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A Phenomenological Study of the Lived Experiences of Counselors in Training When Discussing the Existential Factors of Death, Isolation, Freedom, and Meaning in Life With Their Clients

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responsibility, meaning in life and meaninglessness, counselors in training,

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Chapter One: Introduction

Throughout the history of humankind, human beings have been concerned with the nature of human existence: Who am I? Why am I here? How did I get here? Do I have a purpose? And if so, what is it? What is the meaning of life? How do I cope with mortality? (Tillich, 1952). These concerns can be passing thoughts that may result in a profound existential exploration. For some individuals, these concerns might evoke anxiety, feelings of uncertainty, and a crisis that potentially may lead to psychopathology (Yalom, 1980). Existential philosophy and therapy often have been associated with a wide range of concepts and themes, some of them contradictory. Some link existential thought with meaninglessness, nihilism, atheism, dread, and death (Cooper, 2003). Others, on the other hand, argue that exploring existential issues is vital to the development of meaning in life, authenticity, and reaching personal freedom (Wulfing, 2008).

Given the importance of existential concerns, many psychotherapies indirectly help and encourage clients to address existential questions. Existential therapies, however, explicitly address existential concerns because they assume that in this way, it is possible to overcome the existential distress and decrease or prevent psychopathology. Moreover, prominent figures of existential psychotherapy have argued that existential issues being explored are universal and fundamental to human experience, and can be integrated into other approaches (Van Deurzen, 2014).

Problem Statement

In recent decades, much research has been done on different psychotherapy approaches. However, compared to other modalities, limited studies have been conducted on existential therapy. In existential therapy literature, most of the research studies have used "eloquent case studies" (Schneider, 2003, p.169), a qualitative or phenomenological method. This might go back to the existential philosophical perspective that the focus of research should be on the client's subjective lived experiences and their meaning-making process (see Cooper, 2003). Additionally, existential concepts are difficult to operationalize, and due to the underlying existential philosophy, many researchers have not utilized standardized methods (Van Deurzen & Adams, 2011) or reductionist terms. Instead, existential therapists have defined this psychotherapy approach as an 'existential therapeutic attitude' or 'deep intuition' (e.g., Yalom, 1980) that can be integrated into all therapies (Josselson, 2008; Yalom, 1980). From this perspective, the improvement of existential therapies should develop in client-centered ways, such as focusing on client's concerns, the therapeutic relationship, the therapist's development, consisting of extensive training, personal therapy, and self-reflection (e.g., Vos, Craig, & Cooper, 2013).

Two prominent figures of existential psychotherapy, May and Yalom (1973), described existential psychotherapy as:

"… Not a specific technical approach that presents a new set of rules for therapy. [Existential Psychotherapy] asks deep questions about the nature of the human being and the nature of anxiety, despair, grief, loneliness, isolation, and anomie. It

also deals centrally with the questions of creativity and love. Out of the understanding of the meaning of these human experiences, existential psychotherapists have devised methods of therapy that do not fall into the common error of distorting human beings in the very effort of trying to help them." p. 1)

Yalom (1980) stated that four existential concerns are relevant to psychotherapy, including death, isolation, freedom and responsibility, and meaning in life. Other common themes explored in existential therapy are meaning, creation, responsibility (Furman, 2003; Owen, 2004), and existential anxiety (Tillich, 1952, 1961). Many studies focus on existential factors, such as the fear of death (Baldwin & Wesley, 1996; Chung et al., 2000; Martz, 2004; Pyszczynski, Greenberg, & Solomon, 1999; Rosenblatt, Greenburg, Solomon, Pyszczynski, & Lyon, 1989), the lack of meaning in life (e.g., Cheung, Law, Chan, Liu, & Yip, 2006; Harlow, Newcomb, & Bentley, 1986; Mascaro & Rosen, 2008), isolation (Breitbart, 2017; Cacioppo, Hawkley, Norman, & Bernston, 2011; Helm, Greenberg, park, & Pinel, 2019; Mayers, Khoo, & Svartberg, 2002; Mayers & Svartberg, 2001; Pinel, Long, Murdoch,& Helm, 2017; Rosedale, 2007; Sand & Strang, 2006), freedom and responsibility (da Ponte et al., 2020; Cohen, 2003; Langle, 2018; Spivak, 2004).

Yalom (1980) posits that confrontation with the givens of life may evoke existential anxiety that human beings may try to suppress and avoid. It is existential anxiety concerning ''who am I as a human in a larger natural world?'' (see Adams, 2006). Existential anxiety has been associated with symptoms of depression, anxiety, and

identity distress (Berman, Weems, & Stickle, 2006; Weems et al., 2004). Therefore, avoidance of these ultimate concerns can result in an existential crisis, existential anxiety, or more precisely, anxiety about death and other significant issues like purpose in life, responsibility, and freedom, and authenticity.

However, it has been argued that exploring existential concerns is crucial to the human experience. Yalom (1980) posits that human beings must confront the givens of life because "the confrontation with the givens of existence is painful but, ultimately healing" (p. 8). Research evidence also suggests that existential anxiety is a fundamental human issue and is associated to one's psychological well-being (Baldwin & Wesley, 1996; Chung et al., 2000; Pyszczynski, Greenberg, & Solomon, 1999; Rosenblatt et al., 1989; Tillich, 1952, 1961; Shumaker, 2011; Weems, Costa, Dehon, & Berman, 2004). Thus, addressing existential issues can be difficult and anxious, but essential to psychological well-being and flourishing.

Yalom (1980) suggests that the therapist should reflect on his or her beliefs about existential factors, like responsibility and freedom, and have a consistent stance. Yalom (1980) adds that "double standards in the therapeutic as well as in any relationship will not do" (p. 269). Similar to other existential issues, the therapist should work through their own issues related to death, isolation, or meaning in life prior to working with clients. Once therapists show their mental calmness, then their clients will feel more comfortable addressing the existential issue (e.g., death) more frequently (1989, p. 132). He claimed that many therapists would experience difficulty when working with clients to increase awareness of death and might even potentially experience denial in both parts,

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the therapist and client; as he explains in his book, "the patient is not the only source of denial, of course, frequently, the denial of the therapist no less than the patient must confront death and be anxious in the face of it" (1980, p. 204). Thus, considering the unique experience of the encounter between the client and counselor, existential psychotherapists suggest that phenomenological exploration of the self is crucial (May, 1983).

Even though existential psychotherapists provide a unique perspective of the experiences of the counselors, there is limited research done on the existential experiences of counselors-in-training or professional counselors during their practicum or internship experiences (Pierce, 2016). The scarcity of research includes a limited understanding of the lived experiences of counselors-in-training when discussing existential factors of death, isolation, freedom, and meaning in life with their client. This phenomenological study aims to fill this gap in the literature.

Theoretical Framework

In this phenomenological study, the goal is to explore and understand the experiences of participants, and not prove any formal hypothesis (Creswell, 2013; Glesne, 2011; Lunenburg & Irby, 2008; Patton, 2002). The theoretical framework used for this research study was existential therapy, as it seemed appropriate to examine the lived experiences of counselors in training when discussing existential factors with their clients. Existential therapy assumes that there are 'ultimate concerns' or 'givens of life' that define the phenomenological reality of clients. These assumptions are built on

philosophical and personal reflection, qualitative research, and case studies (e.g., Frankl, 1962; Spinelli, 2005a; Yalom, 1980).

Yalom (1980) argued that every human being faces the givens of life, and these concerns are an unavoidable part of human existence. Many existential psychotherapists agree that human beings face four ultimate concerns or givens – death, isolation, freedom and responsibility, and meaning in life (Boss, 1963; Frankl, 1962; May, 1983; Yalom, 1980). For this phenomenological study, Yalom's four existential factors will be used because at the heart of his theory is the argument that all human beings face these existential concerns.

Existential psychotherapists outline that effective psychotherapy evolves out of the therapist's willingness to make use of the self to build a therapeutic relationship, to help and encourage the client work through the ultimate issue of human existence during the treatment process (Frankl, 1969; May, 1983; Mullan & Sangiuliano, 1964; Whitaker, 1976; Yalom, 1980). Thus, considering how essential it is to address existential issues during treatment and that every individual faces the givens of life, this study will focus on the lived experiences of counselors-in-training when discussing existential matters with their clients. How do they navigate these issues when they themselves might be anxious to confront them or maybe even comfortable talking about them? Is there a difference when discussing different existential factors? What is their experience like?

Purpose Statement

The purpose of this phenomenological study was to understand the lived experiences of counselors in training when discussing existential factors of death,

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isolation, freedom, and meaning in life with their clients. Another purpose of this study was to understand which techniques or strategies counselors in training use when discussing existential factors with their clients. In addition to this, it was hoped that this study would enhance the understanding of counselors in training experiences with the intention of influencing future training and education.

Research Questions

In this phenomenological study, the following research questions were used to guide the research.

Q1: What are the experiences of counselors in training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients?

Q2: What insight do these experiences give to counseling training programs in helping students explore the existential factors with clients?

Significance of the Study

The topic is an essential area of study as the results may inform future practice and potentially advance research efforts regarding the exploration of existential factors in therapy and lead to better counseling treatments and interventions. The scarcity of research on the lived experiences of counselors in training emphasizes a gap in the literature on a significant group of individuals who contribute a lot to the field and profession of counseling. Exploring their lived experiences creates the opportunity for their voice to be heard and for additional research related to counselors in training experiences in counseling sessions. Furthermore, it may influence future training and

education for counselors in training that feel incompetent or less confident when discussing the ultimate concerns with their clients.

Additionally, this study may provide further evidence of the benefits of discussing existential factors in therapy. Research shows that addressing existential factors in psychotherapy in the treatment of terminal illness, grief, and loss, and meaning-making is very effective and beneficial (Vos, Craig & Cooper, 2014). Additionally, Yalom (2002) states that exploring existential issues can influence the nature of the therapeutic relationship. Efforts on improving the counselor's ability to administer therapeutic interventions could lead to more positive therapeutic outcomes for individuals that are currently not receiving adequate mental health. Studies have demonstrated that there is a relationship between the givens of life (Yalom, 1980) and depression, anxiety, traumatic stress (Weems, Costa, Dehon &Berman, 2004), substance abuse, and lack of purpose in life (Moore & Goldner-Vukov, 2009). Therefore, given the viability of addressing and exploring these existential factors in therapy, it is essential to evaluate the experiences of the counselors in training to provide positive therapeutic outcomes for clients.

Delimitations

The participants of this study were limited to master's students in training, who have had practicum experience, prior to internship, and have discussed at least two of the existential factors with their clients. Thus, participants that were not currently in their training and did not discuss at least 2/4 of the existential factors with their clients were not eligible for the study. No regard was given to gender, race, national origin, creed, education, socioeconomic status, or any other qualification. Furthermore, the data

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collection process was delimited to a brief screening survey and an interview, which was video recorded. The current study was designed to delve into the lived experiences of five counselors in training.

Assumptions of the Study

The first assumption was that counselors in training would willingly and accurately report their lived experiences when discussing existential factors with their clients. It was also assumed that participants would provide honest, in-depth responses to the interview questions. Additionally, it was assumed that the data collected from them would provide enough information to fully capture their lived experience and understand the meaning-making process of those experiences. To facilitate disclosure and meaningful responses, real names were replaced with pseudonyms to protect participants' identity and privacy; participants had the opportunity to withdraw from the study at any point, share information voluntarily, and if at any point they feel uncomfortable sharing something they could express their concerns. The interviewer made sure to go over the consent form and remind the participant that they do not have to feel pressured to share any information that compromises their emotional and psychological well-being. The fourth assumption was that the participants would commit themselves fully to the data collection process. They would agree to video record their experiences, responsive to questions, and open to discussing their lived experiences in-depth.

It should be noted that the primary investigator is a counselor in training and pursuing graduate studies at the same university as the participants. Although this may have affected the relationship with the participants, the researcher was able to build

rapport with them faster and gather more in-depth responses. The final assumption was that the findings of the study could be relevant to other counselors in training in different universities.

Definition of the terms

Before discussing the study in-depth, several definitions are provided as they relate to this study. Some of these terms will be explained in more detail in the subsequent chapters.

Counselor in training - Students who are enrolled in a university to obtain a master's degree in counseling that will result in the ability to work as a licensed counselor upon completion of the course and supervision requirements.

Death – from an existential perspective, death is less about considering our physical demise than considering the effect that mortality has on our being, how we deal with the apparent knowledge of our finiteness, and what then follows: how we face our lives (Van Deurzen & Kenward, 2005)

Existential factors – sometimes referred to as givens of life; ultimate concerns; These givens are fundamental aspects of existence that are inherent, inexorable, aspects of the individual's existence in the world (Yalom, 1980). This study is focused on Yalom's (1980) four existential factors, including death, isolation, freedom, and meaning in life.

Existential psychotherapy - is a form of psychotherapy; it aims to clarify, reflect upon, and understand life as each person in practice experiences it to overcome particular problems or resolve dilemmas. Existential therapy views the person as fundamentally in

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relationship with the difficult factors of existence, including death, isolation, freedom, and facticity (the limits of freedom), and meaning in life (Van Deurzen & Kenward, 2005)

Freedom – is one of the existential factors that is strongly associated with responsibility. With freedom comes responsibility. According to Sartre, to fail to be free is the same as to cease to be. But freedom comes about through nothingness, for nihilation is freedom, and human beings are nothing, are pure freedom (Van Deurzen & Kenward, 2005)

Interpretative Phenomenological Analysis – IPA; a qualitative approach that aims to provide detailed examinations of personal lived experience (Smith & Osborn, 2015). IPA involves a detailed investigation of the participant's personal experience and is concerned with an individual's personal perception of a phenomenon (Smith & Shinebourne, 2012)

Isolation - Yalom (1980) identifies three intertwined forms of isolation: interpersonal, intrapersonal, and existential. He defines existential isolation as the "unbridgeable gulf between oneself and any other being … [and as] isolation even more fundamental—a separation between the individual and the world" (p. 355).

Meaning - It can refer to the discovery or imposition of form, intention, or importance. At the highest level, search for the universal meaning of life or a personal meaning of life is the search for an understanding of the human condition or for a network of connections and values that makes sense of it (Van Deurzen & Kenward, 2005).

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Meaninglessness - implies chaos, disorganization, and pointlessness. Thus, it is often connected to the notion of absurdity or futility. Tillich, and after him, Yalom, considers meaninglessness to be one of the most profound challenges to a personal being. To come to an understanding of life, to develop a theory of how things work is to discover what stance to take towards life (Van Deurzen & Kenward, 2005).

Phenomenology - A qualitative research method designed to describe and interpret experiences by determining the meaning of those "experiences as perceived by the people who have participated in it" (Ary, Jacobs, Razavieh, & Sorensen, 2007, p. 461).

Responsibility - refers to the acknowledgment of personal accountability, to holding oneself accountable. It is not only accountability for that over which one has direct power: it is more than one's own life is one's concern (Van Deurzen & Kenward, 2005).

Organization of the Study

This phenomenological study was designed to provide understanding and insight into counselors in training lived experiences when discussing existential factors with their clients. The goal was to give voice to and gain an understanding of the lived experiences of counselors in training when talking about deep existential topics in counseling sessions. To gather information, an interpretative phenomenological analysis approach was utilized. Data was collected through a semi-structured interview that was video recorded, and each of the interviews was transcribed. The obtained data was analyzed using IPA. The purpose of utilizing interpretative analysis was to offer insight into the

phenomenon, which will help to fill the gaps in the existing literature on the lived experiences of counselors in training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients.

Chapter Summary

This chapter provided the problem statement, the theoretical or conceptual framework, the purpose statement, and it described the research questions. In addition to that, it discussed the significance of the study, delimitations, assumptions, and it provided the definitions of the relevant terms. The following chapter is focused on the literature review. It presents a historical background of existentialism and a review of existential therapy, including the givens of life and relevant literature surrounding counselors in training and existential factors. The third chapter provides the methodology selected, including the rationale to qualitative research inquiry in general, the phenomenological approach, interpretative phenomenological analysis, and the researcher's bias. It is followed by a detailed description of the procedures utilized, study participants, data analysis, trustworthiness, and ethical concerns. The fourth chapter reports the analysis of the emerging themes generated from the interviews. It further presents the participants' narratives, coding, and connection of the findings to the research questions. The fifth chapter of this study presents a discussion of the findings, implications, and recommendations for future research directions.

Chapter Two: The Review of Literature

This chapter presents an overview of the literature review. This literature review was designed to identify research that would be useful in understanding the experiences, perceptions, and factors that apply to counselors in training when addressing existential factors with their clients. This chapter includes a historical background of existentialism, as existential therapy has its roots in existentialism. The variety of existential therapies will be presented, including Daseinsanalysis, Logotherapy, British school of existential therapy, and American existential-humanistic approach. Following that, literature in the "givens of life" or existential factors will be explained. Research surrounding existential therapy and counselors in training will be presented. Lastly, the chapter will conclude with a chapter summary.

Historical Background of Existentialism

Similar to other therapies, existential therapy also has a philosophy behind it (May, 1958a). Its roots go back to existential philosophy, existential literature, and existential philosophers (Frankl, 1967; Yalom, 1980). The existentialist school emerged in the 19th century and reached its peak in mid-20th century France. The existentialist movement in philosophy is mostly correlated with some European philosophers of the 19th and 20th centuries. Despite not using the term existentialism in his work, Søren Kierkegaard is generally considered as the father of existential philosophy (Lander & Nahon, 2005; Langdridge, 2013; Sartre, 1965).

Kierkegaard (1950) noted the importance of learning from anxiety and despair and striving for one's potential. Given that a human being is neither a beast nor an angel, but a synthesis, then he can be in anxiety (Kierkegaard, 1980). The more a human being is experiencing anxiety, the greater is the man (Kierkegaard, 1980). Based on this assumption, he accentuates the positive role anxiety has on human flourishing. Moreover, he adds that "nothing ... gives birth to anxiety" (Kierkegaard 1980, p. 41), and this is important because it reveals man's dual nature. It is not the anxiety in itself that individuals fear, but the fact they are facing their existence when they are experiencing the terror of a vacuum in which existence is thrown or as put by Kierkegaard this "nothingness." The recognition of this fundamental issue could the first step on the road of the search for meaning and self-growth (Kierkegaard, 1843/1985)

Following on from Kierkegaard, Nietzsche put forth that the process of development of individuals is similar to walking on a tight rope over an abyss (e.g., Nietzsche, 1885/2009, p 129). As opposed to Kierkegaard, Nietzsche's approach was atheistic and critical of the claims of objective truth or facts (Langdridge, 2013). He claimed that individuals should give meaning to their existence and the existence of the world. Nietzsche stated that one's true self lies high above and can be found by engaging in introspection (Mendelowitz & Schneider, 2007). It is essential to individuals because questions like "What does your conscience say? could potentially lead to answers like 'You should become who you are'" (cited in Hollingdale, 1965/1999, p. 37). Even though these two philosophers seen as precursors of the existentialist movement diverge in their

theistic beliefs, both emphasized that to live fully or in a meaningful manner, one should focus on their subjective experience of the external world (Langdridge, 2013).

Another influential existential philosopher that contributed to the development of existential philosophy is Heidegger (1962). Heidegger (1962) is known for his work on the concept of *being*. According to him, the "essence of Dasein lies in its existence" ("Dasein" is a German word for existence; Heidegger 1962, p. 67). Additionally, he argued that individuals have various "ways of being" ("Seinsweise"; Heidegger, 2001; Visser, 1998) and that there is room to experience some guidance, as stated by him "…I trust in the dark and small guidance, which takes us by the hand" (Heidegger, 2000b, p. 32). Heidegger was a critic of the separation of subject from the object because, according to him, the separation was misleading and false (Mendelowitz & Schneider, 2007). Heidegger claimed that human beings are unique because they are the only creatures to ask questions and seek explanations about the very nature of their existence. Based on this assumption, it is no surprise that existential psychology emphasizes the importance of considering a client's perspective and involvement surrounding human *beings* (Langdridge, 2013).

Inspired by the work of Heidegger, Jean-Paul Sartre introduced new premises that would further shape and develop existentialist thinking. He was the one that explicitly adopted the term and encapsulated his philosophy in 1943. All the existential themes are introduced and described in his work. Sartre argued that human beings are "condemned to freedom [...], thrown into freedom." (Sartre, 1984, p. 623)" and we are responsible for the choices we make. Even when we do not want to be free, we still are, since an individual

can't fail to be free. According to him, existence precedes essence, and it is the human

being that makes of himself or herself through his or her free choices. Thus, human

beings are free and utterly responsible for themselves. Facing such a reality and

responsibility is anxiety-provoking.

Two other Sartre's associates and prominent philosophers within the existentialist

philosophy are Simone de Beauvoir and Albert Camus. Beauvoir argues that the tension

between the brute facts of human existence and the freedom to choose and create it

should be considered as positive rather than as a restrictive of action. She defines this

tension as ambiguity. Beauvoir argues that we feel the responsibility of our choices since

our present decisions have a future effect that is about to be created freely by us.

Therefore, human beings experience ambiguity between facticity (antecedent restrictions)

and transcendence (future possibilities). Beauvoir also argues that "to will, oneself free is

also to will others free" (Beauvoir, 1976). Furthermore, she claims that humans can find

justification in their existence by recognizing the existence of other human beings

(Beauvoir, 1976). Her point is that by accepting the existence of other human beings, one

can potentially flourish.

Camus added another dimension to the existentialist philosophy literature with his

conception of the absurd. Camus argues that acceptance of the absurd leads to action

rather than nihilism and inaction. He claims that absurd means the awareness and

rejection of death (Camus, 2000). The awareness of death is critical because it brings

humans face-to-face with their mortality and limitations. As a result, humans seek

answers and explanations and ultimately reject death, including suicide and the living

death of inaction to keep the absurd alive (Camus, 2000).

Existential philosophy gained more relevance after World War II, thanks to the

work of these philosophers. They work also included the focus on the healing process,

psychological wellness, and well-being. For instance, Jaspers work *Allgemeine*

Psychopathologie (1963; "*General Psychopathology"*), and Binswanger exploration of

the origin of mental illness in his work *Über Ideenflucht* (1933; "On the Flight of Ideas")

are two great examples that made an entrance into psychotherapy. During this postwar

period, existential philosophy also evolved into a methodology, as prominent figures like

Otto Rank, Paul Tillich, Rollo May, and later Yalom and others who actively pursued the

discipline and began utilizing the existential principles in their practice. From a historical

perspective, this is the process of how existential therapies came to be.

Existential therapies: The Variety of Existential Practices

The school of existentialism started as a philosophical movement and later carried

over into the field of psychotherapy (e.g., Boss, 1963; Frankl, 1969; Lantz, 1978; Mahrer

(2000); May, 1983; Van Deurzen-Smith, 1997; Whitaker, 1989; Yalom, 1980). Thus, it is

no wonder that the contributions greatly inform existential psychotherapy as a therapeutic

model founded in the existential philosophy of existential philosophers mentioned above.

Yet, the most eminent ones would be Kierkegaard, Nietzsche, Heidegger, Sartre, Buber,

and Tillich (Cooper, 2012). In this regard, existential therapies are founded on one or

more of the following existential philosophical principles or assumptions:

- Existence precedes essence. This means that human beings first exist and then later define themselves. This assumption, in a way, gives power to human beings to create their meaning, values, and essence. Even though existentialism recognizes givens like culture, race, mortality, it still puts forward the assumption that human beings exist, experience life and being, and have the freedom and responsibility to define their essence (see Cooper, 2003).

- A key aspect of understanding a person is through the method of phenomenology. Focusing on the lived experiences of an individual and the meaning-making process will enhance the deep understanding of a person. This is reflected in the psychotherapy work as well (see Cooper, 2003; Vos, Craig & Cooper, 2015).

- Human existence is fundamentally free (Macquarrie, 1972). Human beings have the potential to make choices, but at the same time responsible for the decision he or she makes (see Cooper, 2003; Vos et al., 2015).

- Human beings are orientated to and have a need for meaning and purpose (Vos et al., 2015).

- Individuality and authenticity are essential concepts (see Stadter, 2018). Each human being is unique, and the process of psychotherapy should encourage the growth of each person while considering different dimensions of existence (Frankl, 1969; Lantz, 2000, 2001; Lantz and Gregoire, 2003; Sonneman, 1954).

- Human beings will face limitations and realities of existence and function most successfully when facing existential concerns rather than steering away. A Chinese approach on existential therapy is "zhe mian" therapy (Wang, 2011) which means "face directly" (see Cooper, 2003; Stadter, 2018; Vos et al., 2015)

Based upon these ideas and concepts, four different approaches or schools have been distinguished in the existential psychotherapy literature, including Daseinsanalysis, logotherapy, the British school of existential psychotherapy, and the American existential-humanistic approach (Cooper, 2003, 2012; Vos et al., 2015).

Daseinsanalysis

The first school within the existential therapy umbrella is *Daseinsanalysis* or the analysis of human existence. This approach, including the different training programs that have emerged from it, are influenced to a great extent by the writings of Heidegger (Cohn, 2002a). *Daseinsanalysis* accentuates an open therapeutic relationship in which the clients can express themselves and develop openness towards *being*, other people, opportunities, activities, and so on (Vos et al., 2015). *Daseinsanalysis* movement was founded in early 1930 by Ludwig Binswanger (1963). Inspired by the work of existential-phenomenological philosophers like Husserl, Buber, and Heidegger, he aimed at describing the nature of human psychopathology concerning the sufferer's way of *being-in-the-world*. This is an attempt to provide a more holistic understanding of human existence, rather than reducing human suffering or existence to deterministic mechanisms.

Another prominent figure that contributed to the development of Daseinsanalysis is psychiatrist Medard Boss. He established the first Daseinsanalytic training institute in Zurich, Switzerland, known as the Daseinsanalytic Institute for Psychotherapy and Psychosomatic Medicine. Essential influences on the development of Boss's outlook were drawings of Heidegger, works of south-east Asian scholar and sages (Boss, 1965), and Freud's psychoanalytic approach. In Daseinsanalysis, implications that the past causes the present situation of a client are avoided in every way possible. This approach shifts away from this causal theoretical framework to a volitional one. Daseinsanalysts are interested in understanding the ways a client transference to the therapist because this could be a reflection of their wider *being-in-the-world* (Boss, 1963; 1979). Additionally, Daseinsanalysts aim at helping the client explore the bundle of possibilities they have in their world (Boss, 1963). Daseinsanalysis approach advocates for openness and flexibility concerning *being* and the world, more precisely an openness towards loving and trusting others (Condrau, 1998).

Logotherapy

Logotherapy is the second school identified in the field of existential therapy, developed by Viktor Frankl in the late 1920s (Klingberg, 1995). Some of the crucial influences on the development of logotherapy are psychoanalytic thinking, and the religious background of its founder (Tengan, 1999), Frankl's personal history, and the work of the phenomenologist Max Scheler (Tengan, 1999).

Logotherapy aims to assist clients in discovering their purpose and meaning in life (Cooper, 2003; Vos et al., 2015) utilizing different techniques, such as Socratic dialogue,

paradoxical intention, and dereflection (Frankl, 1986). Paradoxical intention involves

motivating the client to stop fighting against obstacles and instead face them (Frankl,

1965, p. 364). The technique of 'dereflection' refers to the assumption that individuals are

engaged with their world, and through it, they find meaning and purpose. These two

techniques have been developed by logotherapy. This school continues to flourish today

and has influenced other professions, including career counseling (Wong, 1998), the

nursing profession (Starck, 1993), social work (Guttman, 1996), and dentistry (Jepsen,

1979; see Cooper, 2003).

Given that this approach aims at discovering meaning in life, therapists are

encouraged to consider the feelings of meaninglessness and address them. Moreover, it is

vital to recognize whether that feeling of meaninglessness in the underlying issue of a

client's difficulties (Cooper,2003). Furthermore, Frankl (1986) claims that three types of

values may apply to any situation. The first types of values are creative values that can be

fulfilled or actualized through activities that involve art or creativity. The second type is

experiential values that can be realized as long as there is a high receptivity to one's

world. Finally, we have 'attitudinal' values that have the potential to be achieved when

one's attitude in a particular situation is changed (Cooper, 2003).

British school of existential therapy

The third school of thought is referred to as the *British school of existential*

psychotherapy and is primarily influenced by the work of Laing (Cooper, 2003; Spinelli,

2007; Vos et al., 2015). Laing (1965) utilized a phenomenological stance with clients in

therapy to get a better understanding of their lived experiences. Therapists within this

school emphasize a lot the in-the-world-with-others nature of human existence. Within the British school, therapists are encouraged to help clients find their unique way of being (van Deurzen, 2002) and that the relationship between therapists and clients should be equal (van Deurzen-Smith, 1997). This approach is phenomenological in nature (Cooper, 2003; Spinelli, 2007) because it is influenced by Husserl's phenomenological method (Spinelli, 1994; Adams, 2001).

Emmy van Deurzen is considered a pioneer in the establishment and development of the British school of existential therapy (Cooper, 2003). She focuses on helping clients face the difficulties of everyday life, rather than focusing all the time on the givens of existence. Van Deurzen claims that life means having endless struggles, challenges, and having happy moments is an exception rather than the rule (1998, p. 132). Two other existential therapists within the British school are Ernesto Spinelli and Hans Cohn. Spinelli's (1994) contribution to the British school involves bringing phenomenology and bracketing to the center, whereas Cohn (2002a) developed Heidegger's ideas in his creative way.

The American Existential-Humanistic Approach

The final approach identified in the field of existential therapy is the American *existential-humanistic* school. Existential-humanistic approach (May, Angel, & Ellenberg, 1958; Schneider, 2008; Yalom, 1980) focuses on humanistic-supportive practices to encourage clients to face the ultimate concerns in life (Yalom, 1980). Rollo May is considered the founder of the existential-humanistic approach (Hoeller, 1999). Even though he did not write many details about the existential-humanistic practice, his

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proteges James Bugental, Irving Yalom, and Kirk Schneider became the leading figures of this school (Cooper, 2003).

Similar to other approaches influences, therapists of existential-humanistic tradition have been influenced by the works of existential philosophers like Paul Tillich, Kierkegaard, and Nietzsche. Moreover, the existential-humanistic approach has been influenced by the humanistic psychotherapy movement, the spirit of pragmatism, and some psychodynamic therapists that are more humanistically-inclined. Based on these influences, one can conclude that the existential-humanistic approach has more of an American feel as opposed to the European schools of existential therapy. Within this school, two other traditions have emerged: *supportive-expressive group therapy,* which focuses on working with cancer clients, and *experiential–existential,* which works on connecting existential therapy with experiential interventions (Vos et al., 2015).

Existential-humanistic therapists argue that the root of human existence is the awareness of the reality of existence, such as uncertainty, responsibility, isolation, freedom, and meaninglessness. It might be so anxiety-provoking that individuals try to deny this reality through defensive mechanisms or steering away from it. Existential-humanistic therapists aim at helping the client know themselves and also facilitate their authentic presence to others (Bugental, 1999). A distinct feature that distinguishes existential-humanistic perspective from person-centered counseling (Rogers, 1957) or focusing-oriented psychotherapy (Gendlin, 1996) is that it focuses on the givens of life or as Yalom (1980) calls them the 'ultimate concerns' that all human beings face. This

approach suggests that these concerns are the underlying source of all our anxieties (Bugental, 1978).

The Givens of life

Existentialism is concerned with human beings' confrontation with the "givens" of life (Yalom, 1980). Sometimes the givens of life are referred to as "existential concerns," or the "ultimate concerns" of human existence. These ultimate concerns are fundamental to the human condition and inevitable. Every human being experiences the givens of life by virtue. Even though existential factors are universal, the way each person experiences them is unique and varies. Existential therapy holds the view that all human beings struggle with the ultimate concerns, whether that is consciously or unconsciously. One important aspect of existential therapy is that its goal is to explore the client's relation to the "givens" of life.

