The PostSecret Phenomenon: A Contemporary Application of Existential Psychotherapy

Dan Martin
University of Rhode Island, danmartin@mail.uri.edu

Follow this and additional works at: http://digitalcommons.uri.edu/srhonorsprog

Part of the Applied Mathematics Commons, and the Psychology Commons

Recommended Citation
http://digitalcommons.uri.edu/srhonorsprog/184
Project

Imagine receiving a blank post card from a total stranger that included instructions to write down a secret that you never told anyone. Upon completion of disclosing your secret on the card, you then were asked to send it to an unknown return address. Would you do it? Would sending in a personal secret offer you any benefit or healthier state of mind? This is the basic idea of Frank Warren’s unique community art project turned social experiment. Starting in November 2004, PostSecret has exponentially grown in popularity over the last few years. Warren passed out, sent, and placed over 3,000 postcards in his town that simply stated, “share a secret,” along with a set of simple instructions. His goal was to “create this non-judgmental, safe place where people could feel comfortable sharing parts of their lives that they've never told a soul” (Gould, 2008). Even though he stopped handing out postcards, he still receives hundreds of cards daily from people all over the globe confessing their deepest secrets anonymously. Since this project’s inception, Warren has received close to a half-million postcards in his mailbox and over a quarter-billion people have visited www.postsecret.com (Warren, 1, 2009). He releases 10 new secrets every Sunday in his weekly blog, as well as publishes PostSecret books containing new secrets relating to various topics with the newest being on life, death, and God. To date, five books have been released (the most recent being in October, 2009), and profits are donated to a suicide hotline with whom Warren works closely. Currently, Warren is traveling to college campuses across the nation to speak about the secrets he receives and to discuss what type of effect PostSecret has on individuals. In addition to the blog and books, there
is a traveling art gallery making its way across the country displaying numerous cards that have yet to be published.

Along with this paper, I have also recreated Frank Warren’s original project on the University of Rhode Island Kingston campus using a grant from the Undergraduate Research Initiative, jointly sponsored by the Honors Program and the URI Vice President for Research. After printing blank cards similar to Warren’s originals, 1500 cards were distributed to student mailboxes as well as left in various areas across campus. To this date, I have received over 40 creative and artistic postcards with a few more coming in every week. The cards reveal secrets about relational fracture, regrets about college choices, and body image. These topics will be mentioned more in-depth later in the paper.

The element of PostSecret that I find most intriguing is the potential for positive therapeutic effects for both the reader and the participant. Besides the secrets posted in the weekly blog and books, Warren also publicizes select anonymous emails in response to certain secrets. The vast majority of these responses express in some way or another how a particular secret is relevant to them and how viewing it helped to improve their quality of life in some way. In the introduction to PostSecret’s newest book, Confessions on Life, Death, and God, Warren states, “I’ve witnessed how the project has changed people’s lives, including my own. I’ve seen secrets bring life to a hidden world that can inspire and comfort. I have seen how a collection of earnest secrets can challenge each of us to liberate our own” (Warren, 2, 2009). This project creates a positive therapeutic effect for both reader and participant, but what specific theory can help to explain the positive effect of this truly unique and creative project?
One of the better known psychotherapeutic theories is psychoanalysis, which was developed and implemented by Sigmund Freud. According to Freud, an individual’s mind is broken up into three separate entities: the id, the ego, and the superego. The id, or inner desire, is entirely unconscious and contains basic instinctual drives (aggressiveness, sexual, creativity, etc). The id also acts according the “pleasure principle,” a Freudian term that explains how individuals will seek pleasure and avoid pain. The ego is the part of the psyche that attempts to satisfy the id, while taking into account the reality of the situation. The ego can utilize defense mechanisms if any actions might cause anxiety due to breaking social norms. The superego acts as the conscience of the psyche, and tends to work in repression of the id. The main goal in classical Freudian therapy is to make that which is unconscious, conscious, or in Freud’s words, “where id was, let ego be” (Barton, 23, 1974).

The proper procedure for classical Freudian psychoanalysis first requires the patient to be lying down. The positioning of the client offers numerous advantages, one of which being that it allows the patient to relax which lowers the need for “social etiquette” in conversation and helps to encourage the patient to say whatever comes to mind (Barton, 25, 1974). Another positive to having the patient lie down is that it allows them to drift into the more fantastical side of their personality, instead of staying strictly in the conscious. The analyst also sits behind the patient so they are out of sight, which also helps to lower the “social defenses” of the patient. Finally, the patient is instructed to use free association, so the patient should just say whatever comes to mind while leaving the interpretation for the analyst (Barton, 31, 1974). The goal of a successful
psychoanalytical session is for the patient to be freed from the enslavement of neuroses caused by unconscious conflict.

In psychoanalysis, it seems as though the patient is almost entirely dependent on a skilled therapist to uncover unconscious conflict in order to make any progress. Yet, the therapeutic aspect to PostSecret relies on the individual alone to uncover the meaning of their inner conflict. Because of this disparity between unconscious conflict in Freudian theory and the individual understanding found in PostSecret, psychoanalysis is not a good theory to explain the positive effects of PostSecret. What is needed is a type of therapy that focuses on individual self-realization, which would help to explain why uncovering and sharing personal secrets anonymously would offer psychological benefit.

