with a mother whose painful absence shattered all confidence, was to be identified with non-being." (p.XX, Lake, Clinical Theology). And again: "It is her face, her eyes and mouth, her whole familiar countenance as a 'gestalt', a 'whole image', intuitively sought for and ultimately recognized, which is sought. 'Being-itself', which is the essential quest of the ego for a source-person through whom to become a person, for a 'Thou' to come to meet the necessitous 'I', is mediated in a face-to-face encounter." (p.527, Ibid.).

Therefore the analyst can become, through his face to face encounter with the patient, the source-person through whom the patient can assume his authentic 'I-ness' after failing in some way to establish it in his earliest primary relationship to his parents and especially his mother. Not only does a sense of personal being arise in a relationship between an attentive mother and a responsive child but the countenance of the mother, if joyful and affirmative, helps instill 'courage to be' in the

being of the child. "Spirit is built up in the baby by face to face encounters with a mother whose countenance transmits unmistakably her joy in her child, she delights at looking in his eyes and evoking a response. She creates in the baby, who innately desires this synthesis with the source-person, a satisfaction which gives the fundamental courage to be, and is itself an upbuilding of the powers of the spirit." (p.627, Ibid.).

Although the basic and formative experience with the mother described above is unique, relatively unrepeatable and cannot be completely altered or repaired by a therapist during the patient's adult life, there are possibilities of the therapist strengthening and reinforcing traces of this fundamental power of being and ontological courage. But if there are clear analogies between parent-child relations and analyst(pastor)-patient relations, then these can also be cautiously but profitably extended to God-man relations. Dr. Lake brilliantly sets forth the possible difficulties on two of these levels in an extended passage from his Clinical Theology: "The human spirit is formed, in so far as its proneness to neurotic disorder and depression is concerned, within the first three years or so of life. This is universally true.... These are two vital needs of every child in these foundation years, which could be summed up as the face of the mother and the voice of the father; the smile of loving recognition and the word of guidance. As Erikson writes, 'Next to the recognition bestowed by the gracious face, the affirmation of the guiding voice is a prime element of man's sense of iden-

tity.' These years are not exactly pre-verbal, though their all-important beginnings are. At least we do not expect the child of three to have acquired much knowledge of revelation truth about the Face of God from 'holy history'. Yet the infant at three has acquired many permanently imprinted attitudes of expectancy or non-expectancy towards vital relationships. It has learned to expect a welcoming face or a rejecting, scornful, angry face, with correspondingly powerful defensive manoeuvres to mitigate the encounter which promises to be too terrible. When the loving face of mother by which the baby lives and without which its spirit dies, is absent for too long, the mental pain may be too severe to be retained in consciousness. The loving face is obliterated from the mind by prolonged absence but the threatening faces which take its place cannot be tolerated in consciousness. They undergo splitting off, repression and fixation and so remain forever a threat to the security of the inner world. These are the skeleton faces in the cupboard of memory. Unfortunately for God, this 'death mask' usually becomes one of the faces of God, if not his only face. These bitter memories, of supposedly or actually unloving faces seen in the foundation year, when the human spirit must come to 'being' and 'well-being' through the 'umbilical cord' of visual encounter, or die, are at the root of all compulsive unbelief, of all neurotic defenses, and, ambiguously, of much of what becomes our sin. Here are the beginnings of man's distortion of the truth about the ultimate personal reality, God Himself."(p.179,180, Ibid.).

But if these pristine impressions which are fundamental to the character and the subsequent development of the child can become twisted and distorted, so also can they reflect what the parents and/or the analyst have seen of the true God whose Face is revealed in Christ's. This loving communication which is formative in childhood and in analysis finds its paradigm in the history of God's progressive revelation of His true Face to man. Throughout the Bible and especially in the Old Testament we discover that the Face (pānīm) of God denotes personal involvement and the "...experience of divine lovingkindness in inward communion with his God." (p.71, Eichrodt, Theology of the O.T.). Our face to face encounter with God in Jesus Christ is the ultimate source of healing for our personal being and broken relationships.

Corrective Emotional Experience -

The analyst's face is important to his healing work and, although sitting behind the patient may gain certain advantages during the development of the transference neurosis by minimizing reference points, later in the analysis, especially during the resolution of the transference, the reference points provided by the person of the analyst and his face are essential. The 'hiddenness' of the analyst which is helpful early in the analysis may become harmful later in the process. Thus the concept of the analyst as an objective, blank screen is a scientific myth and an absurd abstraction in the real world of human beings. But if this total denial of the humanity of the analyst leads to static non-intervention and general stagnation, active intervention by the analyst

in the resolution of the transference also has dangers to match its great possibilities.

Having ^{precipitated} ~~precipitated~~ the transference neurosis, the analyst is then concerned with resolving it. Most therapists are careful to avoid responses and personal traits which tend to unconsciously perpetuate the originally destructive or authoritarian situation in the patient; other analysts are concerned not only with responding to the patient's neurotic reaction in a different way from that of the persons with whom the conflicts were originally connected but in an opposite way to that of the parents which caused the neurotic development. Thereby the patient not only relives his original conflicts in his relationship with the analyst but, due to the radical difference in response from the therapist, the patient recognizes how inappropriate and unrealistic his behavior and attitude are toward the analyst; in this way the harmful effects of the parental attitudes and neurotic responses originating in childhood are counteracted.

The analyst provides a genuinely new frame of reference, not only in the name of technique but in and through his own personality. As Janet M. Rioch puts it: "Step by step, each phase of the long period of emotional development is exposed...; the interconnecting, overlapping reference frames are made conscious; those points at which a distortion of reality, or a repression of part of the self had to occur, are uncovered. The reality gradually becomes 'undistorted', the self, re-found, in the personal relationship between the analyst and the patient." (p.492, Outline of Psychoanalysis).

In this context of healing the objective yet understanding attitude of the analyst is one of the most important therapeutic factors. But 'understanding' as used above does not refer to a stereotyped attitude or unchanging atmosphere that is invariably encountered in every analyst's office. If the foundation of the relationship could be described by any one word, it would probably be that of TRUST. The emotional-personal context of healing is a trustable relationship. Frieda Fromm-Reichmann, a famous psychoanalytic theorist, writes, "...therapy offers to patients a 'relationship of security beyond what they have ever had. Therapy must offer a specific way by which they can trust the world and themselves'." (p.1037, Lake, Clinical Theology).

Given this general context of trust, there remains the freedom to meet not the neurotic needs of the patient but rather his real needs as dictated by his unconscious conflicts. This freedom of the analyst and patient is a novel human relationship essentially unlike any other human relationship. Although this trust and freedom are predicated upon an attitude of acceptance, this acceptance is in danger of slipping into overindulgent permissiveness. Rollo May comments: "The acceptance by another person, such as the therapist, shows the patient that he no longer needs to fight his main battle on the front of whether anyone else, or the world, can accept him; the acceptance frees him to experience his own being. This point must be emphasized because of the common error in many circles of assuming that the experience of one's own being will take place automatically if only one is accepted by somebody else. This

is the basic error of some forms of 'relationship therapy'. The attitude of 'If-I-love-and-accept-you, this-is-all-you-need', is in life and in therapy an attitude which may well minister to increased passivity. The crucial question is what the individual himself, in his own awareness of and responsibility for his existence, does with the fact that he can be accepted."(p.45, May, Existence).