Yalom (1980) identifies four givens of life: the inevitability of death, isolation, freedom, and responsibility, and the meaninglessness and meaning in life. He states that four givens are relevant to therapy:

> The inevitability of death for each of us and for those we love; freedom to make of our lives as we will; our ultimate aloneness; and finally, the absence of any meaning or sense to our life. However, grim these givens may seem they contain the seeds of wisdom and redemption. (1989, p. 4)

Many philosophers and existential therapists may identify other existential concerns, but for the purpose of this thesis, Yalom's classification of the ultimate concerns will be used.

Death

Compared to other existential factors, Yalom puts death at the forefront of the four existential factors. Josselson (2008) claims that "the awareness of death, our inevitable demise, is the most painful and difficult" (p. 59). Yalom (1980,1989) stated that death is an obvious, inescapable fact of human existence and the primary source of anxiety. According to him, death is inescapable and has such immensity that a substantial part of an individual's "life energy is consumed in the denial of death" (1980, p. 41). Bugental (1981) outlines that the awareness of our finiteness brings us face-to-face with uncertainty and triggers the anxiety of death. Both psychotherapists agree that individuals try to protect themselves from the idea that one day they are going to die, and they force such awareness down into their unconscious so that they do not face the anxiety. The fear and avoidance of death begins in childhood (Yalom,1980) and continues until old age (Van Ranst & Marcoen, 2000). The uncertainty of one's death is very unsettling, and throughout the lifespan, it continues to be a big contributor to death anxiety. To avoid facing death anxiety, human beings fill their lives with distractions and diversions (Flasher & Fogle, 2004; Lindbergh, 1975). Research studies have shown that human beings respond with existential defense mechanisms when confronting death, such as through denial, avoidance, reinterpretations, and focusing their attention on something meaningful in their life (Greenberg, Koole, & Pyszszynski, 2004).

Yalom (1980) identifies two particular defenses against death anxiety, including "a delusional belief in one's inviolability and a belief in the ultimate rescuer" (p. 141). The first defense is the belief in one's specialness. Individuals believe that they are so

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unique and special that nothing can happen to them. For instance, if one gets diagnosed with cancer, the person believes that a miracle will happen or a cure because they are a special case. One might display more aggressive and controlling behavior to prove that they are special, unique, and superior to others. The belief in the 'ultimate rescuer' is the belief that a being – God, a higher being, parent, a doctor, or therapist- will save or rescue them from the limits of individuals' existence, such as mortality. This belief could be more salient for individuals pursuing different kinds of medications to cure their illness, disorder, or whatever the case may be. Thus, the idea of the ultimate rescuer decreases the power of death and reduces "its finality to a mere turning point, or step, into another realm of experience (Spinelli, 2006, p. 311). The second defense mechanism is more secular and has been criticized by some other existential therapists like Bartz (2009), and Karasu (2002). Bartz (2009) writes that traditional existential psychotherapy shows little respect for the clients that identify as religious or spiritual, classifying them as defense mechanisms (p.76). Although Yalom's existential psychotherapy integrates existential concepts with the practice of therapy, it might fail to acknowledge some spiritual aspects of existence (Bartz, 2009).

Other strategies have been identified within existential-humanistic psychotherapy. Compulsive sexual activity may be an attempt to drown out the anxiety of death by reminding ourselves of our vitality, youthfulness (May, 1969b), and possibly leaving a legacy behind (Yalom, 1980). Death anxiety can be repressed so that it enables people to cope with day-to-day life (Yalom, 1980, pp. 185-191). Human beings can also protect themselves by being in denial. Death anxiety or dread can be so terrifying that people fear

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they will sink into the feeling of nothingness and helplessness. Thus, human beings different defense mechanisms to protect themselves from the feeling of dread.

What makes death and dying so scary? Yalom answers this question by citing Choron (1964), who differentiated three distinct variations of fear and anxiety concerning death and dying. He states that people fear death because they do not know what comes after death, the "event" of dying and ceasing to be. The first two are related to the physical process of dying, whereas the third one is considered crucial to existential concepts of human existence. Human beings struggle to accept the reality of one's absolute extinction, demise, and annihilation (Choron,1964, cited in Yalom, 1980, p. 43). Yalom (1980) construes that there is an existential conflict between one's awareness of the inevitability of death and the wish to continue to exist.

Human beings have always shown curiosity about the secret of eternal life and discover the solution to death. This journey of trying to discover the secret of eternal life is reflected in many dimensions of life throughout human being existence. For instance, the main theme is one of the oldest poems written in the literature, Epic of Gilgamesh, is about Gilgamesh undertaking the journey to discover eternity (Yalom, 2008). Interestingly enough, stories of Abrahamic religions about the first human being, Adam, are related to this concept of eternity as well. Adam and his wife, Eve, got expelled from paradise because they ate from the forbidden tree. They got deceived, thinking that when they eat from that the tree of immortality and eternal kingdom, they will be immortal (Reat, 1975). Thus, since the first human being, the epic of Gilgamesh, and even today,

the search for eternity and solution to mortality has accompanied human beings. Death is unavoidable but scary to face at the same time.

The inevitability of death can be paradoxical. Olson (1962) outlined that individuals should have an awareness of death because "the affirmation of life is impossible unless we hold steadfastly to the consciousness of death" (p. 195). As conceptualized by Heidegger (1962), the physicality and awareness of death scare us, but the idea of it saves us. Yalom (1980) was influenced by him and further explained the meaning behind that conceptualization. Yalom (1980) considered the concepts of death and life as interdependent forces, and the acknowledgment and acceptance of death can shift our life perspective and "become an integrating factor in an authentic existence" (Heidegger, 2010, p. 249–256).

Furthermore, such recognition and acceptance of death can take an individual from "a mode of living characterized by diversions, tranquilization, and petty anxieties to a more authentic mode" (Yalom, 1980, p. 40). Attention to death anxiety is essential to understanding human existence. Emmy Van Duerzen-Smith construes that death is a vital reminder for human beings and facing it is necessary because only then "can we take our time on this earth seriously and make the most of it" (1997, p. 111). She seems to conceptualize death as an ultimate fulfillment. Thus, when people avoid facing death anxiety, they miss the chance of finding meaning or fulfillment in life. Van Deurzen-Smith (1997) states that human beings try to escape death through daily activities that we do, but then "we fail to notice that death is our greatest potential" (p. 41).

Isolation

Yalom (1980) and Bugental (1981) state that a second given of existence is that human beings are 'inexorably alone' (Yalom, 1980, p. 353). Human beings enter existence alone, and they will depart from it alone; and no matter how close people get to one another, there still is an unbridgeable gap between oneself and other beings (Yalom, 1980). According to Yalom (1980), every individual is existentially isolated from another. Feelings of existential isolation emerge when one feels alone in their experience; as if nobody shares their lived experience or could understand it (Yalom, 1980).

The awareness of this separateness induces anxiety of loneliness and isolation in human beings; it comprises one's deepest fear (Fromm, 1969; Hartog, Audy & Cohen, 1980; May & Yalom, 1995; Yalom, 1980). Our desires, needs, and actions are driven by our wish to escape this frightening state (Heidegger, 1962; Mijuskovic, 1985) through various means, for instance seeking company or new relationships (Buber, 1923/ 1958; May, 1953).

Considering how difficult it is to face this fundamental challenge, human beings develop different defense strategies to protect themselves (Bugental, 1981; Yalom, 1980). For instance, an individual may try to be noticed by others or seek affirmation (Yalom, 1980). Another defense strategy includes trying to fuse with others and conform more so that you become part of a group (Yalom, 1980). Struggling to merge can be manifested in other ways, such as not expressing the anger of disagreeable feelings towards someone (Yalom & Elkin, 1974), having sexual obsessiveness (Yalom, 1980), or trying to protect oneself against the awareness of isolation through religion (May, 1953). Thus, from an

existential-humanistic framework, human beings can reach the level of love and be loved in a mature and need-free way when they recognize their fundamental isolation. Dowrick (1991) states that "being alone for protracted or involuntary periods is likely to be tolerable only for someone of relative maturity, whose sense of self is reasonably reliable — someone who can comfortably hold onto feelings of connection, even when there is nobody else there" (p. 153).

In existential psychotherapy, three distinct categories of isolation have been identified, including *interpersonal* isolation, *intrapersonal* isolation, and *existential* isolation (Mayers & Svartberg, 2001; Yalom, 1980). Feelings of isolation are brought up into the therapeutic relationship and are manifested in these three forms. Yalom claims that the three types of isolation might feel as if they are "the same as and masquerade for one another. Frequently therapists mistake them and treat a patient for the wrong type of isolation" (1980, p. 355). The three identified forms of isolation are ways of being alone, and they share semi-permeable boundaries.

Interpersonal isolation refers to one's isolation from others. One might feel socially isolated because of inadequate social skills, conflicted feelings towards intimacy, personality type, social context, and geographical conditions. For instance, inmates might feel isolated when they get placed in solitary confinement, or a student studying abroad might experience interpersonal isolation. As opposed to interpersonal isolation, *intrapersonal isolation* refers to isolation within one's psyche. According to Yalom (1980), intrapersonal isolation results when one oppresses own's feelings and "accepts "ought's" or "shoulds" as one's wishes, distrusts one's judgment, or buries one's

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potential" (p. 354). This isolation can be manifested in different ways, such as indecisiveness, or uncertainty about one's authentic desires, and needs, but can also reveal itself in people with Dissociative Identity Disorder.

Finally, *existential isolation* (also referred to as *existential aloneness* and *existential loneliness*) is defined as the state of being a physical entity separate from other beings (Tillich, 1980), that is alone and isolated (Mijuskovic, 1979; Tillich, 1980). It has been described as an unbridgeable gap between people; each of us enters existence alone and must depart from it alone (Yalom, 1980). To live means to exist in a body that is separated from others. Each individual is unique, and an absolute emotional connection between individuals can never fully be reached (Frankl, 1986). Thus, people feel existentially isolated when they feel alone in their experience of the world, and as if nobody else understands their experience. People might feel anxious about the fact that other people will not know them at the deepest level or that ultimately, they are born alone and will die alone.

According to Yalom, each individual is existentially isolated, and the awareness of this absolute isolation creates an existential conflict between the reality of human condition and the wish to be part of a larger whole (Yalom, 1980). This experience of existential isolation is shared at some level with others, and it is a driving force that makes human beings seek relationships and company (Buber, 1923/1958; May, 1953) or other means of escaping this frightening state (Heidegger, 1962; Mijuskovic, 1985). For instance, people conform more (Yalom, 1980), do not express disagreeable feelings

(Yalom & Elkin, 1974), try to protect oneself against existential isolation through religion (May, 1953), or physical union (Becker, 1973; McGraw, 1995).

Furthermore, existential isolation has been associated with existential anxiety and loneliness, and it comprises an individual's deepest fear (Fromm, 1969; Hartog, Audy & Cohen, 1980; May & Yalom, 1995; Yalom, 1980). Tillich (1980) states that "he is not only alone; he also knows that he is alone . . . He cannot stand it but cannot escape it either. It is his destiny to be alone and to be aware of it" (p. 547). Thus, this existential isolation is an inevitable existential condition (Burton, 1961; Landau, 1980; Mijuskovic, 1977; Moustakis, 1961; Rokach, 1990, 2004; Vanden Bergh, 1963; Von Witzleben, 1958) and cuts beneath all other isolations.

Even though there is no escape from it, sometimes, the awareness of one's isolation may stimulate the feeling of responsibility for the change process. It might be an awakening moment of realization that it is only the individual that can make changes. As a result, the individual has a different attitude towards different dimensions in life.

Freedom and Responsibility

The concepts of freedom and responsibility are essential to the practice of existential therapy. According to existential psychotherapy, human beings have the freedom to live life as they want it and have responsibility for the choices they make (Luterman, 1984; Yalom, 1980; Young-Eisendrath, 1996). May suggests that at the root of human freedom is 'intentionality,' which is an underlying human tendency to 'stretch' towards something. On top of intentionality lies 'wish' and on top of that lies 'will' (1969b, p. 218). May makes a difference between an effortful will and the spontaneous

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and unconscious will. People might be making decisions, even when they are not conscious of it. Hence, he argues that freedom is not reduced only to those moments of intentional decision-making but to all components of human experiencing.

Kierkegaard, on the other hand, claims that freedom brings forth truth (p.138). According to him, "[Freedom is not] freedom to do this or that in the world, to become king and emperor or an abusive street corner orator, but freedom to know of himself that he is freedom." (Kierkegaard/Haufniensis, 1844b, p. 108). Thus, freedom is not earned instantly, but something you keep working on all the time. Whereas, Sartre (1984) argues that human beings are always free and that freedom is crucial for the being of consciousness in the way that for one to be conscious is to have freedom. He explains the role of freedom through two new terms —the *facticity* of freedom and its *situation.* The facticity of freedom is about the fact that human beings do not have the freedom to choose if they want to be free because they are not free to be free. Even if one does not want to be free, one cannot choose because it is instead forced upon us. As Sartre puts it in his words, "we are condemned to freedom [...], thrown into freedom." (Sartre, 1984, p. 623). Furthermore, human beings do not want to be free all the time, have the responsibility of continually being aware that we are free, and that we should act upon it.

Human beings are free to think, feel emotions, make decisions, and bear responsibility for those things (Frankl, 1961; Yalom, 1980). Frankl (1959) referred to this as "spiritual freedom," in contrast to personal freedoms, which means that one has the ultimate freedom to choose their attitude and shape their existence (Frankl, 1962). Many circumstances lie outside of our control, and we still bear responsibility for determining

our response and attitude toward them. For instance, our attitude towards certain events plays a significant role in our suffering, and we are responsible for acknowledging our part in that suffering (Myss, 1997; Young-Eisendrath, 1996). Therefore, this net of responsibility is wide enough to include a responsibility to one's self. In an existential therapy context, the client has the freedom and responsibility to choose their attitude toward the situation they are experiencing (Yalom, 1980). In a therapeutic process and life in general, taking responsibility is vital in any personal change.

Existential philosophers and existential therapists point out that having the freedom to choose and bear the responsibility for those decisions can be unsettling. Yalom (1980) argues that human beings have to be the creators of their reality in a universe that does not have an inherent design or a well-structure. "It is here, in the idea of self-construction, where anxiety dwells: we are creatures who desire structure, and we are frightened by the concept of freedom which implies that beneath us there is nothing, sheer groundlessness" (1989, p. 8). Freedom, in this sense, has this terrifying implication that there is no ground beneath us, and it generates anxiety confronting with groundlessness when we desire ground and structure. (1980, p. 9). Yalom states that "freedom is psychologically complex and permeated with anxiety" (Yalom, 2002, p. 141).

Considering how deeply frightening this could be, individuals search for any structure, authority, grand designs, magic, something that is bigger than one's self" (Yalom, 1980, p. 222). Additionally, human beings have a different way of defending themselves against the anxiety of freedom or responsibility. Some of the defenses that

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existential-humanistic psychotherapists have identified include procrastinating (Yalom, 1980); becoming apathetic (May, 1953); acting on impulses (Yalom, 1980); compulsivity (Yalom, 1980), being rebellious (May, 1953), and displacing the responsibility to something external like an institution, deity, or people (May, 1969b; Yalom,1980) or internal factors like genes, personality, or childhood (Yalom, 1980). As noted by existential philosophers and therapists, the consequences of these defenses can be severe, such as leaving one with a sense of powerlessness, hopelessness, and meaninglessness. Furthermore, failure to fulfill one's potential leads to existential guilt (Fingarette, 1962; Yalom, 1980), the threat of blame (Bugental, 1981), and a guilty conscience.

An essential dimension of the existential-humanistic therapeutic process is encouraging clients to make choices and take control of their lives. This includes pointing out to a client that not choosing is a choice in itself. Yalom (1980) suggest four insights that might be beneficial for the therapists to bring in a therapeutic session:

- If I can construct my world, then I am the only one that can change it.

- There is no danger in change.

- To get what I want, I must change.

- I have the power to change. (p. 340–1)

One cannot live authentically unless one takes responsibility for the choices they make and the life they live. As Kierkegaard noted, freedom is something we always work on, and it is significant to do so because freedom is intertwined with the concept of self (Kierkegaard/Haufniensis, 1844b). He also argued that every human being is only responsible for giving meaning to life and living it authentically (Watts, 2003). Therefore,

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human beings are free because they have the freedom to know themselves and make choices in life, and also bear responsibility for it.

Meaning in Life and Meaninglessness

The fourth and the final existential factor identified by Yalom (1980) is that of meaninglessness and meaning in life. It is considered that human beings are motivated to have meaning in life and search for it. Even though the degree to which people seek meaning or purpose in their life might vary. Frankl (1963; see also Maddi, 1970; Reker & Chamberlain, 2000) noted that finding meaning in life is ''the primary motivational force in man'' (p. 121). In that regard, the process of searching for the purpose should be natural and fulfilling one's needs, desires, and well-being.

Frankl (1959) and Yalom (1980) claim that people are responsible for finding meaning in life and choosing a valid way of living. In the existential therapy research, three levels of experiencing meaning have been acknowledged, including a cosmic, terrestrial or implicit level and on an existential level (Reker & Chamberlain, 2000; Yalom, 1980). The level of comic meaning refers to some spiritual order of the universe that is bigger than the individual. People want to know how their purpose in life and life events fit into the overall coherent pattern. Yalom (1980) talks about another dimension of the cosmic meaning, which stresses that people understand life as a dedication to emulating God and "God represents perfection, and thus the purpose of life is to strive for perfection" (p. 425). Thus, for many individuals, religious and spiritual beliefs present a template for attaining cosmic meaning. The terrestrial or implicit level of meaning refers to having a sense of direction in life, as noted; "One who possesses a

sense of meaning, experiences life as having some purpose or function to be fulfilled, some overriding goal or goals to which to apply oneself" (1980, p. 423). According to Yalom, human beings' needs for these two levels of meanings have two motives: to have a sense of coherence in their lives and to have some guiding principles that would provide means on how to live their lives (Yalom, 1980, pp.462-464). As opposed to the cosmic and terrestrial meaning, the existential meaning is defined as a defense against death anxiety (Yalom, 1980). He argues that "meaning, used in the sense of one's life having made a difference, of one's having mattered, of one's having left part of oneself posterity, seems derivative of the wish not to perish" (Yalom, 1980, p.465). Thus, the pursuit of existential meaning is motivated by death anxiety.

It seems like it is essential for human beings to have meaning in life. However, some of the existential therapies and therapists claim that the universe holds no grand design for us. If the world is meaningless, then how can human beings find meaning in something meaningless, to begin with? Sartre (1984) argues that "All existing things are born for no reason, continue through weakness and die by accident," so there is no meaning to being born or dying (p. 136). However, both him and Camus, claimed that people could have a meaningful life by creating their own meaning. This assumption is supported by Yalom (2008), as he argues that

"…We have no predestined fate, and each of us must decide how to live as fully, happily, and meaningfully as possible" (p. 187). It follows that the answer to the question of how one can find meaning in a meaningless world lies within ourselves.

The figures mentioned above believe that one creates their own meaning in life (Yalom, 1980). Whereas, in logotherapy, for instance, there is the belief that one discovers the meaning of life. The idea is that there is meaning in life; one must work on discovering that meaning for themselves. Additionally, theistic existential therapy argues that the universe has meaning and purpose, and one can find it (Bartz, 2009). As one can tell, there is a range of answers to the questions surrounding meaning in life within existential therapy.

The fact that people have to create their own meaning of life in a universe can be anxiety-provoking. Even if that is not the case, individuals might still lack purpose in life in a world that has a grand design. Many clients might report feeling "empty," "aimless," "unmotivated," "apathetic," or "bored." They might share that they do not see any point on living or going on when there is not any real purpose. Whatever the terms might be, all of these individuals are referring to a state of meaninglessness. It seems like to live a meaningless life without any goals or values, appears to be quite distressing for people and, in severe cases, could lead to "the decision to end one's life" (Yalom, 1980, p. 422). Frankl (1977) states that a life with a lack of meaning creates existential distress, and this feeling of meaninglessness is "existential despair and spiritual distress rather than an emotional disease or a mental illness" (p. 141). Bruce and his colleagues (2011), define existential distress as a condition of suffering and may be associated with hopelessness, uselessness, meaninglessness, remorse, and death anxiety.

Yalom cites Frankl (1972), who theorizes that two stages exist in the syndrome of meaninglessness, including existential vacuum and existential neurosis. Existential

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vacuum or existential frustration refers to a subjective state of boredom, apathy, and emptiness (Frankl, 1967). At this stage, one questions the purpose of life and might feel as if it pointless. The experienced existential vacuum is described as existential despair that is spiritual in nature (Frankl, 1967). Although individuals have space and time to do something meaningful, they do not feel compelled to do so. The existential vacuum condition is estimated to afflict 20% of the general population (Frankl, 1962; Klinger, 1977; Lukas, 1972). The second stage, existential neurosis, is about the symptomatic manifestation of the first stage. The person at this stage has a will "rush in to fill the vacuum" (1980, p.450). For instance, manifestations like alcoholism, depression, delinquency, having obsessions, or high inflation of sex.

As opposed to Frankl, Yalom (1980) argues that anxiety of meaninglessness is not the primary anxiety but a "stand-in" for anxiety that is correlated with death, groundlessness, and isolation' (p. 470). From this perspective, one might find meaning in life by attempting to find a way of transcending one's death by leaving a legacy behind. For this reason, Yalom (1980) suggests that when a client reports a feeling of meaningless, the therapist is encouraged to 'rigorously examine the legitimacy of the complaint' (p. 462) and encourage the client to explore other anxieties. Moreover, by exploring the issues of meaninglessness, the therapist will potentially help the client re-engage and re-connect with their world.

Existential Psychotherapy

A body of research indicates that existential psychotherapy is growing (Barnett & Madison, 2012; Cooper, 2012; Deurzen, 2012; Deurzen & Arnold-Baker, 2005; Deurzen

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& Young, 2009; du Plock & Deurzen, 2015; Groth, 1999, 2000; Schneider, 2008).

Existential therapy is being practiced in no less than 48 countries, and 239 institutions

provide some kind of existential therapy, existentially informed counseling or training in

existential therapy (Correia, Cooper, & Berdondini, 2014). Although existential therapy is

a widely recognized form of psychotherapy, with almost 100 years of clinical

intervention, there has been a lack of agreement on how it should be systematically

documented (Correia, Cooper, Berdondini, & Correia, 2017). For this reason, a rigorous

evaluation of the efficacy of existential interventions and evidence-based studies have

been lacking (Cooper, 2012; Vos, Cooper, Correia, & Craig, 2015a, 2015b). There is also

a hesitation within the existential community to be associated with quantitative research

methods and research in general (Cooper, 2003; Rowan, 2001; Spinelli, 2005). Moreover,

conducting the research might be more challenging because, as it has been argued,

existential concepts are hard to study and operationalize (Van Deurzen & Adams, 2011).

Recently, however, more studies have been focused on understanding the

existential interventions and processes (Correia, Cooper, Berdondini, & Correia, 2015;

Correia et al., 2017; Correia, Correia, Cooper, & Berdondini, 2014; Rayner & Vitali,

2016; Vos, Craig, & Cooper, 2015; Vos, Cooper, Correa, & Craig, 2015) and a few

psychotherapists have addressed their understanding of existential therapy (e.g., Cooper,

2015; Deurzen, 2012; Deurzen & Adams, 2011; Kwee & Längle, 2013; Schneider, 2008;

Sousa, 2015; Spinelli, 2007; Yalom, 2002).

A survey amongst 971 existential psychotherapists suggests that existential

practices may be categorized into five overarching categories of practice, including

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phenomenological practices, relational practices, methods associated with specific existential branches, practices informed by existential assumptions, relational practices, and practices of other therapeutic paradigms (Correia, Cooper, Berdondini, & Correia, 2017). Phenomenological practices seem to be the most prevalent practices of existential therapy. Additionally, clients may benefit from different types of existential therapy. More precisely, meaning-oriented group therapies, using a relatively structured and hard approach, may be beneficial for clients in boundary situations (Vos, Cooper, Correia, & Craig, 2015). These types of existential therapy have similar or slightly larger effects as opposed to other existential therapeutic interventions for cancer patients (Vos, Craig, & Cooper, 2013), such as mindfulness therapy or cognitive therapy (e.g., Faller, Schuler et al., 2013; Piet et al., 2012; Linden & Girgis, 2012).

Moreover, the main assumptions of existential psychotherapy are supported by many evidence-based studies. Janoff-Bulman (1992) reported that individuals want to get professional help with their existential questions and shattered assumptions. For instance, when receiving professional help, cancer patients would prefer to address issues about identity and meaning in life (e.g., Henoch & Danielson, 2009; Lee, 2008; Lee, Cohen, Edgar, Laizner, & Gagnon, 2004). Studies across many disciplines outline that human beings seek for meaning and structure in life, even when encountering meaningless or structureless situations (e.g., Greenberg et al., 2004). Human beings may need certainty (Vos et al., 2010), invulnerability, immortality, control, and have a better understanding of the world (Janoff-Bulman, 1992).

Additionally, research suggests that human beings function optimally when their basic needs are met, such as experiencing positive meaning in life (Brunstein, 1993; 1986; Wiese, 2007; Zika & Chamberlain, 1992). Addressing purpose in life and positive wellbeing, in general, is essential because they seem to be crucial dimensions of the coping process (Folkman & Moskowitz, 2000; Park, 2010; Park & Folkman, 1997), optimal human functioning (Wong, 2010) and both of them are strongly negatively associated with psychopathology (e.g., Debats, 1996; Steger, 2012; Zika & Chamberlain, 1992).

Given the importance of existential issues, there has been an increased focus on the conceptualization and operationalization of existential concepts. Ryff (1989) operationalized existential clinical concept in a quantitative measure, known as the eudaimonia scale. Recently, more psychometric measures have been developed (e.g., the Meaning in Life Questionnaire by Steger, Frazier, Oishi, & Kaler, 2006; Functional Assessment of Chronic Illness Therapy [FACIT] by Peterman, Fitchett, Brady, Hernandez, & Cella, 2002; authenticity Scale by Wood, Linley, Maltby, Baliousis, & Joseph, 2008; Existential Anxiety Questionnaire by Weems, Costa, Dehon, and Berman, 2004).

Research confirms that when confronting the givens of life, human beings respond with an existential defense mechanism, such as denial, avoidance, reinterpretations, or focusing on what is meaningful in their life (e.g., Greenberg, Koole, & Pyszszynski, 2004). Thus, there is this possibility of learning to be flexible (Kashdan & Rottenberg, 2010), to accept existential moods (Kliem, Kröger, & Kossfelder, 2010), continue with

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daily activities and accept the givens of life (Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Kliem et al., 2010). Coping-style studies confirm that there is also the possibility of changing an individual's inner attitude towards a particular situation (e.g., Zeidner & Endler, 1996).

Moreover, one may existentially grow when confronted with the ultimate concerns or boundary situations (Tedeschi & Calhoun, 2004). Greenberg, Koole, and Pyszczynski (2004) report that existential concepts or themes have a significant role in how human beings live their lives and the ways they react to life events. For instance, the salience of an individual's mortality has been associated with one's self-esteem and outlook in life (Burke & Martens, 2010).

Overall, evidence suggests that existential therapy may have a positive therapeutic outcome similar to other forms of psychotherapies, such as humanistic, relational, and positive psychological therapy psychotherapies (e.g., Elliott, 2002; Hofmann, Sawyer, Witt, & Oh, 2010; Sin & Lyubomirsky, 2009). As mentioned above, research indicates a lot of benefits of exploring existential issues and seems like people would like to address existential issues when receiving professional help.

Existing literature surrounding counselors in training and existential factors

Research indicates that counselors develop a counseling and personal identity and the professional development begins during training (Brott & Myers, 1999; Loganbill et aI., 1982; Sawatzky et al., 1994; Skovholt & Ronnestad, 1992). The training period could be characterized as a period of exploring one's professional and personal identities. There are various means of supporting counselors-in-training in the process of self-exploration

in academic and experiential settings. Indeed, the development of professional identities is significant because it serves as a reference point for counseling roles and decisions (Brott & Myers, 1999). Thus, it is no wonder that most of the research focused on counselors-in-training aims at explaining the counselor's development.

A lot of the research focus has been on how counselor educators can support the development of counselors-in-training. Different theories and models of counselor development have offered a developmental understanding and support practices and implementation of counselor education (Bernard & Goodyear, 2009; Borders & Brown, 2005; Haynes, Corey, & Moulton, 2003). For instance, Aten and his colleagues (2008) proposed a transtheoretical model of clinical supervision inspired by the stages of change (Prochaska & Norcross, 2001). Stoltenberg, McNeill, and Delworth (1998) developed one of the most recognized approaches to counselor development, known as the integrated development model. Stoltenberg and his colleagues (1998) claimed that counselors' development evolves across three structures, including awareness about self and others, motivation, and autonomy. More precisely, the development grows within eight domains, such as intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics (Stoltenberg et al., 1998). Despite the existing support of these models, they still do not consider the lived experiences of counselors-in-training (Pierce, 2016). Pierce (2016) stated that an existential approach to counselor development provides an understanding of the personal awareness that counselors-in-training experiences due to professional development.

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Moreover, from an existential lens, the process of the development is innately anxiety-producing because the counselor-in-training is continuously asked to raise self-awareness. An aspect that has been addressed by various theories (Bernard & Goodyear, 2009; Borders & Brown, 2005). When human beings have an authentic relationship, including the therapeutic relationship, then both individuals are changed. Thus, the process can be joyful and anxiety-producing at the same time (May 1983). Considering the unique experience of the encounter between the client and counselor, existential psychotherapists suggest that phenomenological exploration of the self is crucial (May, 1983).

Even though existential psychotherapists contributed to the field by providing a unique outlook on the experiences of the counselors, there is limited research done on the existential experiences of counselors-in-training or professional counselors during their practicum or internship experiences (Pierce, 2016). The limited literature also includes a limited understanding of the lived experiences of counselors-in-training when discussing existential factors of death, isolation, freedom, and meaning in life with their client. A better understanding of the experiences of counselors-in-training when exploring existential factors with their clients during their practicum and internship experiences can lead to better counseling treatments, interventions, and increased quality of counselor supervision.

Chapter Summary

This chapter discussed the relevant literature surrounding existential therapy and counselors-in-training. Key concepts related to existential therapy, such as the historical

background of existential therapy, four different schools distinguished in the existential psychotherapy literature, existential factors of death, isolation, freedom, and meaning in life, have been thoroughly discussed. This chapter provided research evidence regarding existential therapy and counselors-in-training. This detailed literature review may provide guidance for this study and future ones that focus on lived experiences of counselors-in-training when discussing existential factors with their clients.

Chapter Three: Methodology

The purpose of this chapter is to present the research methodology for this phenomenological study regarding the lived experiences of counselors-in-training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients. This approach provided a deeper understanding of the lived experiences of counselors-in-training when discussing existential factors with their clients.

The rationale for the qualitative research inquiry and phenomenological research approach for this study are discussed in-depth. The research plan, including the methodology, participants, the procedure followed, data analysis, and ethical concerns are also addressed in this chapter.

Research Questions

Based on the literature review and the theoretical framework used for this phenomenological study, the following research questions guided the research study:

Q1: What are the experiences of counselors in training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients?

