

BECOMING: AN EXISTENTIAL/ DEVELOPMENTAL UNDERSTANDING OF HUMAN EXISTENCE & GROWTH

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Abstract:

The art work of our life is constantly in progress. We are in the process of becoming who we are through our choices. With every choice we take (either for action or inaction) we are moving to a new position in our life. However, many of our choices are based on past experiences. Attachment and affect regulation theories are giving evidence of the influence of our primary relationships for our way of being, relating and experiencing the world. We have been thrown into a body that carries a specific biological DNA which predisposes us to be in the world in a unique way. Similarly, we are thrown into a specific set of circumstances (era, country, family) which creates a unique 'psychological or psychical DNA' that predisposes us to be, to act and re-act to relationships, life events and ontological givens in a personal ontic manner. This paper attempts to demonstrate the influence of developmental milestones for the ways in which we evolve and relate to others and to life. It has grown out of my effort to 'know myself' and the world, by synthesizing different developmental theories and understandings of human nature.

Introduction:

The question "Who am I?" has been a long standing one that always seemed to have only vague answers, unless the focus was on more concrete and superficial characteristics. As a young adult I pondered on the issue of whether anything at all was 'truly mine', or whether everything was the result of my upbringing. Would I be the same person if I had had different parents? What was their influence and could I ever be 'my own person'? Is there such a thing as an 'I', or self, as a stable, consistent entity separate from others? While trying to understand myself and 'find myself' I read various developmental theories and combined them into a construct that I termed the 'DNA of the Soul'¹ (Georganda, 2007). This combination of developmental theories can help us understand how we evolve from birth till death. Development, in this model, is viewed as a spiral and not as a linear progression of stages. We often revisit old issues and repeat old patterns as we move through life, but this is not a backward movement, as in the concept of regression, since we are at a different place in our development each time. The DNA molecule is further characterized by two intertwining strands that coil around each other in a spiral form. Similarly, it is suggested that every developmental era can have a growth enhancing or a growth inhibiting outcome. These create two poles (a 'positive' and a 'negative' strand) and a continuum is formed from one extreme pole position to the other. One could argue that it is our life long task to try to integrate, or attune, these polar opposites so as to achieve a more harmonious and satisfactory inner life; a life where we are less 'neurotic', less conflicted and dissatisfied with life and with who we are.

¹ Term which I now prefer to call 'psychical DNA'.

Although our ‘throwness’ is an ontological given for which we have no say, our life is never wholly determined. Our freedom can be found in the ways we deal with and react or stand towards our throwness². The importance of psychotherapy is in helping us to become aware of and come to terms with our life story and the ways in which we have evolved through our relationships. We are responsible for the interpretation of life events and can claim ownership of everything that has been part of our journey through life. The journey of self-discovery allows us to understand the way we have formulated our worldview and have built our self and other constructs. Our lived experiences and the implicit and explicit messages we have received have formed the way we perceive our self, others and the world. As the ‘going-on-being’³ we are, we bring these ways of perceiving and making sense of the world and of relationships in our now. This is the way we are and relate to all others in our life, including the therapist.

The ‘DNA of the Soul’

The ‘DNA of the Soul’⁴ is a synthesis of several developmental theories. Some theories refer only to the initial stages of life, as with the theories of Bowlby (1969, 1973), Mahler (1975) and Winnicott (1971), other theorists, such as Freud (1973, 1976) and Piaget (1972) reach adolescence, while Erikson’s theory (1963, 1980) extends development to the entire life span. The more current affect regulation theories of Schore (1994), Siegel (1999) and Hill (2015) are providing evidence that the early attachment patterns proposed by Bowlby (1969), Ainsworth, Blehar, Water, & Wall (1978) affect the development of the brain and the autonomic nervous system (ANS). As a result of these early ways of connecting to the primary care taker our affect and self-state is regulated or dysregulated. A secure attachment leads to regulated states whereas an insecure or an ambivalent attachment leads to different forms of dysregulation. Neurobiological findings are thus confirming the theory that our early attachment to ‘mother’ plays a significant role in the way we are; the way we experience the world and react to it⁵.

