

EXISTENTIAL THERAPY: SUPPORTING YOUTH THROUGH ANXIETY

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EXISTENTIAL THERAPY: SUPPORTING YOUTH THROUGH ANXIETY

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Abstract

The intent of my Master of Counselling project was to introduce existential therapy as a viable theoretical framework for counsellors to utilize when addressing youth anxiety and to provide a manuscript for counsellors practicing existential therapy with youth. Anxiety is the most prevalent mental health concern among children and adolescents (Beesdo, Knappe, & Pine, 2009). Weems and Berman (2011) found that youth experience existential anxiety and suggested youth have the capacity to directly address existential concerns; however, empirically validated research on practicing existentialism with youth in a clinical setting has been difficult to locate. Therefore, the focus of this project was to present a literature review on existential therapy and youth anxiety, offer a proposal to empirically investigate the lived experience of youth working through anxiety using an existential approach, as well as include a manuscript in the hope to assist other therapists in using existential therapy with youth struggling with anxiety.

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Chapter One: The Purpose of This Project

Young people yearn for acceptance, belonging, and meaning. They ask questions about existence, their role in this world, why life is unfair, whether or not people change, and how to manage uncomfortable thoughts and feelings. For many youth, these yearnings and questions cause mild to severe anxiety during major life transitions, as responsibilities and consequences become their own. Grounded in philosophy, existential therapy recognizes the impact of philosophical dilemmas on the psychological mind, while bringing the whole person to the forefront. Existential therapy is a way of thinking about psychotherapy and asking questions about the nature of anxiety and human suffering, while providing a platform for clients to explore and address the “givens of life” (Corey, 2017, p. 132). Existential therapists help youth struggling with anxiety by addressing the root cause of anxiety through exploration of thoughts, feelings, and behaviours. The intent is to heal, rather than mask, underlying issues.

Existential anxiety is the natural urge to make meaning out of life; however, when this urge becomes all encompassing, youth may experience adverse effects in physical, psychological, social, spiritual, and/or emotional realms (Ormrod, 2012). Adverse effects such as headaches or thought racing may present when ruminating about the past or worrying about the future. Stuck in a world of *should haves* and *what ifs* diminishes the youth’s ability to live in the present, which may be observed by others as avoidant or disruptive behaviours (Bubier & Drabick, 2009). Mistakenly, outward behaviours may become target issues, thereby allowing root causes to be missed and behaviours to persist. Since existential themes are ambiguous in nature, youth may struggle to articulate the inner workings of their minds, unless they have the language to communicate such

thoughts and feelings and receptive participants. Woodgate, West, and Taylor (2014) demonstrated the benefits of using a computer drawing tool that allowed expressive means for children with cancer to move between existential anxiety and existential growth. Drawings, and other expressive means, allow a platform for children and youth to communicate existential concerns. Skilled existential therapists liberate youth experiencing anxiety by providing a greater vocabulary to articulate oneself through open dialogue in a warm, welcoming, and unbiased therapeutic environment.

Psychotherapy is a dynamic interaction orchestrated between therapist and individual to unravel tangled sequences of thoughts, feelings, and behaviours. Existential therapists do not label awareness and acceptance of the human condition positive or negative; rather, they maintain a neutral stance, recognizing personal potential for growth and greatness as well as setbacks and challenges (Winston, 2015). With existence at its core, each person is free, capable, and responsible to create personal meaning. In a warm and welcoming environment, youth discover themselves introspectively and work towards recreating who they want to become.

Statement of the Problem and Purpose of the Project

Questioning life's meaning is the core of existentialism. "In Canada, suicide is the second highest cause of death for youth aged 10-24. Each year, on average, 294 youths die from suicide. Many more attempt suicide" (Canadian Mental Health Association, n.d., Who is at risk section, para. 1). These statistics imply a desperate need to address meaning in life with youth. Meaning is stimulated through internal and external life experiences, left to individual interpretation (Brassai, Piko, & Steger, 2012). As a result, meaning can be explored by questioning experiences, resulting in the transformation of

values and beliefs, both positively and negatively. Faced with the task of creating meaning (Corey, 2017, p. 139), youth are challenged to authentically critique their lived experiences and discover new meanings. Discovering new meanings may produce positive and/or neutral perceptions to past negative experiences. If youth do not have safe environments to discuss experiences, unhealthy anxiety and depression may become all consuming, resulting in a felt sense of no meaning to live.

Research on practicing existentialism with youth experiencing anxiety in a clinical setting has been difficult to locate, and research on practicing existentialism with adults has been limited (Vos, Craig, & Cooper, 2015). The purpose of this study is to provide a manuscript to support counsellors in practicing existential therapy with youth experiencing anxiety. Corey (2017) noted that due to existential therapy lacking a “systemic statement of the principles and practices of psychotherapy, . . . it [is] difficult to conduct research on the process or outcomes of existential therapy” (p. 159). Therefore, this project also provides a proposal to empirically investigate, though an existential approach, the lived experience of youth working through anxiety (see Appendix A).

The foundation of existential therapy rests on existential philosophy rooted in challenging, not pathologizing, the purpose and meaning of human existence. Since the meaning of existence is individual and unique to the presenting concerns, existential therapists adapt interventions accordingly; therefore, quantifying existential therapy efficacy has been challenging. Despite these challenges, it is known that youth experience existential concerns and have the capacity to directly confront such concerns (Weems & Berman, 2011). With anxiety being the most prevalent mental health concern among

adolescents (Beesdo, Knappe, & Pine, 2009) and the movement away from labeling youth with mental health disorders (Hinshaw, 2005), continued research on the efficacy of existentialism with youth anxiety is necessary.

Throughout this report, it will be shown that existential therapy is a practical, theoretical framework for counsellors to utilize when addressing youth anxiety. Others assume youth lack capacity to receive therapy through an existential lens (Berman, Weems, & Stickle, 2006); however, the results of this project challenge those assumptions.

Before examining the research literature, I will shed light on my personal existential journey to bring forth biases and influences, rather than claim a neutral position. As Osborne (1990, p. 81) asserted, the reader is then able to “take the researcher’s perspective into account” upon exploring the manuscript (see Appendix B). Personal and clinical experiences that drew me to existential therapy are presented in the next section, followed by a statement of the problem and an overview of the upcoming chapters.

Personal. I was drawn to existential therapy as a result of examining personal struggles from a nonpathologizing stance, while wrestling with existence. Personal and clinical experiences regarding existential concerns have shaped who I am now as a therapist. With existentialism as my base, other theories and techniques are brought into the counselling experience. As my passion for working with youth only grows, implementing more viable frameworks has become paramount to my practice.

Through a journey towards wholeness, I was challenged to revisit and examine my core values and beliefs. This fueled my desire to learn more about existentialism and

how I was not living fully. My experience with existential therapy began in my undergraduate degree in Addictions Counselling at the University of Lethbridge when a personal realization brought the present into sharp focus. At age 20, the recognition that life is difficult without a known purpose came about during a time when a major life transition was necessary; little did I know that many aspects of my life would change in a matter of six months. I was fortunate to be involved in a degree where I was encouraged to constantly reflect on myself, my values and beliefs, my learning, and my counselling practice. This personal reflection started to play a role in how I viewed myself in the world. I began challenging my core beliefs and focusing on how my way of being was impacting personal, social, and counselling relationships. During this time of reflection, I chose to leave a long-term relationship, my family was experiencing a loved one struggling with mental illness resulting in admittance to a psychiatric facility, and I began realizing there is no *right* way to go about life. Life is complicated. People are judgmental. I am not responsible for others' happiness. Although I cared about the judgments and needed to try to make others happy, I was not able to fix the struggles my family was going through. Life was not going as scripted. Although I felt completely lost, through the guidance of existential therapy, I was willing to feel true loneliness, meaninglessness, and the death of who I was or pretending to be, all the while searching for freedom and, thereby, my authentic self.

The journey towards wholeness was not easy. By accepting full responsibility for my choices, the freedom to choose my next path was all on me—blemishes and all. Anxieties and doubtfulness started popping up, trying to discourage me from moving forward. I was running away from the script as fast as I could, by dodging interactions,

becoming abrasive, and ultimately feeling exhausted. I was questioning everything, trying to put experiences and people into boxes of *good* or *bad*. It was not working. Although I was running as fast as I could, I was still in the same place. The realization that I was running away from my past towards a vast empty space emerged after sitting through a group therapy session led by an existential therapist. I knew what I did not want; however, my future goals were unclear, and I was at odds with who I had become.

In my first year of the Addictions Counselling Program, I thought science was the answer to all mental health problems, and counselling practices must be evidence based to be effective. As an emerging therapist, I wanted a checklist to complete with clients, free of error. I soon realized this was not realistic. As a loved one sat in a psychiatric facility, where medicine and typical psychological theory applied had little to no impact, my perceptions started to shift. I could not merely reduce people to a checklist. I still highly value science and evidence-based practices; however, I believe *who* I am and *how* I implement strategies and techniques with clients has the greatest impact on successful outcomes. Doing so allows me to attend to the vast individual human differences. It took life experience and a loved one going through the government psychiatric system for me to realize the immense impact a counsellor has on the therapeutic relationship when addressing challenges people face. Although I understood the counselling relationship theoretically, it was not until I put my theoretical knowledge to practice that I truly understood the importance of an authentic therapeutic relationship. Living in this moment of existence, because of existential therapy, I am aware of how my past experiences have shaped my current identity, undoubtedly influencing my counselling orientation.

Clinical. With problematic rates of client therapy retention, Gogel, Cavaleri, Gardin, and Wisdom (2011) highlighted the therapeutic relationship, stating, “Communication and relationship factors such as therapeutic involvement, measured by engagement, counselor rapport, and working alliance, have been identified as a key predictor of treatment retention” (p. 490). Existential therapists emulate this by creating a solid foundation based upon therapist’s use of self to establish a therapeutic alliance fostering rapport to cultivate change, enhancing retention rates. The therapeutic relationship “does not exist apart from what the therapist does in terms of method. . . . The value of a treatment method is inextricably bound to the relational context in which it is applied” (Norcross & Lambert, 2011, p. 5). As a therapist in a youth residential treatment setting, it is interesting to observe client-therapist relationships, and the effect such relationships have on youth throughout therapy. Personally, when I first began counselling, I only implemented step-by-step counselling approaches. I soon realized my clients were bored, and engagement was lacking. I was so focused on therapy, I forgot about the person in front of me, wasting valuable time and allowing my agenda to take precedent. It was at this time that I created a more fluid environment, where youth could discuss their existential concerns. After making this change, I noticed a shift in youth engagement. Youth were eager for individual counselling sessions, and more effective counselling followed. My experience with existential therapy, therefore, suggests that in a clinical residential treatment centre for youth, the more engaged youth are with their therapist, the more likely they are to complete the program.

Youth therapy completion has been linked to measurable outcomes such as higher educational and occupational achievement, increased satisfaction with life and

relationships, and positive health outcomes. Furthermore, youth therapy completion is the strongest predictor of continued sobriety (Aciri, Gogel, & Wisdom, 2012; Bettmann & Jaspersen, 2009; Gogel et al., 2011). However, outpatient dropout rates landing at roughly 50% represent a significant challenge for youth, families, and professionals (Gogel et al., 2011, p. 489). In the absence of client retention, therapeutic techniques are irrelevant. It has been argued that existential therapy is a vague and muddled approach; however, a focus on authenticity, a strong therapeutic relationship, and individual client needs may help reduce dropout rates as therapy becomes more relational and client specific. During a quantitative research study using short-term existential psychotherapy with outpatient adults, Rayner and Vitali (2015, p. 365) noted a dropout rate of just under 10%—a substantial difference than noted by Gogel et al. (2011).

My personal experiences counselling youth support the above statements. Without forming a working alliance with the youth, therapy feels fake and constructed. The therapeutic *game* is readily identified, responses become routine, and authenticity is lost. Without establishing a nonbiased relationship of trust, youth may assume the therapist is just another adult trying to change them. Existential therapists work to understand the individual. What this means is that an existential therapist works beyond the surface, beyond the quick assessment, to understand presenting behaviours and not only the complaints from adults. By genuinely working to understand youth in the moment, they are more likely to feel safe and, therefore, share true thoughts and feelings under the presenting anxiety. Once youth feel heard and understood, therapists can support youth in moving through anxiety and taking steps forward.

While working with youth aged 13-18 in a clinical setting, it was clear existential questions show themselves at all cognitive levels. For example, whether the youth I worked with had intelligence quotients of 70 or 150, they still sought a sense of belonging. They still struggled with whether or not they had purpose and meaning in their life. The search for freedom and independence is, therefore, inevitable. How beautiful is it to believe that all humans, at one point or another, will embrace the struggle of existence without it being labeled a mental health disorder?

There is not yet one specific method to treat anxiety; therefore, the fundamentals of existential therapy stating that counselling should not be a predetermined set of rules, with one script meant for all individuals, is a plausible approach. Youth do not internalize presenting problems exactly the same; therefore, different techniques to increase awareness and foster healing are necessary. An experience that may cause debilitating anxiety in one, may not even register as stressful in another. As false core drivers are built and absolutes are constructed, anxiety may start popping up creating roadblocks.

The natural experiences youth are presented with throughout adolescence shape their perception of how the world views them (Berman et al., 2006; Carlson, 2003). Their perception, in turn, effects how they view themselves. Through understanding one's *beingness* in the world, anxiety can be viewed through the lens of *bumping up against life*, in that everyone experiences anxiety-causing events at one point or another, rather than a mental illness.

The natural anxiety felt by many teenagers can be used as a driving force to tackle life challenges, or the fear may become overwhelming, repressing their sense of being. Despite a lack of physical danger, danger is experienced cognitively and physiologically.

When our well-being, perceptions of self, or existence are threatened, our primitive biological urges for self-preservation take over and affect cognitive processing (Ormrod, 2012). Anxiety and self-doubt are natural to the human existence; it is dealing with this anxiety that affects functioning (Corey, 2017). Interestingly, in a clinical setting, this anxiety may be perceived as *resistance*, since youth may take a step back, rather than lean into therapy. In clinical settings, I often hear therapists state, “He/she is not ready for treatment,” undermining anxiety and highlighting presenting behaviours. The therapist must decide how to approach client resistance in a healthy manner to support youth, or become reactive, reducing the likelihood of further therapy attendance.

An existential therapist views resistance as fear and anxiety; therefore, from an existential lens, anxiety does not need to be *cured*. Instead, therapists facilitate a deeper understanding of the youths’ current state. Through their self-reflection, youth can re-examine their own existence and take responsibility for their role in their current struggles. In essence, by examining their value systems, youth can identify the source of their presenting concerns and make appropriate changes to live a more meaningful existence.

Researching the use of existential therapy with youth in a clinical setting is important to me because I regularly work alongside youth grappling with existence, struggling with life’s purpose and why they were faced with such hardships. They are wondering why they should bother trying to heal when the world continues to beat them down anyway, wondering why they cannot *get better*. Working in a government program that encourages the use of evidence-based practice, I believe ontology is overlooked due

to the assumptions that cognitively, youth are not ready to address such concerns, and existentialism is not regarded as an evidence-based practice.

Research Methodology

Examining the research on practicing existential therapy with youth experiencing anxiety proved to be a challenging task, forcing the researcher to use multiple resource tools and broaden the search to include existential therapy and adults. Peer-reviewed articles were accessed through the following databases: PsychINFO, ScienceDirect, Child Development and Adolescent Studies, Google Scholar, PubMed, and Web of Science. The following keywords were used to obtain resources: existentialism, existential therapy, existential therapy and youth, youth anxiety, anxiety, existential therapy empirical data, existential case studies, anxiety and medication, medicating youth anxiety, cognitive behavioural therapy, evidence-based practices for anxiety, and psychopharmacology and youth. Using the same search terms, Google was also accessed. The publication dates of articles were not limited to the last 10 years, as historical prominent existential work from philosophers proved to be of value. The research process evolved over two years, as the project changed from a phenomenological research project to a literature review proposal to empirically investigate the lived experience of youth working through anxiety by using existential therapy.

Outline

Chapter one described the problem of youth anxiety, presented the researcher's personal and clinical perspectives on existential therapy, reviewed methodology, and introduced the research. Chapter two reviews the literature on existential philosophy, key figures, existential therapy, and existential anxiety. Chapter three reviews the literature on

anxiety and youth, incorporating the definition and statistics of anxiety, current views of youth anxiety, common therapeutic methods for youth experiencing anxiety, and evidence for youth experiencing existential concerns. Chapter four is a synthesis of the project strengths and project limitations, culminating with a personalized conclusion.

In addition, Appendix A provides the reader with a proposal to empirically investigate the lived experience of youth working through anxiety from an existential lens. Lastly, Appendix B is a manuscript for counsellors who want to incorporate existential therapy into their practice with youth.

Chapter Two: Literature Review of Existentialism

Existential therapy emerged from a philosophical framework to tackle life's greatest questions within the psychological realm. The beauty of existential therapy is that it is not described as better than or as worse than other therapies; rather, it invites individuals to be curious about their existence in a safe and challenging environment. In this chapter, I discuss existentialism, highlight key figures, describe existential anxiety, and touch on existential therapy, with the hope to fade many misconceptions regarding existential therapy.

What is Existentialism?

