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EXISTENTIAL THERAPISTS' PERSPECTIVES ON ENCOURAGING CLIENTS' EXPLORATION OF MEANING AND DEATH

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A thesis submitted to the University of Huddersfield in partial
fulfilment of the requirements for the degree of Master of
Science by Research
(Psychology)

The University of Huddersfield

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Abstract

This research investigates existential therapists' perspectives on the challenges involved in encouraging clients to engage with the issues of meaning and mortality. While prior literature relating to outcomes *and* processes of existential therapy is limited, the current project aims to clarify existential therapists' views on the latter. The challenges therapists feel they face in helping clients explore questions about meaning and death and how they believe these might be met, will hopefully be better understood.

Questionnaires and follow-up interviews, both by email, were carried out with eight existential therapists. Thematic analysis was applied and three key themes decided on: the importance of allowing clients space in therapy to express themselves in their own way, the significance of therapists using themselves with caution in therapy and the relevance of therapists' assumptions about the relative nature of truth. This analysis highlighted the difficulty existential therapists often felt they had in managing the tension between engaging clients in discussions about meaning and mortality and not directing the process, but also the considerable degree of success they believed they had in achieving clients' engagement with these issues.

This study produces potentially significant insights into the ways existential therapists feel they engage clients with the issues of meaning and mortality and suggests further research may build on this, especially around the ways in which questions about meaning and death relate to each other.

For Victoria, Daniel and Lucy.

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Chapter One: Introduction

This thesis examines therapists' views on addressing issues of meaning and mortality within therapy. 'Meaning' is used in the sense of life-meaning or purpose in life and refers to those beliefs and values that provide a foundation, motivation and direction. What is 'meaningful' for us is taken, in the context of this thesis, to be synonymous with what makes life significant and worth living. The following section describes the reasons for undertaking this project, the origins of my interest in this specific subject matter and what I hope the study will contribute.

Rollo May, in his interview for *The Human Dilemma* (1984) describes the existential, philosophical model of psychotherapy as focusing, among other factors, on "individual courage", and on ways of confronting the problems of existence human beings often struggle with. His is a realistic and optimistic view, agreeing, "exactly right", for example with the interviewer's suggestion that "anxiety isn't a symptom but a gateway into exploring the meaning of life", an opportunity to exercise creativity. May adds that "Our knowledge of our death is what gives us a normal anxiety that says to us 'make the most of these years you are alive'.... when I let myself feel that then I apply myself to new ideas, I write books, I communicate with my fellows..." The existential approach is characterised here as one that doesn't shy away from the realities of existence. What is being implied perhaps is that one key purpose of existential therapy is to facilitate engagement with ultimate questions of existence in order to create meaning and to continue to build the courage to do so, and that this process is motivated by awareness of mortality.

More than thirty years on from May's interview the current project aims to investigate how existential therapists feel they reflect May's understanding of the nature and purpose of the existential 'model', how they feel they engage with the issues of meaning and mortality specifically, with all the challenges this entails - for example the role of the therapist's self-disclosure in normalising clients' discussion and exploration of these issues.

My own personal interest in these questions is partly derived from previous studies in philosophy and psychology and my experience of counselling both as a client and a trainee. The current research was an opportunity to bring these interests together and in a way that would hopefully provide some insight into those attitudes and ways of working among therapists that can make life richer, clearer and/or more manageable for those who come to therapy.

It always seemed to me that existential approaches in therapy with their focus on, or at least awareness of, the shared and underlying 'givens' of human existence were potentially more honest, open and accepting of the way life often is for all of us and actually is for us as individuals at any particular time. It has sometimes been my own experience for example, albeit it briefly, as a client of non-existential counselling, that where I have at times needed to address issues around meaning and mortality, therapists have sometimes seemed reluctant to engage with this, preferring instead to frame what I presented within their own particular psychological perspective and preferred therapeutic orientation. This of course tended to set an agenda, close potential areas of investigation and ultimately failed to really address any key underlying issues.

I found with some non-existential therapists an absence, to some extent, of any sense of collaboration. This absence felt to me to result from a reluctance on the part of the therapist to give anything of themselves away - there was a preparedness to work hard at empathising but always in a guarded and distant way and it is this experience that helped shape the current research focus on the challenges involved in engaging more authentically in therapy. I say this while hopefully conscious of the degree to which I am *projecting* my own tendency to guardedness in interactions onto therapists I have known who rarely self-disclosed. I am also, I trust, aware that my limited experience of counselling may reflect very little of what happens in sessions more generally.

It is from my own brief experience of being in counselling, then, and as a result of previous study and an intuitive interest in more philosophical and specifically existential questions that I began this research. I hope what is more original about this project, insofar as any research of this kind can be, is the focus on the process

of existential therapy rather than the effects and, to a lesser extent, on the attention given to the therapist's own preparedness to engage with certain types of issues including a disclosure in therapy of their own experience of, and reflection on, issues around meaning and mortality.

Chapter Two: Literature Review

The following chapter will outline some of the existential philosophy from which existential therapies are largely derived before summarising some of the reasons mortality and meaning are seen to be significant areas for exploration in therapy and will conclude by highlighting those aspects of existential therapy that have been under-researched in relation to death and meaning.

2.1 Existential Philosophy: The Foundation of Existential Therapy

In existential therapy (Yalom, 1980; van Deurzen, 1998; Cooper, 2003) there is an emphasis on the need for clients to create their own meanings, to take responsibility for the choices that largely contribute to identity formation and to accept the anxiety inherent in human existence in order to begin to live more authentically. Learning how to live a better life by managing fears associated with the givens of existence – freewill, the certainty of death, isolation and the absence of meaning - might be described as the overarching aim of existential therapy.

These therapies are of course informed by existential philosophies, yet existentialism itself is difficult to define since its subject matter is similarly complex. Primarily, perhaps, existential philosophy can be said to differ from other philosophies in its emphasis on the way that existence is seen to precede essence, how due to the absence of any prior meanings each of us must create our own (Cooper, 1999). This implies a freedom and responsibility to choose our own values and identities, albeit within certain parameters such as a certain death or genetic make-up for example. The necessity of making such choices and the inherent uncertainty, complexity and unpredictability of human existence means there is invariably an anxiety that accompanies the anticipatory nature of our existence. This anxiety, to be managed, requires a certain courage, an ongoing willingness to address the reality of our predicament in order to live a more authentic and fulfilling existence; in this sense an acceptance of the way in which we are always in flux, always becoming is also a focus in existential philosophy and therapy. Despite this common ground among existential philosophies, there is also a degree of diversity - some existentialists have

focused much more on the subjective nature of experience, for example, while others have stressed the way in which we always exist in relation to others.

Kierkegaard is frequently cited as the first philosopher to prioritise existence over essence, although some (Stewart, 2011) have questioned this 'father of existentialism' status. He was concerned with a perceived lack of striving among people generally, or among the Danish protestant middle class he was a part of at least, to realise their more authentic selves, a failure to accept that 'the self has the task of becoming itself in freedom' (Kierkegaard, 1849, 1980, p. 35), a lack of effort or will in resisting becoming the kind of self that 'permits itself to be tricked out of itself by others' (Kierkegaard, 1849, 1980, p. 33) thereby settling, as he saw it, for a more comfortable, conforming existence (Kierkegaard, 1967, p. 306). This discontent, directed towards established religion, particularly, extended to his rejection of systematic philosophies - such as Hegel's more abstract and unified ontology, for example, which conflicted with Kierkegaard's individualism and emphasis on personal responsibility. Where Hegel focused on developing a view of the whole, of a single Reality or Logic as a 'complex system [where] separate things [have] a greater or lesser degree of reality' (Russell, p. 702) for instance, Kierkegaard, although not dismissing the role of reason, was far more interested in the subjective nature of truth in relation to human existence specifically – he stressed the importance of individual experience as a source of knowledge where 'subjectivity is truth' (Hong, 1992) over any logic-based truth-claims about human existence. The implications for therapy are that clients should be free to clarify their own unique life-meaning and that this understanding should not be derived from abstractions, from over-intellectualising or passively accepting the prevailing beliefs of their culture, but should be grounded in their own genuine and everyday experience – that is, should be as authentic as possible. To this end a focus on the client as they present themselves in therapy should perhaps be prioritised with opportunities for expression of their unique experience encouraged in order to build a sense of possibility and responsibility for making their own decisions about what is important to them.

Hegel's idealism and search for certainty seems to have represented for Kierkegaard an inability to accept the changeable nature of our existence. Kierkegaard (1848, as cited in Watkins, 1990) applies his belief in the necessity of authentic choice in the

face of uncertainty to the issue of mortality, challenging assumptions made by some Christians about the existence of an after-life by admitting his own faith in such a possibility is far from certain but at least an authentic choice of belief. The anxiety resulting from consciousness of freewill and the attending compulsion to choose from imagined possibilities is, for Kierkegaard, a given that must be accepted if we are to exercise autonomy and avoid the despair of not choosing: 'Learning to know anxiety is an adventure which every man has to affront...He therefore who has learned rightly to be in anxiety has learned the most important thing.' (May, 1967). 'Anxiety...' then.... 'is freedom's possibility.' (Hong, 2000, p. 153). A therapist applying these ideas might refrain from judging any views a client expresses about death and the possibility of an after-life since the truth of anyone's views on this is always questionable and because it is the authenticity, the conviction underlying these opinions, that is perhaps significant. They might endeavour to reinforce a client's right to express their views on mortality, in order to encourage an engagement with unanswerable questions that might form the beginnings of learning to accept and live with the anxiety that attends such uncertainty – this, for Kierkegaard, is highly significant and not least because it helps avoid the despair of indecision.

Nietzsche's preoccupation with the void he thought would inevitably be left by the general demise of belief in God led him to echo Kierkegaard's call for greater authenticity through accepting the necessity of self-created values and meaning to fill this void – an authenticity represented by Nietzsche's Superman, an ideal or a symbol of what we can and must be, that is life-affirming individuals who are not afraid to question the truth of shared values and replace them with our own: 'All gods are dead: now we want the Superman to live' (Nietzsche, 1883-1885/1969, p. 104). The absurdity of temporary existence without inherent meaning does not for Nietzsche lead to nihilism but instead provides a freedom to create individual meaning. *Amor fati*, 'to love your fate', is a phrase Nietzsche often uses (Nietzsche and Kaufmann, 1974), for example, and one that reflects his belief in trying to value whatever life throws at us, in the necessity of learning to live with positivity. Nietzsche is drawing attention to the need to live more authentically and responsibly by accepting the challenge of carving out life-meanings for ourselves despite awareness of mortality and despite the absence of prior meanings and we might

expect more existentially-oriented therapists to be looking for ways to help clients come closer to achieving this.

Nietzsche shares Kierkegaard's admiration for Socrates' method of investigation (Kaufmann, 1950, 2013, p. 82-83); a method less interested in developing a system of thought as Hegel, for example, had done with its underlying assumption of an inherent order to life, and more intent on adopting a constructivist approach with continual questioning, a focus on independent issues and an encouragement to reflect on our own assumptions and find our own solutions. Nietzsche (1887, 2007, p. 34) also advocates the application of a variety of perspectives in pursuit of truths. The nature of existence is seen as continually changing so that our understanding needs to be similarly flexible in order to comprehend and accept this. It is this preparedness to question and to continually question through a variety of methods and perspectives (Schneider, 2008), that might be seen to partly typify existential therapy perhaps – it is the engagement with existential issues that is seen to provide meaning (Nigesh and Saranya, 2017) rather than the discovery of any universal truths.

This pursuit of the truth is most advanced in Nietzsche's Superman who, ideally, overcomes and uses his freedom and in doing so affirms his life. This affirmation of life occupies a good deal of Nietzsche's writing, far exceeding any preoccupation with mortality and thereby demonstrating his own philosophy that 'The whole way in which a person thinks of death during the high tide of his life and strength bears, to be sure, very eloquent witness as to that which is called his character.' (Nietzsche, 1996, 88). With Kierkegaard he rejects any sense of certainty about the metaphysical, perfectly aware that 'death and the silence of death is the only certain thing.' (Nietzsche, 1974, 278), although of course Kierkegaard would question the necessity of the 'silence' of death. For Nietzsche it is character, and will, that enable a focus on *life* and he is therefore '...happy to see that men are altogether disinclined to think the thought of death!' and he would '...like to make the thought of life a hundred times *more worth thinking* for them.' (Nietzsche, 1974, 278). For Nietzsche, the problem of finding meaning in a life that must end is ultimately insolvable; it is our attitude to this predicament, this absurdity that appears to be significant and potentially strengthening for him, not any metaphysical speculation about it. A tension is highlighted here perhaps between the need to open up discussion about

mortality [which might be seen as a way to reduce fear of it] and the need to simply accept it for what it is and expend more energy on learning to live. For those who haven't been able to accept the reality of their mortality, though, it might be necessary to continue to question it in order to be able to live more fully: the two issues of learning to live and learning to accept dying may be more closely entwined than Nietzsche sometimes seems to want to allow.

Heidegger is closer to Kierkegaard than Nietzsche in emphasising the need to confront the 'facticity' of death and its attending anxiety in order to become more authentic, although the method through which he tries to achieve this does mirror Nietzsche – that is through a more existential-phenomenological approach where *responding to* ('entsprechen', Steiner, 1978, p. 84) rather than *answering* existential questions, participating in and truly *thinking* about issues around mortality as they are experienced, maintains a focus on subjectivity. Gardiner (1988, p. 89-91) reminds us that Kierkegaard also rejects any sort of detached philosophy that avoids confronting the unique character of human existence. Asking for a solution to the transient nature of human existence is not a worthwhile question for Kierkegaard, Nietzsche or Heidegger, whereas finding ways to honestly engage with this reality and especially with the way we experience it individually is not only worthwhile but necessary. This attitude to mortality might also be said to present a key characteristic of most existential perspectives in therapy.

Dualistic, non-phenomenological thinking has, for Heidegger, separated us from ourselves, each other and the world around us and explains our drive to make use of, rather than realise our connection to, the natural world (Heidegger, 1977, 4, 12). He is concerned with the way 'binary logic imprisons thought' (Rae, 2012) leaving a metaphysics that 'is unable and unwilling to inquire into the binary opposition itself' (Rae, 2012), that is, a form of inquiry that entraps itself and its users. Heidegger's view of the self as different in nature to other entities in that it is the only one whose 'Being is an issue for it' (Mulhall, 1996, p 15) reflects the need, for Heidegger, to self-reflect and make choices in order to forge identities and realise potential [authenticity]; 'Only human creatures lead their lives' (Mulhall, p 15), necessarily choose their futures. This responsibility for choosing our futures requires, for Heidegger, an awareness of our 'being-in-the-world', of the ways in which our consciousness is invariably constructed by the norms and values we have been

brought up with and continue to be influenced by. There are implications for therapy perhaps in terms of needing to create and maintain the opportunity for this openness, for clients to regain a sense of their relationship to themselves, to others and to the wonder of being. Heidegger's emphasis on the uniqueness of human existence, in that we are aware of meaninglessness and of our own mortality, also calls for a kind of therapy that recognises and uses this consciousness with its potential for both anxiety and creativity.

The very task and necessity of forging our own meanings is also a primary cause of anxiety, of dread, for Sartre. Identity, and essence, for Sartre is something that must be created, it is both the acting out and achievement of freedom through action or, more accurately, commitment. Stern (1953, 1967, p 65) refers to 'Sartre's Mathieu in *The Age of Reason* and *The Reprieve* [who] is never able to commit himself [and so] remains inessential'; rather than simply existing, being, we must achieve our essence and fill the 'nothingness' that, from an existential perspective at least, is our lot since we have no prior meaning or essence. This project we must choose and commit ourselves to is ongoing since its completion, although bringing about the end of our anxiety, would also, therefore, deprive us of our freedom. In relation to existential therapy, there is a reminder here of the importance of helping clients to see how natural anxiety is and how inseparable it is from the freedom we have to create our own meaning. Sartre also reminds us of the need to commit to this project of meaning creation, that there is a real effort required for any progress to be made. In therapy this raises questions about ensuring a balance between maintaining space for clients to explore meaning in their own way and time and challenging them to honestly engage in this process – something Spinelli (2015, p67) alludes to in suggesting challenges to clients' worldviews might be 'invitational'. There is also the possibility for disagreement about what constitutes meaning since, and Sartre appears to be arguing this, acting out freedom, making choices and decisions might be seen as inseparable from meaning at times – that is, the choices we make are the meanings themselves and anything more reflective or abstract is only representational of these.

Meaning also consists of the values that, according to Sartre, we must choose since there is no other source: 'My freedom is the only foundation of values and nothing, absolutely nothing justifies me in adopting this value rather than that, this hierarchy

of values rather than another' (Sartre, 1956, p. 76). Sartre is in accord with Kierkegaard, Nietzsche and Heidegger in his conception of the authentic person, acting in 'good faith', who is fully conscious of his responsibility for choosing his own values and fully accepts the anxiety that is inseparable from this but also acknowledges that this choice is ongoing: 'I am choosing myself perpetually' (Sartre, 1956, p. 560). This constant creation of values and meaning is what separates us from non-human animals, it's what makes us 'for-ourselves' rather than 'in-ourselves'. This future-orientated philosophy might also be seen in existential therapies where clients, indeed all of us, are seen to be in the process of becoming and therefore as possibilities rather than complete in any way. This also suggests the possibility for change and for hope.

While Heidegger's 'freedom for death' as a form of authenticity [*Heidegger, 1962, p. 234*] is achieved through accepting individual mortality and death anxiety, for Sartre, authenticity is a greater possibility because of our stand in relation to choice and responsibility. Sartre's emphasis is on human existence as 'being-for itself' and he rejects Heidegger's 'being towards death' not because individual finitude shouldn't be recognised and faced but because he sees this preoccupation as a form of 'being-for-others' which is incompatible with taking responsibility for creating our own values and futures: 'There is no place for death in the being-for-itself...Death is only a certain aspect of facticity and of being-for-others' (Sartre, 1956, pp. 630-631). This difference in emphasis reflects the tension again between the individuality, the subjective experience existential therapy focuses on and its recognition that meaning-creation and existence itself cannot be regarded in isolation from others. It also draws attention to the way in which creating our own meanings cannot be separated from death awareness; although Sartre and Nietzsche seem to suggest exercising the will to choose our own meanings is far more important than dwelling on the transient nature of existence, Heidegger reminds us that death awareness is always or frequently present and that this consciousness makes meaning creation more urgent.

The idea that meaning and mortality are not equally significant or interdependent concerns, has been taken up by other existential writers – with some seeing a less passionate life resulting from the denial of our own personal finitude. Barrett (1962, 1990) offers a useful summary (pp. 143-6), for example, of the way in which

Tolstoy's own experience, mirrored in his depiction of Ivan Ilyich in *The Death of Ivan Ilyich* (1981), of a very personal realisation of his own finitude highlights the necessity for him of embracing life *and* death in order to live more vitally. Barrett (p. 143) goes on to question, as had Tolstoy, the more traditional philosophical approach to how we can best regard individual mortality by emphasising the limits of reason and the inadequacy and perhaps dishonesty or detachment of a perspective that encourages us to focus on life rather than death as if they were entirely unrelated. Each client's experience and circumstance are of course highly personal and unique, though, and it is this very private and particular awakening that is emphasised, to return to the example of Tolstoy, in Tolstoy's (1988), and his protagonist Ivan's facing up to their *own* mortality. Without a sense of meaning in life this realisation [that death is something that will happen to *me*] can be even more isolating perhaps just as the absence of an honest and courageous confrontation with personal finitude may limit constructed life-meanings to those that are too detached or inauthentic.

