

# Time for another? Experiential accounts of existential time- limited therapy at an HIV counselling service

---

Dr Neil Lamont\*

---

## Abstract

This idiographic study captured the experiential accounts of participants who had received existential time-limited therapy (ETLT) at an HIV counselling service. The research aim was to further develop our knowledge of ETLT and so also understand what, if anything, it can contribute to the wider counselling psychology discipline. Two semi-structured interviews with each participant were conducted and data analysed using Interpretative Phenomenological Analysis. ETLT was experienced as a relational, affirming and enabling approach and as being attuned to participant needs and objectives. Also important was the time-limited setting itself which was shown to instil energy and pace to sessions as well as encourage client responsibility for their ongoing personal process.

**Key words:** *Existential time-limited therapy, evidence, outcome, client experience*

Peer reviewed paper, received [08/12/18] and accepted [17/12/18]

Therapy services are far from immune from the demands to justify their worth in terms of efficacy and so value for money. Evidence of effectiveness is an explicit criterion set by the National Institute for Health and Clinical Excellence (2004) in determining which types of talking therapy should be provided by the UK National Health Service for treating depression. Therapeutic orientations, including existential therapy, that may not readily align with the positivist assumptions underpinning

what is accepted as proof of efficacy have largely been excluded from mainstream service provision (Mollon, 2010).

A direct effect of this has been the homogenisation of therapy available to most people in our society, including the most vulnerable who often don't have the same options at their disposal as those who have the resources to access alternatives, for instance in the private sector. This homogenisation disregards the pluralistic

traditions of our profession (e.g. van Deurzen, 2010; Woolfe, 2012) and so foregoes the potential of other approaches for addressing problems with living. It is perhaps worth remembering that the very substantial evidence-base supporting the effectiveness of cognitive-behavioural therapy of course does not necessarily mean that it is *more* effective than other talking therapy orientations; rather that it has been researched more than them (Cooper, 2008).

It is also the case that time-limited delivery of therapy is the typical mode of provision across public and third sectors, again driven in large part by resource constraints but also reflecting the evidence-base. Brief intervention approaches, for instance, are central to the strategy for addressing the increasing levels of self-reported work-related stress, depression and anxiety (Health and Safety Commission, 2010), reflected in the increasing use of employee assistance programmes.

From an existential perspective, a time limitation on therapy can seem somewhat arbitrary since all of us, and our circumstances, are unique and so has not gained traction with many in the field (e.g. van Deurzen, 2002). However, we must also recognise the inexorable prevalence of constrained provision in these austere economic times, and so if we want the existential approach to be included by service commissioners, where it can be shown to be effective, we must assume a pragmatic attitude and strive to develop a robust outcome-focused research base. While there are some recent developments in outcome research (e.g. Rayner & Vitali, 2016; Sorensen, et al., 2018), there remains overall a lacklustre engagement and so a limited understanding of what potential there may be in a time-limited version of existential practice.

This is the context within which a research project into existential time-limited therapy (henceforth ETLT) was conducted. A summary of the findings and what have been identified as pertinent areas of focus in terms of contributing to our understanding of ETLT in practice are presented below.

### Summary Literature Review

Borne from such a pragmatic appraisal of where service provision was heading, Bugental (1995) offered a framework for what a time-limited version of existential therapy could look like, including a notable teaching element in which he suggests we effectively coach our clients on how to continue the process of exploration beyond the therapy. However, it is with Strasser and Strasser (1997) that we see a fundamentally more affirmative and comprehensive elucidation of ETLT and its potential in addressing problems with living, and this remains the seminal text for the approach. This crucially includes engaging with the existential givens of temporality and finitude, something, they argue, that the setting itself uniquely provides since the time constraint can be used as leverage in the work: *'time becomes a tool in itself'* (ibid., p.13). A pressure is created for both client and therapist to be mindful of the inherent limitations that they face. This fortifies the commitment to the process and generates a more vital atmosphere that is especially conducive to change. Further, by exploring any anxiety against the finiteness of the therapy, ontological anxiety associated with aloneness and isolation can be revealed. Incidentally, Mann (1973), while largely grounded in psychodynamic principles, some years earlier, also firmly positioned working with temporality as pivotal.

