

1. Existential Therapy shares several aligned ideas with the Biblical and Christian point of view including the search for meaning and purpose, our human nature to sin, suffering loss and isolation and anxiety and despair, free will, and the need to integrate the mind, body, heart and soul to flourish. Spiritual and human development share moving from the cognitive to the softened heart, to an altruistic lens is ascribed by Christianity. To know thyself, one must first know God, Jesus and the Holy Spirit through prayer, reading God's divinely inspired truth in the Holy Bible, and loving and relating well to others and trusting in God through reflection, meaning and freedom to choose hope over despair as is the tenets of Existential Therapy. The elements of Existential Therapy that conflicts with a Christian worldview is there is no reliance on God, only self. There is no belief in the power of the Holy Spirit or beyond our earthly existence. The concept of the supernatural power of God, His omnipresence and omnipotence and being in command is not at all a source of comfort, hope or strength. The Existential Therapy focus is on the individual and their own thinking, choice and responsibility rather than reliance and trust in the Highest power of God. There is little focus on relationships and what they offer, and God's design in creating man and woman, procreation. There is an individualism rather than a connectedness, unity, harmony. This Therapy does not rely on divine miracles, prayers or intercessions from the Holy Spirit. The person is all there is.

2. Existential therapy, followed Freud and Adler, and its early thought leader was Viktor Frankl who was a Medical Doctor in 1930. He studied under Adler until he developed his own approach, theory and practice of psychotherapy focused on freedom, responsibility, meaning and values. In World War II, Frankl was taken to two Nazi concentration camps. His parents, brother, wife and children died. After surviving, he earned a PhD in philosophy. In 1963, his book *Man's Search for Meaning*, is where he confirmed his views about individual's power and choice in any situation. He believed people survived by preserving independence of mind, retaining control of one's attitude and to choosing one's own way through finding meaning and purpose. Mind over matter, as his existential philosophical background referenced Nietzsche such as "That which does not kill me, makes me stronger." Frankl developed logotherapy which is therapy through meaning, in other words, what it means to be alive. He focused on the importance of integration of mind, body and spirit to be fully alive, and to find the will to meaning we have the freedom to find meaning in all we think, and we must use therapy to uncover the meaning to live for, and Frankl's life and survival and work is a testament to Existential Therapy. Rollo May had an unhappy childhood and family, two marriages and suffered difficulty in choosing a career path in psychology or theology, and eventually chose private practice psychology. During his personal recovery from tuberculosis, and anxiety, he read Kierkegaard which led him to write *The Meaning of Anxiety* in 1950 and *Love and Will* in 1969 which reflected on struggles of love and intimacy in relationships being impacted by society's values about sex and marriage. Tillich, an existential theologian became May's friend and mentor. Themes of human nature of power, freedom, responsibility, identity writ large in May's work and translation into therapeutic practice focused on helping people discover the

meaning of their lives at the level of being rather than problem solving, themes such as facing death, choosing to be intimate, aging, making a difference in the world. Lastly, Irvin Yalom, a Russian immigrant after World War I who moved to Washington, D.C. and became a Psychiatrist and Professor and writer of *The Theory and Practice of Group Psychotherapy* in 1970 and *Existential Psychotherapy* in 1980. His contribution are the four givens of existence, or ultimate human concerns: freedom and responsibility, existential isolation, meaninglessness and death. How individuals address these core themes influences the quality and design of our lives, and Irvin believed each client is so unique that a different therapy must be used, and the focus on the present of the client-therapist relationship matters in exploring the client's interpersonal world, and being open with each client is essential, particularly being honest in the experience of relating to the client, and a focus on interpersonal in the group and existential individual. His novels and last nonfiction book, *Staring at the Sun: Overcoming the Terror of Death* in 2008 speaks to the role the therapist using anxiety and death in psychotherapy to go deeper to enable the client to uncover their meaning of life.

7. The paradox of Existential Therapy are complex and numerous. First, there is the assumption of the capacity of the client to have self-awareness, authenticity of personal responsibility, existential guilt, striving for identity and the courage to be, the experiences of aloneness and relatedness, the search for meaning in discarding old values and existential neurosis known as meaninglessness or an existential vacuum and creating meaning to connect or reconnect with meaning in their life. There's also existential anxiety versus normal anxiety and neurotic anxiety and the awareness of death and nonbeing. Awareness of death is not negative, but often will be motivation for appreciating the present and avoiding being stuck in neutral. In conclusion, this

model puts a lot of confidence in the person's capacity to balance these opposites while integrating them all into one's mind, body, heart and soul. It is possible some clients and therapists will not have the capacity to grasp the depths of existential concepts and therapeutic process, nor the capability and desire to integrate the whole domain of the person. The late adult stage vertical growth outlined in Erik Erikson's psychosocial model, is post conventional, and is not universally relatable for everyone.