These philosophies share a recognition of the need to engage with difficult questions around meaning and mortality and to try and do this in an honest way that reflects how we have experienced and continue to experience life. Conforming blindly to established belief systems and intellectualising abstractly are broadly seen as ways of avoiding a more authentic and personal engagement with life-meaning and finitude. Accepting the challenge of creating personal meanings is seen as necessary for managing inherent anxiety and a shift in perspective, where such a process is regarded as ongoing, called for. The relationship between our ability to successfully create these meanings and our willingness to accept our mortality is emphasised more by some thinkers than others. There is also some disagreement about whether mortality or life-affirming meaning creation are equal priorities, but agreement about the requirement to engage honestly with both. This need for engagement is reflected in the literature around existential therapy itself, which will be discussed next.

2.2 'Meaning' and 'Mortality' in Existential Therapy

2.2.1 The importance of exploring death and meaning in therapy

That meaning and mortality are significant to us, whether we express this or not, is perhaps not in question (Yalom, 1980) - even an apparent 'denial' or avoidance of the importance of meaning and death by clients is still a possible indication of the relevance of these issues to them (Pyszczynski et al., 1999).

Addressing these issues in therapy would seem to be necessary, or at least desirable, then, and existential therapists in particular, such as van Deurzen (2015), have often viewed this necessity in terms of facilitating the pursuit of a more authentic existence – the importance of which, as we have seen, was emphasised by Kierkegaard and Heidegger. She calls for 'less of the therapy and more of the philosophy' (2015, p. 176) since she sees the current focus on evidence-based therapies [that is more controlled and formulaic approaches] as 'failing to ask about the meaning of life or the purpose in living' (2015, p. 176), something she regards as problematic in the way it denies clients the space to clarify where their present assumptions are unhelpful and the chance to regain a sense of what really matters to them, of what they are passionate about. This, she argues, should be the aim of therapy – to help clients build a sense of what is meaningful to them in order to gain some ownership of their lives and thereby become stronger and more able to face future challenges. Engaging in honest philosophical enquiry is, she suggests, a key requirement of this process. van Deurzen also refers to 'death' as a legitimate subject for therapy, stressing how it is inseparable from the process of discovering or rediscovering what is most significant to us in life: 'Life and death are two sides of one coin' (2015, p. 49). She quotes Nietzsche's 'Man would sooner have the void for his purpose than be void of purpose' [On the Genealogy of Morals] to make the point that 'people's preoccupation with death [is related to] a lack of purpose and meaning' (2015, p. 49). She goes on to suggest, reflecting something of Tolstoy's observations [see above], that death is a necessary focus for therapy in order to help build a more complete knowledge and understanding of existence but a preoccupation with it again reduces our passion for life and this preoccupation can itself be a consequence of an absence of life-purpose.

This relationship between mortality and cultivating, discovering and sustaining meaning can also be seen in the context of death anxiety perhaps. Death anxiety as an underlying contributor to what some may consider maladaptive behaviour is well documented (Furer and Walker, 2008), and so the importance of reducing this anxiety is clear. Aligning ourselves with a certain set of meanings in order to try and manage the anxiety that death awareness can provoke (Greenberg, 2012) may help achieve this. While the meanings we come to accept can strengthen our ability to manage death anxiety levels, any threat to these meanings can in turn lead to negative reactions such as aggressive behaviour (Greenberg, 2012) suggesting our cultural worldview and corresponding levels of self-esteem need to be robust. There is a challenge here for therapists, then, as van Deurzen implied existed in relation to addressing mortality in therapy, which is to find a balance between questioning, or encouraging clients to question, worldviews in order to develop and clarify them while avoiding the danger of undermining these views, and therefore the client's self-trust. The role of the therapist in managing this balance - both in relation to mortality and meaning - through a sensitive, conscious and empathic process is clearly crucial and is a key focus of the current research project.

This relationship between mortality and meaning also seems to be significant from the perspective of treating death anxiety, since there is some support for the idea that addressing meaning contributes to a successful treatment (Lo et al., 2014). While the success generally of 'treating' death anxiety appears to be less obvious where the anxiety has become extreme enough to prevent everyday functioning, (Tausch, 1988; Testa, 1981) it is more apparent when used with those receiving palliative care (Barrera and Spiegel, 2014) – and so the potentially effective role of addressing meaning in therapy [given that it does seem to be related to how we deal with mortality] is cause for some optimism perhaps.

2.2.2 How existential therapists work with meaning and mortality

Addressing our worldview directly and positively has been shown to improve our ability to deal with physical illness (Vos, Craig and Cooper, 2015) and the meaning we attach to death specifically has also been shown to improve our quality of life (Neimeyer, 2005). A direct approach to clarifying a client's worldview, and of the

meaning they attach to death specifically, may well contribute to strengthening their defences against excessive death anxiety. To this end, an existential therapy may be productive since it is more likely to address and challenge a client's worldview and encourage them to respond more authentically (Schneider and May, 1995b).

van Deurzen (1997) seems to justify a more direct and directive approach to therapy, in the sense that clients are encouraged to honestly face up to the realities of their lives, by suggesting problems are primarily the result of misunderstanding the nature of existence, of an unrealistic philosophy of life. From this point of view the meanings clients give to their lives, the beliefs and values that inform their assumptions about how life should be, need to be realistic; hiding from challenges can only result in despair (van Deurzen, 2002) and therefore the underlying life-meanings, for example that life ought to be more just, that encourage this avoidance might need to be addressed directly. The idea that clients should be encouraged to address their philosophies directly hasn't always met with agreement though. Cooper (2003, p117), for example, cites a number of criticisms where van Deurzen's approach is felt to be too prescriptive (Woolf, 2000) and where clients were aware of, and possibly compromised by, the therapist's own values and assumptions (Hornby, 1997).

Spinelli (2015), on the other hand, is far more phenomenological in the way he conducts and advocates the process of therapy generally and in relation to meaning and mortality specifically. He is far more concerned with bracketing his own assumptions, with allowing the client the space within therapy to be themselves and to be accepted on their own terms without any expectations or pressure to confront their worldviews (Spinelli, 1997). He doesn't appear to see the therapist's role as passive, however, only as allowing the client to present themselves freely; the therapist is seen to be active to the extent that they try to 'be-with' the client [to appreciate what the client presents without judgement] to 'be-for' them [to build empathy] but this involvement is what helps the therapist 'in remaining attuned to *the client who is present*' (Spinelli 2015, p143) as well as 'subvert[ing] the therapist's tendency to be the client's truth-bringer, healer or helper in any purposive or directive manner' (Spinelli 2015, p143). This non-directive approach reflects Spinelli's openness as a therapist where, for example, he is content to allow clients to present whatever they feel they need to: he speaks for instance of the advantages of

addressing and accepting meaning and meaninglessness equally – ‘Meanings that can permit no meaninglessness may be the source to both well-being and disturbance, just as the loss or search for meaning and the associated experience of meaninglessness may both reduce and intensify unease and distress’ (2015, p37). The same perspective is employed with regard to the relationship between death anxiety and meaning where he sees the two as invariably interwoven – commenting on Yalom’s (1980) discussion of belief in an ‘Ultimate Rescuer’ as a defence against death anxiety, for example, he sees such defences as resulting from inflexible worldviews which can result in a number of unhelpful behaviour patterns (2015, p107). An open, non-judgemental, non-prescriptive stance towards the question of death and meaning is here seen to allow the client to direct the nature and course of therapy.

Spinelli, although less prescriptive than van Deurzen perhaps, shares her descriptive approach to therapy, focusing less on causes and explanations (Spinelli 2015) and more on the details clients present. These details in someone’s behaviour or speech can help disclose what something means to them [Spinelli is particularly interested in clients’ own interpretations of their experience] and these details are perhaps more easily acknowledged if the therapist is engaging with clients in a way that is not premeditated, that isn’t hampered by imposing their own values. In relation to meaning especially, Wong (2012a) reminds us that the existential approach focuses, rightly in his view, on meaning-creation as a lived experience and not an exercise in abstract thinking and a more phenomenological approach like Spinelli’s would seem to facilitate this.

These views about how directive and open therapists should be raise questions about the role of the therapist in the relationship – and there is empirical evidence, such as Schneider & Krug (2009), and Myers and Hayes’ (2006) demonstration of alleviating the difficulty of the experience of loss through perceiving the therapeutic relationship as strong, to suggest the relationship itself is important as the basis for attempting to bring about clarity and change. The therapist’s part in this relationship, and its effectiveness, may largely depend on how candid they feel they can be with clients which may in turn reflect their preparedness to face their own existential dilemmas.

A therapist's reluctance to confront existential issues in their own lives may be a barrier to them challenging their client's own willingness to do the same, then. Bugenthal, in the context of self-disclosure, says "First and foremost: strict honesty is required" (1987, p. 143.) and so expresses the need for therapists to work alongside clients, to put clients at ease by treating them as equals. The honesty and openness of the therapist is seen as a way of encouraging the same in the client. Howes' (2009) interview with Irvine Yalom reveals a similar attitude where Yalom says "I think that's (self-disclosure) so terribly important for opening up patients." Yalom adds that therapists should themselves try to be in therapy - further highlighting his belief that therapists are no different to clients in their struggle to make more sense of what it is like to exist as a human being: 'We are all in this together and there is no therapist and no person immune to the inherent tragedies of existence' (Yalom, 2002, p.8). The therapist as a 'fellow traveller' is also recognised by van Deurzen as central to existential therapy: 'It is this that makes psychotherapy and counselling existential: to recognise the common humanity that we share and to deal with adversity as predicaments that can happen to anyone. What my client is struggling with now, I have struggled with at one time, or am finding hard now, or will be confronted with in the future. None of us is exempt from the human condition. As therapists we need to be capable of letting our lives be touched by those of our clients' (2015, p146-7). There is also evidence from survey data (Hill, 2016) that this kind of openness, and self-disclosure, especially when engaging with issues around meaning, is more common among therapists who are more existentially-orientated.

There is a difference between therapists' awareness of themselves as 'fellow travellers' and demonstrating this belief to clients, perhaps through more self-disclosure, though. Schnellbacher & Leijssen's (2009) research from a client's perspective, illustrated the complexity of self-disclosure. They hypothesised that sincerity might be the most significant factor in effective therapy but found that acceptance and emotional self-disclosure were more important to clients. It was the experience of therapy for clients, where they felt respected and free to share what they felt comfortable with, that was most apparent. Exceptions were also notable where some clients reported unease with too much intimacy, too much self-disclosure, suggesting the nature and extent of therapists' revelations could be perceived as too intrusive and discourage clients' openness. Although the study

used a very small sample and so cannot be generalised, it did make the important observation that in terms of more existential issues like mortality and meaning, self-disclosure was felt to be significant where it occurred in the context of the therapist as 'companion', as a fellow human being with the same concerns as their client.

Sturges's (2012) review of research on therapists' self-disclosure and self-involving statements summarises further the potential risks and benefits and, therefore, the need for caution. The effectiveness of self-disclosure was seen to be reduced where clients felt their concerns were overshadowed by the therapist's (Hanson, 2005). This was especially true where bereavement was a focus (Gelso and Palmer, 2011), the therapeutic alliance weak (Gelso and Palmer, 2011) and disclosures seen to reveal therapist vulnerability (Andet and Everall, 2010) and decreased empathy (Hayes, 2007). On the other hand, self-disclosure was viewed as potentially more effective where it presented the therapist as more caring (Henretty and Levitt, 2010) and the client quickly became the focus again (Knox and Hill, 2003).

Self-involvement was often perceived as more influential than actual disclosure where the integrity of the therapist concentrating on the here-and-now rather than the finer details of their own experience was prioritised (Yalom with Leszcz, 2005) and where a more careful and deliberate response (for example Eifert and Forsyth 2005: "I am experiencing sadness in response to what you said.") was seen to potentially alleviate anxiety and nurture greater trust. Perhaps the most enlightening study reviewed by Sturges in relation to therapists' disclosures around issues of meaning and mortality, though, was Tsai et al.'s (2010) reflection on the benefits of the therapist's (who was also the author of the study) revelations to the client about her mother's recent death.

These potential benefits included learning how to talk to others about grief and loss, building a trusting and equal therapeutic relationship, becoming more aware of their own and loved ones' mortality and moving therapy into less frequently investigated areas so that strongly felt emotions around the loss of others can be addressed and addressed directly. Tsai draws attention to several advantages of self-disclosure if employed with reservation and adds to our understanding of the process itself, especially in the way that email may be used to prepare clients and ensure they are

fully aware of what is being proposed allowing for a more informed agreement to self-disclosure.

Although there would appear to be considerable agreement about the importance of the issues of meaning and mortality in themselves and for clients, for example the importance of an existential approach in supporting those with cancer (Lantz, 2000), a remaining difficulty for therapists is deciding if and when embracing these issues is appropriate; this problem begins to highlight significant differences in the aspects of therapy that are emphasised by therapists. There is some agreement, though, about the importance or inevitability of the relationship between death anxiety and meaning-creation with inflexible worldviews often being perceived as a potential catalyst for death anxiety, although the extent to which therapists believe either issue should become the key focus for clients is unclear. How therapists understand their role in addressing issues around death and meaning, then, especially in the context of maintaining a strong therapeutic relationship perhaps, is a challenge both for themselves and for any research investigating this understanding.

2.2.3 Where more research is required

How therapists believe they can convey a sense of sharing the same existential concerns as the client and create the kind of therapy whereby clients feel the therapist is working in a less directive way, alongside them, in order to facilitate a greater willingness to embrace issues of mortality and meaning warrants further research perhaps. In managing this well, it seems reasonable to assume therapists would at the same time be able to strengthen the therapeutic alliance and thereby facilitate greater trust and openness, but this procedure may well be seen as more complex by therapists when applied to more sensitive concerns around death and meaning.

It seems that one potential way of helping achieve this is for therapists to be more open about their beliefs, values and emotions since this may present them as more human and approachable - and Yalom stresses, in Howes' (2009) interview, how the therapist's aloofness can be a major obstacle in therapy. At the same time this potentially reduces the phenomenological nature of the therapy which others like

Spinelli (2005) hold in such high regard, since any genuine revelations from clients may be compromised by their perception of what therapists value. It would be useful to understand more about how therapists feel they manage the apparent requirement of self-disclosure without intruding on clients' space then. In relation to clients' sense of meaning this would seem to be an important issue since any genuine development of their worldview has to be their own, untainted by any reluctance to conflict with the therapist's own worldview. It could be that therapists tend to reveal a willingness to engage with questions of meaning and mortality without disclosing their particular beliefs and values. This is what Spinelli (2005) appears to advocate as a desirable application of bracketing, where the therapist's general assumptions are not entirely hidden necessarily but are not allowed to impede the client's account of their lived experience.

Finding a way to engage clients with questions about meaning and mortality does seem significant since clients at times appear to openly express a desire to do so, or at least to say as much when asked. Hill's (2016) survey of therapists', although not necessarily existentialist, perspectives on working with meaning in life, for instance, found 12% of therapists thought that clients came to therapy presenting meaning in life as a key issue, and the same report quotes Yalom's (1980) observation that most are willing to engage with this subject when asked: Yalom (1980) says something similar about the way death is often not confronted directly in therapy yet appears to underlay many issues clients are more ready to discuss. Hill's survey is useful in revealing these patterns and the current research aims to clarify how this process of engaging with meaning occurs in practice. She identifies 'offering support' and providing an opportunity to explore meaning through asking open questions as the most helpful interventions for instance.

While fairly recent research can be found on the effect of death awareness on a variety of areas of our lives (Burke et al., 2010) and how this may be largely unconscious in its defensive capacity (Greenberg, 2012), this is mostly experimental and less focused on the way in which creating, strengthening and clarifying meaning more consciously can act as a potentially effective way of reducing death anxiety or how, conversely, focusing on mortality can encourage meaning-creation. The causal relationship between mortality salience and the need for commitment to worldviews and/or self-esteem and the statistical patterns able to inform developments in theory

and practice are positive outcomes of Burke's focus on experiments and a meta-analysis of these respectively. A more qualitative approach is needed, though, in order to move beyond merely highlighting a relationship between death awareness and maintaining robust worldviews and discovering more about how clients can positively and effectively engage with meaning and mortality in practice.

Other research has attempted to reflect on the usefulness of those approaches that are specifically existential. One meta-analysis of the effectiveness of different types of existential therapies (Vos, Craig and Cooper, 2015) for instance, in addition to highlighting the scarcity of research into existential therapeutic practice generally, concludes that such therapies are potentially effective but that this largely depends on the client-group, the presenting issue and the kind of existential therapy used. In this overview, the researchers preferred to focus, ultimately at least, on the outcomes of existential therapies and in relation to a variety of concerns clients might present. While Cooper's study applies a rigorous set of criteria to ensure only quality studies were included in his meta-analysis [in line with Borenstein, 2009, for example, who provides a reminder of the need to prevent the poor quality of original studies resulting in the same with regard to the meta-analysis itself], the study remains limited, as was the intention, to highlighting the potential effectiveness of existential therapies. Cooper suggests follow-up studies are required in order to narrow down which types of existential therapy work best with individual clients and the current study might be seen as attempting to shed light on this since its focus is very much on drawing out the subtleties involved in trying to address certain issues with individual clients as perceived by individual therapists. Only a qualitative, interview-based study can provide the depth required to begin to do this.

2.3 Rationale

While differences in emphasis are artificial in a sense since research into all these aspects of existential therapies will inform each other, how therapists perceive engaging clients with concerns around death and meaning specifically is one area that does appear to have been under-researched. While all aspects of existential therapies require further investigation, there seem to be fewer process-focused

studies directly aimed at working with the issues of meaning and mortality. Where research appears to confirm *that* these areas of inquiry are important, then, it is with the question of *how* therapists see themselves managing the apparent difficulty of engaging clients with meaning and mortality that the current project is concerned.

It is surely vital to understand the processes that therapists use when engaging with meaning and mortality rather than simply the outcomes of therapy since it is the processes that lead to successful outcomes. The subject of meaning and meaning in relation to death is seen to be particularly important here because the more clients are encouraged to engage with issues around meaning, the more manageable death anxiety may become. Quality of life and physical well-being specifically can also, potentially, be improved through challenging, or at least encouraging the questioning of, clients' views and feelings around meaning and personal mortality. The current study aims to add to the limited amount of research into existential therapy generally, and specifically to contribute to our understanding of how issues around meaning and mortality in therapy might be addressed – that is to better comprehend the processes that might, according to those who practice existential therapy, be more likely to engage clients with these aspects of their lives.

From a broader perspective, as western culture has become more fragmented and secular (Bruce, 2002) it is becoming more difficult to find ways and opportunities to discuss more philosophical concerns. Psychotherapy, and especially existentially orientated therapy, is possibly starting to find more of a place for itself as a result since it is potentially able to meet these needs. If it is to successfully continue to achieve this, though, it must build on its understanding of the processes that constitute its practice – and this can best be accomplished through discussions with those who take part in the therapy.

