

Existential Experimentation: An exploration of two clients relating to the theme of 'Naked and Dangerous'

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Abstract

This paper explains the principles underpinning the framework of an existential-phenomenologically informed intervention, with focus on two case studies to demonstrate this model, both with reference to the theme *naked and dangerous*.

Keywords

Existential Phenomenological Intervention, Existential Experimentation, Principles, Naked, Dangerous, Goals

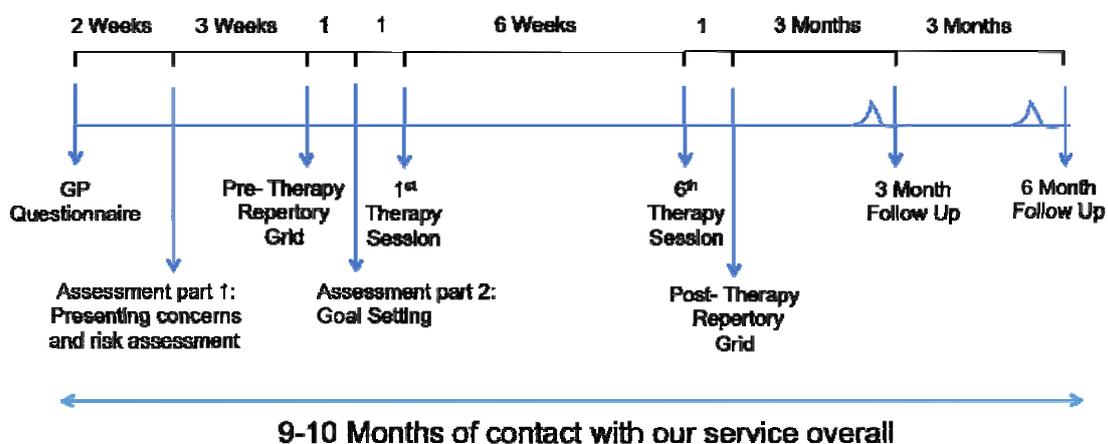
Introduction

Existential Experimentation is a short-term therapy approach, based in a primary care setting. It is informed by existential and phenomenological principles.

Timeline

What is central to the therapy process, which is summarized below, is the collaboration between everyone involved in each individual process. This includes the referring GP, the assessing clinician, the psychologist taking the grid sessions, the treating clinician and crucially, the client. It is important that the GP and therapists work side by side.

Figure 1: Therapeutic timeline



The service is built upon a number of principles that aim to deliver a personalised treatment to each client. We have the ability to intervene early, preventing the escalation to more severe concerns and a need for

specialist, expensive services. This allows for reduced waiting times and healthcare costs. We challenge the medicalization of psychological problems by deconstructing the notion of illness and distress. We understand symptoms to be a reflection of the person's relationship to themselves, to others and to their world, rather than problems to be eradicated. Therefore, there is a movement away from using labels such as '*depression*' and towards exploring the client's own description of their distress. This is done through a phenomenological method of enquiry, particularly by exploring their values, assumptions and beliefs. It aims to promote un-concealment and discovery about the position they take up in the world, in the hope that it will help them to engage with the paradox of their hopes and limitations and accepted givens. Through this method of enquiry, the client is encouraged to take ownership of their difficulties (and their solutions).

Conflicts

It needs to be acknowledged that practicing existential-phenomenological therapy, has led to conflicts of opinion in how and what is possible in terms of measurement, replicability and outcomes. There has been a struggle to develop a robust form of measurement that is in line with contemporary public sector principles, in order to be commissioned, as well as managing the tension of eliciting information that speaks to an existential-phenomenological endeavor in therapy. Therefore, we use validated symptoms scales, detailed qualitative analysis, goal setting ideas and the Repertory Grid Technique from Personal Construct Psychology. All forms of measurement allow us to assess, monitor and measure effectiveness, client experience and client reported outcomes. Our analysis of qualitative statements of recovery has shown that when clients report that they have developed self-understanding they also report that they feel better in the form of reduced symptomatology.

Two case studies are presented below to demonstrate how the principles and measurements of the service materialize in therapy.

