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The Existentialism of Rollo May
An Influence on Trauma Treatment

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This article reviews the life and work of Rollo May and his influence on the author’s development of applying existential therapy to treating traumatic stress. An examination of May’s worldview, theory, and therapeutic philosophy is presented. Considerable importance is placed on May’s theoretical foundations as they apply to treating combat veterans diagnosed with posttraumatic stress disorder (PTSD). The data presented in this article reveal the significance of utilizing existential therapeutic principles within a group format to help facilitate combat veterans’ recovery from the internal damage inflicted by PTSD.

Keywords: posttraumatic stress disorder; trauma; existentialism

The purpose of existential therapy is to confront the anxieties of daily living and create meaning from and connectedness to lived experiences (Binswanger, 1958; Bugental, 1978; May, 1996b; Yalom, 1980). The personal responsibility of existential therapists is to understand their clients’ anxieties and experiences and to guide them through their struggles (May, 1996b). However, this responsibility has become lost in a culture that is shrouded by a veil of quick fixes, patch-me-ups, and “gimmicks” (May, 1996b). According to Rollo May, existential psychology strives to understand human beings in their world and the capacities they bring to therapy. Essentially, therapists guide clients to become larger in their use of their capacities and aid them to discover newer approaches for engaging life problems (May, Angel, & Ellenberger, 1958). But the field, as well as Western society and culture, has become more and more disintegrated in its capacity to thrive because of contemporary socialistic and capitalistic “care” systems (Kuhl, 1994).

According to May (1967/1982, 1992), Western culture has begun to disintegrate for many reasons, such as its loss of appreciation for the classics and its disparagement of art, mythology, and historical contexts. This loss
has affected the culture of Western society to prevent it from understanding how anxiety and life events used to be met over the ages (e.g., myths and stories, art, early deaths related to war and diseases), and thus society has become more decayed and has lost its appreciation for beauty. May was a rebel who fought against the decay and decadence of society and attempted to bring a deeper exploration of each person he worked with and related to. May worked against mainstream psychology to assert that the fundamental process for helping people change should not be based on technique alone but on a relationship that fosters exploration of each individual’s experience of the world (May, 1996b). Even toward the end of his life, May saw that the catalyst for change, the relationship of the therapist and the client, was being threatened by the financial motivations set by people and corporations whose primary interests were not valuing human existence (Schneider & May, 1995). May endeavored to bring to light the nature of humanity as mythical, relational, loving, ambiguous, creative, willful, joyful, despairing, and, last but not least, paradoxical. In essence, May’s beliefs about humanity mirror this writer’s own beliefs about people, which led to this article. The purpose of the article is to present May’s worldview and psychological theory as well as to illustrate how his work influences this writer’s current involvement in existential psychology.

Worldview and Theory

May moved through his young life with vigor and passion. From the onset of his academic career which began at Michigan State University, May became actively involved, initially joining the school paper’s editorial staff (Bilmes, 1978). He took a psychology class and discovered he did not have any interest in learning about pigeons and dogs and so majored in English literature. After being expelled from Michigan State because of a controversial article he wrote in the school newspaper, he finished his BA degree in English at Oberlin College in Ohio. He left the United States after his graduation to teach English in Salonika, Greece. By his 2nd year in Greece, he began to feel lonely, mostly because of his lack of connection to others because there were no Americans around and few people in Salonika spoke English. He had a “nervous exhaustion” experience where he found himself needing to sleep for about 2 weeks just so he could muster enough energy to cope with his lethargy (Bilmes, 1978). At this time, May discovered his passion for the arts and began to paint, which assisted his recuperation from the exhaustion. During the following summer, May attended a
seminar by Alfred Adler in Vienna, which helped to influence his thinking about psychology. May returned to Greece and taught English for another year and then returned to America.

On his return to the United States, he attended Union Theological Seminary, where he connected with Paul Tillich, who became his mentor and lifelong friend. Eventually, May graduated with a bachelor’s degree in divinity and became a minister for a few years but found himself becoming more discouraged in his work (Bilmes, 1978). This discouragement took a number of forms in his life, one of which was his being hospitalized for tuberculosis while he was pursuing his doctorate at Columbia University in New York. It was during his hospitalization that May’s preparation for his work in existential healing began. While hospitalized and close to death, May plunged into various existential philosophical works, such as Soren Kierkegaard’s writings (May, 1996b). He was influenced by Kierkegaard’s notion that subjectivity is truth, which caused May to consider that what people think about a given situation, and not the objective truth, is what matters to them and what influences them. This means that how people choose to view the world in turn creates the kind of person they are. Considering this line of thought provoked May to recognize that he had to take responsibility for his feelings of despair, assert his will to live, and fight for his life (Bilmes, 1978).