How therapy can help normalise existential anxieties is difficult to measure, but since it is the varied perspectives and understandings of the therapists themselves that will largely construct the nature and function of the therapy then it is these constructions that will form the focus of the current research. While clients are equally responsible for the therapy that unfolds, it might be assumed that they have often come to therapy because latent existential issues (Yalom, 1980) need to be engaged with more realistically and more philosophically (van Deurzen, 2015), and as such they

will be less likely, possibly, to reveal the same insights into ways of investigating exploration of mortality and life-meaning.

2.4 Aims

This investigation will attempt to understand how, from the interviewees' perspectives, an exploration of mortality and meaning can be encouraged in therapy. Some of the challenges faced by existential therapists in achieving this engagement, and how they try to meet these, will hopefully be highlighted. The research may improve, in some small way, our understanding of how existential therapy can better create a setting where clients who feel a need to work through more philosophical issues relating to meaning and mortality are able to do so.

Chapter Three: Method

3.1 Ontological and Epistemological Positions

Given that this research was aimed at clarifying therapists' perspectives on the way they work rather than revealing objective facts about their practices, a non-realist position was assumed. My conclusions are a result of my own interpretations which will have been informed by my own cultural background and experience and are therefore socially constructed. Just as therapists employing an existential approach might be expected to reject the essentialist, positivist assumption of the existence of realities able to be *discovered* [Szasz, 1960], so I am attempting an approximation only of knowledge of truths about the way in which existential psychotherapists engage with clients. Mine is an interpretivist [Glaser and Strauss, 1968] and constructivist [Burr, 1995] approach and so anti-positivist since there is no assumption of the existence of objective truths about existential psychotherapeutic processes or the possibility of necessarily knowing them.

What there is to be known about existential therapeutic processes is not independent of my own beliefs and values, waiting to be uncovered, but is created through my chosen paradigm and process of interacting with participants. My ontological position is that social reality is not a single unchanging entity but a number of possibilities all relying on specific individuals interacting within a particular social context. How we perceive and understand social phenomena is also taken to be the result of social interactions, and the knowledge generated in this way as socially constructed [Denzin, 2008, p315].

It is surely impossible to *know* any reality that might exist independent of our own constructions and interpretations of it? Philosophers and sociologists, for instance, have frequently demonstrated considerable scepticism about such a possibility. Hume claimed for example that questions about metaphysical concepts like 'reality' are neither answerable through experience or through the application of mathematical logic and so are meaningless – we might even '...burn every book, which is not based on the ground of human experience or pure mathematics.' (Hume 1738, 1965). Hume adds that it makes no difference whether an independent reality exists outside of us since our experience of 'it' would be the same. Similarly, Kant's

transcendental idealism, where *a priori* concepts such as 'time' and 'space' are seen to provide the necessary conditions for experience (although not the content) (Kant 1781, 1996), is also limited, as he acknowledged, to addressing the world of experience and can't be applied to anything metaphysical, to anything beyond these concepts. For Kant, there is a noumenal world of things-in-themselves but we have no way of knowing it and instead are limited to knowledge of the phenomenal world, the world of experience as understood by the application of concepts within the limitation of *a priori* space-time categories. Interpretivist sociologists have often taken a similarly sceptical position in response to positivist approaches within their discipline - Durkheim's (1897, 1951) treatment of statistics about suicide as 'social facts' are regarded by Douglas (1967), for example, as interpretations and constructions, as nothing more than the meanings certain people, coroners for example in the case of suicide, impose on these statistics. The current project mirrored the same interpretivist approach where data generated by therapists could only be understood in terms of therapists' own interpretations of their experience which, in turn, were further constructed via my own interpretations. In line with Kant's epistemology, though, I was able to discern, or construct, patterns and themes in the data by applying a reasoned, conceptual analysis while refraining from making any claims about the ways in which these patterns reflected any underlying reality characterised by universal and general laws.

Critical realists would see these constructions as unreliable and insufficient to disclose anything about an underlying reality; they are 'limited by the existence of unacknowledged conditions, unintended consequences, tacit skills and unconscious motivations' (Bhaskar, 1998: xvi). The critical realist position is similarly dismissive of the positivists' naive realism, of the idea that the natural and social worlds are directed by general laws we are able to discover. Bhaskar's main objection to both positivist and constructivist/interpretivist approaches is the way in which ontology in both cases is reduced to an epistemology – both are guilty, he claims, of what he calls 'the epistemic fallacy' (1998, p 27) where positivists wrongly identify reality as that which can be known through empirical or social science and constructivists to that which can be known through discourse. Although Hume and Kant's positions can't be aligned with either positivism or interpretivism, their scepticism does also seem to be aimed at epistemologies rather than ontologies -

they are objecting to the knowability of reality not its existence. Positivists and interpretivists also remain sceptical about what we can know because, according to critical realists, the paradigm they choose necessarily limits their concept of reality to their epistemologies and therefore methodologies. Bhaskar's 'unacknowledged conditions, unintended consequences, tacit skills and unconscious motivations' are, for him, in danger of being overlooked by these perspectives - those events and conditions that aren't acknowledged by the researcher [actualities] and their underlying structures [realities] are for critical realists significant aspects of any reality that is the subject of research.

This project, while recognising, if not assuming, the possibility of realities beyond that which discourse generates, was mostly (there were occasions when I attempted to gain some, albeit incomplete, insight into these realities and actualities) limited to an interpretivist approach as the 'actualities' and 'realities' Bhaskar refers to are viewed as the subject of speculation that can best be acknowledged through greater reflexivity. Since reality is seen as that which is produced through dialogue within a particular social context, then, the current epistemology was necessarily based on the perspectives of the researcher and the participants – reality is understood through our own particular perspectives and biases and through the way in which I as the researcher interact with participants. This inter-subjectivity forms the research process where researcher and participants are influencing each other. It is the particular context in which the current research was carried out, involving specific actors with their own beliefs and values, that determined the outcome and as such the research was not value-free. The understandings participants, and myself as the researcher, were seen to express were, in turn, acknowledged as influenced by the more sociological factors of gender, ethnicity, class and culture. It should also be emphasised that it was the social reality, the experience of counselling sessions participants were reflecting on, as well as the current research process that was attempting to make sense of this that was seen to be, primarily, socially constructed – that is, the epistemological position and its subject matter were both viewed as constructions.

3.2 Overview of the Study Design

I aimed to better understand therapists' perceptions of how 'meaning' and 'mortality' are addressed in therapy - to comprehend more fully the subjective meanings existential therapists bring to, and develop in, counselling sessions.

An interpretivist approach was therefore employed since I was looking, necessarily, to make sense in my own way of what the data presented – to go beyond the data as it first appeared to me. Since my aim was to derive meanings rather than facts, then, a qualitative methodology was applied. In order to allow for richer data a semi-structured written account and a follow up interview, both by email, were used - creating space for the participants' ideas to be heard while maintaining a focus on the research aims themselves.

Reflexivity is something I tried to maintain throughout the early part of the research process, to the extent that I also kept a reflexive diary [appendix 7]. It is in this sense that I describe my approach as neither realist nor *entirely* relativist, but as a weaker form of relativism and constructivism since despite my inevitable influence on the information provided by participants, the collaborative and reflexive nature of my role hopefully reduced this influence somewhat and allowed participants' intended communications to be heard.

3.3 Recruitment

To go beyond first impressions of what therapists say and mean required an interview-based approach where I was able to become as engaged as possible with the process itself through an ongoing interaction with interviewees. This was only really possible with a small sample (Crouch and Mckenzie, 2006) and a key reason for selecting a small sample of eight participants.

The sample size was also the result of having to recruit from a small target population, existential therapists being a minority group. An internet search for existential therapists advertising themselves was therefore conducted, with the proviso that anyone contacted would be registered with the British Association for Counselling and Psychotherapy [BACP] or the UK Council for Psychotherapy

[UKCP] and thereby recognised as holding relevant professional qualifications and as upholding certain standards in their practice. I initially contacted those with an existential-orientation, rather than those who were explicitly existential, as the intention was to carry out face-to-face interviews and there was a limited pool within travelable distance. I rejected the option of Skype as, in my experience, it can be unreliable and communication often unclear. On meeting with a therapist who responded to my initial email, it became apparent that anyone who wasn't explicitly existential would not be likely to properly address the research aims. This initial interview was useful however in clarifying my aims and intentions, for example that I wanted to investigate specifically existential questions and therefore correspond with therapists who were explicitly existential. As a result of this interview, the unavailability of existential therapists locally and further reflection on the disadvantages of face-to-face interviews [such as the difficulty of concentrating on the interviewee's responses while conscious of limited time in which to ask all the necessary questions (Wengraf, 2001)], I resolved to find participants through the internet and primarily used The Society for Existential Analysis in the UK although not exclusively. One local participant who had developed a real interest in existential themes, although wouldn't describe herself as primarily existential, had replied to my initial email and was also included in the sample. I questioned whether this participant should be included in the final analysis, but after discussion with supervisors and given this participant's responses to the questionnaire it was decided that she was significantly existential in her approach and should remain part of the study.

One hundred-plus potential respondents were contacted as a result of my initial search and eight willing participants eventually found. The main reason, where a reason was given, for not taking part was workload – either their existing workload or the perception that this project would be too time-consuming. I adjusted information sent to remaining participants to emphasise that it was up to them how much time they wanted to commit [appendix 1]. Contacting so many therapists had the advantage that those who agreed to take part would hopefully be those who were genuinely interested.

I initially aimed to recruit a sample that was varied in terms of age, ethnicity, gender and beliefs in order to incorporate as broad a perspective as possible among the

therapists responding to the questionnaire and interview and to facilitate the emergence of any future research questions that might relate to any of these variations. In reality, the sample consisted of those therapists who were existential in outlook and willing to take part, although there was still some variation in terms of age, gender, ethnicity and religious affiliation.

3.4 Participants

Dorothy was a female psychotherapist, supervisor and mediator in her 70s with no religious affiliation and an interest in all things creative. She had an Advanced Diploma in Existential Psychotherapy and was of North American and European descent.

Sharon had an Advanced Diploma in Existential Psychotherapy and a Diploma in Integrative Supervision. In her early 50s, she was White-British, Church of England and a practicing psychotherapist.

Jacob was White-British, in his early 50s and an integrative counsellor with a 'grounded style' described as 'existential-phenomenological'. He had a PGDIP in Psychotherapeutic Counselling as well as a health-related MSc and was agnostic.

Henry was male, late 60s with various qualifications including a Diploma in Existential Counselling.

Janice was in her 50s, a life coach and counsellor with qualifications in person-centered counselling integrative with life-coaching and a particular interest in existential issues. She described herself as a keen traveller and a member of the Church of England but with an interest in Buddhist concepts and spirituality.

Darius was Greek, 30 years of age, and a member of the Greek Orthodox Church. He had an MSc in Counselling Psychology and a Certificate in Psychotherapy Supervision. He described his training and approach as experiential and person-centered with a particular interest in existential concerns.

Phoebe, 67, had an MA in Psychotherapy and Counselling from the New School [existential] and described herself as half-Jewish, half C of E, White-British and as keen to undergo continual professional development.

Lorna, in her early 60s, counselled students and had a PGDip in Counselling Supervision. She described her training and orientation in therapy as existential and psychodynamic.

3.5 Rationale for using Questionnaires and Interviews, both by Email

Written responses, unlike face to face interviews, significantly reduce researcher-influence allowing respondents more time to reflect on responses which may in turn provide for a more valid, less compromised set of data. Follow-up interviews by email, then, helped ensure sufficient detail was collected, initial replies elaborated on and clarified and further and more sensitive issues pursued. Advantages of using asynchronous email, and ideally within a relatively short response time for interviewer and interviewee, include flexibility where responses can be sent quickly and when participants have time to reflect, an increased opportunity to build rapport as the interview unfolds over a longer period than a face-to-face exchange and the chance to become more absorbed in the data (Golding, 2014).

Interviewees may be less effective at writing compared with speaking (Karchmer, 2001), but it is reasonable to assume that for many, especially those well-educated, the opposite may be the case. Although reflective writing written over a very short space of time was used, rather than a journal as such which would imply something more longitudinal, the advantages were seen to overlap considerably. Smith-Sullivan (2008) lists several advantages of using journals as a research method: it is conducive to sensitive and emotional subject areas, more suitable for more introverted participants, able to encourage data on under-researched areas and open to a thematic analysis and unstructured or semi-structured formats. All these advantages relate well to the current study's research aims where disclosing personal views and experiences about meaning in life and mortality is a potentially sensitive subject that requires confidentiality and an open-ended methodology with little researcher-intervention.

This data collection approach was also partly informed by Hollway and Jefferson's (2000) free association narrative interview which assumes a defended rather than unitary subject where the respondent's account of their own experience is mediated by a variety of anxiety-reducing defences. Hollway emphasised allowing the interviewee space to construct their own narrative to encourage disclosure of less conscious aspects of their story. In the same way, although the current research wasn't modelled on Hollway's aims or form of analysis, facilitating therapists' written accounts of their experiences of addressing issues around meaning and death in their own lives and in therapy would hopefully provide less defensive accounts. Reduced pressure in terms of time, interviewer-presence and social-desirability might encourage a less guarded response for instance. This was significant in the current study where therapists' readiness to reflect on their willingness to disclose their own attitudes to life-meaning and death was relevant.

The use of 'open-ended' interview questions would hopefully encourage greater disclosure - and not taken out of the context of the entire written account or the participant's lived experience beyond the research setting. The unavailability of the researcher to prompt respondents to elaborate where necessary was also compensated for to some degree by requesting an extended account of certain points following the initial written response via a follow-up email interview.

The research aims did constitute the statements participants were asked to respond to, though, and therefore some structure was present and so the process of constructing a narrative was not completely free.

3.6 Constructing the Questionnaire and Interview Questions

The questionnaire [appendix 5] aimed to discover how important participants thought addressing issues around meaning and death were in therapy since these issues formed the main focus of the research; how they saw their own experience of these main issues and how such experiences might be felt to impact on their work, and opinions on the appropriateness of opening up to clients about their own personal thoughts, feelings and experiences in relation to meaning and mortality. The later part of the questionnaire investigated whether it was desirable to encourage clients to engage with discussion around issues relating to death and meaning and to

challenge their worldview. Predictably perhaps, a common response was that challenging a client's general worldview, their beliefs and values, was only appropriate if they had first indicated they were comfortable with this. The question was altered in the light of the first few responses so that participants were asked to reflect on the suitability of encouraging clients to *challenge their own worldviews*. This was an interesting adjustment to have to make since it started to approach a key issue of the research, that is the extent to which existential therapists are in practice prepared to direct the process to encourage greater connection with the fundamental 'givens' of existence.

It is with the processes of therapy that this research is concerned but this is driven by the people who are engaging in the therapy and the unique relationship that unfolds. The extent to which a therapist encourages the client to challenge, or at least reflect honestly upon, their own beliefs and values and how this occurs must rely on the nature of the relationship between these two people. Since it seems reasonable to assume this is the case, and as the positive influence of a supportive and open relationship is backed up by the literature (Hill, 2016), the questionnaire addressed the issue of how a trusting relationship is seen to be formed.

Interview questions by email were asked in response to the initial questionnaire returns. Wherever I was unsure of the intended meaning of participants' responses or where I thought their responses were particularly relevant to the research aims but a little brief, I asked for further clarification or elaboration. If participants weren't forthcoming with responses at this stage I didn't pursue them since they had already given considerable time and effort in completing and returning the questionnaire. However, if they were keen to continue investigating a certain line of thought it was encouraged. Several issues around self-disclosure and the way existential therapy is future-orientated were discussed at greater length as a result of further interviewing, where one participant reflected on and altered their initial response to how much they self-disclosed for example and another elaborated on how they avoided categorising their perspective but were naturally more spontaneous in the way they worked. I replied to interview responses fairly quickly to validate and support participants' continued engagement with the process and facilitate a more fluent exchange of ideas.

3.7 Data Collection

Participants were asked to respond to specific questions in light of their own experience of therapeutic practice generally but were encouraged to use narratives, specific examples, to elaborate on this. Good detail was requested, while emphasising whatever participants could provide would be gratefully accepted so as not to lose potential participants by making the task appear too laborious. Requesting examples to clarify and support participants' responses was aimed at eliciting as much detail and clarification as possible in order to discern more accurately the intended meaning of the comments. I suggested participants try to return emailed questionnaires within a couple of weeks, but later if necessary. Once these responses were returned, follow-up questions were emailed as I sought clarification of certain points or elaboration of responses I thought particularly interesting and significant in relation to the research aims. Only once a follow-up question had been dealt with, or it was clear the participant no longer wished to pursue it, was a further question sent. All initial questionnaire responses were suitably detailed so that, if a participant didn't reply to a later interview question I simply checked they'd received it or I left it – resting on the assumption that the participant felt they had already said what they were prepared to say or felt they had already committed sufficient time to the project. Further questions were often unnecessary as several readings of questionnaire responses made it clearer what the intended meaning had been.

To help build the kind of trust and rapport that could facilitate a more open and committed participation, hopefully resulting in more meaningful data, the collaborative nature of the project was stressed. Taking care with participant correspondence, all by email, was essential then and attending to the detail of the wording of emails and the overall sense and intention I believed they conveyed was something I always tried to be aware of.

I also made it clear to participants that they were the experts, the ones trained and experienced in delivering therapy, and that although I held a privileged position in the research process in some ways such as deciding which questions to ask and which

responses to follow up, it was the participants themselves and what they chose to reveal that was really driving the study.

A sense of collaboration would probably fail to sufficiently engage participants unless they felt the research itself was worth doing. I therefore attempted to construct research aims that were as original as they could be while remaining as relevant as possible to all participants. While I looked to address themes that were hopefully significant for all therapists, then, such as the issues of meaning and mortality, I also looked to engage each therapist as an individual in their own right – by including the question of self-disclosure in therapy for example.

3.8 Data Analysis

A thematic analysis of the participants' responses was undertaken where no pre-existing themes were applied, so the analysis was largely guided by the data, but where I was conscious of the research aims when developing themes.

Since the narratives weren't entirely freely produced - the questionnaire for instance introduced a degree of limitation - Braun and Clarke's (2006) thematic analysis provided a framework for examining data since it acknowledges the active role of the researcher in the process of analysis; the researcher is active for example in deciding whether the criterion for what counts as a theme is the significance of a participant's statement in relation to existing research aims or the prevalence of the statement. I had, via the questionnaire, already decided on and presented respondents with these research aims, which were the ones helping to decide which themes were significant and which were not.

My own actions and assumptions were invariably part of the construction of what came out of the therapists' responses and a reflexive position was therefore taken throughout the process of collecting and analysing data.

Braun and Clarke's (2006) six steps of analysis were used to inform the process of analysis. I wanted initially to get a general sense of what the data might indicate and so read each participant's questionnaire and interview response many times. This was a deliberately open approach and was followed by my annotating the data set with single words and phrases where the specific responses 'felt' relevant, using no

other criteria than this. These annotations formed a list of codes, comments that seemed relevant and note-worthy in relation to the research aims but also to a broader existential and philosophical approach to therapy generally. These lists of codes were compiled per participant and were then examined more closely to see if there were any obvious patterns across the data items [individual participant questionnaires/interviews]. Any underlying principles able to organise and structure the codes in some way would become the themes [appendix 8].

