

Rollo May on Existential Psychotherapy

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This article is a lightly edited transcription of an interview conducted by Kirk Schneider, John Galvin, and Ilene Serlin with Rollo May at his retreat home in Holderness, New Hampshire, in the summer of 1987. Drawing from the influence of his forefathers, Freud, Jung, Fromm, Adler, Sullivan, and Rank as well as classical mythology, philosophy, and literature, May gives a passionate explanation of existential psychotherapy and why it is so urgent in today's "quick fix," "gimmick-oriented" society.

Keywords: *Rollo May; existential psychotherapy; anxiety, myths; struggle*

Gimmicks

Kirk Schneider: On behalf of my colleagues, I would like to express my heartfelt gratitude to Dr. May for appearing for this interview, and I'd like to begin right away.

The first question I'd like to ask you, Dr. May, is in light of your important contributions to existential psychotherapy and psychology, how do you feel about the present and future direction of psychotherapy?

Rollo May: Well, I think psychotherapy is facing a very profound crisis. I think the teaching of the fathers—Freud and Jung and Rank and Adler—has been in this crisis almost completely lost.

And the problem is that psychotherapy becomes more and more a system of gimmicks. People have special ways of doing their own therapy. They learn which particular buttons to push. They're taught various techniques . . . so that they can . . . cure this isolated symptom or that. And that wasn't the purpose

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at all, of Freud and Jung and the rest of the really great men who began our field. Their purpose was to make the unconscious conscious. And . . . there's a great deal of difference between them [and the technique-oriented therapists].

Now the gimmick approach leads to a general boredom, and the reason there's so many new systems in psychotherapy that spring up . . . every time you turn around there's a new system—300 or 400 now exist, of this kind of therapy, [or] that kind—the reason that this happens is that people are simply bored. Therapists are bored, and they have to find some new gimmick in order to make it amusing at least to them.

Now they're bored because they deal with the minor problems of life. They patch a person up and send him on again. I don't regard that as real therapy at all. A therapy that is important, as I see it, is a therapy that enlarges a person, makes the unconscious conscious. Enlarges our view, enlarges our experience, makes us more sensitive, enlarges our intellectual capacities as well as other capacities.

This was what Freud was setting out to do. It's what Jung is trying to do. It's what Adler and Rank did. These people never talked about these gimmicks. It just didn't interest them. What did interest them was making a new person. You see, the new possibilities come up. Then you change the person. Otherwise, you change only the way he behaves, only the way he approaches this or that incidental problem. The problem's going to change in 6 months when he'll be back again for some more so-called therapy.

Schneider: Do you feel that the future direction of therapy is this direction of patching people up?

May: Well, that's the great issue. Now I think in the first place, the gimmick approach is dangerous. Because it makes therapy the maker of new selves and isolates the person from the society.

Now Robert Bellah has a lot to say . . . about this in his last book, *Habits of the Heart*, in which he thinks that psychotherapy is on the side of decay. And William Alanson White once said that the people who are now the enemies may be a soft-talking group of therapists who are doing what they do in order to help you.

Now what that really means is that psychotherapy is on the side of the destruction of our future society. Bellah puts that in so many words. This is partly because of the great emphasis on the self. There's no understanding at all of the world in which this person fits. Great emphasis on making myself: I leave my family. I leave my wife. I leave my husband. I leave my children. All of that has to do with—so Bellah believes and I think he's right—has to do with the present forms of psychotherapy that are gimmicks.

All the books you hear about how to do this, how to do that—"Joy, More Joy," *I'm Ok, You're Ok*—all of these are on the side of the gimmicks, if I may call them that. And the great mission of Freud, the great aim of these leaders is entirely different from that.

Schneider: Would phrasing it in terms of durability versus expedience reflect what you're saying?

May: Well, I don't know that there is any word that will reflect it—No, the real distinction is between external gimmicks and the internal capacities, sensitivities, the way of looking at life. Now I think this is what existentialism is all about because existentialists always were for man in the world, using his capacities. Using his or her capacities, and it's a way of dealing with the whole person, with the human being.

