

Commentary on: Existential Psychotherapy in a Deep Cultural Context: The Case of “Keo”

**Existential Psychotherapy in a Community Context:
The Inspiring Case of “Keo”**

AMY CURTIS ^{a,c} & RONALD B. MILLER ^b

^a Private Practice, Burlington, VT

^b Saint Michael’s College, Colchester, Vermont

^c Correspondence regarding this article should be sent to: Amy Curtis, 41 Bacon Drive, Shelburne, VT 05482.
Email: amycurtis777@yahoo.com

ABSTRACT

Shapiro’s (2023) case of Keo is an important contribution to the body of case study literature about the practice of culturally informed existential psychotherapy. We hope it receives wide readership, especially among clinical and counseling psychologists who are in the early stage of their careers and working with diverse populations. The author is dedicated to addressing the client’s anxiety and dread of his future from an existential perspective, but must adapt this therapeutic approach to the client’s cultural worldview. The blend of existential psychotherapy with community and family interventions make this case an exemplar of creative adaptation to the needs and culture of the client. We do wonder whether some of the author’s perspective on and maintenance of professional boundaries in a small-town environment might, on occasion, present substantial difficulties in managing or understanding dynamics in the psychotherapy relationship. We also note how little is said (except that peer consultation was utilized) about how the author managed his own anxiety in relation to the client’s need for periodic breaks from weekly sessions, and in relation to the client’s invitation to social events. Finally the delay of 50 years between the successful termination of psychotherapy and publication of the case study is also a point of curiosity, and to our minds not adequately addressed in the paper. We speculate on what this might mean in hopes of learning more in the author’s reply.

Key Words: existential/humanistic psychotherapy; case-study validity; family network therapy; community psychology; case study; clinical case study

Jerrold Lee Shapiro’s (2023) compelling case study describes his therapeutic work with Keo, a 23-year-old man of Hawaiian descent, with a history of childhood and adolescent trauma. Keo is encouraged by the caring and concerned individuals in his life to seek treatment with

Shapiro, a professor of counseling psychology at the University of Hawaii at Manoa, and a psychotherapist in private practice. Their work together spans 24 sessions, dispersed over the course of the academic year. Within the body of this commentary, our analysis will reflect on the significant strengths of the therapeutic work and the written case report itself, particularly within the framework of the existential therapy principles employed and challenging cultural elements involved. We will also examine the areas in which we as readers wish we could know more about Shapiro's choices, specifically about the technical aspects of the therapy, as well as the inner workings of his own affective experience.

A UNIQUE BLEND OF EXISTENTIAL PSYCHOTHERAPY, COMMUNITY, AND FAMILY NETWORK THERAPY

Shapiro's existential clinical orientation is adapted to the client's native Hawaiian culture which when at its best highly values respect for family and community traditions and elders. This cross-cultural context results in an intriguing blend of what might be described as existential psychotherapy in a community/family network context. Interestingly, the clinical work being reported actually took place approximately 50 years ago (the 1970's) at a time when existential-humanistic counseling and psychotherapy (inspired by luminaries Carl Rogers, Rollo May, Virginia Satir, and R.D Laing among others) was openly challenging the logical-positivist-inspired burgeoning scientist-practitioner model in clinical psychology. With its basis in humanistic and existential philosophy, theology, and literature, this existential-humanistic approach to clinical and counseling psychology approach captured the imagination of many psychology students and young professionals in the field.

Not surprisingly, this same period of the late 1960's and 1970's saw a burgeoning of the development of community-clinical psychology (Sarason, 1974) as both an area of empirical research and clinical practice, and the rapid growth of an existential/humanistic approach to family therapy (Laing, 1970; Whitaker, 1974) that might include not only immediate family members but concerned relatives and neighbors in "Family Network Therapy" (Speck & Attneave, 1973). One wonders if Shapiro was also influenced by some or all of these trends in the field, in addition to the strictly existential tradition. The skill and acumen with which Shapiro approached Keo's community leads us to believe the answer to this question is likely, "Of course, yes, all of these new developments in late 1960's and 1970's in the field in the of mental health and psychology were relevant."