Q2: What insight do these experiences give to counseling training programs in helping students explore the existential factors with clients?

Methodology Selected

Qualitative research aims to explain and understand a phenomenon through the description, attention to process, and "collaboration within in a social structure and with

its people" (Hays & Singh, 2012, p. 4). A qualitative approach is appropriate when the study aims to explain and understand a phenomenon by relying on the perceptions of individuals' experience in a given situation (Stake, 2010). Whereas, a quantitative study is appropriate when the goal of the researcher is to understand the relationship between variables (Creswell, 2003).

Due to the richness of the data that can be gathered through qualitative research, this type of methodology was chosen for this topic as it allowed for a deep understanding and exploration that could yield extensive data on an issue that is currently scarce in the literature. For this study, a phenomenological approach was utilized because it enabled the researcher to approach the phenomenon explained: "with a fresh perspective as if viewing it for the first time, through the eyes of participants who have direct, immediate experience with it" (Hays & Singh, 2012, p. 50). More precisely, the lived experiences of counselors-in-training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients were explored via an interpretative phenomenological study.

Rationale to Qualitative Research Inquiry in General

The literature related to experiences of counselors-in-training when discussing existential factors with their clients remains limited. Ignoring counselors-in-training understanding of existential issues and their expertise addressing them calls for research about their experience of the phenomenon of existential factors in counseling. To understand this phenomenon, data collection is required. Considering how qualitative inquiry suits the best for studying and exploring a phenomenon, the current study used a

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qualitative research method to explore the lived experiences of counselors-in-training. Many researchers have provided the rationale for qualitative research as a suitable method of interpreting one's experiences. For instance, Glesne (2006) argued that the qualitative research method is used to understand a phenomenon from the perspective of those involved. A qualitative research method is the best instrument for exploring a social phenomenon from different angles (p. 4). Multiple perspectives of the participants can provide a profound opportunity to explore a phenomenon in-depth.

Creswell (1998) stated that qualitative research provides an "understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting" (p. 99). Additionally, qualitative research serves as a platform of empowerment for individuals to share their experiences in depth (Creswell, 2013).

Two other scholars, Marshall and Rossman (2011), claimed that the strengths of qualitative research methods are that it can show for research that it is exploratory, and it emphasized the significance of context, setting, and participants' reference frame (p. 92). To further understand a phenomenon of the problem, this study used the qualitative approach, as it was relevant to address the research questions in an exploratory level of understanding the lived experiences of counselors-in-training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients.

Phenomenological Research Approach

Phenomenology has its origin in philosophical traditions that developed over centuries; however, most historians credit Edmund Husserl for further expanding the concept of phenomenology in the early 20th century (Kafle, 2011). Husserl is known as the father of phenomenology and is first to create the school of phenomenology with his book published in 1913, *Ideas: General Introduction to Pure Phenomenology* (Giorgi, 2009). Husserl argued that phenomenology, as a philosophy, aims at understanding anything that can be experienced through the consciousness one has or whatever is "given" (as cited in Giorgi, 2009, p. 4). Giorgi (2009) further elaborated in this by stating that phenomenology is an analysis of the way this "given" is experienced or perceived by a human being, not as an objective analysis where the experiencer is not part of that. According to Husserl, phenomenology has its roots in an epistemological attitude; the critical question of a phenomenological study is 'What is it for an individual to know or to be conscious of a phenomenon?' (Barua, 2007). Husserl argued that a lived experience of a phenomenon had characteristics that were also perceived by other human beings who had experienced the phenomenon. For him, the essence of a phenomenon represented the true nature of that phenomenon. These universal essences or perceived features can be explored and distinguished to a generalizable description (Neubauer, Witkop & Varpio, 2019).

Moreover, Creswell (2013) affirms that the goal of a phenomenological method is to narrow down the experiences of individuals "with a phenomenon to a description of the universal essence" (p. 58). Creswell (2013) contended that a phenomenological approach

is best suited for research that aims to explore and "understand several individuals' common or shared experiences of a phenomenon" (p. 81). Thus, in a phenomenological study, the investigator seeks to understand, describe the experiences of the participants, and explain how they experienced it (Moustakas, 1994).

Overall, phenomenology is perceived as a "way of thinking about knowledge – a philosophical and theoretical viewpoint – how do we know what we know" (Mortari & Tarozzi, 2010, p.5), and as a methodological approach to study human phenomena at a deeper level of consciousness to understand lived experiences.

Descriptive and Interpretive Phenomenology

Phenomenology is categorized as a philosophy and a research paradigm. There are different kinds of phenomenology, and each of the approaches has its roots in various schools of philosophy. Phenomenology, as a philosophy, can be divided into two major approaches, descriptive (transcendental) and interpretive (hermeneutic).

Husserl is recognized as the founder of descriptive phenomenology (Reiners, 2012). His approach to philosophy sought to give equal importance to objective and subjective experiences, with his works' culminating in his interest in "pure phenomenology" or working to find a universal foundation of philosophy and science' (Laverty, 2003). His descriptive phenomenological point of view was a reaction to positivism's absolute focus on objective observations of external reality (Neubauer, Witkop & Varpio, 2019). He argued that the focus of a phenomenological inquiry should be on what is given to the individual's intuition (Moran, 2000). Husserl (1970) claimed that "ultimately, all genuine and, in particular, all scientific knowledge, rests on inner

evidence." When referring to inner evidence, he means what appears in consciousness, and that is where a phenomenon can be further explored and studied. In a sense, for Husserl, the subjective and objective knowledge are intimately intertwined (Neubauer, Witkop & Varpio, 2019).

Husserl further argued that human beings could connect meaningfully with the external world (Vagle, 2014). Thus, his descriptive phenomenology aimed to identify and understand the meaning-making process of an individual's lived experiences. To interpret the meaning of lived experience in an unbiased way, descriptive phenomenology involves bracketing. This is the process through which the researcher set aside all the suppositions about the phenomenon of interest (Vagle, 2014).

On the other hand, Martin Heidegger (1889–1976), a student of Husserl, separated himself from the school of descriptive phenomenology and instead proposed interpretive phenomenology. As explained above, Husserl was interested in the nature of knowledge, more of an epistemological focus. In contrast, Heidegger showed interest in the nature of being and temporality, which is more of an ontological discussion (Reiners, 2012). Hermeneutic or interpretative phenomenology focuses on one's narrative to understand what one experiences in their daily lives, in their lifeworld. Heidegger claimed that one's understanding of the everyday world is linked to one's interpretation of it (Neubauer, Witkop & Varpio, 2019).

Thus, hermeneutic or interpretative phenomenology is rooted in interpretation. Another feature of interpretative phenomenology is that it rejects bracketing because of the assumption that the object cannot be separated from the subject's interpretation of it

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(Groenewald, 2004). Instead, it accentuates the co-creation of interpretations between the investigator and participant (Wojnar & Swanson, 2007).

Until now, descriptive and hermeneutic approaches to phenomenology were highlighted, but there is a broader phenomenological landscape. Indeed, phenomenology as a research paradigm was not defined until the 1970s when phenomenological psychologists established a methodology derived from the philosophical tradition (Groenewald, 2004). Phenomenological researchers were interested in the daily lifestyle of ordinary people (Gubrium & Holstein, 2000), and the phenomenological data would be the description and perspective of the participants concerning the phenomenon (Groenewald, 2004).

Many researchers have expanded on the theory and adjusted to the qualitative research methodology of today (Moustakas, 1994; van Manen, 1990). Some of the prominent figures that have written about the usability of the theory of phenomenology include van Manen (1990) who wrote extensively about hermeneutical phenomenology, Moustakas (1994) known for his writings in psychological (also known as transcendental) phenomenology, Giorgi (1994) and his formulation of 'meaning unit,' Riemen (1986) contributed to the field by formulating the 'meaning statements' from the significant statements, and Smith, Flowers, and Larkin (2009), known for conceptualizing and organizing a new phenomenological research tradition called the interpretative phenomenological analysis (IPA).

Lived Experiences and Essences

Two essential constructs of the phenomenological inquiry are lived experiences and essences (Vagle, 2014). Lived experiences are utilized to define the universal structures of a phenomenon, such as essences (De Chesnay, 2014). Essences are vital structures of a phenomenon and are usually represented as universal qualities or features of a phenomenon under investigation (Vagle, 2014). Phenomenologists conceptualize essences as universal truths transcend social context, not as trends generated from research questions (Vagle, 2014).

Rationale for Selecting IPA

Smith and Osborn (2003) argue that interpretative phenomenological analysis is a suitable approach for examining how individuals make sense of their personal and social world. IPA has been developed as a new approach with a detailed procedural guide to conducting qualitative research in psychology (Smith, 1996). This approach has been utilized in health psychology and nursing but also branching out into other areas of psychology, such as clinical and counseling (Smith, 2004). IPA recognizes that qualitative research is a dynamic process (Smith, 1996). The term IPA implies the dual facets of the approach (Smith, Jarman & Osborn 1999). The goal of IPA is to explore in-depth the meaning-making processes of individuals by focusing on participant's accounts of the processes they have been through (Chapman & Smith, 2002).

As the aim of the study was to investigate the lived experiences of counselors in training when discussing existential factors with their clients, IPA has been chosen as the most appropriate methodology for this study. Reid, Flowers, and Larkin (2005) posit that

IPA is the most suitable approach to adopt when investigating an area that is scarce in the literature. This seems very relevant to this study as studies aiming to explore counselors in training lived experiences when discussing existential concerns in therapy appears to be particularly scarce. Moreover, Smith (1996) stated that when using IPA, the best way to collect data is by using a semi-structured interview, as it was used in this study. The semi-structure interview is relevant because it also allows the interview to engage in dialogue, and probe when an interesting issue comes up (Smith, 1996). In this way, the interview is facilitating and guiding the interview, rather than dictating it. Smith (1996) suggests having a sample consisted of five or six people. Having a reasonable sample size makes it easier to examine the similarities and differences between participants.

Pietkiewicz and Smith (2014) noted that IPA is idiographic, interrogative, and inductive. It is inductive in the sense that it does not limit itself by establishing hypotheses at the outset. Idiographic refers to an in-depth analysis of the lived experiences and focusing on every single case before making general statements. Interrogative refers to the relationship of the emergent themes with theoretical knowledge. Hence, considering all these reasons, IPA seemed the most appropriate methodology for this research study.

Researcher

When doing research, all researchers come with their worldviews and perspectives, depending on the epistemology of the study (Caelli, Ray & Mill, 2003). Creswell (2013) has outlined the importance of the investigators to reflect on their experiences, knowledge, and views of the research topic to be examined. He suggested so

because the researcher may affect the research process (p. 32). Moreover, reflecting on their experiences and worldviews helps the researcher to stay unbiased during the research process, such as data collection and analysis. Sometimes qualitative research may begin with assumptions that motivate the researcher to study that particular issue further. The assumptions may be introduced during educational training, academic discussions, or other scholarly communities (Creswell, 2013). These assumptions are the analytical lens of a researcher and often may affect the researcher's work with data (Caelli et al., 2003). Thus, considering how researchers bring their perspectives, beliefs, and values to their research, the researcher needs to reflect on their experiences, biases, values and make them clear in their writing (Creswell, 2013).

I do acknowledge that I am subject to bias, and as suggested by prominent researchers like Creswell (2013) and Caelli and colleagues (2003), I have disclosed my assumptions and biases surrounding the topic of existential factors. Accordingly, prior to starting the research study, I acknowledged my past experiences as a counselor in training and a student with a background in philosophy. It is worth noting that, as a researcher, I shared some of the characteristics of the sample: currently a master's student, has a one-year practicum experience, and I have discussed existential factors with my clients. Due to these coinciding factors, it was highly probable that I would relate to the participants' lived experiences. Thus, it was essential for me to reflect on my biases, feelings, and my perspective and not project those on the participants or the research process. To avoid researcher bias and establish trustworthiness for this phenomenological study, I incorporated various strategies as they will be further discussed in this chapter.

For this study, my role as a researcher included developing and facilitating the interview protocol, analyzing the data, and interpreting it. Moreover, as an IPA investigator, I engaged in a double hermeneutic throughout the research process, such as data collection and analysis. That means that throughout the data collection and analysis phases, I had to interpret the participants' interpretation of their experiences. In their book, Smith, Flowers, and Larkin (2009) elaborate further on the role of an IPA researcher, such as the dual role of the researcher as he or she tries to make sense of the participant, who is making sense of the phenomenon. In a sense, the investigator is like the participant using human resources so that they can make sense of the world. Nevertheless, the investigator is not the participant and can only understand one's lived experience through what the participant shares about it and through the researcher's lens. Therefore, in that regard, the participant's meaning-making process is the first order, whereas the investigator's meaning-making process is second-order (pp.35-36).

As an investigator for this study, I was devoted to the highest ethical standards (Yin, 2014), including fairness, responsibility, nonmaleficence, openness, honesty, credibility, and competence. It was also vital for me to show respect and empathy toward the study participants. Throughout this study and beyond its conclusion, my role as a researcher included my responsibility to protect participants from harm or potential risks. To conduct this study, approval from the Institutional Review Board (IRB) was sought, and data collection began upon approval from IRB. All identifying information was replaced with pseudonyms and removed from the data to protect participants' identities.

Thus, I maintained a personal commitment to ethical standards and remain open to findings that challenged my assumptions, beliefs, and perspective.

Study Participants

The target population for this study was counselors-in-training who have finished their practicum and are currently doing their internship, have discussed at least two of the existential factors with their clients. A requirement for this study was for the participants to be 18 years of age or older. Potential participants had to demonstrate fluency in the English language, but not necessarily have English as their native language.

As a part of this study, the investigator used purposeful sampling to select participants that are eligible for the study. Welman and Kruger (1999) outlined that to identify the potential participant, purposive sampling is the most significant kind of nonprobability sampling. Moustakas (1994) identified five essential considerations when selecting participants, such as the potential participant 1) has experienced the phenomenon, 2) shows great interest in understanding its nature and meaning, 3) is willing to participate in a lengthy interview, 4) is willing to grant the researcher the right to audio or video record the interview, and 5) is willing to let the researcher publish the data in a dissertation or other publication (p. 107). Taking these considerations into account, a screening survey was provided for the potential participants to screen for their eligibility. In this way, the researcher would know whether the participant has experienced the phenomenon. In the informed consent, a potential participant could see the procedure of the study. They would see the length of the interview, the benefits of the study, the use of a video camera to record the interview, and so on. Based on these, they

could decide whether they want to consent. To make sure that they understood all the key points, the researcher went over the consent form once again.

Another important point is that the investigator and the research participants were pursuing studies at the same university. The investigator is also a counselor in training. Even though this aspect helped on building rapport faster with their participants, it still should be acknowledged. Considering how in IPA it is essential to build rapport with participants, then being at the same program with the participant helped the researcher gain the trust and make participants feel comfortable and safe to open up. Talking about existential factors is not easy, so being able to have a good rapport with participants, might have made it easier for the participants to share their lived experience.

Samples in IPA are usually small and as noted Pietkiewicz and Smith (2014) it generally depends on: a) the depth of analysis of a single case study; b) the richness of the individual cases; c) how the researcher wants to compare or contrast unique cases; and d) the pragmatic restrictions one is working under. According to Turpin and colleagues (1997), a sample consisted of six to eight participants is appropriate for an IPA study as this size allows the researcher to explore the phenomenon in-depth and check for similarities and differences between individuals. For this particular study, the investigator anticipated approximately six to nine participants for this phenomenological study. The final number of participants was six.

Data Collection

Conducting in-depth interviews is the primary data source for a qualitative inquiry into individuals' lived experiences (Englander, 2012; Hatch, 2002; Kvale & Brinkmann,

2009; Merriam, 2009). Conducting interviews is particularly relevant in the case of a phenomenological study (Creswell, 2013; Moustakas, 1994; Polkinghorne, 1989). Although this data collection method is common across the qualitative research traditions, the design of the interview varies as it is dictated by the purpose of the study (Denzin & Lincoln, 2003; Englander, 2012; Seidman, 2013; van Manen, 1990). A phenomenological interview aims to have a first-person description of the lived experiences of the phenomenon (Pollio et al., 1997; Seidman, 2013). Additionally, phenomenological interviews are similar to daily conversations, where there is no intent to impose our values or attitudes to our participants (Dahlberg et al., 2001). For this reason, to obtain relevant and significant data, semi-structured interviews were used and designed to explore the lived experiences of counselors-in-training when discussing existential factors with their clients.

Interviewing was used as a data collection method because it is an effective technique for collecting data about the lived experiences of participants (Van den Berg, 2005). Moreover, conducting an interpretative phenomenological interview was significant because it facilitates rapport and empathy, it allows greater flexibility of coverage and to explore novel areas, and it tends to produce more abundant data. (Smith & Osborn, 2003, p.58)

Similar to other data collection, some key factors were considered when conducting an interview. When going over the consent form, the researcher explained to the interviewee that there are no right or wrong answers (Dahlberg et al., 2001). This study involves only an exploration of their lived experiences. To understand the lived

experiences, it was necessary to listen to their stories actively. Actively listening requires the researcher to be present and avoid thinking ahead, such as the following questions or topics (Morgan, 2011). In addition to active listening, the research would offer affirmation to the participants with non-verbal cues, as well as reflect and paraphrase. When necessary, the researcher should bridle their response to the information shared by the interviewee (Vagle, 2014). Another significant aspect was that the investigator should remain oriented to the "phenomenological intent of the interview" (van Manen, 2014, p. 316). Moreover, a crucial reminder for the researcher was that this process does not involve them agreeing or disagreeing, but rather learning "as much as possible from the one who has experienced the phenomenon" (Vagle, 2014, p. 83).

Procedure

The researcher sought approval from the University of Denver IRB. Once approval was given, the recruitment script was sent to through 'cpmastudent' listserv to counseling psychology students at the University of Denver (see Appendix C). The recruitment script included the purpose of the study, procedure, and steps potential participants need to take if they are interested in participating in the study. If they are interested in participating, then they had to complete an online survey provided in that recruitment script. The online survey contained informed consent, demographic questions, and pre-screening questions for eligibility. The purpose of the survey was to receive information about their practicum or internship sites and also some demographic information to enrich the study results. The informed consent was provided at the beginning of the survey, so they read it prior to answering the survey questions, and a

copy of it was delivered later. Based on the responses to the survey, six participants were

selected for the interview process. However, due to a technical problem, one video

recording was not working. The participant agreed to do the interview once again but was

unable to set a schedule and do the interview. For that reason, for this study, only the

lived experiences of five participants were explore and analyzed.

The interview took place in-person in a private university office. As part of the

introduction, the researcher went over informed consent and explained it to the

participant. The interview was conducted after the verbal consent of the participant. There

was a single interview session, and the interview was recorded electronically using a

laptop. Each interview was transcribed and later sent to the participants for reviews.

Participants were not part of the writing process as none of them had access to other

conducted interviews or typed transcriptions.

Reflective journaling, as recommended by Moustakas (1994), happened

throughout the study. It assisted me in the process of reflection and ensured a documented

containing ongoing writing about my assumptions, interpretations, and influences

associated with the process (Laverty, 2003). A small digital recorder or a phone was used

to record ideas, and word documents were used to reflect and write general notes. This

allowed for a constant reminder of my influence in the whole process, and also allowing

to reflect on has been learned throughout the research process.

Data Analysis

Upon completion of the data collection, the semi-structured interviews were

transcribed and analyzed following the data analysis steps outlined by Smith, Flowers,

and Larkin (2009) for IPA studies. First, a researcher reads the transcript closely and multiple times for familiarity. This initial stage includes "immersing oneself in the original data" by reading and re-reading each transcript several times, as well as listening to the recordings (p. 82).

The second stage includes initial noting by "examining semantic content and language" of the transcriptions to check for anything of interest (p. 83). The third stage includes "analyzing exploratory comments" from the initial notes transformed into concise phrases so that emergent theses within the case can be developed (p. 91). The next stage involves a more analytical ordering, as the researchers searching for a connection between emergent themes, by utilizing abstraction, polarization, contextualization, numeration, and function (pp. 96-98). At this stage, some of the emergent themes can be clustered together, or some of them may emerge as superordinate concepts. The fifth stage includes the continuation of the analysis with other cases and repeats the aforementioned process. The last step consists of the researcher looking for patterns across cases. Then, the outcome of the analytical process is written, where "the researcher's analytic interpretation is presented in detail with verbatim extracts from participants" (Smith et al., 2009, p. 4).

Hence, considering these guidelines, as a researcher I immersed myself into the data by reading each of the transcripts a couple of times and also watch the video record at least two times. The next step included taking notes and highlight semantic content. Following this, I would go over the notes and transform themes into concise phrases. At this point, many themes emerged. After identifying the themes, I looked for the

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connection between them and see which one can be clustered together. I followed the

same procedure with other cases. After analyzing all the data, I looked for similarities and

differences between the participants. At the end, the patterns across cases were put

together and detailed in a table.

Trustworthiness

The trustworthiness and validity of a qualitative study rely on what the researcher

sees and hears. Establishing trustworthiness in qualitative research is very crucial.

Lincoln and Guba (1985) stated that credibility, dependability, confirmability, and

transferability are essential aspects of establishing trustworthiness. One of the means to

ensure credibility and transferability is to ensure that individuals that are being

interviewed have the opportunity to discuss the phenomenon the researcher aims to

explore and understand (Lincoln & Guba, 1985). The interviewer ensured to provide

space for the participants to thoroughly explain their lived experiences and add anything

that would help in capturing their experience.

Additionally, credibility was established in some other ways as well. During the

interview, the interviewer probed the participant for clarity, and after each interview, the

typed transcriptions were sent to review for accuracy (see Appendix G). Member

checking allowed the participants to check the transcriptions for inconsistencies and

further clarification. This process helped the researcher "check their own subjectivity and

ensure the trustworthiness of their findings" (Jones, 2002, p. 469).

Due to my shared experiences with the participant as a counselor-in-training, as a

researcher, I engaged in reflective journaling throughout the data collection process, as it

has been described as "a strategy that can facilitate reflexivity, whereby researchers use their journal to examine 'personal assumptions and goals' and clarify 'individual belief systems and subjectivities' (Ortlipp, 2008). This is essential because the researcher would reflect on the biases and her influence on the research process, which in turn will contribute positively to its trustworthiness.

One of the ways to establish confirmability is to ensure that there is no researcher bias. Beside the reflective journaling, the researcher should interpret the data in an unbiased way. Thus, transcribing the interviews, manually coding them, and discussing them with the advisor and research team helped to ensure an in-depth understanding of the content of the interview and participant.

Lastly, the results of the study were communicated via detailed descriptions. The unique voices of the participants were at the core of the research process. The research process and findings allow other investigators to decide or examine the applicable transferability of the results to different settings (Creswell, 1998). The goal and hope of the researcher are to provide a fair and accurate portrayal of the lived experiences of counselors-in-training when discussing existential factors with their clients.

Ethical Concerns

Throughout this study, the researcher ensured ethics remained a priority. The IRB approval for this study was obtained through the University of Denver. Consistent with the ethical principles of research, electronically signed informed consent (Appendix B) was collected from each participant (Moustakas, 1994). Prior to the interview, the interviewer read the informed consent form to each participant. The consent form

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followed U.S. federal guidelines, such as "a fair explanation of procedures, description of risks reasonably to be expected, a description of benefits reasonably to be expected, an offer of inquiry regarding the procedure, and an instruction that the person is free to withdraw" (Frankfort-Nachmias & Nachmias, 2008, p.75). The potential harm or risks to participants of this study were minimal. Participants of this phenomenological study were over 18 years of age. They did not demonstrate any impaired decision-making capacity, as determined by their ability to perform the positions they hold in school and at their internship sites. To protect their identity, each participant had the opportunity to assign a pseudonym to themselves or leave that option to the researcher. Pseudonyms were used during the transcription process, data verifications, and analysis. The typed transcripts and the recorded interviews were kept on a password-protected computer. Additionally, all recorded materials and paper data will be disposed of after five years, following final approval by the research committee, and making sure to minimize any future risks related to confidentiality.

Chapter Summary

The goal of this chapter was to outline the methodology used to explore and understand the lived experiences of counselors-in-training when discussing existential factors with their clients. The interpretative phenomenological analysis was utilized as the research approach for this study as it allowed to explore the lived experiences of participants in-depth. A discussion of the procedure, study participants, data collection, and interview questions outlined the specifics of how the study was conducted and who participated in the study. As explained in this chapter, data were collected through a semi-

structured interview with each participant. Upon the completion of data collection, the

interviews were transcribed and then analyzed following the steps of data analysis for

IPA, as outlined by Smith et al. (2009). Having utilized IPA, this study yielded rich, in-

depth insight into the phenomenon, which will help to fill the gap in the existing literature

on the lived experiences of counselors-in-training specific to the topic of existential

factors.

Chapter Four: Findings

The goal of this chapter is to provide a phenomenological and interpretative description of the research findings. This chapter outlines the findings stemmed from the data collection and analysis processes. Six superordinate themes emerged from the IPA, and these were shared by all five participants. Each superordinate theme is supported by the related subordinate themes, which are presented in table two. This chapter includes a brief description of the participants to allow the reader to gain a better understanding of the sample characteristics. Following the description of the sample, emergent themes will be presented and discussed in turn. Tables have been included to provide a visual representation of the superordinate and subordinate themes. Transcript extracts in the form of quotations will be utilized so that the lived experiences of the participants are captured fully, and the themes are supported. One of the goals of this study is to present the quotes proportionally across participants so that the voice and personal experience of every participant can be heard. A summary of the chapter will be provided at the conclusion of the chapter.

Participants

Considering how this investigation is a phenomenological study, the participants' contribution was essential to the research process (Smith et al., 2009). A sample of five counselors-in-training was used for this study, as Smith and colleagues (2009) suggested that "between three and six participants can be a reasonable sample size" for an IPA

project. Participants engaged in this study had a deep sense of commitment to the profession of counseling. As detailed in the demographic picture from Table 1, participants were in the second year of training. All of them were master's students at the University of Denver. The sample consisted of five participants from different backgrounds. Hence, as shown in the table, the sample is quite diverse, which in turn provided enriched data. Participants addressed existential factors with at least three clients. Some participants discussed all the existential factors with their clients, whereas some others only three of the ultimate concerns. Compared to others, one participant reported having a background in philosophy and utilizing existential therapy as their main approach to counseling. John shared that he has started to use the existential approach but considers himself a beginner. Yasmin, on the other hand, stated that she sometimes used an existentialist or humanistic approach when addressing the topic of death. Quinn and Monica prefer to use a client-centered approach.

Table 1

Participant Demographic Information

Name*	Boaty McBoatface	Monica	John	Yasmin	Quinn
Age	27	24	24	24	25
Race/ Ethnicity	Hispanic/Latino	Asian	Hispanic/ Latino	Asian	White
Current Year in Mental Health Program	2nd	2nd	2nd	2nd	2nd
Number of clients with whom the treatment was focused on existential factors	Almost all of them	3	3	5	10

Talked about the topic of death and dying	✓		✓	✓	✓
Talked about isolation	✓	✓	✓	✓	✓
Talked about freedom and responsibility	✓	✓			✓
Talked about meaning in life	✓	✓	✓	✓	

* Real names are replaced with pseudonyms to protect participants' identity and privacy.

Analysis of the Themes

As a part of this study, participants were asked to share their lived experiences when talking about existential factors with their clients. This included a reflection of the counselors-in-training about their experience rather than focusing on the client. The data analysis process led to the researcher identifying six superordinate themes that stemmed from the experiences of five study participants (see Table 2 below for an overview of the superordinate and subordinate themes). Each of the themes represented at least four out of five participants. Some of the subordinate themes are relevant only for a specific existential factor. The six superordinate themes include the emotional experience in the session and during the interview; transference/ countertransference; perspective on existential factors; factors that influenced counseling effectiveness in helping clients when discussing existential factors; reflections on inner experiences during the interview; and differences in approaching existential factors at the beginning of the training vs. now. The following presents a detailed description of the thematic findings. To support each of the superordinate themes, direct quotes that are representative of the general coding will

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be provided. Participants' lived experienced will be highlighted when describing each of the described themes.

Table 2

Presentation of Superordinate and Subordinate Themes.

CATEGORIES		SUPERORDINATE THEMES
Emergent Themes	**Subordinate Themes**	
Apprehensive Shocked Afraid Overwhelmed Helpless Sad Empty Longing Happy Connected	Emotional experience in the session when talking about death	Emotional experience
Longing Feels different talking about death now	Emotional experience during the interview when talking about death.	
Shame Sad Frustrated Tired Excitement Calm Felt more confident	Emotional experience in the session when talking about freedom and responsibility	
Happy Frustrated a little bit Sad Calm	Emotional experience during the interview when talking about freedom and responsibility	
Sadness Helpless Connection Related to the client Some frustration Mad It felt very complicated Shocked Curious	Emotional experience in the session when talking about isolation	
Feels silly A little bit overwhelmed. Feels good and scary Feels little bit of madness from before	Emotional experience during the interview when talking about isolation	
Curiosity Excitement Cautious Triggering a little bit. Felt conflicted Bit of powerlessness	Emotional experience in the session when talking about meaning in life and meaninglessness	
Thinking about meaning in life Confused Shaken	Emotional experience during the interview when talking about meaning in life and	
Avoided the topic Did not avoid the topic Avoided it a little bit	Level of counselor's avoidance in the session	Transference/Countertransference
Related to the client Brought up counselor's life issues	Relating to the client	

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CATEGORIES		SUPERORDINATE THEMES
Emergent Themes	Subordinate Themes	
Client was dismissive Client felt frustrated Therapist feels like client rejected him Clients are resistant to change	Experiencing resistance from clients	Factors that influenced counseling effectiveness in helping clients when discussing existential factors
Mortality Universality Uncertainty Finding meaning behind events Setting small goals Focus on positive aspects Focus on choices	Therapeutic process	
Existential Humanistic Client-centered Narrative Feminist theory	Counseling theory	
Mainly personal experience Basic counseling skills Class suggestions Recommendations from the professors	Helpful factors	
Responsible how client feels when utilizing a technique or approach There is responsibility in counselor's side Aware of the difference between the client and counselor	Counselor's self-awareness and responsibility	
Focusing on client's meaning in life People give meaning to relationships. People place meaning upon things.	People give meaning to things	Perspective on existential issues
Clients want to protect themselves Isolation is client's way of achieving protection in their world	Isolation as a protective factor	
Death applies to other dimensions of life People experience death differently from others Conversation about death revolve around the relationship	Death is different for different people	
There's universality in these factors These factors encompass people's lives in many aspects	Universality of existential factors	
None of the existential factors are easy to talk about Death is a hard topic Meaning in life is an exciting topic, but not easy Freedom is one of the harder conversations	Existential factors are not easy to talk about	
Focusing on client's choices Focusing on client responsibility Clients struggle with the concept of free agency	Agency beliefs	
Experience and knowing makes it different It's easier to talk some of the factors Knows how to handle the situation better. Didn't know any intervention at that point. Didn't know how to stay centered	Sense of control	Differences in approaching existential factors in the beginning vs now
Was trying to be really mindful Preparing oneself mentally Initially it was scary to talk about these Comfortable Learned to be calm	Apprehensive vs comfortable	
Personal Growth There is mutual benefit by participating Perpetuating research into existential work	Motivation to participate in the study	Reflections on inner experiences during the interview
The need to further explore their lived experiences Need to focus on emotional reaction Realization how much the therapist has talked about existential topics in therapy	New self-insight	
It's cathartic to talk about this. Feels good Helpful to process my thoughts	Cathartic	
Walking the interviewer through one's process felt confusing Felt weird Felt a little bit disorienting	Confusing	

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Theme One: Emotional Experience

     All participants described their emotional experience in the session when addressing existential factors with their clients. Sometimes, emotional experience when discussing death was different from the emotional experience when discussing meaning in life. For this reason, the emotional experience will be presented for each existential factor.