May’s self-discovery transformed him. He finished his doctorate studies and published his dissertation, *The Meaning of Anxiety* (1996a), which served as the impetus for his involvement in the field. He discovered from his studies that anxiety is connected to a threat that occurs toward an individual’s values and sense of security (May, 1996a). The main idea in this work is that the anxiety resulting from threats motivates people to cut themselves off from their feelings. However, people can consciously confront and incorporate their experiences and feelings and continue to grow or they can choose to avoid facing them and become overwhelmed (Bilmes, 1978; May, 1996a). May believed that any issue that has provoked anxiety is a sign of an individual’s being alive. For example, he believed that confronting death anxiety allows people to live more creative and authentic lives. In May’s view, people are intensely focused on the fact that biological life is what people value most, and they will do whatever they can to hang on to being alive at all costs (May, 1996a, 1996b; Schneider & May, 1995). However, there are circumstances or agendas in life that may deter people from focusing on their biological self-preservation, as seen with the religious or combat zeal regarding death (e.g., suicide bombers, kamikaze pilots). Though the focus on self-preservation may have a reductionistic
effect by making life appear more primitive, mechanical, and linear. Life can only be understood as being nonlinear and lived out with intentionality (Kierkegaard, 1843/2006). People make intentional choices everyday that affect the course of their lives. The events of life are not consistent, they cannot be planned or controlled, yet they consistently shape the character and personalities of the people they affect.

Much of what May wrote and read about in regard to death surrounds a major portion of the work that Kierkegaard articulated concerning “nothingness” (May, 1996a, 1996b). Kierkegaard’s concept of nothingness encompasses the idea that people fear being nothing or nonbeing. The concept of death strikes terror in people as it means existence as they know and understand it ceases. May used Kierkegaard’s ideology to address how people have a basic anxiety that centers on the concept of death (May, 1996a, 1996b; Schneider & May, 1995). He asserted that this experience of anxiety is universal but not simplistic. May argued that death and the anxieties that affect most people are not merely in regard to physical loss. Death symbolizes the loss of psychological, spiritual, and physical attributes—all of which are identified as aspects of the self (May, 1996a; Schneider & May, 1995). Therein, in resonance with Kierkegaard’s fear of nothingness, resides what May called people’s fear of the basic loss of identity or meaning.

May asserted that two major types of anxiety can be experienced, not only with regard to many life issues but also regarding the concept of death and the loss of feeling whole (e.g., an individual’s sense of self): normal and neurotic or paralyzing anxiety (May, 1996a, 1996b). May believed that normal anxiety was that which affects individuals in situations that do not require them to repress or defend the self (May, 1996a, 1999). This is not absolute as anxiety may evoke self-preservation in people until it is innately determined (e.g., through biological senses) that there is no apparent threat. Normal anxiety can also be confronted constructively throughout conscious awareness and integrated appropriately for growth and existence. An example of normal anxiety could be when a student begins a new class and knows no one in the class. He or she begins to experience the anxiety (e.g., rapid heart rate, sweating, confused thoughts) associated with being in a new setting. The student can then choose to branch out and engage socially in an attempt to alleviate the anxiety, or he or she can repress and avoid the anxiety symptoms and attempt to move on with the class.

May believed that repressing anxiety has the potential for unknowingly setting a person up for future anxiety reactions that may result in panic attacks or more severe reactions (May, 1996a). Neurotic anxiety manifests in forms of panic or other intense reactions to situations that could otherwise
be encountered through more constructive matters of integration (e.g., as with normal anxiety situations). The neurotic anxiety associated with death, for example, can be exhibited through extreme behavior and physical reactions (e.g., isolation, avoidance of meaningful activities, loss of appetite, extreme nervousness). It is important to note here that May also argued that guilt is as inherent to life as anxiety. Specifically, guilt can motivate people to make choices to confront and develop some sense of purpose and meaning from their guilt-associated experiences. However, people can also can avoid their feelings of guilt and become sickened physically and mentally (May, 1996a; May et al., 1958).

Prior to and after his composition of *Meaning of Anxiety*, May had already established his literary career. May progressed in his career through various composed works including *The Art of Counseling* (1939/1989), *The Springs of Creative Living* (1940), *Existential Psychotherapy* (1967), and *Man’s Search for Himself* (1967/1982), where he notes the significant ties between the melancholy of the culture and individual problems with enduring isolation, indifference, and, more important, meaninglessness (Bilmes, 1978). May continued to watch as society and individuals became more and more isolated from each other and continued to lose a sense of meaning, a sense of purpose, and, eventually, a sense of identity from the cultures around them. These associations can be seen in the present time with America’s focus on individual satisfactions versus the collective. Yet May continued in his work to create and advocate for his beliefs by becoming involved in community, professional, and other organizations. This was evident at many social engagements where he would commonly mention issues related to injustice, poverty, and other issues (Abzug, 2003).