Existentialism is the “naturally occurring, universal, and inescapable aspects of the human condition” (Diamond, 1996, p. 9) based on the assumptions of truth, reality, and meaning underlying human action (Adams, 2014), where each individual is responsible for giving meaning to life and living life in an authentic manner.

Existentialism moves beyond interpersonal and intrapersonal contexts to the socio-political and philosophical to better understand a person's ability to manage life's challenges thrust upon them. People are inseparable from the world, thus, they find out about the world by engaging in it and challenging assumptions that influence their conclusions (Adams, 2014).

Existentialism's root is based in the Enlightenment philosophers of René Descartes (1596-1650) and Immanuel Kant (1724-1804) (Solomon, 2001). Descartes (as cited in Solomon, 2001, p. 22) coined the phrase, “I think, therefore I am,” after coming to the realization that individuals' unique ability to think is what makes them real, despite the perspective of incoming information. Kant believed in autonomous thought, exclusive

of real or perceived external authority. Kant's writings moved empiricists to rationalists, spawning existentialism (Solomon, 2001). Although existentialism has been described as a philosophical school of thought, Kaufmann (1975) stated, "Existentialism is not a philosophy but a label for several widely different revolts against traditional philosophy" (p. 11). Despite doctrinal differences, two core tenets existential philosophers held were (a) existence precedes essence and (b) individuals give meaning to their own life (Corey, 2017), preserving common ground regardless of divergent backgrounds such as religion.

Existential philosophers were bold, attacking themes such as the death of God, anxiety, real versus counterfeit selves, death, and the divorce of mind from life (Barrett, 1962, p. 9). By questioning perceptions, they brought life to new forms of thinking and allowed the self to step out of the prescribed societal roles, towards a new, authentic way of being. A focus on the richness of experience was paramount alongside the understanding that the psyche cannot be solely measured through quantitative methods (p. 15).

For quantitative research, generalizing themes, such as existence, freedom, meaninglessness, death, anxiety, and choice, which are themes central to existentialism, poses great challenges due to immense difference in how each individual perceives these complex ideas. An attack on one's security of existence, freedom, and choice may result in a cut off from one's feelings, followed by not living authentically. Rather than pathologizing different ways of being as mental illness, existentialists seek to explore and describe the unique human experience (Corey, 2017). By believing that anxiety is a necessary and naturally occurring state, existentialists encourage people to "consciously confront and incorporate their experiences and feelings" (Pitchford, 2008, p. 443),

allowing them to grow. By default, every person has an existence from birth, to death, to legacy. It is the simple fact that one exists with a desire for meaning that causes such turbulence throughout life. Within the struggle for meaning, there is beauty in the individual freedom to define oneself: that is, if anxieties are released and the present consciousness is embraced. Despite incongruences among existential philosophers, as a group there are comparisons that can be made throughout the philosophical movement towards existential therapy.

Key Figures

As noted by Corey (2017, pp. 134-137), existentialism was largely influenced by seven key historical philosophers who eagerly contemplated the individual's natural confrontation with existence: Søren Kierkegaard (1813-1855), Friedrich Nietzsche (1844-1900), Martin Heidegger (1889-1976), Jean-Paul Sartre (1905-1980), Martin Buber (1878-1965), Ludwig Binswanger (1881-1966), and Medard Boss (1903-1991). Corey also identified five key contemporary figures who emerged in the 20th century with the existential psychology movement: Viktor Frankl (1905-1997), Rollo May (1909-1994), James Bugental (1915-2008), Irvin Yalom (1931-present), and Emmy van Deurzen (1951-present).

Through his personal confrontation with existential anxiety, Kierkegaard introduced the term *angst*, while Nietzsche declared *God is dead* and urged the people to live authentically without bounds to religious or metaphysical consolations (Corey, 2017; Nixon & Solowoniuk, 2005). Heidegger emphasized human existence within the world through phenomenology as a means to look to new, rich, and authentic experiences through one's socio-cultural context (Winston, 2015). Sartre believed humans are

radically free, and it is the denial of such freedoms and choices that result in emotional problems (Corey, 2017; Nixon & Solowoniuk, 2005). Heidegger emphasized *being-in-the-world*, while Sartre “contend[ed] that the Being is ontologically estranged from the world” (Winston, 2015, p. 42).

As noted by Corey (2017, p. 135), Buber took a less individualistic stance than previous philosophers, as he believed there is never just an *I*; there is always an *other*. In contrast, Binswanger and Boss focused on the relationship between the individual and the environment through a phenomenological approach that addresses choice, freedom, and caring (p. 135). Binswanger and Boss believed the existential view enables them to “understand the worldview and immediate experience of [their] patients, as well as the meaning of their behaviors as opposed to superimposing [their] view as . . . therapist[s] on their experience and behavior” (p. 135).

Viktor Frankl developed logotherapy underlying the search for meaning, as he believed meaninglessness is the illness of modern times (Corey, 2017). Highlighting the constant struggle within a person, Rollo May is known for bringing existentialism from Europe to the United States, with a focus on “it takes courage to ‘be,’ and our choices determine the kind of person we become” (Corey, 2017, p. 131). Known as a great model and mentor, Bugental developed an existential approach that delved deeply into the client’s subjective world, demanding willingness of therapists to be in touch with their own phenomenological world, with an internal focus on resistance (Corey, 2017, p. 136). Yalom, a psychiatrist and author, developed an existential approach focusing on four ultimate concerns: death, freedom, existential isolation, and meaninglessness (Corey, 2017; Nixon & Solowoniuk, 2005). Finally, Emmy van Deurzen contributed greatly to

British existential psychology, recognizing that clients have tremendous abilities to overcome hardships when committed to the self-searching processes (Corey, 2017, p. 137). All the historical and contemporary existential figures played a significant role in the evolution of existential theory and practice we see today. While most theories had one or two founders, existentialism was shaped by multiple figures throughout history, adding to both its depth and vagueness.

Existential Therapy

Existential therapy is a psychotherapeutic orientation targeting philosophical dilemmas around existence and assumes that “by overcoming existential distress, psychopathology may be decreased or prevented” (Vos et al., 2015, p. 115). Existential therapy is a way of thinking about psychotherapy. By asking questions about the nature of anxiety and human suffering, it provides a platform for clients to explore and address the “givens of life” (Corey, 2017, p. 132). Without a manual, existential therapists support clients in acknowledging their range of alternatives, take responsibility for current states, and move towards a more meaningful existence. In essence, existential therapy is a psychological and philosophical perspective focusing on the client’s desire to find one’s purpose and meaning to life as well as the unique relationship between a therapist and client, with a core emphasis on one’s authentic encounter with existence.

Existential therapy evolved from prominent works of existential philosophers such as Kierkegaard, Sartre, and Heidegger (Kitano & LeVine, 1987) starting in the mid-1800s to mid-1900s. The “existential psychology movement emerged in the 20th century with leading figures being Viktor Frankl, Rollo May, and Irvin Yalom” (Nixon & Solowoniuk, 2005, p. 27), which has affected the field of psychology for the past 100

years (Correia, Cooper, & Berdondini, 2014). Existential therapy brings a philosophical aspect to practical counselling by engaging clients through an open mind of wonder, neither fitting clients into established frameworks nor bringing forth an attitude believed to supersede technique (Corey, 2017; Kitano & LeVine, 1987). Existential therapists view clients as unique and worthwhile beings, capable of self-determination, prior to establishing techniques. Techniques used derive personal meaning out of experiences, acknowledge individual roles affecting their social environment, increase awareness of the client's ability for self-control, and cultivate ideas to alter stressful situations (Kitano & LeVine, 1987). All of these techniques are central to existence.

Existential therapy is future-orientated while focusing on the present. The present is comprised of all that has happened in the past and the perception of all that may happen in the future, while the awareness that death is inevitable gives the present meaning (Corey, 2017). Supporting clients to fully explore experiences of what it means to be human in relation to all past, present, and future perceptions of experiences is the goal of existential therapy. As clients view their experiences from all angles, they take responsibility for present states and accept that they are the only ones who have the power to change their current situation (Corey, 2017). Existential therapists encourage discussions of existence through a genuine connection, fostered through therapist's curiosity and a nonjudgmental stance.

Genuineness comes from a centred place unique to existential therapy, where the therapist risks being vulnerable, allowing feelings of hurt, rejection, and joy to be felt. As posited by Lacovou and Weixel-Dixon (2015, p. 9), through genuine curiosity, therapists investigate the individual's world, while focusing on individual responsibility and

freedom when challenges arise to “discover how the client chooses to express their individuality.” Once clients are able to articulate their values, beliefs, and attitudes toward the world, they are able to tangibly assess their thoughts, feelings, and ways of being in the world. As this process begins, clients increase awareness of how their way of being may help or hinder relationships with themselves and/or others. During the continual process of becoming, clients flow into an authentic way of being, while consciously exploring with a skilled therapist how their way of being influences anxiety, relationships, and decisions.

Frankl (1978, p. 21) noted that as a result of the rapidly changing and growing world, “ever more people have the means to live, but no meaning to live for.” His assertion enhanced the notion that subscribing to a therapy focused on addressing emptiness and meaninglessness is paramount. With no final truth to be discovered (Adams, 2014), both the emptiness and meaninglessness faced in daily life by adolescents is thrashed out in a safe environment, alongside an existential therapist, where they are encouraged to be authentic and responsible. The non-judgemental counselling environment fosters honesty, enhancing authenticity to accept individual responsibility. Through personal responsibility, youth are able to shape their own destiny by freely choosing alternatives (Corey, 2017), ultimately allowing youth to reach their full potential. The freedom of initial choice forces individuals to scan future consequences when responsibility is binding (Winston, 2015). The anxiety created from freedom of choice can either stall a person or become a catalyst for growth and change. With childhood and adolescence creating the base of perceptions for adulthood, it only seems rational to begin addressing these existential concerns during adolescence.

Adolescence is a critical period in developing healthy ideas surrounding existential concerns. For example, answering the question “How do I exist?” in the face of uncertainty, conflict, or death (Center for Substance Abuse Treatment, 2012) can have a lifelong effect on the adolescent. If adolescents cannot manage uncertainty and/or conflict, they may choose to manage anxiety with drugs, alcohol, or avoidance. A skilled existential therapist helps youth explore the murky waters of existential concerns to promote individual discovery. In the following section, I explore the therapist’s use of self and outline the therapeutic process.

Therapist’s use of self. The use of the therapist’s self helps form an authentic, therapeutic relationship with the client. While employing effective therapeutic techniques is vital, a healthy therapeutic relationship accounts for roughly twice as much success as therapeutic technique alone (Young, 2013). Furthermore, it is believed that throughout the progression of therapy, the therapeutic relationship will strengthen and be a catalyst for further exploration and future change (Horvath, Del Re, Flückiger, & Symonds, 2011). Through an authentic client-therapist relationship, counsellors better understand the four ultimate concerns identified by Yalom (1980): (a) meaninglessness, (b) isolation, (c) freedom, and (d) death, experienced by youth. Yalom emphasized the need for counsellors to be authentic by stating:

Formal texts, journal articles, and lectures portray therapy as precise and systematic, with carefully delineated stages, strategic technical interventions, the methodological development and resolution of transference, analysis of object relations, and careful, rational program of insight-offering interpretations. Yet I believe deeply that, when no one is looking, the therapist throws in the “real thing.” (p. 3)

Although existentialism integrates techniques such as logotherapy, guided imageries around death and non-being, and Gestalt therapy (Corey, 2017), the focus of

existentialism is on the authentic engagement of self as a means to confront existence.

With a de-emphasis on techniques, therapists facilitate embracement of existence using the six key themes as outlined by Corey (2017, pp. 138–146):

1. The capacity for self-awareness
2. Freedom and responsibility
3. Striving for identity in relationship to others
4. The search for meaning
5. Anxiety as a condition of living
6. Awareness of death and nonbeing.

Therapists use the self as an effective role model in embracing life through an existential lens. It is important therapists do not try and fake their way of being, as they will come across as flakey and inauthentic, pushing youth away, rather than bringing them into therapy.

Existential therapists may experience youth resistance during a session.

Resistance is not to be perceived in a negative light or indicate that clients are not ready for therapy; rather, it acknowledges the importance of how defense mechanisms keep people emotionally safe. Thereby, the therapist will not become resistant to the client. Furthermore, since existential therapy is “without prescription, there can be no resistance” (Schneider, 2008, p. 5). Resistance is viewed as a useful defense mechanism, overcome through therapists’ unconditional acceptance of the client to reduce anxiety and fear (Himelstein, 2011; Shumaker, 2012). As a result of the reduction of anxiety and fear, clients are able to engage in the searching process of what it means to be authentic through their own subjective awareness (Himelstein, 2011).

As described by Pitchford (2008), “the purpose of existential therapy is to confront the anxieties of daily living and create meaning from the connectedness to lived experiences” (p. 441). Despite the overarching preoccupation with quick fixes, existential psychology strives to guide clients to discover new approaches for engaging in life problems using the connectedness of the therapeutic relationship (Pitchford, 2008). Greene (1990) argued that “the perception and experience of a given life event derives, in large part, from the individual’s expectations of the normative sequence comprising the transition to adulthood” (p. 291).

Contrary to alternative therapeutic approaches, existential therapists do not adopt an expert role. Clients are experts on their own lives, determining their future by exploring how they are choosing to live the life they have created (Corey, 2017). When working with youth, therapists facilitate exploration regarding differentiation of self from parental figures to begin constructing independent identities. Forming a solid therapeutic base is essential, or youth may not be forthcoming with how they have tested limits, challenged values and beliefs, or how they have coped with their anxieties. Existential therapists provide an unbiased stance to explore the meaning behind youth’s choices and capacity for self-awareness. It is interesting to note that in Shedler and Block’s (1990, p. 624) longitudinal study of drug users, drug experimenters, and drug abstainers, striking similarities between drug users and drug abstainers were found around themes of anxiousness. An existential therapist may pick up on this, as drugs are not labeled *good* or *bad*, but rather a search for the meaning behind the drug use or abstinence will ensue. Throughout sessions, as dynamic role models, therapists are fully alive, present, and engaging, grabbing youth’s attention throughout therapy as a central force.

Existential therapeutic process. Existential therapy does not adhere to a list of techniques (Corey, 2017). Therapists and clients move along therapy in a genuine, connected therapeutic relationship, where techniques are utilized in relation to the unique needs of each client. Throughout therapy, techniques are borrowed from other counselling approaches, to support and enhance therapeutic experiences, in relation to therapy goals. Existential therapists value other modes of therapy, appreciating techniques previously developed by other scholars, to complement the here-and-now approach implemented in clinical sessions. Existential therapists work diligently to rigorously examine all aspects of presenting problems to extrapolate underlying meanings, contrary to accepting the problem as stated (Yalom, 1980). Therapeutic intentional examination of presenting concerns increases awareness, perpetuating future *conscious* choices.

The existential therapy process begins with a warm and welcoming therapeutic environment, fostering authenticity and exploring anxiety through genuine curiosity. Exploring the client's world through genuine curiosity fosters trust and rapport, as it affirms the client is the most important person in the room, creating a therapeutic base for future sessions. Once a therapeutic base has been established, therapists begin discussing Yalom's (1980) four ultimate concerns: (a) freedom and responsibility, (b) death, (c) meaninglessness, and (d) isolation and how they relate to the presenting problem. Narrow ways of thinking are challenged, thereby increasing awareness and movement towards wholeness. Next, exploring assumptions about the world are clarified in the present by examining value systems and putting new creations of self into action. Retrospection is used to provide insight into the current self, where obligatory chains are

broken to enhance living fully in the present moment. Existential therapists believe people are always growing and changing (Corey, 2017), never fixed in a constant state, while acknowledging that growth and change can also be challenging. New ways of being practiced in real-life scenarios are brought back to the therapeutic environment to shift goals based on experiential results.

Current research on existential therapy. Rayner and Vitali (2015) conducted phenomenological research with 41 adult participants who explored their depression and/or anxiety through an existential lens, with aims to reduce depression and/or anxiety symptoms, reduce perceived psychological distress, and reduce the need for psychological services. Participants demonstrated a reduction in symptomology on all scales, a dropout rate of only 9.61% was noted, and only two participants requested psychological services at the one-year follow up. This particular study was the most relevant to existential therapy and anxiety and showed a significant amount of promise for future research in existential therapy effectiveness.

Vos et al. (2015) conducted a meta-analysis of 15 randomized control studies using different modalities of existential therapy. The four modalities of existential therapy were (a) meaning therapies, (b) supportive-expressive therapies, (c) experiential-existential group therapies, and (d) cognitive therapies. Through the analysis, Vos et al. found that therapists focused on existential meaning resulted in significant positive therapeutic responses. Supportive-expressive therapies saw a reduction in psychopathology, and the psychoeducational experience of existential issues provided clients with a safe place to discuss tough topics.

Multiple research studies have shown empirical evidence supporting the concept of existential anxiety through use of scales. Van Bruggen, Vos, Westerhof, Bohlmeijer, and Glas (2014) completed a systematic review of the literature and found 532 articles related to existential anxiety scales, with The Existential Anxiety Questionnaire showing promising outcomes as a result of its thorough examination. Despite the knowledge that existential anxiety exists, empirical research supporting existential therapy as a viable theoretical framework was limited. Due to this limitation, Hoffman, Vallejos, Cleare-Hoffman, and Rubin (2014) examined three identified central components of existential therapy: (a) relationship, (b) emotion, and (c) meaning.

