

***Response to Commentaries on: Existential Psychotherapy in a
Deep Cultural Context: The Case of “Keo”***

Theoretical, Clinical, Practical, and Personal Reflections on the Case of “Keo”

JERROLD LEE SHAPIRO ^{a,b}

^a School of Education and Counseling Psychology, Santa Clara University

^b Correspondence regarding this article should be sent to: Jerrold Lee Shapiro, CPSY, Counseling Psychology, 455 El Camino Real, Guadalupe Hall, Santa Clara, CA 95053
Email: jshapiro@scu.edu

ABSTRACT

I want to thank Arthur Bohart (2023) and Amy Curtis and Ronald Miller (2023) for each writing an excellent commentary on my existential, multicultural case study of “Keo” (Shapiro, 2023). In this response, I begin by discussing Bohart’s comments, which deal with more theoretical issues; and then I turn to the questions raised by Curtis and Miller, which address more clinical, practical, and personal issues.

Key words: Existential Psychotherapy; Person-Centered Psychotherapy; depression; native Hawaiian culture; religious curses and healers of them; case study; clinical case study.

**BOHART ON SIMILARITIES AND DIFFERENCES
BETWEEN EXISTENTIAL AND PERSON-CENTERED
MODELS OF THERAPY**

Bohart’s thoughts are both provocative and erudite. His ability to comprehend the essence of the case of Keo and the cultural implications of “the curse” is appreciated.

Empirically Supported Treatments: A Point of Strong Agreement

Bohart begins with a brief overview of the empirically-supported-treatments (EST) methodology, which emerged in the 1990’s and was promoted as a scientific, objective way to assess the effectiveness of treatment. As Bohart explains, this methodology was designed for intervention-based therapies in which therapy procedures were operationally defined into manuals, and the locus of change is then located in the therapist accurately administering the manual.

Bohart and I are in full agreement that the EST model is highly inappropriate for evaluating the humanistically-oriented, relationship-focused types of therapy that we both practice. In contrast to the EST model, in our type of therapy, the locus of change is in the client and in the therapeutic relationship (Bohart & Tallman, 2010; Shapiro, 2016), with the therapist’s role being to join with the client and form a relationship that helps to facilitate the client’s capacity for self-growth. The case study is a particularly appropriate research method for systematically investigating the nature and process of this type of therapeutic relationship.

Identifying a general distinction in the relationship between practice and research, Castonguay et al. (2021) contrast (a) “research-based practice,” in which practice flows from the findings in studies like RCTs, and (b) “practice-based research,” in which research flows from practice. Case studies generally, and research on humanistically-informed therapeutic relationships specifically, fall clearly into the category of practice-based research.

A Systematic Comparison of the Two Models

Within humanistic, relationship-focused therapy, Bohart differentiates between his preferred approach, the Person-Centered Model, and my approach, Existential Psychotherapy. To further clarify the contrast, I have briefly summarized the similarities and differences (Shapiro, 2017), as below.

Similarities Between the Existential and Person-Centered Models.

- Both honor the subjective experience of the client
- Both have a holistic perspective
- Both focus on the centrality of therapist empathy
- Both view process as important as outcome
- Both value the whole person
- For both, there is a goal of enhanced personal awareness
- Both honor the “real” rather than the “transference” relationship as a focus of change
- Both are phenomenologically-oriented
- Both have concerns about the human experience and potential, broadly viewed.

Differences Between the Existential and Person-Centered Models.

Existential	Person-Centered
Focus on interaction/process	Focus on the client/person
Greater therapist activity	Less active/less directive
Greater therapist self-disclosure	Low self-disclosure
Focus on consequences	Focus on client experience
Centrality on anxiety as a growth engine	Centrality on reducing client discomfort
Empathy for process	Empathy for client experience
Attribution of meaning	Subjective experience
Relational actualization as goal	Self actualization as goal
Encoding theory/ inductive logic	Decoding theory/ deductive logic

As shown, in both theories, change comes as a result of the relationship between client and therapist, yet the client is responsible for change. In existential work, as opposed to person-centered work, the therapist focuses less on empathy with the client’s verbal content—that is, what the client says—and more on the intimate process (content within context) between the client and therapist. In such a procedure, certain forms of anxiety (existential) are honored and encouraged as the engine of growth. When such anxiety occurs, the therapist joins with the client and as much as possible works within the client’s full frame of reference.