In the initial stage of development, which Piaget describes as ‘sensorimotor’, we are cognitively in an undifferentiated state with the other, forming a ‘symbiotic unit’ with mother (Mahler, 1975). For Freud (1973, 1976) this is the ‘oral stage’ where the primary erogenous zone is the mouth. Piaget (1972) describes the development of self-other differentiation and the development of ‘object constancy’ around the 6th month of life, time at which Freud also discusses the development of the ego. The presence of a ‘good enough mother’ (Winnicott, 1971) will ensure the infant’s basic needs for warmth, caring and stability. These provide him/ her with a sense of safety and security that is so much needed for the satisfaction of the basic level of Maslow’s (1970) ‘hierarchy of needs’ and for Erikson’s (1963, 1980) development of trust. Thus, the consistently nurturing and caring presence of mother is very important in this initial ‘symbiotic phase’ (Mahler, 1975) both as a prototype for relating to others, but also for providing a solid foundation for the individual’s growth.

As the infant progresses to a more independent stage when he or she starts to move around, walk and talk the mother needs to be able to break the symbiotic unit and help the young infant to become more autonomous instead of making the infant feel shame and doubt (and I

² For more information see: Georganda, E. (2016).

³ ‘Going-on-being’ is a ‘sense of continuity of one’s own being’, a term used by Winnicott (Craig, 2008, p.257).

⁴ For a heuristic schema of the proposed model see: Georganda, E. (2007).

⁵ For more information see: Georganda, E. (2019).

would add fear) towards his/her emerging capacities for autonomous functioning. This stage coincides with Freud's (1973, 1976) anal stage. Toilet training demands are the first to be imposed on the child and the way in which such issues of 'control' are dealt with will have a significant impact on the child's emerging sense of mastery and feelings of self-control. Feelings of shame and self-doubt will inhibit the child's capacity to separate from the care taker and to start 'standing on his/her own two feet'. The journey of becoming an autonomous, self-sufficient, competent and self-worthy individual begins within the family in these early stages of life. The physical separation that happened with the cutting of the umbilical cord will gradually progress to the emotional separation from important others so that one can exist as the separate and unique being he or she is. It is my understanding that this process of 'separation-individuation' (Mahler, 1975) is important for achieving a state of 'true connectedness' and intimacy to others in later life. This process allows the person to be engaged with the other not out of need, or the desire to be loved, wanted and cared for, neither out of the fear of being alone, but from a real interest in the other and for sharing with the other, as Fromm (1963) relates in his wonderful book "The Art of Loving".

Erikson's third stage of initiative vs. guilt coincides with Freud's phallic stage and the young child's exploration and realization of sex differences. How are the young child's initiatives dealt with by the parents? Is s/he encouraged to be curious and creative or is s/he made to feel guilty? Guilt feelings, as well as toxic shame are important issues that are often brought by clients in therapy. The groundwork for such intense, 'neurotic' feelings is usually laid by either a strict and punitive upbringing, or by an overprotective environment which then act to further complicate feelings of low self-esteem and poor self-image. The child's lack of encouragement in dealing with age appropriate tasks and conflicts hinders the development of a sense of mastery and worthiness that is important for the development of an identity as a young teenager. The ability of the teenager to feel strong and competent will affect his/her disengagement from the family and the capacity to belong and to connect with peers. For Maslow (1970) needs to belong and feel accepted are a pre-requisite for self-esteem.

As we progress in life different issues and life tasks emerge. The ability to form intimate relationships as opposed to taking refuge in isolation⁶ is important for early adulthood. How well prepared are we to face the challenges of adult life? The ability to make commitments and be responsible for our self and our actions is a life-long process that begins from early on. It is important that, at each developmental stage, we have been allowed to take on age appropriate responsibilities and have been taught to be considerate of others and the effect of our decisions on them. The capacity of the young adult to commit to a profession and to have the ability to 'love and to work for those one loves', is crucial for life satisfaction. Feelings of contentment with one's life and choices and feelings of competency and self-worth will help the person to reach middle age with a sense of generativity as opposed to feelings of stagnation and lack of fulfilment. Our ability to love and to care for others and to give to the young generation is in turn important for achieving a sense of integrity in old age, rather than experiencing despair for an unhappy and unfulfilled life.

