

Existential Experimentation – (outline 2011)

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This intervention is known as Existential Experimentation. It is a focussed enquiry into the living concerns of the client in a timely, systematic, goal oriented and recovery directed manner.

The intervention is based upon several key notions: first, providing an early and timely intervention with virtual elimination of waiting time; second, the type of inquiry is a detailed inquiry into the qualitative nature of the concerns of the client using a phenomenological methodology; third, the therapy process challenges the medicalised understanding of illness; fourth, devising and promoting within the therapeutic relationship a stance toward recovery whereby the client may experiment with a new sense of self in order to establish new meanings for themselves and move from perceived positions of meaninglessness; fifth, a rigorous session by session monitoring of progress and outcomes.

Timely intervention

The intervention centres upon delivery at GP point of contact. This is designed to promote a situation of reducing the stigma of having to attend a mental health unit. This also reduces the cost of the intervention by not incurring high facilities costs. Clients are offered an assessment within three weeks of referral and seen in six weeks. Referrals are made routinely by GPs to the Primary Care Mental Health Team. These are screened by senior practitioners and deemed suitable for the appropriate intervention.

Type of inquiry

Existential Experimentation will accommodate concerns where the issues of depression and anxiety are present but will not encroach on presentations that are clearly delineated for CBT. Therefore, where there are relational concerns, change of status, role related issues and living concerns around development at different stages in life, this type of intervention is appropriate since clients may have to face changing how they engage with their living challenges. In other words, loss of work, loss of significant other, moving from college to work, from work to retirement, facing illness or change in life are all areas that may elicit anxiety or depression but are not necessarily or fundamentally signatures of mental illness in themselves. These are living concerns that may impact upon the sense of self and how the self functions and may elicit a loss of meaningful experience. This intervention addresses these existential dimensions of life, particularly as a consideration of how to engage in life

and face these inevitable challenges and changes to develop new meanings or reinvent oneself or to create new purpose in life.

Therapy process

The detailed phenomenological inquiry is instigated in the first session to elicit not only the nature of the concerns but also to delineate the goals for therapy as determined by the client. This methodology is a qualitative process that seeks to assess the essential qualities of the concerns by appreciating not only the content of the concerns but also the relationship that the client has to the difficulties. This elicits the stances that the client adopts in relation to their concerns which are also known as the 'worldview' of the client. This worldview is composed of the values, beliefs, attitudes and assumptions that the client has developed about the world and will influence how the person engages or disengages with notions of difficulty and distress. This discloses also what views of the self and others the person subscribes to and it is this sense of self that is considered as the locus and agent in the presentation.

Therapeutic Relationship

This process therefore engages the client and the therapist in a collaborative dialogue in which the therapist inquires about the assumptions that the person holds about the notion of illness or distress and also assumptions about the role of the therapist and what the person believes about therapy and being helped. As the assumptions and beliefs about the difficulties are personal assumptions rather than factual ones, this process allows for a challenging of the medical definition of symptoms and distress and the client is in the process of understanding the difficulties. Understanding the difficulties as their own difficulties in living, it is therefore incumbent on the therapist and the client to discover ways of understanding how the client's beliefs about themselves and their difficulties contribute the position of distress that is articulated. The task of therapy, therefore, is to re-consider assumptions, values and beliefs and thereby challenge the stance the person adopts in relation to their concerns and ultimately reorganise their 'worldview'.

Experimentation

The experimental nature of the process involves organising and discovering ways to experiment with a new sense of self that takes a different stance towards the world and towards difficulties. This is aided by a consideration of the existential understanding of anxiety as being an inevitable part of living, albeit an uncomfortable and possibly unwanted one, rather than one that needs to or is able to be fully eradicated. Anxiety is also considered as part of change, a corollary of the challenge of taking risks to be part of life and engage in living again. Human beings worry about their lives and are concerned with themselves and others and so clients who experience distress have to engage with a sense of anxiety in their attempts to change as change may itself be uncertain and unknown. This fear of the unknown is engaged with explicitly in this therapy as it is the factor that often keeps a client stuck in the positions (worldview) or resistant as many therapies describe.

Monitoring and Outcome Measures

This therapy utilises a range of measures to assess progress and outcome. The IAPT outcomes toolkit is used that includes session by session monitoring of CORE-5OM, PHQ-9 and GAD-7 so that our work may be measured against and compared with similar length of interventions at the same stage stepped care. In addition, we use the CORE-Goal Attainment Form that elicits goals at the commencement of therapy and then rates the degree of goal attainment for each goal at the end of therapy. There is a further section that elicits information about the usefulness of the intervention - information about 'Helpful Events' in therapy which is at the forefront of current psychotherapy research.

Initial findings are available and show positive and significant improvements from pre to post therapy.

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