Research evidence supported that the therapeutic relationship is foundational to healing: “The critical aspect is not which treatment a person receives but rather that the patient believes this particular treatment is effective and works collaboratively with the therapist” (Wampold, 2009, How exactly does psychotherapy help people section, para. 1). Furthermore, research has shown that interpersonal relationships enhance neural plasticity, with existential therapists rating extremely high on authenticity, warmth, and empathy scales fostering interpersonal connections (Hoffman et al., 2014, p. 13).

Each therapeutic orientation views emotions differently, which include pathologizing, exploring, controlling, coping, or expressing emotions. Existential therapy emphasizes experience and expression of emotions, moving in and out of emotional states. It has been found that “expressing intense emotions during therapy is a good predictor of successful outcomes” (Hoffman et al., 2014, p. 15). Existential therapists regularly practice self-awareness to ensure they are ready for the intense emotions shared by clients in therapy sessions.

A constant theme throughout existential therapy is that meaning is derived from one's perspective of lived experience (Hoffman et al., 2014, p. 16). Hoffman et al. (2014, p. 17) compiled research supporting a relationship between meaning in life and psychological well-being, with increased research showing a link between meaning and physical health; furthermore, meaning in life has also been shown to be a protective and resiliency factor. Although Hoffman et al. did not produce qualitative or quantitative research data, the three themes noted as central to existential therapy: (a) relationship, (b) emotion, and (c) meaning, showed value and therapeutic advancement throughout the literature.

Multiple empirical research studies have shown positive results when using existential therapy with addiction, patients with severe medical concerns, and informal caregivers (Fegg et al., 2013; Fillion et al., 2009; Gagnon et al., 2015). Despite the limited research on large sample sized qualitative and/or quantitative research, there was an abundance of case studies demonstrating the effectiveness of existential therapy on a wide range of populations (Randall, 2001; Schneider, 2016). One particular case study articulated the lived experience of a middle-aged man, managing panic attacks for three years. Through use of existential therapy, Randall (2001, p. 265) helped this man move from roughly four panic attacks a week to zero panic attacks in a matter of five weeks and remained in remission at the 6-month follow up. It is the hope of this researcher that this project prompts more empirical research in this area, as the research thus far shows promise.

Existential Anxiety

Existential anxiety is brought to the forefront of one's awareness during major life transitions, such as moving from middle school to high school. However, for some, this anxiety may hit harder, even incapacitating the individual at times. The angst of the unknowns during transitional periods may hinder successful transitions if one is clinging to illusions contrary to reality (Jung, 1923/1971). In an illusionary state, individuals may start feeling squeezed due to a lack of freedom, desperately seeking objectivity in a subjective circumstance. A common adolescent experience of moving from middle school to high school can quickly become an existential crisis filled with angst, instead of a quick turn of the page. In the following section, I articulate the four *givens of existence* described by Yalom's (1980) psychotherapy approach utilized in existential therapy: (a) death, (b) freedom and responsibility, (c) existential isolation, and (d) meaninglessness in relation to youth, as well as a discussion of healthy versus unhealthy anxiety.

Death. Existential fate and death anxiety "holds that awareness of death as a basic human condition gives significance to living" (Corey, 2017, p. 145), which can be described as the fear of identity extinction. Attitudes toward death not only affect one's immediate existence, these attitudes also affect one's ability to mature and equally contribute to one's shortcomings (Yalom, 1980). Death, whether brought into full consciousness or left in the background, was described by Yalom (1980, p. 29) as the primary source of anxiety. Although one's physical time on earth is limited, existential time is not concerned with chronology, but rather lived time (Adams, 2014). For

example, a 55-year-old man stepping out of the grips of anxiety may feel as though he has only *lived* five years.

Berman et al. (2006) stated, “Surveys of youth’s specific fears and phobias suggests that the fear of death is one of the most commonly reported fears in youth. . . . These findings have been replicated in several studies” (p. 304). Fears initiated through death awareness may stall a person; however, healthy death awareness instigates meaningful choices. Youth may struggle to bring forth such concerns, as it may be their first time exploring such realms. It is important to note: Death anxiety does not only refer to a physical death, but also a psychological death—death of the soul. This is paramount in existential therapy, as death awareness is central to existence. If one is anxious of death, one cannot truly live in the present. It may be speculated that death anxiety will rise as beliefs of afterlife become less concrete. Barrett (1962) discussed the relationship between religiosity declines and depleted spiritual vessels: “To lose one’s psychic container is to be cast adrift, to become a wanderer upon the face of the earth” (p. 25). As youth come to grips with their physical time on earth, the search for meaning, connectedness, and ways of living ensue, thus enhancing freedom.

Freedom and responsibility. The quest for freedom starts at an early age and amplifies in adolescence. An existential premise is that one cannot be truly living an authentic life if one is bound by rules and laws determined by current public thought. When youth searching for their true self bump up against the rules and laws determined by surrounding adults, they may be labeled defiant and have their search for self misconstrued as pathology.

The search for authenticity, creating meaning out of nothingness, challenges youth's ability to be free during a time where conforming to those around them is highly valued (Winston, 2015). Although youth have choices, choosing a different path to those around them may provoke anxiety. Rather than work through this anxiety, youth may escape and pursue inauthentic lives. During the search for authenticity and pure freedom, Schwartz (2000) shared, "When self-determination is carried into extremes, it leads not to *freedom* of choice but to *tyranny* of choice" (p. 80). When the desperate need to be in control overshadows desire for freedom, not only can the other take freedoms away, the self attempts to gain control with extreme tactics, possibly labeled oppositional defiant disorder in children and youth. The existentialist quest for freedom would encourage the youth to run towards freedom, as opposed to running away from authority. By giving youth something to look forward to, rather than run from, a new goal is created, and subsequently, control over one's life is regained.

Existentialists believe each individual has the freedom to choose values and meaning in life, while also acknowledging freedom's limitations. For example, a homeless teenager with a baby may partake in illegal activity to meet basic needs. Although partaking in illegal activity is a choice, providing basic needs is a must, therefore, stripping the full freedom of choice. Ultimately, if one is free, that person is not only responsible for the actions one takes in one's life, but also for failure to take action (Corey, 2017, p. 140). Thus, one is not solely a victim of circumstance without outlying variables. Responsibility will be assumed for current states; however, past, present, and future oppressions account for objective and subjective experiences impacting how one is currently living.

Existential isolation. Guilt and condemnation was explained by Berman et al. (2006) as “anxiety resulting from threat to our moral and ethical self-affirmations” (p. 304). Awareness of isolation while desperately needing to be a part of a group, club, or gang may lead to existential guilt emerging out of the “realization that we are not what we might have become” (Corey, 2017, p. 140). Adolescence is a time of change. Youth are working to form an identity while attempting to appease family, friends, and others. During the formation of a true self, youth are pulled in different directions. Exploration through a genuine connection with another being or nature is necessary to reduce feelings of isolation, guilt, and condemnation. Despite the desperate need for closeness to others, dependence on others for confirmation is unserviceable: “If we are unable to tolerate ourselves when we are alone, how can we expect anyone else to be enriched by our company?” (Corey, 2017, p. 142). Without a sense of identity, relationships are nothing more but insecure and deprived exchanges, where one clings and takes from another, resulting in a reduction of gratifying relationships.

Sartre (1945) stated, “Man first exists, encounters himself and emerges in the world, to be defined afterwards” (p. 1). As youth are emerging in the world, not all encounters with life are intended. One misstep in high school may result in dire consequences. How do youths defined as athletes manage after a major injury prevents them from playing sports again? How do youths step out of cemented ritualistic identity behaviours perpetuating isolation? “The greater part of our lives is spent with ourselves, no matter where or with what other people we may live. . . . Our imagination is the only companion chained to us for the whole of existence” (Wolff, 1969, p. 161). As youth’s

unconscious struggles with current states become more real, safe venues to hash out recurring thoughts is necessary for healthy development.

Meaninglessness. Weems, Costa, Dehon, and Berman (2004) stated, “Anxiety about emptiness and meaninglessness concerns the fear that there is no ‘ultimate concern’, no ultimate importance in life that gives meaning to one’s existence” (p. 383). Despite emptiness and meaninglessness being the primary focus of anxiety scales, it has been the “least studied aspect of existential anxiety in youth” (Berman et al., 2006, p. 304). This knowledge is alarming due to the fact that suicide is one of the leading causes of children and adolescent death in many countries (Coskun, Zoroglu, & Ghaziuddin, 2012). Frankl (1978) shared a study of university students where 85% of students attempted suicide due to feelings of meaninglessness, and 93% of these students were performing well academically and socially. Also, Curtis (2010) noted surveys have indicated adolescent suicide ideation rates are up to 24%; therefore, addressing the root cause of emptiness and meaningless is necessary to reduce suicide ideation as well as death by suicide. Increased understanding of the existential vacuum leading to anxiety, depression, aggression, and addiction appears mandatory in the mental health sector based on these statistics.

Corey (2017) stated, “Meaninglessness in life leads to emptiness and hollowness, or a condition that Frankl calls the existential vacuum” (p. 144). When life becomes too overwhelming, youth may withdraw from the struggle of creating life with a purpose as a result of the conflict between their way of living and their way of being. Striving for identity and relationships to others is a significant dimension of the human condition, pulling youth in many directions. Corey stated, “People are concerned about preserving

their uniqueness and centeredness, yet at the same time they have an interest in going outside of themselves to relate to other beings and to nature” (p. 141). By working with youth to expand their consciousness and capacity for self-awareness, their awareness of choices available to them will increase their sense of responsibility to live fully in the present, and reduce approval-seeking confirmations from others, to start looking within themselves for affirmation (p. 143).

Healthy versus unhealthy anxiety. It is important to note that existentialism differentiates between healthy and unhealthy anxiety. Normal anxiety as a response to an event used as a potential source of growth is healthy; however, when anxiety causes significant distress, “[it] is typically out of awareness, and it tends to immobilize the person” (Corey, 2017, p. 145). For example, two students asked to complete a class presentation on Wednesday are nervous, but know they must complete the presentation for class marks. One, while a little shaky, completes a portion of the presentation and thinks, “That wasn’t too bad,” while the other stutters throughout the presentation and feels as though a panic attack is about to ensue. After the presentation, the second presenter goes to the bathroom and thinks, “If I can’t do this presentation, there is no way I will be able to do that job interview on Friday. I better cancel it.” The first presenter moved through the anxious feelings and sensations, whereas the second presenter demonstrated unhealthy anxiety that became immobilizing.

This immobilization is often pathologized as an anxiety disorder. The American Psychiatric Association (APA, 2013) described anxiety disorders as excessive or persisting fear or anxiety that is beyond what is believed to be developmentally appropriate. Although diagnostic criteria are outlined in APA’s (2013) *Diagnostic and*

Statistical Manual of Mental Disorders, fifth edition (DSM-5), existential therapists take a nonpathologizing stance to explore the anxious energy. The concept of nonpathologizing when utilizing existential therapy will be further described in the chapter three.

Summary

The practicality of using existentialism with youth was emphasized in this chapter, while acknowledging the philosophical nature of the existential therapy. Key historical and contemporary figures were highlighted to shed light on the evolution of existential philosophy to existential therapy. An attempt to articulate the nuances while suggesting simplicity during practice was portrayed. Normalizing the givings of existence, while modeling healthy anxiety inherent to all walks of life, allows for reduced feelings of uneasiness for youth in the therapy room.

Chapter Three: Literature Review of Anxiety and Youth

With alarming rates of youth experiencing anxiety, research on long-term therapy effectiveness is necessary. Youth anxiety and statistics are discussed in this chapter as well as common approaches used to treat anxiety in youth.

Definition and Statistics of Anxiety

Anxiety is an unpleasant emotional state provoked by one's biological urge for self-preservation, brought on by everyday worries or uprooted by the ultimate question: "What is the meaning to life?" In the DSM-5, the APA (2013) stated, "Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear is the emotional response to real or perceived imminent threat, whereas anxiety is anticipation of future threat" (p. 189). Future threat may be physical, social, psychological, spiritual, or emotional. Furthermore, Ormrod (2012) defined anxiety as "a feeling of uneasiness and apprehension about a situation, typically one with an uncertain outcome" (p. 450). Although anxiety and fear are connected, "fear is a response to a specific threat, whereas anxiety is vague and relatively unfocused" (p. 450).

Adolescence is a difficult period to navigate, confronted with stresses and challenges. For many youth, these stresses and challenges result in troubling thoughts and beliefs as well as uncomfortable physiological responses, such as sweating (Ormrod, 2012). Merikangas et al. (2010) stated, "One in every three to four children experiences a mental disorder" (p. 980), with anxiety being the most prevalent. This staggering statistic emphasizes the need for continual research in appropriate treatment modalities for children and youth experiencing anxiety, using the least intrusive means possible.

Shumaker (2012) shared that youth can feel “a sense of meaninglessness, identity concerns, a fear of death, devastating feelings of loneliness, and/or an inner struggle to make peace with the overwhelming responsibilities of adulthood are all too common worries expressed by anxious and depressed adolescents” (p. 376). Although these worries are expressed by anxious and depressed adolescents, all adolescents feel stressors at different times, on different scales. Acknowledging and normalizing these common worries may help *prevent* disruptive anxiety, promoting positive well-being.

Vos et al. (2015) focused on the relationship between meaning in life and positive well-being. Meaning in life is linked to greater abilities to cope with stressful life events (Park, 2010) and desirable psychological and physical outcomes. Lack of meaning in life and stress is linked to psychopathology (Steger, 2012). Meaning in life is ambiguous; however, when meaning in life is interpreted negatively, anxiety and fear are maintained. Tackling individual meaning in life may be further understood through identity formation.

During the adolescent developmental process, identity concerns are prominent. It is apparent that “peer interactions and social skills are important for development” (Motoca, Williams, & Silverman, 2012, p. 330). However, social interactions can be challenging to navigate. Youth are bombarded with messages and experiences from family, peers, and the media regarding who they should be and how they should act. These interactions impact social, academic, and emotional development (Motoca et al., 2012). The impact can be positive and/or negative, dependent upon the fluctuating levels of anxiety experienced individually.

Self-evaluations and perceptions of how others view one greatly impact individual interpretations of social experiences. Not surprisingly, negative internal dialogue contributes to the onset of anxiety in children and adolescents (Rudy, Davis, & Matthews, 2014). Ormrod (2012) noted, “General[ly], people are likely to become anxious whenever their sense of self-worth or self-efficacy is threatened—for instance, when they know or think they’re being evaluated by adults or peers” (p. 453). Furthermore, Rudy et al. (2014) stated,

Children are thought to be capable of perspective taking and recursive thought (i.e., thinking about what another person is thinking about) beginning around 7–8 years of age, with full development of more abstract “other” perspective thinking by age 15 years. (p. 117)

Although valuable and necessary, recursive thought also poses challenges. For example, a youth may or may not try drugs because he/she does not want to be labeled a loser, dependent upon peer perception, and presenting peer group dynamics. As youth navigate their daily life, they are confronted with differing values and beliefs in a detached environment, guided more by peers than adults. As more abstract thinking develops, uncomfortable new ideas conflict with previous values and beliefs (Ormrod, 2012), resulting in an internal struggle, which may lead to anxiety.

In addition to internal dialogue contributing to anxiety, “Youth are able to comprehend the meaning of life and death” (Berman et al., 2006, p. 304), and by roughly “13 years of age, fears of death and dying are a prominent concern” (p. 304). During the search for one’s identity, existential concerns surface. Despite lack of research addressing

existential concerns with youth, as described previously, core common adolescent concerns are existential in nature.

Beesdo et al. (2009) stated, “Childhood and adolescence is the core risk phase for the development of symptoms and syndromes of anxiety that may range from transient mild symptoms to full-blown anxiety disorders” (p. 483). Furthermore, Beesdo et al. noted that anxiety disorders are the most frequently pathologized mental health concern in children and adolescents, with lifetime prevalence between 15% and 20%. Also, the development of secondary depression appears to be a particularly frequent and concerning outcome of anxiety disorders (Beesdo et al., 2009).

Thapar, Collishaw, Pine, and Thapar (2012) noted a 4-5% prevalence rate of adolescent depression and that “[t]he strongest risk factors for depression in adolescents are a family history of depression and exposure to psychosocial stress” (p. 1056). APA (2013) described depressive disorder features as a “sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individuals’ capacity to function” (p. 155). Without respite from anxiety and depression features, symptoms may take over, greatly impacting individuals experiencing anxiety and depression as well as their family and friends (Cuijpers et al., 2014). For instance, Bibby (2001) found that 48% of teens have a close friend experience severe depression, and 41% have a close friend attempt suicide, demonstrating that anxiety and depression do not always go unnoticed. These alarming statistics emphasize the need to address anxiety around meaninglessness and emptiness to acknowledge the core issues, not impartial quick fixes of surface behaviours, to prevent powerful long-term consequences. Thompson and Walsh (2010) stated,

Existentialism is a theoretical framework that does not shy away from the dark and demanding aspects of human existence: death, loss, trauma, conflict, pain, suffering and so on. However, by facing up to these matters instead of brushing them under the carpet, existentialism offers a powerful basis for understanding and therefore a foundation for hope in terms of being able to respond to these existential challenges as effectively as possible. (p. 383)

Anxiety from an existential lens is best described as either avoidance of the truth or an inability to cope with it (van Deurzen, n.d.). Problems may occur at any stage of development, disturbing one's anxieties and vulnerabilities, resulting in uncertainty of one's own and others' motives. It is important to note existential therapy is not focused on change, but rather on awareness (Himelstein, 2011). Perspectives and experiences of adolescents are often lost due to adults telling them how they should conduct themselves (Fitzgerald, 2005), based on the adult's ways of being that may not align with youth's. Youth are often required by an adult to attend counselling, further increasing stress and anxiety. Frequently, adults hold therapy expectations, causing worry in youth that therapists will align with adults. Rather than engaging in power struggles, existential therapists come from a neutral stance to provide clients with authentic and trusting relational experiences, instead of another authoritative adult. By increasing awareness, change often naturally occurs as a way of recreating the self, instead of a behaviour change that slowly goes back to old ways since *beingness* has not changed. Existential therapists provide an open door, free of pathology, to reduce mental health stigma, encouraging youth to enter and remain in therapy in hopes to reduce the staggering

statistics regarding anxiety in youth. Although all types of therapists agree anxiety is on the rise, modes of addressing anxiety clinically are divergent.