Overall, we could say that what is important for the development of a life-enhancing attitude towards our self, others and the world is promoted by an early life where we feel wanted, cared for and provided with what Winnicott (1971) refers to as a 'holding environment' that

⁶ For Yalom (1980) there are three forms of isolation: intrapsychic (poor relationship with oneself), interpersonal (poor relationship with others) and existential (our being-in-the-world as the separate and unique beings we are).

allows us to feel safe to be and to explore the world. Of course, in our everyday lives as children, adolescents and adults we are often traumatized by circumstances beyond our control and the misguided intentions of our primary caretakers. We meet other children, adults, teachers and unexpected life circumstances (natural disasters, wars, accidents, illnesses, etc.) that impinge on our growth and worldview. The solid foundations of a secure, caring and accepting holding environment are crucial for our ability to deal with adversity and to be resilient. Unfortunately, these favorable initial conditions are often unavailable to many of the individuals we see in therapy.

The importance of ‘love’ in life and therapy.

As children what we want most is to be loved. But what is love and can love be taught? Is it something that appears naturally or is it, like language, built into our programming but needing cultivation in order to develop? There is a wide variety of meanings and understandings associated with the word love. However, we could, probably, all agree that love contains elements such as, caring, attention, interest, acceptance and being-there for another. Forming such a connection to another is nurturing and healing of one’s wounds, as it appeases the fear of being-out-there on one’s own. The infant is in a helpless and vulnerable position experiencing, what Schneider (2008) refers to as, ‘groundlessness’. The mother is called upon to be the anchor of and, the protector of the infant’s emerging sense of self. It is important to remember that the consistent, caring and giving presence of mother is what will help create a secure attachment that will in turn generate the ability for self-state regulation, i.e., the ability to regulate affect appropriately and neither under- nor over- react to circumstances. It is this same type of relating and of environment that will help enhance the therapeutic atmosphere and create the kind of ‘sanctuary’ presented by Erik Craig (1986). It will be a ‘sacred’ and ‘secret’ place which is experienced as protected and nurturing, enabling the person who is revealing himself/ herself to feel safe to open up his/her world to the therapist and be part of a new kind of engagement with another.

In the therapeutic room an environment is co-created by the ‘presence’ of both parties. What the client brings to the relationship is equally important to the therapist’s input. However, the therapist has greater responsibility for the creation and management of the framework and the conditions under which this relationship works. One of the core conditions of therapy is that the therapist is present in order to serve the ‘best interest of the client’⁷ and that the therapist must take care ‘to do no harm’, either implicitly or explicitly. The harm would be to re-traumatize the client by repeating his or her life-long scenario. Clients who are more difficult to connect to and have greater difficulties in life are more likely to put the therapist to the test, in order to see whether he or she can be trusted. The most important test will be to see how honest and sincere the therapist is in the relationship. This is why authenticity is such an important issue. The therapist is called upon to be real and truthful rather than putting on the mask of a caring being. Clients, like children, easily recognize false pretenses; caring, positive regard, interest and all the rest of the words we often use to depict the essence of therapeutic presence will remain but empty words if they are not the real attitude of the therapist. This is why it is essential for prospective therapists to have undergone personal therapy and to develop an understanding of their own lived-experiences and the ways they have formulated their self, other and world constructs. As Van Deurzen and Adams (2011) relate, “It is

⁷ As the code of ethics of most associations require.

impossible to be a good existential therapist unless you have the willingness and ability to look into yourself before you look into other people's lives". (p.27)

The fact that we are thrown into being with no real equipment for survival, if someone else is not there for us, portrays in the most vivid and obvious way the co-dependent nature of our being. Development is like a dance where we swirl around one another entangled, yet two separate dancers, who each have their own part but must also stay attuned to the other if they are to really dance. The importance of the input of the infant and the child in the relationship with mother must not be overlooked. We are not passive receptors of stimuli; we actively process and react to them in idiosyncratic ways, even before birth. Of course, in these early stages we do not have the capacity to respond to life events in the more contemplative and thoughtful ways that are available to us when we are cognitively mature. However, cognitive development in itself is not sufficient for 'maturation', as we will see later on.