THERAPIST REPORT AND PROCESS

In line with the usual format of PCSP case studies, Shapiro uses a first-person narrative account to relate the culturally immersed, existential therapy with his client Keo. Shapiro serves

as our narrator, and an accessible one at that, as he invites us to join him and Keo on their shared therapeutic journey. Shapiro's use of a narrative case study format significantly enhances his report of the therapeutic effort. His story-telling method paints both a vivid and nuanced picture of what's happening in the therapy room, as well as the meanings attached to the culture-specific events and context (Brandell & Varkas, 2010). He provides a view into the work that is easily accessible for the reader and informative for clinicians at all stages of training and experience. Additionally, Shapiro actively eschews technical jargon and abstractions (Bonime & Bonime, 1978), which invites the reader into a comfortable and familiar experience of the case. Throughout his evocative story-telling, one can easily imagine oneself as both client and therapist. Who hasn't been in a situation in which overwhelming anxiety has generated an urge to flee? And what therapist has not suffered a crisis of confidence when a client retreats for multiple weeks into "radio silence" (p. 22)? Shapiro places both himself and Keo squarely in the realm of lived human experience in which intense existential anxiety is a central feature.

Shapiro (2023) also describes existential anxiety as the engine for change. The engine however is powered by the therapeutic alliance and the ability of the therapist to be fully present in the relationship as exhibited by here-and-now interventions. Krug (2009) describes how two "Masters of Existential Therapy," Bugental and Yalom, cultivate their therapeutic presence in the clinical encounter, albeit with differing intrapersonal versus interpersonal focus respectively. In reading Shapiro's case and way of working, it appears that Yalom's interpersonal approach is his natural and preferred method. "I wonder what is happening now" (Shapiro, 2022, p. 7), is another, perhaps gentler and less confrontational way of asking, "What just happened between us?" Shapiro, both cognizant of the cultural divide and associated mistrust, as well as the inherent and delicate nature of rapport building with traumatized clients, works with great sensitivity and patience.

Shapiro's here-and-now focus rides parallel to his concern and priority of establishing himself and his credibility as a Kama'aina versus a Haole and demonstrating what Sue (1990) describes as cultural competence. Shapiro exhibits his fluency in this area in multiple ways. While his use of the local dialect, geography, and educational school systems grants him an entry level of acceptance, it is his ability and willingness to join Keo in his belief system that is the agent of change. Can one imagine this story without the Kahuna (a local shaman capable of removing family curses), and Shapiro's seemingly unorthodox willingness to consult and offer him as a resource? If we consider the ability to join with clients in a shared understanding of belief systems as the critical change agent, ideas about culture are potentially transformed. The more superficial knowledge of dress, geography, and language are transcended by openness to a client's religious beliefs and faith, and view of the unknown. This surely was not Shapiro's primary goal in his presentation of his case, but he offers the readers an opportunity to challenge their own ideas of cultural competence, particularly in our modern divisive times.

Harry Stack Sullivan is famously known for saying, "Everyone is much more simply human than otherwise" (Evans, 1996). Flowing from this philosophy, essential are the use of detailed inquiry into the client's subjective experience, and attentiveness to the client's anxiety moment-by-moment. Shapiro embodies this position. Multiple times throughout his storytelling, Shapiro reveals moments in which he holds back, takes his time, and slows down due to his attunement to Keo's anxiety. During what he calls the transition phase of treatment (Shapiro, 2023), p. 9), he notices a seemingly optimal opportunity to reflect on and connect to Keo's painful family history. A therapist driven by a focus on defenses and insight may not have been able to allow this moment to pass without intervention. Shapiro recognizes and reveals to the reader his desire to broach important family history, yet his attentiveness to Keo's anxiety and the focus on relationship building compel him to hold his tongue. No easy feat.

Shapiro's case concludes with a positive outcome. Keo has overcome the problems that brought him to therapy and utilized his strength, resources, and resilience to navigate the existential challenges associated with maintaining the status quo and embracing both the delights and anxieties associated with freedom. Reflecting these gains, Keo transfers from community college to the University; and two years after termination of the psychotherapy, he graduates with his degree. His academic success is mirrored in his personal life, as he makes plans to marry his loving and supportive girlfriend, who had been and strong advocate for Keo finding a psychologist who could be of help in his time of crisis.

Challenging cases such as this one should be required reading for all psychologists and psychotherapists entering the realm of mental health work for they show us that even relatively inexperienced professionals (Shapiro was in the early years of his career at the time of the case) are capable of providing life-changing assistance to young adults who have had very traumatic upbringings. This is no mean feat, as it is not uncommon in the early years of one's career to feel overwhelmed by complex cases with novel features, and to begin to doubt one's own capabilities and choice of career. This case sends a powerful message to graduate students as well as those who have recently completed their graduate training and embark on their careers as licensed mental health professionals. The power of the psychotherapeutic relationships is not necessarily a panacea for all of the human suffering that young mental health professionals encounter in their work. Nonetheless, such a relationship *is* capable of producing profound changes, facilitated by clients' ability to cope with the challenges of their lives and the inevitable existential anxieties that are a part of what it means to be a human. For this reason among others, we hope that the case of Keo becomes required reading for individuals early in their careers as mental health professionals.