May’s coedited *Existence* (May et al., 1958) is the pivotal work that introduced existential psychology to America. May stated that existential psychology arose in rebellion against the rationalism and idealism that reduce the human being to a subject, a mere thinking being, and an object to be calculated and controlled (May et al., 1958). He showed how existential psychology seeks to present an individual as becoming and existing rather than “a collection of static substances” (May, 1996b; May et al., 1958, p. 12). Existential psychology is concerned with the science of being, seen as an expression and influence of societal, cultural, and individual reflections that capture the most personal of experiences. It is focused on understanding people, their capacities to be in the world, and the barriers that are preventing them from fully experiencing those capacities (May, 1996b). From this premise, May asserted that existential psychology can connect science with the real-life experiences of people. Existential
psychology is an art as well as a science, and to understand it implies the perspective’s basic assumptions and principles (e.g., freedom, choice, will, guilt, responsibility, despair, paradox, myths) should be explained as follows (Binswanger, 1958; Bugental, 1978; May, 1996b; May et al., 1958; Yalom, 1980).

At the heart of his existential principles is freedom. Freedom is a principle May believed to be at the foundation of all his notions about people and their ability to grow and be free in choosing how they live. May also asserted that freedom is highly crucial in the therapeutic process. The basis of the existential therapeutic process is to free people from the barriers (e.g., unawareness, fearfulness, and paralyzing anxiety) that may hinder their choices (May, 1996b, 1999; Yalom, 1980). Freedom allows people the ability to see the choices they have and to decide how to act on those choices and potentially transform their lives (May, 1996b, 1999; Schneider & May, 1995). If people live without the ability to be free in their choices (e.g., slave labor, oppression), they will not have the ability to fulfill meaningful lives and grow in their whole selves. The experience of freedom is not simplistic. A paradox exists to challenge people who exert their will and determination in the effort to be free. The paradox of freedom is caused when destiny is encountered. Freedom is limited by the matter of destiny, the fact that there are experiences outside of human control (and sometimes within) that confront people to use freedom and choose decisions that either promote or limit “healthy” self-development and transformation (May, 1996b, 1999). Destiny’s interfering nature is what limits freedom because it forces freedom to action. Specifically, destiny confronts and provokes people. Freedom, then, plays a role in providing the autonomy to choose and decide on a course of action (May, 1996b). It takes courage or will to freely make a decision that may involve risk (e.g., unsure of the outcome) and that may provoke unwanted feelings (e.g., anxiety) (May, 2007).

People can use will to face the calamities or tragedies in their lives rather than to hide and remain in what little comfort and security they can muster (May, 1996b, 2007). Facing despair or anxiety may allow for new opportunities to occur and provide tools for engaging life and future encounters with chaos and trials. May encouraged the use of will not only in the face of adverse circumstances but also as people look within themselves. He asserted that there are internal experiences and aspects, also known as daimonic, to everyone’s personality that may seem dangerous, evil, shameful, and lonely and can be both positive and negative (Diamond, 1999; May, 1996b). There are natural functions or capacities that have the power to take over the whole person and potentially turn into obsession (Diamond, 1999; May, 1967/1982, 1996b).
Will is one of the key motivating factors to examining the daimonic and any other response people have to their world. Through will, people can act intentionally and potentially respond with openness and freedom to the experience. Will is the essence behind the choices confronted with freedom. However, freedom does not obtain its primary support through the will of a person but rather gets its substance from destiny (May, 1999, 2007). This is because destiny creates life events that cause individuals to use will in making choices through such situations. This is a paradox: using will to make decisions that allow individuals to be free in their experiences. However, with every choice individuals make, more events (destiny) occur and once again confront individuals to willingly choose how to encounter the situation or situations.

One more area of existential psychology worth mentioning is May’s view of mythology. May believed that “myths are a means for discovery” (May, 1992; Schneider & May, 1995, p. 18). They can provide meaning making and sense for a senseless feeling life. Myths allow people to discover new perspective about themselves and their reality. They can teach them about the internal capabilities people have and may not have otherwise recognized and how those “hidden” capabilities can shape the experiences of the present moment (May, 1992). May asserted that myths can serve a progressive as well as a regressive function. If regressive, myths can reveal repressed longings, urges, and dreads of a person. However, myths can also expose progressive material about new insights, hopes, beliefs, dreams, and other potentials. Taken together, the information myths disclose about human experience can potentially provide meaning formation (Schneider & May, 1995).

In regard to psychological therapy, May stressed that existential practitioners must be willing to enter the worlds of their clients to provide effective healing. He asserted that “we cannot escape . . . taking the subject as an existing being” (May, 1995, p. 25). He argued that therapists must refrain from pushing clients to conform to any theoretical approach and avoid using techniques as a defense against being with the client. May suggested that therapists must embrace and explore the paradoxical aspects of clients’ existence. The paradox is the fact that as clients confront their anxieties, they become more aware of the anxieties they possess. This dilemma can provoke clients to use their capacities to transcend their anxious experiences (Bugental, 1978; May, 1995, 1996b). As people engage the paradox of both sides of their responses (e.g., face and confront vs. deny experiences), they will become stronger in the ability to make the choices necessary to grow in their capacities as individuals and as a culture. Existential
psychotherapy, then, seeks to analyze the nature of the existence clients present that should allow for an understanding of their reality. May’s core belief for existential psychotherapy is that “truth is predicated on relationship” (Bilmes, 1978, p. 57). Basically, how people derive meaning from anything is dependent on the manner in which they relate to it. The art of the existential approach is to develop the relationship so that people can begin to trust and take the risk of becoming stronger in their sense of self. This risk is supported by therapists allowing clients the freedom to experience their choices and taking responsibility for them (Bugental, 1978; May, 1996b).