Around the 1950s, various psychologists began utilizing the philosophical movement of phenomenology and existentialism as a background for a new therapeutic method. This new school of thought, deemed existential psychotherapy, held the belief that inner conflict within a person was due to grappling with the givens of existence. Irvin Yalom states that these truisms revolve around the inevitability of death, freedom and responsibility, existential isolation, and meaninglessness (Yalom, 9, 1980). The goal of the existential therapist is to focus on the individual freedom of personal choices, which ultimately results in making decisions toward a more “authentic” living experience. Naturally, the realization of so much freedom can cause neuroses stemming from death anxiety or feelings of meaninglessness, which are addressed with various clinical strategies. After first explaining the relevant existential philosophers that form a basis for this unique type of therapy, I will then explain the foundation of existential therapy and its applications, discuss current literature in the clinical study of secrets and the
therapeutic implications of such, and finally conclude with PostSecret as a modern-day application of existential psychotherapy.

Before exploring existential therapy and how this relates to Warren’s PostSecret project, it is essential to cover the philosophers pertinent to the subject of existentialism; namely those whose aim is to understand the meaning of the human condition and how it can affect us as individuals. The philosophers who fall under this category and are most cited in existential psychotherapeutic texts are Soren Kierkegaard, Friedrich Nietzsche, Martin Heidegger, and Jean-Paul Sartre.

Soren Kierkegaard (1813-1855) based his philosophy on the idea that the Hegelian philosophy of his day could not address the questions of individual existence. In addition to systematic philosophy being too universal, Kierkegaard felt that institutions and our habitual daily routines both were ways of avoiding the anxiety innate in the human condition. For Kierkegaard, the only way to grasp meaning in our lives is to do so subjectively through inwardness and faith. This faith can be upheld by continually living with passion, even through confining and harsh conditions. Kierkegaard’s model for this type of faith was the religious figure Abraham, who suspended universal moral rules when he decided to sacrifice his son Isaac in the name of God.

Like Kierkegaard, Friedrich Nietzsche (1844-1900) also believed that these systematic approaches to philosophy had no bearing on an individual’s life, but he took it one step further. Through his famous maxim “God is dead,” he renounced religious faith. He instead promotes challenging and overcoming one’s own life in order to strive for creative new values. For Nietzsche, only those who successfully manifest their will to power will be able to discover this possibility of self-mastery, which he dubs, “the
overman.” Those who do not attain this individual overcoming survive in a slave-like relationship to values, and try to oppress those who appear to maintain their individual values. The important existential themes of freedom, choice, and responsibility are prominent here.

Martin Heidegger (1889-1976) focuses more on the structure of the existing individual in a more theoretical sense rather than discussing individual actions. He labels this being as Dasein, or Being-in-the-world, whose goal is to construct its own world where it discovers meaning in the face of its individual death. Without acknowledging our own personal mortality, living authentically is impossible. Dasein is also challenged on a daily basis by “the They,” which can be described as the conforming pressures of the majority to avoid this sense of authenticity, which can occur in a variety of ways.

Jean-Paul Sartre (1905-1980) was greatly influenced by Heidegger’s work, and is referenced in numerous contemporary works outside philosophy. Sartre’s theory of the self involves the relation between our present consciousness with both our past and future self. He believes that anguish, or freedom of consciousness, is essential to authentic living, but we avoid this through different acts of flight. Bad faith is a particular form of flight, and this idea of self-deception is extremely important to the application of existential psychotherapy to PostSecret.

Moving from the background of existential philosophy to psychology, Irvin Yalom defines existential psychotherapy as “a dynamic approach to therapy which focuses on concerns that are rooted in the individual’s existence” (Yalom, 5, 1980). It is important to realize the term dynamic in this definition in that both existential psychotherapy and Freudian psychoanalysis stress uncovering various conflicting forces
within an individual as a cure (Yalom, 6, 1980). The difference between these therapies lies within what forces are at work.

The existential psychotherapeutic theory posits a kind of conflict within the individual that differs from the Freudian school. Rather than dealing with suppressed instinctual drives, existential therapy deals with “a conflict that flows from the individual’s confrontation with the givens of existence” (Yalom, 8, 1980). The old Freudian model of drive causing anxiety resulting in a defense mechanism is now replaced by awareness of ultimate concerns causing anxiety resulting in a defense mechanism (Yalom, 10, 1980). For Freud, the conflict hardest to reach was always buried in the earliest years of life. In order to address an individual’s anxiety, you would have to peel back the layers of the psyche and address early childhood conflicts and patterns. According to Yalom, “The individual’s earliest experiences, though undeniably important in life, do not provide the answer to this fundamental question [of existence]” (Yalom, 11, 1980).

Unfortunately, classical therapists believe that the various questions of existence are best ignored in session, despite the vast effects it can have on an individual’s well-being. Why complicate the problems of a neurotic patient by throwing such heavy topics as mortality and meaninglessness into the conversation? A doctrine of existential psychotherapy states “the confrontation with the givens of existence is painful but ultimately healing” (Yalom, 11, 1980). Successful therapeutic work is synonymous with a reality check and personal enlightenment, which come from grappling with the existential subject matter. The specific concerns that are dealt with in existential
psychotherapy are death, freedom, isolation, and meaninglessness (Van Deurzen, 61, 2002).

One of the biggest concerns existential psychotherapists must address in a clinical sense is the inevitability of death. According to Yalom, “the fear of death plays a major role in our internal experience; it haunts as does nothing else…to cope with these fears, we erect defenses against death awareness, defenses that are based in denial…and that, if maladaptive, result in clinical syndromes” (Yalom, 27, 1980). This death anxiety is a main function of Heideggerian philosophy. He believes that getting lost in the idle chatter of “the they” in the face of death causes one to live inauthentically, in that an individual is avoiding the awareness that he or she has authorship over their own life. To live authentically requires one to embrace personal possibilities and limits in order to become fully self-aware. This embrace of an individual’s possibility for non-possibility is essential to understanding the effect that death can have in existential psychotherapy, in that, according to Yalom, “death is the condition that makes it possible for us to live in an authentic fashion” (Yalom, 31, 1980).