Case study 1

This client started therapy 'disguised and safe', however, during the course of six weeks of therapy he revealed his 'naked and dangerous'. In the process, he said he felt more accepted and alive.

Assessment session

I use the terms 'disguised and safe' in that he described his difficulties by using medicalised terms such as 'depression' on his GP screening questionnaire and saying this led to a lack of motivation and sleeping all the time; he was hiding behind a diagnosis to legitimise his behaviour.

Also, his way of dressing was visibly religious and imposing, eliciting a predictable response from all who saw him. I noticed other people at the surgery were a little in awe of him and so was I; he warned me that he abandoned a previous therapist because she was not his intellectual equal. I

could not imagine any metaphorical 'undressing', neither his nor mine, so I began in a safe and formal manner as I asked him to complete his outcome measure forms.

He did score very highly for depression, and he also reported that he was on anti-depressants and a beta-blocker for his intense migraines.

We embarked on a description of the recent events that had been troubling him. He started with the loss of his prestigious job in a school two years ago. The official line was that he resigned, but he wondered how many people suspected the truth. He disclosed that, as a result, he may have lost status in the community and this bothered him.

He managed to find another job in teaching, but it did not fit his way of doing things, so he fell behind in his work, felt judged, could not cope and asked his GP to sign him off for depression. He said he stayed in bed a lot and could not fulfil his responsibilities. He asked himself if he was a burnt out old dinosaur, no longer suited to teaching.

Added to job and status difficulties, he lost his mother eighteen months ago to a protracted illness. At the same time he suffered deterioration in his own health, resulting in a prescription of medication which he hates taking.

He said he had a good relationship with his wife, describing her as supportive and understanding, but he said he knows he has closed down and although he has always been a bit of an introvert, lately, talking to people has felt too much.

It occurred to me that in spite of his general withdrawal, he did seem able to open up to me.

Unsurprisingly, having described so many changes, he wanted his goals for therapy to be around identity and how he sees himself and is seen in the world by others.

Session 1

In the first session he talked openly about his resentment at the way he was disposed of at the school two years ago and how now he wishes he had publicised it all instead of going quietly and with dignity. He looked at me and smiled when he said, 'I cannot be a good Christian and turn the other cheek', knowing that we both saw the humour in the fact he was certainly not a Christian and perhaps he was playing with our religious difference. This gave me my first insight into the playful side of him, not at all visible in the way he presented himself.

He said he rehearses a fantasy in his head, where in the middle of the night, he dons a balaclava and visits the culprits who fired him from the school, finding their cars and slashing their tyres. He looked at me and smiled again, stressing it was only a fantasy.

By now I was thinking that there was a bit of a mismatch between the way he was portraying himself and how he was describing his fantasy world, which I mentioned to him.

By way of an explanation he told me something about his life before this strictly devout persona; he went to a prestigious Independent School where he was quite a rebel and part of the 'in-crowd'. Already, an alternative narrative was beginning to form; he had started to give me a glimpse of the not so safe side of him.

He said some people might mistake his introverted nature for arrogance, which is not true; he wants to be humble. He seemed to want to reassure me that he was approachable despite his appearance and his frequent use of silence.

He said he has always had good relationships with everyone, including his wife. There was one difficult patch, many years ago, when they first came to London, she became very ill and blamed him for the stress of moving being the cause. They also have money differences; she is an heiress and keeps all her money, some of it in secret bank accounts. She is very thrifty, squeezing out the last drop of toothpaste from the tube, while he squanders money all over the place, splashing out on useless gadgets. Their latest argument is about their wills; she is leaving everything to the children and excluding him so that if he survives her, he is genuinely worried about what will happen to him, he will not even be able to stay in the house which is in her name. But he is resigned to her decision.

I asked him about this stoical attitude that he adopts when opposed at his previous school, and now, with his wife. He said he did not want to be like his father who was a very angry and terrifying man. As a result, he has devoted a lot of effort curbing his own temper, which he has now successfully done.

Perhaps he was showing me elements of himself that he deemed too dangerous to express elsewhere? His air of studied stoicism may not be working for him anymore.