     Emotional Experience in the Session When Talking About Death. Participants cited that the emotional experience when talking about death different compared to others because they also felt how the room got dark. It appeared that exploring further the topic of dying was a new experience for some and challenging.

     Three out of four participants that discussed death reported that they felt afraid, shocked, apprehensive, uncertain, and overwhelmed when the client brought up the topic of death and dying.

     I was trying to be really mindful… I was feeling very apprehensive… and then once she brought it up, I was like a little afraid. So, from apprehensive to afraid of talking and going too deep.

         The room just got really dark. The whole room got really not ominous in a bad way but definitely wary. Like it just felt like this a room where people were talking about this heavy topic, and so I definitely felt it. I'm was like, "Yeah, this is what we're talking about" This really sad thing that happened. (John)

     Yasmin reported that the first time she talked about death with the client was very shocking and scary. The client explained a very violent death, and considering how this

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was the first time to talk about death and to this intensity, Yasmin reported feeling

overwhelmed.

> That whole experience was just really shocking to me because the first time I ever
>
> talk to anybody about death, and I've never experienced death in my family.
>
> ... I felt shocked, and I felt scared. Then I felt, I don't know if it's emotion,
>
> but I felt this empty. My heart feels empty there like it's hollow. That's usually… I
>
> don't know what to do. That's when that feeling usually comes out when I don't
>
> know what to do about it.
>
> I felt really helpless when that happened. I didn't have any personal
>
> experience of it. At that point, what I learned the most is validating and empathy.
>
> And that gave me too much vicarious trauma because I was putting myself in their
>
> shoes, trying to understand their emotions, and that was a little bit overwhelming
>
> to me.

Quinn shared her emotional experience during the session, and reported that she

felt initially shocked, surprised, and then happy that the client felt comfortable sharing

this information with her.

> For me, it was a little bit shocking at first because they brought it up very quickly,
>
> in our first few sessions. I was really surprised in a lot of ways. At first, I was
>
> actually really touched because this particular person told me that they don't talk
>
> to other people about it. The fact that they trusted me so quickly to talk about it
>
> really soon in our sessions, that gave me a good amount of positive feeling. Kind
>
> of happy that they were comfortable to discuss it. And then just a little bit of

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sadness for them. I was feeling how they were feeling and like really missing their

spouse and really just wanting them back in their lives. Kind of like feeling that as

well but not as like a personal feeling, more as I recognize that you're feeling this

way, and I'm kind of feeling that way with you, for you, but I'm not missing

someone I just recognize that you are.

Additionally, she explained further about the emotion of sadness and that feeling

of connecting with someone.

There's always a sadness and like that connection, because I have lost people as

well in my life. So, like they're a little bit of kind of sharing in that it really sucks

losing someone really close to you, it's really sad. [The conversation] always kind

of that mixture of really sad that they're no longer there but really happy that you

had them kind of emotion. So, it's kind of a mixture of happy and sad.

Lastly, Boaty McBoatface stated that in the session, he felt a feeling of sadness

and longing. As opposed to others, he did not report feelings of fear.

Sadness, longing. Because obviously, when you talk about death, I think of the

people who have died in my own life. I think the first one I always think of was

my grandfather, who is a big part of my life, raising me. And I think all the way

down to my dog, who just passed away a couple of years ago. So, it definitely is a

feeling of longing. I like that word. Not so much despair as missing times going

by.

Emotional Experience During the Interview When Talking About Death.

Participants reported their emotional experiences during the interview. Talking about

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their emotions right here, right now. Some of the participants stated that they feel more comfortable talking about death now because they have more experience and know-how to handle the topics better.

But my God, I just feel different talking about it now… just experience [and] knowing [makes it easier to talk about]. (John)

Now I feel a lot better because now I know how to process grief and loss. I would have asked; how does it impact your life currently or what meaning does it have in your life. (Yasmin)

Counselors remembered their loved ones and the memories they had with them. They reported feeling good.

I'm remembering my grandpa. Now obviously, you bring up the conversation of death, and you know, your own thoughts, start thinking about these things and stuff. They can talk about death; I can't talk about death. No, it's good [talking about it]. It's cathartic.

I think one of the beautiful emotions in life is the ability to remember a loved one. Remember something that's important to you, someone that is no longer there and pull out those good memories, pull out those things that remind you of good times, so to speak. So, you know, just a lot of that going through. (Boaty McBoatface)

Emotional Experience in the Session When Talking About Isolation. The topic of isolation can manifest itself slightly in a different way. Counselors reported that they started to feel connected to the client because the topic was relatable. The topics of

isolation seemed to be a heavy topic. Counselors reported feeling sad, frustrated, helpless, shocked, and curious. For some, it felt complicated and even had a difficult time recognizing the feeling they had during that session.

> I think emotionally, it brought up stuff for me… It's just sad to hear somebody say I feel really alone in life. So, sadness and my own self.

> For isolation, I would I just feel connected to that person because I'm like well we both felt this. Yeah, connection. (John)

> It was definitely sad. It made me imagine what that would be like, and just you know being cut off from others and even brought up. I've had times where I've been really isolated and not have friends around or family that like, if you need something or if you just want someone to laugh or laugh with you or something. That, you don't have that. So, it really kind of brought out that feeling like most emptiness … because it's just me, I might be awesome, but I'm not enough by myself. And so, it kind of brought up those feelings.

> …a lot of sadness and I would say there's some frustration that comes out, where it's just I know it's one of those, you are looking from an external lens you have a phone, you have a computer, you have neighbors. Like-kind of things like that where it's like, "Why don't you use these?" But as you talk to them, you see why. There's always a reason for something. And so it's either can you overcome that reason or is that something that's just not an option. So, a lot of sadness and some happiness that comes in there definitely and then like little frustration, when is just I can see these things are options. And the person I am sitting across from

either doesn't view them as options or doesn't see them or doesn't recognize them. And I'm just "aghh you can fix your problem," but you can't. (Quinn)

I feel it's something heavy. I cannot find an English word to describe it. Just like it feels like it's a heavy topic … The air is that heavy… I feel like air in it was heavy.

I'm just couldn't recognize it at that moment … it's complicated. I was not good enough to recognize my own emotion, my own feeling at that moment. (Monica)

Yasmin talked about her experience when working with individuals that felt isolated because they were sexually assaulted. As a woman, she found herself feeling mad, helpless, sad, and scared.

I was just feeling really mad because I consider myself a feminist, and I think sexual assault very much gender-based violence. I felt so sad for them… I felt helpless… I really felt that the vicarious trauma and specifically around the helplessness piece because I felt that way too.

It's like it's so real. What can I say to her? How can I help her? I can't just use cognitive behavioral therapy to say, "oh, if you think a different way and do it, and it's going to be better." But no, this world is dangerous to a woman; her life experience has already proved that. And it is true it is scary to be out. Like I am scared to be out, but not to that extent. But I know there's nothing I can say to help her… because there's nothing, we can do to change the world.

One of the participants stated that he gets curious when clients share that they are feeling isolated. Thus, he explores further and starts to ask different questions.

I'd say curiosity because, again, this doesn't happen very often. So, when it does happen, I kind of want to go, oh, what happened? What's going on? Because that's those are those existential crises. That's when somebody is like I want to tune out of the world, which again, you can't really. That's when I start getting super curious, and I start asking question after question. (Boaty McBoatface)

Emotional Experience During the Interview When Talking About Isolation.
There was a discussion about participants' emotional experiences when talking about isolation during the interview. Some participants reported feeling overwhelmed.

Kind of a little bit overwhelmed. Because of every time … I'm thinking about her. I just feel overwhelmed (Monica)

Some reported feeling a little bit of madness from those particular experiences in therapy.

I kind of feel a little bit of madness from before, but also, I know that I've grown a lot as a professional. And I'm able to separate myself and the way, the way that I grew, I have shifted from the helplessness to finding empowerment. I feel like there's nothing we can do with the world. That is true, but what I can do is help myself feel safer. (Yasmin)

John shared that it feels good and scary to talk about isolation. It was also confusing for him to go back and think about his perspective or conceptualization of it. He also stated that he thinks about existential factors even though he does not want to be aware of them.

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This is a surprisingly heavy interview, but it feels good to talk about it. I like

talking about this stuff. But I also don't get the chance to talk about it because I'm

just now taking the existential class. So, I'm kind of used. Feels good and scary at

the same time.

Because I think a lot of this stuff, I don't want to be aware of it, but I think

about isolation and death all the time. So, I'm used to processing it. It's just kind of

like… like taking that thought process out of my brain and talking about it, it's

different.

It's just confusing. When you asked me what do I think, I'm like, what do I

think? I've never thought about what I think before.

Lastly, another participant addressed the concept of existential isolation and how

he disagrees that one can existentially isolate themselves. He stated feeling silly talking

about it in that regard.

Talking about isolation now? I just think it's silly. I think it's silly because we have

a word [existential isolation] for something that doesn't exist. We don't live in

isolation. We can't live in isolation. It's impossible. Again, if we're talking about

physical isolation, OK, I get that. You can physically isolate, but from an

existential perspective, I fail to understand how, how anything can be isolated. It

just doesn't compute. (Boaty McBoatface)

Emotional Experience in the Session When Talking About Freedom and

Responsibility. Feelings frustrated, tired, confident, calm, excited, shame, and sad, were

the emotions that counselors reported feeling in the session while talking about freedom and responsibility.

I feel just sad. (Monica)

I felt calm. I didn't really have that big of an emotional reaction because I grew up in that kind of family. And I have learned how to cope with that kind of frustration or stress. Like I hear a lot from her [the client]. But when I hear it, I just acknowledge it and let it go. And the comes out of her mouth, it comes through me, and it just goes. (Yasmin)

Another reported feeling frustrated and tired because the client was so challenging and did not want to focus on their choices or responsibilities. Thus, that made it very difficult for the counselor to work with them.

I felt extremely frustrated because I felt like we were just stuck in one place. I noticed I was starting to get negative and starting to even be like I don't want you sitting here. Kind of like you know if you're going to be this frustrated, you don't want to work with me, any of the questions that I'm asking you, and outright that you don't like me, I'm starting to, one, feel frustrated with this entire session because I don't feel like it's going anywhere and frustrated with you in general because I'm tired. So, I just felt really frustrated, and so I sought supervision afterwards. That was not cool. (Quinn)

In other instances, a counselor stated that he felt shame when addressing the topic of responsibility and freedom.

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Shame because I'm just a big hypocrite. Like I'm sitting here saying, come on, let that go stuff. And then at the same time, I am guilty of the same things in my life. So, it's one of those things that keeps me super humble. In regard to my role as a counselor, again, who am I to sit here and be like, "come on, man." It's not like my life is some wonderful, perfect thing that I have detached from everything in my life. I still have attachments in my life, and because of those attachments, I still suffer in certain ways. And those are my choices. So, when I say shame again, Western society culture has turned shame into some evil word … So, that's what I mean is like this shame that basically turns the mirror on myself and goes, yeah, but you as well. Yes, I know. I'll be better, too, right after this session … it's a humbling feeling, I would say. (Boaty McBoatface)

Emotional Experience During the Interview When Talking About Freedom and Responsibility. For freedom and responsibility, after discussing their lived experience, participants also shared how they felt during the interview. They stated that they felt sad, calm, frustrated, and good.

It's too sad ... she's a great girl [referring to the client]. (Monica)

I'd say right now it's actually even better because I feel like I'm putting out good things. I'm helping with research, and I'm helping you get on your way. Yay! So, I'm contributing… (Boaty McBoatface)

I'm honestly happy about it. I think it's really funny because I am still processing and working with a similar client. So, it's just one of those like you know, "yep, that's going to happen again." So, it's just kind of a funny situation.

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There's a little bit of that frustration that comes back up where it's like, "oh, if they would've just answered differently," we could have gotten somewhere. So, some of that frustration does come back up where it's just like "aghh, I see a problem." I see how it could possibly be fixed or at least adjusted to be a little bit more positive. And a little bit frustration of it; it seems like at least at this time, there is no way to get better. There's no way to get that kind of positive effect that I would like. (Quinn)

I still feel pretty calm about it. (Yasmin)

Emotional Experience in the Session When Talking About Meaning in Life and Meaninglessness. Compared to other existential factors, meaning in life seemed to be a more exciting topic. If the participants reflected on the question and still do not have an answer to the question of whether life has meaning, they reported feeling conflicted.

…finding meaning like a more excitable one… If you find it, that's going to be awesome. You know, you can't really solve death, and isolation takes a while to work through but meaning, you can start small and then find a bigger overarching meaning in your life. (John)

What they want for me, it's not the same as what I want for myself. So, yeah, there's always a conflict. (Yasmin)

Another participant stated that the core motions included feeling curious and cautious.

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Core emotions would be, I'll say curiosity again, but I'm going to say cautious, and I'm wary because again, I give meaning to my own life, and the meanings that I give to life are very personal to me. And I want to make vastly sure that I don't place them on other people (Boaty McBoatface)

Some reported feeling powerless because the client's case was a little bit different, and there were some aspects that they could not help them with.

… I can't do anything about her learning disability, so there a sense of powerlessness. I can suggest things for her, but it's a lot of "what about this?" and she's like, maybe, "what about this?" maybe. I kind of feel for her like, how is she supposed to know these experiences are like when she's not done one before. So, it's just a little bit of powerlessness with this client. (S: Yeah) With other clients, it's different, but with her, it's definitely powerlessness (John)

Monica shared that client's situation triggered her depression.

I feel life … I feel that depression, too, and it triggered me. I feel depressed a little bit … Then I feel a little bit happy because our relationship was improving because that's a progress. At least he wanted to stay with me, and he still didn't talk much. But still. (Monica)

Emotional Experience During the Interview When Talking About Meaning in Life and Meaninglessness. Participants' emotional experience during the interview when talking about meaning in life included them feeling excited, conflicted, shaken, and thinking about their meaning in life.

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It's exciting to talk about, but it's also like I don't have almost any answers

for this one (John)

Right now, I'm a little shaken again, but I'm not that strong at that moment.

I don't know. I just hope he feels better … hopeful [for the client]. (Monica)

I mean, I still don't know the answer. I'm still in conflicted (Yasmin)

It's making me think of the meanings I place in my life. I'm just, I got this

meaning, this meaning and you know, remembering. (Boaty McBoatface)

Theme Two: Transference/ Countertransference

All participants talked about their inner experience when clients would bring up

the topic of a certain existential factor. They recognized that aspects they need to reflect

on their own and what came up in the room as a cue for what the client might be feeling.

Participants cited how that manifested in the session.

Relating to the Client. Due to the shared piece of all human beings facing the

ultimate concerns, participants described how they would find themselves dwelling into

their inner experience. They would start to think about their values, and their experience

regarding the existential issues talked about in the session. John shared his inner

experience in the session:

I think emotionally, it brought up stuff for me. I definitely try to just not let that

impact session. But I'm like, "Well, I also feel isolated" …"oh dude, you feel

isolated!?" It's like "I get that," and I'm still trying to find a therapeutic way to say

that. Because I'm such in the beginner level of counseling that I'm like, too much

self-disclosure, "Nah." I think it's really helpful. I just don't know how to do it for

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myself, but I'm definitely not like spoiler alert, and then yeah … So, I'm like I can relate to that. And then I also find myself relating on that general [level]; people can feel isolated. So, I'd find my own feeling of times I felt isolated.

Monica talked about her experience when the client talked about a topic that she related to it more:

I kind of relate to the client … And just, I can really feel that. I told him [the client] I can really feel that. I told him I sometimes feel about that … I feel that depression, too, you know. Because I relate [to it] ... It's quite often like when they say something that may be familiar to me; they will remind me of something.

Participants discussed the aspects of the topic brought up for them.

Reflected on my life; currently, there is a little bit of that kind of gratitude and joy that I do have those things in my life. As well as, you know, really feeling for and understanding how unfortunate it is that someone across from me doesn't. And so, it's just like I feel lucky, but also this really sucks for you [the client]. (Quinn)

But when I was doing it [asking the client about the meaning in life], I guess I was thinking, in my own head too. I'm a little confused because I feel like I'm a very family-oriented person as well. And I feel conflicted in the sense that I love my family, and I want them to be part of my life, but sometimes it doesn't work out. What they want for me, it's not the same as what I want for myself. So, there's always a conflict. (Yasmin)

Yasmin talked how her inner experience differs from other clients.

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I talked about meaning in life with a lot of my sexual survivors, sexual assaults. And I feel like, with them, I'm less conflicted because when they are questioning their own meaning in life, they're speaking from trauma. Like is the trauma doing the talk because it is more of external things that make them question what's the meaning in life. With this client that I brought up, it's more like the internal turmoil, you know.

Another participant talked about the experience of exploring the client's meaning in life and, at the same time, reflecting on the counselor's meaning in life.

So, meaninglessness is fascinating because I know most people, I would say even myself, myself, I give meaning to things. And, you know, unless you're like somewhere, you know, you've given some meaning to something. And so how that looks in therapy is understanding what meaning they have given to things. So, it's a lot to do with the relationships. I've noticed that that's something we come back to a lot in this conversation, which is the meaning that they have placed upon relationships and the meaning that they place on themselves because of the relationship and then the meaning they placed on another person with their expectation of relationships. And, you know, when people have jobs and that that job has a meaning and that job sometimes has a title, and that title has a meaning, and because they have that title, they feel that they are worthy of certain things in their life. And those things in life have meanings. And so, the entire structure of people's lives are the meanings that they give to things. So, I would say that is a key thing. What I'm looking for within therapy is what is the meaning that you

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have given to everything. And then, by contrast, the meaning of your life that

you're giving to your life. I think it would be dangerous for me to go in there

assuming meanings for them. (Boaty McBoatface)

Although the participants acknowledged the connection and relating to the client

aspect, they also talked about the meaningful experience and benefit of trying to meet the

client at some level.

> I think whenever I talk about any of the factors, I just kind of relate to
> them more. I feel more connected to my client because I'm like, "oh, there's like a
> universality here." And I also feel more connected to existential theory ... I feel
> more like a counselor when I'm talking about this. I feel it's so important. (John)

> I find that entering into those emotions helps me to connect with the client.
> Now, yes, I know countertransference and all your things. Yes, I know. But what I
> find is that clients do not come to me and talk to me about it because they want to
> talk to a robot who doesn't have emotions. They want to do that, I mean, we live
> in 2020, they can find that. But they want to find somebody who can share the
> emotions with them and sit in those emotions with them. And so, I allow myself to
> have a space always with boundaries. Obviously, I don't go, well, let me tell you
> about my grandpa. No, that's, that's not my role, and that's not my place. But I use
> my own experience as a human being to meet them at some type of level so that
> we can sit in the sad cafe together, as I call it when I talk to my clients. *(Boaty
> McBoatface)*

Another participant talked about the advantages of relating to the client, but also recognized the limitations of it.

I would say it did [help]. In some ways, it can really help because I guess it's really easy to relate to a lot of these bad concepts. Because I have grieved when I lost someone. Isolation, I have felt isolated. So, it brings up those, and with this one, in particular, it brought up kind of, close to home more memories. Which in some ways, it was really helpful, like relating to the emotional part of it. But I would say because I brought it up in the supervision later. In some way, it was limiting because it kind of limited to like, what I have tried in those experiences. Because my thoughts went all over the place, but to just what would work for me. And so, because I've tried those and have been through that experience, that's where my mind went. So, in some ways, it was nice to kind of be like 'okay, I get it where you're coming from.' Not in the same exact way because we're different. But that also means that my solutions might not work for you. What helped me get out of loneliness might not help you get out of it. So, it was just kind of one of those [experiences where] seeking supervision was actually more important whenever I related to it more because I don't want how I felt in the past or how I dealt with things to dictate entirely what I'm doing with a client because again, it might not work. (Quinn)

All participants reported that when a client brings one or all existential topics up, they see themselves relating to that existential concern. The find themselves relating to the client and think of their experience. Thus, their feelings, perspective, and values

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started to emerge as a result of the topic being talked in the session. Even though this was a useful tool and helped in understanding the client better, it still could be limiting at times. They engaged in a deeper exploration of themselves and acknowledged its advantages at times. When talking about the experience of countertransference or relating to the client, participants talked about the authenticity dimension. As it follows:

> I don't want my own stuff to come up so much that we get off-topic. But I also want my own stuff to come up enough that I can talk about it enough authentically. Because it's like you bring your own philosophy, and your client brings their own philosophy. And I don't want to talk about things in a different way that's not congruent with that worldview. So, I want to keep it client-focused, but I also don't want to be like a robot. It has to be authentic. (John)

The Level of Counselor's Avoidance of the Topic in the Session. Considering how talking about existential issues is difficult, and feelings, opinions, attitudes about mortality, isolation, freedom, and responsibility, and meaning in life come up for the counselors, did they find themselves avoiding the topic? Most of the participants stated that they found avoiding talking about some of the existential factors. For instance, when talking about death, two out of four participants shared that they tried to avoid the topic.

> I do avoid it a little bit but trying to ease myself into not avoiding it … I tried to avoid it [topic of death], but I couldn't. So, it's kind of like an unavoidable topic that had to come up. I think I find myself avoiding all these a little bit anyway (John)

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I don't know if I was actively avoiding or subconsciously avoiding because
when he first brought it up, I didn't know what to say or what kind of questions to
ask because I can't ask him for details. And I don't want to make him more
activated there by asking him how he is feeling … I guess, part of me avoiding is
not bringing up in supervision, and I never brought that up again with him [client],
like an issue, a conversation to process with him. (Yasmin)

Yasmin shares her reasons for trying to avoid the topic. To fully capture her
experience in this regard, a piece of the interview is provided below:

Yasmin: Yeah. I do feel like I'm avoiding that kind of things [death
            topic] a lot.

Int: Yeah

Yasmin: Yeah. I'm just really scared of death. I've never had the experience
            of that. And people around me have had experience of that, and I see
            their experience. And then that's scary.

Int: Yeah. Because it reminds you… like when someone else dies,
            that's when you think about death. What is that? Why should
            we die?

Yasmin: Mhmm …I just, I don't know. Like, why should we? Or like,
            what is it? I'm just scared over what it's going to do to me.
            Like, what is the impact of it?

Int: So, it reminds you of your own death?

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Yasmin: Yeah. Not my own death actually, but it's just I'm terrified of my

parents dying. Like I have talked to them before. And I'm just really

scared of them dying. But nobody wants to tell me because I'm abroad.

You don't want to interrupt my study, and I won't be able to make it to

their funeral. And also, if they're in the hospital or really sick and

they're going to die, it's still going to take me two days to get back.

What if they die before I get there? So, yeah, I'm really scared of like

not my own death, but my family dying.

Two other participants stated that they did not find themselves shying away from

the topic of death.

No. It seemed really, really easy and natural to talk about, especially

because it was a part of their daily life. (Quinn)

… I don't know, there are not enough words in the English language

because I want to say fun, but the word I'm thinking is not fun. It's an adventure…

It's a quest. The conversation itself to me is this amazing tour of somebody's life.

Because you don't just talk about death … Inherent in the conversation about

death is why life is important. And so that automatically leads people to telling me

about things they love, the reasons they get up every morning. Things like that.

Which to me is just this incredible, 'just wow, life is so interesting,' you have all

these things that you do in your life that, I have things I do in my life. And so, I've

never shied away from the conversation because I feel like it's a great way to get

somebody open on the talk about life because again, you can't talk about death without talking about life. (Boaty McBoatface)

For the topic of isolation, two participants shared that they were shying about from talking about isolation but forced themselves into talking about it.

I've been avoiding it because it's new. Like last session, I was hyping myself like I got to talk about this. (John)

I think I'm not avoiding I just couldn't recognize it [how I was feeling] at that moment. It felt complicated. (Monica)

Other participants stated that they did not avoid talking about isolation in the session because the client was open to talking about it, and it was an inevitable reality.

No, not with this client because they were very open to talk about it. So, I kind of picked up on that, but it was something they really did want to talk about. So, we did get into it. (Quin)

I don't think I was avoiding it at all. I think I was embracing that reality so much because there's no way I can avoid it. (Yasmin)

As for the topic of freedom and responsibility, only one participant out of four communicated that she tried to change the subject.

I remember I did try and change the subject and try and see if we could talk about something where they, they particularly enjoy their job. So, I was like OK let's talk about that and see if we can kind of calm down a little bit before we talk about some of the other issues that are really bothering them. (Quinn)

The others shared that they did not shy away from the topic.

No, because I feel like that more than anything is my role as a counselor is to … kind of push them on that topic. That topic more than anything, which is OK, you're bugged that this isn't changing, you're the one who came to me, I'm going, to be honest with you. That's something you're going to have to learn to make a choice about. (Boaty McBoatface)

As for the existential concern of meaning in life or meaninglessness, only one shared that she was a little bit hesitant to further discuss the topic with the client.

[Avoided the topic] A little bit. I was kind of forcing myself to do that [address it]. I think it's a good opportunity for us to [talk about it]. (Monica)

Actually, with this, no, I haven't. I think with this one is the only one that I'm like "Let's go! Let's find meaning in your life." (John)

In this session, I wasn't. I was just like asking him [the client], what makes you think that or what are some experiences in the past that led you to here? (Yasmin)

Theme Three: Factors that Influenced Counseling Effectiveness in Helping Clients When Discussing Existential Factors

All participants discussed the therapy process and the factors that influenced or had an effect on counseling effectiveness. They cited some instances for each existential factor, and they described the counseling techniques that they used, their positive attitude, self-awareness, and the focus on the client's emotional experience and needs.

Counseling Theory. One of the interview questions was about the counseling theory, or techniques counselors used when discussing these existential factors. Some of

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the participants used a client-centered approach—some used feminist, narrative, and humanistic. One participant reported using the existential approach with all clients. Another one reported using an existential approach but described himself as a beginner in it.

> I would say if I did apply a theory, it would be kind of client center because this was something that they directed the conversation towards. They really wanted to discuss it. And it was one of the focuses that was really important to them. And I kind of went along with that because it seemed like that was the most important thing at the time. So, I would say client-centered. (Quinn)

> So, the way I approach all my clients, whether it's doing career counseling here at DU, whether it's the clinic here at DU, whether it's the hospital I always approach with an existential lens. (Boaty McBoatface)

> she was talking about her own experience, and I was trying to build that like shared humanity … I think I use client-centered. I don't think I use other stuff. (Monica)

> …But I had never felt like somebody is like, I'm going to train you in existential therapy. Like my supervisor now, is not an existentialist. So here I am doing existential therapy, and my supervisor does MRT, CBT. Something else, right? So, I've never been trained, or I don't feel like … "Let me rely on my training." I'm just making all this up as I go along. What would I feel the client needs, and then if I get good feedback, I keep doing it. (John)

Yasmin described using three different approaches depending on the client and the issue being addressed. She stated that she uses feminist theory the most and the others when appropriate.

I did use a little CBT around isolating themselves from others. So, I'd ask them, what kind of evidence did you get that makes you think that they think you're a burden and also help them a reality check. Or maybe just improve their self-compassion. More imagery or asking them well what it would be like if somebody else tells you this, how would you react. And they would say like, wanting to help and all that. And then like we also kind of role played like how they would tell their experience or just do some activities with their friends or talk about something else. Just like still have that connection, without specifically having to share her experience of sexual assault.

… I usually at my work now, I use feminist theory. That's more than just like empowering women in their choices, but also analyzing intersectional identities within this person. So, kind of like while doing, I was aware of all these identities. I point out to her.

We did narrative therapy, which is nice. We talked about three highs and three lows in their life and how they overcame it ... It's hard to look into the future and say what is the meaning in life. But it can be beneficial or more informative to look back to what you did and what kind of value or motivations drove you to make that decision or overcome it, [what] impacted your emotions or perceptions of what happened.

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Therapeutic Process. Participants discussed the therapeutic process concerning

each existential factor. They explained on what aspects they focus on in the session,

including mortality, universality, uncertainty, finding the meaning behind events, and

setting small goals. John talks about counseling goals when addressing ultimate concerns.

> With death, I can say, let's try and keep the relationship alive. With isolation, let's
>
> try and get you to see like we all have something in common. But with meaning, I
>
> don't know … Like I said, with isolation, everybody can find some common
>
> humanity that go through it. And that's like a one-way fix like. The goal is to get
>
> you to feel like you're connected to other people. And with death, it's like the goal
>
> is to make you feel like this person isn't completely gone. Like you're still going to
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> remember them, and you're always going to feel some sort of her, but you can also
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> remember them in happy ways. With meaninglessness is like there's no one-way
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> fix now. At least not the way I've been doing therapy. And I think everybody does
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> therapy differently. It's not like one theory. So, yes, it seems like a confusing one
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> for sure.

> When a client brings up the topic of death, counselors have different ways of

addressing the topic, and it also differs from the client's case. John shared the technique

that he used to help the client feel connected with the person that passed away. Whereas

Boaty McBoatface shared that he focused on the client's accepting her mortality and

coping with uncertainty.

> … this was kind of the first time that she had had to think about her own
>
> mortality. So, in regard to the therapeutic process, that's kind of what we did is we

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took it back to her. We said, OK, tell me about the feelings that you had in regard to... "Ohh, you know, it was scary." She demonstrated a lot of fear. She reported having a lot of thoughts about it. Now she's starting to think about what, what is this, and then the conversation eventually led to her own feelings of her own mortality …It was helping her being OK with the uncertainty, being OK with I don't know what's going to happen tomorrow. I don't know, but that it's not going to control the way I live. I'm going to move it from moment to moment and enjoy and learn and grow. And, you know, and for a 16-year-old who's also trying to figure out their identity, that mixed in. So, there were a lot of other compounding factors, but in regard to dealing with death and talking about it, we talked a lot about the idea of mortality and the idea of, yeah, you are going to die and how do we now live knowing that fact.

What I had her do was write a letter. And like I suggested, "it might be helpful." It's thinking about him but in a positive way and feel he's still with you. (John)

Similar to John, Quinn reported that client feeling connected seems to be important, so she focused on that aspect.

As we talked about it more, it seemed like they were connected. And so, kind of I felt like that was a more good direction to go is to deal with the grief and the loss and all those hard emotions that were coming out.

Concerning the isolation topic, as stated above, counselors reported that they try and help clients feeling connected and finding that universality piece. Some other shared

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that the subject of isolation changes to the topic of relationships, so they focus on that, or work on helping clients challenge their distortion, and encouraging them to focus on who they are.

…I've never personally had the experience where somebody fails to understand how they are connected to other people. I have had people who try, but again the moment they open their mouths, they're automatically connected to other people. And then, going back to the physically isolating people who physically isolate, I don't see why that's a problem. And people are like because they're depressed. Then, leave them alone to their depression. Why can't they be depressed? What I've noticed is that individuals' problems with depression have nothing to do with the individual, it has to do with them. It brings them anxiety to see other people acting "abnormally." If an individual is depressed and doing the stuff, you may offer your help. Awesome! But if they say no, okay, just let them be. Stop bringing anxiety onto yourself; that is their being. And so that's how I do that. (Boaty McBoatface)

… working with people of sexual assault. I've worked there for half a year already. I see how much my clients grow. They were a mess when they came in. They cried for the entire session. And now we talk about who they are and challenge their own kind of distortions. And I see, yes, we cannot prevent that from happening, but we can still heal from whatever happened. There's this human capacity of growing and changing and becoming stronger from whatever that hurt us (Yasmin)

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Quinn added that she gives client space to share their emotions and then focus on the solutions and positive aspects.