So you don't have a bunch of gimmicks when somebody comes in to see you. He's not a bunch of gimmicks. What he is a human being who cannot make a go of his life. And that may be a quite variegated problem, but it's a very profound problem. And this is why the existentialists developed.

See, it's amazing, the question you asked me takes me right into what existentialism is all about.

John Galvin: In a sense, you're asking the present day therapist to give up these gimmicks. And . . . many of them fear that if they give up the gimmicks, they don't know what to do when they're with a client.

May: Alright. Let them go back and learn something about real therapy. You see, this is exactly the problem: you take away the gimmicks, they don't have anything to do.

Now that means in the first place that they're quite trained wrongly. I have a seminar in which I train graduate therapists. I believe that they need to learn much more about the classics. They need to learn how human beings down through the ages have met their anxiety and have achieved their insights, their outlook.

Now how the person is historically is very important, and this is left out of psychological training. I would . . . certainly hope that what could be taught is that the royal road to the unconscious, as Freud says, [is] dreams and dream analysis. And that's the way to find this unconscious.

Now the students that I deal with in my course out there in San Francisco are very well-trained, very good-intentioned people, and they bring up cases during the 6 or 8 months that we work together, and not one of them ever brings up a dream of the patient. They're there not to be concerned with the unconscious. What they're there for, they think, is to use some gimmicks that they've learned. Now those are the kind of people who get very bored after 2 or 3 years.

Existential Psychotherapy

Schneider: Could you say a little more about the unconscious from the existential point of view? We know the Freudian version of the unconscious.

May: Well, I think the unconscious is to be understood as the farther reaches of consciousness. Consciousness begins only at the time when the unconscious begins also. That's between the child's first and second years of life. That is when you become shy. That's when you can lie, as Sartre said, "The lie is a behavior of transcendence."

Now the unconscious is simply the further expansion of what you and I are concerned with in our reverie, certainly in our dreams, but I think also very much in our myths. The myth is another royal road to the unconscious. And the myth is a way of making sense first of this senseless life that most people have to live, and then in this making sense, new things arise: new ideas, new insights. And these are expressions of the subconscious, I'd say, and sooner or later the unconscious.

Galvin: It seems that most people are looking for therapy that will not ask of them too much.

May: Yes, I know. Those are exactly the people I never work with.

Galvin: So in many ways, we should be asking more from our patients.

May: Certainly. Their life is at stake. That's the way Freud saw it. It's certainly the way Jung saw it. The life of this person is at stake. Can you broaden this human being? Can you enlarge him so that he then can go out into the world, perhaps not even with his problem solved, but with a new way of approaching his problems? And this new way of approaching them will be hopefully a way that broadens him or ways that [yield] new value to life, new sensitivities on his part. This makes life infinitely more interesting for him. So I think that's really what therapy ought to be about.

Schneider: So therapy is an education.

May: Well, education was a good term for it. But I think it is re-education. It is doing what ought to come naturally.

Now our age is the age of therapy precisely because our society has disintegrated. We are in a transitional age. What worked for the 19th and 18th and 17th centuries does not work anymore. And this occurs—it occurred at the Renaissance. There was a great burst of therapy and therapists then. It occurred at the decay of Greek civilization, first and second centuries BC. And there, there also was a great burst of people calling themselves therapists.

There were no philosophers anymore. The philosophers' lecture halls looked like outpatient clinics, is the way E. R. Dodds puts it. These philosophers dealt with anxiety, how to sleep at night when your palms sweat, how to get up before a crowd of people. The philosophers dealt with gimmicks. And it's very clear that [this occurred at] the decay of Greek civilization, very clear that [it occurred at] the decay of the Middle Ages when there was witchcraft, sorcery, all these pseudo-psychological things that really show how anxious people were to find themselves. And it turns out to be mostly gimmicks.

Now we are at that age. Whether we can survive it, of course, nobody knows, but I think this is what existential therapy is all about.

Schneider: You're saying that existential therapy is in great part about helping people to be more in touch with their natural aspects, natural elements.