Session 2

He started off this session staying quiet and thoughtful. Eventually he told me that last week he had what he described as a very 'bad feeling'. He woke at 4pm after a long sleep and 'whoosh' this bad feeling came from nowhere. He did not want to dwell on it or describe it, just let me know how awful it felt, and how it overtook him and disturbed him.

He said he does sleep a lot and has no motivation except he enjoys swimming. He said he loves being in the pool, feeling the potency of his muscles as he powers through the water. He said he wears small, tight swimming trunks, not befitting to a man of his stature in the community so he has to constantly watch out and avoid anyone he knows. In the telling of this

story, somehow his sexuality entered the room and from that moment I felt I related to him differently; he became a man and not purely a religious figure.

He also told me about his secret love of painting, that he is a very artistic person. Recently he entered a competition under a pseudonym and he won first prize with his picture appearing as a centrefold. But he could not celebrate his success and he felt very bitter about having to hide certain aspects of himself. He went on to vent his frustration asking why could he not become an artist, or a cabbie for that matter, anything, but no, he has to conform to community restrictions.

Session 3

Session three followed a break for the summer holiday and it felt like we had to recap. He told me that he had a nice holiday with his wife, re-iterating their money differences, re-stating his decision to give up teaching and informing me that he had started an art course.

There were some long silences and I felt there was some distance between us, which I mentioned to him. He said he is comfortable with silence, he has been accused of being in his own world, but he said he likes to think things through before speaking. He is a big thinker and he has a rich fantasy world. He said he has a good relationship with God, but not so much with his community, which he finds restrictive and petty. But this strictly religious road is still his chosen way; he has no regrets.

He said he started to become interested in religion when he was fifteen, and suddenly it clicked overnight. He said it was the sexual element of his life that was troubling him. He did not like the way it played out for young people. In the religious path he chose it was simple: he was introduced to a nice girl when he was twenty three and they got married.

At the end of the session he said he still has his personality from before his conversion alongside his religious personality; two personalities which he did not see as a problem.

Session 4

The client reported that he was feeling better, that he had attended some religious events and surprised himself by talking and joining in with a group of strangers.

He said he now recognises the tension he faces with the two personalities. He cannot help having 'what if' moments and thoughts of being totally free, but he would never do it, he is proud of his religious identity. He said everyone must have these thoughts, these imaginations. For example, he loves his wife but sometimes he indulges in some dark thoughts, 'what if I were to leave her and start again alone?' But he knows he would never do that because he would miss her.

At this point he said he wanted to tell me a story that he had never told anyone before. He said he is part of a swimming club and he takes part in a race every Friday. He said he was doing well and gradually climbing up the points ladder. He described his pride in his physical prowess and the way he felt vigorous. After one of these racing events he recounted an incident where he was seriously tempted to do something that would have brought him short term pleasure and long term regret, but he listened to his conscience. He related to me how he stopped to think and he said 'NO!' in a booming voice that filled the therapy room with its force; his religious side won through and he was happy with that outcome. He admitted that occasionally he indulges in the 'what if', but he does not regret his choice to walk away from temptation.

At the end of the session, he said these therapy hours are the fastest he has ever experienced.

Session 5

I asked him what it was like to tell me the temptation story and he said he was perfectly happy revealing things to me because I would understand. He cannot really express that side of himself to his wife, because she married the 'righteous religious man'.

He expanded on his religious conversion from a couple weeks ago. The reason he chose to become religious at fifteen was because he did not like the double standards at school where if a boy slept with a girl she was a slut, whereas the boy was highly regarded as a stud. He was troubled by the idea that if he slept with a girl, he would sully her and yet he wanted to sully her. So he avoided the whole mess by his conversion and being introduced to and marrying a nice girl.

He did tell his wife about his previous sexual experiences once they were married and he said she was okay with that. He said his wife was not adventurous sexually. Nor did she appreciate his romantic or spontaneous side where he liked to shower her with gifts and surprise her. He realises that he chose to marry a very conventional woman. She only wants the gifts she chooses and only after long discussions about practicality and affordability. However, he said he loves his wife and wants to stay married in spite of any 'what ifs'.