Existential therapy encourages clients to view their experiences of the world while acknowledging the developing relationship between themselves and the therapist (May, 1995, 1996b; May et al., 1958). The existential therapist must remain aware of his or her experience of the therapeutic relationship, the experience of the client’s world, and the experience of the client’s encounter with the therapeutic relationship. The underlying premise of existential therapy is to understand and appreciate how the clients experience their world and the therapeutic encounter as being real. Clients are encouraged to become aware of their experiences, their potentialities, and how they interact with the therapist (Bugental, 1978; May, 1995; Schneider & May, 1995; Yalom, 1980).

Encouraging clients to discover their potentialities can take many steps or forms during therapy. One way is for the therapist to be open to adapting techniques to the setting and person and, more important, in utilizing timing (May, 1996b; Schneider & May, 1995). Techniques are useful only when properly introduced and necessary. For example, if a client begins discussing the need for his or her mother to have provided more touch during childhood, it would not be appropriate for the therapist to begin touching the client. However, if the client experiences panic attacks during therapy, using relaxation techniques would be very appropriate. Therapy is not based on technique alone, but an experiential exploration of the client’s world uses techniques as supportive tools when needed. May worked to avoid technique and technical terms because they can become barriers and eventually deter the client from facing what is really going on.

Examining the barriers that are preventing clients from experiencing freedom can expose their limitations so they might be transformed into strengths (May, 1996b, 1999; Yalom, 1980). In most schools of therapy, the focus can be heavily on resistance and repression, which in existential therapy can distract from clients’ experiences in the moment of the therapy. This distraction can prevent the removal of the barriers that are hindering
clients from using will to freely choose how to engage their experiences. The focus, rather, should be on helping clients experience and grow aware of their presence in the moment and invoke the actual, or the real, rather than offering interpretations (May, 1995, 1996b, 1999; Yalom, 1980).

**Personal Influence**

May has inspired my work in psychology since I learned about him in the mid-1990s. I began reading May’s work on anxiety, existentialism, will, joy, the here and now, and freedom. His life philosophy influenced me to be more authentic in my own life and in the work I do with others. May was a man of passion, love, influence, and compassion, with a heart for healing others through a relationship. I was inspired by his passion to share love and respect in the relationship of another human being by honoring their existence and experience of the world in the present moment (May, 1996b, 2007). May’s belief that people can encounter life by taking risks at exploring the paradox of their experiences eventually led me to begin using existential therapy with trauma survivors. I saw that trauma causes people to either confront their own experiences of horror or to deny them and try to survive with their invisible wounds. In approaching trauma survivors in their struggles to be free from their torturous experiences, they too must encounter the paradox of confronting anxiety and healing.

The inspiration of using existential therapy with trauma survivors was deepened after I personally encountered May’s belief that life is full of many tragic and joyous events that shape how people become more whole or shattered beings (May, 1995). I saw the challenge that I had to freely choose whether or not to take risks in my own life, to take responsibility for those risks, or to remain in a state of comfort, avoidance, and security. I knew that if I were to avoid risks, I could potentially miss out on discovering further potentialities about myself. I chose to face the despair within the core of my soul (e.g., loss of my father, his brother, and my mother). My father served two tours in Vietnam as a door gunner. He saw many horrific and terrible acts and committed them as well. When my father returned from Vietnam, he was not alone. He was accompanied by a heroin addiction and haunted by the horrible memories of war. He was forever changed and seemed to have lost his soul within the agony of his war experiences. Subsequently, he committed suicide. Years later, my paternal uncle and my mother chose the fateful path of suicide because of their own “war” experiences. Their losses were the most painful experiences I have ever endured.
I was confronted with the appealing choice to run from my pain and drink my life away or to use what I have learned in combination with my own resilience. Thankfully, I was able to use my loss and experiences to learn about myself and transform by emerging more into the world. I discovered significant levels of internal strength and will within myself that support me to travel blindly during dark times.

My father’s military history influenced me to choose a military academy for my high school experiences. I desired more structure in my life and wanted to see if the military culture was for me. After attending the academy, and considering my father’s tragic end based on his military experiences, I chose to not enlist. I decided to work more closely in the field of trauma with a focus on combat veterans and individuals struggling with crises and suicide. I began to volunteer at local veteran centers in the 1990s, which helped me to understand the difficulties veterans have in readjusting to what society calls a “normal” way of life. While working with veterans, I discovered that most of them expressed a deep passion to reconnect to the person they once were and in some cases to reconnect to who they had become (Greening, 1997). Many of the veterans expressed a desire to return to the battlefield because the world they returned to “doesn’t make sense anymore.” Also, combat veterans, like many people who are traumatized, attempt to experience freedom through choosing drugs and alcohol (May, 1996b, 1999). However, people cannot grow and thrive in life by these choices.