Due to the extensive list of codes, I revisited the literary review to regain some focus on the research aims. It is in this sense that the later process of analysis can be described as a predominantly top-down approach perhaps since I began to deliberately look for more latent, underlying themes – beyond what the data immediately presented.

3.9 Reflexivity and Validity

A value-free, entirely detached, research is neither realistic or desirable (Riet, 2012) and qualitative research can and is employed with rigour so long as effective reflexivity is present (Riet, 2012). To this end I tried to reflect constantly on how my own assumptions might be influencing the research process and (therefore) outcome; Appendix 7, 26.10.17, for example highlights how I initially assumed sharing personal reflections on 'meaning as experience' would be detrimental to the interview process since it could distract from the participants as the main focus but decided, instead, that sharing something more personal might help to build greater trust with this participant.

This form of reciprocity was aimed at reducing the degree of control that may have subconsciously, and as a result of being aware of a limited time-scale in which to collect data, been driving a lack of self-disclosure (McNair, 2008). This conscious attempt to engineer a more collaborative data collection is reflected in the interest I tried to show in one participant's new therapy blog (Appendix 7, 2.11.17) they had chosen to share with me. I reflect on 'feeling good' (Appendix 7, 2.11.17) about this attempt at collaboration, relying on a more intuitive check on the validity of the research process – less constrained by expectations of a more positivist, objective approach (Cuthill, 2015).

This locating of myself 'within' the research process should be viewed in the context of checks participants had the opportunity to make via follow-up interviews, for example of my initial interpretations of their responses (Noble et al., 2015). These member checks/respondent validations which add to the credibility assurance of such a qualitative approach (Lincoln and Guba, 1985), were also made possible by the extended nature of the interview process whereby greater rapport was able to be

nurtured (see previous references to Appendix 7, 26.10.17 and 2.11.17) - hopefully resulting in a more 'insightful and trustworthy' (Braun and Clarke, 2006) process.

3.10 Ethical Issues

The research proposal was approved by the School of Human and Health Sciences Ethics Panel at Huddersfield University [appendix 3] before any potential participants were approached.

The research complied with the British Psychological Society's 'Code of Human Research Ethics' (2014), reflecting the key principles of 'Respect for the autonomy, privacy and dignity of individuals and communities', 'Scientific integrity', 'Social responsibility' and 'Maximising benefit and minimising harm'. Autonomy was respected via obtaining informed consent from all participants before data was collected, reminding potential participants of their right to withdraw at any time, informing them of who would have access to their data and maintaining anonymity through the use of pseudonyms. Scientific integrity was maintained throughout the research process, from gaining approval for the project aims initially to regular supervisory meetings; this helped ensure the time and effort expended by participants wasn't in vain. It was hoped that the current study would potentially contribute something that was beneficial in terms of improving understanding of therapeutic processes that are themselves aimed at increasing the quality of the lives of those who come to therapy and, in this sense, the study was seen to be socially responsible; I tried to maintain awareness of the limitations of my expertise, not being a qualified therapist myself for instance, and attempted to reflect on my own biases when interpreting data. I am aware of my bias towards more philosophical and religious areas of exploration especially where this is more introspective, for instance, and so less interested in investigations of meaning in terms of careers or relationships; I tried to reduce this bias by broadening my perspective on what is meaningful for people so as to be less exclusive in the choice of data I attended to and attempted to acknowledge feelings aroused by participants' seemingly negative comments on religion and spirituality and to therefore suspend judgement on these comments. My tendency towards introversion also determined the way I chose to interact with participants, preferring a more remote interaction,

although I see the outcome of this in terms of the effectiveness of the method as positive.

This process of 'maximising benefit' where possible was also kept in mind through consciously avoiding any deception or other potential harm to participants, for example by issuing an outline of the aims and nature of the study along with the initial consent form and by maintaining sensitivity when corresponding with participants and potential participants. The initial contact with potential participants clearly outlined the nature of the project, that it would focus on issues around mortality and meaning in life including the question of self-disclosure in relation to these – on the other hand it was frequently made clear during the interview process that participants were under no obligation to continue to explore any aspects of the research they felt uncomfortable with or felt they had said enough about.

It was also made clear that participants wouldn't at any time be asked to disclose any information about clients they had worked with that might jeopardise their [the participant and their client] anonymity.

Chapter Four: Results

Themes	Allowing the client space	Use of self to promote a client's sense of engagement	A guarded use of philosophical and religious truths
Subthemes	Encouraging preferred expressions of meaning	A cautious use of self	Assumptions about the relative nature of truth
	Empowering clients to create their own meanings	Normalising experience	Philosophical and religious ideas as a way in
	Protecting the therapeutic relationship	Modelling possibilities	

4.1 An Overview of the themes

A brief summary of themes follows, with a more detailed discussion of them below.

I categorised data into three themes which to me seemed to reflect the way therapists thought they promoted clients' engagement with issues around life-meaning and mortality: *Allowing the Client Space*, *Use of Self to Promote Engagement* and *A Guarded Use of Religious and Philosophical Truths*. I then decided certain subthemes were particularly significant.

Allowing the Client Space was indicated by *Encouraging Preferred Expressions of Meaning*, *Empowering Clients to Create their own Meanings* and *Protecting the Therapeutic Relationship*. The difficult subjects of meaning and death were seen to be more easily addressed through a trusting partnership in therapy that increased the possibility, or was the result, of free expression and the way in which this freedom and trust may have built clients' belief in themselves to further pursue thoughts and feelings about death and meaning.

Use of Self to Promote Engagement was seen to be possible where *A Cautious Use of Self*, *Normalising Experience* and *Modelling Possibilities* were evident. Therapists appeared to find managing the tension between involving themselves in therapy and overshadowing clients as particularly challenging; there were indications therapists saw potential benefits in identifying with clients' experiences of meaning and loss

and providing hope through self-disclosure but only so long as they proceeded with caution as excluding clients was also a perceived danger.

A Guarded Use of Religious and Philosophical Truths was seen by participants to be potentially beneficial to clients willing to explore ideas about meaning and mortality where *Assumptions about the Relative Nature of Truth* was understood as allowing for a more open discussion about death and meaning in the absence of any pre-conceived notions about absolute truths and *Philosophical and Religious Ideas as a Way In* seen to illustrate how intellectualising about death and meaning can be an effective preliminary to more personal reflections.

The significance of these themes in relation to the research aims and existing literature will be addressed in the next, 'Discussion', chapter. The following section is an analysis of the themes.

4.2 Theme 1: Allowing the Client Space

Meaning and mortality are difficult topics for discussion; creating the space for this in therapy is therefore a unique opportunity and one participants thought they managed to provide in various ways. They frequently felt they accepted and engaged with whatever clients presented for example [Phoebe: "I will work with whatever the client brings."] Therapists also valued their availability for clients [Henry: "I am just there with and for each individual who comes into the room."] and the significance of letting clients know they would be accepted unconditionally [Dorothy: "All I can do as a therapist is to show that I accept my client as is."] Participants seemed to regard their sessions as primarily belonging to clients and making this known to them was viewed as good practice [Darius: "I will make it clear to them when the opportunity arises that the sessions are theirs to use."]

While these ways of allowing clients space may illustrate existential and non-existential therapeutic procedure, I was especially interested in how they were seen to facilitate clients' exploration of life-meaning and mortality and in the similarities and differences between therapists' and clients' approaches to, and use of, space; I was also aware of a more underlying factor, evident in the above quotations, where therapists, although very conscious of taking a step back for clients, seemed far from

passive - Dorothy's demonstration of acceptance is something she *does* and Darius *makes* the privileged position of clients clear to them for instance. The following will outline how participants appeared to prioritise preservation of space for the client though, through accepting and respecting their preferred way of communicating, empowering them to construct their own meanings and maintaining the therapeutic relationship. The latter was seen as a necessary condition for allowing space but also a result of the space created.

4.2.1 Encouraging preferred expressions of meaning

Given the difficulty, and sometimes impossibility, of expressing thoughts and feelings about life-meanings and mortality, it was perhaps unsurprising that providing space for clients to express themselves in whatever ways they could was seen to be a priority for several of the therapists. It was also important to therapists that the reason for allowing this space was to encourage, not avoid, engaging with issues around meaning and mortality.

“... sometimes a client might want to draw something if that is part of how he or she also expresses his or her self. I saw a client who was also a dancer (as I was many years ago) he also expressed himself through movement and suddenly we were two dancers together.”

Dorothy

Dorothy was aware of the importance of allowing clients the freedom to express themselves in their own way. She spoke of clients maybe *wanting* to draw for instance, implying a readiness on her part to allow space for clients to express themselves in a way they felt comfortable with, in a manner of their own choosing. She mentioned another client whose preferred form of expression included dance, something she, as a former dancer herself, related to. This shared interest - and it seems this common ground was communicated to the client - could be seen as supporting the client's usual or at least preferred way of expressing themselves, of opening up the space or opportunity for them to convey their thoughts and feelings in this form:

“We all express our meanings and how we choose to live our lives and the choices we make can also express our relationship with our own end in different ways.”

Dorothy

The importance, for Dorothy, of maintaining this space for chosen forms of expression appeared to include an appreciation of the variety of ways in which clients communicated their ideas and concerns, including meaning - although it is sometimes unclear whether she is referring to deeper life-meanings or simply meanings in relation to more specific subjects that might have arisen in therapy; where she refers to ‘our relationship with our own end’ she seems to be referring to the former. The choices clients make, and the inevitable variation here between clients, including lifestyle and life-priorities, was also seen to reflect something about how they regarded their own mortality. There is a suggestion then, according to Dorothy at least, that without an awareness of the need to allow space for more idiosyncratic expressions and a readiness to accommodate these, clients’ sharing of ideas about what is meaningful to them and about their own mortality or mortality in general might not be encouraged.

In ensuring room was created and maintained for these different forms of communication, Dorothy acknowledged the importance of clients’ spontaneous, immediate behaviour and the importance of recognising that clients were *already* communicating:

“Our client will already be expressing his or her values, what matters, what is frustrating, what makes him or her angry, upset etc.”

Dorothy

This time she was quite clear she was referring to meaning in its deeper sense, that is what we ‘value’. An increased alertness in order to create and maintain the client’s space seemed to be what Dorothy was calling for perhaps since clients were seen to be expressing potentially important information immediately and more fluently. Any interruption or application of assumptions and bias on the part of the therapist, that is

any narrowing of the client's space, might be seen to potentially overshadow what is being expressed.

On the other hand, there was a sense in which a client may clearly not have been disclosing a great deal, at least directly, if the issue was too painful. This was something Henry was very aware of in relation to people's experience of loss:

"...am fully aware that it [‘goneness’ or loss] is something that can't be put into words or even thought, just experienced."

Henry

It is significant that the difficulty of disclosing, or even being conscious of what it is that might need disclosing especially in relation to a difficult subject like the loss of someone, was something Henry appears to have experienced himself and that this is where his understanding of the need for space and even silence comes from. Perhaps the need for silence might more accurately be described as a necessity for silence since Henry refers to 'experience' as the only form in which a sense of loss exists for some; in other words some may be unaware or unable to articulate how they feel in any form and so encouraging an expression of this may not only be fruitless but , worse still, inappropriate since potentially harmful and unduly pressurising for the client.

However, Henry was also aware of the different forms a sense of loss can take, and how it is closely related to those deeper meanings that keep us rooted, emphasising his appreciation of the need to allow clients to express these difficult ideas and feelings in their own way where possible. As if to stress the importance of this freedom of expression perhaps, or maybe inadvertently, he himself communicates the idea in a particular form, in the form of a song lyric:

"...the loss of a willed illusion along the lines of what Jackson Browne expresses well in 'For a Dancer' when he says 'guess I thought you'd always be around...now you're nowhere to be found.' "

Henry

There was considerable agreement between Henry and Dorothy, then, about the necessity of the therapist holding back to allow the space and therefore opportunity for varied and preferred expressions of ideas about meaning and mortality. At the same time Henry seemed to see this as a precursor to engaging with meaning and mortality where these were seen to be significant issues for clients, stating that in his opinion:

“...any avoidance of mortality or meaning would render a proper exchange futile.”

“...each of us has/IS a unique WAY-OF-BEING and that needs to be teased out, as it were, in the encounter.”

Henry

Henry is speaking here about how a sense of loss can not always be put into words. He was conscious that engaging with issues around meaning and mortality could not be rushed, that clients needed to be given the time and the opportunity to share anything they felt they could. The space that was valued in therapy in this instance was perhaps seen to be a necessary building block to creating the conditions needed in order to address more difficult concerns. It is a good example of how therapists might use the creation and protection of clients' space in sessions to construct an understanding, and a shared understanding, of the purpose of the therapy. Once the [importance of this] space was recognised or felt, then, Henry seemed to be implying, the real work could begin.

Phoebe echoed this understanding of prioritising the clients' right to most of the therapeutic space in order to then 'work' with the client, to perhaps begin to make sessions more challenging for both therapist and client – and seemed to reiterate Dorothy and Henry's concern with encouraging the client to choose whatever form they were most comfortable with to convey what they felt:

“I will work....in whatever way they are ready to work.”

Phoebe

There is a real sense of collaboration being implied here, since Phoebe describes work as something she is prepared to do and also as something, it is assumed, the client will also be prepared to do. The client was seen to need the space, confidence and trust to feel they could use their preferred form of expression, then, in order to feel sufficiently empowered to initiate and create new understandings about some of the things they brought to therapy – and therapists saw themselves as having to maintain a real effort to attend to this need.

4.2.2 Empowering clients to create their own meanings

A common aim for therapists seemed to be to empower clients, where appropriate, by allowing them the space to explore and evaluate their own beliefs in order to create new meanings. This was seen to potentially change the way clients thought about themselves so they could begin to invest more in their lives – with important repercussions for how they viewed their own mortality.

By allowing room for clients to initiate discussion about death and meaning they were seen to be given more opportunity to experience and build greater self-trust, the chance to realise their ability and right to take some ownership of the therapy session – to make use of the space provided in order to begin to create new understandings about their lives and the finite nature of them.

“Only if it is significant to my client and it is their choice to talk about their death and what life means to them.”

“I strongly believe my job as a therapist is ideally not to be needed by my client...as fast as possible! I hope to facilitate self-trust in all my clients – trusting that no matter what life or others throw at them they are able to find a way, to cope with each drama.”

Dorothy

Dorothy regarded her role as facilitating this experience for clients, as building a sense of responsibility, self-belief and independence. Darius reflected similar

intentions, suggesting a more active role for himself than Dorothy had perhaps but always leaving it to the client to decide whether to pursue discussion around meaning and death – reflecting his trust in the client’s ability to create their own meanings:

“I believe in the power within the person to change and create meaning. I can bring certain aspects of life and death and meaning to their attention if I feel it’s becoming relevant to their experiencing but it is up to the client if they will pick those up.”

Darius

He believes therapists must make judgements on the basis of each client since making space for clients to create new meanings may well result in a sense of empowerment that is unhelpful to some.

“However, clients differ and making them feel important probably will not work with somebody who blames everyone else for their problems and have a heightened sense of self-importance.”

Darius

He gives the example here of clients who may present more selfish tendencies and for whom feeling even more empowered may not be productive - it is also possible that presenting as self-important may disguise the opposite feeling, though, and therefore the space to create a better understanding around this may well lead to greater empowerment in a positive way. What Darius’s comments do indicate is a degree of tension in the therapeutic relationship that isn’t so apparent in other participants’ commentaries. His reservations around unconditionally empowering clients to create their own meanings are notable in the way they also appear to contradict other therapist’s interpretations. His focus on clients’ individual differences in relation to meaning creation is something others, like Sharon, also highlighted though.

“I see every client as an individual and I encourage them to explore what is meaningful for them even if it does not follow a traditional line.”

Sharon

Just as the way clients were encouraged to express their experience was significant for therapists, so too was the content of what they shared and were encouraged to investigate; Sharon focused on individual differences, on what was felt to be important for clients however unorthodox the subject of exploration may have appeared – it was this freedom to feel like the space was available to pursue what was meaningful to each individual that was seen by therapists to be empowering perhaps.

Janice and Jacob discussed how providing space could be empowering in a different sense:

“...many people don’t even think about it [purpose] and hence don’t recognise they have options for the future rather than going with the flow which may be limited to their locality, their experience or culture.”

“...the expansion of thinking ...can help people realise their options.”

Janice

“Being stuck in the notion that their life construct is unalterable and being freed to consider it as fluid and alterable.”

Jacob

Both commented on how the realisation that it was possible to conceive of life-meaning in new ways was itself potentially liberating and Janice highlighted the importance of creating space for clients away from the social contexts in which their worldviews had been constructed and therefore limited.

Although not referring to creating space specifically, Lorna also provided reminders of why, in her view, empowering clients is so important; not only reflecting on how the opportunity for exploration of possibilities is necessary for creating new

meanings, but also emphasising the way in which clients' achieving this through their own initiative empowers them even further through increasing a sense of self-worth:

"...suffering with anxiety and depression, it seems being able to make sense of their life journey, manage their feelings and behaviours through understanding and actively choosing a different way of being, they value themselves more and begin to make choices more suited to their wellbeing."

"...investing wisely in and through their lives, they feel significant and mortality is rather a completion of their investment and death and ending to the time of investment that can be perceived differently."

Lorna

She identified how this process and outcome can help with managing common challenges such as anxiety and depression and how increased self-worth can create a new and more positive understanding of mortality.

While the space to create new meanings through clients' own choices was seen to be empowering and therefore worthwhile, questions were raised about how the therapeutic relationship might help manage this process:

"As for whether the client trusts me, I would say that trust is a double-edged sword, because trust in someone else can undermine a client's autonomy, their trust in their own judgement and thought processes."

Janice

Janice raised the issue of trust here, where she clearly found it difficult at times to simultaneously support the client and encourage their independence – a reminder of how hard therapists feel they must work to maintain this balance.

4.2.3 Protecting the therapeutic relationship

Challenging or judging clients was seen to encroach on their space, to threaten the therapeutic relationship and therefore any possibility of clients exploring and reflecting on their worldviews. This didn't in any way preclude, for therapists, an active, if cautious, role, though, as they seemed to regard encouragement and questioning as a vital part of the relationship and of the client's process of re-evaluation.

When asked about raising the issue of mortality with clients, for example, Darius demonstrated his commitment to engaging with it but only ever in a tentative way that didn't endanger his relationship with clients:

“Even if there's denial about it I may gently want to suggest that this may be happening if it is safe to do so and it isn't to damage our relationship.”

Darius

He clearly saw a need to tread a middle-path between challenging clients to reflect on difficult areas of their lives without occupying too much of their space, without forcing them to confront these.

Darius reflected Henry's belief (above) that the subjects of meaning and mortality should not be avoided, that a way should be found to address them effectively and that any meaningful relationship between therapist and client would include this.

Sharon also viewed a healthy therapeutic relationship as a necessary condition for empowering clients to review their life-meanings, their key values and beliefs - suggesting the kinds of relationships that tend to succeed in this are those that provide the client with space to reflect:

“I have developed relationships where clients feel able to explore and reflect.”

“I would never challenge a client's worldview, I would encourage them to explore and reflect on all areas of their philosophy of life, perhaps noting blindspots, but trying to understand what life is really like for them.”