Current Views of Youth Anxiety

Therapists agree the transition to adolescence is a stressful period marked by significant changes in biology, cognitive abilities, and social environments (Ng, Eckshtain, & Weisz, 2015), prompting anxiety in many youth. Youth anxiety is currently seen as a major public health issue (Rodriguez & Kendall, 2014) and is viewed as a lack of emotional regulation. Emotional regulation is “[t]he extrinsic and intrinsic processes that monitor, evaluate, and modify emotional reactions in terms of intensity and length” (p. 52), which has been found to have a significant relationship with youth anxiety (Bilek, 2016). Southam-Gerow and Kendall (2000) found that youth experiencing anxiety exhibit lower rates of hiding emotional expressions or understanding that one is capable of changing emotions; nonetheless, emotional responses are not related to general intelligence.

Lack of emotional regulation may lead to avoidant behaviours. When adolescents begin exhibiting avoidant behaviours, physiological reactions to adverse stimuli, or intense worry about future events, their behaviour is generally described as clinically significant (Silverman & Ollendick, 2005). Research has shown anxiety disorders in adolescence may lead to psychosocial impairment, increased risk for mood disorders, substance use problems, reduced educational achievement, and increased risk of suicidal ideation, which can persist into adulthood if left untreated (Wei et al., 2014). Despite surveys noting high rates of youth anxiety, less than one-third of youth report receiving treatment for it (Wei et al., 2014).

Left untreated, people experiencing anxiety disorders rate lower on quality of life scales and have a higher level of service use than the general public, thus adding to economic costs (Cuijpers et al., 2014). Untreated anxiety also leads to an increased likelihood for self-medication (Robinson, Sareen, Cox, & Bolton, 2009), exacerbating life problems. Generally, therapists agree that treating youth anxiety to prevent future constraints in adulthood is optimal; however, service implementation poses challenges. Currently, treatment consensus among health care professionals involves psychotherapy and psychotropic medications (Cuijpers et al., 2014), which are reflected by common therapeutic methods and psychopharmacology.

Common Therapeutic Methods for Youth Experiencing Anxiety

Youth seeking therapy for anxiety can expect to be presented with cognitive behavioural therapy (CBT) and/or psychopharmacology, as these are the two most common forms of treatment. Sauer-Zavala, Bufka, and Wright (2016) stated, “Though many types of anxiety disorders exist, research suggests that most are driven by similar underlying processes” (Seeing a Psychologist about Anxiety Disorders section, para. 1). APA (2013) has stated the psychological treatments for the underlying processes for generalized anxiety disorder (GAD) are cognitive and behavioural therapies, due to the strong research support evaluated and duplicated through scientific rigour (Society of Clinical Psychology, n.d.). As a result of this, for the purpose of this paper, CBT will be the only psychotherapy investigated outside of existential therapy for the treatment of anxiety.

Cognitive behavioural therapy. CBT is the therapy of choice for most health care professionals when dealing with youth anxiety, as CBT has been labeled an

evidence-based treatment (Southam-Gerow & Kendall, 2000). Wright, Basco, and Thase (2006) described CBT as a “commonsense approach” (p. 1), where “most pragmatically orientated therapists consider cognitive and behavioral methods to be effective partners in both theory and practice” (p. 3). Aaron Beck laid the groundwork for CBT in 1985, greatly influencing the CBT work utilized today (Wright et al., 2006). CBT is the most widely researched form of therapy for anxiety (Wright et al., 2006), likely due to the step-by-step nature of CBT, easily taught to therapists in research settings. Despite evidence on efficacy when CBT is utilized with anxiety, long-term maintenance has been questioned. Clark and Beck (2009) reviewed research studies on the long-term effectiveness of CBT and stated, “We cannot say with any degree of certainty that cognitive therapy or CBT produces more enduring treatment gains in GAD [generalized anxiety disorder]” (p. 439). This means that despite unlimited research and practice, clients cannot be reduced to a checklist.

CBT focuses on the cyclical pattern of thoughts, feelings, and behaviours, influencing one another positively and, in the case of anxiety, negatively. Attention is given to the cyclical pattern to guide treatment planning. Relaxation techniques may be utilized to reduce the emotions surrounding anxiety, in turn calming physiological responses and slowing down cognitions. Cognitions are the conscious and unconscious thoughts streaming through one’s mind. Automatic thoughts are rapid cognitions firing in many different situations and/or when recalling the past and are typically kept to oneself. Individuals experiencing anxiety are often flooded with distorted automatic thoughts, causing adverse emotional responses and behaviours (Wright et al., 2006). CBT theorists believe that when attended to, clients can identify these thoughts and change them to

more positive and adaptive ways of thinking, resulting in a reduction of anxiety symptoms. Automatic thoughts are linked to schemas that begin developing in early childhood and form an outline of how one sees the world and perceives how the world sees that individual.

Schemas are cognitive frameworks that help one's brain organize vast amounts of information into small, manageable groups, known as frameworks. As one develops and is presented with many different environments and situations, schemas are built upon, corroborating one's pre-existing beliefs, often excluding new information that does not align with current beliefs (Wright et al., 2006). For example, a common schema is "I'm stupid." Despite new experiences challenging the schema "I'm stupid," explanations are made to reject adaptation to new beliefs. As negative automatic thoughts emerge, "I'm stupid" is further ingrained, perpetuating negative automatic thoughts. Negative cognitions trigger the emotional response of anxiety, eliciting the behavioural response such as avoiding school. CBT therapists work to identify schemas through Socratic questioning: a series of questions aimed to identify the dysfunctional patterns of thoughts and behaviours.

In practice, a client may say, "I know this thought is irrational and I should change it, . . . but I still have it!" Although symptoms of current anxiety states are addressed with CBT, experiences may trigger the root cause of the anxiety to bubble up. Also, Ng et al. (2017) noted that clients experiencing high levels of depression are less likely to use coping strategies when struggling, highlighting a possible concern when using a theory focused on symptoms rather than root causes. For example, a current client may struggle with tests due to a test result from five years ago. If the negative feelings

surrounding the previous test result are alleviated, the client may eliminate current and future test anxiety, rather than trying to use strategies before, during, and after each test to cope. Furthermore, as Ng et al. suggested, clients may struggle to use learned coping strategies or may choose not to use them at all.

Existential therapy. May (as cited in Winston, 2015) accused other therapies of using gimmicks to temporarily relieve symptoms of anxiety, rather than dig deep to the root of the problem to foster healing. To genuinely understand what the client was going through, May (1996) encouraged therapists to go down deep into the dark belly of hell with the client to understand what the client is truly feeling. Despite assessments, intake forms, and previous therapeutic notes, May (1960) stated the most important thing of all is “this person now existing, becoming, emerging, this experiencing human being immediately in the room with me” (p. 689). Existential therapy taps into the human being in the room and searches for what keeps that person centred and grounded. Therapists verbally dance with clients in an attempt to preserve their clients’ centre. Once clients have preserved their centre amongst a therapist, a therapeutic relationship begins to unfold, and therapists invite clients to participate in other beings. This gentle approach allows clients to feel comfortable in a non-judgemental environment before confronting their anxieties. Once emotional safety is established, a flow begins to occur, and therapy comes into sight. Existentialism emphasizes relationships to foster honesty and authenticity, where responsibility can be owned, and meaninglessness is brought to the surface.

Interestingly, existentialism does not want to replace other therapies, but rather supplement them with themes of existence (Prasko, Mainerova, Jelenova, Kamaradova,

& Sigmundova, 2012). To emphasize this, Prasko et al. (2012) noted seven similarities between existential therapy and CBT: “phenomenological approach; here and now approach; rationality; not working with unconscious; training of coping skills; preparing for future; [and] using experiential techniques” (p. 4). Existentialism adds to the seven similarities by (a) analyzing the ordinary day to help manage anxiety as a normal and unavoidable aspect of human life, (b) taking responsibility for personal existence, (c) sharing affectionate relations, and (d) becoming participants with others (Prasko et al., 2012), making a constant effort to engage individuals with the world around them.

By recognizing how the past influences one’s current state and perceptions of the future, existential therapy works to clear up *why* people are experiencing current states. CBT therapists believe that by changing one’s thoughts, one’s feelings and behaviours will change; whereas existential therapists believe it is necessary to explore the nature of thoughts prompting current states of anxiety. For example, youth would be encouraged to explore what it meant to succeed or fail, without judging the goodness or badness of failure. Questions surrounding how test outcomes impact ego will be explored, alongside perceptions of past successes and failures. Therapists and youth will discover the symbolic meaning of anxiety using guided imagery, visualization, meditation, role playing, and/or other Gestalt techniques. Exploration of past, present, and future meaning allows youth to face anxiety and focus on change taking place in the present, as present reality is the only place change can occur.

The complexity of anxiety will be explored as a whole, not just a single part that can be simplified and changed by attacking cognitions. Youth may know a past failure impacts their current state of anxiety; however, simply changing the schema of “I’m

stupid” to “I’m smart” may not be believable, and anxiety will persist. Existentialism addresses the entire realm of “I’m stupid” to identify and challenge how angst is overriding authentic living.

Pharmaceutical methods. Pharmaceuticals attack anxiety from a biological level, based on the notion that anxiety is “most likely linked to abnormal regulation of neurotransmitters such as serotonin, GABA [gamma aminobutyric acid], and glutamate” (Sinicola & Peters-Strickland, 2012, p. 48). Pharmaceuticals impact the neurotransmitter’s ability to communicate between neurons, across synapses in the brain. In relation to anxiety, serotonin is an inhibitory neurotransmitter highly involved with emotion and mood; GABA is an inhibitory neurotransmitter that “blocks impulses between nerve cells in the brain” (Kiefer, 2017, para. 1), and glutamate is an excitatory neurotransmitter involved with memory. The sophisticated communication pattern between neurotransmitters poses challenges for clinicians searching for concrete answers when prescribing medications.

The complexity of prescribing medication for anxiety disorders is entangled in unknowns, as anxiety is influenced by genetics (i.e., unique individual biology) and environment. Biology and genetics may influence differing anxiety subtypes, promoting inconsistent patient responses to medication (Elvidge, 2016), resulting in an efficacy gap of roughly one-third to one-half of patients not achieving sustained anxiety remission (Farach et al., 2012, p. 833). Farach et al. (2012) suggested long-term efficacious data are limited due to clinicians prescribing multiple drugs and modifying doses over time. Also, “the lack of knowledge on the biology of anxiety disorders also provides a block to the development of anxiety drugs” (Elvidge, 2016, para. 9). To further exacerbate the

problem, youth brain development is rapidly changing biologically and environmentally. Both positive and negative experiences induce emotional learning; therefore, when youth experience stress and anxiety, synaptic architecture may be altered, resulting in maladaptive behaviours due to reduced hippocampal neuron dendrites (Kodish, Rockhill, & Varley, 2011). In response to a Food and Drug Administration (FDA) review of selective serotonin reuptake inhibitors (SSRI) medication and youth, the FDA issued a “black box” label warning on SSRI medication for youth (National Institute of Mental Health, n.d., What did the FDA Review Find section, para. 2). The “black box” label is the most serious warning a prescription drug may be issued. The warning was put in place due to an increased rate of suicidal ideation, two times that of placebo (para. 1). Currently, fluoxetine (i.e., Prozac) is the only approved SSRI for children and youth (What do We Know About Antidepressant Medications, para. 3). With an increase in psychopharmacology and youth, it seems clinicians are regularly prescribing SSRIs off label. As the system becomes more overwhelmed with youths presenting mental health concerns, it is no surprise that psychopharmacology may be becoming the first line of treatment.

SSRIs are the medication of choice for youth experiencing anxiety (Kodish et al., 2011), with roughly 2.5% of the United States children receiving such prescriptions (Karanges & McGregor, 2011). Efficacy and safety of SSRIs in children have been hotly debated due to suicidality and adverse psychiatric effects (Karanges & McGregor, 2011; Pottegård, Zoëga, Hallas, & Damkier, 2014). SSRIs reduce anxiety by blocking the reabsorption of serotonin, allowing serotonin to remain available (Mayo Clinic Staff, 2016), and support management of emotion and mood. SSRIs were originally developed

as anti-depressants; however, they were later found to have possible benefits to multiple psychiatric disorders (Elvidge, 2016). Despite an increase in prescribing SSRIs to youth, Pottegård et al. (2014, p. 1214) compiled data from 1995 to 2011 of 23,547 Danish children and adolescents, finding that roughly 50% of youth discontinue SSRI use by 12 months and 75% by 24 months. This research further emphasizes the importance of psychotherapy due to low compliance rates.

The National Institute for Health and Care Excellence Committee (2014) developed standards in treating anxiety; the authors stated, “People with an anxiety disorder are not prescribed benzodiazepines or antipsychotics unless specifically indicated” (List of quality statements section, Statement 3) after being offered evidence-based psychological interventions. Benzodiazepines are less tolerable and efficacious than SSRIs (Farach et al., 2012) as well as more addictive. Benzodiazepines enhance inhibitory effects of GABA activity (Elvidge, 2016) and are used to treat generalized anxiety disorder, social anxiety, and insomnia. Currently, benzodiazepines are often used for immediate, short-term effects. For example, a benzodiazepine is taken prior to boarding a plane to reduce anxiety during flight. The immediate physiological response of reduced anxiety may reinforce pill taking and undermine self-efficacy (Farach et al., 2012).

It is important to address that the loss of potential cannot be measured. For example, if a teenager is prescribed medication for situational anxiety, how does this impact the ever changing brain structure, neurotransmitters, medication tolerance, and so on over time? Also, what one professional diagnoses as anxiety and prescribes medication for, another may not. Clearer guidelines and longitudinal data are necessary to establish a greater understanding of short-term and long-term benefits and consequences

of psychotropic medication. Although studies demonstrate medication effectiveness with adults, studies using pharmaceuticals with children were limited, questioning the ethics behind using such medications (National Institute of Mental Health, n.d.). As the debate continues, addressing anxiety from the least-intrusive means possible appears sensible.

Evidence for Youth Experiencing Existential Concerns

Anxiety is the most commonly pathologized mental health concern in children and adolescents (Beesdo et al., 2009). Anxiety from an existential perspective is centred on three central domains: (a) fate and death, (b) emptiness and meaninglessness, and (c) guilt and condemnation (Pitchford, 2008; Scott & Weems, 2013; Shumaker, 2012). In a sample size of 140 adolescents, Berman et al. (2006) found that 96% of adolescents experience existential anxiety through at least one of the three central domains. This research highlighted that as awareness around the three central domains increases, so do internal conflicts connected to anxiety.

Shumaker (2012) articulated youth's ability to understand complex cognitive processes, including forming new ideas, thinking about possibilities, comparing, and being able to think about the idea of thinking (Stanford Children's Health, n.d.). New ideas may contradict previous concrete ways of thinking or build upon ingrained thoughts and beliefs. During this time of growth and change, adolescents begin to develop their personal view of the world. Emotional states and wonderings of meaning may impact the development of this worldview; therefore, viewing anxiety through an existential lens is worthwhile.

Research on child development has suggested that "children actively influence their social and physical environment and hence begin from birth the process of self-

determination” (Kitano & LeVine, 1987, p. 404). While based on their research on adolescence, Shumaker (2012) stated, “Adolescence has long been identified as a distinct period of development from evolutionary, psychosocial, psychosexual, and cognitive perspectives. . . . This stage has also been identified as a critical period of brain development and hormonal changes” (p. 384), with advanced executive functioning. Executive functioning advances drastically during the adolescent phase (Shumaker, 2012), encompassing higher order cognitive processes, such as goal-directed behaviour, maintaining attention, monitoring progress, and demonstrating flexibility in a fluid manner when responding to environmental changes (Rinsky & Hinshaw, 2011).

Significant frontal lobe maturation during adolescence is responsible for new ways of thinking and learning (Ormrod, 2012). As the brain matures, the realm of emotional states broadens. Emotions such as anxiety and stress impact interpretations of experiences (Ormrod, 2012) with self and others on a daily basis. In alignment with Gestalt psychology, perceptions are often different than reality (Ormrod, 2012). Perceptions are based on previously organized information in one’s brain. Incoming information is then placed into these previously identified blocks. For example, a teacher politely asking “Hey, what are you up to?” may be met with resistance by a youth who has a negative perception of interacting with adults due to constant yelling in the home. As noted earlier, Ormrod’s (2012) research suggested adolescents have the capacity to conceptualize and address a multitude of existential concerns; therefore, *counselling* through an existential model is worthwhile.