The Strasser model also includes an 'existential wheel' in which Yalom's (1980) four ultimate concerns (freedom, existential isolation, sense of meaninglessness and death) together with the four modes of existence – *Umwelt* (physical), *Eigenwelt* (private), *Mitwelt* (social) and *Uberwelt* (spiritual) (Binswanger, 1946; van Deurzen-Smith, 1984) – are presented as a blueprint for practitioners to reference. Values are explored within the context of a life lived inevitably within the paradox of possibilities, limitations and choice, to elucidate self-imposed limitations. The assumption is that small changes instigated during the therapy can initiate an ongoing process of wider change beyond it. They recommend twelve-session contracts, which is at the upper end of what is typically considered time-

limited therapy. For instance, some key others refer to around six sessions as being typical (e.g. see De Shazer, 1985; Bor et al., 2004; O'Connell, 2012). With the engaging case studies that the authors include as examples of ETLT in practice, none seem to explicitly convey how these distinguishing features of the model are actually experienced.

This formed the rationale for the current research, and for which the research question was: *how is existential time-limited therapy experienced by service users, and can it be an effective option for addressing their needs and objectives?*

### Research Setting and Participant Profiles

The research was conducted at a large UK sexual health charity that offers time-limited therapy to men who have sex with men (MSM). At the time of carrying out the research, service users (SUs) typically had an HIV-positive diagnosis or considered themselves to be at risk of infection. Subject to assessment, SUs were offered a contract of up to twelve sessions.

Seven of the fifteen HCS practitioners were trained, and identified their orientation, as existential, and so provided ETLT at HCS. Participants were recruited from amongst the SUs of this sub-group.

Table 1 shows participant demographic information. All self-identified as gay men.

**Table 1 Profiles of the participants**

Alias	Age	Ethnicity	HIV status	No. of sessions attended
John	38	White Irish	positive (<1yr)	12
Oliver	34	White British	unknown	12
Jawaad	43	Zimbabwean/British	positive (>2yrs)	12
Michael	36	White British	positive (>3yrs)	12

### Design and Analysis

Interpretative Phenomenological Analysis (Smith, 1996; Smith et al., 2009) was utilised to analyse the data. Two semi-structured interviews were held with each of the four participants: the first within one week of their final session of therapy, and the second interview twelve weeks later. This two-stage interview design is entirely compatible with IPA principles. Each interview duration was between fifty and ninety minutes. Given project parameters, the design and then the depth of data emerging from eight transcripts collectively determined that recruitment was limited to four participants. Follow-up interviews had the intention of affording time for further reflection and contemplation of outcome and, importantly, to provide the opportunity to clarify and elaborate on reflections made in the initial interview. Initial interviews were held in the immediate days after therapy completion to increase likelihood of participation while the experience was recent, and when the potential for *'participant attrition'*, or memory erosion, could be minimised (Flowers, 2008). The requirement for a follow-up interview was made explicit at the recruitment stage.

Within-participant transcripts were analysed separately initially to capture the unique accounts and to ensure that the participant-led intention of the research was maintained as much as possible. A further stage in the analysis process was included to address and highlight where participants were asked in their follow-up interview to clarify or elaborate. Transcripts were cross-referenced to establish if there was more detail offered upon a particular point and also if there were any distinct differences in perspective conveyed between the two interviews. This within-participant step of analysis was conducted subsequent to the individual process for all transcripts in order to further manage the increased analyst-led potential of follow-up interviews. The analysis process, including identifying the common themes, followed standard IPA protocol.

## Reflections on the Research Design

Flowers (2008) referred to the significant potential for lost opportunities in single interview, 'one-chance' designs due to the elevated cognitive load for the researcher. Where there was uncertainty or ambiguity around what had been conveyed in the initial interviews, the follow-ups provided an opportunity to revisit and clarify, and so ultimately report findings with an enhanced degree of confidence. They also afforded an opportunity to appraise what had been sustained or developed since ending.

For these reasons, a two-stage (or more) interview design in IPA studies is desirable, particularly so with service users. When we are granted the privilege of people sharing their most personal experiences, it is our responsibility as researchers to ensure that we analyse and report the resulting data as thoroughly and accurately as possible. This is a structured way of attending to that important endeavour.

## Overview of Findings

Nine subordinate themes emerged, three in each of three defined temporal stages: beginning therapy; the actual therapy itself; and appraisal of outcome post-therapy.

### 1. Beginning the therapy process

#### 1.1 A quest for acceptance and understanding

Strong commonalities in presenting issues emerged with profound difficulties being in relation with self and others. All participants conveyed a sense of shame and unease around aspects of their way of living. All sought from the therapy principally acceptance, acknowledgement and understanding. They needed a meaningful relating and affirming therapy experience, reflective of what they yearned for in their lives. A pervasive fear of judgement borne from previously experienced persecution and significant, in some cases severe, isolation and depression were reported as they began the process.