The Concepts of “Personalization of Treatment” and “Therapist Responsiveness”

In his remarks, Bohart makes a point of separating the constructs of the “personalization of treatment” and “therapist responsiveness.” The former involves adjusting the therapeutic approach to the individual client, for example, with Keo I strove to create credibility and trust by adapting to Keo’s native Hawaiian culture by using some native language (pidgin); by accepting his belief in the curse and the power of the Kahuna to address the curse; and by accepting his flexible concept of time.

Responsiveness involves the therapist’s ability to adjust in the moment and closely stay within the client’s psyche as it shifts in therapy.

As Bohart indicates, “from a person-centered point of view, responsiveness is itself the treatment. The primary healing element is the therapist’s responsiveness” (2023, p. 39). Certainly therapist responsiveness is also a *sine qua non* of existential work, but equally salient is the “witness” of the therapeutic encounter. From my perspective, responsiveness is not a one-way endeavor. It is something mutual from client to therapist, and from therapist to client. There exists, if only for moments in time, a *connection* between the two that is the healing element. It is not only within the client, it is also between the client and therapist in the spontaneously-

constructed intimate relationship. There is something about that created “we” interaction and a shared sense of teamwork that is a powerful healer.

Because of this focus on the relationship and the moment-by-moment interaction, existential psychotherapy is more active compared with person-centered therapy in that the existential approach involves congruence with the collaboration as well as with the person. It also involves greater therapist personal awareness and self-disclosure, at least when it comes to sharing experience at the process level.¹ In Buber’s (1937; 1970) terms this involves “I-thou moments” in which both parties are transformed.

Are We Reviving the Debate About Symptom Substitution or Something More Nuanced?

Two of the crucial differences between Bohart’s conceptualization of Keo’s case and mine regard the functionality of anxiety or other symptoms of distress and the role of the unconscious. Bohart is, of course, accurate when he says that existential therapists come to sessions with an agenda and a treatment plan. We are looking at how clients create meaning. We are expecting to respond as much as possible in the here-and-now. We are exploring healthy, “existential” anxiety, focused on facing the unknown; and “neurotic” anxiety, which pulls for the status quo and avoidance of those existential concerns. In the course of my therapeutic work, I am very aware of the functionality of symptoms. To that end, consequences provide a greater clue to direction of the work than does presumed motivation.

A major component and value of Bohart’s commentary is his reconsideration of the case of Keo from a person-centered position. He makes a strong and repeated point about my assumption that clients’ anxiety may be avoidant in some manner. The distinctions between our two approaches may be somewhat more academic than real in the actual application of the therapy, but there are also some substantive issues that distinguish two very useful approaches.

To that end, both of our arguments may be slightly overstressed for impact. As I will describe below, avoidant, neurotic anxiety may well be a fruitful ground for exploration. It may not be always so, but the consequences of actions can be a rich area for discussion with clients.

The second, interrelated point between Bohart’s position and mine revolves around the significance of unconscious motivation and processing. In this case and others when I focus on

¹ In my clinical experience as an existential therapist, self-disclosure of the experience within the therapy interaction is often desirable; while disclosure of facts of the therapist’s life are, in general, far less therapeutic or meaningful.

the function of any current behavior or internal thoughts, I am most interested in where it leaves the client psychologically.

Regardless of perceived motivation, when we explore consequences, we can identify in the moment, some payoff of a particular way of living that was at least consciously unintended.

In existential work, we explore two forms of anxiety (growth-oriented existential anxiety and avoidant neurotic anxiety). Neurotic anxiety, commonly predominantly unconscious, always pulls towards the process status quo. and away from freedom to experiment.