Adolescence may arguably be the most important life stage, being bound to a past childhood, leading to future adulthood. Adolescence is marked by childhood experiences,

positive and negative, from caregivers, peers, and other major figures in the child's life. During adolescence, they must paddle through murky childhood waters to develop their sense of self as they emerge into adulthood. How adolescents navigate these waters impacts their view of themselves, the world, and others, as the adulthood script develops and takes form. As youth begin to challenge the childhood path chosen for them and demonstrate personal ability to move towards self-actualization, expression of emotions and new ideas in a nonjudgmental environment is critical.

With adolescence being marked by the development of abstract thought (Hacker, 1994) and identity formation, it is surprising more research has not been conducted on using existentialism with youth. Hacker (1994) discussed the notion that although adolescents are developing formal operational thoughts, application of abstract thought will not happen overnight. One exception, however, is insight into loneliness, as it can happen instantaneously when rejected by a peer group. As peer relationships and fitting-in become more important than family (Wenar & Kerig, 2006), youth may feel torn between trying to fit-in and trying to obey household rules.

With advances in technology and the world of social media, isolation and meaninglessness are bursting to the forefront of adolescence. During this time, they are also struggling to form an authentic relational self. Although self-awareness increases throughout adolescence, positive perceptions from others often dominate personal perceptions of self. For example, Bibby (2001, p. 13) found friendship to be the highest valued goal of teenagers (85%): above freedom, being loved, and what your parents think of you. With mental health concerns on the rise, there is no denying youth experience existential concerns.

Working through uncomfortable energy. As youth continue to develop abstract thought (Wenar & Kerig, 2006), anxieties arise, and questions of “Who am I” and “What is my purpose” emerge. As discussed earlier, youth may use pharmaceuticals and other modes of therapy to avoid working through uncomfortable energy. Youth may be drawn to use marijuana and/or other recreational drugs to reduce anxiety, despite recreational drugs possibly exacerbating anxiety (Canadian Centre on Substance Abuse, n.d.). Existentialism encourages youth to work through uncomfortable energy, rather than go around it, attacking the root cause of the concern. Unique experiences explored through phenomenology naturally challenge concerns by delving into the underpinnings fostering distorted views.

Anxieties surrounding different ways of being spark many emotions. Managing such emotions can be frustrating, causing exhaustion and adding to the worries. Listening to the pain of anxiety in an effort to be mindfully aware of, but not overwhelmed by, anxiety breaks ground for resiliency (Greenspan, 2003). Perfectly stated by Greenspan (2003):

We all want to sit at the happiness banquet and feast on the bread of contentment, the wine of joy. We’d rather skip the emotional food that doesn’t go down so well. In life’s many meals, not everything is equally palatable; but it all needs to be digested. (p. 45)

Digesting all that one is and all that one has experienced opens oneself up to a world of authentic living. Those who have experienced anxiety can truly appreciate feelings of calmness.

Current research on existential therapy with youth. Current research on practicing existential therapy with youth appears to be severely lacking. Ample research has echoed the notion that youth experience existential anxiety (Berman et al., 2006) and has recommended ways of addressing youth anxiety through an existential lens (Brassai et al., 2012; Carlson, 2003; Shumaker, 2012; To, Ngai, Ngai, & Cheung, 2007); however, empirical evidence is necessary. Despite the lack of research, four case studies will be discussed. Lac (2017) shared her clinical experience of working with a 16-year-old female struggling with anorexia nervosa. The client had been in therapy for four years and “had been exposed to cognitive-behavioral, dialectical-behavioral, psychodrama, art, and nutritional therapies, in individual, group, and family settings” (p. 305). In emphasizing the pervasiveness of this disorder, Lac posited:

Anorexia nervosa can be conceptualized as the ultimate in existential inauthenticity, where the constraints on being are so rigid that it results in the starving of oneself of existence itself, perhaps in an effort to mask the terror of being more visible in the world. In this process, the EI [existential-integrative] therapist is faced with witnessing a slow and deliberate extinction of life and the welcome of bodily death. (p. 307)

After one year of existential-integrative therapy coupled with equine therapy, the client noted “her growing confidence in taking up more space in the world, and becoming more visible in her relationships with others” (p. 308). Another case study involved a 12-year-old female struggling with obsessive compulsive disorder in a psychiatric facility (Dembo, 2014), who described feelings of anxiety and isolation in relation to aging. Because she was a child, adults typically dismissed her aging remarks, only increasing

her anxiety. Once an existential stance was brought into the session to address the anxiety, the child seemed relieved, and existential discussions were further used as a reward for her completing CBT homework (p. 71). The client asked the therapist to share with other therapists that “people are complicated, and just that much more complex when they’re not yet sure who they are. So don’t try to figure a person out, but help them to figure out who they are” (p. 76).

Chessick (1996) articulated therapeutic gains with a female high school student, using existential tenants. The student sought therapy due to tension between herself and her parents, resulting in depression. The parents disclosed to Chessick that their daughter was also experiencing an eating disorder, but asked Chessick not to specifically address the eating disorder because her parents shared it was too embarrassing for her, and the student never brought it up. While focusing on existential themes in the therapy, the student’s eating disorder ceased, and she was no longer depressed. Chessick remained in contact with the student into her adult years, noting that she completed college and was thriving in her place of work. This case study demonstrates the long-term effectiveness of existential therapy.

Himelstein (2011) shared five brief transcripts of counselling incarcerated youth from an existential-humanistic approach. Throughout the case studies, Himelstein identified four common themes: (a) stance on change, (b) building rapport with self-disclosure and boundaries, (c) identifying and working with resistance patterns, and (d) approaching conversations about death. Throughout the narratives, Himelstein demonstrated therapeutic responses to the youth that invited them into therapy rather than pushed them away. Himelstein’s case studies demonstrated the positive relationship the

therapist's beingness has on therapeutic outcomes, specifically regarding awareness.

Despite a lack of empirical support, existential therapy has shown itself to be a valuable therapy when working with youth, even in the most challenging situations.

Summary

The alarming rates of anxiety experienced by youth have been highlighted in this chapter. These noted statistics emphasize the need for continued research on youth and anxiety using the least intrusive means possible. Common therapeutic and pharmaceutical methods were touched upon briefly, while evidence that youth experience existential concerns came to the forefront.

As expressed in this chapter, there is great value in viewing anxiety through an existential lens when addressing youth experiencing anxiety. Highlighting the fact that existentialism *adds* to rather than takes away from evidence-based practices forces the reader to pause and reflect on current standard of care therapies. It is no secret that youth experience anxiety. It is the hope of this researcher that the reader will become more aware of the intrinsic need to question the nature of being, at many developmental levels and cognitive abilities.

Chapter Four: Synthesis

My intent of this project was to shed light on the value of using existential therapy with youth. The value of using existential therapy with youth was portrayed through an in-depth discussion of the history of existentialism and development of existential therapy, youth anxiety, youth having the capacity to address existential concerns, current approaches to working with youth experiencing anxiety, and the value of viewing anxiety as a naturally occurring state experienced by all at one point or another. Furthermore, based on the current literature and the valuing of moving through anxiety without pathologizing anxiety, it was important for the researcher to provide the reader with steps to move forward to conduct research in this area. To add to the research pool, a clear proposed method to empirically investigate the lived experience of youth working through anxiety from an existential lens is presented in Appendix A. This appendix includes an example of an invitation poster and a consent form.

Qualitative research methods using Osborne's (1990) description of phenomenology as a primary source are discussed in Appendix A. Giorgi (2012) and Smith (2013) described the researcher's role when conducting phenomenological research, while Alston and Naknikian (1964) articulated Husserl's role in the development of phenomenological research. Through the works of van Manen (2007, 2017), phenomenological research is presented in a practical manner not only describing how to conduct phenomenological research, but also describing what phenomenological research is not. In discussing participant and interview protocol, Noy articulated the snowball sampling procedure, while Creswell (2013) discussed participants and saturation. The proposed design and data analysis of the study method presented in

Appendix A is based on previous phenomenological and existential work conducted by Nixon and Solowoniuk (2005) as well as suggestions from Osborne (1990). Proposed ethical considerations for future research are discussed, ending with proposed methods to assess reliability and validity through works of Noble and Smith (2015), Söderhamn (2001), and van Manen (2007). Although this project suggested using existential therapy as a viable theoretical framework to utilize when addressing youth struggling with anxiety, empirical research is necessary. Hopefully, Appendix A will provide the groundwork for another researcher to produce empirical research in this area.

Project Strengths

The strengths of this project include (a) a comprehensive, engaging, and well-organized literature review on a topic that can seem confusing and daunting; (b) relating existential therapy to current evidence-based practices such as CBT; (c) connecting existential therapy to youth anxiety and the value of a nonpathologizing stance; (d) a research proposal designed to add to the limited literature on youth anxiety and existential therapy; and (e) offering an applied resource for therapists to use in existential therapy with youth experiencing anxiety. As application of theory to practice can be intimidating, examples and rationales are provided in a clear manner.

Building a foundation for future research in this area was necessary due to the lack of empirical support validating the use of existential therapy with youth experiencing anxiety. To further support a foundation for future research, Appendix A provides the reader with a proposed phenomenological method to add to the existing literature in this area.

Existential therapy is often described as abstract; however, key themes between existential therapy and CBT were highlighted in Chapter 2. CBT is currently the most commonly practiced and empirically supported therapeutic method. Connecting themes between these two therapies, while articulating existential therapy's additional strengths, emphasizes the importance of future research in this area.

Project Limitations

The primary limitation of this study was the current lack of empirical evidence in relation to using existential therapy with youth. This research critically analyzed a limited research pool; therefore, use of existential therapy with adults was used throughout the study to help fill minor gaps. Furthermore, the lack of research allowed for possible biased and/or unsupported conclusions. Although bracketing was not essential to this project as it was not qualitatively based, bracketing was provided in Chapter 1 to inform the reader of possible biased conclusions.

The proposal in Appendix A would benefit from additional analysis of the phenomenological approach from Husserl's perspective. In addition, the eight tips offered in Appendix B need to be vetted by experts in existential therapy. For example, future research could include presenting these tips to school counsellors while asking, *What is the lived experience of school counsellors integrating an existential therapy approach into their current counselling practice?* Also, the tips should be presented to school counsellors for their input on a host of factors, including: (a) ease of understanding the material, (b) ease of applicability in a school counselling context, and (c) personal perceptions and reactions to the material.

Personalized Conclusion

For roughly the past five years, I have been practicing from a genuine existential therapeutic approach, while pulling in other techniques when necessary. During this time, I have noticed less resistance from youth and witnessed youth having a greater connection to the therapeutic content than the preplanned CBT counselling sessions usually provided in my line of work. Due to the lack of research in this area, and a personal connection to existential therapy and youth, I was deeply saddened when I was no longer able to present the field research obtained due to extenuating circumstances, as I know my research added to the literature.

Due to the initial challenge in obtaining research participants for the first year of the study, I noticed feelings of isolation and meaninglessness within myself. Relying on others to connect me with research participants created anxiety, as I lacked control. Rather than dig deep and push forwards, I noticed myself saying, *What is the point? What is all of this even leading to? Is my time away from family worth it? Should I just quit?* I felt defeated and coasted for a period of time. Once I started noticing existential themes within myself, I began to challenge those thoughts from an existential lens. I realized I had the freedom to choose whether or not I moved forward with the project, taking responsibility and proceeding with action. I regained my drive, focusing on the benefits this project may have for others as well as me.

During this time, I also felt more attracted to living in the moment of existence. I noticed myself stopping to enjoy my family more and letting go of what I could not control. Although this project created anxiety, it also allowed me to feel freer. While researching existential literature, it is impossible not to reflect upon personal current,

past, and possible future states, thus influencing choices. Rather than maintaining routine, my new learning was regularly implemented into my practice; therefore, not only did this project allow me to grow as an individual, but also as a professional, and it enhanced my personal bias that existential therapy is a viable theoretical framework when addressing youth anxiety.

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Appendix A: Proposal for Future Research

In this appendix, a research proposal is offered that may be of assistance to future readers who are curious about the answer to the existential question: *What is the lived experience of youth working through anxiety using an existential approach?* A phenomenological approach is recommended since this psychological research style acknowledges that people cannot be compartmentalized; therefore, descriptive scientific methods, not explanatory science methods, are described in this appendix. To find answers to this excellent research question, the following topics will be discussed in this proposal: phenomenological research, a proposed sampling procedure, design and interview protocol, data analysis, ethical considerations, reliability and validity, followed by a summary of the presented material and ending with an update on the sample research project upon which this proposal is based.

It should be noted that my initial intent for this project was to design a qualitative study where I collected, analyzed, and interpreted research findings. Due to a host of factors, some of which were well beyond my control, only the first two tasks were completed. The following is a modified copy of my initial research proposal. This appendix concludes with a statement of how I ethically shut down the research study.

Phenomenological Research

Due to the nature of the research topic, a qualitative approach (Osborne, 1990) is proposed to articulate the lived experience of youth, who have worked through anxiety using an existential counselling approach. In an attempt to preserve individual experiences, without the reduction of meaning, the study focus should lay heavily on

understanding the ontology through empathetic understanding and exploration (Osborne, 1990).

Phenomenology is fitting for this proposed research project due to its philosophical foundation that parallels existentialism (Osborne, 1990). Phenomenology believes people can only know their consciousness through reflection (Giorgi, 2012); therefore, to research another person's lived experience, the researcher must work to understand the person's whole experience, not just fragmented parts. Phenomenology studies consciousness retrospectively as experienced from the first-person point of view (Smith, 2013) by a researcher fascinated with meaning. "Phenomenological research is not intended to test a hypothesis, [but rather] to understand a phenomenon by allowing the data to speak for themselves" (Osborne, 1990, p. 81).

As noted by Osborne (1990), phenomenology was founded by Edmund Husserl (1859-1938), who shone a spotlight on intentionality, pronouncing that consciousness always has an object. For example, "even when we think that we are not conscious of anything we are, in fact, conscious of not being conscious of anything" (Husserl, as cited in Osborne, 1990, p. 80). Anxiety does not merely exist to exist; anxiety is in relation to an object, such as an upcoming situation or a past recollection. One is anxious due to the state of affairs (i.e., object) and the perception of such state, despite whether or not another deems the anxious perception valid. This explanation of how intentionality relates to anxiety shines light on the appropriate suitability for use of phenomenology to examine the real and unreal objects of consciousness experienced by participants.

Husserl attempted to reach the true meaning of the human experience in a natural setting, rather than a scientific setting with a predetermined set of rules and roles (Alston

& Naknikian, 1964). The natural setting further emphasizes the need to block personal biases as to ensure interviews are not unintentionally guided. As participant's stream of consciousness flows, judgments are suspended to induce an environmental state free of worry or anxiety, thus allowing researchers to embark on the journey of genuine curiosity, noticing fascinating variabilities of the individual experience. Meaningful revelations brought forth through rich details of experience are reflected upon to encourage wonder in the reader (van Manen, 2017). Because one's consciousness is always searching for expressions to articulate and make sense of immediate experiences, cognitions are not merely isolated instances, but rather current thoughts supporting past cognitions, giving strength to their logical power (Alston & Naknikian, 1964).

Husserl also acknowledged the power of cognitions to contradict one another, causing angst (Alston & Naknikian, 1964). The ongoing process of information input emphasizes a need for phenomenology in human sciences, as humans cannot be reduced to a singular thought. However, allowing a stream of consciousness to flow during interviews poses challenges when investigating results (Osborne, 1990).

The gap between lived experience and language was undeniable, despite ongoing attempts to use numerical or verbal abstractions to appease the scientific world (Osborne, 1990, p. 82). Through phenomenology, Husserl attempted to make up what the natural sciences lack when studying human experiences, such as artificial settings, lack of context, and valuable but missed variables (Lavery, 2003). The move away from contrived environments allows for mental and psychological phenomena to re-enter the research pool. Arguably, reducing contamination by once again viewing people as

historical beings brings mental processes and consciousness back into psychology (Giorgi, 2012).

Proposed Sampling Procedure

Snowball sampling is proposed to discover potential participants. Snowball sampling is a procedure where the researcher accesses participants through contact information provided by informants, which is the most commonly used method of sampling in qualitative research (Noy, 2008). Due to the lack of research on using existential therapy with youth, it may be assumed finding participants will pose as a challenge; therefore, snowball sampling is proposed as an effective tool for accessing a limited research pool. Participants may be put in contact with the researcher from psychologists, therapists, and other participants after completing the interview. The stemmata presented in Figure 1 provide a visual example of the suggested sampling process:

Psychologist 1	Referral A	
Psychologist 2	Referral B	
	Referral C	
	Referral D	Referral E

Figure 1. Stemmata of the suggested sampling phase process.

Although snowball sampling is effective, limitations must be noted. The limitations of snowball sampling include the researcher relinquishing control over the sampling phase, improper representation, and sampling bias. Relying solely on referrals may relinquish considerable researcher control over the sampling phase (Noy, 2008),

specifically time. True knowledge of the entire youth population who have worked through anxiety using existential therapy is unknown. Additionally, sampling bias may occur, as people often nominate people they know, increasing the likelihood of having a multitude of like-minded individuals.

