

The Accidental
EXISTENTIALIST

SUMMER 2018



*"The sun struggles up another beautiful day,
And I felt glad in my own suspicious way,
Despite the contradiction and confusion,
Felt tragic without reason,
There's malice and there's magic in every season..."*

— Elvis Costello

In spite of the sunshine and best of intentions, the summer months can sometimes feel like a glass half-empty, glass half-full question. It is the noontime of our seasonal clocks and, in my case, a faint reminder of the noontime of existence. Seasonally we are poised to reach our yearly zenith of sunshine, warmth and outdoor activities. Yet, at fifty-two years of age I am situated well into the second half of my life. With luck, I might have another 30 years, but the reality of it is, and existentially speaking, there are no guarantees. For all intents and purposes the shadow of death grows just a bit larger with each passing day. Unlike when I was in my thirties, I feel it now. It's not a concept, theory or construct; it's physical and it can haunt my thoughts at the damndest times. The words of Nietzsche seem to echo for me these days in a different, but comforting way, *"We would consider every day wasted,"* remarks Nietzsche's Zarathustra, *"in which we had not danced at least once. And we would consider every truth false that was not followed by at least one laugh."* May your summer be long and filled with as many hopes, dreams and fulfilled wishes as you can imagine.

Peace,

- don





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SMULTRONSTÄLLET

WILD STRAWBERRIES: THERAPY AND THE ART OF AGING

by Don Laird

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Since their inception, motion pictures have allowed us to explore the human condition through an amalgamation of sound, lighting, editing, musical score and performance, coupled with traditional storytelling. To claim that one film more than any other illuminates the arc of human existence that it has become a standard by which all other films of its type shall be measured may seem like an overstatement. Yet, Ingmar Bergman's *Wild Strawberries* manages to accomplish this in 90 minutes of postwar beauty. It is an artistic achievement in cinema and a challenge for those who work in the helping relationship to take note of how an individual's life may unfold on the screen with such self-effacing exactness, not unlike how it may or should unfold on the therapist's couch.

It is the gestalt of a client's life that we as therapists must assign our most devoted artistic and scientific considerations. Shouldn't we then take into account that most artistic works, whether literature, music, painting or in this case, film, have a way of presenting in a highly compelling structure some whole truths regarding the narratives that chronicle our lives and those of our clients? In a few hours, and on less than 8,000 feet of processed celluloid, life histories are revealed, analyzed and deconstructed in a method that rarely transpires in the stillness of

the therapist's office. Thus, it is noteworthy for therapists to reflect on the creative dynamics of the therapeutic relationship and how life, as it concludes in old age, is not quite as disconnected from drama, myth, and metaphor as we once believed. As demonstrated in *Wild Strawberries*, character and development may shine the brightest in our twilight years.

As each scene in a film is exposed, so is a character's psyche. So it can be said of the encounter between client and therapist; each moment an opportunity to reveal the client's psyche. A simple, yet extraordinary voyage through one man's past, present and limited future, *Wild Strawberries* (1957) calls to the fundamental essence of our being, those qualities that makes each of us uniquely human. Professor Isak Borg (Victor Sjöström) is an elderly man who has created a successful career as a medical doctor, first in practice then through research. On the eve of his 77th year of life, he is to be honored as Professor Emeritus at a university in Sweden. This is all we know of Isak during the film's opening monologue, but in the moments leading up to film's final images, we will be familiar with his deepest fears and his greatest loves. Director, Ingmar Bergman, understands the interplay of core existential issues as he gently models Borg's past, present and future through memories,

fantasies, and dreams. And not unlike a skillful therapist, Bergman, edits to the heart of the character's malaise, an old man in search of his life's meaning, which became lost in his life's work.

"At the age of seventy-six, I feel that I'm much too old to lie to myself." And so begins Dr. Isak Borg's opening statement to himself and the viewer. All he desires from life is to be "left alone" and to have the opportunity to dedicate his remaining time on earth to the few things that concern him. He mentions detective stories, golf and his "beloved science:" bacteriology. Isak is the last of 10 children. His wife, Karin, died years ago and the connection he has with his only son Evald is estranged. Dr. Borg impersonally catalogs his relationships in terms that are better suited for laboratory research.

Still, his dreams are not as rigidly ordered and enumerated. Here, Bergman begins to highlight the human qualities of Isak. The dreams tell us much about Isak's desires and wishes and each unfolding moment supports the basic principles of a phenomenological and existential understanding of the human situation. That is to say, meaning, death, aloneness and freedom are Bergman's tenets; these too are the constructs of existentialism. Existentialists suggest that we

are not born to be anything in particular, but we become who we are through our commitments to choice and action. We make choices and then accept (or not) complete responsibility for the choices we have made. In particular, existentialism emphasizes existence over essence.

To investigate into an existential issue does not connote that one explores the past exclusively; rather it means that one brushes away everyday concerns and thinks deeply about one's existential situation. It means to think outside of time, to think about the relationship between one's feet and the ground beneath; between one's consciousness and the space around one; it means to think not about the way one came to be the way one is, but that one is (Yalom, 1980, p11).

Accordingly, existential psychotherapy can be described as a dynamic encounter between the therapist and the client that centers on the client's responsibility for choices, actions and behaviors; finding personal meaning in a meaningless world; coping with anxiety; and living with others-in-the-world. This therapeutic encounter attends to freedom (choice), guilt (regret over choices), anxiety (tensions within), isolation (aloneness), and meaninglessness (meaning as a personal construction) (Yalom, 1980).