Trauma treatments today are flawed in many ways. This is mainly because of the trauma field’s narrow focus on symptom management rather than seeing beyond the symptoms and recognizing that there are barriers people have to expressing their freedom in choices and will (May, 1999; Paulson & Krippner, 2007). In this case, the barriers are the traumatic experiences people continuously encounter. The experiences are ongoing and not “post” traumatic but are continuing to afflict the traumatized individual who is confounded by disorder (e.g., stigma) in the individual’s culture in its response to the individual’s experiences. This has been noted by Thomas Greening (1997) in his experiences with veterans and by May (1967/1982) as he stated, “Many of us have wondered who the psychotic really was—the person to whom the title is given or the society itself” (p. 19).

War changes people. Even more, a person who experiences war endures the worst of humanity in that he or she must choose to kill or be killed or even to flee so that “safety” and refuge can be found. When looking at traumatic stress associated with war exposure, its effects on those involved are phenomenal. War exposure, the duration served (within the militaries), witnessing the death of others (e.g., comrades), and participating in pandemonium...
(e.g., killing others) are the most frequent factors associated with war-specific traumas and anxieties (Greer, 2005; Herman, 1997; Paulson & Krippner, 2007). Traumatic anxiety can be paralyzing and inflict great existential torment and angst on those who carry its burden. Conversely, traumatic stress (e.g., posttraumatic stress disorder [PTSD]) can be marked by an anxiety that may be used to provoke a conscious growth of the self. This growth liberates the paralyzing anxiety and transforms it into healthy, awe-provoking, and life-changing anxiety that then encourages people to make choices rather than to become stuck and haunted by experiences of anxiety (May, 1999; Paulson & Krippner, 2007).

Recent studies have shown that combat troops in Iraq are affected with PTSD and other mental health concerns from their combat experiences more than their Vietnam War comrades had endured (Hoge et al., 2004; Kaplan, 2006; Krippner & Paulson, 2006; Robinson, 2004). Current military operations in Iraq (and Afghanistan) involve many ground combat troops and increase the likelihood of traumatic stress exposure and physical injuries (Hoge et al., 2004; Kaplan, 2006). The present mental health toll on Iraq and Afghanistan veterans includes suicides, medical evacuations, sexual assaults, and witnessing comrades and civilian wounding and deaths (Kaplan, 2006). Ireland (2005) reported that U.S. suicides from 2003 to 2005 included 62 combined from Iraq and Afghanistan veterans. Approximately 19,800 soldiers during that period of time were affected by psychiatric problems, including PTSD and suicidal ideation (Ireland, 2005). However, the statistics have grown much higher since then. Kaplan (2006) reported that suicides occur more frequently than is being reported, that suicides are occurring more often (as has been documented) than has been the case with other wars, and that veterans do not usually commit the act until they return home from “duty.” In a recent online article by the Associated Press (2008), Veterans Affairs (VA) Secretary James Peake attested that “the VA estimates the suicide rate among veterans is at a rate of 18 per day, or approximately 6500 per year.” Two significant stories were published in 2004 and in 2005 to reflect the impact war is having on suicide rates. In 2004, a highly publicized case was reported about Jeffrey Lucey (Kaplan, 2006). Lucey was a Marine reservist who was deployed to Iraq for 5 months. When he returned home, he drank heavily and endured insomnia, panic attacks, and other forms of anxiety. He engaged services with a VA clinic, where he was described as having PTSD, depression with psychotic features, suicidal ideation, and acute alcohol intoxication (Kaplan, 2006). Shortly after his VA visit, Lucey’s father found his body hanging in the cellar with two dog tags of the Iraqi prisoners he was forced to shoot lying on his
bed. Also, the Associated Press (2005) reported that three Army Special Forces veterans returned home and committed suicide soon after.

People cannot begin to heal from their experiences of trauma unless they are supported as whole beings and provided a safe conduit to explore their world and reconnect with their selves (Herman, 1997; Paulson & Krippner, 2007). So while at the Department of Veterans Affairs, I was allowed to develop an existential group approach that was designed to support veterans’ experiences and provide “safety.” The groups enabled combat veterans who were struggling with ongoing traumatic stress to share their experiences with each other. The groups also supported veterans to discover a deeper sense of who they are in relation to themselves and the world around them while being able to experience connectedness and the freedom to be (Herman, 1997; May, 1999; Yalom, 1974).