When a patient is coming to grips with the inevitability of death they often feel death anxiety, which can have several implications for the psychopathology of a patient. Various clinical studies have concluded that death anxiety plays a large role in depersonalization syndromes. Specifically, Martin Roth discovered that over 50% of this type of syndrome was caused by death anxiety felt by a patient who is faced with death or a terminal disease (Yalom, 49, 1980). These neuroses caused by death anxiety do more than just restrict a patient from having a “healthy” state of mind; they succeed as a defense mechanism in hiding individual mortality from one’s awareness. According to
Yalom, the major defense mechanism against death anxiety is the personal idea of “specialness,” that is, the feeling the death as something that occurs to others and not oneself (Yalom, 118, 1980).

The existential psychotherapist must understand that death has such a momentous impact on one’s life that, if handled properly, can completely alter the patient’s viewpoint. This newfound understanding can lead to successfully living a truly authentic experience (Yalom, 187, 1980). It is important to note that this idea of one’s own mortality creates an anxiety that begins in childhood, and is influential in creating an individual’s structure of personality. According to Yalom, “life cannot be lived nor can death be faced without anxiety. Anxiety is a guide as well as enemy and can point the way to authentic experience” (Yalom, 188, 1980). The key for the therapist is to reduce the anxiety to a controllable level comfortable for the patient, and attempt to increase a patient’s vivacity from that point. Nietzsche would agree in that it is not only enough to live in accordance with one’s personal values in life. The key to finding meaning is to live life with energy and vigor in addition to the subjective creation of personal values.

Yalom states that one of the tasks set for the therapist is to “increase the patient’s sense of certainty and mastery” (Yalom, 189, 1980). In this way, the patient can see events internally in a coherent pattern that makes sense to them. Then, life will seem more controllable and less spiraling out of one’s grasp. According to Yalom, this causes the patient to feel “less futile, less helpless, and less alone, even when, ironically, what we come to understand is the fact that each of us is basically helpless and alone in the face of cosmic indifference” (Yalom, 190, 1980). A key here is that this sense of certainty must fall between specific boundaries. Too little certainty and the patient is still lost and
confused, whereas too much certainty causes a feeling rigidity, which denies the contingency of existence.

Another ultimate concern that is dealt with in existential therapy is freedom and responsibility. In an existential sense, freedom refers to the lack of any external universal system. Imagine a boat that is sailing into an infinite sea with no land or place to drop anchor. Nietzsche uses this metaphor to represent the infinite freedom experienced by the individual, or boat, when he or she realizes no external system of values exists. He believes that the course of action to be taken when faced with this freedom is to make an authentic, subjective choice (Oaklander, 80, 1996). A significant conflict here is the battle between our groundless freedom and our desire for some sort of structure to guide our decisions that are, in reality, ours to make. Not only is an individual responsible for the actions during the entirety of one’s life, but for one’s failures to act as well.

It is important to realize that at any point in our lives, we have the power to make different choices in order to re-invent ourselves. Just because you may be a successful businessman today does not mean you cannot decide to become something else tomorrow. This freedom is oftentimes hard to bear, so we might deceive ourselves into believing that are lives are, in fact, something we cannot control. While Heidegger labeled this “fleeing from freedom”, Sartre described this mode of inauthentic living as bad faith. Sartre believed that it was important for individuals to liberate themselves from bad faith in order to live an authentic life experience, and this is the same goal as existential therapists when working with clients.

Just as with death anxiety, the responsibility of an individual to live freely also can have various defense mechanisms. According to Yalom, one of the more common
defenses against the awareness of responsibility is the displacement of responsibility to another (Yalom, 225, 1980). This often occurs in therapeutic sessions, where patients might merely store information between sessions and then “dump” everything onto the psychologist’s lap instead of contemplating the problem outside therapy and engaging with the therapist. Assuming the responsibility of one’s life is essential towards a positive therapeutic change. As long as an individual continues to blame faults and occurrences on external reasons, there can be no movement toward a successful treatment.

The denial of responsibility occurs in two ways: the innocent victim and losing control (Yalom, 229, 1980). In the innocent victim scenario, the individual will abstain from taking responsibility due to the reason that they view themselves as innocent victims of events that they inadvertently brought into action. With the losing control scenario, an individual disregards personal responsibility by blaming the occurrence of a situation on something else because they were temporarily “out of one’s mind” (Yalom, 229, 1980). Yalom reasons that an individual might utilize this losing control form of defense for nurturance. In fact, some patients might desire this nurturance so deeply that they “lose control” to the point of hospitalization in order to be cared for (Yalom, 229, 1980).

Being attentive to the particular issue at hand is also an important task in assisting the patient in assuming responsibility. In this way, the therapist will be able to uncover the typical method of responsibility avoidance and can attempt to make the patient aware of these methods (Yalom, 231, 1980). According to Yalom, the general procedure for this technique is surprisingly simplistic: “whenever the patient laments about his or her life situation, the therapist inquires about how the patient has created this situation” (Yalom,
Now it cannot be denied that genetics and chance play some role in determining an individual’s future, but from an existentialist perspective, one should not let these uncontrollable outcomes deter us from using our fundamental freedom in order to live authentically. Sartre refers to these unavoidable characteristics determined by chance as the “coefficient of adversity” (Yalom, 272, 1980). For example, physical handicaps, an impoverished background, or poor health might limit us in certain ways, but they in no way completely determine how someone will live a life. A full understanding of responsibility in one’s life implies that not only one finds personal meaning in life, but also that one has the ability to change what the external environment will mean (Yalom, 273, 1980). If an individual who has terminal cancer goes to an existential therapist, the goal of the therapy would be to have the individual embrace their prognosis and continue living life happily and vigorously, until their dying moment.