Sample size is determined by taking into consideration the allotted time frame to complete the study, the objectives of the research, and possible participants (Creswell, 2013). Creswell (2013) suggested five to 25 participants when conducting phenomenological research, while accounting for saturation. Saturation refers to whether or not adding more participants to the study will result in increased perspectives.

The selection criteria for research participants may be five to 25 youth under age 21 who had self-reported distressing symptoms of anxiety during ages 16 to 21 and who had engaged in existential therapy for at least one year. Participants' ability and willingness to articulate their experience of working through an existential process must be screened during the risks and benefits phase of the pre-interview. Informed consent documents must also be reviewed, explaining the project's risks and benefits, while maintaining confidentiality.

Design: Interview Protocol

All participants must be contacted via telephone or email to request individual participation in the interview. During the telephone call, a pre-interview is to be conducted. From there, informed consent documentation should be emailed to the participant prior to the initial interview. Once agreed upon, a confidential site at a counselling office may be scheduled with each participant. Due to geographical limitations, participants may complete the interview via telephone. Before starting the

interview process, approximately the first 10 minutes of each meeting are designated to review the informed consent documentation and answer all participant questions to the best of the researcher's ability.

It is suggested that participants complete a 60- to 90-minute semi-structured interview consisting of at least five items related to the past, present, and future implications of their anxiety and the role existential therapy played in their current emotional functioning. Interview questions are to be open-ended, while focusing on the lived experiences of youth engaged in existential therapy alongside the philosophical, tangible, and practical outcomes therapy had on each participant. Research questions are to be developed alongside the project supervisor. Questions should be constructed, reviewed by the supervisor, and then modified prior to being approved by the ethics committee. The interview method is best suited to follow Osborne's (1990, p. 84) three-phase model: (a) establish rapport and inform participants of the nature of the research, (b) use open-ended dialogue without leading questions, and (c) allow participants to reflect further on the phenomena post interview. The researcher is encouraged to intentionally create an empathetic presence; use appropriate language, tone, and pacing; and employ a genuine interest in the participant journey (Nixon & Solowoniuk, 2005). All interviews are to be audio-taped and transcribed. Until the project is complete, all audio-tapes must be locked in a cabinet that only the researcher will have access to. Upon project completion, all audiotapes are to be destroyed.

Data Analysis

Transcribed audio-tapes represent the youth's lived experiences and then are to be dialogued into psychological and theoretical language (Nixon & Solowoniuk, 2005).

Once all interviews are transcribed, each youth's experience would be broken down into smaller, manageable paraphrases of experience, sentence by sentence. The process of paraphrasing will elucidate themes, allowing the researcher to grasp implicit meanings (Osborne, 1990). The researcher will follow the four steps outlined by Leedy and Ormrod (2010, p. 146): (a) identify statements related to the topic, (b) group statements into meaning units, (c) seek divergent perspectives, and (d) construct a composite.

As suggested by Giorgi (2012), prior to beginning the research and reviewing data, a phenomenological reductionist attitude should be implemented, which means resisting non-given past knowledge to help account for present givens from participants, also referred to as bracketing (Osborne, 1990). Bracketing is done by articulating personal predispositions based on individual and clinical experiences to demonstrate self-reflection, allowing readers to take individual perspectives into account. From there, all data are reviewed before meaning is derived to ensure a sense of the whole will be appreciated. Next, while rereading the data, meaning units will be noted before making the psychological value of the verbatim expressions explicit. Lastly, the psychological expressions will be reviewed before clarifying and interpreting the raw data (Giorgi, 2012).

While listening closely to the everyday experiences of the youth, the researcher will pay close attention to "subtle yet meaningful cues in participants' expressions, pauses, questions, and occasional sidetracks" (Leedy & Ormrod, 2010, p. 145). Reflecting upon themes, the researcher will gain a deeper sense of the structured meaning not derived from language alone (Seidman, 2013); however, the researcher will not look for themes based upon a preconceived theory. For the purpose of this research, deeper

meanings of structures that characterized existential angst and therapeutic processes may be noted.

Ethical Considerations

Ethical considerations for the proposed research study include confidentiality, informed consent, and maintenance of participants' voices. Confidentiality may be protected through assigned pseudonyms, no identifying information is to be presented in the study, and interviews will be completed in a formal counselling office. To ensure participants fully understand the risks and benefits of the proposed study, informed consent procedures begin prior to the interviews. Due to the nature of the study, the researcher will supply participants with counselling resources if attention is required "to resolve any personal difficulties which may have become more conscious as a result of data collection" (Osborne, 1990, p. 84). To ensure participants have full control over the information they choose to provide, participants will be encouraged to say "Stop" or "No" at any time throughout the interview. Based on the pre-interviews, the researcher evaluates participants' willingness to share their existential counselling experience; however, the researcher will not be naïve to the fact that some information may be held back in order for participants to maintain their centre.

Participants' voices are to be maintained through careful consideration to the maintenance of context, in which the participants share their experiences. Since bracketing is implemented and the lived experience is to be studied, there is no need to manipulate the meaning of responses to fit a predetermined assumption. During the interview, active listening is to be implemented, where participants are only prompted when speech ceases and the participant appears to be looking for the next question. All

participants are to be encouraged to contact the researcher if additional thoughts regarding the research arise.

Reliability and Validity

Although phenomenology was rejected from the scientific world in the past, labeled too subjective and/or unreliable (Söderhamn, 2001, p. 13), phenomenologists believe scientific laws cannot attempt to universally measure ontology (Giorgi, 1988). “Phenomenology of practice involves a different way of knowing the world. Whereas theory ‘thinks’ the world, practice ‘grasps’ the world—it grasps the world pathically” (van Manen, 2007, p. 20). Osborne (1990) shared that phenomenology measures reliability out of the inconsistencies relative to the human experience. Osborne posited that the reflected subjectivity within phenomenology is arguably superior to technical objectivity, since meaning transcends variable facts observed in a natural science setting (p. 7). Also, humans do not experience situations equally; therefore, documented differences support research reliability when researching the subjective experiences of participants. For example, different thoughts, emotions, and body sensations may be provoked in two different people experiencing the same phenomena. If our past, present, and anticipated future impact perceptions of current reality, it only makes sense that each individual will reliably experience situations differently. On the contrary, it would be questionable if 20 people shared the exact experience to a given event. The differences presented in the interviews will provide a more colourful picture of the true existential experience.

Validity of phenomenological research is sought through bracketing, participants checking interpretations, researcher’s coherent and convincing arguments of

interpretations, and whether or not others outside of the study relate to the experiences presented (Osborne, 1990). Broadly, in phenomenological research, validity refers to the integrity and application of methods used during data collection and data analysis (Noble & Smith, 2015). The retrospective nature of phenomenology poses challenges in regards to accuracy of recall, reminding the reader that one's perception of past events changes with time, maturity, and additional experiences. To combat these challenges of validity of responses, considerations outlined by Brinkmann and Kvale (2015) were implemented, which included (a) allowing time and assurance for recall, (b) providing concrete cues, and (c) using landmark events as contextual cues (p. 83). Throughout data collection and data analysis, consistency should be of the upmost importance to ensure validity and reliability.

Summary

Proposed phenomenological research methods alongside the process of data collection were articulated in this appendix. The description of the research participant protocol demonstrated the outline the researcher should follow to increase the participant pool. Ethical considerations are of upmost importance to ensure participants are respected, protected, and feel comfortable providing data to the researcher as well as to maintain scientific rigor and consistency. This proposal was provided to encourage other researchers and therapists interested in the viability of using existential therapy with youth experiencing anxiety to conduct their research. Since the foundation of the research has been established, hopefully someone takes advantage of the information provided and adds to the research pool.

The purpose of this proposed research study was to encourage other readers to support demonstration in the effectiveness of existential therapy with youth under age 21. Despite evidence of youth experiencing existential concerns, therapists are hesitant to embrace an existential approach due to lack of empirical research and well-established treatment guidelines (Shumaker, 2012). Through exploring the lived experiences of youths working through anxiety from an existential lens, examples of long-term effectiveness will be highlighted. If this research were to be conducted, the presumed contribution to the field would be reduced concerns felt and expressed by therapists when using existential therapy with youth, increased retention rates, and decreased pathology of existential anxiety.

Uncompleted Research Project Update

The suggested research was conducted with five youth who worked through their anxiety alongside a therapist practicing from an existential approach. Due to extenuating circumstances, including time constraints, the research data were unable to be utilized. With written permission secured from Dr. Kerry Bernes, Professor and Assistant Dean, Graduate Studies and Research in Education at the University of Lethbridge (personal communication, November 18, 2017; see also Appendix C), data will be stored under lock and key for seven years. The data will be destroyed after seven years by clearing the data then physically destroying the audio device and USB, and all paper copy information will be shredded. All participants were notified via email between November 20, 2017, and December 3, 2017, that the study was not completed, thanked for their time, and given the option to have their information removed immediately rather than stored for possible future use. Any future use of the data will be done with extreme ethical

considerations, including alerting my last-minute replacement project supervisor, Dr. Dawn Lorraine McBride, the University of Lethbridge ethics committee, and the participants themselves. At no time will the names or identity of any of the participants involved be revealed. In the researcher's perspective, the data collected demonstrated existential therapy as a viable theoretical framework when addressing youth anxiety; therefore, it is with great hope that this research is finalized and/or another researcher uses Appendix A to conduct the research. At this time, there is no plan to use the research data in the future.

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Sample 2-Page Invitation Poster



What is the Lived Experience of Youth Working through Anxiety Using an Existential Approach?

The focus of this graduate research project is to introduce existentialism as a viable theoretical framework for therapists to utilize when addressing youth anxiety.

Principal Researcher: _____, M. Ed. (student), B.H.SC

Research Supervisor: _____, M.A., Ph.D., R.Psych.

Anxiety is the most commonly pathologized mental health concern in children and adolescents (Beesdo, Knappe, & Pine, 2009).

Although much has been written about existentialism, little research has focused on an existentialist perspective as a viable theoretical framework for counsellors to utilize when addressing *youth* anxiety.

Volunteers (18 years of age) **for this study will be asked to explore and share their experience of working through anxiety from an existential lens in a semi-structured 60-90 minute interview.**

Are you 18 years of age and have worked through anxiety with an existential therapist? If you are interested in volunteering to be a part of this study, I (-----) will conduct a brief (10-15 min.) phone interview with you to assess your eligibility.

If you are eligible, you will be invited to a 60-90 minute semi-structured interview consisting of five questions.

If you are interested in being a participant in this Master's thesis, or would like more information, please contact:

 -----@uleth.ca
 403.222.5555

Existential therapists are kindly asked to pass on this information to their clients.

My name is _____ and I am a graduate student in the Faculty of Education at the University of Lethbridge researching *An Existential Therapy Approach with Youth and Anxiety* under the supervision of _____, M.A., Ph.D., R.Psych.

The purpose of this research is to study the lived experiences of ten youth working through anxiety using an existential approach to shed light on non-traditional modes of therapy.

Research on existentialism and anxiety is important because anxiety is the most prevalent mental health concern among children and adolescents (Beesdo, Knappe, & Pine, 2009). A nonpathologizing stance to anxiety may help youth move forward without being bound to a label; however, clinical research on the effectiveness of existentialism and youth has been difficult to locate, emphasizing the need for research in this area. Contributions to the literature will be made in regards to the effectiveness of existential therapy with youth.

Participants meeting the eligibility criteria would be greatly appreciated:

- At least 18 years of age or older.
- Self-reported distressing symptoms of anxiety during ages 16-18.
- Engaged in existential therapy for one year.
- Able to manage a 60-90 minute audio/video interview with myself.
 - I am the only one who will watch the video; however, my supervisor will read the transcripts. No identifying information will be used.

Please see attached existential consent forms and a short introduction to the research.

Thank you for taking the time to read this advertisement and consider any possible participants.

Please contact me for further questions by telephone: 403.222.5555 or email: _____@uleth.ca.

You may also contact my supervisor, _____ by telephone: 403.333.4444 or email: _____@uleth.ca.

Warm regards,

_____, M. Ed. (student), B.H.Sc.

_____@uleth.ca

403.222.5555

Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and anxiety disorders in children and adolescence: Developmental issues and implications for DSM V. *The Psychiatric Clinics of North America*, 32(3), 483–524. doi:10.1016/j.psc.2009.06.002

Sample Consent Form



An Existential Therapy Approach with Youth and Anxiety

You are being invited to participate in a study titled *An Existential Therapy Approach with Youth and Anxiety* conducted by _____. I am a graduate student in the Faculty of Education at the University of Lethbridge. As a graduate student, I am required to conduct research for a master's degree in Counselling Psychology under the supervision of _____.

The purpose of this research is to study the lived experiences of 10 youth who worked through anxiety with a therapist using an existential approach to shed light on non-traditional types of therapy.

Research on existentialism and anxiety is important because anxiety is the most prevalent mental health concern among children and adolescents (Beesdo, Knappe, & Pine, 2009). A nonpathologizing stance to anxiety may help youth move forward without being bound to a label. Clinical research on the effectiveness of existentialism and youth has been difficult to locate, emphasizing the need for research in this area. Contributions to the literature will be made in regards to the effectiveness of using existentialism in a clinical setting with youth.

Your participation is being asked due to a professional recommendation that you may meet the eligibility criteria:

- ☐ At least of age 18 or older.
- ☐ Self-reported distressing symptoms of anxiety during ages 16-18.
- ☐ Engaged in existential therapy for at least one year.

If you agree to voluntarily participate in this research, I will conduct and collect all data from a 60-90 minute semi-structured interview. The interviews will consist of 5-items relating to past, present, and future effects of your anxiety and the role existential therapy played in your emotional functioning. Interview questions will focus on your lived experiences of engaging in existential therapy along with the philosophical, tangible, and practical outcomes you experienced as a result of therapy.

Participation in this study may cause some inconvenience to you, including time and energy spent on the interview before, during, and after participation.

There are potential risks to you by participating in this research such as experiencing difficult thoughts and/or emotions while disclosing your lived experience of working through anxiety. It is important that you know you can *stop* or say *no* at any time during the interview. The interview will be immediately stopped and *you* decide if and/or when *you* would like to continue the interview. If any of the anticipated risks were to occur before, during, or after the interview it is my obligation to provide you with necessary resources such as:

Lethbridge Family Services: ---.---.----

Associates' Counselling Services: ---.---.----

Family Centre Lethbridge: ---.---.----

Community Mental Health Services (AHS): ---.---.----

Also, I may find that it is in your best interest to stop the interview and refer you to outside resources.

The potential benefits of your participation in this research include increased self-awareness, sense of personal strengths, as well as a safe and healthy reflection of your existential journey.

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw within two months of the interview without any consequences or any explanation. If you do withdraw from the study, your data will be removed and destroyed. After two months of the interview, all data will remain included.

Data will be gathered during the interview only; however, data clarification and transcription accuracy may require interviewee participation after the interview.

Do you agree to a follow-up phone call?

☐ Yes, (___) ___ - ____

☐ Email only, _____@_____._____

☐ No, please do not contact me after the interview

In terms of protecting your privacy, no identifying information of yours will be shared at any time; your participation is confidential. Your responses may be italicized throughout the “results” section of the paper; however, no identifying information will be used.

I will protect your confidentiality through use of pseudonyms, computer password protection, and personally transcribing all interviews. Because I am a student and under supervision, my project supervisor is required to read all transcripts with pseudonyms.

The data will be reported in the form of a paper. Data may also be presented in a published article.

Data from this study will be disposed of in five years.

An executive summary will be given to you upon completion.

Please contact me for further questions by telephone: ---.---.---- or email:
 _____@_____.

You may also contact my supervisor by telephone: ---.---.---- or email:
 _____@_____.

In addition to being able to contact the researcher and supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge: ---.---.----.

Your signature below indicates you understand the above conditions of participation in this study and your questions have been answered by _____.

To participate in the interview, please read and approve by checking off the following boxes:

- ☐ I understand that I can say *no* or *stop* at any time during or after the interview and my data will be destroyed if I withdraw within two months of the interview.
- ☐ I understand a video/audio tape will be used for the interview.
- ☐ I understand the time requirement for the interview is approximately 60-90 minutes.
- ☐ I give my permission for written notes to be made during the interview.
- ☐ I understand my answers and personal identity will be anonymous.
- ☐ I understand the risks and benefits of the interview.
- ☐ I understand that the video/audio tape, transcription, and written notes will be destroyed in five years.

By signing this form, I agree to take part in this study. The study has been explained to me, I have been given an opportunity to ask questions, and the researcher adequately answered all questions. I understand my answers and personal identity will be anonymous. I also understand that I can say no to any questions or say stop at any time because this interview is voluntary. I am 18 years old and able to provide consent.

Name of Participant

Signature

Date

Appendix B: Manuscript

Moving Beyond CBT: Addressing Youth Anxiety Using Existential Therapy

PREAMBLE

Purpose

In this appendix, I present the applied element of the Master of Counselling project. It is a manuscript written for the Journal: *Canadian School Counselling Review* (<https://www.ataschoolcounsellors.com/journal>), which will be submitted to the editor of the journal by June 30, 2018, after the University of Lethbridge has approved the project. The author of the article will be Kaleigh Rey, and the second author will be my project supervisor, Dawn McBride¹. References will not be provided for Appendix B as it is a manuscript to be sent for publication.