So just kind of empathizing with them. "Yeah, no one wants to be alone all the time," even if they can, it's just walking around the grocery store around other people. And so really kind of letting that be in the room for a bit. And then once they didn't have much more to share about that kind of then moving towards the positive and lightening things. Let's look at things that we can do, now that we've shared how difficult that is. Let's find ways and solutions that we can deal with it. So, let's discuss it in-depth and go through and see how you're feeling. And then from there, we take a positive in it. What can you do? What's awesome about you? What are the different options that are available? After trying to understand where they're coming from, trying to get them some solutions, options, or sometimes just a "yeah, that sucks!" and just kind of sit in that and let it suck for a little bit.

When addressing the existential factor of freedom and responsibility, participants reported that they focus on the idea of taking control, on the options clients have, and the responsibility to make choices in life.

So, instead of using a theory or anything like that, I did just try to be more directive and try to get them to talk about maybe some positive things, so I guess more humanistic … being like a little bit of a cheerleader. You know you do have these positive things that are happening; you are making strides this way. You know, even though other people's people are saying you need to do these things,

you're still following through and kind of like trying to help them see the positive even when they felt really restricted … What are some things that at least at these times of temporary solutions that will kind of bring up that morale … Looking for the positive or looking to "OK at this time, I only have some ways." Trying to find some ways of being positive while talking about that. But right now, this is the situation. (Quinn)

… part of DBT, where it's like trying to identify things you can control and things you can't control. I did that for like three sessions with a client. It was a different one. But it was again getting out that freedom piece. You can't feel so out of control that you're like I can't control anything … So, it's like little things, little activity like that feed into that idea of freedom. (John)

So, it's helping individuals become comfortable with the idea of taking control. When we say taking control, sometimes people think, oh, you know, they're making decisions. No. Sometimes taking control means learning to accept circumstances, which is also really hard. But what do we want to do, we don't want to accept that this is going on. We're trying to stop change. And so, it's learning to take back the control and accept the change. In sessions that come from individuals who are going through a divorce and they're feeling depressed and sad about the divorce and learning to accept things and take responsibility. A lot of work with individuals who are in addictions. So, at the hospital, we get a lot of individuals who have overdosed … You know this is going on. And that's not

to say you need to take responsibility for addiction. It's you need to take

responsibility for what happens next now. (Boaty McBoatface)

Boaty McBoatface adds that as a counselor, he can help client in the therapy room

and helping the client accept their freedom of choice and responsibility.

> … what I usually tell people is, you know, I can't change the past, and I can't
>
> predict the future. (S: Yeah) The only thing I can do is right here, right now, in
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> this room. So, what's going to happen? So that's a lot of the responsibility talks
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> that we have. And again, I just don't like language. Language I feel is again, very
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> reductionist because we talk about free will and we talk about choice. But it's not
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> just like choosing between A and B. Sometimes it's choosing between A, B, C, D,
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> E, F, G, H, I, J, K, L and all of the letters, and sometimes it's just choosing to be
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> okay with things that you cannot control because individuals are born into a
>
> context that they didn't choose… So, when it comes to learning to accept that
>
> other people have their free agency, and that is also part of responsibility.

Participants talked about their experience when addressing the topic of meaning in

life or meaninglessness. Surrounding the therapeutic process, a lot of the focus is on

relationships, setting small goals, and taking a positive perspective.

> So, it's a lot to do with the relationships. I've noticed that that's something we
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> come back to a lot in this conversation, which is the meaning that they have
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> placed upon relationships and the meaning that they place on themselves because
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> of the relationship and then the meaning they placed on another person with their
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> expectation of relationships. And, you know, when people have jobs and that that

job has a meaning and that job sometimes has a title, and that title has a meaning, and because they have that title, they feel that they are worthy of certain things in their life and those things in the life have meanings. And so, the entire structure of people's lives are the meanings that they give to things. So, I would say that is a key thing, what I'm looking for within therapy is what is the meaning that you have given to everything. (Boaty McBoatface)

Small goals like about homework or sleep earlier, try to focus in the class … I think not in that session, but for the other sessions, I used a lot of CBT. We were talking about his core beliefs and his automatic thoughts. We discussed that and made some assignments. Like at least momentary emotion and those kinds of stuff. (Monica)

… You try to give them reason, and as I do, I'm like, well, what can we do right now about it? I can't just, you know, open your head and put like here's your assigned meaning in life. But it's just trying really hard. That's when I feel my gears start turning in my head and I'm like, what can I do? I have 20 minutes left in the session. Let's leave them with something positive. But it's kind of hard to like you said, some people really are like "there's no point to life." (John)

… In terms of my role, I think I would want to just help them process the situation. To find the narrative and find the emotion behind it. To see if that emotion is helpful or it's toxic to them and help them place meaning behind it. And I think that's kind of existential or humanitarian. (Yasmin)

Helpful Factors. All participants shared the factors that were helpful the most when addressing existential factors in therapy. Basic techniques, clinical measures, class suggestions were helpful. However, all of them reported that their own experience was the most useful factor in therapy.

… my own experience … my own coping skill. That's something that I get from my life. That's not something that I learned from the books. (Monica)

But a lot of the little techniques helped. The basic techniques definitely helped … like that (John)

We have clinical measures in my internship site. So, we have that done in our first or our second session. One of the highest risk factors for difficulties in emotional regulation for her is not acceptance. So, that kind of helped me to bring that acceptance piece into her life. (Yasmin)

I would say honestly it was kind of the advice that was given in a lot of our classes, to just to be very curious and remember that someone's bringing something up for a reason. So, it was really just kind of digging into that asking more questions, like what was something they really enjoyed, what happened, how are you. Kind of checking with them and just really making sure and that they're feeling safe in that space. (Quinn)

I felt like my personal experience of isolation really helped me. (Yasmin)

Own experience… Because that's all we bring, I think it might be not that the program here is bad, but I think it might be a bit arrogant to think that you can enter a classroom or enter an instructional setting and then learn the tools that you

need to connect with somebody. So, do I learn techniques to be a better communicator? Yes. Do I learn the techniques to be a better listener? Yes. Do I learn techniques that helped me understand patterns in human behavior? Of course. But I could learn all that stuff, and if I can't connect with somebody, then it's off or not. So, I'm always going to say, yeah, me being a human has been the best. My best school. (Boaty McBoatface)

Experiencing Resistance From Clients. Many of the participants cited the instances when the clients were resistant to their approach

And I did start to kind of like ask them some questions, you know like "Oh but can't you do this?" and trying to kind of point out where they do have an option, or have some freedom… They felt that… they didn't have a choice, and so by me pointing out that they could that I was being more against them … And that also was not great that turned into a lot of more frustration. (Quinn)

… I can really feel that. I told him [the client] I can really feel that. I told him I sometimes feel about that. Like, he's, he was one "mhmm…mhmm." Just like "whatever, I don't care if you know, or you don't know."... "I want to feel better. And these things are enough for me to get better. So, that's enough; I don't want to do any extra stuff." (Monica)

… she's never had like a person who talks the way a counselor does, right? That was new for her, right? One time I brought up, I think I was like, "How does it feel to sit here and then have somebody listen to you and care for you?" something like that. She was like, what's the difference? Cause, you know, this is

your job. And she kind of like, intellectualize it in a way, right? She was like, you're not a person caring for me, you're a therapist's caring. At the back of my mind, I was kind of a little rejected. I was like I'm still human, though … there's such a thing as a warm, professional relationship; there's a lot of boundaries, but you can care for somebody. (John)

John adds that later he realized that it was the client was pushing away because of her isolation.

So again, it's not that she's like shooting me down, or me pushing away. It's just that sense of isolation. And I just and like treated like the symptom of depression instead of this is a main feeling that we should be talking about. But now I know that.

Some participants shared that some topics are harder because the clients could be resistant to change and are not very open to starting a conversation related to that.

I think that's one of the harder conversations because most people don't want to take responsibility. So, from my side, it's okay. And again, from my perspective, I'm not here to go, "You're responsible, haha" Like that's never going to work. It's helping individuals become comfortable with the idea of taking control. (Boaty McBoatface)

Counselor's Self-awareness and Responsibility. Participants highlighted the importance of counselor's responsibility and self-awareness. In other words, the counselor felt responsible for their actions and words and was aware of their reaction to the client's case.

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There's like a little bit, you know, responsibility for how someone across from

you is feeling. I also need to gauge how I'm reacting, my own emotions, because

it's definitely going to affect the person across from me. Because they might be in

their own experience, but they're still paying attention to me. (Quinn)

When it comes to learning to accept that other people have their free

agency as well, that is also part of responsibility. Even though it's kind of like this

dichotomy, right? I am not responsible for other people, but at the same time, I am

responsible for other people … I'm not responsible for the choices you make, but

I am responsible to react in a certain way to choices you make. (Boaty

McBoatface)

Boaty McBoatface adds that his experience helps in approaching the issue but is

aware the client is different and could have another perspective. There just could be

similarities and patterns in the sequence.

Yeah, I would say the same thing from the question before … learning how

freedom and responsibility worked for me. I don't place that upon other people,

but I realized that there are patterns in the sequence. So, how I learned that I need

to be responsible, and I have my own free will is similar in foundational ways to

how other people can learn as well. So, I don't try to send people to Buddhist

temples and foreign lands. But I let them open up their mind and have the insight

for themselves. At least that's what I hope can happen.

Yasmin described how the client's situation impacted her sense of safety in the world. As a result, she took precautions and was able to rationalize it. She acknowledges the fact that her experience is very different from the client.

I think I was embracing that reality so much because there's no way I can avoid it. I mean, even before I worked with them, I know how real the world is; after working with them, it's just like another reality hitting in my face … That's my inner sense of safety. And I think that's what's more important. Because yes, these things happen, but I can't let them affect my world. I'm also saying this because I have not been sexually assaulted. So, it gets easier for me to try to cognitively change my behavior and feel more positive towards it.

Theme Four: Differences in approaching existential factors at the beginning of the training vs. now

It appeared that there is a difference in how counselors-in-training approached the discussion of existential concerns at the beginning of the training versus now. Initially, it was challenging and scary to address the topic because the counselor did not feel in control and did not have enough experience or knowledge about the issue.

Apprehensive vs. Comfortable. Participants cited that in the beginning, they felt the pressure to be more careful when addressing the issue. Whereas now, as the counselor continued to address the ultimate concerns, and the frequency increased, they felt more comfortable.

I'm cautious, and I'm wary because, again, I give meaning to my own life, and the meanings that I give to life are very personal to me. And I want to make vastly

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sure that I don't place them on other people. I want to make sure that I'm not going, "Well, that's dumb" like, it might be what they want to do. And who am I to judge them? I could be just as wrong, and they just as right. So, I'm not the judge here. (Boaty McBoatface)

When I went into the very first session, I was trying to be really mindful. Like, let me gather my thoughts ... I'd better not ruin it. I'm just going to use the basic counseling skills, and I'm like not try to do too much, you know. So, I was feeling very kind of like apprehensive… And then once she brought it up [topic of death], I was like a little afraid. So, from apprehensive to afraid of talking and going too deep. But then when she did go too deep. Well, not too deep, when she actually self-disclosed and allow herself to feel, I was like, 'Okay, now it's time for me to kind of be more myself.' It's better trying to be the perfect counselor. Then I started giving more empathy, where you're like just sitting in like discomfort with a client. It was sad. I got to watch a kid cry, but I'm like I felt good it [for being able to sit in that discomfort]. (John)

John further elaborates on the reason for being afraid to dig deeper. It was a new experience because he is not used to talking about death, and seeing how that client needs to discuss it, he felt the pressure to address it.

… I think that's what happened with death. As I said, I brought my own experience, and I'm not used to talking about it, and I had to, and that's why I was a little bit afraid.

Similar to John, Quinn talks about the process of learning how to address these issues in an effective way. She describes her thought process when the topic shifts to one of the existential factors.

[In the beginning, it was] scary… the first time they come up, it was like "Woah" because there's like a little bit of responsibility for how someone across from you is feeling… Where like now, after dealing with them for a bit or if I come expecting it, I would stay more patient with it. Okay, let's just sit. I don't have to instantly ask you a question. I don't have to say anything instantly. And what I'm saying probably is not going to negatively affect you. Unless I say something extremely off. But, hopefully, not. So, there's kind of this 'okay; this is kind of what we're going to talk now.' Kind of have to change my mindset. Okay, I got to be calmer, a little bit more understanding, definitely don't do the rapid-fire questions. Because that was the initial 'okay, let's ask a bunch of questions' to understand this. Typically, if someone brings it up, they want to talk about it. And so, I learned letting someone to kind of expand on it on their own. Being able to sit there and to just kind of nod, and like 'aghh it's hard.' It's usually not the easiest way, but the most effective way of letting someone talk to you about it. It's just kind of like just being there … Just kind of being there with them, it's usually the best way. I found it might work.

Another key point related to the comfort level was the experience of the counselor as a source to rely on.

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I'm very comfortable talking about death now. I feel I want to say good, but I feel like therapy is going in the right direction. It just feels like I'm doing therapy because I just have this experience to rely on … I just got more comfortable talking about it repeatedly and just being in the room with topics like death. (John)

Counselor's Sense of Control. A critical issue related to counselor's approach in addressing the existential factors in therapy was their sense of control. Initially, it was difficult to talk about existential concerns because they did not know how to address them. Later, counselors seemed to have more knowledge and experience on how to have the situation under control. It appeared that they also had a better sense of control emotionally with challenging situations.

… you don't want to say the wrong thing … So, there's kind of an initial shock of "oh my God, how am I going to deal with this?" And then, after talking about them for a while, you're like 'Okay, I'm just going to try to ask a question or just try being like 'hey buddy' and kind of see how they take that. (Quinn)

I had no idea what to do. Like I didn't have any [experience or training]. I mean, practicum, we didn't learn anything back then. Basic techniques do not help with grief and loss. It's validating, but that's all I can do. (Yasmin)

Counselor getting too attached to the client's case was highlighted and explained as an obstacle in the session. Yasmin further expands on this and explains her initial experience when talking about death and her experience talking about it now.

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When the client first brought it up, I was going with his memory. I was in that flashback with him when he was describing that. And I didn't know how to stay centered or help. I didn't know how to stay centered. I didn't know how to help him stay present either. But now I feel like I would be more able to make that mental boundary ... Not put myself into that … You know sometimes you watch Criminal Minds, and you get too into it. That's how I felt when that first came up. But now I can see it. And it's like on the screen [and] I'm on the couch… Now I feel a lot better because now I know how to process grief and loss. I would have asked, "how does it impact your life currently?" or "what meaning does it have in your life?" Something to process it in a more structured way to help the client stay centered.

If the existential factor is a very new topic brought up in the session, then the counselor starts to reflect on their conceptualization of the term and their perspective. Thus, one of the reasons for not feeling in control is that they are not very familiar with the existential concern.

Whereas now, with talking about isolation, I'm like, I've never conceptualized isolation … Just exploring, like, what do I feel? What do I think of death? How do I conceptualize isolation? How do I-? And then it's good. Before you get to like, what would I do without a client you have to be like, what do I think? You have to build a foundation for you getting there, you know? So, it's like what do I think? What are my experiences of isolation? What do I think of isolation? How do I talk

about this with a client? Because I wouldn't talk to them the way, I talk to myself. (John)

Some counselors reported that their growth as a therapist was a huge factor in their approach to existential factors. The therapist feels more in control of the session because they have grown and know how to deal with the situation better.

> … supervision and having some teachers giving guidance, it's helpful, right? But they weren't specifically guiding me for existential theory. They were just helping. I think it's just my own journey of learning how important these things are to talk about … I just said, "oh, these are important things that you should probably talk about." So, it's like my own experience, and I've had some pretty, I don't want to say hands off supervisors, but I've definitely had a lot of room to myself to just kind of like explore what my theory is and what my style is. I think it's just my own growth as a therapist. (John)

Theme Five: Perspective on existential issues

Throughout the interview, participants cited their perspective on many of the existential factors. Given that these ultimate concerns are universal, and counselors found themselves thinking about their own life, they also would think about their point of view concerning death and dying, isolation, freedom, and responsibility, meaning in life and meaninglessness. The subordinate themes of the perspective on existential issues theme include the universality of existential factors, agency beliefs, isolation as a protective factor, death is different for different people, and that people give meaning to things.

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Universality of Existential Factors. Participants cited that existential factors are part of human existence, and it appears that all human beings, at some point or another, come face to face with all of the existential concerns or some of them.

John states that existential factors are unavoidable topics because all human beings face them. He usually related existential factors with an existentialist and, in a way, assumed that only individuals that identify themselves as existentialist address existential issues.

And it's kind of hard not to because before I thought, wouldn't it be kind of an existentialist [talking about existential factors]? It sounds like just talking about this stuff but not in this context [referring to the interview].

John also shared that he feels more connected to the client when he addressed existential issues because he realizes that these are universal.

Whenever I talk about any other factors, I kind of relate to them more. I feel more connected to my client because I'm like, "oh, there's like a universality here." I also feel more connected to existential theory, and I feel more like a counselor when I'm talking about this. I feel it's so important … it's definitely growing me as a counselor.

Another counselor reported that she finds herself relating to these existential factors. Cultivating the idea that existential concerns are universal.

I guess it's really easy to relate to a lot of these bad concepts because I have grieved when I lost someone. Isolation, I have felt isolated. So, it brings up those [existential issues related to one's own life experiences]. (Quinn)

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Not only these factors are universal, but one person can share so many of them. One could feel isolated and wonder about meaning in life.

Because a lot of these factors are like encompassing like peoples at all like all aspects of their lives …I feel like they come really together, intertwined with clients. *O*ne person can share so many. (Yasmin)

Existential Factors are not Easy to Talk About. With reference to existential factors, participants reported that the conversations are not easy to discuss, and the conversation differs depending on the existential factor.

Meaning … Honestly, that seems a hard one [to navigate] … That's what makes it hard. It's like, I don't have any answer … None of this is easy… As a student in training, it's not easy. (John)

Even though we're talking about something that is really difficult … You know, death is never easy. (Quinn)

It's like, we're all going to die. What can we do now? So, death and isolation are pretty heavy topics but finding meaning like a more excitable one. Not easy but excited. (John)

Yeah. Start [the interview] with a hard one [death]… (Yasmin)

It's normally something that I let my client bring up rather than me bringing it up. The first time because I will go and check-in sessions afterward and be like, "Hey, we talked about this. I want to see how you're doing" or something like that. But if I know about like a death or something that has occurred, that is not something that I'll normally bring up to my clients first. I let

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them because it is such a sensitive topic [death and dying], so they bring it up. (Quinn)

I think meaningless is a tricky topic (Monica)

Death is Different for Different People. How people understand death and deal with, it could be different from one person to another. Additionally, participants shared that the concept could not apply only to the physicality of death. Death could apply to many other dimensions of life.

One is individuals will never experience death the same way. Death is always going to be different for different people because of the relationship they had with that individual. So, for instance, my grandpa has passed away, but my grandma has also passed away. The way I experience his death was different than the way I experienced her death, which is different from the way I experienced my dog's death. So, we say death, but it doesn't encapsulate what really we're mourning. And what we're mourning is the relationship. So, we all have this conscious knowledge that people are going to die. And so, what we're mourning is not the physical body; what we're mourning is the relationship we had with that person. What we're mourning is the loss of that relationship, so to speak. So, because of that and because every relationship is different, the experience of death is always going to be different even in the same person. That's something I think is worth mentioning. (Boaty McBoatface)

Similar to Boaty McBoatface, Quinn shares that conversation about death revolves around the idea of relationship and what that person meant for you.

But with our conversations it does normally come out to, you know, what did this person do for you. Tell me about this person and kind of sharing the joy of what they were in [your] life.

The concept of death does not apply only to physical death. Death could mean different things to different people. A counselor further elaborates on this idea.

Also, the idea of death is only physical; I think that that's cheapening too because we talk about death, but there's a lot of things that are akin to death. So, for instance, in my work of geriatrics, individuals who retire and then have to go into some type of assisted living in a retirement home, that is a death because the life that they knew, the life of independence, the life of X, Y, Z has now died and now they are almost reborn in a new identity. When we talk about trauma, I see trauma as death because trauma is a forced change of identity. One moment you're something, and then someone comes in and does something to you, which leads to trauma. And now forevermore, your identity has been changed, but you didn't choose that. So, there is a death of some type of your personality or identity that happens during the trauma. We talk about it in different ways, but the way I conceptualize it is as death … So, when I think of death, I don't think of end, I think of change. So, from a religious perspective, if it's dying and then moving on to the next part of your eternal progression, there is death. It's a change. And I see that in almost every aspect of counseling, individuals come into counseling because something in their perspective has died and something has changed, so to

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speak ... So, when we talk about death, that's why I clarified every time a physical

bodily death because I see death in every aspect of our lives. (Boaty McBoatface)

Agency Beliefs. Participants, when talking about the subject of freedom and

responsibility, they addressed it from the perspective that human beings have free will;

that human beings have freedom. All of the participants reported approaching the issue

with the idea that clients have the freedom of choice and bear responsibilities for those

choices. For instance, Quinn describes how she was trying to help the client see the

choices they have.

… kind of point out where they do have an option or have some freedom. Even

though they are making the choices to follow what they're supposed to be doing.

They also shared their perspective on how participants struggle to accept the type

of context they are placed in. The idea that human beings are free, but also recognize that

they have been placed in some kind of context that they did not have the freedom to

decide about.

When it comes back to free agency, individuals think they're standing at a road,

and it goes off into different directions, and they have to choose a road. But I've

never found that to be true. I found that human beings are already on a road.

They're already in some type of context and given some type of meaning to things.

And at points, they look over, and they see another road, and they go, "oh, I want

to be on that road," and that's the problem that they have. It's not choosing the

road, it's understanding you've already chosen a road, or you've already been

placed on a road context that we don't get to decide. And learning to be okay with

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that road and to be okay with that road existing and knowing that you're not going

to get there. And maybe, maybe sometimes it'll meet up, and you can try out that

road (Boaty McBoatface)

Isolation as a Protective Factor. Sometimes counselors cited that isolation could

be protective for the client. Thus, instead of looking at it as a symptom, they focused on

the aspect that this could be their way of being in the world at the moment.

And sexual assault it's never about sex, it's always about power … you have no

control; like is an absolute loss of control. People are isolating themselves to

protect themselves … And while I see that it's sad, I also see there's so much

strength that they want to protect themselves. And isolation is their way of

achieving that in their world, in their capacity. (Yasmin)

So again, it's not that she's like shooting me down, or just me pushing

away, it's just that sense of isolation. (John)

It is also the idea of respecting client's choice of wanting to isolate

themselves from others. However, there is a difference between physical isolation

and existential one. One of the participants explains his perspective on the two.

I think the answer would probably be the opposite of what most people

would say, which is I don't see anything wrong with physical isolation if

you want to isolate yourself. We just talked about free will and choice.

Congratulations, there it is. But the existential isolation, that's when we'll

have discussions because no one exists in isolation. And again, not

physically, I'm not talking about physically. I'm talking about as an entity

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because you, as an entity, cannot exist without being in relation to another

person. So, let's get philosophical … the only reason I can use the

emotions that I feel is because I'm sitting in a room with you. And so, I

gauge my emotions based off of my own juxtaposition with you, and that's

with everything. So, a person alone in a room, the only reason that I can

describe them is because they're in a room. They're not in a vacuum. And

even if I say they're in a vacuum, I'm talking about them as being related to

the vacuum. So, nobody can ever be spoken about or thought about

without being in relation to something else … So, I have not really ever

had to explain that to somebody because I've never met anyone who

existentially isolates because that would be incredibly difficult because

even if they think they did, they didn't because they're in a room talking to

me. If somebody was existentially isolated, I wouldn't even know about it.

Nobody would know about it. The whole point of me knowing about it

then makes them no longer isolated (Boaty McBoatface)

People Give Meaning to Things. The interviewers stated that individuals give

meaning to things, and what the therapy session entailed is them exploring those meaning

that clients put upon things. Some of the counselors were confused about the answer to

meaning in life and still felt conflicted about it. Some other described how life is

meaningless, but human beings have the freedom to place meaning upon it.

I mean, I still don't know the answer. I'm still conflicted … it's hard to look into

the future and say what is the meaning in life? (Yasmin)

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What is the answer? If there is one answer? But there isn't any. There's just a lot of confusion coming up for me … I'm isolated in my quest for meaning. (John)

You know, just sometimes feel like life is meaningless. Just like a robot doing everything automatically, you cannot control body. (Monica)

…life is meaninglessness, and we place upon for meaning. And so, for instance, even my religious values that I hold. That is what I have decided is meaningful for me and might not be meaningful for somebody else. Does that mean I'm right and they're wrong? No, it's just the meaning that I've placed. So, life itself, as an entity, is meaninglessness ... So, everyone's usually all already on the second step, which is this is the meaning that I've given out to certain things on my life. And so, we just focus on that. And I, I haven't. I've never really found any benefit ongoing, you know, life is meaninglessness. (Boaty McBoatface)

In therapy, the counselors focus on what client finds meaningful and meaningless. It is also about the meaning they have placed on the relationship and other dimensions in their life.

[In therapy, we focus on] what gives their life meaning and what parts of life make life in general happy for them. (John)

So, it's a lot to do with the relationships. I've noticed that that's something we come back to a lot in this conversation, which is the meaning that they have placed upon relationships and the meaning that they place on themselves because of the relationship and then the meaning they placed on another person with their

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expectation of relationships. And, you know, when people have jobs and that job

has a meaning, and that job sometimes has a title, and that title has a meaning, and

because they have that title, they feel that they are worthy of certain things in their

life, and those things in the life have meanings. So, the entire structure of people's

lives are the meanings that they give to things. (Boaty McBoatface)

Theme Six: Reflections on inner experiences during the interview

As part of the interview, participants were asked about their inner experiences

during the interview. This required participants to be able to attend to their feelings and

thoughts. This added to the goal of the interview, to have a nuanced description of the

experience. Overall, participants reported enjoying the interview experience, gave them a

better understanding of themselves, including their thoughts and feelings

Motivation to Participate in the Study. As a part of the interview, participants

were asked about the motivating factor to participate in the study. The intention behind

this question was to provide space for the participants to share their reasons for

participating and have a better understanding of what participating in this study means to

them. The answers ranged from curiosity, personal growth, to advocate. Here, John

describes his reasons for volunteering to participate in the study.

I want to learn more about existential, like therapy. So, I guess my professional

answer would be like personal growth. I want to develop my skills here because

I'm pretty new at it so much.

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Similar to John, Yasmin finds it helpful to talk about existential factors. Initially, she did not know that the study included her talking about her experience, not the client's experience.

> I just think is really interesting. I look forward to what you came up with. Because a lot of these factors are encompassing people in all aspects of their lives. And I do also feel like it's helpful for me to speak to somebody about these specific topics since I don't really specifically cover them in my supervision that much … I didn't know that when I was doing the survey that you're asking about my experience talking about these with clients. I think that's helpful to process that.

In addition to these, Boaty McBoatface shared that he wanted to participate because there is mutual benefit, and it is part of his advocacy.

> I vastly prefer an existential philosophy. My background is more in philosophy than psychology. And so, whenever there's something in regard to this, I feel like existential framework is within the psychology of the minority. And so, it's a part of my advocacy. I'm advocating! I'd say the motivating factor is, you know, you're trying to perpetuate research into existential work with individuals, and so, I see that as a benefit to me and as well as to you. So, I just see this mutual benefit going back to this existential [research/interventions], just like intervening. So, it just seemed logical.

New Self-insight. Participants reflected on their inner experience at the end of the interview and shared any changes in how they saw themselves as a result of the participation. Overall, they reported some new realization in regard to how they had to

think about the session from a different angle, the increased amount of time they spend talking about existential factors in the session, and the need to talk more about existential concerns. John and Yasmin described how the experience of the interview made them realize that there is more to explore about their lived experience.

> I didn't realize how many times I talked about this stuff. All right, we talked about two or three topics. I just gave an example for each one [of the existential factors] … I found myself getting tangential. It's like I said, making up, I'm not making it up … I'm just building my own way of doing it [therapy]… So, the interview, I'm glad I did it. [I'm] Doing good [emotionally]. But like there was a lot of thinking, a lot of answers I didn't know, I'll be honest and just realizing that I am still in training, [that] I'm very much in training. (John)

> Now that I talked to you, I'm thinking maybe I should talk to my therapist or maybe talk to my supervisor about these. That's my takeaway. (Yasmin)

Quinn described her struggle to go back and think about her experience during the session, rather than focusing on the client. The whole experience of doing this during the interview seemed to be challenging a little bit and felt weird for her. However, it helped her realize that she needs to focus on herself as well.

> So, it's just like going back and thinking about the session in a different way. Okay, let's not think about how they reacted, but how I reacted to it … It's weird to think about your own emotions. All of my focus goes to that person, and I know that's one of the problems a lot of times. I also need to gauge how I'm reacting and my own emotions because it's definitely going to affect the person

across from me. They might be in their own experience, but they're still paying attention to me … A lot of reflecting, gauging other people, and trying to connect. Not a lot of focus on right there <points at her heart>; not good at that.

Confusing. Furthermore, through their reflection and responses to the various questions about their lived experiences, participants noticed that part of the inner experience included feelings of confusion. Focusing on their lived experience, instead of the client's was a very new experience and felt disorienting. Participants elaborated on feeling confused and the new experience of focusing on their lived experiences rather than client's:

It's just confusing. When you asked me what do I think, I'm like, what do I think? I've never thought about what I think before. … It's like walking you through my process was very confusing. It's like how do I explain what I went through. (John)

I feel like, at one point, I forgot your question because that was me, just like really digging into my thought that I forgot what was happening. So, it's a little bit disorienting. I feel a little bit dissociative at one point because these questions are so philosophical. And speaking from my own experience instead of my client's case, that's also like the first time ever. I don't think I ever talked about this in therapy. So, it's interesting. (Yasmin)

It's weird …talking about it because you're like I want to make sure I don't disclose information about clients that I'm not supposed to. But it's kind of funny because we spend so much time asking other people how they feel. Then having you ask me, I was just like, 'oh, that's a good question.' I think it's weird

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because the focus is so often on other people and how they're feeling. It's kind of easier to talk about them, and then you're just like 'no, I mean you,' and you're like 'I don't know what you mean by that.' Like, what do you mean me? I was focused on them. It's definitely weird at first because you're like, 'I'm normally the one asking questions.' Kind of going back and okay, what was my emotional reaction response because I wasn't necessarily paying attention to that. I was paying attention to the person across the room from me and their emotional response. (Quinn)

Cathartic. All participants shared that they were glad they did the interview, and despite the fact that it was a new experience to focus on their experience, they felt good to talk about topics that usually we think about more in our heads.

It's good … to say something, speak something out. That may trigger me but also made me feel better. (Monica)

Boaty McBoatface talked about his overall experience of the interview and shared his opinions of criticism of having a semi-structured interview. In addition to that, Boaty McBoatface added some new details that would help in fully capturing his lived experience.