By moving to the theological level through the paradigm we should be able to increase our understanding of healing. In spite of the many differences between ontological healing and healing of neurosis, there are several analogies to be drawn. First, although God has detached himself and has hidden his face from mankind at various times for various reasons, he has not abandoned us but has confronted us most perfectly in His Son. Secondly, His person and His relationship with us as manifest in His saving history and especially in His Son provides the new and normative frame of reference through which rediscovery is made and healing is measured. At this point there exists a very significant and infinite qualitative difference between God's healing and man's healing through psychoanalysis for which there is no parallel or analogy in the paradigm. In a paradoxical way God himself, in his Son, has overcome the existential conditions of mankind and, in one sense, has already healed mankind; in another way, this healing, though perfected and finalized in Christ, still awaits consummation and calls for man's participation in faith and hope and love until that time. The analyst cannot claim any parallel with regard to his work or his patients.

Thirdly, the relationship of healing with God is novel and unlike ^{other} any relationship, human or otherwise. Fourthly, the healing relationship is predicated on 'trust' and on a love which is unsolicited, unconditional, and unilateral in the beginning. This acceptance by God does not mean automatic healing of the existential predicament of man any more than it does on the neurotic level; it depends on man taking responsibility for himself after being accepted. This is included in the symbol of 'faith'.

However, if rightly seen, God's love and unconditional acceptance are uncompromising and are not amenable to manipulation. Depth psychology teaches us that the neurotic can use the analyst and the analysis to meet his own twisted needs; analogously, the history of God's healing dealings with mankind shows that existential and sinful man, like the neurotic, tends to manipulate the Gospel, the Law, and the Cross to suit his infantile dependency, his will-to-power, and sado-masochistic tendencies. For this reason the latitude of behavior permitted the analyst in trying to counteract neurotic tendencies is also analogous to the different ways that God expresses himself on behalf of mankind. This points up the need to encounter the whole God and his acts as recorded in the Old and New Testaments, a God of moral seriousness as well as profound love and forgiveness. The integrity of God's wrath and indignation as described throughout the Bible needs to be vindicated and recognized as an integral and necessary part of God's total healing purpose. Therefore, just as a stern but unmistakably accepting attitude

may be assumed by the analyst in order to counteract the patient's experience of a guilty parent who has overindulged the child because of his unconscious rejection of the child, so also has God acted firmly and even harshly at times toward sinful mankind; yet this severity finds its place in the larger context of love and the wider purpose of cosmic healing.

What the analyst ^{does} in accordance with the principle of corrective emotional experience and does in the name of healing the mind finds its paradigm in the acts of God.

Fifthly, healing by verbalization (linguistic symbols) in analysis has its counterpart in the symbols contained in the Sacraments and Scripture. Whereas various symbols used in analysis, whether archetypal (Jungian) or Freudian or of some other type, permit the patient to contact his psychic roots contained in his unconscious, the religious symbols point to and participate in the Ground of Being in which man exists. Symbols aid the healing process by allowing men to encounter the roots of their existence on two different levels, one psychological and one ontological, without which a movement towards 'wholeness' is impossible. Just as psychological symbols help overcome the fragmentation of the mind, help restore a new center of equilibrium, and integrate psychic energy hitherto dissipated in tragic opposition, so also do religious symbols help release the ultimate power of Being Itself which alone can overcome the tragic ontological opposition within man.

Lastly, insofar as existential psychotherapy is a healing art based on interpersonal relationships, it is significantly analogous to God's

work in Christ. What seems destructive and negative in the Cross ultimately becomes constructive and affirmative; the initial stage of aggravating the patient's neurosis and tearing down his defenses is followed by the construction of new emotional foundations and renewal of his interpersonal relations.

Furthermore, the paradigm also shows us that just as the patient and analyst encounter one another from the position of mutual weakness and not-knowing - as opposed to ignorance or lack of otherwise available knowledge - rather than from strength or knowledge, so has God met us in Christ. The weakness and doubt of Christ from the Cross is the beginning, paradoxically enough, of the power and faith of our salvation (and healing) in Him. God's healing presence with man does not proceed directly from his omnipotence and omniscience and transcendence but rather proceeds from the weakness and not-knowing of Emmanuel, or 'God with us'. In like manner do we encounter one another in analysis and pastoral counseling; we meet in my not-knowing and in your not-knowing, my doubts and your doubts, my weakness and your weakness, a coming together from which we can proceed together.

But this relationship as defined above does not make the patient any less a patient or the analyst any less a professionally trained and skilled analyst any more than it makes man less than the healed and Christ less than the healer. This brings us to the problem of counter-transference in therapy.

Countertransference -

Distortions in the therapeutic relationship come not only from the patient but also from the analyst who is a person with an unconscious of his own. This phenomenon is called countertransference and it can be roughly defined as the converse of transference: 'the repetition of previously acquired attitudes toward the patient, such attitudes being irrational in the given situation.' A more precise definition might be stated as follows: "When, in the patient-analyst relationship, anxiety is aroused in the analyst with the effect that communication between the two is interfered with by some alteration in the analyst's behavior (verbal or otherwise), then countertransference is present." (p.545,547, Cohen, Outline of Psychoanal.). As such it is based on the neurotic distortion of personal relations due to mistaken identification of the other person.

Obviously such a distortion is harmful to the healing process and is very unlikely to be interpreted or even discovered like the patient's transference. With regard to the paradigm, it is obvious that God does not suffer from anything analogous to countertransference; rather, he sees man as he really is. However, the concept is of importance to the pastor who is involved in psychotherapy or counseling. The pastor does have an unconscious and therefore he is limited by his own complexes and resistances.

The problem is, as Karl Menninger puts it, how one may deal with something which by definition he doesn't know about. Here pastors can learn from the psychoanalytic practice of undergoing a training analysis.

As part of his preparation for professional certification the candidate undergoes an analysis of his own for both didactic and healing purposes. The object of this training analysis is to partially heal and/or to point out the more serious blind spots and infantile needs so that he is prepared to make the proper allowance for them in his work.

The principle of a training analysis reflects the wisdom of the old religious dictum, "Physician, heal yourself." (Luke 4:23). The logic behind a training analysis is similar to the theological proposition that commitment based on experience should be prerequisite to baptism or admission to the ordained ministry. (Nevertheless, initiation, whether analytic or religious in nature, may breed a sense of exclusiveness and pride instead of common purpose as it has done so many times in both religion and psychoanalysis.) However, because of the unconscious nature of the problem, it is not possible for an analyst to adequately heal himself; he relies, as do his patients, on interpersonal communication with another person. Therefore analysts commonly continue their own analysis with another member of the profession. This method of mutual help creates a community which is not altogether unlike the Church and its sense of mutual support and ministry to one another.

Although dealing with the existential condition of sin rather than with the pathological condition of neurosis as such, the Church's wisdom concerning the unseen mote in one's own eye is applicable to the infinite capacity for self-deception manifest in psychopathology. Just

as psychotherapy has helped the Church rediscover the meaning of 'grace' by its attitude of unconditional acceptance, so might the truth contained in the doctrine of the 'priesthood of all believers' be re-vitalized by analogy with the spirit of the analytical community. "Dr. Robert Waelder has emphasized this point. No analyst can see everything; each one's vision is limited by his personality. Members of a group are mutually self-corrective. As Waelder puts it, 'Since we are all partially blind, the best we can do is to support each other so that the vision of one may make up for the myopia of the other, and vice versa'."(p.90, Menninger, Theory of Psycho. Technique). However, this is not meant to idealize the psychoanalytical societies and associations; like the Christian community, they too at times have become ingrown and suffered from a collective myopia which is correctable only from a stable, external frame of reference. God's Word provides this for the Church; it stands over-against the Church, judges it, and calls for continual repentance and correction.