Clients craft their stories as they detail their histories. "Each of us is forced to do deliberately for oneself what in previous ages was done by family, custom, church, and state, namely from the myths in terms of what we can make some sense of experience" (May, 1992, p29). Narratives provide us with insight and meaning. Likewise, stories and myths facilitate in helping clients better understand events and meaning in their lives. A client's history is gathered, but should not be explained or labeled. Instead, the therapist is viewing the client's narration through the client's lens – their phenomenological awareness – rather than focusing on pathological development. When a therapist is aware that narrative brings focus and order to a client's world – providing meaning, value and hope – a respectful understanding of that client illuminates in the darkness.

"Healing through narration is an opening up involving an existential act of self-transcendence of an embodied person who organizes his or her experience in time" (Mishara, 1995, p.180). During the second act of *Wild Strawberries*, Isak and his daughter-in-law Marianne (both traveling together by car to the university ceremony) pick up three young people – one female and two males – hitchhiking their way to Italy. The care-free female, who strongly resembles Isak's first

love, Sara, says to Isak that she cannot think of "anything worse than getting old." The two young males, one studying to be a priest the other a doctor, argue endlessly as to which is more important science or religion. Consequently, this younger generation of passengers expound the questions that haunt Isak's dreams—his choice of self in the role of doctor. He must face this before he can face the existential self of failing flesh and bittersweet memories.

The endeavor to maintain youth remains critical to collective modern thought and culture. The movement toward eternal youth infiltrates our psyches to the extent that we no longer consider growing old as an option. In an unhealthy state of denial, we as a culture have fashioned a universal anxiety that pursues youthful actions and accomplishments with sightless vitality while consequently avoiding the subject and nature of death. As a result, adults cling to childhood and adolescence as the definitive developmental stage, a place of great wonder where no harm may come to you, provided you think young.

Challenged with life choices that are often void of meaning and faced with an unforgiving culture of youth, the elderly are often presented as foolish antiquities that need to be carted between family functions and physician appointments – and as

cautious reminders for the young to “never grow old.” It is then no wonder that the aging have the fastest growing number of completed suicides.

Each year more than 6,300 older adults take their own lives. Older adults have the highest suicide rate – more than 50 percent higher than their young counterparts. Suicide is rarely, if ever, caused by any single event or reason. Rather, it results from many factors working together, which produce hopelessness, anxiety, and depression. Because suicide for the older person is typically not an impulsive act, a window of opportunity exists to intervene (Source: NAMI).

When faced with one’s mortality, the mind is anything but quiet, and our aging population is certainly no exception. The worry, fatigue, and somatic aches the aging suffer may be manageable but not always tolerable. Yet, it is the loss of meaning or lack thereof, which evokes much discontent within older adults. The avoidance of anticipatory grief only accelerates the anxiety. Not unlike a skilled filmmaker, a competent therapist will draw on many sources, none of which is more important than engaging the whole person in a meaningful relationship. Accordingly, when an older client and therapist explore issues of meaning and meaninglessness, a review of the

client’s life can be utilized as a means of reengaging that individual with her or his world.

When the client withdraws and isolates from his or her world there is often a loss of interest in the things he or she once found enjoyable, and although the individual may continue to function “normally” in daily activities, a disruption in meaning causes a marked increase in anxiety, loss of freedom, and frustration as it becomes increasingly more difficult to connect because of the obstruction.

Life is as meaningful as what is ascribed to it. That is to say, what the client takes from the world and what is given back creates a flow or oscillation between two spheres – world and self. Everything that is the client: choices, behaviors, actions, beliefs, spirituality, values, and so forth are encapsulated in the sphere of the self. That which the client has no control over, namely his or her socio-cultural factors, are summarized in the sphere of the world. The latter is where most clients try to enact change and expend an exuberant amount of energy. Unattended, mental energy, being finite, will eventually extinguish itself and leave the client in a void that can be filled only with questions of “Who am I?”, “What does this all mean?” or the case of an aged person, “What did this all mean, and where do I

go from here?"

Isak's ruminations correspond to the essential principles of existential theory, and in this way Bergman and therapists share a universal canvas. Great art and great psychotherapy parallel one another in their mutual call for dramatic tension. This dynamic conduit allows us as therapists to organize much of the "logos of being" we have come to map through existential thought. Indeed, Isak's dreams seem to formulate their own profound and meaningful logic and narrative. In one moment, Isak is back in the strawberry patch close to the old family house and, in the next, a classroom at medical school. Are these powerful messages forcing Isak to reexamine his life? "At the age of seventy-six, I feel that I'm much too old to lie to myself," he tells us. These dreams are hardly Isak's entire developmental history, yet they are what they are in terms of narrative, meaning and intention. It would appear that the dreams are doing for Isak what his waking psyche is incapable of, specifically confronting those deeply meaningful concerns of one's mortality as authentically as one can.

"In the dream, we see the whole man, the entirety of his problems, in a different existential modality than in waking, but against the background and with the structure of the a priori

articulation of existence, and therefore the dream is also of paramount therapeutic importance for existential analyst" (Binswanger & Boss, 1983, p.285). Dreams augment insight and "deepen one's self-perception" (Kuiken, 1995, p. 129). Dream work provides the opportunity for client and therapist to better view the client's being-in-the-world and to understand the possibilities of existence through the dream – a window to the unconscious or a door to the potential of authenticity.

What significance does a life have if it is depleted pursuing self-serving needs? If the majority of our younger years are exhausted in achieving material success and status, then it is our twilight years that often suffer bankruptcy. Higher order values are achieved when an individual makes an equal attempt to engage with others-in-the world for the sake of others and takes pleasure in nature and creativity while courageously facing life's struggles.