The interview is good; it's cathartic. I love these conversations … I just, I'm always critical of formalized structure. You know, the anarchist in me is like, just get rid of that paper. You know, you've given meaning to those questions … From a therapeutic standpoint, I'd say, the only thing I have to add is we need to remember that there are seven billion-plus individuals on this earth. And there will

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be seven billion-plus ways of carrying out therapy because we're not robots; we're not computers; we're not programmable. And so, within a therapy session, we need to keep that in mind because we try to go in to fix people or to help them change, which doesn't make sense because what do you mean help them change? Life is change. What are you helping? That doesn't make any sense. The way I would explain it would be therapy from its earliest Greek was explained as 'therapia,' which is an attempt to walk with someone. So, that doesn't say an attempt to help them up the mountain. It's not an attempt to help them get off drugs … it's an attempt to walk with them. We have tried in this century to turn therapy into this medical model of somebody who's sick. They can come in, we heal them, and then they leave. I think anybody who's going into a counseling profession, on day one, should be taught 'that's not it.' Please don't do that, because we go back to nonmaleficence and we want to do what's best for the client, not what you think is best for the client. And again, I go back to things like suicide, "we can't let them commit suicide." But who are you? So, do I have personal beliefs against that? Perfectly, yeah… But, at what point do we intrude on other people's agency? And I feel like that line is getting further and further and further and further. And we're letting the power go to our heads.

Chapter Summary

Chapter Four presented a brief summary of the five study participants so that the reader has a better understanding of participants' unique experiences as counselors-in-training. Additionally, this chapter provided the results of the data analysis, including the

thematic findings, yielded from the data collection and analysis process, as were explained in the previous chapter. The semi-structured interviews were analyzed using IPA which yielded the following six superordinate themes: emotional experience in the session and during the interview; transference/ countertransference; perspective on existential factors; factors that influenced counseling effectiveness in helping clients when discussing existential factors; reflections on inner experiences during the interview; and differences in approaching existential factors at the beginning of the training vs. now. Each of the themes was supported by participants' direct quotes. The next chapter includes a discussion of the findings related to the research questions and the theoretical network. Chapter Five also includes implications for practice and directions for future research.

Chapter Five: Implications and Discussion

This chapter presents a discussion of the research findings presented in the previous chapter. More precisely, this chapter provides a synopsis of the research questions and discussion of the themes in relation to the theoretical framework, implications for practice, and directions for future research. The experiences of counselors-in-training during their practicum and internship experiences are scarcely acknowledged within the literature, despite their contribution to the field of counseling, and society in general. This phenomenological study, which was intended to fill the gap in the existing literature, created new data on the lived experiences of counselors in training when talking about existential factors with their clients. The theoretical framework used for this research study was existential therapy, as it seemed appropriate to explore the lived experiences of counselors in training. Researched analyzed that data using IPA to gain an in-depth understanding of this phenomenon. The participants in this study were able to share their lived experiences as counselors in training.

Discussion of Research Questions

This section provides an overview of the results and their relationship to the research questions that directed the focus of the study.

Research Question 1: What are the experiences of counselors in training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients?

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Counselors in training who participated in this study seemed to share a unique experience of being very passionate about helping their clients. This study, however, focused on their lived experience. Specifically, this study aimed at understanding counselors in training lived experiences when talking about existential concerns. Participants shared the ways in which they experienced the phenomenon in five emergent themes: *Emotional experience in the session and during the interview; Transference/ Countertransference; Perspective on existential factors; Factors that influenced counseling effectiveness in helping clients when discussing existential factors; Reflections on inner experiences during the interview*.

Considering how participants are still in training and that existential factors are realities faced by all individuals, participants provided descriptions of how they navigate their experiences and make sense of it. Participants expressed their perspective on existential factors while explaining their lived experience, and they noted that it is not easy to discuss existential factors in the sessions. Particularly, the topic of death seems the hardest to address. As Yalom (1980, 9189) states death is the primary source of anxiety and an unescapable fact. Josselson (2008) claims that the awareness of death the most painful and difficult to face. Considering these then it would make sense why for counselors is hard to work with clients that bring up death and dying. If death is the hardest fact to face, then it would translate in therapy as well, for the client and for the counselor, as both face the same reality, their mortality.

Additionally, the conceptualization of death could be different from the client and for the counselor. Participant cited that sometimes death refers to relationships with

people, and things in the world. People give meaning to things and relationships. Thus, when individuals grieve, it is not only about the physicality piece, but also about the death of the relationship. As Landenburger (1998) claimed that individuals sometimes grieve the loss of the relationship and loss of the roles that fit into that relationship. Participants shared that death is not only about physically dying; death is change. Menninger (1975) stated that "whenever a person takes a new job or changes his life situation, his sense of himself undergoes changes." Moreover, Harvey (1990) equated all change with loss in stating "It is crucial to remember that for every change proposed or achieved, someone loses something." Hence, for individuals the conceptualization of death could apply to different aspect in life.

Some other perspectives about existential concerns were that isolation could be a protective factor for the client, human beings have freedom and bear responsibility for their choices, and that existential factors are universal. For the isolation as a protective factor, participants described it that way because at cases, people might feel threatened, and the way they protect themselves could be through isolation. Isolation could be a defense mechanism that people use as a way to protect themselves. Counselors shared that they approach the issues in the session with the idea that clients have the freedom to make decisions and are responsible for those. When there is freedom and responsibility, then one believes that change is possible. Hence, based on this idea, counselors would use a counseling technique or a particular intervention. Lastly, counselors in training noted that these existential factors are universal, and they also face these realities.

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Considering this factor, participants stated that when addressing these existential issues or when the client brought them up, they found themselves thinking about their own issues concerning existential factors. All of the participants shared how they found themselves relating to the client when talking for one existential factor or for some. Based on how much the present issue brought their own issues and whether they have a good understanding of that existential factor, participants reported the level of avoidance of the topic in therapy. If the counselor did not feel too overwhelmed or confused, they felt more comfortable addressing the existential concerns. If the topic was new and overwhelming, then the counselor was more likely to avoid the topic. Only one participant reported feeling comfortable talking about existential factors because he utilizes an existential approach to therapy. In this regard, his experience was different than the others.

Moreover, participants shared their emotional experience in the session and during the interview. Some of the key emotional experiences that they noted were that they felt shocked. Initially, they were surprised and scared that the client brought up the topic. That's when they found themselves feeling uncertain and overwhelmed. They reported feeling triggered, confused, sometimes a little bit happy because the client feels comfortable talking about these deep topics with them. They shared that they felt curious to explore more in-depth. Depending on the existential factors that were being discussed, the emotional experience was different. For instance, when talking about death and isolation, the room was heavy and sad. Whereas, when talking about meaning in life, it was not easy, but more exciting.

Participants also described their inner experiences during the interview. They shared that it felt good talking about the lived experiences; it was cathartic. However, for most of the participants, it was a confusing process. This was the first time they had to think of the session from a different angle. They had to think about their emotional experience and thought process, and sometimes it was confusing to do that. They felt disoriented and weird to focus on themselves and explain their experience. Usually, the focus is on the client, and they are the ones asking questions. Thus, it was a new experience for them to be at the center. Reflecting on their experience, however, helped them gain some new insights about them.

Participants talked about the factors that influenced counseling effectiveness in helping clients when discussing existential factors. The subordinates for this theme were: experiencing resistance from the clients, counseling theory, helpful factors, therapeutics process, and counselor's self-awareness and responsibility. For instance, for the counseling theory, participants reported utilizing client-centered, humanistic, existential, narrative, CBT, and feminist theory. As a result, clients sometimes were resistant to counselor's interventions. From an Existential-Phenomenological point of view resistance can be understood as expression of the client's current manner of constructing self and other, and it can also be an expression of the avoidance of ontological anxiety (Worrell, 1997). Ontological anxiety implies the anxiety of 'non-being' or the possibility of becoming 'no-thing' (May, 1994). The resistance experienced by the clients could be between the counselor and the client, and it could be a manifestation of client's wider

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social relations are co-constituted and the way the ontological anxiety is expressed within these relations (Worrell, 1997).

In an attempt to clarify assumptions to clients, they might feel exposed to the assumptions what they need to be or what they cannot be. This may be perceived as challenging because by increasingly clarifying things, the counselor also presents to the client new choices and responsibilities with the experience of anxiety that this produces (Worrell, 1997).

Counselors described the process and what it entailed in the session. Participants cited the instances when they are aware of the differences and their influence on the client. Additionally, the counselor acknowledging their responsibility in the session. Lastly, all participants noted that the most helpful factor throughout this process had been their own experience. Other factors have been helpful, such as class suggestions, recommendation from the professors, sometimes basic counseling techniques helped, sometimes they did not. However, these factors have not been very useful as one's own experience.

Research Question 2: What insight do these experiences give to counseling training programs in helping students explore the existential factors with clients?

Participants were asked to describe the first time a client brought the topic of death, isolation, freedom, and meaning in life. They shared their experience at the beginning of the training as opposed to now. Except for the counselor-in-training that identifies as an existential therapist, the others stated that at the beginning of the training, they did not feel prepared to discuss these existential issues. As a result, they felt

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overwhelmed, apprehensive, and scared. In addition to that, participants said that they did not feel like any training or knowledge helped at that point. Thus, it seemed like they were in this by themselves. The most helpful factor for all of them was their own personal experience.

As opposed to the beginning of the training, now most of them reported that they feel more comfortable addressing the ultimate concerns. They have a better understanding of what to expect and feel that they can manage the situation better. It still is not at that point where they feel like they have everything under control because they shared that they still do not feel prepared to discuss some of the existential factors. Hence, at this point in training, they are just making small steps in how to explore existential issues in therapy.

Participants' experiences provide a good understanding of what it is like to be a counselor in training and discuss existential concerns with clients. Especially because all human beings face these existential concerns. In therapy, it is about helping the client and focusing on their needs and emotional experience. However, if one feels anxious to talk about death, isolation, or meaning in life, but the client needs to discuss such issues, then how does that play out in the session? Participants of this study seemed to focus so much on the client that they even forget to themselves. It was a little bit challenging for them to explore their emotional experience, thought process, and just their experience in general in the session. They reported feeling confused and disorientated because they are not used to focusing on themselves. They got some new insight into their experience and realized that they need to focus on their inner experience and not just the clients.

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Based on the themes that emerged from this study, counseling training programs get some new insights about students' experiences. One of the key aspects is that participants did not feel like they got enough training to address ultimate concerns in therapy. Sometimes some class suggestions were helpful or some recommendations from the professors, but almost none of them felt prepared to address existential concerns in an efficient way.

Most of the participants did not realize that their reaction to the existential concerns is normal. Considering that, it is important for counseling programs to prepare students that they will face challenging issues in therapy. It seems essential to explicitly talk about the existential factors and remind them that the client might bring up such issues. Talking about ultimate concerns is not easy because the therapist goes through that process as well. Just as it is challenging and anxiety-producing for the client to talk about existential concerns, it might be the same for the counselor. For that reason, it is essential for the professors or supervisors to remind counselors-in-training that the reaction they are having is normal. Moreover, preparing the student ahead of time and addressing existential factors in the class could be very valuable for the counselor and the client because then the counselor can provide effective interventions.

Based on the findings of the study, the participants seemed to feel lost at times and not know what to do. Counseling programs can provide some useful sources that can be relevant when addressing deep topics in therapy. Additionally, providing space for students to talk about their experiences in class. For instance, when the students present a

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client's case, they have a section where they talk about their lived experiences. In a way, encourage the student to talk about their experiences, not just the client's case.

Recommendations for Counselors in Training Concerning Their Experience When

Addressing Existential Factors

According to the existentialist point of view, events, and situations in life bring human beings face to face with the fundamental realities that are part of human existence (Yalom, 1980). These fundamental realities include the existential factors of death, isolation, freedom, and meaning in life. Then, how one embraces these challenges and finds meaning in life is part of the spiritual journey. A spiritual journey implies the inner journey that each must make on their own (Spillers, 2007). It is important to remember that you also as a counselors-in-training face these realities and make this journey on your own.

These fundamental realities or ultimate concerns are inherently threatening to most individuals (Yalom, 1980), and when human beings become aware of these existential factors, it induces anxiety. To avoid anxiety, human beings might use one or more defense mechanisms that make it possible for them to steer away from the awareness of these existential concerns. As a counselor-in-training, one might come face to face with some of these existential issues when the clients bring them up. It might be anxiety-provoking for the counselor-in-training as well. Hence, the counselor-in-training should remind himself or herself that this is a normal reaction.

Note that facing these existential realities is very difficult, and the counselors may find themselves avoiding talking about ultimate concerns in the session or out of the

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session. The counselor might be aware that some aspects of human existence are difficult and inevitable, and the counselor may be inclined to avoid addressing them. Thus, the counselors can reflect on their lived experience during the session and see whether they used any defense mechanism as a tool to protect themselves from the anxiety of facing any of the existential factors. It might be beneficial to talk about the one's lived experience during the supervision and in class when talking about clients' cases. Sometimes, counselors-in-training might forget that experiencing these defense mechanisms is normal, and having space where they can reflect could be very enriching for them.

Counselors should think about their conceptualization of the existential factors. Sometimes the counselor and the client can have the same outlook regarding one existential factor and a different point of view concerning another existential factor. However, if the counselor is not aware of their conceptualization of the concept and their approach to it, it might feel challenging for the counselor to address the topic. Moreover, note that this is a counselor's journey as well. In therapy, it is not only the client that is experiencing a unique experience because so is the counselor. It is not only the counselor who has an impact on the client; the client influences the counselor as well. Most of the time, when the client brings these issues up, the counselor starts thinking about their own issues related to death, isolation, or meaning in life and the conceptualization of them. In a way, it is an enriching experience for the counselor too. Both the counselor and the client are on the road together but in separate ways. Both are going through this together but facing it alone in their own journey. Hence, as stated above, one of the ways for the

counselors in training to feel more prepared is to brings up the hard topics in the class and supervision. For you, as a counselor in training, is important to reflect on your conceptualization of existential factors when the client brings that up. For the counseling programs, it is crucial to understand that counselors in training have to address existential concerns in therapy and they feel unprepared. Thus, providing them support during the training is crucial, and one of the ways to do that is by providing space in classes to address these existential issues.

Additionally, research indicates that existential anxiety is a fundamental human issue and is associated to one's psychological well-being (Baldwin & Wesley, 1996; Chung et al., 2000; Pyszczynski, Greenberg, & Solomon, 1999; Rosenblatt et al., 1989; Tillich, 1952, 1961; Shumaker, 2011; Weems, Costa, Dehon, & Berman, 2004). Reflecting on existential issues can be difficult and anxious, but essential to one's psychological well-being and flourishing. It might be challenging for the counselor and the client but a good way of understanding human existence and grow spiritually.

Another point is to remember that it is not about the counselor having answers and being right. It is about the counselor walking with the client through this process. These topics are heavy and not easy. Counselors are so passionate about helping the client and alleviating their distress, and at times might feel helpless when they do not have the answers. For this reason, it is good to take a step back and remember that as a human being, the counselor faces these realities as well. As Yalom (2002) noted, the encounter between the therapist and the client is more like 'fellow traveler' rather than "them" and "us" (p.8). Recognizing this aspect of the process could be useful for the counselor.

Lastly, the counselor should try to be more centered and not get too attached to the client's story. If one gets too attached to what is going on, it might be overwhelming for the counselor. It is very normal for the counselor to think about the client's case and wonder the ways they can help them. The counselor is part of the process, and as much as they think about their client, they should think about their inner experience as well. It is worthy to note that the counselor does not have the power to control what happens out there, but they can control their responses and their approach to dealing with it.

Recommendation for Counselors in Training When Addressing Existential Factors in Therapy

Existential therapy involves helping clients face what is fundamental to human existence through the client's perspective (Schneider, 2008). In existential therapy, psychotherapists aim at creating a therapy that is consistent with the client's worldview, values, and past experiences (van Deurzen & Adams, 2011; Hoffman, 2006). Thus, sometimes existential therapists might integrate techniques from other approaches, such as cognitive, humanistic, psychodynamic, or others (Schneider, 2008).

A counselor should strive to facilitate client's awareness of choice, finiteness, limitations, and freedom to make choices in their life (van Deurzen & Adams, 2011). The counselor helps the client cope with different forms of isolation and existential anxiety (Bugental, 1981). Clients, in this way, enhance their awareness and learn how to make meaning of these existential issues (Hoffman, 2004). One of the advantages of existential therapy is that it conveys to the client that there are no taboo topics and that these existential concerns are not idiosyncratic but shared by all individuals. (p. 191).

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Given the importance and the benefit of addressing existential factors in therapy, this section will outline implications for practice for counselors-in-training when discussing existential factors in therapy. There could be some differences when addressing the ultimate concerns. Therefore, the implications for practice are outlined for each existential factor.

Existential Factor of Death

In existential therapy, a lot of the focus in on existential issues and the potential psychological burden of the awareness of the inevitability of death (Lewis, 2014). As a result of this awareness, one might feel very anxious and possibly lead to negative defensive responses; however, it may also lead to better well-being. Thus, a counselor addressing the topic of death in a therapy session involves exposing a client to unconscious death anxiety and exploring various effective ways of coping with this inevitable reality.

Yalom states that it is essential that the psychotherapist's regardless of certain values and beliefs he or she holds regarding "the primary source of anxiety and the genesis of psychopathology, begins therapy at the level of the patients concerns" (1980, p. 112). The counselor should also take into consideration when the intervention is appropriate for the client. Possible aspects to consider are the nature of the presenting issue, whether it is beneficial to address the topic of death, is there a possibility of increasing the client's risk for harm. These factors could be good indicators of how the client might respond to the intervention.

An important point to remember is that the hope and aim are to alleviate the crippling levels of anxiety, not to eliminate it. According to Yalom (1980), human beings cannot live life or face it without anxiety (p. 188). Thus, counselors should aim at reducing anxiety to a comfortable level and then use it as a way to increase the client's awareness and vitality. A counselor should take into consideration that a client's death anxiety is in inverse proportion to life satisfaction, "individuals who feel they have lived their lives richly, have fulfilled their potential and their destiny, experience less panic in face of death" (Yalom, 2000).

Yalom (1980) claimed that psychotherapists might encounter difficulty when trying to enhance client's death awareness because there might be denial on both sides. For this reason, counselors should work through their own issues related to death before working with a client that needs help on issues related to death and dying. Yalom (1989) claims that "Once therapists demonstrate their personal equanimity when discussing death, their patients will raise the topic far more frequently" (p. 132). Further on he adds that a direct approach and a calm matter–of–fact explanation of the anxiety is effective and assuring.

Yalom addresses the risk of avoiding the topic of death or finiteness in a session because the client is still in the process of grieving over the loss of a loved one. He perceives such an approach as an error because a client can potentially grow remarkably as a result of them facing death or experiencing a personal tragedy. Additionally, as stated by him, a "result of such an event may move us from a state of wondering *how* things are to an awareness or realization *that* they are" (1980, p. 159). Therefore, the counselor aims

at increasing client's awareness, reducing death anxiety, and ultimately helping them flourish in life. Moreover, research indicates that avoiding the optic of death and dying death amplifies its power and emotional salience (Caffrey, 2009). Psychotherapists should reflect on their own comfort level with talking about the topic of death and dying, and how that might influence the session and their judgment of whether the client might benefit from addressing the existential issue.

Research on the topic of death suggests that some client's comfort level with talking about death and their mortality might be higher compared to others. One study described the different perceptions the Black community has on death (Westefeld et al., 2013). For instance, a Black individual, when focusing on death, looks at it from a context of social injustice, poverty, and institutional discrimination. Another study showed that in comparison to European Americans, East Asians are more likely to think about life and on striving to enjoy living (Ma-Kellams & Blascovich, 2012). Therefore, it is crucial to remember and consider client's comfort level when talking about death and dying.

Existential Factor of Freedom and Responsibility

Freedom is not a very abstract concept because each person understands it in a personal way, and each person produces it in action (Spivak, 2004). As Kierkegaard (144b) noted, freedom in action constantly brings forth truth (p. 138). Freedom is perceived as a door to truth. Du Plock and Madison (2013) cite Tolstoy stating that "We don't reach freedom searching for freedom, but in searching for the truth. Freedom is not an end, but a consequence."

Mazer (1960) suggests that the counselor should focus on increasing the awareness of the client that they are faced with a choice and cannot escape freedom. It is essential to help the client acknowledge the choices they have in life. Yalom (1980) states that the counselor cannot create or infuse will, but what they can potentially do is liberate the will, "remove encumbrances from the bound, stifled will of the patient" (p. 292). He notes that some clients are "wish-blocked knowing neither what they feel nor what they want. Without opinions, without impulses, without inclinations, they become parasites on the desires of others" (1989, p. 9). Once a person starts to have a wish or will about something, then that person is faced with a decision or choice. For that reason, it is ultimately the client's decision that slips the machinery of change into gear (Yalom, 1980). It is their choice and responsibility at the same time.

Yalom (1989) claims that every therapist should recognize that the first fundamental step in therapy is the client's "assumption of responsibility for his or her life predicament" (p. 8). Sometimes the counselor might feel in conflict with the facilitation of responsibility. Yalom (1980) discourages the counselor to be too active because then that might lead to counselor taking over for the client. Counselors should not be passive as well because that might present a sense of helplessness to the client. Thus, Yalom (1980) suggests that therapists should reflect on their beliefs about responsibility and reach a position where they are consistent, because "double standards in the therapeutic as well as in any relationship will not do" (p. 269).

Sometimes clients struggle with the concept of responsibility and fear freedom. The counselor can bring to client's awareness whenever their fear of freedom acts as an

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impediment to their becoming so that they can make a choice on what direction to take from there. The counselor needs to notice the defense, acknowledge it, and bring that up in the session. However, only the client should have the power to choose whether they would like to put down the defense and to do they should know that only they are in the position to make decisions. Thus, as a counselor, one can help clients ask questions about themselves, but not tell them what or when to ask. The role of the counselors involves being present and remembering that the client is the expert of their life, not the counselor.

Experiencing good psychotherapy is also a challenge because there are two human beings, wanting to be complete, unique, and striving for the truth. So, it is a process of searching for understanding on a personal, interpersonal, physical, or spiritual level (du Plock & Madison, 2013). As a result, it is not like there is bigger freedom, but rather an enhanced awareness of freedom. It is not like there is bigger happiness, but rather a bigger awareness of the limitations and possibilities of being. It is not like there is an increased sense of well-being, but rather "there is being" (du Plock & Madison, 2013). It a process of giving the person back the ownership of the human they are, as they are.

Existential Factor of Isolation

Counselors' goal should be to alleviate the suffering of isolation. Offering clients, space where they feel engaged in a meaningful way may ease their existential suffering of isolation (Eriksson, 1992). In such a way, counselors can nurture the client's zest for life, hope, and life courage (Clancy, Balteskard, Perander, & Mahler, 2015; Delmar, 2013).

The counselor helps the client face isolation and acknowledge the responsibility for their life (Yalom, 1980, p. 406). In the session, this might be manifested in different

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ways, such as the client confronts the isolation by trying fusion with the counselor,

through transference, ingenuousness, or duplicity. Thus, an important task is for the

counselor to help the client face the isolation, which initially might be anxiety-provoking,

but ultimately lead to self-growth. As stated by Yalom (1980), "It is the facing of

aloneness that ultimately allows one to engage with another deeply and meaningfully" (p.

362).

When clients personally grow in therapy, they learn about the rewards of intimacy

and its limits. They learn from "the fullness of the encounter that patient and therapist and

everything else is brethren in their humanness and their irrevocable isolation" (1980, p.

407). This process of having an authentic relationship involves both parties turning

towards the one with one's whole being. That could be a very enriching lived experience

for the counselor and the client.

An important aspect to remember is that most of the clients come to therapy

because of interpersonal relationship problems (Yalom, 2002, p.23). To engage in an

authentic relationship with the client, it is very significant for the counselor to "disclose

feelings toward the client in the immediate present" (p. 87). Concerning the counselor's

self-disclosure, Yalom (2002) claims that it is counterproductive for the counselor to

"remain opaque and hidden" from the client (p. 83). However, all the disclosed should be

for the best interest of the client. Krug (2007) agrees with Yalom's stance and praises his

contribution to psychotherapy, which is "his meticulous examination of how a therapist

can cultivate an intimate, interpersonal relationship with a client, using the here-and-now

method (p 151).

Yalom (1980) notes that specifically, the existential isolation piece is something everyone must carry by themselves, and no relationship can eliminate it. However, this existential aloneness can be shared, and love can compensate for the pain of isolation. Yalom (1980) cites Bach (1973), writing that, "Love is the answer when there is no question" (1980, p. 380). Therefore, it is key for the counselor to approach love as an attitude or orientation to the world, rather than reducing it to the lover's relationship to an object.

Some additional possibilities for addressing isolation include interventions that nurture the shared experience. For people that are high in existential isolation, value sharing is not enough; they prefer I-sharers (Pinel & Long, 2012). It seems like I-share is a beneficial in-session tool when working with clients who feel isolated. In addition to the I-share technique, counselors may encourage the client to utilize this technique outside of therapy. The counselor might suggest a shared activity with others as a means of enhancing I-sharing or that universality piece (Pinel, Bernecker, & Rampy, 2015).

When addressing the topic of isolation, Mayer, Frantz, Bruehlman-Senecal, and Dolliver (2009) suggested that counselors "may want to . . . think of how people need to feel a sense of belonging to something larger than themselves and that this need may be fulfilled through a sense of belonging or connectedness to the natural world'' (p. 635). Providing a space for them where they feel connected with the counselor and potentially with something bigger than them.

In addition to that, showing empathy to the client's feelings allows the client to feel less isolated and face the feelings of isolation. Being attuned with the client may

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potentially provide space for the client to feel understood, less fearful of steeping in that anxious space, reveal it and let it take its course (Kubistant, 1981; Moustakis, 1961). Through this intervention, the feeling of isolation might start to diminish or feel more comfortable facing it.

Other approaches might be reading a poem, a book, or listening to a song that the client might resonate with. Practicing mindfulness seems to ease the experience of isolation (Pinel et al., 2015). Having pets helps to reduce the feelings of isolation and to fulfill the social relatedness needs (Epley, Akalis, Waytz, & Cacioppo, 2008). Another helpful endeavor could be storytelling, which provides a platform to share meaningful experiences (Bronken, Kirkevold, Martinsen, & Kvigne, 2012; Frank, 1995). As a result, clients might feel heard, important, and have higher self-esteem (Clancy et al., 2015; Scott & Debrew, 2009). Reminding clients of these aspects and reflecting more in-depth may be beneficial for the client.

Existential Factor of Meaning in Life and Meaninglessness

Hoffman (2009a) claimed that finding meaning "is one of the most central aspects of human existence and necessary to address in existential therapy" (p. 45). He further explained the role of meaning in life:

"Meaning… is the central element in the existential perspective of mental health…Meaning provides a stabilizing and centering effect in a world that often is dizzying and disorienting. From an existential perspective, meaning is the ultimate 'coping mechanism, but it is also so much more; meaning is a basic human need" (2009b, pp. 259–260).

Frankl (1986) believed that meaning in life and self-transcendence are two fundamental components for survival and healing. When one suffers without meaning, then that could lead to depression, despair because meaning in life makes the suffering more endurable. Even though the intensity of articulating human needs might differ from one person to another, it is important to note that all individuals are always looking for something and striving to achieve so that they can have a fulfilling life (Wong, 2010).

Counselors can best help the clients not by attempting to answer the question of the meaning in life, but by explaining how research has shown that the majority of human beings do find meaning, and explain the common obstacles others usually encounter in efforts to find the answer (Bergner, 1998).

Yalom (2002) states that compared to other existential concerns, meaning in life is "best approached obliquely." That means the counselor should plunge into one of many meanings, in particular, one with a self-transcendent basis (p. 135-136). Yalom (2002) argues that engagement is the most significant therapeutic answer to the issue of meaninglessness. He further elaborates by explaining that:

> "Engagement is the therapeutic answer to meaninglessness, regardless of the latter's source. Wholehearted engagement in any of the infinite array of life's activities not only disarms the galactic view but enhances the possibility of one's competing the patterning of events of one's life in some coherent fashion." (1980, p. 482)

Yalom believed that the therapist's own person and the first act of engagement are essential to the therapeutic relationship. The therapist can model engagement and help clients "often in creative ways, to search for meaning" (1980, p. 482).

Some clients might struggle more than others to find any higher-order significance in what they are doing. In these cases, an observes might have an easier time perceiving it as meaningful, but the client fails to find any higher-order significance. Thus, the role of the counselor, in this case, involves helping the client appreciate the higher-order significances (Bergner, 1998). If there is resistance in the client's end, then the bases of the resistance should be ascertained and addressed (Bergner, 1998).

When clients report states of meaninglessness, the counselor must try to understand the roots of these painful states of meaninglessness so that it can be addressed adequately. Sometimes, in the cases of depression, the source of the bigger problem might be the sense of meaninglessness (Frankl, 1969; Yalom, 1980; Jung, 1966).

The fundamental therapeutic question when working with clients that bring up the topic of meaninglessness or meaning becomes the following "What are the obstacles to this client deriving at least adequate amounts of instrumental, intrinsic, and/or spiritual value in life; and how might I enable him or her to overcome these obstacles?" (Bergner, 1998). Based on this question, the counselor tries to identify the obstacles and help the client in removing these obstacles.

Koehn (1986) suggested a few guidelines to counselors when addressing meaning in life or meaninglessness with clients. He proposed the guidelines in the career counseling context, but they apply to other cases as well. As it follows:

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- Counselors should listen carefully for any indicators if the client has previously experienced a sense of either meaningfulness or meaninglessness. Sometimes asking a client about their values, hobbies, what they enjoy or do not enjoy doing may open up a discussion about meaning.

- The counselor should pay close attention to how the client experiences his or her world. Is the client motivated about life? Is the client cynical or optimistic?

- In the process of working to discover what is meaningful, the counselor should be careful not to impose their values or prescribe meaning. It should be the client's journey to discovering their meaning in life. For this reason, it is crucial for the counselors to be aware of their purpose in life and can spare clients from their biases and attitude toward the issue of meaning in life.

- Another aspect to consider is looking for the quality of self-transcendence as the client talks about what is meaningful. Frankl (1967) posits that finding true meaning means either a commitment to a person or a cause. Thus, if a client's self-transcendence is absent, then it would be helpful to focus on helping them or encouraging them to re-examine their values and beliefs.

- Meaning in life or meaninglessness may also be approached by giving the client an inventory of values.

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Sometimes a client might feel regret for not living a meaningful life, so what the counselor can do is to explore it further. Maybe one can pose a question that has therapeutic intent, like "How can you live now without building up new regrets? What do you have to change in your life?" (Yalom, 2008, p. 146). It is important to note that each here-and-now encounter involves sharing information and energy in a safe and trusting space, where the counselor gets the opportunity to look into the inner workings of the client. The word encounter from a therapeutic perspective is understood as authenticity, intimacy, and bonding in a therapeutic situation (Bugental, 1990; May, 1999). Thus, each here-and-now moment is valuable for the counselor and the client.

Directions for Future Research

Due to the lack of research on existential factors and the experiences of counselors-in-training when discussing them in therapy, the following recommendations for future research that are relevant and necessary to this topic will be outlined. To expand the pool scholarship in this topic, additional data could be gathered using other approaches, such as quantitative inquiry or mixed methodology. Using existential factors, inventories and interviews could enrich the data concerning this phenomenon.

Additionally, having a bigger sample could allow for more breadth and depth knowledge in this topic. This study included students at the University of Denver. For future research, a larger scale is needed to get a better understanding of the lived experiences of counselors-in-training.

In this study, it seemed like counselors-in-training had different experiences discussing each existential factor. To get more in-depth data concerning each factor,

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further research is required to examine the lived experiences of counselors when talking about the existential factor of death, isolation, freedom, or meaning in life.

Further research is also required to examine how addressing existential factors in therapy can enhance well-being through meeting our basic psychological needs of competency, relatedness, and autonomy. Many of the participants shared that they felt as if they have grown from these experiences and, at times, felt more like a counselor when they addressed these issues.