It is the emotional component of our growth that plays an important role in this process. Often in therapy, we see individuals whose intellectual capacities are fully developed and who may hold important positions in the working world, but whose emotional functioning is still at a childish level. An important indication of this lack of maturity is the egocentric and narcissistic way of relating that continues in later life despite the development of the cognitive abilities of the person. Piaget (1972) discusses the normal egocentric and narcissistic phase of young children, where the infant is yet unable to 'get into the shoes' of another. Although, this cognitively based inability changes as we grow older it appears that, for a number of individuals, this capacity to understand and empathize with another is hindered by emotional factors. The lack of empathic understanding creates problems in relating and would definitely be problematic for the functioning of a therapist.

It is often said that the 'match' between the idiosyncrasies of mother and infant is an important element for the successful bonding of the two. The burden of responsibility for this relationship and the kind of connection that is established is to a large extent on the shoulders of the mother. No matter how 'difficult' a child is, there can be no excuses for abusive behaviors. The obvious cruel sexual or physical abuse is easily detectable; the emotional abuse often goes unnoticed. Emotional abuse can be explicit and verbal but can also be expressed through numerous implicit, non-verbal intonations, facial expressions and even bodily vibrations to which newborns are very sensitive. Piaget's (1972) sensorimotor stage implies that the infant experiences and knows the world through his or her senses and movements and especially during breast feeding is capable of 'knowing', of sensing, mother's feelings. Actually, it is these implicit messages in the way someone looks, holds, touches or attends to our being that are most important for the formation of the relationship.

The 'dance' and the 'bonding' between the client and the therapist contain elements of the relationships they have both experienced in life. The manner of relating that we have in the now has begun in early life and has developed and been transformed throughout life by various lived-experiences. Similarly to the mother the therapist has a greater responsibility for the creation of the framework and the conditions of the therapy world but also for remaining sensitive to what they both bring into their relationship. Thus, the therapist needs to be aware of his/her soft spots, unresolved issues, conflicts, red lines for themes that s/he is not, at least yet, open and able to deal with. As has already been mentioned personal therapy is important as is supervision, especially in cases which provoke the greatest personal difficulties.

The importance of ‘letting go’ in relationships.

Although the importance of connecting cannot be over-stated, it is important to remember that letting go is the next step in our growth. This can be a literal, as well as a symbolic, acceptance of the inevitability of loss in our life. The joy of connecting is followed by the pain of separation. We often want to avoid the pain of loss but, inevitably, we need to learn to let go of people, situations and life itself when the time comes. The mother needs to let go of the symbiotic relationship with the infant to allow him/her to grow into an independent and self-sufficient being that will have his or her separate life and way of being in the world. This is equally true of other relationships in life and, of course, of the therapeutic relationship. As Spinelli (2007) mentions, the therapist acts as the ‘executioner’ of the relationship, hopefully with the mutual consent and desire of the client. Learning how to deal with loss is a life-long task as is learning how to love, care and give. These are all qualities of being and relating that are cultivated in our relationships with others. In early life parents, teachers, mentors play an important role as inspiration for such ways of being but, later on as adults, we in turn, are called upon to share with the younger generations, giving expression to Erikson’s (1980) stage of ‘generativity’.