15. Applying the existential approach to understanding my struggles are concepts I can apply to myself. Although I did not seek a counselor or therapist, I believe this model can be applied to how my meaning and purpose shifted. The career that for 15 years that excited me and fueled and energized me was beginning to bring me less excitement, joy and energy that I had felt for years. I worked through my undergraduate degree to enter, grow and be promoted in human resources management for over 7 years. I was eager to return to my career after my three sons were in school, and I loved it! We moved to the New York Metro Area, and I was all for it! I stayed with the same company and was realizing a dream I always wanted - to work in NYC for a large corporation. After 6 years, the meaning my career once had for me was beginning to change, and I found myself looking at a leadership coaching, and in faith, I resigned which gained me more time with my sons, and interesting and fulfilling work with clients with a lot of responsibilities, and that interior work I really enjoyed. A few years ago, I felt a pull towards marriage and family therapy, out of the blue while working on a church spiritual development project. So, today, I would call this an existential search for new meaning and purpose in my career. Oddly enough, it is full circle. Before choosing to major in business administration, an MBA and enjoying my career for years, I considered psychology. The courage to be and

discarding values describe my journey. Being a bold Christian required me to have new courage despite believing since I was a young girl. Discarding old values of financial success, career power and instead reliance, trust and surrender to follow the Lord and serve His Great Commission and His people struggling in relationships, marriage and family which had always been an interest is now becoming a reality of new meaning and purpose and existential growth, powered by suffering caused by the pandemic and a generation of young adults, like my three sons, having difficulty and impatience for the search for love.

Chapter Seven

19. The aspects of the Person-Centered perspective that align with a Biblical and Christian worldview include the therapist's positive regard for all people and their capacity to figure out their lives given the therapist's genuine interest, patience, attention, presence, empathy. Bearing witness for our brothers and sisters, as Jesus and his Followers taught, us is based on the quality of relationship. This model reminds me most of the Apostle Paul's letters to the Galatians and Corinthians, especially. What elements of this perspective do you see as conflicting with a Christian worldview? Be specific in your answer.

20. Person Centered Therapy's prominent figure is Carl Rogers who developed this humanistic movement in psychotherapy, and was the first to focus on the central role of the client-therapist relationship as a means to growth and change. Known as the father of psychotherapy research, Rogers pioneered studying the counseling process by transcript analysis and observation of therapy sessions, and development of the first quantitative psychotherapy

methodology. He formulated a comprehensive theory of personality, focused on strengths and resources. He applied his work towards world peace, and training of global leaders and politicians in conflict and interracial tensions. In earliest years, the client determined the direction and goals of therapy and the therapist's role was to help the client clarify feelings, a style called nondirective therapy relying on exploration of self and self-concept. Over time, a shift occurred from the clarification of feelings to the focus on the client's lived experience. Research focused on core conditions, necessary and sufficient for successful therapy, revealed more effective process. An empathetic therapist focused in understanding the client's world and the ability to have positive regard for the client without judgement and could communicate as such in a genuine way emerged as the most important factor in positive outcomes. The therapist's focus is on the client and their frame of reference is believed to foster the client's confidence to use their inner and outer resources.

22. Summarize the basic characteristics of the person-centered approach.

23. What is Rogers' view of human nature, and what are the implications for the practice of counseling? Do you agree with Rogers' view of the actualization tendency?

24. Identify some of the key contributions that Abraham Maslow made to humanistic psychology. What are some common aspects of the view of human nature shared by both Abraham Maslow and Carl Rogers?

25. What are the therapeutic goals of the person-centered approach? How do the counselor's role and function fit with these goals? What, if any, techniques are used in this approach to counseling?

26. What importance is placed on the client/counselor relationship? Describe the therapeutic conditions necessary and sufficient for personality change to occur. Be sure to clearly define congruence, unconditional positive regard and accurate empathetic understanding. Evaluate this view.

27. Discuss the concept of therapist congruence as a critical variable in the therapy process. What are the characteristics of a congruent therapist?

28. Discuss the concept of accurate empathy as the therapist's ability to subjectively understand the client's world. What are some barriers that might limit a therapist's capacity to be empathic? What are some of the common misconceptions about what constitutes accurate empathetic understanding?

29. Critically evaluate this approach, mentioning the main contributions and limitations.

30. With what kinds of populations do you think this approach has the most applicability? What are some contributions and limitations of concepts of the person-centered approach as applied to multicultural counseling? In what ways might you modify the techniques you use depending on the client's cultural background?

31. What aspects of the person-centered orientation might you integrate into your own perspective? Discuss the concepts that you would want to include as a basic part of your own personal counseling style.

32. What are Rogers's views on diagnosis and assessment in counseling? How do these figure into the current practice of person-centered therapy?

33. In what ways might you use a person-centered base, yet also draw upon other therapy approaches for specific techniques? Explain the importance of developing a solid relationship with a client before you attempt to actively intervene in a client's life with too many techniques.

34. Describe the ways the person-centered approach has been adapted to include areas such as family therapy, group counseling, education, politics, and expressive arts therapy. What distinguishes these adaptations from individual person-centered therapy and from one another?

35. Discuss the research base that supports the person-centered approach? How was Rogers' willingness to test his hypotheses important in the development of psychotherapy research? In what specific areas has the personcentered approach to counseling been studied?

36. What contributions has Natalie Rogers made to the person-centered approach? Describe her work in expressive arts therapy. How does expressive arts therapy expand upon the person-centered view of human nature?

37. What are some basic principles of motivational interviewing? What is the MI spirit?
Describe the stages of change in the context of a client's readiness to change. How are these stages related to motivational interviewing?