Sharon

She echoed Darius's concern, though, with engaging clients in an exploration of their worldviews without being too challenging - the therapist was seen to play an active, if cautious, role in the relationship: Darius 'gently' suggesting death-denial and Sharon 'noting blindspots' for example. Sharon's emphasis on encouraging exploration of clients' worldviews rather than challenging them illustrated her desire to protect the relationship and seemed to imply a belief that maintaining space for clients was crucial to the achievement of this. Jacob also prioritised the relationship with clients, being prepared to challenge clients' views on the purpose of life and the significance of death for them so long as this was in a way that supported the client:

“Challenge in a supportive, exploratory way, rather than confrontationally. Curious questioning to assist in helping them to stretch a view but being guided by the therapeutic relationship.”

Jacob

Jacob's choice of words was significant in explaining how he worked with meaning and death in therapy, explaining how 'curious' questioning often allowed clients to expand on their views – 'stretching' their opinions and beliefs suggesting greater flexibility of thinking may result from this questioning. The act of 'curious' questioning reflected his cautious approach to exploring these sensitive issues and an awareness of the way in which the relationship – which he explicitly says is the guiding factor here – is both *constructed* in this way but also *constructing* in the sense that its protection is always a priority.

Participants felt like they struggled to find the right balance between engaging with existential questions and destabilising the therapeutic relationship itself, but saw a more gentle prompting or encouraging of this engagement as a way forward.

4.3 Theme 2: Use of Self to Promote Engagement

Encouraging clients to reflect on their worldviews relied to a large extent on providing them with the freedom and space to communicate in their own way, then, but also on building an effective relationship in therapy. It was often important to therapists to try and find ways of offering something of themselves since a meaningful relationship requires this, without the therapy ever becoming about them. Participants did manage to find ways to do this, and ways that were effective in bringing clients further into the relationship in order to build the kind of trust that encouraged them to explore their thoughts and feelings about meaning and mortality.

4.3.1 A cautious use of self

Cautious self-disclosure was seen to have the potential to engage clients, to build a sense of shared experience, but also to exclude if not used with care.

For Janice, sharing her own values and beliefs with clients was seen as advantageous where they were 'offered' as a way of helping the client broaden their awareness and review their key beliefs rather than occupying their space by being imposed. She explained that:

"It is a matter of sharing but not pushing ideas."

Janice

Just as Jacob's choice of words in relation to how he encouraged clients to reassess their views was significant for him, so Janice's choice of the word 'sharing' illustrates her concern perhaps with protecting the relationship in order to build a sense of empowerment and entitlement for the client. She was very aware of the different ways in which clients might regard and respond to her self-disclosures:

"Some I realise don't want to hear 'your stuff' whilst others eagerly take it in and make sense of their feelings and confusion because of it."

Janice

Janice saw the therapist's disclosures as helping clarify some clients' own situations, almost coming as a form of relief perhaps, while for others this was clearly not what they wanted from therapy. These individual differences and needs clearly indicated for Janice a necessarily cautious use of self-disclosure in order to decide where it might be appropriate.

Even where ideas weren't 'pushed', simply offering them was seen as potentially problematic in some circumstances. Janice was of the view that 'sharing can either include or exclude'.

The possibility of failing to form or maintain an effective relationship in order to encourage personal responsibility for reviewing worldviews might also be increased as a result.

Jacob also prioritised a cautious use of self. He added to Janice's reflections about sharing personal beliefs and values with clients that the content and timing of what was shared needed to be considered.

"I would choose carefully what I shared, consider the timeliness of sharing and be mindful of not overshadowing the client's own process and experiencing."

Jacob

He agreed with Janice that the therapeutic space exists for the client, suggesting any self-disclosure in terms of his own views on mortality and life-meaning at an inopportune time in the session or through an example that didn't sit comfortably with the client perhaps, may well exclude them. This possibility of exclusion seemed, for Jacob, something therapists needed to always be aware of when self-disclosing and he appeared to see exclusion in terms of removing the space for clients to be themselves, to work through any issues relating to death and meaning in a way that was comfortable and significant for them.

Since self-disclosure was discussed specifically in relation to the potentially sensitive matters of meaning in life and mortality, participants were even more aware of the need for introducing their own ideas and experiences with caution but appeared to see such a form of self-disclosure as more useful than not. Where Janice saw potential for helping clients "manage their pain, loss and adaptation to the changes

that brings”, for example, Lorna also implied self-disclosure could be beneficial to clients struggling to regain some positivity when used with care:

“I believe that self-disclosure should not be burdensome but offer hope.”

Lorna

At the same time, she did echo other participants’ concern that self-disclosure had the potential to isolate clients. There is a balance to be had, then, between burdening clients, in the sense, perhaps, that the client may begin to feel responsible for the therapist’s wellbeing or that the content and/or form of disclosure should somehow reflect that of the therapist, and providing some kind of motivation and encouragement through a personal example of how change is possible.

Henry was a little more explicit in the way he understood the potential of self-disclosure, agreeing with others that it had to be used with caution. Just as he had stressed the importance of creating space for clients to express themselves in whichever way they felt comfortable, so not only verbally, he also saw the therapist’s meanings and communication of these as very much embodied.

“I think it [self-disclosure] can be useful, but has to be carefully FRAMED. For instance a nod of recognition accompanied by word along the lines... “Yes, we do that at such times, don’t we?...” is a bit better than launching into a self-disclosure which might begin with “Well I remember when I was faced with a similar situation, what I did was....”

Henry

Self-disclosure was seen as taking on a variety of forms and effective when used as a combination of these, and a cautious self-disclosure as manifesting in more subtle ways. He also emphasised and illustrated, through his stated preference for the use of the third person ‘we’, how he saw the effectiveness of this more subtle use of self in terms of its power to include, through identifying with, clients.

4.3.2 Normalising experience

In relation to dealing with mortality especially, self-disclosure was viewed by participants as helpful to clients where it involved experiences clients seemed to identify with and feel included in, and where the outcome had been positive for the therapist. What often felt like illegitimate feelings, understandings, reactions or areas for discussion were frequently seen to be normalised through the therapist's self-disclosures – often appearing to provide hope as well as clearer understandings of death anxiety. Identifying with self-disclosures was also seen to encourage a better understanding of others' struggles with loss, an awareness of the need and possibilities for developing coping skills and a vindication of less conventional ways of grieving.

It was important, for Jacob, not to avoid the difficulty of discussing death and meaning since he saw this as a way of reducing the threat these issues may pose for some.

“...[discussing death and meaning] ...helps to give meaning or possibility for anxiety, terror, panic – confronting lessens the demons plaguing the mortal, human soul.”

Jacob

On the other hand, he was very aware of the potential for increased anxiety, implying the need for a measured, cautious approach.

Jacob may have been implying that avoidance of uncomfortable topics in therapy reinforces their illegitimacy as areas for discussion, in which case a cautious self-disclosure could be a more effective way of confronting such questions without excluding clients by provoking unnecessary levels of anxiety. Janice, for instance, acknowledged the need for vigilance in the way self-disclosure might be employed, describing how identifying with clients' difficulties around death and meaning in life and demonstrating a personal ability to deal with this was most effective.

“I have found it helps many people when you can identify with their confusion, pain and need for closure. It depends on how much you share, if their experience is in some way similar to yours and you found ways to help overcome or manage that – support, family, friends, professionals, experiences, choices etc.”

Janice

We might assume perhaps that this effectiveness was due to clients' experiences becoming normalised through the therapist's identifying with them as well as the hope that a therapist's own account illustrated. Janice described how relating her own experience of managing loss and having to create new meanings helped to normalise the attending feelings for clients and to provide ideas for and belief in the possibility of new meaning and purpose.

“...all my life being up in the air until one day it started to fall into place again...people relate to that because they too feel lost, alone, uncertain, unanchored from partners, children and life as they once knew it – the structure has changed and they have to find ways to carry on...very scary but seeing someone who has come out, and gives them signposts, ideas and familiar experiences can give them an anchor again, something to hold on to and develop a new structure in their lives.”

Janice

Lorna reiterated her belief in the importance of a careful self-disclosure where acknowledging a client's challenges are not unique to them can create space and confidence for more meaningful reflections.

“By identifying with a client we normalise their feelings, reactions and can make them aware we can survive....the shared difficulties of human existence enable them to find new perspectives. Clients are also less afraid to reflect, dig deeply...”

Lorna

She touched on the need, in her view, to address the emotional content of clients' problems, through normalising these feelings, in order to create possibilities for these more cognitive reflections, for including clients in this process of exploring thoughts and feelings. Common experiences of fear and absence of hope are recognised as very human emotions needing to be addressed – fear perhaps that things will always be this way and never improve. Normalising such emotions is possibly seen, rather than belittling them, as a demonstration of how potentially manageable and common they are. It is possible a client may see the possibility of new perspectives as a new perspective in itself, and a new space may be felt to be emerging for imagining a future much more appealing than the current situation – a result of a client having taken on board the encouragement to 'dig deeply'.

Lorna also provided an example of what she saw as the power of self-disclosure, especially of the therapist's feelings, to normalise clients' experiences and to open up exploration and improved understanding of reactions to the death of loved ones.

“Reporting to a client on one occasion, ‘I as a human being, recall feeling overwhelmed by emotion, when I had to tell my children about my father’s death’ enabled the child/loss in the client to be explored so he was able to see how difficult it had been for his parents and why subsequently he became anxious.”

Lorna

Not only was this process seen to create better self-understanding for the client, but also a clearer understanding of how others responses to death had affected the client. It was a good example of how self-disclosure was seen to facilitate a greater understanding of death anxiety for the person in therapy.

From one disclosure, because honest and difficult, Lorna saw a whole new understanding of death anxiety being made possible....

“I was able to explain to a client that I had not learned the skill of self-soothing as a teenager, so how could I possibly think I could manage something similar that happened in later life. They then realised that having been kept away from knowledge of his grandfather’s near death, being kept away from funerals and not being exposed to grief and seeing others manage it, he was afraid of death in general and his own death in particular. Life skills had not been developed.”

Lorna

....an understanding which for Lorna highlighted the need to face up to mortality individually and for the sake of younger family members who might need to learn the skill of coping with such realities.

Dorothy also reflected on how she felt her self-disclosures seemed to normalise and so encourage individual ways of grieving in order to help deal with anxieties around death:

“She felt she was encouraged to grieve in a certain way by the church she belonged to and that did not sit comfortably with her. I told her to only listen to herself, there was no right, wrong, healthy way to grieve. Her way, whatever that turned out to be was the right way for her. Amen. I told her about my little rituals after my father died. To an outsider these must have seemed odd, but not to me, so I kept them private and special and away from anyone who might judge me. She ended up writing to the EAP who sent her to me telling them that this was the most useful and liberating part of the therapy!”

Dorothy

By sharing with a client the idiosyncratic rituals that had helped her grieve for her father, Dorothy believed this client was encouraged to take responsibility and find the strength to grieve in her own way. Dorothy saw it as important to engage the client by sharing attending feelings too – the fear of being judged for example. According to Dorothy this self-disclosure was particularly effective for the client.

Normalising an openness about feelings and thoughts around mortality, especially, was seen by some therapists as potentially anxiety-provoking, then, but on balance worthwhile for the self-understanding, confidence and hope it was seen to promote.

4.3.3 Modelling possibilities

Participants seemed to agree that demonstrating a very flexible, fluid and free approach to their own beliefs and expressions of them encouraged some clients to experiment more with their own meanings in order to overcome fears and start to live fuller lives. This openness was seen to contribute to the creation of a 'safe space' for clients to explore new possibilities – that is, therapists saw their candidness as a means of encouraging greater self-awareness and participation on the client's part. The same kind of open, honest disclosure was also seen to potentially liberate clients from unhelpful understandings of mortality; modelling less conventional reactions to the death of others was particularly effective for some in the way it demonstrated the existence of, and responsibility for, choice in the way we interpret death.

Jacob reminded us that the therapist's sharing something of themselves in therapy could assume a variety of forms and wasn't limited to what was said. His reference to 'free-ness' seemed to reflect a general attitude on his part, a willingness to express what he wanted, how he wanted. That he felt this was contagious suggests clients imitated it somehow and as a result were opened up to the possibility of change, to the realisation that their meanings were flexible.

“Feel liberated in my own free-ness to express and do. Believe this acts as a contagion for clients who might feel stuck – realising that this stuck-ness is perhaps a ‘suspension’ that can be relaxed and a different way forward experienced. Helping others to share their terror of being – contemplating every-thing as well as no-thing that we can and will experience. I can provide safe space for their reflection and testing out of ideas for a different future where they can decide to live more vitally.”

Jacob

He saw this realisation of the changeable nature of meaning as providing the space for clients to share much more about any existential fears they may have and any anxieties relating to the unpredictable nature of existence. The safe space he believed his own openness seemed to create was seen to provide clients with greater freedom to contemplate how their futures might be different, less confined by their 'terror of being' - and so he appears to think that by demonstrating, what Dorothy calls, a 'loosening of the weave' his client is more likely to feel the same opportunity is there for them. Jacob implies the risk of increasing angst is justified as clients are more likely to feel included and so engage in this process of contemplating the possibility of new meanings.

Phoebe also believed sharing her own examples modelled, for clients, the possibility of creating new understandings of loss, new meanings that she clearly saw as potentially freeing clients to live more fulfilled lives in the present – for example by improving current relationships.

“...we always have a choice as to how to respond to an event. I said that when my mother died, I was distressed, but both my sister and I later agreed that this was a good thing, something to be pleased about, because our mother was such an unpleasant, manipulative, interfering person. I was met by disbelief by my client, that I had not remained upset for 30 years, as he had. I said that no relationship is perfect, and that when someone dies, you can be free from the bad bits.”

“He said that his relationship with his mother was 'perfect' so he couldn't possibly think he was free from anything [after she died]. We talked about the relationship, and discovered that the intensity and 'closeness' of his relationship with his mother had prevented him from forming relationships with women in his teens and twenties, because he felt that any other relationship would be 'disloyal' to his mother - it felt like cheating, two-timing...he eventually became less distressed about his mother's death and more able to embrace new relationships and the relationship he did have with his wife and daughter.”

Phoebe

Phoebe saw the value of her, surprisingly candid perhaps, disclosure as helping the client realise there are always alternative and more realistic ways of thinking about mortality, especially where existing interpretations have not been helpful. She appeared to suggest that in some cases a more cautious self-disclosure isn't necessarily the most effective, highlighting a real contrast with other therapists who showed no indication of valuing more freely-open disclosures.

For both therapists, though, the usefulness of such modelling appeared to be the perceived need to awaken in clients a realisation of the possibility for creating new meanings, of freeing themselves from more sedimented and unhelpful views. In this sense, even where self-disclosures were felt to be more challenging to clients with the danger of excluding them, ultimately they were seen to promote a sense of inclusion and engagement for clients since the therapists' own experiences were felt to represent similar opportunities for them.

4.4 Theme 3: A Guarded use of Philosophical and Religious Truths

4.4.1 Assumptions about the relative nature of truth

There was an assumption among all therapists that truth is subjective, man-made, that meaning isn't fixed therefore - that it is desirable to accept uncertainty and meaninglessness and continue to question our values and beliefs. Unreflective adherence to an ideology or theology was viewed in a negative way, as a defence that reduced any chance of confronting and exploring issues and therefore taking responsibility for personal choice and creation of meaning. The general existential assumption about the subjective nature of truth was evident across all participants, as was an awareness of how unsettling this view could be for clients, but it was seen to be necessary for clients to adopt such a view if they were to be encouraged to engage in questions about meaning and mortality.

This belief in the lack of inherent meaning and, therefore, need for meaning-creation, was echoed by Phoebe.

“People don’t always understand that the world is pointless and meaningless and careless – values are man-made.”

Phoebe

Although her concern that ‘people don’t always understand’ this might sound a little prescriptive, the implication perhaps is that this more realistic worldview is a necessary condition of productive therapy. Phoebe took the same view of attitudes to mortality, where she seemed to stress the importance of increasing clients’ awareness of the necessity of choosing beliefs about what death means:

“People don’t realise that death can mean different things to different people...since no-one really knows what happens to the soul after the death of the body, we are free to have our own opinions.”

Phoebe

It might be more accurate to see Phoebe as highlighting the significance of raising clients’ consciousness of their freedom to choose meanings rather than being prescriptive in any way since, even where clients might adhere to a different view [that there is inherent meaning in life], adopting this view is still a choice and this is the point Phoebe seems to be making. Whether seeing inherent meanings as a choice is helpful or not to clients is a separate, but related, issue and one that raises important questions about the balance that is needed between encouraging clients to build or develop a sense of meaning and protecting existing meanings.

For Dorothy, this uncertainty that underlays and results from a view of truth as relative and subjective.....

“My views and values belong to me and are simply one of many ‘truths’.

Dorothy

... was potentially beneficial to clients as she seemed to see a rigid attachment to worldviews as potentially problematic.

“It is useful to question our changing world-views...loosening the weave is always a good idea...it’s an attempt to be more open and flexible, less certain.”

Dorothy

With Phoebe, Dorothy valued a free approach to meaning and mortality,.....

“There is no right or wrong way to be with our mortality.”

Dorothy

.....one that was not confined by any imagined universal truth or morality.

Here Dorothy is responding to being asked about the value of encouraging clients to challenge their own views and seems to see this approach as more valuable than protecting clients’ worldviews. This may be a result of her core values, including the idea of ‘uncertainty’, though, which may not be a view or value clients are themselves able to accommodate.

The importance of modelling possibilities, rather than merely adhering privately to a relativist viewpoint, was evident in Lorna’s reflections on her own role in therapy. She emphasised the value of demonstrating an openness to different points of view where these other views might contrast with, or simply offer a new perspective on, the ones she had come to prioritise.

“The ego can work to consider a philosophy of life by considering, non-judgementally, the view of the other. By modelling an appreciation of the philosophy of life of another, the client can question their own values, worldview, philosophy to see if it enhances or limits their life. For the client to be able to make meaning, from such an exploration, to his life demands the challenge of considering change, no right way for all, that maybe their ‘religious belief’ or ‘political ideology’ may have been an escape from creation of their own meaning.”

Lorna

Lorna hoped for a more realistic and responsible engagement with worldviews from clients, to empower them to accept possibilities and responsibilities in relation to meaning through demonstrating her genuine belief in the open nature of truth; she was seen to be trying to encourage greater reflection on the client's part without imposing any ideas of her own, except the view that clients should accept the freedom they have to make their own choices and the necessity of doing so.

She saw this preparedness to engage with new ideas or perspectives as potentially helpful where old ideologies, religious or political for example, no longer appeared to be working for the client since.....

“For some in therapy, the meaning of life through a religious theology brings added complications and less clarity and can even leave them with blame and guilt.”

Lorna

...but.....

“If clients are holding on to fixed views ...and avoid responsibility taking, I have found such rigidity difficult to work with.”

Lorna

Lorna indicated how challenging she felt it was to work with clients who didn't readily accept the perceived need to evaluate their worldviews, suggesting....

“The personal philosophy of the therapist has to be congruent with the principles of existential work...confronting...choices and values enable issues to arise.”

Lorna

...and emphasising the need for a more cautious approach to working with clients whose views were more sedimented – suggesting that genuinely aligning herself with existential principles such as the subjective nature of truth, and letting this come across somehow, was vital.