The prototypes we experienced as we were growing up exert a significant influence on our way of being and relating with others in the here-and-now. This is equally true of the therapeutic relationship. The therapist serves as a role model for the client. S/he has to be able to form the therapeutic alliance but s/he is also required to respect the autonomy of the client and to foster his/her independent and self-sufficient functioning. Thus, the process of letting go involves not only allowing the other to move away from our power of influence and to develop a stance that is uniquely his/hers but also to encourage, support and promote the power of the individual to make decisions and run his/her life as s/he chooses. The ‘virtue of will’ for Erikson (1980) develops in the second stage and we can argue that the ability to be responsible for our life and our actions begins early in life. Practical, age appropriate responsibilities, such as waking up for school, doing homework, choosing clothes, etc., may be given to children as a preparation for later life. Similarly, young children need to be encouraged to solve age appropriate conflicts with siblings and other children, though they will clearly need to be protected from premature burdens, such as divorce quarrels. Adolescents, who are increasingly called upon to take control of their lives and make serious decisions for their future, will be in a far better position to do so if they have been encouraged to be responsible since their childhood.

The use of interpretations and, even more, the insistence that the therapist’s interpretations are correct despite possible objections from the client are in many explicit and implicit ways an assault on the autonomy and judgment of the client which re-creates feelings of shame and doubt in his or her capacities. The therapist’s openness towards the client implies the willingness to take a stance of un-knowing, as Spinelli (2007) suggests. Parents often make the mistake of believing that they know best what their children must do and some forcefully impose their beliefs and attitudes on the child. It is, indeed, difficult to put our views in parentheses so as to fully consider the ‘phenomenon’ of the other. The phenomenological approach to therapy is a difficult and demanding stance whereby the therapist is asked to put his or her ego to the side and to be truly present for the other as a servant (which is the root of the word therapy in Greek). Serving the other implies that we attend to the needs of the person and are able to attune to what s/he is experiencing and how s/he is relating. It is often the quality of the client’s presence within the relationship and the implicit, non-verbal

messages which are transmitted that are more important than the content of the communication for the therapist's attunement to- and empathic understanding of the person.

The importance of 'trust' in the process of maturation.

The establishment of the child's trust to the mother will, ideally, evolve into an ever-increasing level of maternal trust toward the child. This mutual establishment of trust will enable both sides to grow and to feel good about themselves and their relationship. The bestowal of trust and approval from the parents towards their children and adolescents has a significant impact on the development of self-esteem and self-worth. The feeling of being worthy is extremely valuable for mental health and for well-being. It is once more an element of our existence that is created through our contact and relationship with significant others. It is obvious that being accepted and liked by others is a deep and enduring desire, one more directly evident in younger children and more subtly present in adolescence, but clearly also important in adulthood. In fact, this sense of belonging and being part of a group appears to be so vital that some individuals may be prone to joining any kind of group, as long as they feel accepted and part of it.

The safety provided by being part of a group may require the abandonment of some of our individuality and uniqueness in order to fit in. The more confident and self-worthy we feel the more likely that we will be able to stand out and allow for our uniqueness to shine forth. This possibility of our nature allows for both the more creative and the more shadowy parts of our self to appear and to be used in a constructive manner. We begin our life immersed in a relationship and need to figure out our personal way of navigating through life. Although, always entangled in relationships, there is no doubt that we each carry a unique DNA (biological and psychological) and create a personal/ ontic manner of being-in-the-world. The trust of others in the potential we carry is valuable for believing in ourselves and our capabilities. The encouragement and support of our parents may be irreplaceable (as is their love and presence), however, much of therapy is an effort to restore the person's lost trust in themselves, others and life. Erikson (1973) discussed the 'virtue of hope' developing out of trust in the first stage. The creation of 'faith' and trust in life is an on-going process that is, I believe, important on a much wider scale. It includes the element of a positive stance towards life with all its sorrows and difficulties that can allow for Kierkegaard's 'leap of faith'. It is my understanding that this leap allows us to be trusting and open towards life and others, a quality much needed in therapy but also part of all healing.

Becoming an 'adult'.

The process of therapy can be viewed as one of healing and maturation. We are challenged by life to stand up and face all the challenges, doing the best that we can for as long as we are alive. How each and every individual responds to life is a very personal struggle that cannot be lived by anyone other than the person himself/herself. This is the way I understand the 'existential isolation' that Yalom (1980) refers to. No matter how connected and even entangled we are with others, life's battles are met by the individual himself/herself. No one can take our place in our suffering and death neither in our joy and existence in the world. The owning of this personal responsibility is an indication of the emotional maturity of the person. The process of becoming an adult is not solely based on physical and cognitive maturation. It requires an 'emotional maturity' which entails the ability to feel self-sufficient, competent and self-worthy.