The religious truth contained in the priesthood of all believers helps remind the pastor of his own larger religious needs and of the ministry of other Christians to him; similarly, this religious truth permits him to mediate the concern, love and support of the larger Christian community to those whom he meets and treats in every aspect of his work as a pastor. The truth about countertransference which he applies directly to his specialized work as psychotherapist also helps him in two ways; the pastor recognizes his need for support from other psychotherapists,

and he recognizes the importance of expanded self-awareness in order to minimize countertransference while dealing with patients.

Before concluding this section let us consider the importance of the pastor-analyst's character and beliefs for his work. Ideally, as we have said before, the patient, like a child, should be encouraged in his development and differentiation as a separate individual and should not be forced to conform to a prearranged pattern. He should be allowed to discover and realize his own potentialities. However, during analysis and especially a long one, an identification with the analyst may become operative which, even upon successful completion of the analysis, will be the source of permanent values and characteristics for the patient. Therefore, Menninger reminds us that "...we cannot ignore the fact that what the analyst believes, what he lives for, what he loves, what he considers to be the purpose of life and the joy of life, what he considers to be good and what he considers to be evil, become known to the patient and influence him enormously not as 'suggestion' but as inspiration."(p.91, Ibid.).

This phenomenon has both negative and positive possibilities; let us consider three negative possibilities first. First, the pastor-analyst is expected to assume a fatherly or even a godlike role with his patient and this can degenerate into a relationship which only satisfies the doctor's need for power and the patient's need for dependency. The second negative possibility is that the pastor-analyst will either reciprocate the patient's identification or project some unrealized part of himself onto the patient. The psychotherapist may come to believe that the 'salva-

tion of the patient lies in recreating him in his own image, but a relationship based largely on identification and projection is essentially narcissistic and therefore not conducive to healing. In both instances the analyst and/or pastor oversteps himself and acts as a god. However, concerning the first possibility paradigmatically, the real, living God is not interested in catering to our infantile dependency but seeks instead to bring us to maturity in Christ. Regarding the second possibility, the true God is concerned with restoring man to his 'imago dei' but only as it is revealed in his Son on the basis of freedom to believe and love, hardly a divine narcissism.

The third negative possibility is that the pastor-analyst will take advantage of the patient's identification with him to convert his patient to a particular philosophy of life or set of religious beliefs. This is nothing short of indoctrination which Anthony Storr describes as 'didactic, coercive, and authoritarian'. "Some psychiatrists have compared the analytical process to a conversion experience, and have supposed that such effectiveness as they concede it to possess depends upon the indoctrination of the patient with a set of dogmas.... In other words, they suggest that a successfully treated patient is a convert to a religion; and that the therapist must be a fervent believer, intent on acquiring proselytes, who desires nothing so much as to imbue his patients with his own dogmatic beliefs." (p.156, Storr, The Integrity of the Personality). The inadequacy of these shallow, non-ontological, humanistic religious systems, whether propagating the

principles of one particular analytical school or some other values, has already been criticized theologically earlier in this paper. However, attempting to indoctrinate a patient even in the name of the true God and his only Son is still unjustified. This should be noted especially by pastors who do psychotherapy and/or counseling.

It is by no means inevitable that the pastor-analyst will impart his value-system to his patients, but neither should the influence of the therapist on the patient be underestimated. Karl Menninger provides an interesting illustration of this point: "Otto Fenichel (wrote), 'It has been said that religious people in analysis remain uninfluenced in their religious philosophies since analysis itself is supposed to be philosophically neutral.... Repeatedly I have seen that with analysis of the sexual anxieties and with the maturing of the personality, the attachment to religion has ended.' Of course, Fenichel saw it (as a temporary phenomenon, at least). His personal preoccupation with and devotion to psychoanalysis were well known. And his patients strove to please. I have seen the reverse of Fenichel's observation, for my patients strive to please, too." (p.94, Menninger, Theory of Psychoanalytic Technique). Because the patient is so sensitive to cues from his pastor-analyst, the pastor, an obviously committed man, must take special care that his own conscious or unconscious wishes for the patient do not subtly coerce the patient to a religious commitment which is based on loyalty to the pastor-analyst rather than on the patient's own freedom and mature decision.

With these dangers in mind let us consider the positive possibilities

facing the pastor-analyst. We have already said that the patient is likely to emulate the pastor-analyst as a model for his own life and some of these traits and values may be permanently acquired. The analyst at this time may become the medium for what some existential analysts call the 'savior-archetype'. In the Christian pastor and/or analyst this may manifest itself in a more specific form called the 'Christ-archetype'.

This archetypal image is derived from Jungian depth-psychology and is supposed to be an important factor in all psychotherapy. On the one hand this archetype exists in the psyche of the patient. Igor Caruso describes this: "In his search for a redeemer, the neurotic meets his therapist. It is by no means wholly neurotic to long for a healer, who could assume the burden of neurotic guilt, descend into the neurotic hell in order to redeem finally the neurotic through his triumph over guilt. It would be neurotic to project exclusively this archetype towards the analyst, or towards a myth explicable in terms of depth psychology. We are not justified in regarding this yearning expectation on the part of struggling and suffering humanity as a mere psychological superstructure of some difficulty in individual development, or even only as a neurosis. The longing for redemption is based on an eschatological, messianic archetype."

On the other hand, the archetype influences the pastor-analyst himself. "The analyst...must in some way correspond to his patient's 'Christ-archetype'. And that he does. He is able to help in so far only as the 'Christ-archetype' is alive within him. It is reasonable to suppose," says Caruso, "that this archetype is not always and not immediately - not even with the

analyst - connected with an objective savior."(p.163, Existential Psychology).

Therefore the pastor and/or analyst is associated with the archetype in essentially two ways; first, he partially fulfills the archetypal image in his own person and secondly, he mediates the 'objective savior' as Caruso describes it. In the first instance the analyst fulfills the worthwhile human traits which adhere to his person as such; in the second instance the analyst mediates an image based either on various savior-models if he happens to be non-Christian, or on the Christ-model if he is a Christian. Therefore, the archetype is fulfilled and communicated to the patient not merely in the spiritual-religious terms of the Christ-model itself but both as Christ-formation in the analyst and, though related to the Christ-formation, as his own unique personhood. To some extent he becomes an alter Christus, thereby allowing the patient to form a new relationship and a new being around himself. However, on the grounds of his own humanity he will continually encounter insuperable limitations; therefore he must continually point away from himself and toward the Christ or let the Christ in him express Himself to the other through the person of the analyst.

I remind the reader that this archetypal relationship takes place wholly through the person of the pastor-analyst and is definitely not didactic or explicitly instructive; as such, it does not violate the rules of analysis or become confused with religious counseling per se. However, there is a serious and ever-present danger for both the non-clerical therapist and especially for pastors doing intensive or semi-intensive psychotherapy. He may develop what might be called a 'Savior' or 'Christ-complex' in which he

becomes intoxicated with his importance and power and sees himself as all-healing and life-giving. "He is," as Caruso puts it, "in danger of becoming fascinated with his own role as redeemer. The psychoanalyst's terrible temptation, which is not made any easier by the fact that in most cases it remains unconscious, is to become God and play Christ."(p.170, Ibid.). Instead of representing Christ and mediating the Christ in his own life to the patient, he attempts to impersonate Christ. Rather than being a co-healer with Christ in the sphere of psychopathology, he attempts to supplant Him.

But if the 'Christ-archetype' is an important healing factor in psychotherapy, it is equally important in pastoral counseling where the ultimate questions arise. The pastor's roles as 'physician of minds' (that is if he does any psychotherapy) and 'physician of souls' should not be confused even though the archetype is present in both. Even though Christ may be mediated to the patient in the former role, the immediate task is not the healing of man's existential condition of estrangement. Rather, healing the ultimate conditions of human existence through Christ properly and explicitly belongs to the 'apostolic function' of the pastor as physician of souls. We must be cautious not to confuse God's healing in depth with the 'depths' referred to in depth psychology and depth analysis. God's cosmic healing ultimately includes the psychological depths of man but it refers in fact to the total creation and especially to the existential depths of humanity.