Here is the apex of the human condition, and where I propose existentialism has been long overlooked as a therapeutic choice and agent of change. If lack of meaning is the cause of such unrest in our aging population, then we must look at what it means to grow old in our culture and how we can illuminate meaning through nar-

rative and become conscious of our future potential. Victor Frankl applied the phrase anomic depression when he described an affective reaction to lack of meaning in one's life, but it is his explanation of a "Sunday Neurosis" (Frankl, 1959, p112) that I wish to highlight here in relation to the back years of one's life.

That kind of depression that afflicts people who become aware of the lack of content in their lives when the rush of the busy week is over and the void within themselves becomes manifest. Such widespread phenomena as depression, aggression and addiction are not understandable unless we recognize the existential vacuum underlying them. This is also true of the crisis of pensioners and aging people (Frankl, 1959, p112).

It would seem that acknowledging the existence of such a "vacuum" would improve one's sense of well being. According to Frankl's method, years of ignoring meaning in one's life leads to symptoms of anxiety and depression, which make it difficult for the client to isolate where the true problem lies. The will to pleasure is masked by a frustrated will that cannot see the forest through the trees as it were. Where emptiness exists in a client's life, symptoms will pour in to fill it. Over time, worry, fatigue, and low-level depression make life miserable for the client.

Driving down a winding path, a large abandoned summerhouse emerges from among the trees and overgrown vegetation. Isak reveals to his Marianne that this is the house in which his family spent the summers of his youth. He begins searching for a particular spot where there had once been a patch of wild strawberries. Disinterested, Marianne walks down to the lake for a quick swim.

Alone, Isak sits down to eat some berries, as if the taste of the fruit could reconcile his troubled memories. Real-time and illusory images begin to merge. He suddenly sees Cousin Sara, a one-time love, gathering strawberries. Isak's young brother, Sigfrid, quite abruptly and crudely asserts that he is going to kiss Sara. She reminds Sigfrid that she is "secretly" engaged to Isak. He ignores her protests and forcefully kisses her. Sara cries out, spilling the strawberries. Not dissimilar from his existent life, Issac can only watch. He is incapable of participating in the event, real or imagined, and whether this memory is accurate or fantasy is inconsequential. Isak is unable to intervene, and is left with nothing but a faded recollection of what once was.

Even though there would appear to be a cry for meaning from our older clients, few clinicians

seem to be listening. Existential therapy offers the suggestion that life is not a tensionless state, nor does it respond well to psychology as science. Rather, it is a creative journey seasoned with responsibility and choice. A number of today's clinicians, most trained in empirically validated theories, will perceive this approach as pseudoscience, or will be uncomfortable with its lack of structure and technique, and that could offer an explanation as to why it is not more often employed in clinical and academic settings. It could be argued that fields of psychiatry and psychology are soft sciences, at best.

One of the criticisms leveled at any depth, existential or phenomenological approach is a lack of supporting research. There are few outcome-based evaluations that can support an existential approach. On the other hand, how do you objectively quantify something that can't be measured? Can you quantify loneliness, meaning and general, unidentifiable malaise? Like other depth approaches to therapy, it rests in the gap linking science and philosophy, but cannot rely on statistics and systematic testing to demonstrate itself.

Distress is viewed as a human accomplishment and guilt an opportunity for change. The susceptibility a client feels during the therapeutic rela-

tionship motivates her or him toward authenticity. Real change is a process, not a quick fix. Meaning is gained from creative endeavors within the world, and transformation is cultivated within the client by appealing to his or her unique situation and humanness. Meaning cultivates values, which, in turn, supplements a client's sense of self, which then diminishes anxiety. The therapist subsequently illuminates past achievements and strengths, while alluding to the potential of future endeavors of creativity, experience and attitude toward one's role in the world.

Dreaming, Isak is escorted into a classroom where the instructor points to a microscope and asks him to identify a bacteriological specimen. All Isak can see in the microscope is his own enlarged eye: "I can't see anything." Then the instructor gestures to the blackboard and asks him to read something printed on it in. Isak struggles, but cannot read the letters. The instructor translates it for him: "A doctor's first duty is to ask forgiveness," and concludes, "You are guilty of guilt." Isak struggles to find excuses: the microscope is broken; he is a medical doctor, not a linguist; and finally he states that he is an "old man with a bad heart." The instructor asserts that there is nothing cataloged about Isak's "heart" in the examination book and continues

with the assessment. He lights a lamp over the face of a woman and asks Isak to diagnose her. Isak declares "She is dead," just as the woman erupts in loud, mocking laughter. The instructor's concluding remarks for Isak: "You're incompetent." Isak is confused; never before had he failed an examination. The instructor adds, "You are accused of 'indifference, selfishness, and lack of consideration.'" The instructor leads Isak into a forest where they watch through flashback Karin, Isak's long dead wife, in the company of another man. Again, Isak can only watch with detached curiosity and confusion. The instructor continues with his critique of Isak's psyche, "A surgical masterpiece, everything has been dissected." "It is a perfect achievement of its kind." Isak then asks what the consequence of his performance will be, and he is told: "Loneliness, of course."

When a client surrenders their old selves by exploring the unknown in therapy, they also consign an excessive amount of faith in their therapist. The therapist needs to answer, in turn, with an equivalent amount of faith in the client. Support can be provided by empowering the client to recognize this shift. Therapists must continuously be familiar to unresolved issues in therapy. Mourning disillusionment, disengagement and years of emotional struggle, the client sustains growth.

Closure begins when the therapist and the client recognize that their relationship is terminal. Both will eventually face the loss of the other and that termination will require authenticity and a willingness to be present, as this represents a very real death to both individuals. Investigating the parallels associated with every other loss in life of the client can assist the therapist with an effective intervention that describes the reality that all things must die and that this fact is consistent in all relationships.