Existentialism in a group format was the chosen modality to work with this specific population because it can address the presenting issues facing trauma survivors (e.g., paralyzing anxiety). The presenting issues are addressed and taken further into an in-depth exploration of how the issues affect each person while being with people who are coping with similar issues (May, 1996b; Yalom, 1980, 1995). The group dynamic allows members to reconnect with self, others, and, hopefully, some aspect of the world in which they live (Yalom, 1995). The emphasis is on helping clients learn to trust themselves and their own abilities to engage in constructive personal and interpersonal growth (Herman, 1997; Paulson & Krippner, 2007). Clients afflicted with traumatic stress need to develop a stronger sense of self or who they are and how they see themselves as being. Thus, they can develop strong self-esteem, confidence, ways of being and coping with stress, and more rewarding interpersonal relationships. As they begin to trust themselves and engage their anxiety in a “healthy” manner, they begin to pursue the main aspect of their selves that was shattered by the trauma: They begin to search for and rediscover meaning in their lives (May, 1999; Paulson & Krippner, 2007).

The group sessions I developed are modeled after May’s notion of how anxiety can be paralyzing and should be investigated using a here-and-now relationship to foster the exploration of barriers to freedom and awareness (May, 1999). The sessions were based on how May (1995, 1996b) believed that the overall purpose of therapy and working with people affected by trauma or paralyzing anxiety was to free them. May (1999) believed that therapy should help “people become free to be aware of and experience their possibilities” (p. 20). He strongly advocated that psychological distress,
trauma, or any other problem was an indicator that something is wrong within the person and a “struggle” was ensuing to be free (May, 1999). With veterans, for example, the dilemma was that they returned changed to a world that did not accept them, appreciate them, or support them. Their freedom to be was blocked by their experiences of combat trauma, and so they became apathetic in their ability to be because they could no longer relate.

Veterans’ sense of meaning and purpose has been shifted by their war and their “homecoming” experiences. As May (1999) noted, “They were unable to take part in the feelings and thoughts of others or share oneself with others” (p. 21). Societal stigma caused veterans to believe that they should heal quickly from their “wounds” and return to “normal.” However, this stigma caused veterans to try and hide their internal struggles from themselves and from others. It was not until after I read Judith Herman’s (1997) work, *Trauma and Recovery*, that I realized that true healing for veterans’ loss of meaning can occur only through reconnection to self and others. So I incorporated Herman’s *commonality* theory into the group format. Her commonality and reconnection theory suggests that people who are affected by trauma have a need to reconnect and to rediscover themselves as well as to connect with those who have endured similar circumstances. Herman’s work on how reconnection is the crux to working through traumatic stress inspired me to develop an approach to therapy that has yet to be seen in the trauma treatment field. However, there is more than just a reconnection that needs to occur: Trauma survivors need to be provided a safe relationship to experience the freedom to make choices and decisions that can allow for a rediscovery of *self* in relation to their world now (Paulson & Krippner, 2007).

Initially, I ran this group for 10 weeks, and it only touched the surface level of the core issues affecting the veterans. I discovered that more time was needed to allow for a thorough exploration of the issues. So to accommodate the group process, I then ran the group for second and third cycles (different members), spending an average of 2 weeks per topic. I saw that after 2 weeks the group was naturally ready to move on to the next topic. This group format brings internal struggles (e.g., lack of trust, anger) to the surface through the accountability of other members and through a here-and-now process of the content. The general idea was that when veterans or those affected by ongoing traumatic stress encounter the supportive environment of this group dynamic, they can share in common experiences of present moment activities and exploration of topics and discover the freedom to be in a world that cannot be what they once knew it to be.
I attempted to focus on various aspects (e.g., trust, safety, relationships, isolation, anger, etc.) of an individual’s life that are affected when a trauma occurs (Herman, 1997). These aspects were then turned into group topics. The total number of topics used in this group format could be increased, but the core concepts and issues identified have proven helpful in guiding veterans to potentially live a more fulfilling life. On a very basic level, these groups have met the need for reconnection that so many of the veterans I have worked with have lost. Herman (1997) stated that “an open-ended, interpersonal psychotherapy group provides a protected space in which to practice. The [open-ended] group offers both empathic understanding and direct challenge” (p. 234). These groups do provide a protected space and go beyond the already-established interpersonal support groups for trauma treatment (Wilson, Friedman, & Lindy, 2001).

According to Wilson et al. (2001), interpersonal groups have their roots from the humanistic and experiential field and focus primarily on four phases: group forming/norm setting, cohesion, awareness and change, and ending the group, which leaves room for various directions the group can go in. The groups I designed focus on specific existential and trauma topics that could produce barriers to trauma survivors and their internal and external growth in the world. These groups function as a means for guiding individuals affected with traumatic stress to understanding who they are in the world as they now conceptualize it. This is done with support, encouragement, guidance, but little direction. As the struggling and paralyzing barriers such as anxiety, flashbacks, and intrusive memories arise in the sessions from the experiences being shared, group members are introduced to relaxation and other tools for support in moving through the difficulties (Davis, McKay, & Eshelman, 2000; May, 1999). It is important to conduct these groups with two therapists so that if a trauma survivor becomes overwhelmed, he or she is able to be provided more individual support of the group to help stabilize and provide grounding. However, it is also important to emphasize working through these issues, as a group can prove effective in creating even more cohesiveness among the veterans (all of which is detailed in the manual). Also, as triggers may be evoked by members in the moment of the session, the group will also employ the use of relaxation and grounding skills in the form of handouts and in-group experiential exercises that are engaged at the time of the triggers. In this way, members can take with them the skills to use that are being taught not just in the group sessions but through experience, as modeled and guided by the therapists (Davis et al., 2000).
These groups also address the possibility of engaging in preventative care for trauma’s impacts (e.g., acute stress’ progression to chronic traumatic stress). If this specific group model could be applied to recent trauma victims (e.g., returning Iraq veterans), the effects of trauma that are currently being inflicted from the Iraq War could be minimized (Greer, 2005). My hope is that the manual I put together can be further substantiated through further research. I have included a sample session (see Appendix A) for some idea of the group format, but I also illustrate the fundamentals of this group dynamic in a brief case.