Before leaving this very important section, some critical comments are in order. The archetype to which Caruso refers belongs to Jungian psychology and forms a part of the larger collection of primordial racial

images found in what is referred to as the collective unconscious. As such it is more properly and accurately described as a 'savior-archetype' rather than a 'Christ-archetype'. It is a vague image incorporating a number of ideal generic values such as wisdom, compassion, leadership, hope of future redemption and other eschatological, messianic features.

The psychological basis of the 'savior-archetype' helps explain the development of various religious and even modern ideologies which embody messianic elements, whether they are personified or not. But the savior-archetype fits Buddha as well as Christ. To my mind there is no Christ-archetype which incorporates such unique and specific things as the Incarnation, Crucifixion, and Resurrection. As a psychologically determined response to the needs of a certain race or even of mankind as a whole, the savior archetype is understandable and relatively valuable. But as a key to understanding the true meaning of God's self-disclosure in a saving way in and through his Son, Jesus Christ, the archetype is of no value. As Kierkegaard and then Barth have said so beautifully, there is an infinite qualitative difference between God and man, between man's religions and God's revelation, between a 'savior-archetype' and the Word made flesh. Christ is not a response to psychologically determined needs but is the answer of God to the problem of sin and estrangement; the healing Christ and the scandal of the Cross are not products of man's mind but are God's solution to man's deepest existential problems. The savior-archetype only becomes a so-called 'Christ-archetype' when it is filled and at the same time transcended by the living Christ and mediated through the personality of an analyst

and/or pastor in whom He has taken form.

In closing this section a warning must be extended to those pastors without specialized training in psychology or psychotherapy. These pastors should not attempt to do intensive psychotherapy, but they should be aware of the development of transferences and countertransferences in their counseling and other pastoral relationships. Also, the following section on 'Existential Encounters' applies as much to the pastor who does counseling as it does to an existential psychotherapist.

The Existential Encounter -

We have learned that both religion and psychology deal with man's relation to reality, God being the Encompassing Reality of our lives; likewise, we have discovered that both religion and psychotherapy are concerned with healing on levels of existence which are different but paradigmatically related to one another and primarily to God's healing acts in history. Healing on these levels depends largely on a 'meeting' or encounter between the parties involved; we have already treated the nature and importance of transference and countertransference for the healing encounter.

The relationship between patient and analyst based on transference and countertransference, though constituting a relation, is basically neurotic and therefore distorted. Early in the development of psychoanalysis there was an attempt to minimize the 'human equation' and restrict the 'meeting' to that of transference and countertransference and their resolution. This was encouraged by trying to make the analyst an impassive nonentity with

whom it was difficult to 'meet' in relationship. Karl Menninger tells us: "Fraud's recommendation of emotional aloofness and coldness, like a surgeon 'who puts aside all his own feelings, including that of human sympathy, and concentrates his mind on one single purpose, that of performing the operation as skillfully as possible' set an ideal which analysts, for a time, strove to achieve."(p.85, Theory of Psychoanal. Tech.).

With the advent of existential analysis more account was taken of the therapist as a present, communicating, and fully human being. Although the concept of transference has been somewhat changed and placed upon an ontological basis, its truth has been preserved and expanded upon by the existentialists. As Rollo May says; "In existential therapy 'transference' gets placed in the new context of an event occurring in a real relationship between two people. The concept of 'transference' as such has often been used as a convenient protective screen behind which both therapist and patient hide in order to avoid the more anxiety-creating situation of direct confrontation."(p.83, Existence). In other words, the encounter or 'meeting' of the patient and analyst is not exhausted by explaining the transference or countertransference relation.

Before proceeding further with our discussion, let us again consider the theological side of our paradigm. For this we shall rely on a modified version of Buber's 'I-Thou' relationship. In the section on the 'analogia relationis' we discovered that God has designated man to be a covenant-partner and man can exist as man only in this covenant relationship. Barth observes that 'real man is never solitary but is always man in rela-

tion, confronted by another for whom he exists, namely, God and his fellow-man'. Furthermore, we discovered that the inter-Trinitarian relationships are prototypal for man's relations..

God in the fulness of his Being and eternal 'I-ness' has addressed himself to mankind in and through Jesus Christ; in Jesus Christ we find both the addressing 'I' of God and the 'Thou' of Man which is addressed; through Jesus Christ and mankind's participation in Him we become the 'Thou' of God's address. Therefore, it is in being addressed as 'Thou' by the creative and redeeming divine 'I', Christ being both the addressing God and the Man addressed, that man assumes his own 'I-ness' which, in turn, is the axis of his own relatedness, i.e., I-Thou and I-It. Man's 'I' proceeds from the 'Thou' of God's 'I-Thou' address to man in Christ. Furthermore, God not only provides the prototype of I-Thou relations but also provides the prototype of I-It relations. In His self-disclosure God, the eternal and indissoluble Subject, graciously makes Himself an 'object' or 'It' for man. Though leaning heavily on Buber's thought for our discussion, we discover that the fundamental fact of human existence is God with and for man and only then is Buber's postulation of man-with-and-for-man possible.

Based on God's archetypal relations, man may address himself both to God and to his fellow men both in terms of I-Thou and I-It relations. Man is fulfilled not only through direct, mutual encounters, or I-Thou relations, but also through relating himself to the objective world by I-It relations. Accordingly, in this paper I subscribe to Buber's viewpoint that I-It relations are not evil or undesirable per se. but only become so when they predominate

and prevent one from turning to the Thou. For further study on the I-Thou concept see Buber's classic work I and Thou and also Between Man and Man. Henceforth I shall assume that the reader has some acquaintance with this system of thought and I will proceed with its implications for existential psychotherapy.

Let us now consider two principles of healing encounter which will guide the remainder of our study. The first principle attempts to show that the healing love of God is inclusive and therefore encompasses all other healing love. The analyst's love as mediated through his I-Thou relation to the patient may be understood in terms of God's healing love towards mankind. This topic will be dealt with later in this section; therefore let us pass on to the second principle immediately.

Man's I-ness is derived from his primal, ontological relation to God; man's psychological I-ness or sense of personal being, which is mediated to the child through the parents, reflects analogically the primal relation with God. Similarly, Karl Barth finds the primal T-Thou relation to God reflected analogically in male and female. Therefore our second principle may be formulated as follows: the relation which binds man to the divine Thou also binds him in a similar way to other Thous in the human community in which he lives. This seems to support the paradigm of healing proposed and developed in this paper.

God's healing relation to man through his I-Thou is paradigmatically related to the healing relation centered ^{on} the T-Thou of analyst-analysand. But the analogy may be expanded even further; just as man's immediate I-Thou

relation to God is complemented by an indispensable I-It relation consisting of theological conceptualization and symbolization, so also may the I-Thou encounter between the analyst and analysand be complemented by the I-It of technical and theoretical understanding. Psychological as well as existential healing requires and utilizes both I-Thou and I-It relationships.

This brings us back to the subject of transference as a mode of meeting within psychotherapy. To the extent that the analysis is a joint task undertaken by two people and transference is only a part of that relationship, the transference itself, as well as any countertransference which develops, is only an I-It relation alongside other relations. In spite of the patient's transference neurosis (I-It), the important thing is that he may break through to an I-Thou encounter with the therapist: "If...he were to conceive the desire for a meeting - always provided that the therapist was himself inwardly prepared for such a meeting - then this would constitute a first and decisive indication that a cure was possible, for the neurotic, who had previously been incapable of any meeting, would then be in a position to make a genuine contact. From this (Hans) Trub argues that the restrictions imposed on transference by Freud's scientific conception must be removed and the concept of transference extended to allow for the possibility of a meeting, which is a prerequisite for a successful cure."(p.411, Wyss, Depth Psychology). Therefore the transference is only destructive as a mode of I-It relation when it does not repeatedly lead to I-Thou encounters with the analyst and when it dominates all other modes of relation in the analysis and in life.