Another promising line of future work would involve understanding how the client's existential well-being may be supported by counselors in therapy. This study focused on the lived experiences of the counselors-in-training when discussing existential factors rather than on the lived experiences of clients. Thus, from the client's perspective, further research is needed into the usefulness of addressing existential concerns in therapy. It would be interesting to see how their experience was after being made aware of existential concerns. Were there any improvements in their psychological well-being? Was there any difference in their outlook in life after engaging in therapy with a focus on existential concerns? There is more room for more research to be conducted on the professional development of counselors in training during practicum and internship experience.

Autobiographical Reflection

Throughout my thesis journey and now as I approach the end of it, there is a lot to reflect upon. I did not expect the different paths this journey would bring me to. The different directions have raised my curiosity about so many areas. This study made me

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recognize the meaning people place upon things and how the same phenomenon can be experienced differently and similarly at the same time. It has strengthened my desire to give others voice and understand others' lived experiences. Using phenomenology as a method and philosophy was essential because as Van Manen stated that for one to learn phenomenology, they have to do phenomenology. Using phenomenology allowed me to have a richer understanding of the phenomenon and make sense of the world and the research study through the lens of interconnectedness.

Conducting interviews was a very enriching experience. I realized that I enjoy doing qualitative research because it felt like I am providing a platform for others to speak. It was about their story and them walking me through their lived experience. Doing interviews, transcribing them, and then doing data analysis allowed me to understand and make meaning of participants' experiences from different angles. I had to go through that experience a couple of times, such as listening to it in-person, watching the video recordings, transcribe them, and lastly do the analysis. Additionally, I was being very mindful and trying to get very familiar with their experience because I was going to interpret their interpretation of the lived experience. Considering my biases and assumptions I had to do my best when doing the data analysis. As a Muslim it is very important to be just to others. Thus, I was trying to be very just to their experience and capture all of it.

I love doing research and I see myself doing research in the future. Conducting my research study from start to finish gives me another feeling of achievement. I especially enjoyed doing research in an area that I am very passionate about. Doing my

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thesis in existential therapy was like opening a door to an area that I will continue exploring in the future. Additionally, it reinforces the idea that research is powerful and if I have the right skills, then I should use them to be just to my existence and others.

I am frequently asked, what will I to do after I complete my thesis. I consider this as an easy question to answer, because I am already doing it. After my thesis, my goal is work to become a more effective advocate for unheard voices, my colleagues, and others. I plan to continue my studies further and apply for PhD studies. As a researcher, my goal is to continue to allow individuals to share their stories as a way to understand the complexities of human experience in regard to that particular phenomenon. The work done on my thesis will aid in that endeavor.

Chapter Summary

This chapter presented a discussion of the findings. A synopsis of the research questions was detailed in relation to the theoretical framework and literature. The superordinate themes were explained in accordance to the research questions that guided this study. Recommendation for counseling programs, counselors in training regarding the experience in therapy, and some guidelines when addressing existential concerns with their clients. The chapter ends with some recommendations for future research.

References

Adams, M. (2001) 'Practicing phenomenology: some reflections and considerations,' *Journal of the Society for Existential Analysis*, 12(1): 65–84.

Adams, W. W. (2006). The ivory-billed woodpecker, ecopsychology, and the crisis of extinction: On annihilating and nurturing other beings, relationships, and ourselves. *The Humanistic Psychologist*, 34, 111–133.

Ary, J., & Jacobs, L. C. Razavieh, & Sorensen (2007). *Introduction to research in education*.

Aten, J. D., Madson, M. B., & Kruse, S. J. (2008). The supervision genogram: A tool for preparing supervisors-in-training. Ps*ychotherapy: Theory, Research, Practice, Training,* 45(1), 111.

Bach, K. (1973). *Exit-existentialism: A philosophy of self awareness.* Belmont, Ca: Wadsworth.

Baldwin, M. W., & Wesley, R. (1996). Effects of existential anxiety and self-esteem on the perception of others. *Basic and Applied Social Psychology, 18*(1), 75–95. https://doi-org.du.idm.oclc.org/10.1207/s15324834basp1801_7

Barnett, L., & Madison, G. (Eds.). (2012). *Existential therapy: Legacy, vibrancy and dialogue.* Routledge.

Bartz, J. D. (2009). Theistic existential psychotherapy. *Psychology of Religion and Spirituality, 1* (2), 69-80. doi: 10.1037/a0014895

Barua, A. (2007). Husserl, Heidegger, and the transcendental dimension of phenomenology. *Indo-Pacific Journal of Phenomenology*, 7(1).

Beauvoir, 1976 (Simons, M. A., Benjamin, J., & de Beauvoir, S. (1979). Simone de

    Beauvoir: an interview. *Feminist Studies*, 5(2), 330-345.

Becker, E. (1973). *The denial of death*. New York: Free Press.

Bergner, R. M. (1998). Therapeutic approaches to problems of meaninglessness.

    American Journal of Psychotherapy, 52(1), 72-87.

Berman, S. L., Weems, C. F., & Stickle, T. R. (2006). Existential Anxiety in Adolescents:

    Prevalence, Structure, Association with Psychological Symptoms and Identity

    Development. *Journal of Youth and Adolescence, 35*(3), 303–

    310. https://doi.org/10.1007/s10964-006-9032-y

Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision*. Uppe

    Saddle River, NJ: Pearson Education, Inc.

Binswanger, L. (*1933*). *Ueber ideenflucht. Flight* of *ideas*. Oxford, England: Orell

    Fuessli.

Binswanger, L. (1963). *Being-in-the-world: Selected papers of Ludwig Binswanger*.

    London, England: Condor.

Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-

    based stress reduction therapy on mental health of adults with a chronic medical

    disease: A metaanalysis. *Journal of Psychosomatic Research*, 68(6), 539-544. doi:

    10.1016/j.jpsychores.2009.10.005

Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision*.

    New York: Lawrence Erlbaum Associates.

Boss, M. (1963). *Psychoanalysis and Daseinsanalysis*. Basic Books.

Boss, M. (1965) *A Psychiatrist Discovers India*. (Trans. H. A. Frey.) London: Oswald Wolff.

Boss, M. (1979). *Existential Foundations of Medicine and Psychology*. New York: Jason Aronson.

Breitbart, W. (2017). Existential isolation. *Palliative & supportive care*, 15(4), 403-404.

Bronken, B. A., Kirkevold, M., Martinsen, R., & Kvigne, K. (2012). The aphasic storyteller: Coconstructing stories to promote psychosocial well-being after stroke. *Qualitative Health Research*, 22(10), 1303-1316.

Brott, P. E., & Myers, J. E. (1999). Development of professional school counselor identity. *Professional school counseling*, 2(5), 339-348.

Bruce, A., Schreiber, R., Petrovskaya, O., & Boston, P. (2011). Longing for ground in a ground(less) world: a qualitative inquiry of existential suffering. *BMC Nursing, 10* (2). doi:10.1186/1472-6955-10-2

Brunstein, J. C. (1993). Personal goals and subjective well-being: A longitudinal study. *Journal of personality and social psychology,* 65(5), 1061.

Bryant, A., & Charmaz, K. (2010). Grounded theory in historical perspective: An epistemological account. *Handbook of grounded theory*, 31-57.

Buber, M. (1958) *I and Thou* (2nd edn). (Trans. R. G. Smith.) Edinburgh: T & T Clark. (Original work published 1923.) Poetic, passionate and relatively accessible – Buber's essential work contrasting the I–Thou and I–It ways of being.

Bugental, J. F. (1978). *Psychotherapy and process: The fundamentals of an existential-humanistic approach.* Addison Wesley Publishing Company.

Bugental, J. F. (1981). *The search for authenticity: An existential-analytic approach to psychotherapy.* Irvington Pub.

Bugental, J. F. T. (1990). *Intimate journeys: Stories from life-changing therapy* (Revision Ed. ed.). San Francisco: Jossey-Bass.

Bugental, J.F.T. (1999). *Psychotherapy isn't what you think.* Phoenix, AZ: Zeig, Tucker, & Theisen.

Bugental, J. T. (1981). *The search for authenticity: An existential-analytic approach to psychotherapy*. New York, NY : Irvington.

Burke, B. L., Martens, A., & Faucher, E. H. (2010). Two decades of terror management theory: A meta-analysis of mortality salience research. *Personality and Social Psychology Review,* 14(2), 155-195.

Burton, A. (1961). On the nature of loneliness. *American Journal of Psychoanalysis*, *21*, 34–39.

Cacioppo, J. T., Hawkley, L. C., Norman, G. J., & Bernston, G. (2011). Social isolation. *Annals of the New York Academy of Sciences*, 1231, 17–22.

Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': toward greater clarity in generic qualitative research. *International journal of qualitative methods*, 2(2), 1-13.

Caffrey, T. A. (2009). When the time is ripe for acceptance: Dying, with a small d . In M. K. Bartalos (Ed.), *Speaking of death: America's new sense of mortality* (pp. 227 – 236). Westport, CT : Praeger Publishers.

Camus Albert. *The Myth of Sisyphus* (London: Penguin, 2000)

Chapman, E., & Smith, J. A. (2002) Interpretative phenomenological analysis and the

new genetics. *Journal of Health Psychology*, 7, 125-130.

Cheung, Y. B., Law, C. K., Chan, B., Liu, K. Y., & Yip, P. S. (2006). Suicidal ideation

and suicidal attempts in a population-based study of Chinese people: risk

attributable to hopelessness, depression, and social factors. *Journal of affective*

disorders, 90(2-3), 193-199.

Choron, J. (1964). *Modern man and mortality*. New York: Collier Books.

Chung, M.C., Chung, C., & Easthope, Y. (2000). Traumatic stress and death anxiety

among community residents exposed to an aircraft crash. *Death Studies*, 24, 689-

704

Clancy, A., Balteskard, B., Perander, B., & Mahler, M. (2015). Older persons' narrations

on falls and falling—Stories of courage and endurance. *International journal of*

qualitative studies on health and well-being, 10(1), 26123.

Cohen, B. N. (2003). Applying existential theory and intervention to career decision-

making. *Journal of Career Development*, 29, 195–210.

doi:10.1023/a:1021470230341

Cohn, H. W. (2002a) *Heidegger and the Roots of Existential Therapy*. London:

Continuum.

Condrau, G. (1998). *Martin Heidegger's Impact on Psychotherapy*. Dublin: Edition

Mosaic

Cooper, M. (2003). *Existential therapies*. London: Sage Publications

Cooper, M. (2003). *Existential therapies*. London: SAGE Publications

Cooper, M. (2012). *The existential counselling primer: A concise, accessible and comprehensive introduction*. Ross-on-Wye: PCCS.

Cooper, M. (2015). *Existential psychotherapy and counselling: Contributions to a pluralistic practice*. London: Sage.

Correia, E. A., Cooper, M., & Berdondini, L. (2014). The Worldwide Distribution And Characteristics Of Existential Counsellors And Psychotherapists. *Existential Analysis: Journal of the Society for Existential Analysis*, 25(2).

Correia, E. A., Cooper, M., & Berdondini, L. (2015). Existential psychotherapy: An international survey of the key authors and texts influencing practice. J*ournal of Contemporary Psychotherapy*, 45(1), 3-10.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (2017). Characteristic practices of existential psychotherapy: A worldwide survey of practitioners' perspectives. *The Humanistic Psychologist*, 45(3), 217.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (2017). Characteristic practices of existential psychotherapy: A worldwide survey of practitioners' perspectives. *The Humanistic Psychologist*, 45(3), 217.

Creswell, J. (2003). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: SAGE Publications.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: SAGE Publications.

Creswell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing among Five Approaches (3rd ed.)*. Thousand Oaks, CA: SAGE.

Da Ponte, G., Ouakinin, S., Santo, J., Amorim, I., Gameiro, Z., Fitz-Henley, M., &
Breitbart, W. (2020). Process of therapeutic changes in Meaning-Centered Group
Psychotherapy adapted to the Portuguese language: A narrative
analysis. *Palliative and Supportive Care,* 1-9. doi:10.1017/S147895151900110X

Dahlberg K., Drew N. & Nyström M. (2001) *Reflective Lifeworld Research*.
Studentlitteratur, Lund, Sweden

De Chesnay, M. (Ed.). (2014). *Nursing research using ethnography: qualitative designs
and methods in nursing*. Springer Publishing Company.

Debats, D. L. (1996). Meaning in life: Clinical relevance and predictive power. *British
Journal of Clinical Psychology*, 35, 503-516.

Delmar, C. (2013). Beyond the drive to satisfy needs: In the context of health care.
Medicine, Health Care and Philosophy, *16*, 141–149. doi:10.1007/s11019-011-
9362-8

Denzin, N. K., & Lincoln, Y. S. (2013). *The landscape of qualitative research*. Los
Angeles, CA: Sage.

Dowrick, S. (1991). *Intimacy and solitude.* Auckland, New Zealand: Reed.

Du Plock, S. & Madison, G. (2013). *Existential Analysis: Journal of the Society for
Existential Analysis*, 25(1).

du Plock, S., & Deurzen, E. v. (2015). The historical development and future of
existential therapy. *International Journal of Psychotherapy*, 19(1), 5-14.

163

Elliott, R. (2002). The effectiveness of humanistic therapies: a meta-analysis. In Cain. D.

    J. &. Seeman, J. (eds.) *Humanistic Psychotherapies: Handbook of Research and*

    Practice. Washington, DC: American Psychological Association.

Englander, M. (2012). The interview: Data collection in descriptive phenomenological

    human scientific research. *Journal of Phenomenological Psychology, 43*(1), 13–

    35. https://doi-org.du.idm.oclc.org/10.1163/156916212X632943

Epley, N., Akalis, S., Waytz, A., & Cacioppo, J. T. (2008). Creating social connection

    through inferential reproduction: Loneliness and perceived agency in gadgets,

    gods, and greyhounds. *Psychological science*, 19(2), 114-120.

Eriksson, K. (1992). The alleviation of suffering—the idea of caring. *Scandinavian*

    Journal of Caring Sciences, 6(2), 119-123.

Faller, H., Schuler, M., Richard, M., Heckl, U., Weis, J., & Küffner, R. (2013). Effects of

    psycho-oncologic interventions on emotional distress and quality of life in adult

    patients with cancer: systematic review and meta-analysis. *Journal of Clinical*

    Oncology, 31(6), 782-793.

Fingarette, H. (1962). On the relation between moral guilt and guilt in neurosis. *Journal*

    of Humanistic Psychology, 2, 75-89.

Flasher, L., & Fogle, P. T. (2004). *Counseling skills for speech-language pathologists*

    and audiologists. Baltimore: Williams & Wilkins.

Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping.

    American psychologist, 55(6), 647.

Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: The

    University of Chicago Press. doi:10.7208/chicago/9780226260037.001.0001

Frankl, V. (1969) *The will to meaning: Foundations and application of logotherapy*. New

    York: Vintage Books.

Frankl, V. E. (1962). *Man's search for meaning: An introduction to logotherapy* (I.

    Lasch, Trans.). Boston: Beacon Press.

Frankl, V. E. (1963). Existential dynamics and neurotic escapism. *Journal of Existential*

    Psychiatry, 4, 27-48.

Frankl, V. E. (1967). *Psychotherapy and Existentialism*. Harmondsworth: Penguin

Frankl, V. E. (1977). *The unconscious God – Psychotherapy and theology.* London,

    England: Hodder and Stoughton.

Frankl, V. E. (1986). *The doctor and the soul* (2nd ed.). New York: Random House.

Fromm, E. (1969). *Escape from freedom*. New York: Avon.

Furman, R. (2003). *Poetry therapy and existential practice*. The Arts in Psychotherapy.

Gendlin, G. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential*

    method. New York, NY: Guilford Press.

Giorgi, A. (1994). A phenomenological perspective on certain qualitative research

    methods. *Journal of phenomenological psychology*, 25(2), 190-220.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified*

    Husserlian approach. Duquesne University Press.

Glesne, C. (2006). Making words fly: Developing understanding through interviewing.

    Becoming qualitative researchers: An introduction, 3.

165

Glesne, C. (2011). *Becoming qualitative researchers*: An introduction. Boston, MA: Pearson.

Greenberg, J., Koole, S. L., & Pyszczynski, T. (Eds.). (2004). *Handbook of Experimental Existential Psychology*. Guilford Press.

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3, 42-55. doi: 10.1177/160940690400300104

Groth, M. (1999). The background of contemporary existential psychotherapy. *The Humanistic Psychologist*, 27(1), 15-22.

Groth, M. (2000). Existential psychotherapy today. *Review of Existential Psychology & Psychiatry*, 25(1-3), 7-27.

Gubrium J. F., & Holstein J. A. (2000). Analyzing interpretive practice. In N.K. Denzin, & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.,) (pp. 487– 508). Thousand Oaks, CA: Sage

Guttman, D. (1996) *Logotherapy for the Helping Professional: Meaningful Social Work*. New York: Springer

Harlow, L.L., Newcomb, M.D., & Bentley, P.M. (1986). Depression, self-derogation, substance use, and suicidal ideation: Lack of purpose in life as a meditational factor. *Journal of Clinical Psychology*, 42, 5-21

Hartog, J., Audy, J. R., & Cohen, Y. A. (Eds.). (1980). *The anatomy of loneliness*. New York: International Universities Press.

Harvey, T.R. (1990), *Checklist for Change: A Pragmatic Approach to Creating and Controlling Change*, Allyn and Bacon, Boston, MA.

166

Hatch, J.A. (2002). *Doing Qualitative Research in Education Settings*. Albany: State

    University of New York Press. muse.jhu.edu/book/4583.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and

    commitment therapy: model, processes and outcomes. *Behaviour Research and*

    Therapy, 44(1), 1-25. doi: 10.1016/j.brat.2005.06.006

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping*

    professions: A practical guide. Pacific Grove, CA: Brooks/Cole.

Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational*

    settings. The Guilford Press.

Heidegger, M. (1962/1927). *Being and time* (trans. J. Macquarrie & E.S. Robinson).

    London: Harper& Row.

Heidegger, M. (2000b). *Gelassenheit*. Stuttgart: Verlag Günther Neske.

Heidegger, M. (2001) *Zollikon Seminars: Protocols–Conversations–Letters*. (Trans. F.

    Mayr and R. Askay.) Evanston, IL: Northwestern University Press.

Heidegger, M. (2010). *Being and time*. Albany, NY: State University of New York Press.

Helm, P. J., Greenberg, J., Park, Y. C., & Pinel, E. C. (2019). Feeling alone in your

    subjectivity: Introducing the state trait existential isolation model (STEIM).

    Journal of Theoretical Social Psychology, 3(3), 146-157.

Henoch, I., & Danielson, E. (2009). Existential concerns among patients with cancer and

    interventions to meet them: an integrative literature review. Psycho-Oncology:

    Journal of the Psychological, Social and Behavioral Dimensions of Cancer, 18(3),

    225-236.

Hoeller, K. (1999) 'Introduction,' *Review of Existential Psychology and Psychiatry*, 24: v–viii

Hoffman, L. (2004). Emotion, experience, and embodiment. Retrieved from http://www.existentialtherapy.com/special_topics/emotion.htm

Hoffman, L. (2009a). Introduction to existential psychology in a cross-cultural context: An east-west dialogue. In L. Hoffman, M. Yang, F. J. Kaklauskas, & A. Chan (Eds.), *Existential psychology east-west* (pp. 1–67). Colorado Springs, CO: University of the Rockies Press.

Hoffman, L. (2009b). Gordo's ghost: An introduction to existential perspectives on myth. In L. Hoffman, M. Yang, F. J. Kaklauskas, & A. Chan (Eds.), *Existential psychology east-west* (pp. 259–274). Colorado Springs, CO: University of the Rockies Press.

Hoffman, L. (2006). *Existential integrative approaches to therapy*. Retrieved from http://www.existential-therapy.com/Existential_Topics/Existential_Integrative.htm

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2), 169–183. http://dx.doi.org/10.1037/a0018555.

Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Evanston, IL: Northwestern University Press.

168

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*.
New York, NY: Free Press.

Jaspers, K. (1963). *General Psychopathology*. Chicago: University of Chicago Press

Jepsen, C. H. (1979) 'Dentistry,' in J. B. Fabry, R. Bulka, P. and W. S. Sahakian (eds),
Logotherapy in Action. New York: Jason Aronson.

Jones, S. R. (2002). Writing the word: methodological strategies and issues in qualitative
research. *Journal of College Student Development* 43: 461 – 473.

Josselson, R. (2008). *Irvin D. Yalom: On psychotherapy and the human condition.* New
York, NY: Jorge Pinto.

Jung, C.G. (1966). *Collected works: The practice of psychotherapy*. New York: Pantheon.

Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bodhi:
An Interdisciplinary Journal*, 5(1), 181-200.

Karasu, T. B. (2002). Response to Irvin Yalom. *American Journal of Psychotherapy*,
56(3), 317-321

Kashdan, T.B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect
of health. *Clinical Psychology Review* 30: 865–878.

Kierkegaard, S. (1844a). *Philosophical Fragments*. (H. Hong & E. Hong, Eds. & Trans.).
Princeton:

Kierkegaard, S. (1844b). *The Concept of Anxiety*. (R. Thomte & A. Anderson, Eds. &
Trans.). Princeton: Princeton University Press, 1980.

Kierkegaard, S. (1950). *The point of view*. London, England: Oxford University Press.

Kierkegaard, S. (1980). *The sickness unto death: A Christian psychological exposition for upbuilding and awakenin*g (H. V. Hong & E. H. Hong, Trans.). Princeton, NJ: Princeton University Press.

Kierkegaard, S. (1985). *Fear and trembling*. New York: Viking Penguin. { Original work published 1843}

Kliem, S., Kröger, C., & Kossfelder, J. (2010). Dialectical behavior therapy for borderline personality disorder: A meta-analysis using mixed-effects modeling. *Journal of Consulting and Clinical Psychology,* 78(6): 936-951.

Klingberg, 1995 Klinberg, G. (1995). Dental fear and behaviour management problems in children. *Swed Dent J*, 1-78.

Klinger, E. (1977). *Meaning and void: Inner experience and the incentives in people's lives*. Minneapolis, MN: University of Minnesota Press.

Koehn, C. V. (1986). Meaningless, Death, and Responsibility: Existential Themes in Career Counselling. *Canadian Journal of Counselling and Psychotherapy*, 20(3).

Krug, O.T. (2007). *A comparative study of James Bugental and Irvin Yalom, two masters of existential psychotherapy* (Doctoral dissertation, Saybrook Graduate School and Research Centre, San Francisco).

Kubistant, T. M. (1981). Resolutions of aloneliness. *The Personnel and Guidance Journal*, 59(7), 461-465.

Kvale, S., & Brinkmann, S. (2009). I*nterViews: Learning the craft of qualitative research interviewing* (2nd ed.). Sage Publications, Inc.

Kwee, J. L., & Längle, A. (2013). *Phenomenology in psychotherapeutic praxis: An introduction to Personal Existential Analysis.* Presencing EPIS.

Landau, J. (1980). Loneliness and creativity. In J. Hartog, R. Audy & Y. Cohen (Eds.), *The anatomy of loneliness* (pp. 486–505). New York: International Universities Press.

Landenburger, K. M. (1998). The dynamics of leaving and recovering from an abusive relationship. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 27(6), 700-706.

Lander, N. R., & Nahon, D. (2005). *The Integrity Model of existential psychotherapy in working with the'difficult patient.'* Taylor & Francis, US.

Landridge, D. (2013). *Existential counseling and psychotherapy*. London, England: Sage.

Langle, A. (2018). Existential Analysis of Freedom. On the Practical and Psychotherapeutic Substantiation of Personal Freedom (Part 1). *Counseling Psychology and Psychotherapy*, 26(4), 132-150.

Lantz, J. (1978). *Family and marital therapy*. New York: Appleton-Century-Crofts.

Lantz, J. (2000). *Meaning centered marital and family therapy: Learning to bear the beams of love*. Springfield, IL: Charles C. Thomas.

Lantz, J. (2001). Depression, existential family therapy and Viktor Frankl's dimensional ontology. *Contemporary Family Therapy*, 23, 19–32

Lantz, J., & Gregoire, T. (2003). Couples, existential psychotherapy, and myocardial infarction: a ten year evaluation study. *Contemporary family therap*y, 25(4), 367-379.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison

    of historical and methodological considerations. *International journal of*

    qualitative methods, 2(3), 21-35.

Lee, V. (2008). The existential plight of cancer: Meaning making as a concrete approach

    to the intangible search for meaning. *Supportive Care in Cancer, 16,* 779–785.

    doi:10.1007/s00520-007-0396-7

Lee, V., Cohen, S. R., Edgar, L., Laizner, A. M., & Gagnon, A. J. (2004). Clarifying

    "meaning" in the context of cancer research: A systematic literature review.

    Palliative & Supportive Care, 2(3), 291-303.

Lewis, A. M. (2014). Terror management theory applied clinically: Implications for

    existential-integrative psychotherapy. Death studies, 38(6), 412-417.

Lincoln, Y. S., & Denzin, N. K. (Eds.). (2003). *Turning points in qualitative research:*

    Tying knots in a handkerchief (Vol. 2). Rowman Altamira.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Beverly Hills, CA:

    Sage.

Lindbergh, A. M. (1975). *Gifts from the sea*. New York: Vintage Books.

Linden, W., & Girgis, A. (2012). Psychological treatment outcomes for cancer patients:

    what do meta-analyses tell us about distress reduction?. *Psycho-Oncolog*y, 21(4),

    343-350.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The*

    Counseling Psychologist, 10(1), 3-42.

Lukas, E. (1972). Zur Validierung der Logotherapie. In V. Frankel, D*er Wille zum Sinn: Ausgewählte Vorträge über Logotherapie* (pp. 233-266). Bern: Huber.

Lunenburg, F. C., & Irby, B. J. (2008). *Writing a successful thesis or dissertation: Tips and strategies for students in the social and behavioral sciences.* Corwin press.

Luterman, D. (1984). *Counseling the communicatively disordered and their families*. Boston: Little, Brown.

Macquarrie, J. (1972). *Existentialism*. London, ENG: Penguin.

Maddi, S. (1970). The search for meaning. In A. Williams, M. Page (Eds.), *The Nebraska Symposium on Motivation.* (pp. 134-183). Lincoln, NE: University of Nebraska Press.

Mahrer, A. (2000). Philosophy of science and the foundations of psychotherapy. *American Psychologist*, *55,* 1115–1125.

Ma-Kellams, C., & Blascovich, J. (2012). Enjoying life in the face of death: East–West differences in responses to mortality salience. *Journal of Personality and Social Psychology*, 103(5), 773

Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research*. Sage publications.

Martz, E. (2004). Death anxiety as a predictor of posttraumatic stress levels among individuals with spinal cord injuries. *Death Studies*, 28, 1-17.

Mascaro, N., & Rosen, D.H. (2008). Assessment of existential meaning and its longitudinal relations with depressive symptoms. *Journal of Social and Clinical Psychology*, 27, 576- 599.

May, R. (1953). *Man's search for himself* (1st ed.). New York: Norton

May, R. (1958a). Contributions of existential psychotherapy. In R. May, E. Angel, & H. Ellenberger (Eds.), *Existence* (p.37-91). New York: Basic Books.

May, R. (1969). *Existential psychology* (2d ed.). New York: Random House.

May, R. (1969b) *Love and Will*. New York: Norton.

May, R. (1983). *The Discovery of Being*. New York: Norton and Co.

May, R. (1994). Contributions of existential psychotherapy. In R. May, E. Angel & H. F. Ellenberger, *Existence* London: Jason Aronson.

May, R. (1999). Existential psychotherapy. *Review of Existential Psychology and Psychotherapy, 12*, 3–9.

May, R., & Yalom, I. (1995). Existential psychotherapy. In R. J. Corsini & D. Wedding (Eds.), *Current*

May, R., & Yalom, I., (1973). *Existential Therapy*. Current Psychotherapies, 1 – 38.

May, R., Angel, E., & Ellenberger, H. F. (1958). *Existence*. New York: Basic Books.

Mayer, F. S., Frantz, C. M., Bruehlman-Senecal, E., & Dolliver, K. (2009). Why is nature beneficial? The role of connectedness to nature. *Environment and behavior*, 41(5), 607-643.

Mayers, A. M., & Svartberg, M. (2001). Existential loneliness: A review of the concept, its psychosocial precipitants and psychotherapeutic implications for HIV-infected women. *British Journal of Medical Psychology,* 74(4), 539-553.

Mayers, A. M., Khoo, S. T., & Svartberg, M. (2002). The Existential Loneliness

　　Questionnaire: background, development, and preliminary findings. *Journal of*

　　Clinical Psychology, 58(9), 1183-1193.

Mazer, M. (1960). The therapeutic function of the belief in will. *Psychiatry*, 23(1), 45-52.

McGraw, J. G. (1995). Loneliness, its nature and forms: An existential perspective. *Man*

　　and World—An International Philosophical Review, *28*, 43–64.

Mendelowitz, E. & Schneider, K. (2007). *Existential Psychotherapy.* In Corsini, R. J., &

　　Wedding, D. (Eds.). (2008). *Current psychotherapies* (8th ed., 295-327). Belmont,

　　CA: Thompson Brooks/Cole.

Menninger, W.W. (1975), "*The meaning of morale: a Peace Corps model*",

　　in Moyniham, D.P. (Ed.), *Business and Society in Change*, American Telephone

　　and Telegraph Co., New York, NY.

Merriam, S.B., (2009). *Qualitative research: A guide to design and implementation*. San

　　Francisco, CA: Jossey-Bass.

Mijuskovic, B. (1977). Types of loneliness. *Psychology: A Journal of Human Behavior,*

　　14(3), 24–29.

Mijuskovic, B. (1979). Loneliness and narcissism. *Psychoanalytic Review*, 66(4), 479-

　　492.

Mijuskovic, B. L. (1985). *Loneliness*. San Diego, CA: Libra Publishers.

Moore, L. J., & Goldner-Vukov, M. (2009). The existential way to recovery. *Psychiatria*

　　Danubina, 21(4), 453-462.

Moran, D. (2000). *Introduction to Phenomenology*. London: Routledge,

https://doi.org/10.4324/9780203196632

Morgan, A. L. (2011). *Investigating our experience in the world: A primer on qualitative inquiry*. University of Tennessee Press.

Mortari, L., & Tarozzi, M. (2010). Phenomenology as philosophy of research: An introductory essay. *Phenomenology and human science research today*, 9-54.

Moustakas, C. E. (1994). *Phenomenological research methods*. Sage Publications, Inc.

Moustakis, C. E. (1961). *Loneliness*. Englewood Cliffs, NJ: Prentice Hall.

Mullan, H., & Sangiuliano, I. (1964). *The Therapist's Contribution to the Treatment Process: His Person, Transactions, and Treatment Methods*. Thomas.

Myss, C. (1997). *Why people don't heal and how they can*. New York: Three Rivers Press.

Nachmias, C. F., & Nachmias, D. (2008). *Research methods in the social sciences*. London: St.

Neubauer, Witkop & Varpio, 2019

Nietzsche, F. (1885/2009). *Thus Spoke Zarathustra (A Thrifty Book): A Book for All and None.* USA: Wilder Publications.

Olson, R. G. (1962). *An introduction to existentialism*. New York: Dover Publications.

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, 13(4), 695-705. Retrieved from

http://nsuworks.nova.edu/tqr/vol13/iss4/8

Owen, I. R. (2004). On Existential Psychotherapy A Hermeneutic and Meta-
Representational Perspective. *Existential Analysis*, 15(2), 333-354.