The purpose of this manuscript is to contribute a valuable resource to an area of psychology that lacks literature and research. This manuscript will explore practical resources for therapists using existential therapy with youth struggling with anxiety.

¹This preamble closely followed the format and structure of Kewley's (2013) master's project entitled *The Dual Role of Psychologist Researcher: Using Psychological Assessment for Research Purposes*. AB, Canada: University of Lethbridge.

Journal's Instructions to All Authors

Appendix C contains the guidelines for preparing and submitting a manuscript to the journal: Canadian School Counselling Review. The journal requires manuscripts to not exceed 25 pages (1 inch margins, double spaced, 12 point font Times New Roman, including references).

Format Style Requirements

The manuscript is prepared based on the Publication Manual of the American Psychological Association, 6th Edition (2010), as per the Canadian School Counselling Review journal.

Copyright Statement

The material included in this draft manuscript is subject to copyright and permission of the author or the author's supervisor (Professor Dawn McBride) should be sought prior to use. For permission, please email the author's supervisor at dawn.mcbride@uleth.ca. The reader may use ideas from this project and draft manuscript providing they are referenced as:

Reference list entry:

Rey, K. (2017). *Existential therapy: Supporting youth through anxiety*. (Master of Counselling project, University of Lethbridge.)

In-text citation:

(Rey, 2017)

TITLE PAGE

Article Title: Moving Beyond CBT: Addressing Youth Anxiety Using Existential Therapy

Journal Name: Canadian School Counselling Review

The full name and details of the corresponding author:
(Will be inserted when the manuscript is submitted for publication)

The full name and details of the co-author of the paper:
(Will be inserted when the manuscript is submitted for publication)

Acknowledgements:
(Will be inserted when the manuscript is submitted for publication)

Abstract

Anxiety is a significant concern for counsellors working with youth in a multitude of settings; therefore, the authors present examples on how to help youth reduce anxiety from a unique therapeutic perspective. Existential therapy brings a fresh way of looking at, and working with, anxiety in the youth population today, which will be described before presenting specific existential approaches to counsellors that will promote and support emotional regulation. Existential therapists believe anxiety is the natural urge to make meaning out of life; however, when this urge becomes all encompassing, youth may be overcome by anxiety, leaving youth to question who they are and what their purpose in life is. The authors will explain how existential therapy is a practical, theoretical framework for counsellors to naturally integrate into their current practice to help youth discover themselves introspectively and work towards recreating who they want to become.

KEY WORDS: existential therapy, youth, anxiety, emotional regulation, mental health

Moving Beyond CBT: Addressing Youth Anxiety Using Existential Therapy

Young people yearn for acceptance, belonging, and meaning. They ask questions about existence, their role in this world, why life is unfair, whether or not people change, and how to manage uncomfortable thoughts and feelings. For many youth, these yearnings and questions cause mild to severe anxiety during major life transitions, as responsibilities and consequences become their own. Grounded in philosophy, existential therapy recognizes the impact of philosophical dilemmas on the psychological mind, bringing the whole person to the forefront.

Questioning life's meaning is the core of existentialism, stimulated through internal and external life experiences, left to individual interpretation (Brassai, Piko, & Steger, 2012). As a result, meaning can be explored by questioning experiences, resulting in the transformation of values and beliefs, both positively and negatively. Faced with the task of creating meaning (Corey, 2017, p. 139), youth are challenged to authentically critique their lived experiences and discover new meanings. Discovering new meanings may produce positive and/or neutral perceptions to past negative experiences. If youth do not have safe environments to discuss experiences, unhealthy anxiety and depression may become all consuming, resulting in a felt sense of *no meaning to live*. Existential therapy is a way of thinking about psychotherapy that supports youth in acknowledging their full range of alternatives, taking responsibility for current states, and moving towards a more meaningful existence. Throughout the manuscript, youth anxiety will be discussed while interweaving aspects of existential therapy, followed by examples for therapists to consider when integrating existential therapy with youth experiencing anxiety. Application of existential theory to practice can be intimidating; therefore, examples and

rationales are provided in a clear manner throughout the upcoming sections that look at youth anxiety through an existential lens and discuss the pain of being an adolescent. Throughout this manuscript, he or she will be used interchangeably when referring to a single youth.

Anxiety through an Existential Lens

Anxiety stimulates worrisome, seemingly unrelenting thoughts about the past, present, and future, alongside cascading uncomfortable emotional and physical responses (Ormrod, 2012). From an existential perspective, anxiety is also triggered by an urge for self-preservation, brought on by the often unsettling question: *What is the meaning to life?* Meaning in life is linked to greater abilities to cope with stressful life events (Park, 2010) and desirable psychological and physical outcomes. Lack of meaning in life and stress is linked to psychopathology (Steger, 2012). Meaning in life is ambiguous; however, when meaning in life is interpreted negatively, anxiety and fear are maintained.

Anxiety from an existential perspective is centred on three central domains: (a) fate and death, (b) emptiness and meaninglessness, and (c) guilt and condemnation (Pitchford, 2008; Scott & Weems, 2012; Shumaker, 2012). In a sample size of 139 adolescents, Berman, Weems, and Stickle (2006) found that nearly 100% of adolescents experienced existential anxiety through at least one of these domains. This research highlights that as awareness around the three central domains increase, so do internal conflicts connected to anxiety.

Anxiety from an existential lens is also described as either avoidance of the truth or an inability to cope with it (van Deurzen, n.d.-a). With adolescence being a critical period in developing healthy ideas surrounding existential concerns, answering the

question: *How do I exist?* in the face of uncertainty, conflict, or death (Center for Substance Abuse Treatment, 2012) can have a lifelong effect on the adolescent. If adolescents cannot manage uncertainty and/or conflict, they may choose to manage anxiety with drugs, alcohol, or avoidance. A skilled existential therapist will help youth explore the murky waters of existential concerns to promote individual discovery.

Existential therapy is future-orientated while focusing on the present. The present is comprised of all that has happened in the past and the perception of all that may happen in the future, while the awareness that death is inevitable gives the present meaning (Corey, 2017). Supporting youth to fully explore experiences of what it means to be human in relation to all past, present, and future perceptions of experiences is the goal of existential therapy. As youth view their experiences from all angles, they take responsibility for present states and accept that they are the only ones who have the power to change their current situation (Corey, 2017). This new-found freedom of choice can either stall a person or become a catalyst for growth and change. Through a genuine connection, fostered by the therapist's curiosity and nonjudgmental stance, youth are encouraged to be authentic, embracing their current state.

Pain of being an Adolescent

Adolescence is marked by the development of abstract thought (Hacker, 1994). During this time, they are also struggling to form an authentic relational self, which ties into the ultimate existential question: *What is the meaning of my life?* Although self-awareness increases throughout adolescence, positive perceptions from others often dominate personal perceptions of self. For example, Bibby (2001, p. 13) found friendship

to be the highest valued goal of teenagers (85%)—above freedom, being loved, and what your parents think of you.

Not surprisingly, negative internal dialogue contributes to the onset of anxiety in children and adolescents (Rudy, Davis, & Matthews, 2014). Although valuable and necessary, adolescent recursive thought also poses challenges. For example, a youth may or may not try drugs because he does not want to be identified as a loser, dependent upon peer perception, and presenting peer group dynamics. As youth navigate their daily lives, they are confronted with differing values and beliefs in a detached environment, guided more by peers than adults. As more abstract thinking develops, uncomfortable new ideas conflict with previous values and beliefs (Ormrod, 2012), resulting in an internal struggle, prompting angst.

It has been noted that youth are not only capable of comprehending the meaning of life and death, but are also concerned about such (Berman et al., 2006), suggesting youth are capable of addressing anxiety through an existential lens since they are already thinking about it. Existential therapy benefits youth by normalizing common existential worries such as meaninglessness, identity, fear of death, loneliness, and/or responsibility (Shumaker, 2012). Acknowledging and normalizing these common worries may, from the perspective of an existential therapist, help *prevent* disruptive anxiety, promoting positive well-being.

Integrating Existential Therapy with Youth

Once therapists have an understanding of existential therapy, they can begin pulling out existential themes to integrate existential therapy into their practice with youth experiencing anxiety. Existential therapists believe this approach is not simply

asking a set of stock questions, but rather a genuine encounter with the other person where acceptance of experience is paramount. The existential therapeutic relationship is vital to the acceptance and change process, as healing begins with the therapeutic relationship. Creating awareness around existential themes supports counsellors in (a) knowing when to introduce existential therapy, (b) looking at youth resistance differently, and (c) valuing all of the ways youth may be choosing to live.

When to Use Existential Therapy with Youth

As long as therapists are attending to the unique needs and personal frame of reference of each individual youth, it is important to note that there is no harm in throwing out existential questions and/or themes in therapy sessions. Youth may or may not grab hold of the presented themes, giving the counsellor direction moving forward. At any point in counselling, existential therapy can be integrated into a youth's treatment plan as well as when other approaches may not be facilitating a reduction in the youth's anxiety. More specifically, according to Shumaker (2012, p. 388), existential therapy may be an appropriate choice when a person expresses confusion or concern that appears to fit within one or more of the cornerstones of existential therapy such as isolation, loneliness, issues around death and nonbeing, meaninglessness, major life transitions, and/or identity concerns. For example, a youth whose parents are divorcing may present with great angst, questioning *What is love*, given it can seemingly stop, or wonder, *If my parents can betray one another, can they betray me?*

When an adolescent clearly identifies and articulates existential concerns, it may be a green light to move forward with existential therapy; however, therapists may be hesitant to practice existential therapy with a youth struggling to articulate her present

state. To combat this, therapists may throw out hunches to the youth. The existential therapist may assume that the youth is experiencing an existential theme such as the fear of being alone and/or being abandoned. Bringing the youth's attention to isolation helps provide a platform for greater discussion, supporting youth in articulating their thoughts and feelings without focusing on changing their behaviours. Youth may relate, disregard, and/or disagree with the hunch, providing insight for future discussions. Once youth become aware of underlying existential concerns, it is believed by existential therapists that they are more likely to possess the power and ability to change their reactions on their own free will.

When “Push Back” Occurs

Existential therapists' focus is on the subjective world of the youth, not the presenting problem, presumably reducing push back and power struggles that hinder a positive therapeutic environment. Instead of trying to change behaviours, existential therapists encourage youth to change their core ways of being to align with how they are currently viewing themselves so that old behaviours are seemingly less likely to reappear. To support core changes, existential therapists provide an open door, free of pathology that encourages youth to enter and remain in therapy.

When challenges arise, an existential therapist will not continue to dig and probe until the youth shares more than she is ready to. Rather, the existential therapist will remain supportive in a non-judgmental, warm environment, focused on the current state. Throughout therapy, existential counsellors continue to reflect back and relate youth information to existential themes, rather than simply paraphrase content provided by the

youth. It is the existential therapist's assumption that by addressing major life themes, safety is maintained, as particulars that may hinder sharing are unnecessary.

Existential therapists may experience youth resistance during a session.

Resistance is not to be perceived in a negative light or indicate that youth are not ready for therapy; rather, it acknowledges the importance of how defense mechanisms keep people emotionally safe. Thereby, the therapist will not become resistant to the youth.

Resistance is viewed as a useful defense mechanism, overcome through therapists' unconditional acceptance of the youth to reduce anxiety and fear (Himelstein, 2011; Shumaker, 2012). As a result of the reduction of anxiety and fear, youth are able to engage in the searching process of what it means to be authentic through their own subjective awareness (Himelstein, 2011). In relation to resistance, existential therapists may ask youth, *What is it like being able to hold onto that control, knowing that ultimately it's your decision?*

Remaining Open to All Possibilities

Existential therapists are genuinely open-minded regarding all the different ways humans may choose to live. When a youth comes to an existential therapist about her drug use, the counsellor does not tell the youth to stop using the drug(s) or start educating the youth on the harmful effects of drug(s), but rather becomes curious about what the drug use means for that particular youth. Inauthenticity appears when therapists waver on whether or not they are accepting of different ways people chose to live. Therapists may demonstrate their wavering by pushing abstinence, suggesting other ways of being, or displaying body language that does not match their words. Existential therapists assume

that if youth are seeking therapy due to drug use, they probably already know that there are safer ways of living, and focusing on abstinence may only push youth away.

Contrary to alternative therapeutic approaches, existential therapists do not adopt an expert role that has them lecture or push societal values and beliefs onto the youth. Youth are experts on their own lives, determining their future by exploring how they are choosing to live the life they have created (Corey, 2017).

Existential therapists are dynamic role models who are fully alive, present, and engaging, grabbing youth's attention throughout therapy, not merely another professional to share their problems with. Existential therapists view themselves as a central force to support youth in identifying how they are limiting themselves; therefore, their presence is not just a tenant of existential therapy, it is their whole being. Existential therapists are personal and often reach for poetry, art, or religion instead of psychological theory (Corey, 2017; van Deurzen, n.d.-b). Reaching for other powerful therapeutic tools allows therapists to inspire a deeper sense of the youth's inner awareness. Youth relate to, oppose, ponder, just enjoy the message, and/or engage in debate around new perspectives presented. Also, it is assumed the youth continue to ponder such questions outside of the therapeutic setting. Unlike typical therapy homework, youth are often left with a feeling of wanting more, furthering their curiosity after sessions, continuing an internal and external dialogue.

Furthermore, existential therapists tend to leave statements hanging, allowing time for youth to ponder before responding. For example, an existential therapist may respond to a youth at a crossroad with, *You have a train rolling into the station, and you are the only one at the switchboard....* Cliff-hangers give youth the opportunity to freely respond

philosophically, rather than answer a specific question. Above all, existential therapists bear witness to anxiety and despair without faltering or surrendering to the intense emotions.

Practical Applications of Existential Therapy

Information presented in this section is meant to help the reader recognize existential themes when working with anxious youth. Anxiety, freedom and responsibility, meaninglessness, isolation, and death awareness are core themes of existential therapy that will be outlined with examples throughout this section for ease of theory application.

Accepting Anxiety

Existential therapists encourage people to see anxiety as a normal aspect of the human condition that is necessary to support change or simply accept anxiety for what it is. Anxiety is not something youth should avoid or distract themselves from, but rather reflect upon to gain insight into how they are not living fully, experiencing identity concerns, feeling isolated while searching for connection, or feeling stuck in old patterns of being. However, when anxiety is out of awareness and causes severe impairment in day-to-day functioning by immobilizing a person, typically pathologized as an anxiety disorder, then existential therapy would likely shift towards reducing the intensity of anxiety.

As youth move through anxiety and are given the courage to be, they may feel empowered and hopeful that change is possible. Existential therapists encourage youth to work through uncomfortable energy, rather than go around it, attacking the root cause of the concern by inviting youth to own their internal experiences. If a youth shares she

believes everyone is staring at her in the hallway, the therapist does not address the irrationality of this distorted view. It does not matter whether or not everyone is staring at the youth; it only matters if she *believes* everyone is staring at her. The therapist will explore the youth's phenomenological world, which is the conscious experience from the first-person point of view, by asking questions such as: *What is it like for you in this moment knowing that everyone at school stares at you? Or, As we talk, I see sadness come over your face/body. What is it like for you to be vulnerable with me right now?* A goal of existential therapy is to listen to the pain of anxiety in an effort to be mindfully aware of, but not overwhelmed by, anxiety, as it breaks ground for resiliency (Greenspan, 2003) and future processing.

Addressing the Freedom of Choice and Taking Responsibility

An existential premise is that one cannot be truly living an authentic life if one is bound by rules and laws determined by current public thought. When youth searching for their true self bump up against the rules and laws determined by surrounding adults, they may be labeled defiant and have their search for self misconstrued as pathology. Consequently, existential therapists explore freedom and responsibility with the concept that every youth has the freedom to learn and grow, as well as the capacity to reflect and act upon choices, despite internal and external limitations (Corey, 2017). To reflect this philosophy, an existential therapist may ask, *How has your felt sense of freedom been stripped away?* However, youth may seek freedom without taking responsibility. For example, a youth may complain about a teacher being unfair, as he is not provided a chance to re-take a test that he failed. An existential therapist may ask, *What is it like*

knowing that we do not always have do-overs? Rather than focusing on how the student could do better next time.

The existential quest for freedom encourages youth to run towards freedom as opposed to running away from authority. Rather than discussing ways to avoid life paths, existential therapists prefer to discuss what the youth wants his future to look like and begins a path towards a healthy sense of self. By giving youth something to look forward to, rather than run away from, a new goal is created, and subsequently, control over one's life is regained.

Even though existential therapists believe each individual has the freedom to choose, they also tend to acknowledge freedom's limitations. For example, a homeless teenager with a baby may partake in illegal activity to meet basic needs. Although partaking in illegal activity is a choice, providing basic needs is a must, therefore, stripping the full freedom of choice. Responsibility will be assumed for current states; however, past, present, and future oppressions account for objective and subjective experiences impacting how one is currently living. For example, a youth might say, *It's not my fault I drink. Would you be any different if you were brought up in my family?* Although therapists empathize with this statement, existential therapists may see an inauthentic way of being coming to the surface and may respond by saying, *I hear the emptiness in your voice and your desire to want to avoid your existence....* Existential therapists would encourage the youth to enhance awareness on the current situation to accept responsibility for drinking, as the drinking is influenced, not controlled by, external forces.