That finding ways of encouraging clients to challenge their own views is potentially problematic was something Sharon commented on.

“I empathise that not having rigid and reliable meanings and values can be unsettling and at times confusing and contradictory, perhaps causing tension as we try to hold two conflicting views, but what I see as necessary is to make aware to ourselves the meanings/values we hold dear and then revise, change, delete or add to that list as we experience life...I see therapy as helping clients manage this dilemma themselves.”

Sharon

She appreciated how difficult it is for clients, and any of us, to question those meanings, values and beliefs we have come to rely on – how hard it is to have to revise a belief system that means so much perhaps, yet recognising that sometimes this is necessary. Accepting the uncertainty or relative truth of deeply held beliefs in light of our actual experience can, Sharon stressed, create ‘confusion’ and ‘tension’ and the therapist’s role was seen to include helping clients to find ways of coping with this themselves.

4.4.2 Philosophical and religious ideas as a way in

Although accepting the truth of any one belief system was discouraged, philosophical and religious ideas themselves were seen to be useful ways of addressing issues around death and meaning, whether they were used directly/personally or indirectly/impersonally. The idea of someone’s spirit living on beyond their body, and in a way that allowed the deceased’s presence to be felt, was seen to alter a client’s understanding of his loss in a way that allowed him to move on for example, while the introduction of an idea [through self-disclosure] like ‘reincarnation’ was seen to provide a less direct way of thinking about death - as was intellectualising death which enabled death anxiety to be addressed. Therapists were

able to find ways of raising issues around death and its meaning for clients, then, that was unintrusive and less threatening.

Phoebe illustrated her belief in the way using religious and philosophical ideas - in this example the concept of 'spirit' - to discuss dying can be challenging for clients but also help them start to open up and move their understanding of death forward.

“We discussed what dying involves, and the client revealed that he can actually feel the presence of his mother from time to time. At first this was alarming for him to admit to, but became a comfort. His meaning changed to ‘I’ve lost my mother, but not her spirit’ and this made the old meaning of loss redundant.”

Phoebe

Engaging in conversation around death in this less direct way seemed, for phoebe, to at least allow the subject of mortality to be addressed, which in turn appeared to promote a more personal exploration for the client where a more productive understanding of his mother’s death could be developed. Where Phoebe sees this indirect approach as useful, though, her apparent advocating of a more directive approach in order to ease the experience of addressing the topic of death.....

“My sister, along with about 90% of the world, believed in re-incarnation. She had no fear of death, she saw it as an opportunity to have a new body and a new life. I sometimes share this thought with clients, because sometimes it can lessen the sting of thinking about dying.”

Phoebe

.....might be seen as more contentious by existential therapists taking a more phenomenological stance. While Phoebe appears to want to create the kind of environment her client feels comfortable enough to discuss his mother’s death in, and this would possibly represent a successful normalisation of the topic made possible through a strong therapeutic relationship, her self-disclosure takes the

therapy in a particular direction and runs the risk of the session becoming too much centered on the therapist's own experiences [although she does use the example of her sister rather than herself].

This example highlights some of the tensions present in employing an existential approach. While an existential-orientated therapy aims to remain focused on lived experience, therapists' introducing their own, more personal, examples has to be done with caution perhaps and using religious and philosophical ideas in a more detached sense was seen as more appropriate by some participants.

Dorothy, for example, appreciated how difficult discussing mortality in a more personal way was.

"I think we all tend to intellectualise our own death. How else can we talk about it?"

Dorothy

Although intellectualising seems to contradict the idea that death is one of the 'givens' that ought not to be avoided, since intellectualising might be seen as a way of distancing ourselves from our own personal finitude, Dorothy saw philosophising about death as a useful and perfectly justified way to address it. She indicated that for many intellectualising may be the only way of engaging with such a sensitive and difficult subject.

Rather than perceiving intellectualising as an abstraction, though, Jacob offered an example of how intellectualising death can contribute to an effective healing process. He mentioned one client who seemed to thrive on this way of addressing death and who felt it helped with managing death anxiety. This client...

"...offered her own view about an after-life and provided her evidence for this. Her question of my belief – she is a therapist (different modality-person-centered) – meant I would typically offer a challenge to her own. She returns for more sessions, possibly, in part, to have her idealised belief challenged or extrapolated – her adoptive mother recently died and not long after her birth mother's death – death anxiety is present... She appreciates the intellectual,

philosophical exploration and I understand gains a therapeutic stimulus. This may be different for other clients who might be less able (or willing) to enter into more conceptual discussions.”

Jacob

That the client was also a therapist demonstrates the potential for ways in which therapists might provide both the necessary personal support for one another as well as a form of professional development perhaps.

For Henry also, philosophical ideas can be used to create less intrusive and less personal opportunities to engage with discussion of death and meaning

*“...a therapist could well give a client the image of Sisyphus and the hill and boulder and ask them to think about what such an image means for **them**, just as a therapist might say to someone that Nietzsche once said that to live safely is dangerous and ask them what they make of that.”*

Henry

He describes here how he sometimes used examples from philosophy as a way into addressing questions about mortality and meaning that weren't directly about the client – but always in a manner that challenged the client to reflect on their own thoughts and feelings about death and meaning still.

Using religious and philosophical ideas as a less direct way to approach difficult topics like death and meaning was seen to be effective, then, not least because participants tended to assume any truths about these subjects were relative and so always open for debate. However, participants' observations did highlight the tension and challenge inherent in trying to balance engaging clients with these subjects without in any way setting the agenda or directing the way the therapy progressed.

Chapter Five: Discussion

The three key themes identified were: *allowing the client space*, *use of self to promote engagement* and *assumptions about the relative nature of truth*. The overriding conclusion is that meaning and mortality are highly significant issues, potentially at least, but at the same time are difficult to address - often on the periphery, slightly out of reach but ever-present. Given the elusive and sensitive nature of these themes it wasn't surprising perhaps that therapists often saw themselves as needing to approach them with caution - having to find a balance between supporting clients and encouraging them to challenge themselves, trying to find ways of managing the tension between the perceived need for clients to engage with meaning and mortality and the danger of making them feel the therapeutic process was too prescriptive. Therapists did reveal ways in which they started to manage this though. By respecting their space, for example, clients were encouraged to express themselves in ways that were comfortable for them, were seen to become and feel more empowered to address meaning and mortality as a result and not least because the space provided nurtured a more trusting therapeutic relationship. Normalising and modelling engagement with meaning and mortality through a cautious self-disclosure or self-involvement was also seen to be an effective way of facilitating clients' willingness and ability to address these same themes as was the use of discussion of religious and philosophical ideas free of any assumptions about the certainty of any underlying truths.

5.1 Allowing Space as an Active and Present Process

Therapists' descriptions of their work were in accord with the underlying principles of existential philosophy (Cooper, 1999) – particularly when reflecting on their attempts to empower clients to create their own meanings rather than conform to social expectations. Participants implied that 'allowing' clients space to engage in this process involved a considerable amount of inner activity, attentiveness and effort. Not only does the data confirm that those identifying as existential therapists do in

fact see themselves as practicing in a way that is in line with existential literature, it also begins to add to this previous research by emphasising the effort that is required to allow clients the space to, for example, engage in their own creation of meaning.

Working hard to remain attentive and receptive to what clients were expressing and experiencing reflected a prioritising of the 'here and now'. Since clients may well struggle to express feelings about such potentially sensitive subjects as life-purpose and acceptance of mortality (Yalom, 1980) it seems highly relevant that when they do find the courage to do so therapists are attuned to this, so they can act in ways that legitimise and encourage it. Therapists sometimes regarded the expression of meaning as imminent for example and so it was important to participants to be alert to whatever form this meaning might take which also required a very flexible, open and holistic approach. In relation to clients' sense of loss the same breadth of perception and appreciation of the unique and subtle ways in which each client might experience this, a readiness to see and accept the depth and very individual and often painful nature of such experiences, was evident among therapists – Henry's awareness, for instance, of the way in which losing an idea, an idea or belief that has become so ingrained it is taken for granted, can constitute a significant part of what is felt to be lost when a person close to them dies. Here Henry 'remains attuned to the client who is present' (Spinelli, 2015 p 143), allowing the client to direct the therapy even, as Henry mentions, where the client chooses or needs to stay silent.

One participant highlighted how alertness to the *inappropriateness* of encouraging self-empowerment can be equally significant. Here was a reminder perhaps that while typically existential 'principles' like the encouragement of the creation of individual meanings (van Deurzen & Arnold-Baker, 2005:7) are what underlay much of what existential therapists do, the intention to remain vigilant towards what each client actually presents in therapy is in some ways an overriding principle. Darius suggested, for example, that increased feelings of self-worth might not be beneficial where a client prefers blaming others to accepting personal responsibility - implying the space clients are encouraged to construct their own meanings might in certain cases need to be restricted and that such a judgement may rely on the watchfulness, the presence, of the therapist. This need for alertness to what is appropriate in any given case reflects the difficulty participants seemed to sometimes have in

maintaining a balance between challenging or intervening and merely accepting and reflecting what clients thought or felt about life-meaning and loss.

This difficulty was reflected in the varied extent to which therapists were more directive in their therapy, with some participants, in accord with van Deurzan's (1997) emphasis on promoting responsibility for facing the realities of human existence, regarding empowering clients by suggesting alternative worldviews as perfectly legitimate for instance. This contrasts with Spinelli's (2015) more phenomenological approach where remaining focused on the 'here and now' is seen as an important way of 'being with' and so supporting clients. While other participants were clearly more phenomenological in this sense, some saw a more directive and suggestive approach as desirable where clients appeared to be more stuck in their worldviews – perhaps as a result of the way clients' cultural inheritance was seen to limit their perspectives on life-purpose. While a greater focus on the therapist's presence rather than 'interference' was seen by some, Dorothy and Henry for instance, as the most effective way of creating and maintaining the space clients were felt to need in order to express and clarify their worldviews, others, for example Janice, appeared to view the suggesting of alternative ways of thinking as equally supportive and potentially liberating; liberating, in the sense of creating rather than restricting space for exploration, for clients whose adherence to ingrained beliefs and values didn't seem helpful to them. There are two seemingly different perspectives here, both potentially providing the 'support' that has been identified (Hill, 2016) as important in promoting exploration of meaning and mortality. This difference is maybe one of emphasis since it was evident all therapists were working to find a balance between the two approaches – although Janice was more willing to take a directive stance, for example, she did at the same time acknowledge the way in which increased, explicit, therapist-involvement had the potential to include or exclude clients.

This effort to remain 'with' clients could be seen to have facilitated a greater sensitivity towards clients' experiences and concerns so that a more informed judgement could be made about when and how it was appropriate to use the therapeutic space for the therapist's own ideas, disclosures and more directive suggestions. This judgement also appeared to depend to some extent on the strength of the therapeutic alliance (Gelso and Palmer, 2011) since this was seen, in line with Schneider and Krug (2009), as the basis for making good progress with

exploring meaning and mortality. Decisions about how far participants felt they could 'challenge' clients' views and how much of themselves they ought to disclose or include in the therapeutic process therefore had to be made.

5.2 The use of Self-Involvement rather than Disclosure to Promote a client's Engagement

Participants were very conscious of the need for caution when self-disclosing. There was considerable evidence to support Sturges' (2012) view that therapist involvement [where the therapist explicitly identifies with the client's concerns as a fellow human being who therefore shares similar dilemmas and experiences] is preferable to self-disclosure [where what the therapist shares is much more personal]. The former was seen to reduce the risk of isolating the client from the therapeutic space - isolating in the sense of making them feel the therapy wasn't primarily focused on their concerns and that they weren't necessarily free to voice these concerns. In relation to more difficult and sensitive questions such as mortality and life-meaning, excluding clients in this way might be seen as something therapists should be particularly aware of and this did appear to be the case. Self-involving rather than disclosing seems a relevant distinction to make if therapy is to be inclusive for clients and provide them with hope for change and the idea of involvement through building a sense of 'being in this together', of a 'common humanity' where therapist and client are felt to be 'fellow travellers' (van Deurzan, 2015) appeared to be something participants identified with. Participants, for example Henry, who identified the importance of facing the underlying issues of meaning and mortality (Yalom, 1980) also stressed the significance of working 'alongside' their clients and the importance of conveying any common ground to them - be this through a positive and confirming use of body language [Henry: 'For instance a nod of recognition'] or deliberate use of a third person pronoun [Henry: '“Yes, we do that at such times, don't we?...” '] for example. By communicating the way in which participants felt they were facing the same existential questions, struggling with the same dilemmas about life-meaning and mortality, they seemed to believe they were achieving a degree of success in keeping these issues at the forefront of sessions – therefore creating opportunities for further clarification of

meaning and engagement with questions about mortality without ever making the therapy about them rather than the client.

While involvement rather than specific disclosure was generally preferred, Phoebe described how a more direct and open disclosure could sometimes be productive, particularly where the therapist felt no success in moving the discussions into more sensitive areas (Tsai et al., 2010) had been achieved. She described how someone's deeply ingrained interpretation of their relationship with a now deceased parent was preventing them from managing this loss and moving on in their present relationships; for this reason Phoebe's readiness to disclose something very personal about her own experience of, successfully, managing the loss of a parent was seen to be appropriate since it modelled a real possibility of progress for the client. There was insufficient context in this example to discern whether such a disclosure might have followed a significant amount of involvement on the therapist's part up to this point, but it does highlight how a different attitude to helping clients manage issues around loss can be found among therapists and suggests there might be a place on occasions for disclosing more personal information. Phoebe suggests the possibility, at least, of 'pushing' for discussion of bereavement in a way that doesn't necessarily overshadow the concerns of the client (Gelso and Palmer, 2011).

While self-involvement and disclosure were relatively easy to identify, the underlying beliefs, values and attitudes of participants and how these might have impacted on their ability to help clients explore meaning and questions about death was sometimes more difficult to discern, yet these assumptions did seem to make a considerable difference to how participants worked. While therapists' own worldviews weren't a primary focus of the project, the way they manage clients' exploration of meaning and death-issues can't always be separated from them perhaps.

5.3 Questioning Philosophical and Religious 'Truths'

All participants clearly held a relativist view of truth which did appear to influence the way they perceived and worked with meaning and mortality. Therapists suggested this view of truth helped them remain open to whatever clients wanted to address and to whatever perspective they held and to encourage clients to face up to the responsibility of choosing their own values. The question of how far therapists should encourage clients to challenge their own views, though, raised some important issues and reflected some differences in participants' attitudes and approaches. While Lorna and Dorothy more readily encouraged clients to challenge their own fixed views for instance, and questioning sedimented beliefs and values would appear justified where clients feel stuck and unable to move on in their lives, others, for example Sharon, were more hesitant and seemed to show more awareness of how difficult this could be for clients ['I empathise that not having rigid and reliable meanings and values can be unsettling and at times confusing and contradictory'].

Participants rarely seemed to question whether a client's relativist position on the nature of truth was itself *necessarily* valid or helpful. Lorna's observation, for example, that political or religious belief systems, perhaps resting on a view of truth as more absolute, can do more harm than good, appeared to arise from her own negative experience of religion – although there seems little doubt participants were taking each client's case on its own merits (and were aware of the importance of accepting clients' views and of encouraging them to be open about these by disclosing some of their, i.e. the therapist's, own feelings to convey something of their own similar journey to increased meaning {Schellenbacher and Leijssen, 2009}).

What examples like this illustrate, perhaps, is that a value-free therapy is impossible since therapists' own experiences and value systems will inevitably intrude on any intention to remain impartial. While helping clients realise they have the option to question their own beliefs and values can no doubt be experienced as liberating and empowering, the danger of questioning too many strongly-held beliefs needs to be more carefully considered perhaps (Greenberg, 2012) and adherence to more absolute forms of truth respected as an equally valid choice. It is possible some therapists identifying as existential tend to regard any attachment to absolute forms

of truth as contrary to their approach, yet this might be seen as a misunderstanding of the prevalent position within existentialism, especially in relation to religion. Cole (1966) makes this same point, that denying any compatibility between existentialism and Christianity, for example, is a consequence of misinterpreting the idea of subjective truth where truth is mistakenly seen as either subjective (opinion) or objective rather than an (experiential) way of being that transcends both these categories (Rae, 2012). It could be argued, as Cole (1966) does, that such a misinterpretation of existentialist positions on religion has, potentially, more negative consequences. These consequences might extend to the client's ability to deal with issues around mortality and meaning specifically since the finality of death and inevitability of anxiety (that might derive from an inability to choose meaning) are less likely to be satisfactorily engaged with by clients who feel their therapist doesn't share their preference for absolute truths. Where this issue was addressed, participants seemed to be suggesting that unquestioned belief systems are potentially problematic, not that adherence to more absolute truths was necessarily bad in itself; however, there did appear to be some degree of bias towards validating clients' more relativist positions which potentially excludes those for whom a more orthodox religious ideology and commitment is paramount and where this is based on claims of religious experience. Allowing space to re-examine beliefs without necessarily implying or encouraging changing them in any fundamental way was viewed by some participants, for example Sharon and Jacob, as a suitably cautious middle-way that challenged without undermining the client's position and this would seem advisable in terms of creating a more inclusive therapy. One way in which Jacob thought this could be achieved was through questioning religious and philosophical truths via a more philosophical process.

Where views on the role of intellectualising/philosophising, that is approaching and debating topics that may concern clients in a more abstract way, as part of therapy were provided, the consensus was that there is a place for this as a way of addressing issues relating to mortality and meaning - given that death as a subject for exploration is difficult, for instance, intellectualising was sometimes seen as the only way to address it for most of us. It was in this latter sense that participants were felt to have found a place for philosophising, particularly about more religious topics like reincarnation, the existence of a spiritual dimension and the possibility of an

after-life more generally. This type of activity was, like self-disclosing in order to encourage awareness of alternative perspectives to one's own, seen as a necessarily indirect way to enable clients to approach the difficult subject of death and in one case especially helpful in trying to alleviate death anxiety. A tension is evident here between the more typical existential idea of needing to engage with questions about the human condition in a genuine and authentic way (van Deurzen, 2002) and what therapists appear to experience among clients as a difficulty in actually doing this; it might be more helpful to view genuine and direct engagement with the question of mortality as an ideal, something we might approximate towards but rarely achieve - but nevertheless aspire to do. It is in this sense that the current findings echo some concerns (Woolf, 2000) with existential approaches that might be seen as too prescriptive, too direct for clients to feel comfortable working with.

How direct and directive therapy should be was one area where participants did appear to differ in their views – while most preferred self-involvement to self-disclosure for instance, Phoebe was much more prepared to disclose more personal examples if it meant the client finally began to moved on from what the therapist regarded as unhelpful, because very fixed, meanings.