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of
meaning making and its effects on adjustment to stressful life events.
Psychological Bulletin, 136, 257–301. doi:10.1037/a0018301

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of
general psychology*, 1(2), 115-144.

Parrott, W. G. (Ed.). (2001). *Emotions in social psychology: Essential readings*.
Psychology Press.

Patton, A. J. (2006). Modelling asymmetric exchange rate dependence. *International
economic review*, 47(2), 527-556.

Peterman, A. H., Fitchett, G., Brady, M. J., Hernandez, L., & Cella, D. (2002). Measuring
spiritual well-being in people with cancer: the functional assessment of chronic
illness therapy—Spiritual Well-being Scale (FACIT-Sp). *Annals of behavioral
medicine*, 24(1), 49-58.

Pierce, L. M. (2016). Overwhelmed with the burden of being myself: A
phenomenological exploration of the existential experiences of counselors-in-
training. *The Journal of Humanistic Counseling*, 55(2), 136-150.

Piet, J., Würtzen, H., & Zachariae, R. (2012). The effect of mindfulness-based therapy on
symptoms of anxiety and depression in adult cancer patients and survivors: A
systematic review and meta-analysis. *Journal of consulting and clinical
psychology*, 80(6), 1007.

177

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative

    phenomenological analysis in qualitative research psychology. *Psychological*

    journal, 20(1), 7-14.

Pinel, E. C., & Long, A. E. (2012). When I's meet: Sharing subjective experience with

    someone from the outgroup. *Personality and Social Psychology Bulletin*, 38(3),

    296-307.

Pinel, E. C., Bernecker, S. L., & Rampy, N. M. (2015). I-sharing on the couch: On the

    clinical implications of shared subjective experience. *Journal of Psychotherapy*

    Integration, 25(2), 59.

Pinel, E. C., Long, A. E., Murdoch, E. Q., & Helm, P. (2017). A prisoner of one's own

    mind: Identifying and understanding existential isolation. *Personality and*

    Individual Differences, 105, 54-63.

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S.

    Halling (Eds.), *Existential-phenomenological perspectives in psychology:*

    Exploring the breadth of human experience (p. 41–60). Plenum Press.

Pollio, H., Henley, T., & Thompson, C. (1997*). The Phenomenology of Everyday Life:*

    Empirical Investigations of Human Experience: Cambridge University Press.

Prochaska, J. O., & Norcross, J. C. (2001). Stages of change. *Psychotherapy: theory,*

    research, practice, training, 38(4), 443.

Pyszczynski, T., Greenberg, J., & Solomon, S. (1999). A dual-process model of defense

    against conscious and unconscious death-related thoughts: an extension of terror

    management theory. *Psychological review*, 106(4), 835.;

Rayner, M., & Vitali, D. (2016). Short-term existential psychotherapy in primary care: A quantitative report. *Journal of Humanistic Psychology*, 56(4), 357-372.

Reat, N. R. (1975). The tree symbol in Islam. *Studies in Comparative Religion*, 19(3), 1-19.

Reid, K., Flowers, P., & Larkin, M. (2005). Interpretative phenomenological analysis: An overview and methodological review. *The Psychologist*, 18, 20-23.

Reiners, G. M. (2012) Understanding the Differences between Husserl's (Descriptive) and Heidegger's (Interpretive) Phenomenological Research. *J Nurs Care* 1:119. doi:10.4172/2167-1168.1000119

Reker, G. T., & Chamberlain, K. (2000). *Exploring existential meaning: Optimizing human development across the life span*. Thousand Oaks, CA: Sage Publications.

Riemen, D. J. (1986). The essential structure of a caring interaction: Doing phenomenology. *Nursing research: A qualitative perspective*, 85-105.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103. https://doi-org.du.idm.oclc.org/10.1037/h0045357

Rokach, A. (1990). Surviving and coping with loneliness. *Journal of Psychology*, 124(1)39–54.

Rokach, A. (2004). Loneliness then and now: Reflections on social and emotional alienation in everyday life. *Current Psychology*, 23, 24–40.

Rosedale, M. (2007). Loneliness: An exploration of meaning. *Journal of the American Psychiatric Nurses Association*, 13(4), 201-209.

Rosenblatt, A., Greenberg, J., Solomon, S., Pyszczynski, T., & Lyon, D. (1989). Evidence

    for terror management theory: I. The effects of mortality salience on reactions to

    those who violate or uphold cultural values. *Journal of personality and social*

    psychology, 57(4), 681.

Rowan, J. (2001). Existential analysis and humanistic psychotherapy. In K. J. Schneider,

    J. F. T. Bugental, & J. F. Pierson (Eds.), *The handbook of humanistic psychology:*

    Leading edges in theory, research and practice (pp. 447– 464). Thousand Oaks,

    CA: Sage. doi:10.4135/9781412976268.n35

Sand, L., & Strang, P. (2006). Existential loneliness in a palliative home care setting.

    Journal of palliative medicine, 9(6), 1376-1387.

Sartre, J. (1965). *Questions about the meaning of life*. In R. W. Hepburn (Ed.), *Religious*

    Studies (pp. 125–140). Edinborough, SCT: Cambridge University Press.

Sartre, J.-P. (1984). *Being and Nothingness*. Washington Square Press.

Sawatzky, D. D., Jevne, R. F., & Clark, G. T. (1994). Becoming empowered: A study of

    counsellor development. *Canadian Journal of Counselling and Psychotherapy*,

    28(3).

Schneider, K. J. (2003). Existential-humanistic psychotherapies. *Essential*

    psychotherapies: Theory and practice, 2, 149-181.

Schneider, K.J. (2008). *Existential-integrative psychotherapy: Guideposts to the core of*

    practice. New York: Routledge.

Schneider, K. J. (2008). *Existential-integrative psychotherapy*. New

    York, NY: Routledge.

Scott, K., & DeBrew, J. K. (2009). Helping older adults find meaning and purpose through storytelling. *Journal of Gerontological Nursing*, 35(12), 38-43.

Seidman, I. (2013*). Interviewing as qualitative research: A guide for researchers in education and the social sciences* (4th ed). New York, NY: Teachers College Press.

Shumaker, D. (2011). An Existential–Integrative treatment of anxious and depressed adolescents. *Journal of Humanistic Psychology*, Published online doi: 10.1177/0022167811422947

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of clinical psychology*, 65(5), 467-487.

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, 70(4), 505-515.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology". *Psychology and Health*, 11, 261-271.

Smith, J. A., & Osborn, M. (2003) Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods*. London: Sage.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain, 9*(1), 41-42.

Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbooks in psychology®. APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (p. 73–82). American Psychological Association. https://doi-org.du.idm.oclc.org/10.1037/13620-005

Smith, J. A., Flowers, P., & Larkin, M. (2009). In*terpretative Phenomenological Analysis: Theory, method and research*. Thousand Oaks, CA: Sage Publications, Inc.

Smith, J.A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 218-240). London. Sage.

Sonneman, U. (1954). *Existence and therapy: An introduction to phenomenological psychology and existential analysis*. Grune & Stratton. https://doi.org/10.1037/10634-000

Sousa, D. (2015). Existential psychotherapy the genetic-phenomenological approach: Beyond a dichotomy between relating and skills. *Journal of Contemporary Psychotherapy*, 45(1), 69-77. doi:10.1007/s10879-014-9283-y.

Spillers, C. S. (2007). An existential framework for understanding the counseling needs of clients. *American Journal of Speech-Language Pathology*. 16, 191–197. doi:10.1044/1058-0360(2007/024)

Spinelli, E. (1994). *Demystifying therapy*. Constable.

Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology*. Sage.

Spinelli, E. (2006). Existential psychotherapy. *Análise Psicológica, 3*, 311-321.

Spinelli, E. (2007). *Practising existential psychotherapy*: *The relational world*. London: Sage Publications.

Spinelli, E. (2007). *Practising existential psychotherapy: The relational world*. Sage.

Spivak, L. (2004). An Application of Kierkegaard's Philosophy of Freedom to Psychotherapy and Philosophical Counseling. *International Journal of Philosophical Practice*, 2(1).

Stadter, M., (2018). The Existential Sensibility: Self and Psychotherapy in an Uncertain World, *Psychiatry*, 81:2, 207-211, DOI: 10.1080/00332747.2018.1492856

Stake, R. E. (2010). *Qualitative Research: Studying How Things Work*. New York, NY: Guilford Press.

Starck, P. L. (1993). Logotherapy: Application to nursing. *Journal des Viktor-Frankl-Instituts*, 1, 94-98.

Steger, M. F. (2012). *Making meaning in life*. Psychological Inquiry, 23(4), 381-385.

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of counseling psychology*, 53(1), 80.

Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1998). IDM: The integrated developmental model of clinical supervision. *San Francisco: Josey-Bass*.

Tedeschi, R. G., & Calhoun, L. G. (2004). A clinical approach to posttraumatic growth. *Positive psychology in practice*, 405.

Tengan, A. (1999). *Search for meaning as the basic human motivation: a critical examination of Viktor Emil Frankl's logotherapeutic concept of man* (Vol. 556). Peter Lang Pub Inc.

Tillich, P. (1952). *The courage to b*e. New Haven, London: Yale University Press. van

Tillich, P. (1961). Existentialism and psychotherapy. *Review of Existential Psychology & Psychiatry*.

Tillich, P. (1980). *Loneliness and solitude.* In Hartog, J., Audy, J. R., & Cohen, Y. A. (Eds.), *The anatomy of loneliness* (pp. 547–553). New York: International University Press.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A., Walsh, S. (1997). Standards for research projects and theses involving qualitative methods: suggested guide-lines for trainees and courses. *Clinical Psychology Forum*, 108, 3-7.

Vagle, M. D. (2014). *Crafting phenomenological research*. Walnut Creek, CA: Left Coast Press.

Van den Berg, H. (2008). Reanalyzing qualitative interviews from different angles: The

    risk of decontextualization and other problems of sharing qualitative data.

    Historical Social Research/Historische Sozialforschung, 179-192.

Van Deurzen, E. (1997). *Everyday Mysteries existential dimensions of psychotherapy*.

    Routledge

Van Deurzen, E. (2012). Reasons for living: Existential therapy and spirituality.

    Existential therapy: Legacy, vibrancy and dialogue, 171-182.

Van Deurzen, E. (2014). Becoming an Existential Therapist. *Journal of The Society for

    Existential Analysis*, 25(1), 6-16.

Van Deurzen, E., & Adams, M. (2011). *Skills in existential counselling & psychotherapy*.

    London: Sage.

Van Deurzen, E., & Arnold-Baker, C. (Eds.). (2005). *Existential perspectives on human

    issues: A handbook for therapeutic practice.* Macmillan International Higher

    Education.

Van Deurzen, E., & Kenward, R. (2005). *Dictionary of existential psychotherapy and

    counselling*. Sage.

Van Deurzen, E., & Young, S. (2009). *Existential perspectives on supervision: Widening

    the horizon of psychotherapy and counselling.* Palgrave Macmillan.

Van Deurzen, E., (1998). *Paradox and Passion in Psychotherapy*. Chichester: Wiley.

van Deurzen, E., & Adams, M. (2011). *Skills in existential counselling and

    psychotherapy*. London, UK: Sage Publications

Van Deurzen-Smith, E. (2002). *Existential Counselling and Psychotherapy in Practice*. London: Sage Publications (1st edition, 1988).

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON, Canada: Althouse Press

van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing* (Vol. 13). New York, NY: Left Coast Press.

Van Ranst, N., & Marcoen, A. (2000). Meaning in Life and Their Relationship with Death Attitudes and. *Exploring Existential Meaning*, 59.

Vanden Bergh, R. L. (1963). Loneliness—its symptoms, dynamics, and therapy. *Psychiatry*, 37, 466–475. Vincenzi, H., & Graboski, F. (1989). Measuring the emotional/social aspects of loneliness and isolation. In M. Hojat & R. Crandall (Eds.), *Loneliness: theory, research and applications* (pp. 257–270). Newbury Park, CA: Sage.

Visser, G. (1998). *De druk van de beleving: Filosofie en kunst in een domein van overgang en ondergang.* Amsterdam: SUN.

Von Witzleben, H. D. (1958). On loneliness. *Psychiatry*, 21(1), 37-43.

Vos, J., Cooper, M., Correia, E., & Craig, M. (2015). Existential Therapies: A Review Of Their Scientific Foundations and Efficacy. *Existential Analysis*: *Journal of the Society for Existential Analysis*, 26(1).

Vos, J., Cooper, M., Correia, E., & Craig, M. (2015a). Existential Therapies: A review of scientific studies and their underlying philosophies. *International Journal of Psychotherapy*, 19(1), 47-57.

Vos, J., Cooper, M., Correia, E., & Craig, M. (2015b). Existential therapies: A review of their scientific foundations and efficacy. *Existential Analysis*, 26(1), 49-69.

Vos, J., Craig, M., & Cooper, M. (2013). Existential Interventions in Cancer: A Systematic Review and Meta-Analysis: W-1. *Pscyho-oncology*, 22, 73-74.

Vos, J., Craig, M., & Cooper, M. (2014). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of Consulting and Clinical Psychology*, 83(1), 115-128. doi: 10.1037/a0037167

Vos, J., Craig, M., & Cooper, M. (2015). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of consulting and clinical psychology*, 83(1), 115.

Wang, X. (2011). Zhi Mian and existential psychology. *Humanistic Psychology*, 39, 240–246. doi:10.1080/08873267.2011.592465

Watts, M. (2003). *Kierkegaard.* Oxford: Oneworld Publications.

Weems, C. F., Costa, N. M., Dehon, C., & Berman, S. L. (2004). Paul Tillich's theory of existential anxiety: A preliminary conceptual and empirical examination. *Anxiety, Stress & Coping*, 17(4), 383-399.

Welman and Kruger (1999 --- Welman, J., & Kruger, S. (1999). Research methodology for the business and administrative sciences. Johannesburg, South Africa: International Thompson. Wenglinsky, H.(2002). The link between teacher

classroom practices and student academic performance. *Education Policy Analysis Archives*, 10, 12.

Westefeld, J. S., Casper, D., Lewis, A. M., Manlick , C., Richards , A., & Sieck, B. C. (2013). Physician-assisted death and its relationship to the human services professions. *Journal of Loss and Trauma*. 18, 539 – 555 . doi: 10.1080/15325024.2012.719345

Whitaker, C. (1976). The hindrance of theory in clinical work. In P. Guerin (Ed.), *Family therapy.* (pp. 154–164). New York.

Whitaker, C. S. (1989). *Problems of existential import* (Doctoral dissertation, University of South Florida).

Wiese, B.S. (2007). Successful pursuit of personal goals and subjective well-being. In Little, B.R., Salmela-Aro, K. & Phillips, S.D. (eds) *Personal Project Pursuit: Goals, Action, and Human Flourishing*. Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers.

Wojnar, D.M. & Swanson, K.M. (2007). Phenomenology as an exploration. *Journal of Holistic Nursing*, 25, 172-180. doi: 10.1177/0898010106295172

Wong, P. T. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85-93.

Wong, P. T. P. (1998). Implicit theories of meaningful life and the development of the personal meaning profile. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 111–140). Mahwah, NJ: Lawrence Erlbaum Associates.

Wong, P. T. P. (2010). What is existential positive psychology? *International Journal of Existential Psychology and Psychotherapy*, 3, 1–10.

Wood, A. M., Linley, P. A., Maltby, J., Baliousis, M., & Joseph, S. (2008). The authentic personality: A theoretical and empirical conceptualization and the development of the Authenticity Scale. *Journal of Counseling Psychology*, 55(3), 385.

Worrell, M. (1997). An existential-phenomenological perspective on the concept of 'resistance'in counselling and psychotherapy. *Counselling Psychology Quarterly*, 10(1), 5-15.

Wulfing, N. (2008). Anxiety in existential philosophy and the question of the paradox. *Existential Analysis*, 19(1), 73–80.

Yalom, I. (1980). *Existential psychotherapy.* New York: Basic Books.

Yalom, I. (1980). *Existential psychotherapy*. New York: Basic.

Yalom, I. (2008). *Staring at the sun. Overcoming the Terror of Death*. San Francisco: Jossey-Bass.

Yalom, I. D. (1989). *Love's executioner and other tales of psychotherapy.* New York, NY: Basic Books.

Yalom, I. D. (2000). Religion and Psychiatry. *American journal of psychotherapy,* 56, (3) 301-306.

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients.* HarperCollins Publishers.

Yalom, I.D, & Elkin, G. (1974). *Every day gets a little closer.* New York, NY: Basic Books.

189

Yin, R.K. (2014). *Case study research: Design and methods*. Los Angeles, CA: Sage.

Young-Eisendrath, P. (1996). *The gifts of suffering*. New York: Addison-Wesley.

Zeidner, M., & Endler, N. S. (Eds.). (1996). *Handbook of coping: Theory, research, applications.* John Wiley & Sons.

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British Journal of Psychology*, 83, 133-145.

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British journal of psychology*, 83(1), 133-145.

Appendix A:
University of Denver (DU) IRB Consent

UNIVERSITY of DENVER
OFFICE OF RESEARCH &
SPONSORED PROGRAMS
Research Integrity & Education

DATE:	November 18, 2019
TO:	Sabina Musliu, MA
FROM:	University of Denver (DU) IRB
PROJECT TITLE:	[1514628-1] A Phenomenological Study of the Lived Experiences of Counselors in Training when discussing Existential Factors of Death, Isolation, Freedom, and Meaning in Life with their Clients.
SUBMISSION TYPE:	**EXPEDITED NEW PROJECT**
APPROVAL DATE:	November 18, 2019
NEXT REPORT DATE:	November 18, 2020
RISK LEVEL:	Minimal Risk
REVIEW TYPE:	Expedited Review
ACTION:	**APPROVED**
REVIEW CATEGORY:	Expedited Category # 6 & 7

Category 6: *Collection of a data from voice, video, digital, or image recordings made for research purposes.*
Category 7: *Research on group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

Thank you for your submission of the **New Project** materials for this project. The University of Denver Institutional Review Board (IRB) has granted Full Approval for your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission. The IRB determined that the criteria for IRB approval of research, per 45 CFR 46.111, has been met.

A Final Report must be submitted to the IRB, via the IRBNet system, when this study has been completed or if you are no longer affiliated with the University of Denver. The DU HRPP/IRB will retain a copy of the project document within our records for three years after the closure of the study. The Principal Investigator is also responsible for retaining all study documents associated with this study for at least three years after the project is completed.

If you have any questions, please contact the Institutional Review Board at (303) 871-2121 or through IRBAdmin@du.edu. Please include your project title and IRBNet number in all correspondence with the IRB.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Denver (DU) IRB's records.

Consent Form for Participation in Research

Title of Research Study: A Phenomenological Study of the Lived Experiences of Counselors in Training when Discussing the Existential Factors
of Death, Isolation, Freedom, and Meaning in Life with their Clients.

Researcher(s): Sabina Musliu, MA, University of Denver

Faculty Advisor: John O'Malley, PhD Counseling Education and Supervision,

University of Denver

Study Site: University of Denver with interviews taking place in DU campus location.

Purpose

You are being asked to participate in a qualitative research study. The purpose of this study is to explore the lived experiences of counselors in training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients. It's the hope of the study to improve the practice of college advisors, clinicians, and counselors to administer therapeutic interventions that could lead to more positive therapeutic outcomes for clients.

Explanation of Procedures

This research study employs the phenomenological approach in qualitative research method. Approximately nine counselors in training will be asked to describe their own experiences of discussing existential factors of death, isolation, freedom, and meaning in life with their clients. If you participate in this research study, you will be invited to complete a 60-minute interview and a brief demographic survey. The interview will be conducted in person at a place and time convenient for the participant. This interview will be video recorded and transcribed. All data will be reported using code numbers to protect confidentiality. After the researchers write up the data analysis, you will be asked to review the findings.

Voluntary Participation

Participation in this research study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. Please note that you may choose at any time to stop participating in this study without reason, penalty, or loss of other benefits to which you are entitled.

Potential Risks or Discomforts

Potential risks and /or discomforts of participation may include emotional discomfort. Because the study will ask about the lived experiences when discussing existential factors with the clients, it is possible that participants can experience emotional stress. However, if brief solution-focused interventions cannot help during the interview to help ease the emotional stress participants might experience, referrals to the University of Denver counseling center. If at any time in the research process, you decide you do not want to be part of the research, you may withdraw your participation or ask the I to make accommodations that will make you feel more comfortable.

Potential Benefits

The only direct benefit to you if you participate in this research may be that you enjoy reflecting on your own experiences on discussing existential factors of death, isolation, freedom, and the meaning of life you're your clients. The indirect benefit is that you will be contributing to a better understanding of how we approach existential issues in therapy, and it is hoped that this will lead to better counseling treatments and interventions.

Incentives to participate

No incentives will be given to participating in this research.

Confidentiality

The researcher will keep all information confidential. Your individual identity will be kept private when information is presented or published about this study. This will be done by taking out all identifiable information and using pseudonym names to protect the identity of all participants. The only ones that will have access to the information of the study will be the primary researcher. All stored data, including recorded videotapes and transcripts, will be protected utilizing double password protection. All data will be kept for three years and will be destroyed after three years.

However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver may have to comply with the order or subpoena. The research information may be shared with federal agencies or local committees who are responsible for protecting research participants, including individuals on behalf of the primary researchers.

Questions

If you have any questions about this project or your participation, please feel free to ask questions now or to contact Sabina Musliu at (**720) 288-6021** or at **Sabina.Musliu@du.edu** at any time.

If you have any questions or concerns about your research participation or rights as a participant, you may contact the DU Human Research Protections Program by emailing IRBAdmin@du.edu or calling (303) 871-2121 to speak to someone other than the researchers about this study.

<u>Options for Participation</u>

Please initial your choice for the options below:

___The researchers may audio/video record me during this study.

___The researchers may NOT audio/video record me during this study.

Please take all the time you need to read through this document and decide whether you would like to participate in this research study.

I have read this paper about the study. I understand the possible risks and benefits of this study. I know that being in this study is voluntary. By checking the box below and proceeding with the survey, I am providing informed consent electronically.

___ I consent

___ I do not consent

Appendix C:
Recruitment Email To Potential Participants

Dear potential research participant,

My name is Sabina Musliu, and I am a master's student from the Counseling Psychology Department at the University of Denver. I am extending an invitation to you to participate in my master's research study voluntarily. The purpose of this phenomenological study is to explore the lived experiences of counselors in training when discussing existential factors of death, isolation, freedom, and meaning in life with their clients. This study has received IRB approval from the University of Denver.

You are eligible to be in this study because you are currently **a graduate-level trainee** within the first two years of training in an accredited mental health program. Additionally, you are eligible to participate in the study if you **have completed your practicum** and are **currently doing an internship**. You are only eligible to participate in the study if you have discussed with your clients **at least 2/4** of the existential factors. This study involves a brief demographic survey and participating in an open-ended, face-to-face, one-hour interview. As we progress through the interview, I may ask some follow-up questions in order to garner more details with regard to your experiences.

Your interview will be videotaped and transcribed in which you will have the opportunity to review and check for accuracy. To protect your identity, I will not utilize your name but will assign a pseudonym in its place. The data from this research will be used in partial fulfillment of my master's degree and will be published in my thesis.

Your participation in this master research study is entirely voluntary. You can choose to be in the study or decline to participate. Declining to participate will not affect your standing in your mental health training program or have any other consequences. If you would like to participate or have any questions about the study, please email or contact me at Sabina.Musliu@du.edu or (720) 288-6021.

The survey may be accessed at the following URL:
https://udenver.qualtrics.com/jfe/form/SV_098G5cXAaw9sohD

I look forward to hearing from you.

Sincerely,
Sabina Musliu

Appendix D
Target Population Selection Questionnaire

Please indicate your age (i.e., "24").

[   ]

With which of the following responses do you most identify?

- ○ Agender
- ○ Androgyne
- ○ Demigender
- ○ Genderqueer or gender fluid
- ○ Man
- ○ Questioning or unsure
- ○ Trans man
- ○ Trans woman
- ○ Woman
- ○ Prefer not to disclose
- ○ Other (please specify) [   ]

Please select your race/ethnicity.

- ○ American Indian or Alaska Native
- ○ Asian Amerian or Asian
- ○ African American or Black
- ○ Hispanic or Latino
- ○ White
- ○ Other [   ]

Please indicate your current Mental Health Training Program.

- ○ Counseling Psychology (MA)
- ○ Clinical Psychology (MA)
- ○ Social Work (MSW)
- ○ Social Work (LCSW)

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○ Forensic Psychology (MA)

○ Clinical Psychology (PsyD)

○ Counseling Psychology (PhD)

○ Clinical Psychology (PhD)

○ Other (Please Specify) [   ]

Please indicate your current year in your mental health training program.

○ First Year

○ Second Year

○ Third Year

○ Four Year or Beyond +

I have completed my practicum and I am currently doing my internship

○ Yes

○ No

Have you ever provided therapy that specifically addressed existential factors (e.g. death, freedom/responsibility, isolation/loneliness, meaning in life)?

○ Yes

○ No

I have discussed at least two of the existential factors with my client(s).

○ Yes, I have.

○ No, I have not.

Please estimate the total number of clients you have provided mental health treatment to in which the focus of treatment was on existential factors.

[   ]

Please indicate which of the existential factors you have discussed with your clients.

☐ Death (e.g. fear of death, death awareness, death of someone close to them)

☐ Isolation (also referred to as existential aloneness and existential loneliness): People feel existentially isolated when they feel alone in their experience, as though nobody else shares their experience or could come close to understanding it.

☐ Freedom/ Responsibility: We are free to make our lives what we want, and we bear full responsibility for our choices.

☐ Meaning in life / Meaninglessness

Appendix E:
Participation Information

Greetings (name of the participant),

Thank you so much for taking the time to complete the online survey. Based on your responses, you meet the criteria to participate in the study. I admire your involvement and look forward to our interview regarding your thoughts and experiences as they relate to the counseling experience. I need you to do two quick things within the next day, please: Your ability to speak openly about the topic is important to me, and I am committed to protecting your identity from anyone other than the research team.

1. Please choose a fun pseudonym (fake name) that represents your personality and respond back to this email with your choice, or I could do it for you. I plan to be on your campus for interviews from Monday to Friday. To help with scheduling, I set up an online calendar with numerous open time slots. Your convenience is most important to me.

2. Please go to (link) and choose a time that best works for you. Only you have access to this link so that your identity is protected. I filled the time slots I am usually available so that it helps you decide when it works better for you as well. If any of them do not work, let me know so that I can make some changes. After you fill the time slots, you will receive a confirmation email with the date and time scheduled. Our individual face to face interview (approximately 45-60 minutes) will be held at a university office (it will be known in the confirmation email). During the interview, I will be asking a series of semi-structured interview questions. A couple of weeks later, you will receive an email with the transcription from our interview and be asked to review the notes for accuracy and respond back within a seven-day period with any additional commentary. I look forward to your response back with your chosen fake name so we can proceed with the research. Again, I value your interest and effort in this project. Don't hesitate to contact me with any questions.

Appreciatively,
Sabina Musliu

Appendix F:
Interview Protocol

Name:

Date:

Location:

Introduction: I want to thank you again for taking the time out of your schedule to do the interview with me today. I truly appreciate you being a participant in my research study.

As indicated on the informed consent form that you received, in today's interview, we will focus on your lived experiences as a counselor in training when discussing existential factors with your client(s). As we progress through the interview, I may ask some follow-up questions to garner more details with regard to your experiences.

Participation in this interview is voluntary, and you may withdraw yourself from the study at any time. You are encouraged to share whatever you feel is appropriate to answer the questions. As stated in the consent form, this interview will be video-recorded and later transcribed for analysis purposes. Once this interview is transcribed, I will email a copy for you to make any additions or changes that need to be made.

Are you ready to begin?

- Tell me what drove you to talk about this.

- Tell me your experiences talking to clients about death
    - I want you to remember a time when you were counseling a client who brought up the topic of death. Can you bring me to that moment and describe the counseling session and what it entailed?
    - Can you tell me about a time you found yourself avoiding talking about death?
    - Can you tell me about your emotional experience when talking about death? What core emotions did you experience?
    - Can you tell me what you are experiencing right now, in this movement, when we talk about it?
    - Did you have specific intentions or counseling goals?
    - Did you use any counseling theories or techniques?
    - What experiences/knowledge/training/situations, if any, helped your work in this situation?

- Tell me your experiences talking about Freedom/Responsibility
    - I want you to remember a time when you were counseling a client who brought up the topic of freedom and responsibility. Can you bring me to that moment and describe the counseling session and what it entailed?
    - Can you tell me about a time you found yourself avoiding talking about freedom/responsibility?
    - Can you tell me about your emotional experience when talking about freedom/responsibility? What core emotions did you experience?
    - Can you tell me what you are experiencing right now, in this movement, when we talk about it?
    - Did you have specific intentions or counseling goals?
    - Did you use any counseling theories or techniques?
    - What experiences/knowledge/training/situations, if any, helped your work in this situation?

- Tell me your experiences talking about Isolation
    - I want you to remember a time when you were counseling a client who brought up the topic of isolation. Can you bring me to that moment and describe the counseling session and what it entailed?
    - Can you tell me about a time you found yourself avoiding talking about isolation?
    - Can you tell me about your emotional experience when talking about isolation? What core emotions did you experience?
    - Can you tell me what you are experiencing right now, in this movement, when we talk about it?
    - Did you have specific intentions or counseling goals?
    - Did you use any counseling theories or techniques?
    - What experiences/knowledge/training/situations, if any, helped your work in this situation?

- Tell me your experience talking about Meaning in Life/Meaninglessness
    - I want you to remember a time when you were counseling a client who brought up the topic of meaning in life/meaninglessness. Can you bring me to that moment and describe the counseling session and what it entailed?
    - Can you tell me about a time you found yourself avoiding talking about meaning in life/ meaninglessness?
    - Can you tell me about your emotional experience when talking about meaning in life/ meaninglessness? What core emotions did you experience?
    - Can you tell me what you are experiencing right now, in this movement, when we talk about it?

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- o Did you have specific intentions or counseling goals?
- o Did you use any counseling theories or techniques?
- o What experiences/knowledge/training/situations, if any, helped your work in this situation?

Thank you for sharing your experiences with me, before we finish, is there anything else you would like to share or add about your total interview experience?

Note: Questions will not necessarily be used in this order. Questions will be asked based on which existential factors did the participant discuss with the client(s).

Appendix G:
Thank You Letter to Participants

Dear (name of the participant),

Thank you for meeting with me in an extended interview and sharing your lived experiences of discussing existential factors of death, isolation, freedom, and meaning in life with your clients. I sincerely appreciate your willingness to share your unique thoughts, feelings, and time to participate in this study.

I have enclosed a transcript of your interview. Please look at the document over for accuracy. Be sure to ask yourself if this interview has fully captured your experience of working with clients that have discussed existential factors with you. In regard to your experience, what do you think: Is this what it means to experience talking about existential factors with your clients? Is this what your experience of discussing existential factors with your clients looks like? After viewing the transcript of your interview, you may realize that a significant experience was ignored or not fully explained. Please feel free to add comments that would further elaborate on your experience(s), or if you prefer, we can arrange to meet again, and video record your additions or corrections. Please do not edit for grammatical corrections. The way you told your story is what is essential.

When you have reviewed the verbatim transcript and have had the opportunity to make changes and additions, please email the revised transcript to Sabina.Musliu@du.edu. I have greatly valued your participation in this research study and your willingness to share your experiences. Finally, if you have any questions or concerns about the study, or if you have any last thoughts or ideas you'd like to share, do not hesitate to call or email me.

With warm regards,

Sabina