By seeing what the status quo offers and what it costs both psychologically and behaviorally, we get some hypotheses about what is especially meaningful for clients, and where to direct our connection with them. Indeed, as I have elsewhere written (Shapiro (2016), joining with, and supporting/holding the status quo may be particularly useful in helping the client begin to face such existential issues as mortality and intimacy. Honoring and respecting the status quo parallels Frankl’s (1959) notion of paradoxical intervention.

Thus with Keo, rather than trying to debunk the belief in the curse, the therapist (and the Kahuna) both went with it and used it to help Keo find his path forward; a path that held some potentially greater anxieties. As awful as the implications of the curse may have been, it did keep him from facing some potentially more unknown fears—for example, not succumbing to his “destiny” and living with greater intimacy and growth in his day-to-day life. It also helped him separate from his “sperm-donor” father’s addictions and relational behaviors.

This brings us to a related point of potential disagreement regarding the expectations of theory. For Rogers, as described by Bohart, having no presumptions allows for greater meeting with the client and resultant growth. However, from the existential perspective of duality (e.g., Tillich, 1952), having no expectation is a bit of a tautology—an expectation in and of itself.

Bohart questions the validity of avoidance as a core principle. This is a point well-taken, but in a way, it may not be as starkly different as it would seem. While avoidance may not always be a core issue, an awareness and exploration of consequences of maintaining the status-quo, regardless of how painful it may be, generates hypotheses that can be fruitful. Would these issues likely occur “in their own good time,” as Bohart posits (2023, p. 41)? I don’t doubt that possibility, but from the existential perspective that waiting may be less valuable than being with the client in a more active, more intimate manner. Instead, it offers a more active, albeit temporary, we-ness in facing life’s difficulties.

While many of the discrepancies between Bohart’s and my own positions may be far more academic than pragmatic in the therapy session, we do apparently disagree on a

moral/ethical issue that viewing what people are unconsciously avoiding reflects what Bohart calls accusations of being "cowardly and as lacking courage," or "pathology creating." Indeed, from my perspective, there is significant awareness offered by understanding ambivalence especially when there is incongruity between conscious and unconscious motivations. I think Keo's decision with encouragement to confront his demons in the ceremony was showing rather terrific courage, especially when the outcome potentially could have been dire.

We do agree on Keo's courage in accepting the challenge. It is precisely because of his courage and ego strength that he was able to take a next step, which both conformed to theory and emerged from within him. Courage is essentially the ability to face known demons and determining how one will deal with them. To quote from Shakespeare's (2020) Hamlet's soliloquy, "whether 'tis nobler in the mind to suffer the slings and arrows of outrageous fortune, or to take arms against a sea of trouble, and by opposing, end them" (Act 3, scene 1). From the existential perspective, both are viable!

Roots of the Differences Between the Existential and Person-Centered Models

Understanding the potential differences between the existential and person-centered approaches may require a focus on deeper philosophical roots and discrepancies between Rogers and Martin Buber, and the reflections of the two dominant traditions of existential philosophy: Christianity and Jewish Mysticism.

This was perhaps an underpinning in the Cessna and Anderson (1994) presentation of the dialogue between Rogers and Buber. Rogers considered therapy as resulting from a meeting of persons. Buber used the more active term, "encounter," in which the *I* enters into the world of the *thou*. Instead of something to manipulate in space and time, the *thou* is experienced as if it were, at that moment, the entire universe. The relationship is intensely intimate, vulnerable, and loving. Buber viewed society of his day as alienating because of its overwhelming *I-it* focus. He attributes the absence of the *I-thou* encounter as generating from fears of mortality, existential angst, feelings of isolation, and worries of meaninglessness.

In practical application, it may be difficult to separate the meaning of these terms. In the dialogue, there was an almost humorous element. Rogers, staying consistent to his person-centeredness made every effort to comprehend Buber's *I* and *thou* (*Ich und du*) as a sensitive, empathic responder to Buber's aphoristic style of philosophizing. To my mind, and I am certain also to Bohart's mind, Rogers did so effectively. Yet Buber rejected each of Rogers' attempts by indicating that Rogers was still missing some key component.