TREATMENT DURATION: LONG OR SHORT?

While one would be foolish to argue the positive outcome of the case, or Shapiro's

obvious skill and creativity working with Keo, the reader is left with questions, the answers to which would enhance the already extraordinary account and provide additional context and clarity. Existential principles and practice provide a guide for Shapiro's (2023) compelling and creative work. As such, the absence of discussion around one of the most painful and challenging existential anxieties, human mortality, impermanence, and the natural correlate *time*, seems remarkable.

Shapiro reports on and describes a treatment that occurs within 24 sessions. In his description of the central tenants of existential psychotherapy, he does not mention duration of treatment. How does Shapiro typically work and what were his thoughts about this case? Is 24 weeks a long or short treatment? How does practice in relation to time influence his treatment and approach? One can better understand interventions that inadvertently reduced rapport (Shapiro, 2023, p. 8) if we have insight into his expectations as usual, or unusual, practice around time. Did Shapiro experience a sense of urgency, perhaps driven by concern for Keo's well-being and impending life transitions during the course of the work? In the absence of this information, we are left guessing, and wondering about the ways in which this given of human existence may have consciously or unconsciously influenced the therapeutic process and treatment.

THE ACTION OF WELL-HONED COMPARTMENTALIZATION

Over the past several decades, grounded in the emergence of the relational school of psychoanalysis, many great minds have engaged in passionate debate (Berman, 1997) about the preeminence of a one-person or two-person psychology. An existential framework, with its here-and-now focus and attention to the centrality of the therapeutic relationship, automatically assumes the two-person psychology, which leaves the reader wondering about Shapiro's own experienced anxiety working with the case. When Keo invites him to his family celebration, Shapiro responds with the utmost integrity and ethics. He considers the therapeutic frame, the cultural considerations, and consults a psychoanalytic colleague who encourages monitoring his countertransference. All these steps are positive and appropriate, but in some small way leave the reader guessing how exactly this is managed by the existential therapist/psychologist. Regardless of cultural considerations, any time a client invites a therapist to a celebratory event, marking an important milestone, it is a sign of honor and respect. Shapiro gives us insight into his decisions, but he does not reveal the parts of himself that might be expected by his orientation and therapeutic approach. He tells us that living in a small town he frequently has people who are a regular part of his life in other roles (doctor, hairdresser, merchant, etc.), who in the same week might be a client in his psychotherapy practice (2023, p. 25)! Shapiro is certainly not the first psychologist living in a small town to encounter this dilemma, but given how the rest of the psychotherapeutic world often discourages or prohibits such dual relationships, it would be very

interesting to hear more about how this might become very difficult to manage in the here-and-now existential relationship.

Shapiro includes in his list of clients who he also encounters in his daily small-town life his own physician. What if his physician, while in his psychotherapy session with Shapiro, notices that Shapiro looks as though he is having a side-effect to the medication that the physician had prescribed for Shapiro the previous day? Does the physician have an obligation to point this allergic reaction out to Shapiro and discuss what steps should be taken medically, rather than continue using the time in his session for his own psychotherapy? What if the physician is feeling burned-out by their practice, and contemplating whether to close their practice and take a hospital position in another town? Will the physician feel free to discuss this with Shapiro who is also his patient?

Presumably a highly experienced and insightful psychologist might be able to continue to focus on the client's needs and not on how those needs might negatively or positively alter the psychologist's own life in their small town. We would very much like to learn how that is actually processed by the psychologist treating their "neighbors." In fairness, in the instance of Shapiro's Keo case study, the encounters outside of therapy involved attending two extended-family celebrations, and not regular contact described by Shapiro in the cited section.

A FIFTY-YEAR RETROSPECTIVE ANALYSIS

What do we make of the context in which this case is published? Fifty-years after the clinical work was done, yet, capturing detailed dialogue between client and therapist that appears to be verbatim. Obviously, the author knew this was an important contribution to the field in demonstrating that existential therapy, when paired with various community interventions, could promote wide ranging change in the life of a young man who had lived on the edge of the law barely escaping imprisonment.