Session 6 - Final Session

In the final session he started off by saying that he did not want therapy to end, because he gets so much from it every week and he really reflects on things between sessions. He said he always has to be the person his community expect him to be; he cannot be his whole person except in the therapy room.

He is not sure how he can be more himself when certain aspects are just unacceptable, for example his artistic side and his swimming. He gave me another example, five years ago he was desperate to get a motorbike, which

he scaled down to a moped, and even managed to convince his wife how much faster it would be in traffic and how it would cost less than a car. But that too, was frowned upon by his community. He is thwarted at every turn.

He said he enjoyed the job he had two years ago because he could show his free spirited, maverick side to his pupils. He was also very attached to his pupils and mourned them when he lost his job and could no longer be with them.

Since then he has gradually shut down and retreated to his fantasy world. He realises that is not the answer.

Scores

His symptom scores came down to below clinical levels.

The scores on the goal attainment form are from zero, representing therapy has 'not helped at all', to four representing therapy has 'helped extremely'. He scored two of his goals four out of four and one three out of four; the goals related to 'who am I and how others see me'.

His feedback said that therapy was useful in enabling him to *'articulate my emotions without fear of consequence'*, *'gain insight into the tensions between competing aspects of my personality'* and *'understand better the need to more openly emote with others.'*

In my opinion, he was able to experiment in our relationship, risking bringing all aspects of himself, showing me his humour, exploring his dark thoughts, his anger, and his sexuality. In other words, he was able to reach his 'naked and dangerous' side.

Case study 2

The client initially presented herself as a fraud living behind a mask. The metaphor of a mask was the client's own description of how she perceived herself. Throughout therapy she started taking risks, experimenting with 'taking the mask off' to reveal a more authentic and honest way of being.

The client came into the assessment session smartly dressed in what looked like work attire. Throughout the assessment she would have an outburst of intense crying, which was very vocal yet tearless, yet moments later would continue saying *'I don't know what happened there'* whilst grinning. She had a number of unusual non-verbal communications such as a snake like movement of the tongue and resting her hand under her bra strap. I found this disconcerting and assumed related to her nervousness. Nonetheless, it felt I was being kept at a distance.

It was decided, that a second assessment would be useful to establish her level of engagement. A trainee therapist shadowed the session and I noticed a difference in the client. She changed the conversation to what she thought the trainee wanted to hear and put on a charm. I made my awareness of this

change explicit and she explained the mask had gone on. She spoke of her '*good front*', which constituted acting as though everything was okay and stated very few people see through the mask and they probably feel much closer than they truly are in her eyes. The client confessed in the previous therapy she had worn this mask and fooled the therapist. However, she was concerned that she did not want that to happen again and was determined to be real and honest.

A number of things had happened that had led her to therapy. Historically, the client said how her father emotionally abused her as a child and her anxiety that stems from this would paralyse her at times, even now. She described how she would spend hours frozen on the floor feeling like no one likes her, is unlovable and undeserving and she should be suffering rather than enjoying life. The client found criticism easier to take than a positive comment. Thus, when she asked if she deserved therapy and I told her that I believed she did deserve therapy, she became very upset. Recently, she had been involved in a car incident and additionally had been robbed in public, in a very short space of time, which left her feeling overwhelmed. Furthermore, she claims benefits on the grounds of a neurological disorder and mental health diagnoses and was fearful of losing such benefits and having to work.

Together the client and I constructed four goals to focus on throughout the six therapy sessions. These centred upon the negative views of herself and her deceitfulness, which is used to mask herself.

Session 1

'Family charade'

In the first session she spoke of her family charade. Her parents barely spoke but when in the company of others, they would put on a show. Similarly, she felt there was disparity between how her father acted around her in comparison to strangers or non-family members. She spoke of her father's strict rules and how she was never allowed to develop into who she wanted to be. He controlled everything, was very critical, nothing was ever good enough and disliked anything she had an interest in. Her father was terrified of her neurological condition and said she would not be able to live a normal life due to it.

I got the sense that her father's words have stuck with her and contributed to how she perceives herself.

'The façade'

The client has worn a mask since the age of around four. The mask gave her a sense of control, as well as served to conceal and numb the pain. She felt it was so automatic, she does not know where she begins and it ends; she does not know who she is anymore. She felt terrified thinking about whom she genuinely was or when faced with personal questions.