In some ways direct or indirect engagement with questions about meaning and mortality is an irrelevant distinction though. If meaning is seen to be inseparable from how we live or what we do, and some participants did seem to adopt this view [one therapist commenting that 'meaning is life' for example], then philosophising about death and the possibility of an after-life for instance might be viewed as something meaningful in itself. Whether we are philosophising *about* our lives or whether the act of philosophising is merely another aspect *of* our lives didn't appear to concern Jacob and his client for whom philosophical debate was a regular and welcome part of the therapy – what mattered was that the client's needs were being met in some way and what was relevant in terms of how existential therapists explore issues of meaning and mortality was that the therapist was not only willing to be a part of this but that he was *able* to do so. He felt comfortable in his ability to engage with the level of philosophising and debating his client seemed to need and want. The same skills and willingness to debate clearly open up possibilities for new ways of seeing the world and our place in it, to engage with questions around meaning that might concern all of us such as the way in which a preoccupation with controlling and using

the natural world seems to have replaced our ability to respect and appreciate it for what it is (Heidegger, 1977, 4, 12). In relation to maintaining robust worldviews (Greenberg, 2012), it has been argued (Trigg, 2002) that the ability to defend these rationally through engaging with the opportunity to do so and developing arguments can only be a constructive exercise. To this end some (Heath, 2002) have called for psychotherapy training to accommodate a more philosophical, and so less resistant and defensive, stance. Jacob's reflections on his ability and willingness to engage with clients philosophically appears to justify these concerns since building clients' understanding of the roots of their core beliefs and so their confidence in them and, in the case of Jacob's client, experiencing reduced anxieties such as those relating to death as a result, do seem, for Jacob, to represent key benefits for the client. Questioning philosophical and religious truths, whatever these might be, would seem to be an important aspect of a therapist's approach to engaging clients with difficult subjects like meaning and mortality but in a way that is unbiased, non-judgemental and inclusive since all theories are questionable, and in a way that remains focused on the value of the process of philosophising itself with its potential to strengthen clients' worldviews.

Therapists' openness to discussing ideas of death, and bereavement in particular, was also seen to be beneficial to one client who was thereby able to reconceptualise and come to terms with their experiencing a deceased person's presence. There was some validation here of Continuing Bonds Theory's recognition that not all of us benefit from a more linear understanding of death whereby a continuing relationship with the deceased isn't possible (Klass, Silverman and Nickman, 1996). Just as our understanding of death can change through time, so our relationship with the deceased can also change. For this particular client of one of the participants, the idea of a continuing bond was generated via discussion and as a result of the client feeling uncomfortable about experiencing the deceased's presence, and the willingness of the therapist to engage with this issue intellectually and emotionally and to encourage the client to do the same, allowed for greater clarity and normalisation for the client who said they then felt a degree of comfort not previously experienced.

5.4 Implications for Therapy and Ideas for Further Research

It is perhaps significant for those training as therapists to appreciate that finding a balance between challenging and supporting clients in relation to questions like mortality and meaning is something that, although difficult, is often obtainable. Sharon, for instance, reflected on her experience of successfully engaging clients with the subject of life-meaning without needing to directly challenge their worldviews: "I have developed relationships where clients feel able to explore and reflect." Therapists involving themselves in a way that emphasises the shared and common experience of therapist and client is another particularly effective way participants thought this balance could be managed.

The relationship between meaning and attitudes to mortality also surfaced as an important issue, for example Lorna describing how she had reinforced a client's ability to face up to their own mortality and how this had seemed to encourage greater investment in this life in order to try and leave a more meaningful legacy. This example reflects some existential writers', such as Tolstoy's (1981), concern with acknowledging the inevitability of *my* personal death and the way in which this seems inseparable from the meaning our lives have as well as some existential philosophers', for example Heidegger's (1962, p. 234), prioritising awareness of personal mortality as a necessary condition for a more authentic life. In contrast to this, Nietzsche (1998) suggested we can live without acceptance of death much more easily than we can without meaning and Sartre (Stern, 1953) that commitment to meaning-creation as an acting out of our freedom should preoccupy us much more than our finitude. The current findings provided some insight into the importance of the relationship between meaning and mortality and therefore how therapists might work with this relationship, touching on instances where there clearly is a connection between the two with the implication that therapists would do well to build awareness of this and how to work with it. The relationship between awareness of mortality and life-meaning is clearly an unfinished area of research – with Professor Michael Hauskeller (2019) at Liverpool University, for instance, due to publish 'The Meaning of Life and Death' in 2019 where various philosophers' attempts to make sense of this relationship are addressed.

Other areas for future research suggested by the current findings might include a focus on the religious beliefs of therapists and how this impacts on their use of self-disclosure, how aware they are of this potential impact and what precautions they might put in place to ensure clients' readiness to discuss issues around meaning and mortality is not restricted in any significant way as a result. Future studies might also look to improve on the validity of the current research where respondent validation is employed more extensively; although I facilitated member checks to a degree via follow-up interviews, more validation of my interpretation of data would have been made possible through correspondence with participants once the research project had been fully completed since coding decisions and further interpretations of participants' responses would have been available for discussion and reinterpretation, allowing for much richer data. This opportunity for more thorough member check would reduce the chances of misrepresenting participants' opinions and meanings and would help ensure my interpretations were in accord with those of participants (Braun and Clarke, 2013, p282).

5.5 Reflexivity, Ontology and Epistemology

While sympathetic to a relativist view of truth and the need for individuals to work at and try to find their own truths in order that these may become more authentic, my own religious position tends towards a more absolute 'perspective' on truth. As a result I am conscious of a greater sensitivity towards others' apparent disregard for or criticism of this position and have, in an attempt to diminish this bias, tried to appreciate how participants' views might be interpreted in a number of different ways; for example acknowledging that what at first appears to be a disapproval of political or religious ideologies in themselves might in fact be a genuine concern about failure to arrive at these positions through a more rigorous questioning. Reducing my own bias completely is unrealistic, though, and the fact that I have selected participants' comments about religion as an area of focus at the expense of others [for example differences in how therapists regard working with various age groups hasn't been elaborated on, although this was in part because of the limited amount of data available] illustrates this. The best I can do is increase awareness of this bias perhaps, and not least because this practice is consistent with my

underlying assumption that knowledge in the social sciences [in contrast to religious knowledge for instance, which I would see as of a different kind and, in accordance with Hume (1738, 1965) and Kant (1781, 1996), much more difficult to define] is largely constructed.

I feel I've added to our understanding of how existential therapists, in the current sample at least, try to address meaning and mortality but haven't discovered this as a pre-existing 'reality'. What I have is my own interpretation of what participants have chosen to tell me. Nevertheless, certain patterns have been constructed via my collaboration with participants (Reason and Rowan, 1981), for example how existential therapists seem to find indirect ways of encouraging clients to engage with the issues of meaning and mortality. This finding is not without meaning - it is apparent to me in the data I have and therefore is in some way significant even as I hesitate to call it knowledge since there is nothing inevitable about it. While such findings have been constructed, through a negotiated process of data collection, though, there is a sense in which Parker's (1992) claim of an ontological status for the social structures that limit the possible content of such constructs can't be entirely discounted; myself and participants appear to share and reflect the individualistic culture that prioritises listening to and respecting the views of others for instance, and so it isn't entirely surprising that allowing clients space in therapy in order to facilitate expression of feelings and thoughts about meaning and mortality is something participants value or that this was a key aspect of data I picked up on. I would see 'findings' such as the emphasis participants placed on *indirectly* approaching the subjects of meaning and mortality with clients as possible representations of realities that are not directly accessible. With Parker, and those adopting a more critical realist position such as Bhaskar (1998), I would want to retain the possibility of underlying structures/realities existing and restricting the kind of discourse that constructs what we call 'knowledge' but would see the existence and nature of such structures as necessarily speculative. I would therefore view Parker's [as indicated by Burr in her discussion of him, 1992, p 88] claims as potentially useful [rather than necessarily true] in helping to suggest a way in which knowledge can be constructed without discounting the possibility of these constructions being influenced, because restricted, by an underlying reality. Parker's notion of constructions being limited but not determined by realities does begin to

answer Bhaskar's issue with constructionism perhaps, that it reduces ontologies to epistemologies by presenting 'knowledge' constructed through discourse as the former when it is actually the latter. Parker's position allows him to borrow from the critical realist position while remaining primarily constructionist – and this position seems to fit well with the current research where underlying realities around the shared backgrounds and interests of myself and participants may well be limiting the knowledge we are constructing, but this knowledge nevertheless remains constructed.

5.6 Method and Design

Email seemed to allow participants to reflect on their responses more than face to face interviews might have done, increasing the potential sincerity of comments perhaps - one participant changed her mind about whether she thought she disclosed very much for example when she was asked to elaborate on what she had said earlier in the interview process; this may be an example of how interview responses were less 'defended', or at least how participants were allowed time to reflect on and become aware of any possible defensiveness (Hollway and Jefferson, 2000).

With the use of a gradual correspondence over a few days or weeks, I was also able to reflect on responses and adjust the questions themselves – for example replacing a question about how far participants were prepared to 'challenge' their clients [since the first few respondents said they would never 'challenge' clients] to how far they were prepared to 'encourage clients to challenge themselves' helped elicit broader responses to this issue.

In designing the questions and deciding on the time-scale for the interviews, due consideration was given to the role of the interviewee as the expert. By 'allowing' ample time for their replies and using open questioning, I felt I was respecting their experience as therapists as well as emphasising the collaborative nature of the data collection process. It seemed those participants who agreed to take part did so with a notable degree of enthusiasm - one commenting on how they were 'a sucker for this kind of thing' [see appendix 6] - and so it might be argued that they felt comfortable taking part in a more collaborative process where they didn't feel their

views and the opportunity to express them were likely to be compromised. Email trails show how I frequently reminded participants that interviews and follow-up interviews were deliberately conducted by email to give them time to consider their responses – producing, perhaps, responses more reflective of what they really wanted to say and increasing the likelihood of disclosure of more personal and so potentially rich information (Bowker & Tuffin, 2004). Questions were also intentionally open-ended, beginning with ‘To what extent...’ or ‘How important do you think it is...’, for instance, to try and maintain the participants’ initiative in the interview process; this type of questioning is in line with the kind of collaborative approach participants seemed to value in their therapy anyway [for example when self-disclosing] and so could possibly sit well with their underlying values, thereby enticing greater trust in the interview process and so further disclosure. The more obvious shortcomings of using email interviews, such as the absence of facial expressions and other bodily clues to meaning, might be seen to have been largely outweighed by these advantages.

5.7 Braun and Clarke’s (2006) Criteria for good Thematic Analysis

These criteria, suggested by Braun and Clarke, include the generating of codes or ideas that data items can be organised around, the arranging of these codes into broader themes and a thorough analysis of the themes. Braun and Clarke further suggest (2013, p287) that all data items be acknowledged in the coding process and that all themes are the product of a rigorous reading of the codes and are internally consistent and able to stand alone. In addition, the analysis that follows should be informed by the data collected and only this data and ought to represent a well-organised account based on an active interpretation rather than description of the data.

The coding process began with a first impression of potentially significant ideas, identified in relation to each data item in order to ensure inclusiveness. Since each data item was considered in [equal] detail, a comprehensive list of potentially relevant concepts was generated - a particularly extensive list that tended to reflect key existential concepts more generally. By focusing on which of these concepts

were more common among data items *and* most relevant to the research aims, themes began to be determined. Where existential but not directly significant themes such as 'isolation', more generic therapeutic requirements like 'empathy' and other potential themes seemingly less relevant to the research aims such as [clients'] 'controlling versus letting go' were generated it was decided not to include them in the final selection of themes. Conversely, where participants' responses were interesting in relation to the research aims but particularly unique in the sense that other participants didn't really address the same idea - for example whether participants thought the length of time clients were in therapy mattered - these ideas were dismissed as possible themes – although not dismissed altogether as I tried to remain aware of individual differences and that not all parts of a theme would apply to all participants. Specific examples of each theme from each data item were then listed as a way of ensuring the themes were in fact substantial, in other words a considerable number of extracts from several participants could be quoted to illustrate them.

Two initial themes of 'enabling clients to face mortality' and 'encouraging the development of new meanings' were seen to be too driven by the research aims and therefore not sufficiently 'bottom-up' - reflecting perhaps the patterns I wanted to find rather than patterns across what participants had actually said. This became more apparent when I began to revise these two themes' sets of subthemes, respectively 'drawing on loss/allowing the client space/not using techniques' and 'the therapist's use of self/diverse meanings/a philosophical approach', since although these subthemes were representative of extracts from the participants' interviews they didn't sit well *together* within their respective themes. Several subthemes were eventually selected as themes in themselves since they were far more representative of the interview responses than the initial themes I had created.

That each theme could stand alone was checked via a comparison of themes and through their ability to be further broken down into subthemes that were themselves discrete yet thematically similar – subthemes able to be supported across the data set. Themes relating to allowing clients space, a cautious use of self and the way in which religious and philosophical ideas were employed clearly reflect very different aspects of the way therapists see themselves working with meaning and mortality. At the same time these themes are evidently related, for example they each reflect the

way in which participants felt they struggled but sometimes succeeded in striking a balance between actually addressing sensitive issues and including the client in the therapeutic process. All themes were easily able to be supported by the data, they were common concerns for participants despite notable differences in the way they thought about them.

In terms of analysing and interpreting data, rather than simply presenting it, I have attempted to draw out significant implications of what participants said and have tried to support my interpretations with specific examples from data - for instance referring to case studies participants themselves quoted when discussing how important they thought self-disclosure was in encouraging conversations about mortality or how they were prepared to enter into philosophical debate within a therapy session in order to develop and clarify understanding of religious issues.

I hope I have been consistent in applying an interpretive and largely constructionist approach to this project, wherever possible emphasising an awareness of the active role I have taken and so the way in which I have helped shape the research process and outcomes. I trust I have also been clear about the need to constantly question the labels attached to approaches, for example the way in which I have adopted a 'weak' relativist and constructionist position that is not entirely dismissive of critical realism and not assuming a relativist position on all subjects, for instance religion.

Existential therapists do regard the issues of meaning and mortality as significant and do believe they find ways of helping clients engage with them. There is a general consensus that these are sensitive and personal areas for exploration, though, and so should be addressed with caution in order to promote clients' engagement. This possibility for lack of engagement is seen to result from too much self-disclosure on the part of the therapist [where a more collaborative self-involvement is seen to be more helpful] or from encroaching on a client's psychological space in a way that is disempowering or threatens the therapeutic relationship. Clients can, according to therapists, be encouraged to actively participate in discussion about their own thoughts and feelings towards meaning and mortality in a more philosophical and abstract manner and this can be seen as a useful way to maintain a balance between addressing challenging issues like life-

meaning and mortality indirectly without necessarily avoiding a more personal and authentic engagement. A significant area for further research might be the way in which meaning and mortality need to be addressed together rather than in isolation since they appeared to be mutually significant issues.

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Appendices

Appendix 1. Initial Information to Participants Document



How do existential therapists investigate clients' exploration of meaning and death?

Invitation to participate in this research project.

In my initial email [see* below] I explained that I'm studying for an MSc Psychology by Research at Huddersfield University and you very kindly agreed to take part. The focus of the current project will be on how therapists use the existential perspective in counselling, specifically in relation to encouraging clients to discuss issues around meaning in life and in relation to death anxiety. It will at the same time aim to gather therapists' own ideas about their experiences of loss and their own creation/discovery of meaning in life.

I will be asking therapists/participants to reflect on their own attitudes to meaning in life and how this relates to their feelings about their own mortality. The research will involve participants responding to a series of questions [**see below for a summary of these, although this is only a summary and not the specific questions I'll be asking for responses to] in light of their experience as therapists and will be followed up with an interview by email if participants are happy to do this as well as the initial questionnaire, i.e. I will be asking for participants to take part in both activities while emphasising that the latter is largely for the purposes of elaborating on some points raised in the initial activity. It is of course the participants' own choice how much detail they provide but I will be encouraging respondents to provide as much detail as possible around each of the statements initially – but will be grateful for any information participants are willing to provide. I will of course negotiate with participants which two weeks are best for them but will be looking to collect data from all participants within a certain time frame. I will also suggest a follow up email interview of approximately one week where questions and answers can be emailed gradually during that time. The questions will only be sent to participants once they have agreed in principle to take part, knowing how much detail and time is being asked of them.

I am aiming to interview at least six people who use an existential approach to some extent in their work. If you are still happy to take part, which I hope you are, I will ask you to sign a consent form. All information disclosed within the interview will be kept confidential, unless you indicate that you or anyone else is at risk of serious harm, in which case I would need to pass this information to my supervisor. All will of course remain anonymous in the write-up. It is anticipated that the research may, at some point, be published in a journal or report. However, should this happen, your anonymity will be ensured, although it may be necessary to use your words in the presentation of

the findings and your permission for this is included in the consent form. Data will only be accessible to the researcher and supervisor and participants will have the right to withdraw at any time, including the right to have any part of their responses removed from the data at any time.

If you feel you would still be able, in principle, to participate it would be much appreciated and I am hoping to begin to collect data from October/November 2017.

Please let me know if you feel you are still happy to take part by signing and returning the consent form.

Many thanks,

Mark Haddock Mark.Haddock@hud.ac.uk

The research aims/focus of the research can be summarised as:

**"Dear*

My name is Mark Haddock and I'm studying for an MSc Psychology by Research at Huddersfield University. The focus will be on how [far] therapists see and use the existential perspective in counselling. It will involve one questionnaire by email and one interview also by email. I am aiming to interview at least six people who use an existential approach to some extent in their work. All will of course remain anonymous in the write-up.

I wouldn't expect to be ready to conduct the questionnaire and interview until October/November 2017. If you feel you would be able, in principle, to participate in these two activities it would be much appreciated.

I will be able, of course, to give you some idea of what the themes of the questionnaires and interviews might be around beforehand but they will involve therapists reflecting on their own experiences of loss and understanding of their own mortality and how this impacts on the way they address similar issues with clients.

I won't be carrying out any data collection until I have received ethical approval of course.

Please let me know if you feel you might be able to help.

Many thanks,

Mark [Mark.Haddock@hud.ac.uk] "

****Therapists' own experience and understanding of meaning creation and mortality, therapists' willingness to challenge clients' meanings in life and attitudes to mortality, therapeutic techniques used to facilitate discussion of these issues including integrated approaches and how addressing issues around meaning and mortality relates to specific client-groups and contexts.**

Appendix 2. Consent Form



CONSENT FORM

Title of Research Project: How do existential therapists investigate clients’ exploration of meaning and death?

It is important that you read, understand and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate, if you require any further details please contact your researcher.

I consent to the use of data provided by me and understand that no third party will be involved in the data collection, anonymity will be preserved in the report [but not in correspondence between myself and the researcher] and personal information will remain confidential unless it is decided that anyone is at risk of serious harm.	<input type="checkbox"/>
I have been fully informed of the nature and aims of this research as outlined in the information sheet version	<input type="checkbox"/>
I consent to taking part in the written response activity [questionnaire]	<input type="checkbox"/>
I consent to taking part in the interview by email	<input type="checkbox"/>
I understand that I have the right to withdraw from the research at any time without giving any reason	<input type="checkbox"/>
I give permission for my words to be quoted (by use of pseudonym)	<input type="checkbox"/>
I understand that the information collected will be kept in secure conditions for a period of ten years at the University of Huddersfield	<input type="checkbox"/>
I understand that no person other than the researcher/s and facilitator/s will have access to the information provided.	<input type="checkbox"/>

If you are satisfied that you understand the information and are happy to take part in this project please put a tick in the box aligned to each sentence and print, sign and scan before returning this form.