Of course, only the author knows the reason for not trying to publish the case study sooner. One could speculate, and it would be true to say, that at the time the clinical work was conducted, the publishing of clinical psychology case studies was in rapid decline due to two factors: the fear of lawsuits over disclosure of confidential information; and the increasing focus in clinical and counseling psychology, as well as psychiatry, on the importance of doing controlled empirical research on the effectiveness of specific psychotherapeutic interventions, (e.g. Bergin and Garfield (1971)). It wasn't until near the end of the 20th century that psychologists began in any systematic way to reconsider the importance of clinical case studies in communicating the complex features of psychotherapy where the treatment has to be tailored to the patient and their individual life circumstances, family system, locale, and cultural context, as well as the person of the psychotherapist. This growing interest in improving clinical case

studies, rather than disregarding them, was captured in the symposium presentation at the 1999 Annual Meeting of the American Psychological Association entitled "Doing Justice to the Case Study Method" chaired by the second author (Miller, 1999) who had been inspired by the British developmental psychologist Bromley's (1986) systematic analysis of case study logic and methods in psychology. In addition to Dennis B. Bromley, the symposium included presentations by this journal's founding editor Daniel B. Fishman (1999), and by David J.A. Edwards of South Africa (1998).

ON FINDING CORROBORATING OBSERVERS OF PSYCHOLOGICAL GROWTH

As reported by Shapiro, and with the approval of the client, Shapiro had informal contact with a number of individuals who were close to Keo, and community members who were also witness to the important changes in the manner in which the client handled challenges and obstacles in his life. Of course, the reader has no way of knowing for sure, but it is likely there would have been some colleagues in Shapiro's private consultation group, the faculty of the community college, or the University of Hawaii football coach who knew Keo as a student, who might have been able to attest to the progress Keo had made. In addition, perhaps Keo's girlfriend's parents or grandparents, who were initially quite worried about him, and who then observed the changes in his life during the time he was in existential psychotherapy similarly might have been willing to lend their perspective on the changes Keo made in that year. Would any of these contacts been comfortable sharing with Shapiro their perspective about the change or lack of change in Keo's well-being over the course of the two semesters he was in psychotherapy? Some might answer this question with a question of their own: We have the testimony of a highly accomplished senior member of our profession, why do we need corroborating evidence?

The answer is two-fold. (1) As Donald Spence (1992) observed in attempting to defend psychoanalytic case studies as legitimate evidence of the efficacy of psychoanalysis, there is a tendency in writing-up a case to engage in unconscious or conscious "narrative smoothing" - avoiding the acknowledgment of errors in technique or areas where the client's progress has been more uneven. (2) For those who are skeptical of labor-intensive treatments such as psychotherapy and prefer medical or brief therapy treatment, actually having the therapist's account corroborated by other responsible members of the client's social network, and/or by the therapist's professional network, lends further credibility to the therapist's account.

This is not to say that cases from 50 years ago or today are only clinically valid if they are subjected to such rigorous scrutiny, but only that there are efforts in the field to develop

methods for carefully validating the work of clinicians that is not limited to the use of manualized treatments and statistically validated double-blind studies.

A FINAL QUESTION: WAITING 50 YEARS TO PUBLISH CLINICAL DATA

Independent of the issue of our preference for some other forms of evidence documenting the therapeutic process and outcome in a remarkable and inspiring clinical case study, the reader cannot be faulted for asking the question: Why wait 50 years to provide further evidence of the effectiveness of existential/community psychology? The elapsed time between the events depicted and the written account also generate a question about the voice and perspective of the author. At the time of the case, Shapiro was a young man in the early stages of his outpatient psychotherapy career. To what degree is the case written from the perspective of this clearly skilled, yet less experienced therapist; and to what degree is the case study conducted 50 years ago written from a perspective congruent with Shapiro's current wisdom and maturity? Within the case report, we are witness to Shapiro's exceptional attunement to Keo's anxiety, his finesse at performing here-and-now interventions (2023, p. 6-7), and his nuanced handling of culture-specific material (p.21-22). Are these data presented from the view of Shapiro at the time of the case, or Shapiro 50 years later, with decades of experience under his belt? How does one resolve and think about this potential discrepancy between the young clinician working in a cross-cultural context, and the mature, highly accomplished clinical psychologist reflecting upon a very successful case from his early career? The answers are not even hinted at in the case study of Keo. Is this simply an oversight, or a matter of priorities, as the distinguished author has certainly published a good deal of impressive clinically relevant work in the interim? There is probably a straightforward answer to this question, and we look forward to reading it in the author's reply to this commentary.

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