It seemed to me, she had constructed a narrative and fantasy of herself and had spent so much time trying to deceive others with it, that she had not fully taken responsibility for her life.

'You deserve it'

She further spoke of my comment that she deserved therapy. She explained that it was unbearable to hear as this contradicted what her father said and that she had become accustomed to critical and ridiculing comments as opposed to positive ones. This comment momentarily tore off the mask. She questioned whether she really deserved therapy, knowing that so much of her life was based on a fraudulent foundation of herself. Deep down she thought she was inherently bad, and therefore felt she had to put on a disguise, because she could not believe anyone would like her.

Session 2

'Reliance'

She had surgery for her neurological disorder some year's prior and revealed to me she is most likely free from the disorder now, yet she still takes the medication even though specialists say it is not necessary. She said that the most terrifying question the specialist asked before the surgery was "what will you do if you are okay after surgery?" She spoke of how she holds onto the diagnosis as firstly, it entitles her to claim benefits and secondly, she gives presentations about her surgery and is a mental health campaigner, which she feels gives her meaning and purpose in life. Having said that, there was a tension, as she kept saying she felt like a fraud because of holding onto the diagnosis.

'Playing a role'

The client started to explore the roles that she plays such as being both a victim and a hero and what purpose this serves. It became apparent that in order to claim benefits and maintain a sense of purpose, through campaigning, she always stayed in a role of being ill.

The client was constantly told she was never good enough, thus felt she could additionally use her illness as an excuse to opt out of tasks or social events she was not confident about, to avoid criticism. However, this meant she did not fully embrace life.

Other roles she felt she plays were that resembling more of a hero. She would work out the best role to be in and create different masks to hide behind to be able to feel she can be with others. She described being the carer in relationships, a good businesswoman in interviews and I wondered then, if she was playing the role of a successful client in therapy. Consequently, it emerged that she could only play a role, cannot have spontaneous interactions and does not feel true to herself; she had to live a lie in order to live.

'Experimenting with the role'

The client started to see that she had built herself into a kind and approachable person, but now feels it does the opposite by keeping others at a distance, as it is fake. The role does not allow her to be fully present as she is part censoring what she says by planning her words in advance. Consequently, she started to try and genuinely be with the other person, being more spontaneous in her interactions regardless of the consequences and trusting her responses in order to trust others and the therapeutic relationship provided an opportunity for her to experiment with this.

'Existential guilt of wasting life'

The client explored the guilt she was feeling. For the last few years she could have possibly been something else if she gave up her diagnosis and from exploring this with me, she started to own her life more. She recognised there was a choice to stay with how she was, living a fraudulent life which was familiar but miserable, or choose to take a risk and hang up the identity of having an illness and face the many possibilities that could consequently emerge.

Session 3

'Loneliness'

The client spoke about her fear of loneliness, which is felt as a deep pain that exists even in the presence of others and how this fear has held her back and been used as an excuse to not take certain risks. She gave an example of how she would feel irritated or angry and would want to confront her partner about something, but instead be appeasing, accommodating and grovelling, suppressing what she really feels. Again, playing the role of a caring partner. She was tired of putting everyone first and being too afraid to reveal herself in case they confirm her worst belief, that she really is a bad person and leave her.

'Would I like me?'

The client wondered whether she would like herself if she did open up more and be more true to how she actually felt. Her own lack of self-love meant she blocked out and pushed away indications that people like her, as that was overwhelming. Consequently, this meant maintaining a position of 'everybody hates me', which kept her stuck.

'Do you like me?'

The client asked me if I liked her. When asked what the importance and meaning of the question was, she said she was so desperate for approval to be liked, so wanted me to like her. The client then became awkward and said 'it doesn't matter, it's silly, I don't know'. I felt this could be an opportunity for the client to receive feedback from how I had experienced her during therapy thus far, although I felt this could perhaps be revealing and risky to disclose how I have felt in our sessions to date. I told her that as the sessions have progressed and she has become more open, vulnerable and spontaneous and not tried to charm or deceive me into liking her, I had liked her more and more because the relationship has felt more genuine and present. The client

cried at this and said it was sad something positive hurt so much, but it was because she was faced with the possibility that the mask did not work.