But more importantly, we see the great responsibility of the analyst or pastor to be inwardly prepared for such a meeting whenever the occasion arises. This meeting on the 'abyss of human reality' is a dread-filled act of freedom and is not to be taken lightly by the analyst or pastor or anyone involved in healing through meeting. Buber himself points out not only the necessity of I-It relations but also the need for I-Thou encounter: "The 'psychotherapist', whose task is to be the watcher and healer of sick souls, again and again confronts the naked abyss of man, man's abysmal liability. It is understandable enough that he strives to objectivize the abyss that approaches him and to convert the raging 'nothing-else-than-process' into a thing that can, in some degree, be handled. In certain cases, a therapist is terrified by what he is doing because he begins to suspect that, at least in some cases, but finally, perhaps in all, something entirely other is demanded of him. Something incompatible with the economics of his profession, dangerously threatening, indeed, to his regulated practice of it. What is demanded of him is that he draw the particular case out of the correct methodological objectification and himself step forth out of the role of professional superiority, achieved and guaranteed by long training and practice, into the elementary situation between one who calls and one who is called. The abyss does not call to his confidently functioning security of action, but to the abyss, that is to the self of the doctor, that selfhood that is hidden under the structures erected through training and practice, that is itself encompassed by chaos, itself familiar with demons, but is graced with the humble power of wrestling and overcoming, and is ready to wrestle and overcome

thus ever anew. Through his hearing of this call there erupts in the most exposed of the intellectual professions the crisis of its paradox. The psychotherapist, just when and because he is a doctor, will return from the crisis to his habitual method, but as a changed person in a changed situation. He returns to it as one to whom the necessity of genuine personal meetings in the abyss of human existence between the one in need of help and the helper has been revealed. He returns to a modified method in which, on the basis of the experience gained in such meetings, the unexpected, which contradicts the prevailing theories and demands his ever-renewed personal involvement, also finds its place."

Or again: "In the irremediability of one human standing over against another, the encapsulation must and can be broken through, and a transformed, healed relationship must and can be opened to the person who is sick in his relations to otherness - to the world of the other which he cannot remove into his soul. A soul is never sick alone, but always a between-ness also, a situation between it and another existing being. The psychotherapist who has passed through the crisis may now dare to touch on this. This way of frightened pause, of unfrightened reflection, of personal involvement, of rejection of security, of unreserved stepping into relationship, of the bursting of psychologism, this way of vision and of risk is that which..." the true psychotherapist must tread. (p.94-95,97, Buber, Pointing the Way).

Both the pastor who does analysis and the Christian analyst should be uniquely qualified to step out in openness to the ambiguities and contradictions which will be encountered in the patient's Thou. Because their

own I's are grounded in their meetings with the Eternal Thou, they should be able to mediate the Thou which transcends their own personal existence and which is the ultimate source of their courage to be with and for others. This may be done without confusing the analytic situation with that of formal pastoral counseling or the I-It of religious didacticism so foreign to the analysis; rather, the ultimate presuppositions of the analyst-pastor's life are mediated through his Thou-ness and readiness to meet the patient in full and passionate reciprocity.

Nevertheless, these heavy requirements laid upon the pastor or analyst do not make him more than a man or less than a psychotherapist. The full humanity of both analyst and analysand forms the broad basis and the common situation on which the therapy builds. On the other hand, because it is a therapeutic relationship, there is a certain inequality and a limited rather than a full mutuality. Experiencing the other side in the helping relationship is necessarily one-sided. Ruber writes: "The patient cannot equally well experience the relationship from the side of the therapist or the pupil from the side of the teacher without destroying or fundamentally altering the relationship. The one-sided inclusion of therapy is still an I-Thou relationship founded on mutuality, trust, and partnership in a common situation, and it is only in this relation that real therapy can take place. A common situation, however, does not mean one in which each enters from the same or even a similar position. In psychotherapy the difference in position is not only that of personal stance, but of role and function, a difference determined by the very difference of purpose which led each to

enter the relationship. If the goal is a common one - the healing of the patient - the relationship to that goal differs radically as between therapist and patient, and the healing that takes place depends as much upon the recognition of that difference as upon the mutuality of meeting and trust."

"The I-Thou relationship must always be understood in terms of the quite concrete situation and life-reality of those participating in it. Here the full reality of the concrete situation includes the fact that one is a sick man who has come to the therapist for help, the other a therapist who is ready to enter a relationship in order to help. This excludes neither Erich Fromm's conviction that the therapist at the same time heals himself in some measure through his own response to the patient, nor Carl R. Rogers' feeling of the equal worth and value of the client (which leads Rogers, mistaken in my opinion, to stress the full mutuality of the client-therapist relationship). But it does preclude accepting the therapist's feeling of mutuality as equivalent to the actual existence of full mutuality in the situation between therapist and patient. The 'scientific' impersonalism that characterized the orthodox conception of the psychoanalyst is rightly rejected by many present-day therapists. But this should not lead us to a sentimental blurring of the essential distinction between therapy and other, less structured types of I-Thou relationships. In the latter, as Buber puts it, there are 'no normative limitations of mutuality', but in the former the very nature of the relationship makes full mutuality impossible." (p32-33, Buber, The Knowledge of Man).

Therefore, we see that the I-Thou relationship does not obliterate the essential distinctions between the parties involved in the partnership of healing or foster a spurious equalitarian principle at any cost by indiscriminate superimposition on every level in every way. Our paradigm again proves to be applicable and helpful; the 'infinite qualitative difference' between God, the healer, and man, the healed, must not be lost, and for the sake of healing neither must the relative difference between psychotherapist and patient be obscured, even in the name of I-Thou relatedness.

The ontological situation preserves the integrity of the Godhead in his I-Thou encounter with mankind just as the 'concrete situation and life-reality' of the analysis upholds the separate identities of the participants even in their I-Thou meetings. However, the paradigm has its limitations and God, the healer of man's inclusive existential condition, is not subject to being healed Himself in his relations with man as is the therapist 'through his response to the patient'. On the other hand, the pastor who does psychotherapy or counseling must remember that he is still a man and not God, therefore making him subject to the limitations and conditions of his humanity. The pastor, though being a 'man of God', must be careful not to identify himself with God or confuse his healing role with God's side of the paradigm. Admittedly the combined pastor-analyst is in a unique position, but this does not abrogate his manhood or the conditions thereof. Any inequality that arises between the pastor and another man during therapy or counseling is based on difference in professional role rather than on their common humanity.

Buber further elucidates the difference in mutuality between therapist and patient: "In order that he may coherently further the liberation and actualization of that unity in a new accord of the person with the world, the psychotherapist, like the educator, must stand again and again not merely at his own pole in the bipolar region, but also with the strength of present realization at the other pole, and experience the effect of his own action.... The specific 'healing' relation would come to an end the moment the patient thought of, and ~~succeeded~~^{succeeded} in, practicing 'inclusion' and experiencing the event from the doctor's pole as well. Healing, like educating, is only possible to the one who lives over against the other, and yet is detached." (p.32, Buber, Ibid.).