What can we make of their process as a way to understand the differences between approaches? Whereas Rogers spoke of daily experience in a linear fashion, Buber spoke in

aphorisms that could have several different meanings and interpretations. He promoted an ideal merger of two souls, if only for a moment. In dialogue, the Rogers and Buber may have been somewhat aligned, but spoke different enough languages that some nuance was inevitably lost. I might add that this is a significant challenge in cross-cultural therapies. Buber, whose native language was German (and Yiddish), came from the Jewish Mystical tradition. Rogers, an English-speaking American, was well-trained in a Christian tradition. In addition, this is a discussion between a therapist and a philosopher/theologian whose languages are somewhat distinct, and not always compatible.

One possible bridge between the two positions may be the eminent Protestant theologian and philosopher, Paul Tillich (1952; 1984). A contemporary of both Rogers and Buber, Tillich shared with Rogers a deep sense of the Christian existential philosophy of Kierkegaard, Sartre, Nietzsche, and Husserl. Yet like Buber, he saw intimate interaction as mediated by God (as mediated through reference to the Holy Trinity). In my 2016 book, *Pragmatic Existential Counseling and Psychotherapy*, I elaborate on Tillich developing connections generally between theology and existential psychology:

Tillich (1952) refers to the courage needed to face intrinsic anxiety, intensity, and depth of life. For Tillich, awareness of potential nonbeing is inherently anxiety provoking. He elucidates three basic fears of nonbeing: mortality, meaninglessness, and guilt (moral). For Tillich (1952) courage is both source and outcome of dealing with these anxieties. Thus, courage involves facing the natural anxiety that emerges when confronted with nonbeing. In the process of confronting existential anxiety, an individual experiences an enhanced sense of courage. By contrast, failure to face the fears leads to despair. The distinction between existential anxiety (facing real aspects of the core human limits) and living with neurotic (avoidant) anxiety is a guidepost for existential psychotherapy.

Tillich, a Protestant theologian, found answers to the philosophical questions of anxiety in faith and in Christian symbolism. In his belief system, the Christ and crucifixion are intermediaries and a choice of faith both inspired and generated courage and love. Thus, the spiritual relationship precedes any I-thou encounter. For Buber, and others in the Jewish Mystical tradition, the choice of love was a direct answer to meaninglessness. Philosophers in both traditions asserted that these crucial choices need to be made in the face of often considerable anxiety.

Tillich's influence in psychotherapy was both direct through his writing and indirect through his close association with Erich Fromm, Rollo May, Carl Rogers, and others (W. Rogers, 1985). His impact may be seen in midcentury psychoanalysis, self-psychology, object relations, Jungian psychology, and humanistic psychotherapy (p. 21-22).

Tillich himself was inspired by, and also influenced deeply many of the salient psychoanalytic thinkers of the mid-20th Century, including Philip Rieff, Carl Jung, Karen Horney, Erich Fromm and others. Among those who studied with Tillich at the Union

Theological Seminary was Rollo May, often referred to as “the father” of American Existential psychology. In *the Meaning of Anxiety* (1977) and the *Discovery of Being* (1983), May appeared to have described some of the issues that Keo was experiencing, from both client-centered and existential perspectives.

The Impact of the Different Models in Conceptualizing Keo’s Case

My Therapeutic Relationship to Keo

In my mind, with Keo, the healing was in part due to the responsiveness and the relationship between me as the therapist and Keo as the client, but also greatly influenced by the creation of meaning (i.e., Frankl, 1959). For Keo, it was essential that the therapist understood and joined him in the belief and the meaningful implications of a family curse, occasioned by his father’s drunken mishap at a holy place. Thus, by working within Keo’s belief system and manner of creating meaning, a curse-reversal by a traditional Hawaiian procedure was uniquely appropriate.

In his commentary, Bohart offers alternative rationales about the desirability of focusing on anxiety and the functional value (avoidance) of the dominant symptom—a curse. He points out Keo’s lack of a secure base, the impact of his attachment difficulties, and his quite troubling history—all of which can lead to a certain emotional fragility.

Even given that Bohart is accurate here, Keo’s doubts about his capacities and his anxiety-based avoidance can be heuristically considered an unintended consequence. What I tried to do here was start with the consequences of Keo’s situation and work inductively from there. Whether or not we invoke the concept of avoidance, the belief in the curse and resultant adaptations had an impact on Keo’s growth in many areas.