A third ultimate concern of existential psychotherapy is isolation, which is a topic that is encountered by therapists on numerous occasions. According to Yalom there are three different types of isolation: interpersonal, intrapersonal, and existential (Yalom, 353, 1980). Interpersonal isolation refers to the loneliness felt from feeling isolated from other individuals. Intrapersonal isolation is a process where an individual begins to partition off parts of oneself, which is, as Yalom notes, “the current paradigm of psychopathology” (Yalom, 354). The last type of isolation is existential isolation, which is a “fundamental isolation” that comes with the realization that humans, as individuals, enter the world alone, and must also leave alone. Yalom wrote that the conflict isolation
causes in therapy deals with “the tension between our awareness of our absolute isolation and our wish for contact, for protection, our wish to be part of a larger whole” (Yalom, 9, 1980).

Individuals who fear isolation attempt to solve the problem through interpersonal relationships. It is probable that these individuals try to affirm their existence through the presence of other individuals. The first task of the therapist is to assist the patient in understanding the type of interaction that he or she has with others. Introducing the individual to a group therapy session could be very rewarding in this regard. Another strategy for the therapist to use when confronted with a client suffering from isolation is to assist the patient in exploring their isolation directly and encounter his or her feelings of lostness.

An important fundamental fact that the patient must learn in therapy is that although interpersonal relationships may help alleviate existential isolation, it will never eradicate it. The important lesson to learn is understanding what can and cannot be learned in terms of isolation in an intimate relationship. Yalom understands the difficulty in addressing isolation in a clinical sense, in that there is no “solution” to isolation; it is something that must be addressed by each individual on his or her own (Yalom, 397, 1980). Regarding isolation, Camus wrote, “when a man has learned how to remain alone with his suffering, how to overcome his longing to flee, then he has little left to learn” (Yalom, 398, 1980). It is essential for the therapist to discover a way for patients to confront isolation in a way that is comfortable and well-suited for them. The practice of meditation offers a good strategy in addressing existential awareness. The act of
emptying one’s mind and confronting isolation on an intellectual level can help patients to better understand what they are dealing with.

The last concern encountered in existential therapy is meaninglessness. If mortality is a fundamental characteristic of the human condition, if we must come up with our own values to live by, and if each individual is built on a foundation of isolation, then what meaning can our lives have? Each one of us must construct personal meanings in life, yet how can one be sure that its foundation is sturdy enough to live upon? This conflict is ultimately created by the doubts felt by an individual searching for ontological meaning in a universe that apparently has none.

Numerous clinical psychologists view meaninglessness as a major cause of clinical psychopathology. C. S. Jung wrote, “about a third of my cases are not from suffering from any clinically definable neurosis but from the senselessness and aimlessness of their lives” (Yalom, 421, 1980). Victor Frankl concluded that about 20 percent of the neuroses he encountered in clinical settings were derived from the lack of meaning in a patient’s life (Yalom, 421, 1980). For Frankl, a lack of meaning in life is the dominant existential stressor in that existential neuroses are identical to a patient’s crisis of meaninglessness (Boeree, 2006).

Yalom believed that the problem of meaning lies in two opposite propositions. The first is that humans seem to have the innate requirement for meaning in order to live “better” lives. According to Yalom, individuals need firm absolutes which we can use as guidelines to steer our lives (Yalom, 422, 1980). The second is that human beings are free to choose their own ideals in order to build their own lives. There exists no absolute design to the universe and no universal ideals. How then, can an individual find meaning
in a universe that has no ultimate Meaning? For the existential therapist, the key to finding meaning is the self-discovery of personal meaning in the world. There may not be ultimate Meaning in the universe, but it is up to us, as individuals, to discover personal meaning through the architecture of our own life project. The one similarity between the majority of the existential thinkers is that, as Yalom puts it, “it is good and right to immerse oneself in the stream of life” (Yalom, 431, 1980).

Yalom wrote that there are three different ways to help discover personal meaning in the world: altruism, creativity, and self-actualization (Yalom, 435, 1980). Many clinical therapists acknowledge the fact that those patients who experience deep meaning in their lives appear to have lived more fully with altruistic experiences. One can gain meaning through the feeling of a “ripple effect” from helping others in their lives. Just as services to others can form meaning in an individual’s life, so does living creatively. According to Yalom, “creating something new, something that rings with novelty or beauty and harmony is a powerful antidote to a sense of meaninglessness” (Yalom, 435, 1980). Another way to discover personal meaning is through self-actualization, or striving to reach one’s own innate potential. Nietzsche advocated self-actualization in his doctrine of the will to power. He believed that successfully manifesting the will to power resulted in “the overman,” who strived for self-mastery and should be the basis for living.

In addition to discovering personal meaning, there are ways to become aware of being caught in a mundane existence. As technology becomes more advanced, human beings are confronted with more free time. This time can be problematic because, according to Heidegger, it actually thrusts freedom upon us (Oaklander, 155, 1996). In this way, boredom allows us to consider our condition and thus be forced to grapple with
it. Various clinical manifestations can be developed within individuals when confronted with meaninglessness. Frankl distinguishes between two different phases of a “meaninglessness syndrome,” which are the existential vacuum and the existential neurosis (Boeree, 2006). The existential vacuum is somewhat common and can be described as the individual feelings of boredom, apathy, and emptiness. Free time contributes to these feelings because it makes the individual think that there is nothing meaningful to do. In a study done by Frankl, he reports that the existential vacuum is taking place in 40 percent of college students in Vienna and in 81 percent of American college students (Yalom, 449, 1980). An existential neurosis results from an existential vacuum, and can take the form of alcoholism, depression, delinquency, hyperinflation of sex, and daredevilry.