Buber cogently points out the disastrous results of confusion in role and responsibility within psychotherapeutic relations. This is substantiated by paradigmatic comparison with God's healing relationship to man on the ontological level. Indeed, man's attempts to assume the role of God or to project himself into God's place have not only ended in failure but have hindered God's healing efforts on our behalf. God's relation to man as well as the therapist's relation to the patient is, ontologically speaking, based on a polar tension between 'distance' and 'relation together' whereby each party is enabled to enter into relation with another who is at a distance from, and opposed to, him. If the dynamic balance is lost between these two poles, either 'distance' becomes so great that there is no relation possible or the distance is dissolved and separateness becomes absorbed into an identity. In the first instance God and the psychotherapist become so inacces-

sible that they are of no help, and in the second instance they become so identified with the other that they bring no health to the relation.

Buber's comments on the psychotherapeutic relationship, when seen in terms of the paradigm of healing, reflect the logic of the Incarnation, which is the key to God's saving (healing) acts in history; God in Christ shares the estranged situation of man in the fullest possible way without actually becoming helplessly disabled Himself by the problem. Whereas the analyst must stand at the other pole and 'experience the effect of his own action', God in Christ has graciously stepped into man's world and experienced the effect of His own action. In Christ God stands over against man and at the same time stands for man. However, the paradigm breaks down insofar as God acts in an objective way in man's stead; the psychotherapist cannot effect a healing for his patient by acting objectively outside the immediate awareness of the patient as did God.

The above quotation from Buber's thought is reminiscent of Binswanger's attempt to reconstruct and experience the patient's Dasein for himself as a necessary part of healing. Although Buber and Binswanger seem to many ideas in common, their agreement is more apparent than real; a comparison is necessary to see where they differ and to determine their relative merits. Both men have introduced very important and useful insights to philosophy and psychotherapy but there are three areas where they differ significantly.

First, Buber is more sympathetic, and to my mind rightly so, toward the hypothesis of an unconscious section of the mind whereas Binswanger retains the concept only in the most tenuous way.

Secondly, Buber's discussion of man's being-in-the-world, though differing

from Binswanger's view, is adequate, but he largely neglects what Binswanger calls man's being-beyond-the-world in love.

Thirdly, and most importantly, Buber has separated himself from those theologians and existential psychotherapists who tend to make the I-Thou relationship just another dimension of the self, along with one's relation to oneself and to one's environment. This refers most specifically to Binswanger's modes of Dasein, namely Umwelt, Mitwelt, and Eigenwelt, which we have already discussed. Binswanger's modes are highly schematic and comprehensive while Buber's concepts deal very profoundly with what might be described under the Mitwelt in Binswanger's system. Buber has been very helpful but he has virtually ignored the Umwelt and especially Eigenwelt. Buber has so heavily freighted the interpersonal relations of I-thou meetings that he has overlooked whole categories of human experience and reality. Buber's thought, especially that related to psychotherapy, has been characterized as making an 'ontological absolute out of the We'; by absolutizing 'between-ness' Buber acts as a corrective for Freudian tendencies and compensates for their neglect of this subject. But to my mind Buber's thought needs not only a corrective of its own but also something to complement its narrowness. Binswanger's system is certainly not flawless but it does more satisfactorily account for the full complexity of man and the therapeutic situation.

An existential encounter in psychotherapy between analyst and analysand is irrevocably tied to and founded on a phenomenological analysis of the patient's world-design. Concerning this relationship in existential psychotherapy two questions are required. Maurice Friedman asks the first: "...is

the existential part of existential psychotherapy found in phenomenological analysis of the patient's world-design or in the therapist-patient relationship, or in both?"(p.368, The Worlds of Existentialism). In my opinion they are both existential and indispensable for the healing task.

The second question concerns the main dangers inherent in the above mentioned elements in existential psychoanalysis. The special danger in phenomenological analysis is that the patient will be degraded and considered as a mere object of research. The danger peculiar to the relationship between patient-analyst is of loving the patient at the expense of adequately perceiving him and seeing through him. A "...greater willingness to enter into a dialogue with the patient i.e. a conversation, a meeting, is fraught with the danger that, although the patient may be lovingly accepted, he may well be spared the confrontation with himself which is the fruit of perception. The difficulty facing psychotherapy here, the need to strike a balance between perceiving and loving, the need to see through the patient whilst yet lovingly accepting him, the need to regard him not only as an object of transference but also as a human being in his own right, should not be underestimated." "By passing through the different stages of this relationship, the stages of perception, withdrawal and objectivization on the one hand and the stages of acceptance, understanding and loving on the other, the therapist passes through the Gestaltkreis, which, once it has been established as a total act, is able to guarantee psychotherapeutic success in an existential sense. The same holds true for the patient: whether he feels himself accepted by the therapist as a human being or whether he finds himself forced

by the therapist's interpretation of his behavior - which is based on the therapist's perception of the patient as an object - into a confrontation with himself, in either case he passes through one side of the circular process which in its entirety forms the circle of Gestalt (Gestaltkreis).

"And so the basic factors involved in psychotherapy, no matter what its origin, are perception and love." (p.560-561, Wyss, Depth Psychology).

ACCEPTANCE, CONFIRMATION, AND LOVE IN THE MEETING

Acceptance: Having put Buber's philosophy of personal relationship into its full and proper context insofar as it applies to the psychotherapeutic situation as a whole, let us return to the dialogical side of psychotherapy and examine three key concepts. Acceptance is an essential part of healing both on the existential and psychological levels. God has accepted man out of love and in spite of himself and not because of any unconditional self-worth. The locus of value is not inside man but external to him. Any worth which accrues to man comes from God's grace and from Christ.

In psychotherapy many analysts who hold humanistic views, such as Carl Rogers, attribute an inherent positive value to man and accept him on that basis. Although they 'unconditionally' accept the patient in his actuality and just as he is in the moment, it proceeds from a respect and liking for him as a separate person which in turn is based on certain humanistic pre-suppositions. Consequently, their acceptance is, in an ontological sense, not unconditional but is based on belief in an underlying worth which commends their acceptance until the inherent^t goodness of the man can be re-

vealed. This viewpoint has pragmatic value; it usually provides enough acceptance to help heal neurotic people, and it has reminded the Church of the real meaning of grace.

A pastor or Christian doing psychotherapy, because of his deeper understanding of the human predicament, should be able to extend a real unconditional acceptance to a patient or counselee. The paradigm is again helpful in pointing out that whereas God has accepted men in spite of himself, a Christian therapist should accept the patient because of his own acceptance from God and not because of the inherent worth of the patient per se. Nevertheless, unconditional acceptance, whether extended by God or the therapist, is not a panacea and does not guarantee that the recipient will be more accepting of others. "The most recent investigation...failed to support the hypothesis that increasing acceptance of self (as mediated through the acceptance of the therapist) leads to an increasing acceptance of others." (p.491, Hall and Lindzey, Theories of Personality) parenthetical remarks mine. This has its parallel in Christianity as well: God's acceptance and forgiveness do not automatically guarantee that a man will become more accepting or forgiving of others.

Confirmation: At this point Duber's distinction between acceptance and confirmation is enlightening and supports our paradigm of healing. "Rogers emphasizes an unqualified acceptance of the person being helped, whereas Duber emphasizes a confirmation which, while it accepts the other as a person, may also wrestle with him against himself. True confirmation ^{means} that I confirm my partner as this existing being even while I oppose him." It

means communicating to the patient, 'I accept you as you are, but this does not mean 'I don't want you to change'; rather, it means, 'I discover in you just by my accepting love, I discover in you what you are created to become'. "Confirming a person as he is is only the first step. Confirmation does not mean that I take his appearance at this moment as being the person I want to confirm. I must take the other person in his dynamic existence, in his specific potentiality. In the present lies hidden what he can become. This potentiality, this sense of his unique direction as a person, can make itself felt to me within our relationship, and it is that which I most want to confirm. In therapy this personal direction becomes perceptible to the therapist in a very special way. In the strongest illness that appears in the life of a person, the highest potentiality of this person may be manifesting itself in negative form. The therapist can directly influence the development of those potentialities. Healing does not mean bringing up the old, but shaping the new: it is not confirming the negative, but counterbalancing with the positive."(p.27,39, Buber, The Knowledge of Man).