When I predicted the possibility of increased anxiety in Keo’s future, I was engaging in a form of normalizing new challenges once the status quo (security-freedom tension) was rebalanced. Not only is the prediction of future anxiety consistent with existential theory and therapy, but it can serve as a paradoxical intervention to help mitigate the impact of debilitating anxiety.

Keo’s Native Hawaiian Culture

Of great importance is the significance of shame in Keo’s Native Hawaiian culture. That could indeed have superseded attempts to create a more successful life for him. The potential for losing face and encountering shame as a result of public knowledge of the curse and his father’s transgression was an important factor in Keo being skeptical about the capacity of the

therapy process to be useful and harmless. Also adding to his skepticism was the possibility in therapy of confrontation and/or uncovering of emotionally loaded issues or events. In sum, at the beginning of our work, Keo had only a limited sense that therapy could help him, and possibly a not unreasonable fear that it could hurt.

Also of importance regarding Keo’s identification with Native Hawaiian culture was his awareness of his difference from me. Early in the initial session, when he inquired about my background vis-à-vis the islands, he was quickly testing me to find a “pigeon-hole” for me as a non-native Hawaiian. That testing in different forms turned out to be replicated each time we would enter a new challenge in therapy. It was essential interpersonally and culturally.

In the End, the Similarities Are Strong

In Bohart’s summary of the actual therapy with Keo, he honors the therapeutic responsiveness and likens my work to that of a person-centered therapist, and indeed at one point, as a “good behavior therapist” (2023, p. 43). He also cites the honoring of resistance. It is likely that therapists of many theoretical persuasions will concur on the effectiveness of any case, but will argue vociferously as to the reasons that it may have be so.

I suspect that Bohart’s person-centered therapy with Keo would have been quite successful (Hawaiian cultural references aside). I also believe that I could analyze what he did through an existential lens and conclude that he was a “closet existentialist.” Indeed, as has been reported widely (i.e., Shapiro, 2016) Rogers was often called the “First American Existentialist.” I think such an appellation would be eminently fair after Bohart (correctly) accused me of being a humanistic therapist with person-centered leanings; even a behavior therapist at one point!?

QUESTIONS RAISED IN THE CURTIS AND MILLER COMMENTARY

As with the Bohart commentary, Curtis and Miller (2023) clearly understood the essence of the case study. Their commentary and questions were both germane and knowledgeable and very much focused on clinical, practical, and personal aspects of the case study. Their input was consistent with an existential, culturally-oriented psychotherapeutic treatment. I have chosen to respond specifically to their commentary by addressing several of the pertinent questions they raised.

My Professional Background at the Time I Saw Keo

Curtis and Miller very astutely speculated that my work with Keo in the 1970s had been impacted by a number of relevant developments in the 1960s and 1970s involving existential-

humanistic therapy, community-clinical sensitivity, and the influence of experiential approaches to family therapy.

All of their speculations were spot on. I have written extensively about those influences in two of my books (Shapiro, 2016, 2022) and will provide only a short summary here. At the core, I have been incredibly fortunate to be able to work with, study with, and know personally some of the luminaries in the field during that "golden age" of psychotherapy in the decades of the late 1960s to the mid-1980s.

The family therapy influences on my work included my being part of the faculty of the erstwhile California Graduate School of Marriage and Family Therapy in the Bay Area (and briefly in Honolulu). There I had contact and was able to observe Marty Kirschenbaum, Virginia Satir, Shirley Luthman, and a score of other pioneers during that most rich era. In addition, I had considerable exposure to Paul Watzlawick, Jay Haley, and other innovators at the innovative Mental Research Institute in Palo Alto. Finally, I had the opportunity to study with Milton Erickson during that time.

On the existential-humanistic side, and at the time of my work with Keo, I was a partner of the King Kalakaua Center for Humanistic Psychotherapy (KKC), a private practice clinic originally founded by Linda and Rene Tillich. It was the true locus of humanistic psychotherapy in the State of Hawaii. While KKC was my professional and personal home, I was also able to spend some time with Rollo May, who joined us during the holidays between Christmas and New Year.