May: Natural capacities.

Schneider: Natural capacities. Can you portray for us a little bit about what that might look like, one who is in touch with one's natural capacities?

May: Well, I could say us three people [he laughs].

Schneider: You could [but] you'd be lying.

May: But I won't say that. But what I'm talking about is the finding of new talents. And the finding of new sensitivities, of the capacity to love, broadening the capacity to love.

Not . . . the gimmick of how do you get your boyfriend to pay more attention to you, which is often the way that therapists talk [these days]. It's not that at all. It's how can I enlarge my sensitivity, my capacity to love, my capacity to feel and even to think?

You see, thinking is great fun if you know how to do it or if you can put yourself in position of doing it. All these things are what therapy is about. Whether or not somebody gets along with their boyfriend, I don't think is what therapy is about at all because that very often is simply the contrary side of a particular gimmick that he or she has learned that doesn't work any more, so [he or she goes] to get it patched up.

Now this is very often the contrary side of bad education for this particular patient, I would say, or "client" as Rogers would say.

Galvin: So in the process of existential therapy one of the goals would be to assist a person to ask some of those more basic questions about life.

May: Yes. This is why I wrote this article about the therapist's journey into hell (*Association for Humanistic Psychology Perspective*, February, 1986, p. 6). You probably saw that and read it. And that was about Dante and his going into hell. Virgil came to guide him when Dante was afraid to go into hell because he had to go. And then Virgil was there to point out the . . . meaning of this person being here in hell, that person being here.

Now every therapist has to go into hell, the hell of his patient, the hell of life, say. [For] alcoholics, [for example], the hell of life is certainly very present. In this going into hell, you find many things that you don't understand that come up in dreams, say, that come up in myths.

See, this is why [in] most psychotherapy these days—myths are never mentioned. [And] after myths have gone, dreams will go, and soon we'll become a bunch of people simply turning valves, and moving levers at other people. This will . . . make us out to be—if we are that type of therapist anyway, the "enemies of modern society in a soft voice that are doing what they do in order to help you." See, I'm quoting Alanson White again.

Galvin: So one of the ideas in your writing that . . . I often remember is that anxiety is the thing that brings a person to therapy but it's also the very thing that keeps the person from really entering into therapy.

May: Great.

Galvin: A very paradoxical thing.

May: No, but that's great.

Galvin: I sense that we, in our modern society, find ourselves up against anxiety constantly yet we find it very difficult to use the anxiety in a fruitful way to promote the searching [process].

May: Well, this is the secret about the facing of anxiety. As Kierkegaard said, "Anxiety is our best teacher. If you don't have any anxiety at all, you're in very bad shape."

I think anxiety should not be taken out of therapy. See, many therapists try to tone the anxiety down of a patient. But I never do, unless the [anxiety] is so severe he can't think, say, or can't talk, then I do, of course. But the normal therapy of life is a valuable aspect of teaching because that's where . . . the patient gets the initiative to change.

Now I think anxiety certainly is in all therapy. If it's not in therapy, it ought to be there.

Schneider: Why do you feel there is such resistance against teaching existential philosophy and psychology in mainstream classrooms in psychology?

May: Well, as I was telling you a little while ago, I think that resistance is much less now than it used to be. When I was known as an existentialist, which was back in 1959 when the book *Existence* was published, all the therapists and most of the professors around the country thought, "Horrible!" And my friends who were professors said, "Look, Rollo, you better drop this quickly." But I didn't drop it and since then there has been a steady growth of people interested in existential psychotherapy, existentialism itself.

See, the whole culture became more and more interested in Sartre's work, more and more concerned with the philosophical, the literary aspect of existentialism. Existentialism was a criticism of our whole culture because Sartre and Camus . . . [believed]—if I may quote myself—[that the culture] has gone to hell. The culture has become flabby.

[The culture] has no sense of the significance of human life and what we have to do [is help to restore this significance in the shadow of] Nietzsche, who was a very good existentialist, [and who said] that God is dead. What he meant by this was that our capacity to appreciate God was what was dead. Modern society was empty [he implied], and . . . what's needed is the facing of this negation in order for some constructive thing, some positive thing to grow up like a plant.