Buber's statement lends an ultimate perspective to the therapist's task and reflects the wisdom of God's own healing plan. In order to assist healing on the psychological level the therapist needs only a relatively limited vision of his patient's potentiality, but the discovery of a man's ultimate potentiality through the eyes of faith is necessary for healing on the existential plane of life. Speaking paradigmatically, God, in a manner similar to that of the therapist, confirms man not only in his created potentiality and imago dei but also in his new possibilities in Christ.

Love: This subject might well have been treated at the beginning or in the middle of this paper because it is the touchstone not only of effective existential psychotherapy but also of theology, authentic interpersonal relationships, and the total formation of personality on every level of life. Its importance can hardly be overestimated but understanding and elaboration are required; for this reason I hope that this section will draw together the several strands of thought developed in this paper. Let us first examine 'love' theologically.

"GOD IS LOVE:" John 4:8,16. In these simple words Scripture expresses what Paul Tillich describes as the ontology of love, which means that, since 'love' belongs to the structure of Being Itself, every special being with its special nature participates in the nature of love since it participates in Being Itself. In fact, Tillich argues that the 'Love structure of Being-Itself presupposes differentiation because He who loves must have an independent being in relation to him who is loved'. "Love is real only if there is a 'serious otherness' as Hegel called it. In less romantic terms this means that the Ground-of-Being is the principle of Love but that Love is actual or serious only in relation to the beings," who have serious otherness because of their freedom.

However, man's participation in Love has not been perfected by his freedom but has led, as we have already seen, to a basic estrangement of man from his true self and the ground of his being. Here we have the wider and ultimate existential context in which the more specific and circumstantial

task of psychotherapy is conducted. In psychotherapy there also exists a 'serious otherness' based ^{both} on the relative freedom of the analyst and patient and on a neurotic estrangement found primarily within the patient. Therefore, by analogy, the way is prepared for the paradigm of healing in which the integrity of God's healing is neither confused nor identified with that of the psychotherapist.

Psychotherapy properly deals only with healing psychopathological conditions which are, for the most part, special types of estrangement derived from attempts to escape the universal, existential predicament of man. But insofar as Love, which is Being-Itself, is the ground and precondition of universal healing, or 'salvation', the healing love manifest in psychotherapy is dependent upon and related to Love itself.

Tillich distinguishes four types of love, namely libido, eros, philia, and agape, which are in reality aspects of one true love and forms of man's authentic self-realization. God's healing takes place through the reality of the New Being which heals man's existential estrangement from his essential self and overcomes the separation between God and man. According to Tillich God's love towards us is basically agape. On the other hand, man's love toward God is the love of love, "...but neither agape nor philia nor eros, nor libido alone, but all of them united."(p.308, Tillich, Four Existentialist Theologians).

In existential psychotherapy the healing of man's neurotic condition is also dependent on these four types of love. They correspond very closely, in fact, with Binswanger's three modes of being-in-the-world which require

healing, or restoration to wholeness. Disorder in one's Umwelt is overcome in the libido type of love which culminates in and is epitomized by the ecstasy reached in the sex experience. Therefore healing extends to all estranged forms of relations between the natural world of objects about us and our biological needs, drives and instincts. Libido love overcomes by ecstatically uniting oneself with material realities. In spite of the danger of its limitlessness and lack of measure and form, Tillich argues that the Dionysian element must belong to the divine Love. (see p.307, Four Existential Theologians).

Restoration to wholeness in Binswanger's mode of Eigenwelt, or relationship to one's self, is accomplished through the eros type of love. "The character of the eros type of love is also the love of love but it is not disinterested love. It participates in the ultimate. And in this participation the self is affirmed and denied at the same time."(p.307, Ibid.).

The philia type of love is instrumental in overcoming estrangement in the world of one's fellow men, or Mitwelt in Binswanger's scheme. This culminates in friendship which 'depends on the participation of both sides as equals in an embracing unity', this unity itself being an independent reality known as 'partnership' in Buber's terms.

The agape type of love, according to Tillich, transcends "...the given self of the loving and the loved toward the unity of fulfillment. It is self-sacrificing not for the sake of the other Self as such, but for the sake of the ultimate destiny of the other Self. The union of agape is the union with the other Self in the realm of the ultimate meaning. In

this sense agape has always the forgiving element in itself."

In existential psychotherapy these types of love are brought to bear on the separate modes of Dasein especially as they exist in the patient. The libido type of love is present not in terms of a sexual relationship between analyst and patient but rather in terms of the analyst's relatively unified Umwelt and the patient's disturbed Umwelt which requires unification. The eros type of love is present in the analyst's own relatively self-integrated Eigenwelt which he brings to the analysis; this eros type of love is the goal of potential fulfillment for the patient's own distorted Eigenwelt.

The philia type of love is found in the psychotherapeutic relationship as the alliance or bond formed between patient and analyst in their equality as human beings. It is this common humanity which allows the therapist to construct and gain access to the world-design of the patient through their shared Mitwelt.

The philia, libido, and eros types of love cooperate in the psychotherapeutic task of healing the psychopathological conditions of the patient's existence. This is the proper and limited task of psychotherapy. But this still leaves man's existential predicament unchanged; there is something missing. Tillich says, "All this has in itself the tragic perversion and frustration, the self-centeredness which contradicts the return to unity. Only agape can overcome it. The ultimate meaning of our being can only be fulfilled in the paradoxical leap beyond the tragic-demonic frustration. The symbol of God sending his Son to the Cross, the symbol of the suffering God, is the expression of the agape type of love. This is the foundation

and the corrective of the other types. Without it they end in tragedy, frustration and despair. Agape does not remove the other types of love, but it makes them possible."(p.312, Ibid.).

Therefore, the agape type of love is the key to healing in psychotherapy as well as in the healing of the general condition of existential estrangement. The therapist's love for the patient includes, or should include, agape which transcends both parties 'toward the unity of fulfillment'. Technically speaking, this 'fulfillment' has limited goals such as overcoming pathological anxiety and the resultant symptoms or some similar criterion of maturity. In reality, however, the analyst has value-commitments which determine his view of the ultimate destiny of the patient and which condition his openness and acceptance of the patient within the analytic situation. Hopefully these ultimate presuppositions held by the analyst are truly ultimate and are not relative values posing as absolutes. However, once the pathological condition is overcome by these different types of love, we pass from psychotherapy to religious counseling and religious training in an effort to heal the cleavage between man's essential (or teleological) and existential self.

In existential analysis Binswanger recognized the importance of love for all the modes of being-in-the-world and established it upon an ontological basis similar to Tillich's. Binswanger improved upon Heidegger's concept of Sorge, or 'care', by postulating a 'transcendence of love', a 'being-beyond-the-world' which recognizes a mode of positive transcendence not found in Heidegger. "Binswanger argues that the individual only comes to under-

stand himself through love.... He writes: 'Determination in respect of Being is not a blessing bestowed by Existence but a blessing bestowed by Love.' Binswanger's conception of love is Christian, it is love of one's neighbor, love of oneself, love of God, as propounded by Augustine and Pascal." (p.408, Wyss, Depth Psychology).

Therefore, we can see that the power of love and unconditional acceptance infuses every level of healing, whether pathological or existential. Love is not only the Teleos and sign of maturity but the instrument of healing as well.