*'Desperation. It's utter sadness, erm total lack of control*

*over emotion and just an 'oh God!'. A desperate howl... a guttural howl for help. everything is kind of grey, everything is almost like static, it's just a nothingness and you don't think anyone can hear what you're going through, or that anybody cares about what you are going through or how you feel. Complete isolation and not having the ability to find a way out of it.'*

Michael

#### 1.2 Obstacles to trust

Participants would have to experience early trust in both the process and the therapist, in order to engage in a meaningful exploration. This was a prerequisite for all else that could follow in the sessions. Specific concerns emerged that were correlated with the fear of judgement and were identified as obstacles to feeling safe enough to lay bare their vulnerabilities. These were predominantly focussed on perceived differences around gender, culture and sexuality.

*'I would have felt uncomfortable talking to a woman about that (HIV diagnosis). I just felt...that I needed to...that I would be more at ease around a man. How I got it, why I got it, my sexual history or sexual past might be...you know....on a logical level probably unfounded feeling that I might be judged but that's just how naturally I felt more comfortable with a man.'*

John

#### 1.3 Substance over style

There was little interest in the therapist's orientation, something which emerged as sometimes at odds with the practitioners, some of whom volunteered detailed explanations of the specificities of their approach which to varying degrees was experienced as potentially having a jarring effect. The essence of the encounter, what could be experienced, was considered key to a worthwhile experience. Without exception, their preoccupation was a desire for a collaborative discourse and to feel genuinely met.

*'She did mention something about existential...I wasn't really sure if I got it and I wasn't sure if I should just say, ask her more about how existential therapy works because I thought if I start thinking about well what is it she's trying to do is that just, without me even realising it, is that some kind of resistance to the work?'*

Oliver

## 2. Experiencing ETLT

### 2.1 A meaning-revealing journey

An inquiring of attitudes, assumptions and the questioning of their way of being, emerged as the distinguishing features of the dialogue and process. The exploration was first and foremost an exercise in meaning-making and understanding of their current worldview and how this influences how they live now. Within this framework emerged the opportunity to contemplate alternative ways of being.

*'...trying to find a way of dealing with the self-loathing of my personality and we went quite deep into that...understanding and maintaining boundaries around friendships and exploring, how I just felt swamped'*

Michael

*'We talked about, the source, or some of the reasons behind some of the feelings of insecurity...we talked about my love life, my attitudes towards love, which is interesting because I actually learned something. She asked me "when you think of love, what does it mean?"; and I said "unhappiness"... that was very useful'*

Jawaad

### 2.2 Therapy relationship as agent of change

Experiencing active engagement from the therapist and collaborative dialogue were at the core of establishing an effective and early working relationship for all participants. Where a degree of sameness was conveyed, by way of self-disclosure for example, this communicated understanding and was received as affirming. Conversely, where professional boundaries were assiduously asserted, feelings of vulnerability and isolation were revealed and exacerbated.

*'I remember asking her something...I don't think it was that personal...I think I asked her "what do you think?" and she said "I keep the two very separate - what I think personally and what I am here to do" and that just alienated me even more. Yes... "that's private" (she said). Yes because for fuck sake...oh sorry but I am here exposing myself to you and you can't even give me an opinion?! "Why should I engage with you then?"'*

Jawaad

### 2.3 The opportunity of a time-limited setting

Reflections from all participants suggested a clear awareness of the time-limited contract from the

outset and while this was at times anxiety-inducing, it also served as a catalyst for a more intense and vital focus to the sessions. That is, a potential for significant therapeutic benefit was afforded directly because of the time-limitation. Engaging with the time constraint and the inevitability of the ending provided participants an opportunity for experiencing a new way of being with others, including communicating one's needs.

*'(It) did feel like a substantial bit of work, and I suppose in a way it did make me focus more...and after twelve weeks it would have gone deeper but we went quite deep anyway, it wasn't on the surface. I've faced some painful and difficult things in the twelve weeks.'*

John

## 3. Appraisal of life post-therapy

### 3.1 Purposeful living from adversity

Appraisals of outcome after three months revealed a substantively improved relationship with self and being in relation to others. Participants attributed this to confronting, articulating, and so attending to the challenges that they faced. From their experiencing of substantial adversity, the essence of who they were was characterised by profound un-ease. By choosing to confront this in therapy, the beginnings of a more vital engagement with life emerged. Across all accounts, there emerged a clear articulation, achieved from the sessions, of what a well-lived life looks like for each individual and how that might be achieved.