Finally, the influence in existential work has been a deep part of my personal life and development since I first became interested in this field. In addition to Rollo May, I was also able to have some professional contact with Carl Rogers, Carl Whitaker, and Irving Yalom. However, the most dominant influence in my becoming a therapist began when, as a college freshman, I met Viktor Frankl for the first time in 1960. I had the good fortune to be able to spend time with him twice again. I can only describe my experience of Frankl as "life altering."

In my initial meeting with him, I experienced Frankel as speaking from within me, rather than to me; and this feeling was replicated in each subsequent contact, including over social events like restaurant dinners. The influence of Frankl has been both professional and personal. Indeed, my model for psychotherapy in general and the work with Keo emulated as closely as I could the experience of being with Viktor Frankl as a person, even more than the substantial impact of his theorizing and writing (see for example, Frankl, 1955).

What is Short-Term and What is Long-Term Treatment?

One series of questions in Curtis and Miller's commentary addressed my considerations of long-term and short-term therapy.

In general, existential psychotherapy does not have a short-term trajectory. Many clients can be in therapy for between one and three years, depending on what goals they set for themselves, and how much they savor the process. However, over the years, in my own experience there has also commonly been a two- to three-month duration of sessions. Sometimes these can be repeated with breaks of several months.

Normally I believe that the general dividing line between long- and short-term therapy to be about a year. Thus, the course of 24 sessions I had with Keo would seem to fall into the shorter-term category. However, Keo's therapy is somewhat of a hybrid. While it lasted for 24 sessions, because of the breaks between sessions the elapsed time from first meeting to last was more like 9-10 months. Based on the significant progress, and Keo's personal growth and life-altering change over that period, there is definitely a longer-term feel to the therapy as well.

Compartmentalization, Especially in Smaller Communities

Given my contacts with Keo and his family outside of the therapy office, Curtis and Miller raise the challenge of managing extra-therapy contacts with clients, especially in smaller communities. Honolulu may be a fairly good sized city (about 300,000 when the therapy took place), but the professional community is small, more resembling a rural community. Extra-therapy contacts were a constant occurrence. Anonymity was relatively rare and one thus had to quite actively work at confidentiality. As I indicated in Keo's case study, it was not unusual to have dual, or multiple relationships, because a therapist's client may also be a practitioner in the therapist's medical group, an accountant, hair dresser, or bartender who might be seen with some regularity. As a personal example, while I was a member in the sole comprehensive health club in Honolulu, I was competing in a doubles racquet-ball tournament in which one of my clients was on an opposing team with whom we shared a locker room and showers.

More poignantly, when I was practicing there, I was one of two psychologists who saw other therapists for therapy. Many a time I went to a professional meeting and was surrounded by current and former clients. This hit a peak when the play *Equus* was performed in Honolulu (an obviously big draw for mental health professionals). I was sitting in an orchestra seat and in close proximity were no fewer than 10 current and former clients.

When we moved to the Bay Area, it had a real impactful moment when my wife and I went to a movie theater in San Jose, and I realized that she was the only person I knew in the theater, a situation that would have been extremely rare in Hawaii.

In terms of my personal experience growing up, I was frequently aware of much going on in my day-to-day relationships beyond the manifest content of the encounter. I had to learn not to talk about this other content so as to avoid very unpleasant reactions, particularly from authority figures. Such early experiences made compartmentalization quite easy in my later years. Throughout my career as a psychotherapist, when I have been in my office seeing a client, I am often able to draw from memory minute details of the client’s life. Yet if I were to see the same person in the grocery store, or at the beach, it would be a stretch to even recall their name.

Personal Anxiety During This Case

Another poignant question raised by Curtis and Miller regarded my experience of anxiety when there were long “retreats for multiple weeks” along with “radio silence” by Keo between sessions, and particularly after the most intense meetings. I was disappointed when he didn’t come in for a second scheduled session, but was heartened when he had his significant other (“Lani”) call to cancel. When there was a gap of a few weeks after the first session or two and given Keo’s expressed reticence, I wondered whether I would even see him again. Because this occurred prior to our having a more intimate therapeutic interaction, it caused me less anxiety than the gap of a month, after he had undergone the ritual.