Ultimately, freedom implies responsibility is assumed for action and failure to take action. Youth may believe that if they avoid for long enough, the situation will just go away. A youth may feel the responsibility of inaction when he is witness to bullying or lying by omission. An existential therapist may ask: *What is it like having the freedom to control this situation by keeping this secret no one is aware of?*

The freedom and responsibility of choice often creates anxiety. With a plethora of choices, alongside pressure from family and peers, youth may succumb to the anxiety and avoid their freedom of choice or use the anxiety as a motivational force to take charge of their life. As youth accept their responsibility in the freedom to choose, intentionality is embraced as new ways of being become less constricted and more authentic.

Addressing Meaninglessness

Adolescence may arguably be the most important life stage, being bound to a past childhood, leading to future adulthood. How adolescents navigate these transitions impacts their view of themselves, the world, and others as the adulthood script develops and takes form. During identity development, youth challenge the childhood path chosen for them and begin to exercise personal choice as they move towards self-actualization. Teachers may notice youth disregarding direct instructions, or youth may be flippant with the teacher. Teachers aware of existential philosophy and/or therapy may respond to youth by saying, *How we respond to others gives meaning to who we are....*

Existential therapists will typically spend ample time with youth on the search for authenticity, creating meaning out of nothingness. Despite emptiness and meaninglessness being the primary focus of anxiety scales, studies in this area have been lacking (Berman et al., 2006). This knowledge is alarming due to the fact that suicide is

one of the leading causes of children and adolescent death in many countries (Coskun, Zoroglu, & Ghaziuddin, 2012). Therefore, from an existential therapy perspective, addressing the root cause of emptiness and meaninglessness is necessary to help reduce suicide ideation as well as death by suicide.

The existential therapist explores *What is the point, where does all this lead to?* While youth may ask themselves, *Am I ever going to be anything significant in this world?* The meaninglessness theme may be *wasted time*. When life becomes too overwhelming, youth may withdraw from the struggle of creating life with a purpose as a result of the conflict between their way of living and their way of being. Therapists may hear adults describe the youth as lazy, unmotivated, apathetic, or rebellious—apathetic because some youth believe there is nothing they can do to move forwards and rebellious because some youth lack a strong centre, as the youth are directed by their peers in an effort to belong. Existential therapists may interpret and address these outward behaviours through better understanding of the root cause: meaninglessness.

Striving for identity and relationships to others is a significant dimension of the human condition to create meaning, pulling youth in many directions. A youth may be trying to decide what friend group she wants to move forward with. One group appears to be more popular than the other; however, the enticing popular group poses its own challenges. Rather than completing a pros and cons list, an existential therapist may ask, *Does either group make you feel numb towards your life?* By working with youth to expand their consciousness and capacity for self-awareness, their awareness of choices available to them will increase their sense of responsibility to live fully in the present, and

reduce approval-seeking confirmations from others, to start looking within themselves for affirmation (Corey, 2017) and meaning.

Addressing Isolation

During the adolescent phase of identity formation, youth are often pulled in different directions in an attempt to appease family and friends, which may prompt feelings of isolation. Exploring isolation through a genuine connection with another being or nature is an approach existential therapists would take to reduce feelings of isolation, guilt, and disapproval.

The dilemma of forming an identity may spark existential anxiety as the youth attempts to be unique to oneself, while also wrestling with the need for closeness and acceptance of others. Despite the desperate need for closeness to others, dependence on others for confirmation is unserviceable. Without a sense of identity, relationships are nothing more than insecure and deprived exchanges, where one clings and takes from another, resulting in a reduction of gratifying relationships (Corey, 2017). Existential therapists may ask, *What is it like to feel alone even when you are with someone?* Exploring how youth arrive at current states is important to support healthier relationships moving forward, specifically with themselves.

As youth practice engaging with the self and others to escape isolation, not all encounters with life are intended. One misstep in high school may result in dire consequences. How do youth defined as athletes manage after a major injury prevents them from playing sports again? How do youth step out of cemented, ritualistic identity behaviours perpetuating isolation? To elicit conversations around how they have let

others define their identity for them, existential therapists might ask youth, *How are you trapped in this doing mode?*

As youth's unconscious struggles with current states become more real, safe venues to hash out recurring feelings of isolation are necessary for healthy development. For example, an existential therapist may address poor hygiene with a student: *I agree; it seems as though you have been viewing relationships as meaningless. We often take care of ourselves for the perception of others, and you seem to have let that go....* Addressing the root cause of the poor hygiene may allow for the existential therapist to further engage the student, rather than just telling her/him to shower and not formally speak to her/him again.

Giving Significance to Living

The natural death anxiety felt by many teenagers can be used as a driving force to tackle life challenges, or the fear may become overwhelming, repressing their sense of being. The feelings of dread perpetuate the existential premise that death is a primary source of anxiety (Yalom, 1980). Through use of The Existential Anxiety Questionnaire with 139 youth, Berman et al. (2006) found that the most commonly reported fear in youth is death. Fears initiated through death awareness may stall a person; however, healthy death awareness instigates meaningful choices. This is paramount in existential therapy, as death awareness is central to existence. If one is anxious of death, one cannot truly live in the present. Without a safe place to discuss death, youth experiencing death among family and/or peers may have shifts in their worldviews. A world that was once safe may be perceived as dangerous, perpetuating death numbness and increasing unhealthy risks (Himelstein, 2011). An existential therapist may respond to a youth

experiencing a death by gently saying aloud, *The passing of your grandpa seems to have you questioning how you are living your life in this moment....*

In this case, the therapist is inviting the youth to explore how death has impacted his/her way of being and perceiving the world. Some youth may change their lives drastically after a death. For example, a youth may believe he is controlling his life by no longer attending school and putting all his energy into *living*, meanwhile the youth is actually being controlled by a fear of death. Another example may be a youth struggling with drug use. A youth may be using a substance known to have high overdose death rates. An existential therapist may explore her use by asking, *Based on our conversations, it seems as though you are not actively choosing to end your life; however, it seems as though you are passively leaving this world before my eyes....* The intention is to bring awareness to the ways she is currently spending her time here on earth.

Existential time is not concerned with chronology, but rather lived time (Adams, 2014). For example, a grade 12 student stepping out of the grips of anxiety may feel as though he has only *lived* six months. He may need to process the feelings of loss over *wasted time* spent living in immobilizing anxiety. As youth come to grips with their physical time on earth, the search for meaning, connectedness, and ways of living ensue, thus enhancing freedom, fostering significance to healthy ways of living.

Themed Existential Questions

In this section, we present a list of questions therapists may ask based on the themes presented during therapy sessions. It is important to note that existential therapy relies heavily on the relationship and therapist authenticity; therefore, questions should be asked during the natural flow of the conversation, not as a standalone probe. The risk of

providing a series of questions may present therapists as aloof and/or flakey if they do not have a level of comfort in asking the questions creatively with a positive attitude and open mind. The questions presented encourage therapists to be curious about their clients through deep-seeded questions, while allowing ample silence, with the ultimate goal of supporting youth to reach their full potential. As creative vessels, therapists are encouraged to first ponder these questions on their own, or alongside another, before applying existential questions to their therapy repertoire. Existential therapeutic questions and cliff-hangers are presented in Table 1, based on existential therapeutic themes.

Table 1

Existential Therapeutic Questions and Cliff-Hangers

Existential Therapy Themes	Existential Therapeutic Questions and Cliff-Hangers:
When and How to Introduce Existential Therapy with Youth	<p>When a youth no longer wants to attend therapy as the typical CBT approach has not produced notable changes: <i>I am on your side that we need to try something different. If you are willing, let's try a very different approach by getting to know anxiety a little more rather than just getting rid of anxiety.</i></p> <p>When seemingly minor circumstances and nuances in relationships create great angst, bring in the underlying theme of isolation: <i>When your boyfriend didn't text you back when you expected him to, it sounds like you started questioning his commitment to you and started to wonder about isolation, and wondering to yourself that if he leaves you, how could you ever manage being alone?</i></p> <p>When youth are struggling to tap into their inner world: <i>I have noticed you avoid questions around emotions that don't feel so good... I would like to share this piece of poetry with you by Greenspan (2003):</i></p> <p><i>We all want to sit at the happiness banquet and feast on the bread of contentment, the wine of joy. We'd rather skip the emotional food that doesn't go down so well. In life's many meals, not everything is equally palatable;</i></p>

Existential Therapy Themes	Existential Therapeutic Questions and Cliff-Hangers:
	<p><i>but it all needs to be digested. (p. 45)</i></p> <p>[Remain in silence after reading until youth speaks].</p> <p><i>We have been scratching the surface of discussing themes of existence. What would it be like to jump right in and talk about this idea of existential anxiety? ... Existential anxiety is....</i></p> <p><i>I have been learning about this type of counselling called existential therapy. It asks some pretty interesting questions about who we are and why we do the things we do. I think it would be great if we shifted towards this therapy for a few sessions. What do you think?</i></p>
Addressing Resistance from an Existential Lens	<p><i>It seems that you are at odds with the way you are living and the way you are being....</i></p> <p><i>As I hear you share about your frustrations with therapy, I am left wondering who you are and how your self fits into this story.</i></p> <p><i>What is it like being able to hold onto that control, knowing that ultimately it's your decision whether or not you attend or get anything out of therapy?</i></p> <p><i>What would it be like to start living more congruently and, instead of trying not to be like your parents, start trying to be like who you want to become?</i></p> <p><i>I like that you are letting me know you don't like therapy. I see resistance as something people need to feel [safe] when they lack control. What would it be like for you to have some control over our sessions to ensure you get meaning out of therapy?</i></p>
Being Open to Different Ways People Choose to Live	<p><i>How does using cocaine align with your values? Pull you out of isolation? Escape responsibility? Feed your feelings of meaninglessness? Without preaching any form of abstinence or change in using habits.</i></p> <p><i>How does your anxiety keep you safe?</i></p> <p><i>Or respond to hopelessness with, It sounds like you have been swimming upstream for quite some time, and as you become numb towards life, you are ready to sink to the bottom of the river....</i></p>

Existential Therapy Themes	Existential Therapeutic Questions and Cliff-Hangers:
	<p>A youth comes into the counselling office angry and throwing items around the office. Many counsellors may choose to exit the room and call for additional support. An existential therapist, after determining there are no imminent safety issues, may instead say to the youth: <i>I get it, you're angry [possibly even throwing something too]</i>. Existential therapists would maintain their centre to remain a part of the intense energy. Once the youth deescalates, therapists may say, <i>all of your feelings of meaninglessness seemed to have expressed themselves all at once. Or, often times when we feel numb towards our life, we compensate by trying to exert our power.</i></p>
<p>Accepting Anxiety</p> <p>A youth may share: I feel anxious all the time. I notice that my heart races, I start sweating, and I start shaking, which makes me embarrassed, and then everything gets ten times worse! I've gone to therapy before, but it didn't help. I feel like I am failing at life.</p>	<p>A normalizing statement may be: <i>Everyone feels this angst throughout life; it is completely normal and, in fact, a basic aspect of being human....</i></p> <p><i>What is it like to know that my goal of our sessions is for you to realize your potential, not reduce anxiety?</i></p> <p><i>There is no reasoning with anxiety, so let's understand it....</i></p> <p><i>What is it like being confronted with failure?</i></p>
<p>Addressing the Freedom of Choice and Taking Responsibility</p> <p>A youth may share: I don't know what I am going to do. There are a million different colleges and universities to go to. Everyone keeps pressuring me, and I just don't know where to go or what to do. I haven't applied anywhere yet. Because of everyone, my brain is so overworked with anxiety that it feels blank most of the time. I can't even form a sentence sometimes.</p>	<p><i>Where in this situation have you ever felt control to express your personal freedom and responsibility?</i></p> <p><i>What is it like living in survival mode where freedom of choice feels stripped from your being, yet you are still taking responsibility for your situation?</i></p> <p><i>Being in survival mode tends to bring on a hollow existence....</i></p> <p><i>It's tough... because even when you do not take action, you are still responsible for the outcome...</i></p> <p><i>It's an interesting experience when we want to speak, but nothing comes out, as anxiety immobilizes us....</i></p> <p><i>It seems like the endless opportunities have become overwhelming; let's talk about the downside of the freedom of choice.</i></p>

Existential Therapy Themes	Existential Therapeutic Questions and Cliff-Hangers:
<p>Addressing Meaninglessness</p> <p>A youth may share: My life literally has no meaning. Like, if I died tomorrow, nothing would change. None of my friends would care... I finally got in with the cool kids. I thought life would be so much more fun. Turns out it's still the same.</p>	<p><i>It seems as though you have become a stranger to yourself and old habits have become pointless.... Or, it seems that you are feeling numb towards your current life, finding it purposeless....</i></p> <p><i>It seems like you may be filling this empty hole you have been feeling by desperately pushing your way to popularity....</i></p> <p><i>How do your peers add to the void of your existence?</i></p> <p><i>What gives your life meaning?</i></p> <p><i>And then we start asking ourselves, does all of this work even mean anything....</i></p>
<p>Addressing Isolation</p> <p>A youth may share: I don't know what it is, but sometimes, I don't really feel like I fit in with my friends. I often find myself just doing what they want me to because I can't stand up for myself. I'm not even taking care of myself anymore. I can't even remember if I showered today or not.</p>	<p><i>What is it like to repress your true self in order to keep others happy?</i></p> <p><i>What is it like changing and growing? How does it feel to notice isolation? What would it be like for us to discuss that ultimately we are alone?</i></p> <p><i>How are you trapped in this doing mode?</i></p> <p><i>Tell me about a time where you felt a genuine connection with another person.</i></p> <p><i>As we aim to please others and not rock the boat, we lose sight of who we are....</i></p>
<p>Giving Significance to Living</p> <p>A youth may share: I get these panic attacks all the time over stupid things. Like driving in the car. I just worry about everything, to the point that I'm not sleeping anymore. What if I close my eyes and never wake up?</p>	<p><i>What would it be like to talk about your possible death?</i></p> <p><i>What would your death look like? If life were to stop, would you become irrelevant? What would your legacy be?</i></p> <p><i>What do you believe your purpose in life is?</i></p> <p><i>What would it be like to start living, and not just existing?</i></p> <p><i>Death is something that we all think about from one time to another....</i></p> <p><i>Have you ever felt like you were a part of something bigger than yourself?</i></p>

Conclusion

Highlighting the fact that existentialism *adds* to rather than takes away from evidence-based practices (Corey, 2017) encourages the reader to pause and reflect on ways to intensify their current counselling style. The literature review, questions, and cliff-hangers presented throughout the paper provide the reader with a fresh way of viewing common youth struggles through the least intrusive means possible. As youth begin to find their *means to a greater end*, it is the existential therapist's unique perspective that supports movement through everyday angst for authentic living to ensue. Existential therapists support youth to be liberated from a hollow existence towards a more meaningful life with a greater purpose. Counsellors willing to interweave an existential perspective into their current personal counselling approach will support youth in living more congruent and satisfying lives, while also personally learning and growing as a therapist.

Appendix C: Instructions for Authors from Canadian School Counselling Review

The Canadian School Counselling Review, where the proposed manuscript will be submitted (see Appendix B), has specific instructions for authors of manuscripts to follow. The following is a direct copy of the instructions for authors, received from:

ATA Council of School Counsellors (n.d.). Canadian school counselling review instructions for authors. Retrieved from https://docs.wixstatic.com/ugd/38e992_3165c65adbba

Canadian School Counselling Review

Instructions for Authors

Please submit manuscripts to schoolcounsellingreview@gmail.com. Because manuscripts are reviewed anonymously, please submit two electronic copies in Microsoft Word format: one with authorship information and one without. Please remove identifying information from document “properties” from the anonymous copy before sending.

The title of the manuscript should appear on the first page of the identified copy of the manuscript. Also include on this page the name, credentials, institutional or school jurisdiction affiliation, and e-mail address of each author. In your covering e-mail, please confirm that the manuscript is not under consideration by any other publication. Please identify one author as the corresponding author.

Manuscripts must be accompanied by an abstract of 100 and 150 words; use any recognized reference format; and typically should not exceed 25 pages. (1inch margins,

double spaced, 12 point font Times New Roman, including references). References must follow APA style; please ensure completeness and accuracy, including year, volume number, pages numbers, and digital object identifier (DOI) if available.

Quotations, figures, photographs test items, and other materials that have been previously published may require the permission of the original publisher. Consult the information at <http://www.apa.org/about/contact/copyright/-required>. If necessary, obtain permission and attach it with the manuscript. It is the author's responsibility to secure such permission, at the author's expense, which must be provided to the editor; your manuscript will not be sent review until permission has been received.

Appendix D: Termination of Phenomenological Research

research project x



Rey, Kaleigh

11/18/17

to: Kerry

Hi Kerry,

Gary Tzu is no longer able to supervise my project, and Dawn McBride has agreed to step in as supervisor. Due to the short timeline, I am unable to complete my project as a phenomenological study with participants as the data cannot be validated.

I will be contacting the participants to inform them that the data will not be used at this time, and that the data will be stored for seven years.

Is there anything else I need to do?

Thank you for your time,

Kaleigh Rey



Bernes, Kerry

11/18/17

to Margaret, me

Hi Kaleigh. You will also need to contact Marg (cc'd above) to do the paperwork to change supervisors.

All the best,

Kerry

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