A Case Study

A colleague who was providing individual treatment for a Vietnam veteran referred him to me for a consultation regarding participation in the group. He had come from a family as an only child and had no positive recollections of his childhood. “Dad worked on the farm and drank most of the time.” He dropped out of school by the eighth grade to help on the family’s farm until his dad suffered a stroke. His dad continued to work on the farm, but the veteran chose to join a friend learning and working on a horse ranch for a couple of years and subsequently joined the army as a chance to “get out of the town and start a life.”

It was a decision he would never forget. He observed the death of “innocents” (e.g., women, children), became tormented by fear, sustained severe shrapnel wounds to the head, and held his friend “in my arms as he bled to death” from an ambush. Vietnam was not the only “war” that the veteran had to encounter. On returning to the “States,” he was welcomed with a reception of Americans spitting at him, disowning him, and accusing him of murder, and he had to endure his society’s disorder of failing to support him and providing him with a shower of abandonment and hatred. He avoided relationships with women and became more and more consumed with drinking alcohol and isolating from others. This is similar to what Daryl Paulson experienced returning from Vietnam:

We had to distance ourselves from any meaningful encounters with women because we felt that we could not share with them what we had experienced. . . . I feared that if any women knew . . . about me, she would freak out, go into convulsions, vomit and totally reject me for being such a disgusting human being. . . . I did what seemed best: I drank and drank and drank. (Paulson & Krippner, 2007, p. 68)
The veteran returned to his home to find his father had had another stroke, could not work on the farm any longer, and then shot himself. His mother had moved in with her sister a few states away, so the veteran attempted to live with an “old friend from town.” His stay was short lived as the veteran’s anger was beyond his own control, and the nights of bar fights and drinking soon made their way back to his friend’s house. Homeless and without a friend, he despaired about the present and the future. Eventually, after years of shelters and drinking, he encountered a volunteer at the Veterans of Foreign Wars who provided a glimpse of hope. The veteran chose to accept help and the idea that his life could change if he took a risk to trust in a culture that disowned him and was in itself a foreign land with which he was at war. His being-in-the-world was to isolate, ignore, be ignored, and find freeing ways of existing through continued alcohol use. Through the support of other veterans, he began to withdraw from using alcohol and to confront the barriers in his life, and this process eventually led him to me.

Prior to starting the group, he had just initiated individual treatment with my colleague and expressed interest in connecting with other veterans who wanted to “combat” their tormenting experiences of war. The group sessions provided the veteran with a space to hear other veterans’ stories, hopes, and present experiences of the world. In the first session he could not control his tears. All the years he was on the streets and ever since he returned from the war, he felt alone, rejected, tormented, and abandoned. The stories the other veterans shared shook his worldview in that he was not alone, and hope returned to his eyes. The veteran began to reconnect with himself, with his comrades, and eventually with the world that had never fully accepted him. He learned that he still had the capacity to love himself and others and turned that into a service to other veterans. This helped him to see that he still had the ability to work in areas he had once found enjoyable as well as trust again, which he never thought would be possible. These are key elements to forming new and larger capacities veterans need to grow in the world in which they now exist (May, 1996b, 1999, 2007).

Conclusion

May brought considerable passion, art, humble wisdom, and wholeness to the field of psychology. His life experiences helped to shape his passion for existentialism and how he viewed the world and those in it. May fought to present to the world around him the understanding that people continually
fight to be free in their experiences of the world and to be understood in such terms. People naturally are coming into being and have a desire to experience freedom in their lives. As people encounter the ability to experience freedom, they are also confronted with the paradox that life events, destiny, and security will shape and influence how freedom is exhibited. For example, a person who endures paralyzing anxiety may choose to use alcohol or drugs to be “free” and obtain temporary relief from the anxiety. However, the person may also choose to confront the anxious experiences and attempt to move through them and be free through healthier means such as by learning new approaches and skills to working on problems.