*'Yeah that was very crystallising for me...And I think this is really important... You know...to pursue the creative things as an artist whatever it kind of requires, me moving out of my comfort zone, be that by reducing my hours or finding another job. And the security thing is a big deal for me and I think a lot of that goes back to my relationship with my parents and erm what they expected of me. So there is an awful lot of important things out of it.'*

Oliver

### 3.2 The value of taking stock

All participants referred to a beneficial effect by participating in this research. Having the opportunity to reflect upon their therapy, and notably with a third party, brought to awareness their therapeutic outcomes in a way that was considered unlikely

otherwise. The research interviews afforded a space for clarification of learning and in being invited to reflect upon their experience, participants reported feeling valued by the service.

*'I am glad this has happened (research interviews), because it has kind of crystallised the whole process. But had you not been doing this study I would not have had that so that's the only thing that sticks out in my mind is the finishing of it and you are just left to get on with your life and it's not... and it is that uncertainty, you know "what the hell just happened [laughs] for twelve weeks?! What have I actually achieved if anything? What have I actually covered?"'*

Michael

### 3.3 The beginning in the ending

All except Oliver described an already invigorated engagement with life, while Oliver reported an understanding but not yet realised new relationship with self and his world. Overall, ETLT was shown to be a means of instigating a process of discovery and that was continuing three months later. All participants reported leaving less with a sense of completion and more of a view that a process of change had started, which they would continue themselves.

*'And there was stumbling blocks which I was really challenged by since the therapy that have really rocked me and I feared would put me back in that same place again...but they haven't. And I suppose again it (ETLT) has challenged me to now make the changes that I am now aware that I need to make. That I have gotten to that place that I had the support that I needed, the caring and understanding that I needed, the space to get my head together, and that has brought me to "now I need to change what I want to change". I need to do it slowly. But I will do it.'*

John

## Discussion

Three key aspects were identified from the findings:

1. *suitability of the existential approach*
2. *therapy relationship factors*
3. *effect of the time-limited setting*

### 1. Suitability of the existential approach

Participants conveyed profound un-ease in being in the world, particularly in relation to their sexuality. Anticipated or experienced rejection and persecution were reported as primary contributors

to sustained depressed mood, anxiety, felt isolation and low self-worth. This is in line with research showing elevated rates of poor mental health in LGBT groups (e.g. Richards & Barker, 2013). Perhaps unsurprisingly, therefore, where genuine acceptance from the therapist was experienced, engagement with the therapy appeared hastened. Levinas (1969: p.47) spoke of 'welcoming the Other (with a non-allergic reaction with alterity)' and this would seem to encapsulate the primary requirement for the therapy process. This was about first stripping-back the therapy to its original intentions; and a defining characteristic of existential therapy; *being-with* rather than *doing-to* (Spinelli, 2005).

Sessions were conversational and clarificatory in nature including attending to the embodied experience that Merleau-Ponty ([1945] 1962) deemed so fundamental to our understanding of consciousness. Describing the predicament and the participant's attitude to it, so showing the phenomenological method of inquiry (Husserl, [1931] 1967) was demonstrated. Deconstructing and reframing of narrative through a co-created dialogue evidenced a hermeneutic exploration (e.g. Gadamer, [1975] 1996) as a defining characteristic also. These all constitute core components of working existentially.

The focus was not alleviation of un-ease but rather a sustained attending to the ontic manifestations of their ontological crisis as the means of revealing purposeful living (Kierkegaard, [1844] 1944; May, 1977; Tillich, [1952] 2000). The participants uncovered the makings of a well-lived life by a process of acknowledging, understanding and defining for themselves the fundamentals of more purposeful living. This is again reflective of a core underpinning of the existential approach, as van Deurzen (2002: p.35) explained: *'...the task is not to suppress, disguise or deny anxiety, but to understand its meaning and gain strength to live with it constructively'*. Thus, achieving a sense of self-acceptance requires facing, and accepting emotions rather than retreating from them.

In summary, participants described fundamental crises of Being; with self, in relation to others, and in

relation to the world. The therapy was about assuming responsibility for the choices and changes that they alone could make, all within a more compassionate and accepting relationship with self. ETLT was shown here to be strongly attuned to achieving participant objectives.