Now this is very difficult and that's why existential psychotherapy has taken quite a long time to catch on, but there are more and more places where it's now read. And I am no longer a taboo person, and I have no doubt at all that the future is on the side of those who believe in human beings. And the gimmick therapist, obviously, does not.

Finding Yourself

Ilene Serlin: What I was thinking about with the last question about where psychology's going [is] the shape of it with the economics of the health care system and . . . how it's being taken over by the agencies, and the short-term

insurance-covered[approaches], [and] how that's both affected the work that we do, the job situation . . . and how we find a place in all of that. What are your thoughts on that?

May: Well, I think that it does confuse the whole picture, but it seems to me that the problem there is what therapy is becoming, what we were talking about earlier: mainly, a whole lot of gimmicks. And the pressure is to increase those.

I have a friend who was a patient of mine for awhile. He was a very good therapist, I think. He was with one of the big clinics out in California, and he calls it the McDonald's of therapy. Therapy is becoming a bunch of places where you get fast food. And I think that's quite interesting, that the hamburger you can consume in 15 minutes is parallel to what you get in many of these clinics.

Now I think existential therapy is something radically different. Its aims are different. As we were saying earlier, the aims are not to patch the person up. The aims are to open the person up. The aims are to help this person become more sensitive to life, to beauty. Now that sounds a bit sentimental, I know, but it's a very serious thing to me. And to love.

As Freud said, to love and work, these are the two things that he hopes to influence in people. And that is a very different thing from giving them some gimmick by which they can make the boyfriend be faithful or some other tricks.

Galvin: I think that many therapists after working for a while do become bored, as you said. And they start to look for more. I suspect that the individual's life experience has a great deal to do with where they see their therapeutic work going.

Now you've lived a long and active life. Can you share with us some of the crucial events in your life that opened you up and helped form your perspective toward therapy?

May: Well, in college, I took one course in psychology and [although] I didn't learn much about human beings . . . I did learn a lot about pigeons and dogs. So I dropped the whole thing and majored in English literature.

Then I went to Greece to teach. And out there in my second year, the life was very lonely and there weren't many Americans around that spoke English. So I had what's called a nervous exhaustion. I had to go to bed for a couple of weeks to get enough energy to keep teaching. And I discovered when I was in this bed that I really had been living the wrong kind of life, that I needed to do something about myself.

So the next summer, I went up to Alfred Adler's seminar in Vienna and there I learned what psychotherapy can really be. It changed me very deeply. It opened up a great deal of new possibilities in my life.

And then when I . . . went back again to Greece for another year and then came back to America—I found that nobody knew much about psychotherapy in America. There were no courses taught on Freud or Jung or Adler or

Rank. Even the professors had never heard of them except, say, Freud and Jung. And this was way back in the middle 1930s. And I was then asked to speak here, there and other places—people were hungry to hear about the real therapists who lived in Vienna and Switzerland and I happened to know a fair amount about these people.

Now my studies have been in the rebellious fields. I got a PhD and then I found myself at each point disagreeing with psychology the way it was then taught—I did have the good luck to come across some very good psychologists: Kleinberg at Columbia, Paul Tillich at Union Seminary. He was a theologian but a marvelous existentialist.

And then I learned that actually psychotherapy as it was mostly in those days—this was the early 1940s—was the real thing because it did not have to do with gimmicks. It had to do with the person's whole life. It had to do with becoming—finding yourself. Finding the openings in myself for other people, to creativity, to beauty—and I wanted to say a few minutes ago that one of things that I had shut off in my life, shut out of it was my concern with painting. I'm a quite good artist, and I pushed that all aside. [As if] it was irrelevant. I realized later on it wasn't irrelevant. It's part of the opening up to our human experience. And beauty is our chief way of understanding harmony, our way of understanding the blessings of life.