TERMINATION AND CONTINUATION

We began this paper with a comparison of the healing relationships within the 'Contractual-Covenantal Paradigm'. With the emergence of a new and healed self (psychologically, not ontologically) from a successful analysis the time comes for the termination of the psychoanalytic contract between the patient and analyst. This usually occurs when the process of recovery has reached a point of diminishing returns in relation to the time and money invested by the patient.

There are several criteria for determining the degree of wholeness appropriate to the discontinuance of treatment. On the negative side, these criteria are concerned with the arrest of self-destructive techniques and disintegrative trends as well as the disappearance of symptoms. On the pos-

itive side, these criteria are concerned with the degree of maturity attained in the relationship. In the classical schools of therapy the index commonly used is that of full genital sexuality and the ability to ^{withstand} ~~stand~~ stress.

Others use a more comprehensive standard: Karl Menninger writes, "There is a progressive shift from infantile passivity to adult activity, from the assumption that love is something taken to the realization that love is also given, from the passive expectation of being loved 'for one's own sake' to the active satisfaction in giving love without the expectation of a quid pro quo in return. No one ever gets as much love as he wants, no one gives as much love as he might." (p.164,178, Theory of Psychoanalytic Technique).

The existential psychotherapists see the goal of therapy in terms of fulfilled potentialities, self-realization, self-actualization, and other such vaguely conceived notions. Whatever the criteria may be, they should encompass a relative unification at the level of Umwelt, Mitwelt, and Eigenwelt. However, these more adequate multi-dimensional appraisals of psychological wholeness are more subject to distortion and misunderstanding than the simpler criteria.

Theology has the task not only of learning from psychology and psychotherapy but also of bringing its critical judgement to bear upon these disciplines. Whenever the goals established for psychotherapeutic healing extend to man's basic existential estrangement and ultimate questions of life, theology must remind psychology and psychotherapy of their proper roles and limitations.

But healing of one's self towards self-actualization, whether taking place on the ultimate level and/or the penultimate level of psychotherapy, is a life-long task and not a state achieved once and for all. Although the psychoanalytic contract is terminated and the patient becomes independent of the analyst, the task of freeing and expanding one's ego functions continues through the process of self-analysis.

On the other side of the paradigm we have God's Covenant with man. In contrast to the psychotherapeutic contract the Covenant is not terminated by mutual agreement; at most it is violated and broken by man but it is not discontinued. The Covenant is dependent on the faithfulness of God whereas the psychotherapeutic contract depends largely on the will of the patient. Although healing can continue outside the psychotherapeutic contract, all healing of ultimate conditions must take place under the Covenant; a patient can become independent of his analyst but no man can become separate from God in this way; rather, a being becomes free for and not from the ground of his being, or Being Itself.

This difference notwithstanding, we can see certain paradigmatic relations between contract and Covenant. Whereas in psychotherapy the goal is defined in terms of a maturity already described, in the healing of man's basic existential estrangement under God's Covenant the goal is also one of maturity and responsibility. This trend is especially noticeable in the so-called 'secular age' in which man is described as 'coming of age'. In the ongoing task of healing and moving toward wholeness on the primary existential level man is not made guiltless but is made more responsible

for living with his existential guilt and anxiety under grace. Within the context of the Covenant the healing of existential estrangement means shedding the tutelage of representative authorities and assuming a role of relative independence and responsibility; this is analogous to what takes place in the process of psychotherapeutic healing.

A second and shared feature of the paradigm of healing through contract and Covenant is its dynamic and unfinished nature. Healing is always in process and never completed; Tillich reminds us: "But no men are totally healed, not even those who have encountered the healing power as it appears in Jesus as the Christ." Just as the man undergoing psychotherapy must responsibly face new situations in his everyday life, so also must everyman face the existential reality of ultimate questions and repeatedly decide to love in the present moment; this is the essence of healing.

Healing on its several levels calls for reconciliation based on love in its several forms, namely libido, eros, and philia. But the presupposition for all of this is the agape of I Corinthians 13 which describes not only an attitude but a man, a man who brought, through conflict itself, a higher level of being and who, by fulfilling the Old Covenant, became the New Covenant and raised to wholeness our broken relationship with God. This describes the healing presence of Jesus Christ, the Man-For-Others.

CONCLUSION

My interest in the subject of healing was originally stimulated by Paul Tillich's observations regarding God's salvation through the reality of the 'New Being' as revealed in Jesus Christ and its relation to the field of existential psychoanalysis. He raised many interesting questions, but my smoldering interest in this subject broke into flames of passionate concern only after I was undergoing my own analysis during my theological studies. Under these circumstances healing became an existential experience and captured my imagination as a pastor looking toward the task of pastoral counseling.

As the locus of a particular kind of healing, existential psychotherapy must be properly related to and limited by the ultimate healing described by Christian theology. Furthermore, the growing influence of existential psychotherapy and its insights on the field of pastoral theology and counseling calls for theological clarification in order to avoid confusion in task and responsibility. This paper, therefore, has originated from not only my own questions but also from 'truths-for-me' encountered in faith and psychoanalysis.

There are, however, certain limitations and dangers inherent in this paper. First, I have implemented what I call the 'Paradigm of Healing' by means of which I point out analogies, parallels, and differences between

God's healing acts and the healing art of psychotherapy. The purpose of the paradigm is to provide a superstructure or framework which permits access to the subject of healing on both the ontological and psychological levels. The paradigm can be misused in two ways; it can lead to distortions and untruth if parallels are overdrawn and parts of it are pushed to their logical extremes. Also, if the schematic model is seen as the essence of this study and the real foundation is overlooked, then the reader has missed the point and purpose of this paper which is to gain a theological perspective on existential psychotherapy. The paradigm of healing, as a comparative rather than a definitive model, is the vehicle for the task and not the end itself.

Secondly, at certain places in this paper I may have pointed to the obvious thereby insulting the reader and for this error I apologize. Thirdly, the breadth of the study did not permit greater development and discussion in depth on any given subject. This is an inherent problem in a study of such scope and I hope that I have not aggravated this difficulty with my own style of writing. In any case I hope that the reader may be stimulated to pursue further study in this important area.

In concluding this paper I wish to quote a passage from J.A.C. Murray's book titled An Introduction to a Christian Psychotherapy (p.176-177) which may not only summarise some important points but will also aid the Christian psychotherapist and the pastor engaged in psychotherapy and/or pastoral counseling. Murray writes: "It has become evident that the latter science

(psychotherapy) is a true preparatio Evangelica, and that there is no fundamental dissimilarity between its healing purpose and that of religion. When the mind is blocked and warped, all its perceptions blunted, and its powers alienated and misused, we shall best make straight the way for the Gospel, if we first remove, by the powers committed to our hand, the obstructions which thus hinder it. We do not heal, any more than does the physician heal the body; it is the inscrutable vis medicatrix Christi for which we do but open up the way. And if we have been given new knowledge of the structure and functions of the human mind, in health and in sickness, we do right to make our new knowledge serve the highest purpose of that mind, and open it towards God. Through all its use of technique of the analyst, this essential aim can never be forgotten. A 'patient' to the doctor, is a child of God to the Christian therapist, and his need is viewed not only in the light of science, but in the light of Eternity also. At every stage of analysis, whatever the means used in its course to lay bare the seat of disorder, both therapist and psychopath will have to 'practise the presence of God'. No Christian psychotherapy can ever usurp the prerogative of the Gospel, or be, in itself, a means of salvation. It can only point to the one universal Means; and if, to do so, it clears the mist from the maladjusted mind with reiterated and emphatic success, and enables that mind better to see its God, its need is clear, and its blessing is assured."

FINIS

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