I certainly had worries and questions about possible therapeutic ruptures. Had I said something that upset him and damaged the therapeutic relationship—like when I referred to his “absent father?”—a rupture that led to a three-week absence. I can recall wondering aloud with my primary clinical consultant whether something had occurred during the ritual cleansing of the curse to turn Keo away from our relationship and therapy. In fact it was difficult to refrain from calling him to inquire about the ritual.

There were two reassuring trends that kept my personal anxiety at sufficiently moderate levels. One was the reassurance of the powerful relationship Keo and I had developed. It was particularly useful to have my clinical consultant colleague remind me of that when my doubts arose. In addition, I knew at a deep level that our connection was solid, regardless of the outcome. One thing that makes psychotherapy such a difficult profession is that we engage in deep intimate contact with individuals, and have to deal with the reality that the most meaningful connection is crucially impermanent. We encounter each other deeply and personally (albeit primarily one-way), only to have to let go of the relationship to foster the client’s continuing growth. In times when doubts about errors emerged, I was able to fall back emotionally on the

reality of the relationship that was present, even if only temporary. In short, I was cautioned to be aware of my neurotic anxiety, or what the psychoanalytically-oriented consultant referred to as "countertransference."

Second, however, was a far more cognitive, cultural factor. Understanding local Hawaiian culture went a long way to assuage potential personal anxiety. It was a running joke at the KKC clinic that if you had an appointment set for Thursday at 9:00 am, it was common not only for clients to show up many minutes after 9:00, but sometimes on a different Thursday. Of course, sometimes it is hard to accept the cultural relativity about time, but it is also significant to recognize that it is not a personal affront, nor a rejection of therapy.

Am I Closer to the Existential Thinking of Bugental or Yalom?

In their commentary, Curtis and Miller pointed out some indicators that my style mirrored more closely Yalom's rather than Bugental's approach to existential psychotherapy. The distinction was made by reference to Krug's (2009) comparative study of the two widely acknowledged "masters." I think the description is accurate, but perhaps less nuanced than the way I perceive it. I think their portrayal of my methodology is more consistent with each of their written positions. Having spent a great deal of time observing videos of both existential therapists, as well as reading their quite influential books and papers, I cannot help but conclude that while both are indeed "masters," there is a curious gap between their written tracts and practice. Indeed, I would characterize Yalom as more interpersonal in his writing, and more intrapsychic in practice. In my mind, the reverse would be true for Bugental

I am very process-oriented. Even from childhood, I have been far more influenced with how someone is in interaction than I am with their words per se (Shapiro, 2022). That phenomenon goes far beyond the present context of this commentary, regarding Yalom and Bugental. In any event, and in sum, I believe myself to be more interpersonal and relational in my practice, I view my own approach to therapy as closer to what Yalom has written, and to what Bugental did in his actual therapeutic interaction.

The Security-Freedom Tension

In their concluding remarks about the case, Curtis and Miller view Keo as able to "navigate the existential challenges associated with maintaining the status (quo) versus embracing both the delights and anxieties associated with freedom" (2023, p. 48). That seems to me an accurate conclusion; and in general, my goal with clients is always to help them rebalance the ongoing tension between security and freedom needs, not choosing one side of that equation over the other.

Historical and Narrative Realities

This brings up two larger questions that Curtis and Miller pose regarding how much additional sophistication or perspective was added by my current years of 40+ additional experience in description. They write:

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 (p. 7), and his nuanced handling of culture-specific material (2023, p. 52).

This is a great question and of course, there is no simple way to know definitively the answer. I tried as best as I could to stay focused on my notes at the time of Keo's case and on the audiotapes. The interactions and dialogues have not been altered, and my connection to the culture of my clients had been central since my first arrival in Hawaii in 1966, a decade earlier. On the other hand, I certainly hope that my understanding and theorizing must have grown over the decades of practice.