Due to these effects that meaninglessness can have, Salvador Maddi believes that a significant amount of psychopathology can be attributed to the existential vacuum. Maddi labels three clinical forms of existential neurosis as crusadism, nihilism, and vegetativeness (Yalom, 450, 1980). Crusadism is a term used to describe the desire held by an individual to find and immerse oneself into important causes. The individual will compulsively contribute to a cause with zeal in order to combat feelings of purposelessness. Nihilism is categorized by an individual’s desire to discredit the activities of others. These reactions flow from despair and the individual seeks pleasure in the destruction of another’s purpose in order to make the individual feel better about him or herself. Finally, the vegetative form of existential meaninglessness is the most extreme. An individual will just simply sink into an absolute feeling of apathy caused by the lack of meaning in one’s life.
The first step to approach a patient with a sense of meaninglessness is to refuse to accept the patient’s idea of the problem. According to Yalom, “a therapist who accepts a patient’s formulation of the problem is likely to share that patient’s sense of entrapment” (Yalom, 461, 1980). It is important to realize that a sense of meaninglessness might just be a defense mechanism caused by death anxiety, problems with freedom, or isolation. Frankl describes a strategy called “dereflection” in order to combat a sense of meaninglessness (Boeree, 2006). This technique of logotherapy is focused on redirecting a person’s thoughts towards a positive goal with an emphasis on abilities rather than the problem at hand. This usually results in the completion of the original goal. For the existential therapeutic view, the best way to combat feelings of meaninglessness is to vigorously engage in life. According to Yalom, meaninglessness is a result of disengagement with the world (Yalom, 482, 1980). The existential therapeutic approach to dealing with meaninglessness is extremely different from the strategy in dealing with death, freedom, and isolation. With meaninglessness, the therapist must have the patient look away from the question and embrace the problem through engagement, rather than trying to solve it by plunging into the depths of meaninglessness in one’s life.

In sum, the starting point in existential therapy is anxiety, which is felt when a patient comes to grips with the ultimate concerns of death, freedom and responsibility, isolation, and/or meaninglessness (Van Deurzen, 61, 2002). The approach of the therapist should not be to try to annihilate anxiety in the patient, but rather to have him or her understand it and find ways to live with it (Van Deurzen, 25, 2002). The existential therapist is practicing more of a philosophical investigation of an individual’s life rather than a psychoanalytic one. An existential neurosis is not something that can be solved by
the therapist alone. Instead, the therapist acts as more of a mentor towards authentic living that the patient can, and wants, to follow.

When considering a client’s world experience, it is essential to have reference points to know how to fully explore his or her interpretation of reality. According to the existential therapist literature, there are traditionally four “existential dimensions” in which an individual interacts: physical, social, personal, and spiritual (Van Deurzen, 62, 2002). The physical dimension (Umwelt) describes the specific relationship that we hold with the natural environment. It also includes our physicality in the material world and the challenges that result from this, including our own mortality. According to Van Deurzen, it is important to strike a balance between the security of what we know in the physical dimension and the challenge of things that are new to us (Van Deurzen, 69, 2002). The social dimension (Mitwelt) is the relationship that we have with other beings that live with us in the world. This also extends to cover any social norms or traditions that we may follow. The personal dimension (Eigenwelt) covers the relationship with our personal being in a self-reflective manner. This can include how we view ourselves interacting with others who are close to us. Although the social and personal dimensions seem slightly similar, the social dimension covers external forces whereas the personal dimension covers that which is internalized. Van Deurzen believes that being comfortable with oneself internally is essential to living authentically (Van Deurzen, 70, 2002). An individual must have the courage and the awareness to know that they are “standing alone” before they can authentically immerse into the social dimension. Lastly, the spiritual dimension (Uberwelt) covers our relationship to the deepest principles that we hold to be of “ultimate concern.” This may also seem similar to the social dimensions in
that both cover social norms, but the spiritual dimension is restricted to an ontological sense.

It is important for the existential therapist to understand how each dimension interacts with the individual, and motivates his or her living experience. According to Van Deurzen, “It is not possible to work exclusively in one sphere and neglect all other aspects. Though clients frequently emphasize their struggles in one particular dimension, it is usually essential to ensure that difficulties in living get worked through on all four dimensions” (Van Deurzen, 91, 2002).

Now that the theory and applications of existential therapy have been uncovered in a clinical sense, it is time to see what the impact of revealing secrets can have on an individual and how this can relate to the application of existential psychotherapy to the PostSecret Phenomenon. Keeping secrets can be defined as purposefully withholding information (feelings, thoughts, motives, past actions, hopes, etc.) from others. Secrecy seems to be a common occurrence in everyday life, whether it involves a friend, a coworker, or even a family member. In her various studies on secrecy in undergraduates, Anita Kelly reported that all participants coming into her research laboratory had no difficulty accessing a particular secret that they had not disclosed before (Kelly, 9, 2002). In a research study, Vangelisti discovered the 99% of that undergraduates in a particular sample reported that they were keeping a secret from at least one person very close to them (Kelly, 9, 2002). Developmental theorists have been performing studies on secrecy at a young age and have concluded that learning not to proclaim something that society claims as a taboo (i.e. a child loudly telling a parent that a particular person is fat) is an indicator of healthy development (Kelly, 10, 2002). It seems as though secrecy can be
considered a universal phenomenon that can actually be a sign of healthy maturation in children.