In the final moments of *Wild Strawberries*, Isak drifts back again to the summerhouse and the strawberry patch and to everything that he dreamed and experienced that day. He envisions a warm, sunny day with a gentle wind coming through the trees. Down at the lakeside, his sisters and brothers are preparing to launch a small sail boat. Sara comes running up the hill to Isak.

Sara: *"Isak, darling, there are no wild strawberries left. Aunt wants you to search for your father. We will sail around the peninsula and pick you up on the other side."*

Isak: *"I have already searched for him, but I can't find either Father or Mother."*

Sara: *"Your mother was supposed to go with him."*

Isak: *"Yes, but I can't find them."*

Sara: *"I will help you."*

Sara takes him by the hand and leads him to a narrow inlet near the deep, dark water.

Isak: *"I dreamed that I stood by the water and shouted toward the bay, but the warm summer breeze carried away my cries, and they did not reach their destination. Yet I wasn't sorry about that; I felt, on the contrary, rather lighthearted."*

Isak drifts into a peaceful sleep and, presumably for the first time in his 77 years, he has come to realize the meaning of his life through the eyes of a man rather than the role of a doctor.

In today's managed healthcare system where traditional therapies – in their twilight years quite like Professor Isak Borg – have conceded to empirical validated therapies that provide quick fix solutions, existential and phenomenological therapies present a refreshing and needed alternative. Of course not every theoretical approach is suitable for every client, nor is it appropriate

for every therapist. It requires an enormous commitment on the part of the client, as she or he will be subjected to periods of reflection and self-examination that will be uncomfortable and perhaps even frightening. Moreover, existentialism focuses on the subjective experience, which may disengage some clients who are in search of directives, advice or fast solutions to their issues.

Existential therapy remains, however, a unique and thoughtful approach that may allow an individual the opportunity to regain control of his or her life by assigning meaning through engagement and understanding. Isak uncovers meaning in the rich soil of a strawberry patch. As therapists, we have an obligation to cultivate the metaphors and myths of our clients' life narratives and to dig in the dirt of our clients' secret gardens.

The therapist's goal, then, is engagement. However, the task is not to create engagement or to inspire the patient with engagement because it is not necessary. The desire to engage life is always there within the patient (Yalom, 1980, p 482). A healthy sense of engagement with others-in-the-world is the objective of both client and therapist. In a way, the therapist's office setting can be a smaller, experiential stage for the client's world theatre. ■

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REFERENCES

American Psychiatric Association (2000).

Diagnostic and Statistical Manual of Mental Disorders (4th ED.) Washington, DC: American Psychiatric Association.

Frankl, Victor. (1959). *Man's Search for Meaning: From Death Camp to Existentialism* (4th. ED.). Boston: Beacon Press.

Frankl, Victor. (1975). *The Unconscious God*. New York, New York: Simon and Schuster.

Kaminsky, Stuart M. (1975). *Ingmar Bergman, Essays in Criticism*. New York, New York: Oxford University Press Malmstrom, Lars and Kushner, David.

(1960). *Four Screenplays of Ingmar Bergman*. New York, New York: Simon and Schuster.

May, Rollo. (1989). *The Art of Counseling* (Revised Edition). New York, New York: Gardner Press.

Yalom, Irvin D., M.D. (1980). *Existential Psychotherapy*. New York, New York: Basic Books.

Yalom, Irvin D., M.D. (2002). *The Gift of Therapy*. New York, New York: HarpersCollins Publishers, Inc.

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**Groundbreaking LGBTQIA
Individuals Throughout History**

by Morgan Roberts

Photograph by Jofreepik

Every June, there are Pride Parades throughout the country and world, celebrating gay, lesbian, bisexual, transgender, queer, intersex, and asexual individuals. Nevertheless, there are many who continually attempt to invalidate the lives of those in the LGBTQIA community. More conservative states frequently pass legislature hindering the community which contradicts public opinion. The Human Rights Campaign reported in 2014 that 59 percent of Americans support marriage equality, with 61 percent of people favor allowing same-sex couples to adopt. Importantly, 68 percent of people believe that sexual orientation and/or gender identity should be protected under federal hate crime laws. Despite the never ending uphill battles from bathroom bills, to banning transgender individuals from the military, to the lack of protection against hate crimes, the LGBTQIA community continues to fight for equality. There are a number of trailblazers. Here is just a small sample of heroes.

{1}

MARSHA P. JOHNSON (1945-1992)

Johnson was born Malcolm Michaels Jr. in Elizabeth, New Jersey. She attended the African Methodist Episcopal Church and was a devout Christian. At the age of five, Johnson began wearing dresses, but would stop after neighborhood boys would harass her.

After high school, she left for New York City where she first decided to call herself "Black Marsha" before settling on Marsha P. Johnson as her drag name. Johnson would say that the "P" in her name stood for "pay it no mind," an answer she would frequently give when questioned about her gender identity and sexual orientation.

Johnson would frequent the Stonewall Inn, and was one of the first drag queens permitted in the Stonewall Inn,

which was initially a bar for gay men only. In the early morning hours of June 28, 1969, the Stonewall uprising began after police attempted to raid the bar and patrons protested. According to many eyewitnesses, Johnson was one of the first to fight back.

After the uprising, she joined the Gay Liberation Front. Around the same time, Johnson and another LGBTQIA activist, Sylvia Rivera, co-founded the Street Transvestite Action Revolutionaries (STAR) organization. In 1973, Johnson and Rivera were banned by gay and lesbian organizers of the NYC gay pride march stating that drag queens were not allowed as they were giving the organization a bad name. Defiantly, Rivera and Johnson marched ahead of the organized march. Together with Rivera, Johnson would found the STAR House which was the first shelter for homeless LGBTQIA teens. They would pay the rent for the building with the money they earned as sex workers. While the STAR house was short-lived, it became a legendary model for future generations.