Now this has made me always a rebel. I have a friend who's writing a biography of me and he's thinking of calling it *The Gentle Rebel*. I've always been a rebel. Well, let me say, perhaps in more acceptable language, a pioneer, on the frontier.

Now this is my nature. I used to fight it a bit, but I don't anymore. And the good thing about it is that I find the world of psychology agreeing more and more, becoming more and more what I originally had fought for. Unfortunately psychotherapy, however, has become more and more the field of gimmicks and of doing the patching people up and sending them forth again.

Serlin: Along with that, I had two questions that I want to ask. One is the concern for the training. We have fee for service work now . . . and it used to seem like fast food also to me; and along with that, the training is getting more standardized. So as the licensing gets more [stringent]—[and] people get more anxious about securing the profession, the training is getting [more] uniform.

[In that light,] I'm wondering, it sounds like you're also talking about a training that includes reading literature and the arts and a general human education.

May: Well, by all means.

Serlin: How do you see the training of psychotherapists going these days?

May: I remember Eric Fromm who was my therapist for a part of my experience in therapy. Eric Fromm used to say that the best therapists in New York City are the taxi drivers. Now they've had no training at all, [yet] they often have a great capacity to hear other peoples' ideas, opinions, and problems.

Now I think the standardizing of the teaching of psychotherapy is a great mistake. I think that the content of the standardizations are generally the technique things by which you learn to not understand other people but rather to say what should be said.

I once saw a question on the licensing exam. It gave the statements of the patient all the way along, not the statements of the therapist. You were to fill in at each point what the therapist should say. I regard that as damaging to the therapist, and I regard it also as very poor therapy.

Now . . . I think this is coming out in all sorts of books in our culture now, that there's a revolt against this kind of teaching. This book by [Alan] Bloom, this bestseller in the field of education [*The Closing of the American Mind*], for example, and other books that are pointing out that our society is disintegrating. And the reason it's disintegrating is that we . . . have lost touch with the riches of the past. We have lost touch with literature. We have lost touch with the ways human beings in previous ages have met their anxiety, the way these people find their meaning in life. And nobody asks the question, what is life's meaning? They're afraid they won't get any answer, and I'm afraid generally they don't.

But I'm not pessimistic about the future. Surely it's becoming more standardized, but there are more and more people becoming psychotherapists who don't have these credentials. And I must say I am in favor of them.

I was the leader in New York City, in New York State, of the real war against the medics. This was back in the early 1950s. And when there were only six or eight of us in New York City who were therapists and perhaps as many more around the state.

Now we read all kinds of different trainings, and we won our battle against the whole AMA, brought all these big guns into this battle.

We won it because people underneath realized that we had something to give that wasn't the customary, technical prescribing but rather it was hearing human beings and this turned out to be more important than the standardized training. I think the problem is much more difficult.

But I think there are all kinds of rebellions against that kind of thing . . . and Kirk here is one of them.

Serlin: But [I'm] trying to work also within the tradition . . . Trying to stay somewhat within the establishment in order to have some impact.

May: Why do you want to stay within the establishment?

Serlin: That's a good question. A serious question.

May: I think that one would get along much better [if not]. Sure, you've got to pass your exam in order to keep free from anxiety or too much anxiety yourself, but you can do that. And then I'm for listening to one's own inner hunches, one's own intuition, one's own relationship with the patient. I'm for emphasizing those things rather than what you say when the patient says such and such.

May's Therapy Style

Schneider: What do you say to the patients who fear going deeply into themselves and discovering who they are?

May: That's their problem. And it very often is; it's their problem. They get one description of the problem, that they can't love or that they're lonely and so on, which is simply a symptom—always losing their job, say—simply a symptom of the fact that they have not been sensitive with themselves. I think they are exactly the ones who need to go more deeply into their hell.

Schneider: So you're fairly forceful in helping them to bring that about?

May: Not forceful.

Schneider: Strong.

May: But when they first come, I want to understand in the first session why they are here. Are they here to get over a particular problem? Well, great. I will send you to somebody else. But rather are they here to find out, to discover themselves. Are they here to find the possibilities that life has before them?