'Cost and benefit to her current position'

At the end of session she was taking more responsibility for the current position she took up in the world. She was worried about her benefits and what would happen if she were not deemed ill enough, even though she knew how to feed them the right information to manipulate the system. The client was thus torn between recognizing that playing on her illness had not got her far in life and the attraction of receiving money without working and the sense of familiarity that it gave her.

Session 4

'Mirror image'

The client spoke of the difficulties she was having with her partner. She described how he had changed and become more helpless since he was diagnosed with a physical condition, which resulted in her growing annoyance. The client sensed he was putting it on, disliked his lack of responsibility and felt as though she was walking on eggshells around him. I felt it was necessary to reflect the similarity between her partner and herself in this session and through exploration, she was able to see the parallels of how they were both using their illness to opt out of responsibility and the costs as well as benefits to the positions they took up in the world.

Session 5

'Choice'

The client admitted she could most likely walk out of the therapy room and be okay, get a paid job, travel, drive and reduce her medication, but she chooses not to. This acknowledgment was liberating and she had wanted to make this fantasy a reality for a long time. Together we explored her fear and uncertainty around this life change. She again spoke about her diagnosis being her 'get out clause' if she did not want to or could not do something. Without this excuse she would only have her self to blame but this was painful, as it would confirm her fathers words that she was a failure. She also spoke of her loneliness again and recognized through withdrawing from society she does not have people to envy or aspire to and unless she found people and places where she can further experiment with being herself, she is always going to be fake and lonely.

'Reflecting upon honesty'

The client admitted she had never been so honest about her fraudulent aspect and feels it underpins her whole life, however it contributes to her depression getting worse year on year. I felt she was far more one person in this session and stopped the peculiar non-verbal gestures and crying and made huge progress with a lot of new awareness. It was clear the fraudulent aspect of her self had become so much a part of her that she could not trust her own judgment of what is for the façade and for herself. The client started to realize the façade of the illness was in fact meaningless to her although she

was convinced it was true and meaningful in some way prior to therapy. She had become the person she set out to fool others with and in the process, managed to fool herself.

Session 6

'The façade did not work'

The client felt the non-judgmental atmosphere allowed her to reveal she felt like a fraud and that this way of being did not work anymore. Rather, it contributed to feeling lonely, having a lack of emotional intimacy with her partner and a sense of meaninglessness in life. The client revealed she liked herself a lot more and felt happier and more content in life. She was amazed at her ability to not lie throughout therapy and never felt so real and honest and was equally amazed that I liked her when she put aside the façade.

Scores

The client's scores fell below clinical level. On the goal attainment form (see case study one for an explanation of the scores) the client scored four out of four on one goal, two out of four on one goal and three out of four on two goals.

Her feedback said she felt therapy was a positive experience as it was '*very non-judgemental*' and it was '*a great haven to admit the hell I have been going through*'

I believe, throughout the client's life she had dressed up and molded her identity and persona to look the way she wanted others to perceive her. She had created a mask that kept a distance between others and herself. The mask was used as a comfort blanket and for the majority of her lifetime had served a useful purpose. I wondered at the end whether she would chose to take off her mask and further experiment with the honesty and openness I saw in therapy. If so she would become 'naked', which is a potentially a dangerous position to choose; it would be uncertain, scary and daunting.

Conclusion

In this paper we set out the principles of this approach for working within GP practices with clients who present with mild to moderate mental health concerns. We have provided an overview of the process and further information may be accessed in papers (Rayner & Vitali, 2014, 2015; Sayers & Rayner, 2016) and have focused on clinical vignettes that highlight how this approach may embrace clients' difficulties and promote recovery. The notion of naked and dangerous recognizes the necessity for the client to engage in exposing himself or herself in a professional and trusting relationship with a therapist. The idea of dangerousness both applies to the courage required by both the client and the therapist to challenge their assumptions, beliefs and values and to attempt to shift their world view from a position of familiarity to that which may be unfamiliar and uncertain, albeit wished for.

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