In 1992, Johnson's body was found in the Hudson River, just after the gay pride parade. While her death was officially ruled a suicide, many of her friends believe she was killed. In the 2017 documentary, *The Death and Life of Marsha P. Johnson*, trans woman and anti-violence advocate Victoria Cruz investigates Johnson's death while highlighting extraordinary life.

{2}

WILLIAM MOULTON MARSTON (1893-1947), ELIZABETH HOLLOWAY MARSTON (1893-1993), AND OLIVE BYRNE (1904-1990)

William Moulton Marston and Elizabeth Holloway Marston were psychologists and women's rights advocates. The pair taught at Harvard while Moulton Marston

was a PhD candidate and Holloway Marston was obtaining her Master's through Radcliffe College. Together, they worked on Moulton Marston's thesis, where he hypothesized the DISC theory. DISC breaks down human interaction into four traits: Dominance, Inducement, Submission, and Compliance. Moreover, the couple worked on the early polygraph test where systemic blood-pressure was used to determine deception. While Holloway Marston was not listed on Moulton Marston's early work, a number of individuals refer to her (directly and indirectly) for her contributions to her husband's work.

While teaching a course at Radcliffe, the Marstons met Olive Byrne. Byrne was the daughter of Ethel Byrne – famous American suffragette – and the niece of Planned Parenthood founder Margaret Sanger. Byrne became a research assistant to the Marstons, allowing them to witness baby parties (in which freshman girls would dress up like babies and treated like children) in her sorority. Moulton Marston would apply the DISC theory to these interactions.

The three would later enter a polyamorous relationship. Moulton Marston would have two children each with Holloway Marston and Byrne. Holloway Marston would even name her daughter Olive after Byrne. Due to their relationship, Moulton Marston was no longer allowed to teach and was essentially blacklisted by local universities. His unemployment would lead Holloway Marston to find work to support the family, while Byrne raised the children.

In 1940, Moulton Marston would create the *Wonder Woman* comics. In the comics, Moulton Marston would express the themes of the DISC theory while highlighting an anti-patriarchy mindset. It is widely believed that *Wonder Woman* is based off of both Holloway Marston and Byrne. The *Wonder Woman* comics would also

frequently feature bondage, something the Marston/Byrne household would engage in. Due to his inclusion of bondage and heavy female sexual implications, Moulton Marston was later pulled from writing the comics he created. Moulton Marston would die of cancer in 1947. Byrne and Holloway Marston would continue to live together until Byrne's death in 1990. Holloway Marston would live to be 100 years old.

The Marston/Byrne polyamorous relationship was not widely known until the Angela Robinson film *Professor Marston and the Wonder Women* was released in 2017.

{ 3 }

BAYARD RUSTIN (1912-1987)

Rustin was born in West Chester, Pennsylvania and raised by his grandparents. His grandmother was a member of the National Association for the Advancement of Colored People (NAACP). NAACP leaders were frequent guests at his childhood home, and this would lead him to campaign against racially discriminatory Jim Crow laws in his youth.

In 1947, Rustin would join the Civil Rights Movement. He would help organize the Journey of Reconciliation, one of the first Freedom Rides. In 1948, he would travel to India to learn nonviolent civil resistance. Rustin would be arrested in Pasadena, California in 1953 for sexual activity with another man in a parked car. He pled guilty to "sex perversion" and was sentenced to 60 days in jail. This was the first time his sexuality had come to public attention. The Fellowship of Reconciliation fired him. Rustin was openly gay in his private life despite it being criminalized throughout the United States.

Rustin would work closely with Martin Luther King, Jr. throughout the Civil Rights. He was instrumental in organizing the 1963 March on Washington. He would work in

Mississippi during the Freedom Summer of 1964. After the passing of the Civil Rights Act of 1964, Rustin would advocate for the Democratic Party to form closer ties with the Civil Rights Movement. He also advocated for ties between working whites and their loyalty to unions, in order to bridge the gap between racial lines.

In the 1980s, he would testify on behalf of the New York State Gay Rights Bill. In a speech in 1986, he stated, *"Today, blacks are no longer the litmus paper or the barometer of social change. Blacks are in every segment of society and there are laws that help to protect them from racial discrimination... It is in this sense that gay people are the new barometer for social change... The question of social change should be framed with the most vulnerable group in mind: gay people."* Rustin would have a complicated relationship with the gay rights movement as he was publically outed rather than coming out on his own terms. He died in 1987, and was survived by his partner of 10 years, Walter Naegle.

In 2013, he would posthumously be awarded the Presidential Medal of Freedom by President Barack Obama.

{ 4 }

JANET MOCK (B. 1983)

Born in Honolulu, Hawaii, Mock was the second child in her family. She would begin her transition to female as a freshman in high school. Mock funded her medical transition by earning money as a sex worker. She would undergo sexual reassignment surgery in Thailand at 18 during her freshman year of college. Mock was also the first person in her family to attend college. In 2004, she earned a Bachelor of Art in Fashion Merchandising from the University of Hawaii at Manoa, and in 2006, she earned a Master of Arts in Journalism from New York University.

Following her graduation from NYU, Mock worked at *People* as a staff editor for five years. Her career shifted when she came out as a transgender woman publically in *Marie Claire* in 2011. Despite the monumental occasion, there was issue with how the article about her was written. To begin, the journalist called Mock someone who was born and raised a boy; Mock clarified stating she has always been a girl. She remarked, *"I was born in what doctors proclaim is a boy's body. I had no choice in the assignment of my sex at birth... My genital reconstructive surgery did not make me a girl. I was always a girl."* Despite being misgendered by the magazine, Mock would work for *Marie Claire* as a contributing editor. She would write articles on racial representation in film and television.