And if they are [not here to discover themselves], if that brings too much anxiety, then great. There are plenty of people that can patch them up again, and then they will need repatching in a year, or they'll keep the therapy going their whole lives long, which is a gross mistake. And these [are the] symptoms of never having really solved your problems.

Schneider: That's a gross mistake because you feel they're dragging something on that should be mobilized a lot quicker?

May: Yes.

Schneider: Or with more intensity?

May: Their therapist was afraid to get at their real problems. . . . When [clients] get anxious that I'm going to break off the therapy or something like that, I tell them, "I'm very glad to work with you so long as you find it of real value."

Serlin: You don't then use concepts like resistance, for example, if they get afraid and don't want to come back. You don't think in those terms, do you?

May: By no means, with a patient. No, no. I know what Freud said and I think what he said is tremendously important. I never use such a phrase with patients.

Serlin: And if a patient really says, "I've gone far enough," or "I'm afraid. Now I'd like to stop," you would respect that?

May: Well, if he says he's afraid, then obviously that's the thing to work on. But I think most people . . . don't say [that] in my experience. If they want to quit, they say, "Things are fine, period."

Serlin: You don't find the need to use any concepts like transference or . . .

May: I use those very much with myself and very much in my thinking. I don't use it with the patients. I think these technical terms get the patient away from facing what really is going on in himself. If he starts using the technical terms, then you've lost at least that session. I don't think they should be used either by therapist or patient.

Galvin: So almost anything is a topic within the therapeutic exchange and you resist narrowing it down to dealing with that specific problem which . . . really seems to be the emphasis in so much of the therapeutic work now . . . [that is,] to focus on a particular problem. You seem to kind of sit back and open it up . . .

May: Sure. Well, I don't sit back. I lean forward.

Galvin: So, much of our work is broadening the concern in the therapeutic hour instead of narrowing it down. For example, I deal with depression. And so much of the literature nowadays, [says] focus in each hour on a specific behavior and get the person to change a little in that area.

If you're dealing with depression, and it seems to be increasing in our society . . .

May: Well, it certainly is. Yes.

Galvin: What would you be focusing on? If someone comes to you and says, "I have no vitality. I can't sleep. I have no interest in life . . ."

May: Well, the reason he or she is depressed is not at all what they assume is article. The reason he's depressed is that he cannot experience himself, that he is, he is, let's say, he is lonely. I would take depression as a symptom of a life that is not being lived, and our task is to help him to live his experiences.

You see, if a person comes to me and he says, "Well, I'm very depressed," first of all, I don't ask him to focus on this or that. What I do is to build a relationship with him. That does tremendous things about the depression. There it's very good to read Dante. Dante was scared stiff, which is probably somewhat similar to being depressed, and he was alone in hell. But when Virgil came then it was entirely different. Once there's a good relationship between you and a patient or a client, then you can begin to get at the sources of depression.

I think empathy is tremendously important in psychotherapy. It's one of the most important, if not the most important, aspect of psychotherapy. One could say that empathy certainly is very closely connected with relationship and these things are the ground on which we work.

Serlin: Speaking of that . . . I might imagine you saying that one of the goals in therapy is to learn to live with an open heart. Do you use language like that? Or loving? Learning to love more.

May: Well, I certainly believe it. I try to stay away, though, from using terms that could be gimmicks. The loving heart, I think that's for my writing poetry at night rather than when I am talking to a patient.

He doesn't see it as loving heart. See, that's the point. He sees it as a hell of a hard world to get along in. His girlfriend dropped him. His job is dubious. And life to him is made up of one problem after another. And if you talk loving heart . . . as [some] transpersonal psychologists seem to then it seems to me you help him to block off his problems. You give him ways of avoiding them, another way of avoiding them: now I have a loving heart.

Now I think loving heart is a very nice idea. I believe in it myself. [And] if the patient uses it, great. But I would nod and sit there.

Schneider: Almost as if to help the patient see his or her pain and therefore delve more deeply into it to discover the meaning of that pain?

May: Yes. Yes. That's right.