Discourse on sexual practices and secrecy has been prevalent in Western society, and is discussed by Michel Foucault in *A History of Sexuality, Volume 1*. According to Foucault, confessing one’s secrets of sexual misconduct have played a crucial role in religious confessions (Foucault, 21, 1978). Since the 17th century it seems, it was expected of confessors to not only disclose particular instances of wrongdoing, but also to mention any inappropriate thoughts, desires, and dreams that related to sex. Foucault reasons that around the 18th century, this sexual discourse extended beyond the confessional and was transformed into something to be studied rationally (Foucault, 25, 1978). This includes the knowledge of demographics to tally birth rates, fertility rates, etc. Other examples Foucault uses that involve sex in discourse are medicine, psychiatry, and criminal justice (Foucault, 30, 1978). He tells a story about a “simple-minded” villager to help illustrate his point. This villager paid young girls for sexual favors and, after being detained and put in court, was given a “medical intervention, [and] a careful clinical examination” (Foucault, 31, 1978).

According to Foucault, this sexual activity that would normally be overlooked centuries ago is now being put into discourse (Foucault, 31, 1978). Whereas in the Middle Ages this discourse on sex was restricted solely to the confessional, the 18th century saw an increase in various kinds of more secular discourse. Foucault cites a possible contradiction in his commentary: can this increase in discourse be attributed to the fact that sex is considered a matter of secrecy? He goes on to reply that this idea of secrecy is simply a part of the discourse on sex, and the fact that it should be hidden is the
very reason as to why we feel driven to learn about it (Foucault, 34, 1978). Foucault believes that the idea of confession has become much more important to our society. Instead of viewing the forces that push us toward confessing as restrictive, we think of it more as a liberating means to find truth. He wrote that sex is a unique topic in confession since an individual’s sex life can be considered something completely private that has to be drawn out, and such discourse is seen as a therapeutic practice (Foucault, 62, 1978).

In the 19th century, psychiatrists tried to unite the confessional with scientific discourse to create a “confessional science” on sex (Foucault, 64, 1978). Foucault mentions five methods in which science and the confessional were brought together. The first involves utilizing codified methods, such as questionnaires, hypnosis, and free association in order to extract a confession. Second, viewing sexual practice as the source of a cause of an effect to certain types of behavior made it necessary to have a truthful confession. Third, viewing sexuality as being latent within individuals provided another reason to use confession. Fourth, psychiatry used a method for interpreting confessions that made the response of the listener extremely important. Fifth, regarding the confession as a therapeutic practice gave it the appearance of a medical practice (Foucault, 65-67, 1978).

Consequently, the unification of the traditional religious confessional with scientific discourse created what we now consider to be present-day sexuality. This concept revolves more around the discourse regarding it rather than sex itself. This unique combination deals with both the secrecy inherent in individuals (confession) and can be related to knowledge and truth (science). This leads our society to view sex as
something secret and suspicious, but can be a means to discover personal truth (Foucault, 72, 1978).

Moving to the present day, Foucault believes that sex in discourse has steadily increased since the 17th century, in that our society has become something he would label as “the other Victorians” (Foucault, 4, 1978). This “incitement to discourse” has increased through a variety of means, including such mediums as television and books. This shows that individuals will discuss sexuality through discourse when given the chance, and the mode of revealing of secrets anonymously, similarly to the confessional, can be considered as such a chance.

Current psychological research in the field of secrecy shows that people tend to keep their most traumatic and embarrassing experiences to themselves. According to a number of studies, the most taboo topic for which people keep secrets are those that are sexual in nature (Kelly, 10, 2002). Kelly performed a study that asked 85 undergraduate students to anonymously disclose a secret after performing a simple stream-of-consciousness writing task. Of the 85 secrets, 28 listed secrets that were sexual in nature, 17 described a relationship or the desire to have one, 12 were family-oriented, 10 described interpersonal isolation, seven were about death or suicide, four were delinquencies, three were about an addiction, three indicated abortion or pregnancy, and one was a health problem (Kelly, 11, 2002). Foucault’s explanation on sexual discourse might help identify the underlying cause to the abundance of sexual secrets in this psychological experiment.

In the PostSecret project done on campus, a total of 46 cards have been collected over the course of the semester. Of the 46 secrets, 16 were declaring a fact about
themselves (sexual or self-trivia), 21 dealt with relational topics (fracture, unrequited love, sexual, or isolation), and eight were about existential themes (life purpose, choice, regret, faith, and death). More specifically, 12 dealt with a current relationship or the desire to have one, 11 were declaring self-trivia about themselves, seven were about interpersonal isolation, seven included regrets about life/college choices, four were sexual, three were about dissatisfaction with body image, and two were about the death of a loved one. The biggest difference between this small sample of PostSecret cards and Kelly’s research is the particular topic of sex. In Kelly’s study, 33% of the secrets were about a sexual topic, whereas in my study, only about 9% were sexual. This disparity can be attributed to the nature of PostSecret, in that the secrets disclosed in Kelly’s experiment reflected a specific situation and the secrets sent into PostSecret tend to be about a general aspect of an individual rather than a specific event.