Along with her career in journalism, Mock would become a New York Times best-selling author for her 2014 memoir, *Redefining Realness: My Path to Womanhood, Identity, Love and So Much More*. Mock wrote about her experience as a transgender woman of color, but noted the privilege she had; moreover, Mock remarked that her story was not a blanket representation of all transgender women of color.

Today, Mock continues to advocate for LGBTQIA rights, using her platform in media – both in print and digital form – to discuss issues the community currently faces.

{ 5 }

DAN SAVAGE (B. 1964)

Born in Chicago, Illinois, Savage was raised in a Catholic family. He attended college at the University of Illinois at Urbana-Champaign, receiving a Bachelor of Fine Arts in Acting.

After school, while living in Madison, Wisconsin, he worked at a local video store that specialized in inde-

pendent films. He befriended Tim Keck, co-founder of *The Onion*, who was soon to be moving to Seattle to start an unconventional paper called *The Stranger*. Savage jokingly stated that the new paper should have an advice column and wrote a faux column that to his surprise, Keck liked it and hired him. While working at the publication, he wrote his column as a parody of advice columns written by heterosexuals, since many publications offered no insight when responding to letters from gay people.

Savage would become a prominent figure in the LGBTQIA community when he founded the *It Gets Better Project*. Savage and his husband Terry Miller established the project in 2010 after the suicides of a number of teens and young adults due to bullying. The goal of *It Gets Better* is to have LGBTQIA adults convey a positive message to youth in the community that their lives will improve. In its first week, the project had over 200 videos posted online. It now has its own website with more than 50,000 videos from adults from all walks of life, including a number of submissions by celebrities.

The following year, Savage and Miller collaborated on writing the book, *It Gets Better: Coming Out, Overcoming Bullying, and Creating a Life Worth Living* that contains more than 100 essays with contributions from Jennifer Finney Boylan, Meshell Ndegeocello, Suze Orman, and David Sedaris.

Savage and Miller continue their advocacy work for gay rights, including their efforts protesting against California's Proposition 8. ■

To learn more about issues facing the LGBTQIA community visit: <http://www.thetaskforce.org>, the oldest national LGBTQIA advocacy group in the United States. The mission of the **National LGBTQ Task Force** is to advance full freedom, justice and equality for LGBTQIA people.

ABOUT THE AUTHOR



Morgan Roberts is currently an Associate Director at Lifespan, Inc. She supervises an amazing team of social workers who go out into the homes of seniors to provide services and assist them in the community.

Roberts holds a B.S. in Psychology from Fort Hays State University (Hays, KS) and an M.S. in Professional Counseling from Carlow University (Pittsburgh, PA). During her time in Kansas, she worked with social advocacy organizations on campus. She surrounded herself with the coolest, passionate people. Moving to Pittsburgh for graduate school, Roberts continued her fiery feminism. It helps that Pittsburgh is a city of bridges and not walls. One of her life highlights was attending the Women's Marches in 2017 and 2018. Ladies are awesome. Ladies are powerful. And intersectional feminism is the only way we can succeed.

In her spare time, Roberts loves watching films, reading, playing her guitar, listening to true crime podcasts, and eating pizza. Headshot was taken by my amazing friend, and even more amazing photographer, *Brandon Penny*.

Photograph by Sharon McCutcheon @ Unsplash.com



Grief **MATTERS** **LIVING WITH LOSS**

*by Dr. Chloe Paidoussis-Mitchell, Cpsychol
UK Chartered Counselling Psychologist*

As a Grief Psychologist, I have the privilege of working with people from all over the globe who are struggling to find a way to embrace life meaningfully again after a very painful loss.

Grief is inevitable. All of us will experience it at some point in our life, and how we respond to it is unique to each of us. Grief is a personal, psychological response to the death of a loved one and when it happens – whether expected or sudden – it is painful, disorientating and knocks our sense of *who we are, how we are* and *what feels relevant and meaningful again*. In grief, our regular way of being is no longer relevant. People often talk about feeling lost and alienated.

With grief, comes a profound existential shake up, which forces us to reflect on what life is, why we carry on living in the face of loss, how we feel and how we relate to death and what makes life meaningful.

In order to understand grief, we have to accept it for what it is. It certainly, in my view, is not pathology. Of course, if grief does not have an outlet and it is repressed, then complicated bereavement reactions may develop and Major Depression and Anxiety follow. This however, seems to be the result of having repressed an authentic expression of the lived experience of grief.

So many of my clients seek therapy to validate and share their loss in a space which is open, holding, non-judgmental and accepting of their personal journey. There is no right or wrong in grief. My therapeutic stance is that it is a deeply personal matter and all responses are valid.

When grief strikes, the initial reactions are embodied. The mind feels as though it has gone into some kind of cognitive arrest – whereby what has happened does not really get processed, does not feel real, does not really make sense; especially if the news of the death was unexpected, very sudden and traumatic. But even if you are aware of someone's imminent death, the actual experience of the event is still cognitively disorientating. Alongside the mind, the body reacts as though it is independent to you. People often feel uncontrollable tears flowing, crying rivers, shaking, feeling cold/sweaty, vomiting or feeling nauseous, feeling dizzy, needing to sit down, not being able to sleep or sleeping non stop, loss of appetite. All of these are normal and how you respond to grief will be personal to you. In most cases, the initial responses subside, and the waves of grief ensue.