Schneider: As a mirror. You [Ilene] wanted to ask something about art?

Serlin: Well, yes. I dance and I dance with patients, not as a technique but as a way of being with them, helping them appreciate being within their own way of being in the world through an art form. Do you actively—you said you painted—use any of the arts within a session or have any thoughts about that?

May: No. I stick pretty much to psychotherapy as it was described, say, by Jung and Freud. Most people don't use the couch anymore, but [I still think of psychotherapy] as a human relationship [in the way they described it]. But there can be certainly a great deal of influence of art and I would be very much interested in your therapy and dance. I can see how that would be very therapeutic. Painting, certainly. It's the way that saved me when I was in nervous exhaustion. And I can see now why it saves everybody else.

These paintings around here are mostly by me and, well, you have the book in which they [are exhibited]—

Schneider: *My Quest For Beauty*.

May: Yes.

Serlin: Jung certainly did that. When he had hard times he sculpted and drew and—

May: Right.

Serlin: Got himself through it.

May: Yes. But he probably sculpted more himself than teaching the patients to sculpt. But nevertheless, he certainly was appreciative of all of the arts.

Serlin: Would you go so far as to say that should be—could be part of the [training of therapists]? When you described your own education as a therapist, it was not only meetings. It was traveling and seeing the world, learning languages, doing art to be a well-rounded person [if] I understand what you're describing.

May: Well, we have a limited time in psychotherapy and psychoanalysis and I would simply agree when a patient does show some interest in art or dancing or whatever. I wouldn't talk very much about it. My patients often bring me things they've knitted, and I appreciate them honestly. I don't try to say something if I don't really feel it. And great.

But I think that so far as I'm concerned it's best to spend my time in getting at their hidden selves. Now you may be able to use dance that way. I can quite well understand that you could.

The Client's Hell

Galvin: I remember in reading your book *Love and Will*, you talk about trying to get at, if I remember correctly, a person's basic intention toward life. And I remember your one description of working with a patient and getting down to that very basic need, basically saying "I want someone to care for me, to take

charge of my life." And his problem was that he was depressed, wasn't able to write, had writer's block. It seemed that in doing some of that depth work, we are looking for some of our basic stances to life. And that's very hard to get at.

May: Yes, but whoever said therapy was easy? Therapy if it's rightly done is an exceedingly difficult thing, but I think the most exciting thing possible for me to do.

It is difficult to get at that level, but I think that that's what one is there for.

Galvin: And when you engage someone, you're always willing to go that far, if they are . . .

May: Oh, by all means. Yes. See, this is where we get very good help from Virgil. Virgil was willing to [go that far]. When Dante got very frightened, Virgil said, "I will stay with you as long as you need me."

I read the other day, something by Carl Rogers whom I think is very good in some ways about therapy and not good in others. But he was saying that he throws himself into the relationship with all the empathy of which he is capable, and he tries to become what the other person is. And he puts aside all his own prejudices, his own moods, and simply gives himself to becoming one with this other person.

Now there's a great deal of value in that. I think it's too extreme. I don't think one can become one with another person, but we can empathize in many different ways. This is what is the difficulty in therapy, but also it's where the great excitement is. The great joy of helping another person not to be a member of a society that's already collapsing but rather to be a human being who can save himself and that society.

Schneider: To achieve some closeness and intimacy.

May: Yes.

Schneider: With which to build more of a self . . .

May: Yes.

Schneider: . . . and to become more creative based on that.

May: Yes.

Serlin: Would one of the criticisms, then, of Rogers . . . be [the] relationship, [which] involves struggling with another person, a willingness to not just merge with them—harmonize—but also [encounter them]?

May: Yes. Rogers' main problem is that he leaves out evil. You see . . . when we go into this patient's hell, we also have some hell of our own and that can't be left out. Sometimes the therapist gets irritated and if he does, I think it's very important to ask the patient, "What could you have said, what's going on here that makes me suddenly irritated?"

[For example, did] you notice in the two films about psychotherapy, one was *Ordinary People*, and another was, well, this film of horses . . .