Thus in relating the story and theorizing about what was occurring in Keo's case, I am certain that memory, as usual, was deeply impacted by my current ego state. It is likely and hopeful that my growth in understanding the concepts offered greater nuance and depth than I could have managed at the time. In delving into this matter, Curtis and Miller referenced Spence's (1992) influential book on narrative and historical truth. In a sense this case study likely reflects some of both. The questions by Curtis and Miller certainly provide fertile grounds for speculation. They do recommend that this case would be valuable for training new therapists. In that endeavor, the extent to what I knew then and what I know now might not matter very much.

Why Write Up Keo's Case Now?

Curtis and Miller raise the question of why I am publishing in the second decade of the 21st century a case from the mid-1970s. At one level, the answer to their question is simple. Until Dan Fishman, this journal's editor, asked, there was little motivation nor recognizable outlet for case studies. Basically, nobody asked! While that is true, it is also quite glib.

As Curtis and Miller indicate, when this case occurred, publication of case studies had declined rapidly because of concern of disclosure of confidential material. There is a story, probably apocryphal, regarding this confidentiality concern. In 1955 clinical psychologist and psychoanalyst Robert Lindner wrote, *The Fifty Minute Hour: A Collection of True*

Psychoanalytic Tales, and purportedly he was sued for disclosing private information of a particular client. The case was dismissed by a judge, when several individuals all claimed that the case was about them personally. While the humor in this situation is evident, and more recent APA guidelines are clear about disguising characteristics that could identify any one individual, the Lindner story apparently had a chilling effect on such publications that persisted for some time.

However, as Curtis and Miller indicated, the field in general had moved away from qualitative reports towards “black box” quantitative studies of efficacy and effectiveness of psychotherapy outcome. There were few outlets for the study of the process of therapy. Indeed at times, it seems that researchers eschewed the content of the therapy black box as if it were akin to the content of Pandora’s box—something to be assiduously avoided!

A more authentic answer is that Keo was not a simple, “run-of-the-mill” therapy case for me. I was holding onto the clinical relationship in a deeply personal manner. I am sure that it was no accident that I saved extensive notes, as well as audiotapes of some of the sessions. Although I have frequently presented many case vignettes at professional conferences, in classes, and in my clinical therapy books, I had refrained from describing Keo’s particular case in detail, until now.

I had written up accounts of this case for my personal understanding and relayed derivations and emphasized the significance of culturally-attuned clinical work to my graduate students over many years at the University of Hawaii and Santa Clara University. However, as mentioned above, it was only when Dan Fishman asked me about a case for this journal during a professional meeting (Shapiro, Bohart, Fishman, et al., 2017) where we served on the same panel that I gave much thought to presenting Keo’s case in depth more specifically.

An Early Career Therapist and Anxiety: Redux

Curtis and Miller indicated that my work in this case was notable because despite my relative inexperience at the time, I was able to provide “life-changing assistance to young adults who have had very traumatic upbringings” (2023, p. 48), without feeling overwhelmed and without doubts. I am honored by that description regarding the therapeutic acumen represented by this case. When I ponder how my personal doubts did not lead to my feeling overwhelmed, I believe that the answer lies in the value of curiosity, something I stress in my classes of graduate counseling psychology students. I have always found others’ lives fascinating and want to know as much as I can about what it is like to “walk in another’s shoes,” with non-judgmental wonder. When I am able to understand others from their personal perspectives and to be aware of, and empathic with, their process as well as the content of their words, I experience a host of emotions

with them. When I can glean some sense of the manner in which they operate, I also develop some sense of what holds meaning for my clients as well as what it is like for them to be in interaction with me. That intimacy somewhat mitigates my anxious feelings in the here-and-now moment.

In short, when I am with clients, I try to replicate the experience I had being with Viktor Frankl by "subjectifying" rather objectifying the other. When I can emulate at least to some degree that transformational “Buber-like” (1970) connectedness with others, there is a sense that the primary goal in relationship is to share the other person’s moment-by-moment life, in as deep a way as possible. The sense of fullness when one touches those moments of intimacy, of feeling understood and of understanding, counteracts any feeling of being overwhelmed and leads to a state of deep professional and personal satisfaction and connectedness.

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