A sign to look out for is if you feel like you are falling into a static state of mind or mood that extends to at least two weeks. Getting out of bed and doing what you can to continue with a regular daily rou-

tine is a good buffer at this stage.

People often talk about the stages of grief (shock, denial, pain, guilt, anger, bargaining, depression, reflection, loneliness, the upward turn, reconstruction, working through and acceptance) and all of these emotions will occur at some point or another. There is no right or wrong in grief and in most cases people fall in and out of each stage depending on their attitude and outlook. The suggestion that grief occurs in a linear fashion is not helpful for those struggling to cope, as it implies that somewhere, somehow they 're doing it wrong.

In my practice with *Grief therapy*, I remain open to encounter and engage with the experience of the other as openly as I can. It seems that some people will feel rage, others anger, some will feel deep sadness others will be numb for ages. It is impossible to go through grief without some response and most people dip in and out of the various aspects of it (or stages). For many people, learning to accept the loss and finding a way to maintain a meaningful relationship with the deceased is healing and they find a way to continue living.

For others the journey is more complicated – especially if the death was sudden and there was unfinished business. In that case, the existential

awakening is more pronounced and requires more reflective work.

Losing a loved one means truly learning to accept that life is finite, that who we are is determined by us, and life can be meaningful again if we identify and recognize what imbues us with meaning. When grief is really complicated or pronounced, people feel they have no meaning in their life and describe feeling disoriented and confused. In order to overcome this, it is important to validate this experience, see it for what it is – a call to attend to meaning – and to reflect on our attitude toward meaning. Can we accept that death is unpredictable, that the privilege of being requires us to invest our energy into those relationships and aspects of our lives that we experience as meaningful? This is not easy to achieve when in pain and angry at the circumstances of our life.

Grieving requires us to navigate a complicated awakening to ourselves and re-invent and re-discover who we experience ourselves to be. The message is not a doom-and-gloom one at all. Quite the opposite. Encountering grief is not catastrophic but can lead to personal growth and an appreciation of greater meaning in one's life. Grief therapy can be very useful in helping to guide people into an authentic appreciation of what opportunities life presents for them, what mean-

ingful and significant relationships they need to nourish and where to invest their energy for meaningful life experiences. Allowing grief's message to emerge is powerful and leads to personal growth and greater awareness.

If you are in grief, take this message with you today. Your experience is valid and expecting yourself to go through this alone is not good self-care. Reach out to a trusted person in your life and let them support you. If you really need to, get in touch with a professional. There is lots of help available to you and with the right care and support you will heal. ■



ABOUT THE AUTHOR



Dr. Chloe Paidoussis-Mitchell is a leading UK based Chartered Counselling Psychologist, with a special interest in Grief, Loss and Trauma. She is a Digital Mental Health innovator, recently having authored and acted as the Clinical Lead for the “Overcoming Grief” app of The Minds for Life group. She runs her private practice in London and has a global reach, with clients from all over the world who connect with her online. Dr Chloe is an Associate Fellow of the British Psychological Society, an Applied Psychology Supervisor and a visiting lecturer to a number of Doctoral Psychology programs in the UK. Her passion for Existential Philosophy informs her clinical practice and she continues to act as Primary Supervisor for a number of Doctoral Candidates on Existential Counselling Psychology programs.

Learn more at:

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Photograph by Jofreepik

THE IMPACT OF CHRONIC STRESS

by Mandi C. Dalicandro-Turk

Stress is difficult to contend with for many. Chronic stress has the potential to impact an individual's physiological and/or psychological health and well-being. Long-term, the probability exists for stress to spillover into important facets of daily life, and affect an individual's capacity to function.

HPA Axis Health related issues begin systematically, many times, prior to an individual having awareness of physiological and/or psychological issues being present or the associated long-term effects. The hypothalamic pituitary adrenal (HPA) axis has an important role in fighting and managing stress. The HPA axis affects cortisol (a stress hormone) secretion from the adrenal cortex. The HPA axis is an adaptive system, and *"protects against the damaging effects of internal and external stress"* (McEwen, p. 171, 2011). However, once stress becomes chronic, it is difficult to balance depleted reserves, and HPA axis dysfunction is the potential result. Cortisol will be secreted as part of the fight-or-flight response; if this is experienced chronically, an individual will begin to experience immune system dysfunction, poor health outcomes, and an array of associated symptoms.

Engage Physically

Protective mechanisms exist to assist with the repair and recovery of chronic stress. Thought processes, perceptions, and behaviors each impact disease potential and health outcomes. Physical activity gives the mind and body ways to release stress, redirect focus, and rebalance. Exercise consisting of realistic goals for an individual's current health gives opportunity to engage the reward center of the brain. This is beneficial for mood, levels of serotonin, emotional regulation, and creates a level of *"healthy control over the outcome"* (Lovello, p. 72, 2005). Neuromuscular memory increases through engaging in consistent physical activity. Over time, *"exposure to a stressor could increase the body's ability to cope with that stressor in the future by process of physiological adaptation"* (Lovallo, p. 69, 2005). *"Exercise is an example of increased coping with repeated exposure"* (Lovallo, p. 69, 2005). Spending time in nature and carving out time for any type of physical activity, including walks has both physiological and psychological benefits to lower the effects of chronic stress.

Personality Factors & Supports

Chronic stress increases the risk of cognitive depletion. Personality factors have the potential to assist an individual with the perception of chronic stressors, while minimizing further physiological and psychological issues. Having a high level of

conscientiousness, agreeableness, and extraversion are related to lower assessments of issues with daily life (Vollrath, 2001). Additionally, *"self-efficacy determines cognitive appraisal of stressful situations"* (Bandura, 1997). High levels of self-efficacy assist individuals in viewing stress as challenging and gives opportunities to engage in capacities to seek out resources and supports associated with positive long-term outcomes (Ebstrup, Eplov, Pisinger, & Jorgensen, 2011). Therein, assisting with the decrease of avoidance behaviors and isolation, while dually increasing behaviors to engage in enjoyable and social activities during stressful times.