Serlin and Schneider: [speaking simultaneously] *Equus*.

May: Yes. In both of these, the therapist and patient have to get mad at each other before they could really trust each other. Especially in *Ordinary People* that's clear. This boy couldn't really trust this man until he could get angry with

him and have not a fist fight but a real struggle between the two of them. Then he knew he could trust him.

Now Rogers leaves that out entirely, [though] I'm sure one would get real good out of a session with Rogers. And the therapists Rogers' trains, they also make gross mistakes in that they've never been taught to deal with their own daimonic.

Serlin: That sounds almost a little theological there again. I was thinking about Tillich when you said that. Would you say that is a criticism of some of the transpersonal psychologies . . . that they're too angelic?

May: No, no. It's not theological. It's angelic.

Serlin: Yeah. But that theology should include . . .

May: Yes, theology. For heaven's sake—How are you going to have a god without a devil? Now if you have a god you certainly have to have a devil. God has to have one, so I think you should, too. They leave the devil out completely. That's what angers me about transpersonal psychotherapy . . . it skips over all of the real problems and it enjoys simply an angelic bathing in the golden light of the sunset.

And this is a depreciation of the whole meaning of psychotherapy. See, they hasten too quickly, they leap too quickly into paradise. But your patient isn't going to be finding it that easy.

Galvin: I always recall Freud saying that the goal of therapy is to help the client get away from the unnecessary problems to deal with the necessary problems in life.

May: What he said was to do away with neurotic misery, [one has] to bring oneself to being able to handle human misery.

One should read Freud with great care, and I think these transpersonalists have never read him.

A "Good Candidate"

Schneider: Who is a good candidate for existential therapy? Can you sort of paint the portrait of one who is a good candidate for it? Or do you think about that in more general terms than specific, people with specific kinds of concerns?

May: Yes, I think of people with specific kinds of concerns. You will be different from me, and we'll all be different from each other. And this is not only normal, it's necessary if we're going to be good therapists. You have to be what you find in your own potentialities. There you will find evil as well as goodness.

Schneider: I was actually thinking from the patient's standpoint, what kind of patient would . . . be a good candidate for existential therapy?

May: Well, I make sure that this person who comes for therapy is concerned with genuinely working it through and any shortcuts I simply send to my therapeutic colleagues who are quite willing to use those shortcuts.

Now I think the capacity to confront oneself, the capacity to deepen one's experience, these things are the things I look for in other human beings who want to have psychotherapy. And also, I like artists. So I find myself getting quite a few artists and people interested in art. But it shouldn't be limited at all to that. It should be limited to the person who is genuinely serious.

Now that's why Sullivan who also was a great psychiatrist, I think the greatest born in America, actually, Sullivan used always to say in the first session, "What are your main problems?" Now he asked that not in order to have the problems be [readily solved]. He asked that really to see how devoted the person, how committed the person is to the therapy. And I . . . ask that, too—the second session, perhaps. And it's chiefly for the purpose of making sure that we are hoeing real wheat here.

Serlin: Might you say also that an existential approach is not so much about a certain kind of patient, it is just a perspective you bring to any work that you'll do with any aged person, even.

May: Yes, it's interesting that one of the books, this *Important Cases in Psychotherapy* which will be coming out next year, has a case of mine: a Black woman ["Mercedes," who was featured in May's *Power and Innocence*] who had been to two therapists before she got to me, grew up in Harlem. They both said that she was not analyzable. That's a fancy word that's used for that purpose.

And I love to have people who can't be analyzed. That's a challenge. You have to think then. You have to be. You also know what to not to do after they've gone to another therapist and have failed with him or her.

Galvin: Each new patient is a new adventure.

May: Yes, I very much believe that—providing one doesn't use it in a superficial sense.

Schneider: Well, unless there's anything you'd like to conclude with, thank you again very much for talking with us.

May: Well, you're very welcome. I have enjoyed this.

Schneider: We deeply appreciate it.

Galvin: Thank you very much, Dr. May.

Serlin: Thank you very much.



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