Signature of Participant: _____	Signature of Researcher: _____
Date:	Date:

Appendix 3. School Research Ethics Panel Application Approval

From: SHUM Research Ethics

Sent: Wednesday, August 30, 2017 9:52:37 AM

To: Mark Haddock (Researcher)

Cc: Vicki Smith; Dawn Leeming; Warren Gillibrand

Subject: Your SREP Application - Mark Haddock (MSc by Res) - APPROVED - How do existential therapists investigate clients' exploration of meaning and death? (SREP/2017/079)

Dear Mark,

Dr Warren Gillibrand, SREP Deputy Chair, has asked me to confirm that your SREP application as detailed above has been **approved outright**.

With best wishes for the success of your research project.

Regards,

Kirsty

(on behalf of Dr Warren Gillibrand, SREP Deputy Chair)

Kirsty Thomson

Research Administrator

Appendix 4. Risk Analysis

THE UNIVERSITY OF HUDDERSFIELD: RISK ANALYSIS & MANAGEMENT

ACTIVITY: Email interviews/questionnaires			Name: Mark Haddock	
LOCATION:			Date: 26.7.17	Review Date:
Hazard(s) Identified	Details of Risk(s)	People at Risk	Risk management measures	Other comments
Participant anxiety	Participants will be asked about their own experiences of loss and feelings about mortality which may invoke uncomfortable feelings and memories.	Therapists being interviewed by email.	<p>Choosing to interview by email rather than face to face allows participants time to reflect, so there is less pressure to engage with what might be uncomfortable questions and issues. All have the option to withdraw and to not comment on any issues they are less easy with.</p> <p>Participants are fully informed about the nature and focus of the research before they agree to take part.</p> <p>Therapists taking part in the study will be registered with the British Association of Counsellors and Psychotherapists or a similar body who require them to undergo regular supervision – so there will be ongoing support for any issues that may arise.</p>	

	<p>Data loss</p> <p>Unable to indicate any level of distress if the interview is conducted by email rather than face to face.</p> <p>Disclosing malpractice or negligence</p>		<p>Only the researcher and supervisors will have access to the data. It will be kept secure by the researcher on a laptop and so password protected.</p> <p>Participants will be reminded of the right to withdraw before the interview, will know beforehand what the interview will focus on and will have completed a questionnaire prior to the interview where they will have been asked to respond to a list of general topics [similar topics that will they will be asked to elaborate on in the interview]. They will have had opportunities to reflect on how much they want to disclose, in their own time, prior to the interviews.</p> <p>This is unlikely to occur, but confidentiality has been promised to participants unless it is thought there is a risk of harm to anyone – if this were the case then confidentiality would have to be broken but participants have been made aware of this and, as practicing therapists, will be familiar with issues around confidentiality.</p>	
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Appendix 5. Questionnaire

How do existential therapists investigate clients' exploration of meaning and death?

Please provide as much detail as you feel able about your experiences and ideas in relation to A]-J] below, although I will be very grateful for any amount of information you are happy to provide. **Please provide examples from your own experience as a therapist where possible.**

A] Could you briefly share your thoughts on how significant you think issues around meaning in life [i.e. a deeper understanding about the purpose of life] and mortality are to therapy?

B] How do you feel your own experience of loss, and understanding of your own mortality, has impacted on your therapeutic work? Please provide examples where you feel you can.

C] In what ways do you feel your own creation or discovery of meaning in life has influenced the way you work in therapy?

D] To what extent do you believe self-disclosure, to clients during therapy, about your attitudes and experiences relating to death and to meaning in life is useful to clients? Again, examples would be helpful please.

E] How important do you think it is to encourage clients to talk about death and meaning and why do you think this?

F] To what extent are you prepared to challenge a client's worldview, their basic 'philosophy of life', or at least encourage them to challenge themselves over these and why?

G] How do you build a more genuine and trusting relationship with clients?

H] To what degree have you found a more integrative approach to therapy helpful in addressing clients' issues around, or interest in, death and meaning in life – i.e. how do other approaches compliment an existential perspective?

I] Do any of the following [or other] factors influence whether issues around meaning in life and mortality tend to arise in therapy and if so how?

- Whether therapy is short or long-term
- The nature of certain client-groups
- Particular 'disorders'

J] Would you say a significant number of presenting issues in therapy are ultimately to do with more fundamental 'givens' such as meaning and mortality and if so how do you identify this connection?

It would be useful to have any background information about yourself you feel able to provide. Please highlight one of the options or add some detail:

1. Male, Female, Prefer not to say
2. Occupation...
3. Training and orientation in therapy...
4. Age...
5. Qualifications...
6. Ethnicity...
7. Religion...
8. Interests...

The follow-up interview by email will offer the opportunity for exploration and discussion of responses to the questionnaire. It is not intended to be too laborious so won't, for instance, be conducted in one session but hopefully over the period of a week or two and may well only include a few exchanges depending on your availability.

Many thanks again for your cooperation, it is very much appreciated.

Mark Haddock.

Appendix 6. Data Extracts

Dorothy

Hi Mark,

I'm a sucker for this kind of thing, so I'm happy to help out.
Let me know what happens next.

Kind regards,

.....

consent form 5.docx Information sheet 5.docx
438 KB 83 KB

That's great, thank you very much - that is definitely the quickest response I've had!

Jacob

How do existential therapists investigate clients' exploration of meaning and death?

Please provide as much detail as you feel able about your experiences and ideas in relation to A]-I] below, although I will be very grateful for any amount of information you are happy to provide. **Please provide examples from your own experience as a therapist where possible.**

Could you briefly share your thoughts on how significant you think issues around meaning in life [i.e. a deeper understanding about the purpose of life] and mortality are to therapy?

Without meaning I am nothing.

Grappling with uncertainty and leaning into uncertainty with a discovering mentality.

Improvisation – allowing things to be and trying to work with 'what is' in a 'could be instead' frame.

For clients – meaning, uncertainty, death, probability and improbability are the taboos of our time. Allowing philosophical reflection in a safe space provides a unique opportunity for their discovery; reimagining of the self in a more vital, meaning way.

Henry

B] How do you feel your own experience of loss, and understanding of your own mortality, has impacted on your therapeutic work? Please provide examples where you feel you can.

Of the embodied other, but also a loss of meaning based on the loss of a willed illusion along the lines of what Jackson Browne expresses well in "For a Dancer" when he says "guess I thought you'd always be around....now you're nowhere to be found."

My own experience of loss and my own understanding of mortality help in that I am already there, in the place where the "client" is just arriving, and I have borne it and am bearing it and I am, I hope, fully lucid in my perception of "goneness" and am fully aware that it is something which cannot be put into words or even thought, but is just experienced. That said, each of us has/IS a unique WAY-OF- BEING and that needs to be teased out, as it were, in the encounter.

C] In what ways do you feel your own creation or discovery of meaning in life has influenced the way you work in therapy?

I have not discovered any meaning in or of life, so I'm not sure it has. I am just there with and for each individual who comes in to the room. I guess it's back to "the meaning IS life"

Janice

D] To what extent do you believe self-disclosure, to clients during therapy, about your attitudes and experiences relating to death and to meaning in life is useful to clients? Again, examples would be helpful please.

I have found it helps many people when you can identify with their confusion, pain and need for closure. It depends on how much you share, if their experience is in some way similar to yours and you (I) found ways to help overcome or manage that - support, family, friends, professionals, experiences, choices etc.

Sharing can either include or exclude and yet still give structure to the clients choices and decisions around how to manage their pain, loss and adaptation to the changes that brings.

Some I realise don't want to hear 'your stuff' whilst others eagerly take it in and make sense of their feelings and confusion because of it.

Losing my mother at ...[age removed]..., my dad at ...[age removed]..., I can share that feeling that many clients can relate to -sharing very much my memories of that feeling of being unanchored, of all my life being up in the air until one day it started to fall into place again, one aspect at a time. People relate to that because they too feel lost, alone, uncertain, unanchored from partners, parents, children and life as they once knew it - the structure has changed and they have to find ways to carry on, pin it down and manage things often they have never had to before! It can be very scary but seeing someone who has come out, and gives them signposts, ideas, and familiar experiences can give them an anchor again, something to hold on to and develop a new structure in their lives.

Darius

E] How important do you think it is to encourage clients to talk about death and meaning and why do you think this?

Only when it feels relevant to their experience at that time, in the moment and to the circumstances/ content they bring to their sessions. Some topics and difficulties are more suited than other for death and meaning to be encouraged to be talked about. Bereavement, but again at the right time that feels significant or relevant, for example the end stage of making meaning of the loss or when angry about it (as if the assumption is that somehow life is fair...). When the client themselves is terminally ill or worries about their own death (health anxiety, panic, even after a cure of an illness that however made client think they might die).

I believe in the power within the person to change and create meaning. I can bring certain aspects of life and death and meaning to their attention if I feel it's becoming relevant to their experiencing but it is up to the client if they will pick those up. Even if there's denial about it I may gently want to suggest that this may be happening if it is safe to do so and it isn't to damage our relationship but even if I feel I'm right, my interpretations are certainly no more important to what is or seems right for my client. That's is for me one of those challenges I have to make my peace with even if I deny them!

F] To what extent are you prepared to challenge a client's worldview, their basic 'philosophy of life', and why?

I will resort to ask them questions in the form of Socratic questioning when a worldview arises. First, this worldview or value will have to be crystallised, identified and spoken of. But this is with the view of helping the client better understand their worldview and where it's coming from, how it's impacting, helping or impeding their life and wellbeing, relationships, choices and so on. If counselling is an opportunity for them to tweak, re-establish, reformulate or transform their worldview that is for the client to do with me assisting them to expand their understanding of the function of their worldview in their life. Therefore, I am never prepared to challenge their philosophy of life but to help understanding of its function and meaning to my client's life.

Phoebe

F] To what extent are you prepared to challenge a client's worldview, their basic 'philosophy of life', or at least encourage them to challenge themselves over these and why?

If a client is unhappy, I sometimes ask them to consider how the way they think about something can affect the way they feel, CBT style. I might give them examples of how their own expectations, or beliefs, or memories, or values, or focus, have influenced the way they feel. I couch my interventions cautiously, "maybe if you took the view that ...", "I was wondering whether thought x is what makes you unhappy", usually using the subjunctive, to make it clear that I am not sure about anything and willing to try thinking about things in a different way, hoping they might join in. I might point out that if they carry on thinking in the same way, then they will experience life in the same way (again, pure CBT). Then I might ask them if they're willing to do a thought experiment – temporarily changing a belief or an expectation – to see whether the way they feel shifts at all.

Lorna

Sharon

Hi Mark

Thanks for your response.

With regard to your question, re-thinking my response, I suppose I do value self-disclosure when talking of how I am feeling in the session and I do actually use this occasionally. I think perhaps on reading your question, my thoughts jumped to sharing from my own personal experiences or the experiences of others.

As for my feelings in the session, this is particularly useful with clients who struggle to express their emotions. I am often overcome with, say, sadness or anger and I'm aware this isn't "my own stuff". On these occasions, I will share, say, "I felt a wave of sadness when you talked of your father" and check out if that is how my client also feels. I believe I am fairly self-reflective and can often work out in the moment what emotion belongs to me in the room. This can help the client perhaps identify their own feelings and start to describe them.

Another time I might use this form of self-disclosure is when a client is talking about how they are perceived by others. I might then share my experience of working with them and we may then look at why our relationship is similar or different to others in the outside world, often why they can be a certain way with me but find this hard normally.

Hope that is a better, fuller answer!

Best wishes

Appendix 7 Reflexive diary

26.10.17

Conscious of tension between following up responses to obtain richer data and over-burdening participants. Therefore am continually reminding ppts there aren't too many questions left and how grateful I am for their participation.

Building rapport with ppt 1. Since she offered personal examples around sensitive issues I briefly acknowledged how 'meaning as experience' resonated with me as I got older – this was one sentence in an email 'in passing' so didn't make the dialogue about me but hopefully was a way of encouraging a continued willingness to be open on their part [making the process feel more collaborative maybe].

Read ppt 1's response to follow-up email several times in the evening then waited until the following morning to respond. This allowed me to digest what she'd said a little more and proved useful since it did allow time for me to realise how much personal information she had provided and how it may have been quite hard for her. Consequently I acknowledged my gratitude briefly for the personal info she'd offered. I also acknowledged I'd read her responses several times to let her know I was taking her comments seriously and considering them in some depth.

Got lots more detail on requesting clarification of one of the qnaire responses. In light of ppt 1's response to the first follow-up interview qn I adjusted my further questions. Although ppt 1 had said she didn't encourage any particular direction in what clients wanted to talk about, including meaning and attitudes to death, she mentioned 'sedimentation'. This relates well to my research aim and so I focused on this as my second qn rather than the planned qn.

I refocused on my research aims, telling p1 that these were my areas of focus. She then provided lots of interesting insights into how she sees her role in dealing with issues around meaning and death in therapy. Refocusing but still presenting questions in an open way works well – I'm not suggesting what ppts might say only what they may talk about.

I felt extremely grateful for p1's quick and in-depth responses as it made me feel the project was 'up and running' and worthwhile.

Positive fback from ppt 1 – 'feel free to fire awa [with questions], I'm enjoying them – they make me think'.

Ppt 2 sent responses this evening, quickly followed by ppt 3. The first thing that struck me was, despite both being clearly existential in their approach, how very different their responses and emphases were. Felt a little guilty copying the same email response to both [thanking them and saying I would be following up in a couple of days due to work] as I want to treat each ppt individually.

I am making a point of responding asap to ppts – to give the message their responses are valid and important to me, even if it's just to say how helpful the replies were and that I will reflect on them before following up with a few more qs. I'm constantly stressing it is entirely up to ppts how much and how often and how soon they feel they are able to reply as I don't want replies to be rushed or ppts to feel the process is laborious in any way.

I am surprised by how emotional I feel reading therapists' accounts/ qn responses & can see how clients would be reluctant to discuss death openly as it's so hard.

Ethics – said I would make report available, but added 'summary', as don't want this to compromise my analysis.

Q D] To what extent are you prepared to challenge a client's worldview, their basic 'philosophy of life', and why? is badly phrased as Ts object to concept of challenging clients' philosophies. 'Reflect' would be better than challenge as per ppt 2's response. Encouraging client to challenge their own views is what I meant.

Making me reflect on what my aims and understanding of the existential approach are. Expressed my gratitude to ...[initials removed] for helping clarify existential approach and for highlighting [implicitly] QD]'s lack of clarity.

Ppt 3 ...[initials removed] talks of loss as 'everything being lost in its original form' – i.e. the same thing as change?

Ppt 2 SF FOLLOW-UP SAW SELF-DISCLOSURE DIFFERENTLY THIS TIME [IN TERMS OF SD FEELINGS NOT EXPERIENCES, AND MADE ME THINK DIFFERENTLY/MORE CLEARLY TOO AS I'D ALSO THOUGHT ABOUT SD IN TERMS OF EXPERIENCES.

29.10.2017 p2 talks about change, kids getting older etc [clearly an issue for her] and I' wary of writing about this as feel it compromises confidentiality or she at least might read my final report. Has made me much more aware of the importance of ethics.

31.10 final email to p2 – remembered to ask for feedback on qnaire and follow-up pros and cons. Sent same to p1
.....[initials removed.]

Trying to be more collaborative so ppts get something out of this as well – e.g. included link to betty cannon for[initials removed] when asking about psychodynamic and existential approaches being used together.

The more I tried to think of f-up qs for[initials removed] p4 the more I realised he'd addressed them in the initial responses – this was a good way of confirming the qnaire had asked the right qs/the ones I wanted to ask, i.e. that did open up a discussion about my research aims.

Getting such different [but also v similar/existential] responses from different ppts suggested different areas of qning for me.

2.11.17

.....[initials removed] replied to final interview qs and told me of his new blog starting today on his website which I've said I'll visit. Again, it feels good to be able to collaborate and support his blog in the same way he has supported my research. Interesting comments about the way psychodynamics can be used in conjunction with an existential approach.

2.11

.....[initials removed] said uses philosophical quotes or ideas to provide something for clients to bounce off, to help clarify their own ideas if it seems appropriate. Seems to me the less abstract the better – all strategies are aimed at doing what's best for the client. Embodying [so implicit] phil approach is usual way it transpires/is used.

Conscious of the need for fbk from ppts on my method, positive and negative so end by asking this. Also not ending completely but hinting I will be in touch before the end of the project, so keeping ties open.

3.12

Revisiting and adding codes/annotations to participants' responses is extremely valuable – seeing lots more in the responses each time. Noticeable with p1 that there is a lack of 'challenge' or reference to self-affirmation, self-knowledge, change, change into action – maybe not everyone comes for therapy for this and p1 says several times she is not a 'rescuer' or 'fixer' – but I'm wondering whether there is a lack of encouragement for 'confronting' the givens and therefore getting to the root of what concerns the client brings?

Sent first coding to supervisors. Unclear about when an analysis becomes 'top-down' as thought it meant interpreting data via my research aims rather than via a bracketing of these?

7.12

Corresponded with supervisor about whether to include ppt 5 who is more person-centered as initial aim is to investigate ETs specifically [see email to Dawn 7.12] for reasons behind this question.

Revised qnaire to include J] regarding whether ETs saw meaning/death and other givens underlying presenting issues as this is a theme I am acknowledging via coding of responses. Also added 'or at least encourage clients to challenge their own beliefs' to qn about challenging world views since a few responses said they would never challenge a client's view [and I realised the qn needed rephrasing as this isn't what I was 'getting at'].

Appendix 8 Stages of analysis

Stages of analysis:

Initial items of interest	Codes	First thematic map	Revised thematic map
Empathy Indecision Uniqueness Loss of something never had Fear Resilience Indirect enabling Courage Control versus letting go Rescuer Self-trust Proactive No right way Non-judgemental Uninterrupted space Responsibility Genuine interest Silence Taboo Being Phenomenology Whole demeanour PCT, CBT Reflexive Grieving in own way Gently Inclusive Awareness Embodied Improvisation Spontaneity Normalising Modelling Beliefs and values identified Self-disclosure Philosophical dialogue Relationships Liberated Contagious Reflection Habit Sedimented meanings Flux, change Imminent meaning Intellectualising death Challenging others' views Exploring meaning Philosophy vitalising life Confronting beliefs Identity Age Death as a discrete subject Openness Authenticity Responsibility Trusting relationship Religion Understanding and change The after-life	Uniqueness Rescuer Self-trust Non-judgemental Uninterrupted space Responsibility Silence Being Phenomenology Grieving in own way Trusting relationship Imminent meaning Openness Inclusive Normalising Modelling Self-disclosure Liberated Contagious Confronting beliefs Indirect enabling Gently Intellectualising Religion The after-life Challenging others' views Understanding and change Philosophy vitalising life	Enabling clients to face up to mortality <ul style="list-style-type: none"> • Drawing on experiences of loss • Allowing the client space • Avoiding the deliberate use of specific techniques 	Allowing the client space <ul style="list-style-type: none"> • Encouraging preferred expressions of meaning • Empowering clients to create their own meanings • Protecting the therapeutic relationship
		Encouraging the development of new meanings <ul style="list-style-type: none"> • The therapist's use of self • Variation of meaning • A philosophical approach 	Use of self to promote a client's sense of engagement <ul style="list-style-type: none"> • A cautious use of self • Normalising experience • Modelling possibilities
			A guarded use of philosophical and religious truths <ul style="list-style-type: none"> • Assumptions about the relative nature of truth • Philosophical and religious ideas as a way in