May’s influence on my work utilizing existentialism with survivors of trauma has taught me an important lesson. The manner of understanding a person is through relationship, the characteristics that give the person substance, and commonality—the way each person endures the events of life in some fashion similar to one another (e.g., pain, loss, joy). In therapy and in relationships, people need to be appreciated for who they are and where they come from. As with the Vietnam veterans of my work, they truly are a product of a societal disorder of stigma, abandonment, anxiety, and rejection. Kierkegaard once shared that existentialism “had its birth in a cultural crisis” (May et al., 1958, p. 17). I am not sure that the cultural crisis and avoidance of anxiety were ever resolved; in some sense, they have gotten worse and are affecting more than just our veterans. It is our responsibility to take this crisis of our society and culture, combat “fast food” forms of therapy, and creatively transform our culture into the true essence of living through experiences, trauma, and the basic anxiety of being alive. Anxiety is our best teacher, and without it there is no life.

A Tribute to Rollo May

His passion was to love and serve
Through words and art all filled with verve
Affirming our most noble cause
Transcending nihilistic flaws
To help us cherish who we are
Each guided by a glowing star
He sought new ways through myths and beauty
Led on by existential duty
To save our culture from its death
And thus he poured his soul and breath
Upon us all who have the will
To help the ones who are made ill
By managed care and quick fix ways
That seem to grimly darken days
Yet hope remains to light our way
So thanks we give to Rollo May.

—Daniel Pitchford

Appendix A

A Sample Group Session

This group focuses on the issues of isolation and avoidance. This is the fourth topic in the manual.

Topic Four

1. Check-in: Process with members what each experienced based on the previous group during the following week or anything significant that may be affecting them at this moment. See if they can relate to the topic discussed the previous week. Specifically, inquire as what feelings and thoughts are being experienced as the dialogue is engaged. Remember to guide members to share within a 5-minute time frame.

2. Do Not Forget to Have Members Take A Break During Your Session

3. Discovering isolation/avoidance: This topic focuses on straying away from isolation. Inquire with members what isolation means to them. Explore if they consider isolation/avoidance to have healthy and unhealthy qualities. A common theme that begins to arise throughout the discussion is rejection (e.g., fear of being rejected) and feelings of anger. Discuss effective ways to ask for help. Explore members’ thoughts by questioning what it means to ask for help. Ask members how they can ask for help. Explore members’ experiences in asking for help. After engaging the group with discussion questions, go ahead and provide them with the handout that follows this session. This handout can help facilitate a deeper process of isolation and avoidance by showing how individuals might avoid and isolate from those around them after experiencing traumatic and life-changing events; thus, the hope is that the handout will help to further illustrate the significance of isolating and avoiding behaviors.
a. Some sample questions that may help facilitate group process:

   i. What do you find most difficult about asking for help?
   ii. What does it mean to ask for help?
   iii. Has isolation/avoidance prevented you from asking for help?
   iv. Why is it important to ask for help?
   v. What are the areas you could ask for help that you haven’t been?
   vi. What do you need to do in regards to asking for help with your PTSD?

b. Have members process further through a role play if it will help the process of the content. A sample role play may look like the following: Have a particular member who is expressing difficulty or concern regarding asking for help inquire with the leader or another volunteer (appropriate to the situation) some ideas he or she may have about asking for help. The “partner” in the role play could then provide some constructive feedback about what the questions felt like when he or she was asked; specifically, how he or she felt about responding to the questions. The volunteer member seeking advice would then share his or her feelings about the process. Depending on the leaders’ discretion, possibly have the group process this role play as well.

4. Check-out: Have the members identify one insight they got from the session and how they hope to integrate it into the next week (if they do). Then ask each to identify the feeling (and potentially any behaviors) that associates most with what they are trying to integrate during the week.

Appendix B

This is the handout that is provided to group members and compliments the session topic of isolation and avoidance.

Handout on Isolation and Avoidance

Sam was, by social standards, a productive member of society. He had a full-time job, 10-year marriage, and 2.5 children. One day, Sam was driving to work as usual, when he was suddenly sideswiped by a cement truck. Sam
awoke two days later in the hospital realizing he had been paralyzed from the waist down. Soon Sam sank into a depressive state. He was no longer able to function at his place of employment and eventually stopped talking with his wife and his children. He did not talk to his friends any longer, though most stopped calling anyway. Ultimately, Sam lost his wife, children, and sense of who he was as a person. He remained in his home, receiving disability, and disconnected from others.

- What do you see in Sam that may be in you?
- Even if it is not the same as Sam, do you see yourself withdrawing from others? In what ways?
- How has isolating or withdrawing helped you? Did it or does it make you feel safe?
- What are you feeling at this moment?

I want to invite you to share your thoughts and feelings with the group as you are experiencing them at this moment.

References


Daniel B. Pitchford, PhD, specializes in the treatment of traumatic stress, working closely with survivors and their families of combat and war trauma, abuse, loss, severe and persistent psychological distress, and displacement. He has written, lectured, and consulted on topics surrounding the fundamentals of existential practice, traumatic stress, and the intricacies of whole-person living. His current research interests examine the implications of using an existential-integrative therapeutic approach when addressing traumatic stress experiences, particularly experiences of combat veterans. Daniel is also the recipient of the 2008 Rollo May Scholarship Award for his work on placing importance to Rollo May’s theoretical foundations as they apply to treating combat and war veterans diagnosed with posttraumatic stress disorder.

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