Many individuals in therapy struggle with the above issues. The trust of the therapist in the client, and the process, can be understood as the ‘curative factor’ that Yalom (1980) refers to as the ‘instillation of hope’. What makes life bearable, especially during difficult moments, is the hope that things can get better; that the suffering will subside and moments of joy will reappear. Conversely, it is probably the lack of hope in life that creates a fertile ground for suicide. The single most important philosophical question, as mentioned by many philosophers and writers, is ‘to be or not to be’. The presence of trust, hope and faith, that something good may come out of our struggles, are vital for holding on to life. It is these qualities of being that are also related to meaning. In my personal and professional experience it seems that meaninglessness appears together with dark and pessimistic feelings about life and the worthiness of being alive. When one is in ‘oistros’⁸ there seems to be no doubt about the value of living life. Instead one is fully immersed in the process of creating and living.

Being an adult also refers to the growing ability to take care of others and of becoming less self-centered and more giving towards others. Now the individual is, at least cognitively, capable of understanding others and their suffering and is in the position to exert more influence on society and the way the world of others evolves. The responsibility for the kind of world we are creating and leaving behind is becoming all the more present. How capable is each one to respond to life and the challenges presented and to take an active role in constructing his/her microcosm is an indication of maturity and well-being. The awareness that what we do with our life and with life as a whole matters, is often what we try to shy away from by remaining childlike in our behaviors and attitudes. The statement made by a 30-year-old client of mine that, “It is hard to grow up. I am scared of all the responsibility”, exemplifies what I am alluding to. The process by which we are becoming increasingly more responsible towards others and Life can also be understood as that of: *Becoming a ‘Shepherd of Being’*.⁹

Final remarks.

The idea that we re-create old patterns in new relationships, or that we choose relationships on the basis of old resemblances is not a new one. Freud talked about transference and existential theories suggest that we should look at the way the client relates to the therapist in the here-and-now. Regardless of the ways in which we choose to label the relationship that is being formed between client and therapist, we should not lose sight of the fact that it is a real relationship. Its establishment is a very basic step for the conduct of therapy, any form of therapy. If there is no relationship there can be no therapy. The issue of the ‘success’ of therapy is a complicated one. Research shows that extra-therapeutic factors play an important role. The desire and hard work of the client himself/herself to change is very important, as are other relationships and life events. But what makes a therapeutic relationship ‘successful’?

Like all relationships the success of the therapeutic relationship is based on the willingness of the two parties to be deeply engaged with one another. Respect, interest and openness to the other are also wonderful ingredients of a relationship. The establishment of trust, as in our early attachment, is vital for the therapeutic alliance. The degree of trust depends on the stability, reliability and consistent caring of the therapist and the framework he or she establishes. In therapeutic circles we often refer to the importance of ‘presence’, being there

⁸ ‘Oistros’ is a concept proposed by the Hellenic Association for Existential Psychology that means ‘zest for life’. For more information see: Georganda, E. T. (2019, May 13).

⁹ Heidegger’s understanding of Dasein (Craig, E. 2019, p. 52).

for the other, in the relationship, with one's full body, heart and mind, giving devoted attention. Who we are as human beings is crucial for the 'success' of the therapeutic endeavor. A heightened awareness of the lived experiences that have formulated our self, other and world constructs is valuable for understanding the way we relate and are with others. This is an important responsibility of therapists, but also of all who work with fellow human beings, such as teachers and educators. Of course, such awareness would be useful for relationships in general.

The understanding of evolutionary stages is not suggested as, necessarily, a linear or causal form of explanation of our way of existing and growing. It rather serves as a suggestion of some basic themes that seem to emerge and unfold as we grow older and move towards death. Who we are at any one time is a compilation of all of our lived experiences which are present in the here-and-now of our existence. My lived experiences of growing up and of working, for many years, with people who suffer are that these themes often emerge in our wonderings and dialogues.

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