In a similar experiment, Professor Richard Beck of Abilene-Christian University took a sample of secrets given on the PostSecret Facebook page and compared them to a published PostSecret book to see whether or not PostSecret was sensationalized. That is, Dr. Beck analyzed a sample of secrets from a source untouched by Frank Warren to see whether he manipulated the topics of secrets that he releases in order to “sell” his product. Beck concluded that Warren did not sensationalize his project. In his analysis, he found that the three most common secrets were existential (meaning), relational (fracture), and declarative (self-trivia). A difference between his sample size and my project is that mine did not include the existential-meaning subcode as the highest percentage. This can be attributed to the limited demographic sample of secrets I was able to collect. What was similar was the amount of relational secrets in my study in
comparison to Beck’s study. To explain this, Beck said, “We found significantly more Relational codes in the Facebook sample compared to the PostSecret publication...If Frank Warren has a selection bias it seems he's keeping a cap on this kind of submitted content…Teens can be a bit, well, romantically histrionic” (Beck, 2008). If individuals are willing to share these secrets anonymously on a college campus, what happens in a clinical setting?

Clara Hill, a clinical psychologist at the University of Maryland, did an interesting study on 26 psychotherapy clients who had each received, on average, 86 therapy sessions. These individuals were asked whether or not they still chose to keep secrets from their therapist. Surprisingly, almost half of the participants (46%) admitted to withholding numerous secrets, despite being recommended for the study by their therapists and paying a great deal of money for each session (Hill, 1993). Kelly added to these findings with another study that asked 42 short-term psychotherapy outpatients whether they were withholding secrets that were relevant to the therapy. The results showed the 17 of 42 (40%) of the patients admitted to withholding relevant secrets, with sexual secrets being one of the main causes.

Secrets are even prevalent in close, personal relationships (Kelly, 13, 2002). According to Kelly, Baxter and Wilmot created a study where 40 male and 50 female undergraduates were interviewed and asked to comment on topics that were typically considered taboo in heterosexual relationships. Of the total taboo topics mentioned, 34.4% actually listed the state of the relationship (Kelly, 14, 2002). If secrets are something that are reinforced by societal norms, used to hide risky behavior, and
typically hidden from therapists or even those in close relationships to the secret-keeper, then why would someone want to reveal secrets?

A possible explanation for the inherent need for an individual to disclose secrets is the Zeigarnik effect. According to Kelly, Zeigarnik showed that people tend to remember tasks that were uncompleted or interrupted more than tasks that have already been accomplished, which suggests that humans may have an innate need to see the resolution or the completion of certain tasks (Kelly, 19, 2002). If this effect is applied to the social study of secrets, Kelly argues that revealing secrets “is depicted as a way of making meaning out of emotional events” (Kelly, 19, 2002). In this way people may reveal secrets in order for the experience of the secret to be completed, and they will be able to feel better about it.

Kelley wrote, “when discussing the essence of secrets, it only makes sense to think of them in terms of ‘keeping secrets from whom?’” She goes onto say, “the concept of keeping secrets from oneself and not even realizing that one is engaging in such censorship has been called repression” (Kelly, 5, 2002). Now, this would be true from the viewpoint of a classical psychotherapist. However, in existential psychotherapy, the idea of repression is replaced, by Sartre’s idea of bad faith (Stern, 139, 1967). According to Stern, an individual is in bad faith when “he knows the truth and tries to hide it from himself. A person of bad faith is conscious of his bad faith. Acting in bad faith, a person is the deceiver and the deceived at the same time” (Stern, 139, 1967). If this is true, then why is existential psychotherapy, or any other type of therapy for that matter, necessary? If deceiving oneself is a conscious apparatus and not hidden, then why should the individual need to seek out therapy in order to discover what it is?
To answer, Sartre makes a very subtle distinction between consciousness and cognition. According to Stern, Sartre’s prereflective cognition differs from Descartes’ in that “it is conscious, without having cognition” (Stern, 142, 1967). Sartre utilizes a metaphor to explain this difference. He says that our consciousness is penetrated with a great light, but we are unable to understand what this light enlightens. Stern goes on to explain, “This means that while being conscious of his fundamental project, man does not always understand it” (Stern, 144, 1967). This view of not necessarily understanding our individual project means that Sartre’s theory can be applied to existential psychoanalysis, and as it will be shown, to PostSecret as well.

When analyzing PostSecret it is important to note the two types of individuals involved. The participants are those who send in the artistically crafted secrets that are seen publicly, and the readers are those who view the weekly blog and buy the books. It is easy to see here that these two groups are not mutually exclusive, and have some sort of influence on one another. Naturally individuals who see certain cards might be inspired to make one to send in, but what actually causes an individual to want to send in an anonymous card that expresses one of his or her deepest secrets? According to Kelly’s theory on the psychology of secrets, PostSecret allows an avenue for secrets to be told without the ramifications of relational fracture. In this way, the revealer might feel more at ease with the secret in that it has been disclosed, thus completing the process consistent with the Zeigarnik effect. Sending in a card would cause the secret to no longer be “interrupted,” allowing the revealer to experience some sort of cathartic effect.

Most of the cards that are sent in are neither a simple secret nor something that could be assembled in a few minutes. In fact, the majority are carefully crafted works of
art full of personal thoughts, and probably took a great deal of introspection by the maker to uncover. Making a card and sending it in not only offers a cathartic experience because a secret is revealed or because the Zeigarnik effect has been completed, but because the individual is able to understand why the secret is causing them emotional distress and how they can move on to fix it.