Having a healthy set of interpersonal supports assists with spillover into career and family, and increases the potential for life satisfaction during significant stress. Supports are multifaceted; having friends, family, and/or co-workers to spend time with, laugh and engage in humor with, communicate with, and to mutually give to one another in times of celebration and difficulty are each important components of a strong support system. When necessary, cease or minimize interactions in unhealthy relationships, form new relationships, and learn to enjoy and value time alone. Transitioning to healthier interpersonal relationships may be difficult; counselors provide much support for healthy long-term outcomes. Each area assists in reducing stress and spillover, while

dually increasing positive interactions and feelings of belonging.

Psychological Factors

Chronic stress has the potential to evoke and/or increase the symptoms of mental health and behavioral health issues. For example, consider an individual with Generalized Anxiety Disorder (GAD). *"Twelve month prevalence of GAD is .9% among adolescents and 2.9% among adults in the general community of the United States"* (American Psychiatric Association, p. 223, 2013). Conceptualize the experience of comorbidity of GAD (or any mental health diagnosis) and its associated symptoms, with the presence of chronic stress, and what is happening to an individual physiologically and psychologically. An individual has a high probability of experiencing increases in heart rate and breathing, increases in anxious and worrisome thought processes and behaviors, some, directly related to, correlated with, and/or separate from the source(s) of chronic stress. An individual's HPA Axis has the probability of experiencing unhealthy levels of cortisol secretion and shifts in healthy functioning. Implementing a therapeutic relationship provides treatment toward mental health and well-being long-term, and has potential to decrease the experience of allostatic load and increase homeostasis.

For further example, consider the significant impact and issues with functioning associated with

major depressive disorder and comorbid chronic stress. *"Twelve month prevalence of major depressive disorder is approximately 7%, with marked differences by age group"* (American Psychiatric Association, p. 165, 2013). Chronic stress has the potential to feel endless, but with comorbidity of mental health and/or behavioral health issues, there is potential to impair an individual's overall quality of life with significant and complex health issues to repair well into the future.

Healthy Coping

Lastly, implementing a flexible approach to healthy coping mechanisms (i.e. exercise, humor, supports, deep breathing, furry-friends, healthy sleep cycles, learning, planning, and staying organized) will assist with chronic stress and the associated psychological and physiological impact long-term. Increasing capacities for emotional regulation, tolerating frustration, a high level of confidence in capacities, and a level of perceived healthy control each assist in successful coping. Incorporating awareness of realistic expectations for the self and others assists in decreasing frustration. Practicing gratitude and kindness to the self and others is beneficial; this includes focusing on accomplishments of any nature during times of chronic stress. Carve out time to decompress as part of minimizing the overall impact of stress and increasing health outcomes.

In conclusion, chronic stress is difficult to navigate

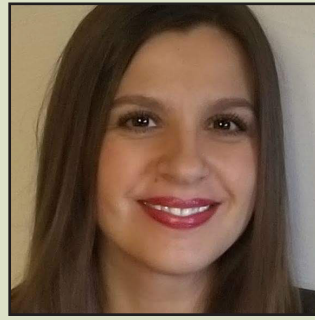
through for most individuals. It is critical to long-term physiological and psychological health and wellness to engage in self-efficacy, positive and balanced physical activities, multiple types of support, and to implement an array of beneficial coping mechanisms. Engaging in each facet as part of a whole, will assist in beneficial and healthy outcomes toward managing stress long-term. ■

*If you are overwhelmed by stress, ask for help from a health professional. However, if you or a loved one have thoughts of suicide, call the toll-free **National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**, suicidepreventionlifeline.org. It is available 24-hours a day, 7-days a week. The service is accessible to anyone and all calls are confidential.*

REFERENCES

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Bandura, A. (1997a). *Self-efficacy: The exercise of control*. New York: Freeman.
- Ebstrup, J. F., Eplov, L. F., Pisinger, C., & Jørgensen, T. (2011). Association between the Five Factor personality traits and perceived stress: is the effect mediated by general self-efficacy?. *Anxiety, Stress & Coping*, 24(4), 407-419. doi:10.1080/10615806.2010.540012
- Lovallo, W. R. (2005). *Stress & Health: Biological and Psychological Interactions* (2nd ed.). Thousand Oaks: Sage Publications.
- McEwen, B. S. (1998). Protective and Damaging Effects of Stress Mediators. *New England Journal Of Medicine*, 338(3), 171-179. doi:10.1056/NEJM199801153380307
- Vollrath, M. (2001). Personality and stress. *Scandinavian Journal Of Psychology*, 42(4), 335

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Mandi C. Dalicandro-Turk is a professional counselor who works with a variety of populations including adolescent, adult, geriatric, and LGBT populations. She is an adjunct professor who teaches organizational psychology, research methods, leadership, motivation, and stress. She also volunteers for a Stress Management Team that assists public safety personnel after the experience of a critical incident.

Dalicandro-Turk graduated summa cum laude with a Bachelor's degree in Psychology and Master's degree in Professional Counseling from Carlow University. She is passionate about assisting others and feels strongly that human-beings benefit from the experiences of learning, growing and developing throughout each stage of life. Dalicandro-Turk writes about a variety of topics related to mental health, behavioral health, stress, anxiety, aging, grieving, self-care, therapy, and improving one's overall quality of life.

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