According to Beck, a new experiment on disclosure was done in the late 1980s by James Pennebaker (Beck, 2008). The specific study had participants come into a laboratory over a 3-5 day period and write about a particular traumatic experience for 20 minutes. This simple writing exercise showed significant results with improved physical and psychological health when compared to a control group. Beck goes on to say that numerous researchers have repeated this study, and meta-analytic studies have shown that expressively writing about traumatic experiences provides numerous health benefits (Beck, 2008). Beck believes that there are three different explanations that clarifies the results of this study, and can help to explain the benefits that PostSecret offers as well (Beck, 2008). The first is that this type of writing may result in a cathartic effect in that this disclosure could cause a feeling of “getting something off of your chest.” The second idea is the insight gained through disclosure. Writing about an event causes a bifurcation between the writer and the actual event. This distance can allow the writer to look at the traumatic experience through a better vantage point in order to come up with a helpful way to deal with the situation. Lastly, this writing exercise can help the individual gain mastery over their emotions. Being able to think about an experience and the emotions an event invokes causes one to have better insight over their emotions. Beck writes,
“through disclosure we begin to tame and integrate our feelings into our self-concept” (Beck, 2008).

It is easy to see how Beck’s three explanations to Pennebaker’s writing exercise are relevant to the application of existential psychotherapy to PostSecret. One of the most important aspects of existential psychotherapy is to have the patient face each individual problem with honesty and an open mind. This allows the individual to realize that they are free to make choices in order to exist authentically. Creating a post card, similar to Pennebaker’s experiment, allows the participant to view the problem from a distance, helping to decipher how it actually affects them. It also helps in offering the realization that each situation is somewhat in their control. Only when a patient has this understanding and mastery can he or she finally move forward and make progress. In a sense, it would seem that the presence of a therapist in this situation is not a necessity. The creation of the card itself acts as a “pseudo-therapist” in that it helps guide the maker of the card toward understanding a particular aspect of him or herself through self-contemplation. In a recent interview, Warren said, “I’ve learned that there are two types of secrets - the ones you keep from other people and the secrets we hide from ourselves. Sometimes by looking at this community of secrets it allows us to recognize a few secrets that we might be carrying unaware” (Gould, 2008). This implies that the followers of PostSecret can also benefit psychologically from the project.

When talking with fans of the original PostSecret project on campus, almost all explained that they followed the blog because they would find secrets that “they themselves could have written.” If individuals see a card that they feel that they can “identify” with, they might wonder why they feel so connected to just a few colorful
words on a post card. Identifying with a particular card or just viewing cards in general can result in having the reader think about various aspects of his or her own life. This causes self-contemplation and will follow the findings of Pennebaker’s research, which again results in catharsis, insight, and mastery over oneself, which is consistent with existential psychotherapy.

Frank Warren began PostSecret for the purpose of creating a simple community art project, but ended up with so much more. When he started his project six years ago, he did not realize that his idea would have such a positive psychological impact for so many people. The reason for such a growth in popularity could be attributed to the cathartic and self-realizing effects that these anonymous secrets can have on individuals. This positive psychological result does not follow the psychoanalytic doctrine. Instead, a possible theory that can help to explain the therapeutic effects of PostSecret is existential psychotherapy. After introducing the concept and applications of existential psychotherapy, as well as Foucault’s history of sexuality and secrecy and the clinical study of the psychology of secrets in contemporary literature, it seems evident that these post cards offer a similar effect as Pennebaker’s paramount research on expressive writing, in that the individual can experience catharsis, insight, and mastery towards a particular aspect of life. This positive effect is not only limited to the creators of cards, but can logically be extended to the fans of PostSecret who follow the blogs and books as well. The card, similarly to the existential psychotherapist, acts as a guide towards self-realization. The PostSecret project is a unique way to creatively express oneself anonymously to a global audience, and experience a positive therapeutic effect consistent with the doctrine of existential psychotherapy.
Campus Project

Here are some of the cards that I was lucky enough to receive through my project. I would like to thank Carol Stedman of the Union Express for allowing me to distribute blank cards into student’s mailboxes, and also Rachel Jones, Emily Gerardi, Amelia McKeever, and Heather Chapman for helping to distribute the cards around campus.
I LOVE JUSTIN
BIEBER... SHH!

I wonder if it is
really all going
to be ok.

Cur I don't think so.
Sometimes I worry that I would walk away from everyone who loves me and not even care.

I'm worried that I will never find someone that will make me feel the way you made me feel.
I'm in love with a guy who can't keep me happy.

Is there something wrong with me?

My roommate told me once that you and I act like we're a married couple—because we fight like one.

She thinks we'll end up married— I hope we do.

Because frankly baby, I'm nothing without you.
I'm in love with you. Every Christmas I see your name up in lights and it kills me inside.

I get more sad everyday without you.

I love my fiance...
I am the happiest I ever was all because of him.

Everytime I look at a calendar I think of each month anniversary we could have celebrated.

Ps. It could have been 4.20 😊

P.P.S. I'm sorry, I still love you.
When I move to California, I'm drinking wine every day.

Then maybe I will forget you.

Closed For Business.
The most meaningful relationship I have is with a boy 12,000 miles away.

Connecting to server...
You're now chatting with a random stranger. Say hi!

**Stranger:** Hello.
**You:** Hi
**You:** How are you this evening?
**Stranger:** What? Why would you ask such a question?

Your conversational partner has disconnected.

Start a new conversation or send us feedback.

Being blonde makes me feel better about myself:
I can blame my dumb moments on my Hair and not on my Intelligence.
Pain is inevitable.

Suffering is optional.

The thing I hate most about working in a pharmacy...

...are the explicit sexual images that pop into my head involving the CREEPY OLD MEN as I hand them their Viagra prescriptions.
I had my first kiss at age 18...

Someone old once told me, that lies will lock you up with truth the only key.
Who would be the prettier sister if I were thin?

Before

After

I am destined to forever be a

Before.
Works Cited


**Three Key Words:** existentialism, psychotherapy, PostSecret