### 2. Therapy relationship factors

Much of the seminal literature identifies the establishment of an early therapeutic alliance as key to positive therapy outcomes (e.g. Asay & Lambert, 1999; Norcross, 2002; Wampold & Imel, 2015). This was strongly endorsed in the current research. Beyond this well-established aspect, however, a main research aim for this project was to explore *how* it influenced the experience and outcome. The most important factors identified by the participants as contributing to a beneficial therapy relationship were:

- A communicative therapist, conveyed in both their dialogue and physical presence (the being-with)
- experiencing a normalising attitude
- commonality and sameness; expressed, for example, by a degree of therapist self-disclosure and humour
- explorations experienced as collaborative and co-created

Collectively, these conveyed to the participants a sense of acknowledgement, widely accepted as central to a relational experience (e.g. Cooper, 2009); and a sense of inclusion, acceptance and meaningful interaction, or '*relational depth*' (Mearns & Cooper, 2017). This supports Clarke et al.'s (2004) review of what clients find most helpful and reflected in most orientations. Some, however, elucidate elements of existential practice – in particular:

### Relational therapist and the being-with-other:

An explicitly relational understanding of how we are in the world (Heidegger, [1927] 1962) and a core aspect of this in therapeutic practice is for therapists to deliberately and authentically bring themselves to the encounter (Cohn, 1997; McGinley, 2006). Revealed in the participants' accounts is how the sense of isolation

and anxiety which they were experiencing were to some extent alleviated by experiencing a present and engaged other. This was instrumental in moving the participants from confusion and crisis towards a sense of calm and hope.

### Conveying a normalising attitude to client:

Emotional unease and distress must be understood within the contextual and relational matrix in which we all exist (e.g. van Deurzen & Arnold-Baker, 2005; Milton, 2010). Contemplating the client's experience through the prism of theories, but also questioning the relevance and limitations of these theories is fundamental to existential therapy (Manafi, 2010). In one instance in the current research, the latter seemed to cloud the practitioner's engagement with the phenomenological method of inquiry. Practitioners must be mindful of this risk. It is what matters to our clients that matters to us.

### Therapy as a collaborative exercise:

A supportive and egalitarian environment had an empowering and encouraging effect. Existential practitioners reject the notion of therapist as a '*superior, objective instructor*' (Spinelli, 2005: p.151). The intention is to empower the client by restoring or instilling a sense of agency and responsibility for their own lives from a position of co-traveller.

### 3. Effect of the time-limited setting

Defining characteristics described by the participants reflected much of the literature in terms of the potential of a time-limited contract (e.g. Bugental, 1995; Bor et al., 2004; De Shazer, 1985). These were: *an elevated sense of urgency* to the work, *focused explorations*; therapy as *initiator of change* and, crucially, the *early establishment of the therapy alliance* as a prerequisite to all else. Notably, a sense of focus to the dialogue did not necessarily mean on a single issue, as several have argued time-limited therapy should (e.g. Weismann et al., 2007). Instead a sustained attention to aspects of the participants' contextual life, how they see themselves and engage with the world and others was experienced.

The certainty of ending was identified as the most


influential distinguishing factor since it served as a catalyst for the energised and focused experiences described above. All participants conveyed an acute awareness of the fragility of life. Utilising and making explicit the time constraint facilitated a contemplation of the givens of existence (including choice, responsibility, courage and freedom) and so supporting Strasser & Strasser's (1997) proposition that time serves as a potent tool in ETLT.

Finally, post-therapy reviews are generally acknowledged as useful by most approaches (although perhaps not so widely implemented). From an existential perspective, both Bugental (1995) and Strasser & Strasser (1997) emphasised their importance, with the latter recommending two such sessions subsequent to the contract ending. However, importantly, these were of course external to the actual therapy and this was identified as facilitating an unedited outcome appraisal.

## Conclusion

This research was about providing an arena for participants to give voice to their experience of ETLT, an approach that is largely absent from mainstream service provisions. Core defining characteristics of existential therapy were appraised by the participants as effectually attending to their problems with living. They reported a vitality and focus in sessions which they specifically attributed to the time-defined aspect of the therapy. Participants experienced the research interviews as being in themselves a pivotal beneficial component of their therapy process since they provided a space external to the therapy to take stock, clarify and articulate their outcome appraisals.

In the absence of a comparative research design, of course no conclusions can be drawn as to ETLT being more effective than other approaches, but what can reasonably be deduced from the findings is that ETLT was of considerable effectiveness in attending to the issues and objectives presented here (particularly in relation to self-acceptance and in attending to the manifestations of its absence). It is, therefore,

worthy of more outcome-based research to establish its potential for wider service provision. 



**Dr Neil Lamont**

See bio under guest editorial.  
\*neil@londonbridgewellbeing.com

## References

- Asay, T.P. and Lambert, M.J. (1999) The empirical case for the common factors in therapy: quantitative findings. In M. Hubble, B.L. Duncan and S.D. Miller (eds.), *The heart and soul of change: What works in therapy*. (pp.33–55). Washington, DC: American Psychological Association.
- Binswanger, L. (1946) The existential analysis school of thought. In R. May et al. (eds) *Existence*. New York: Basic Books.
- Bor, R., Miller, R., Gill, S. and Parrott, C. (2004) *Doing therapy briefly*. Hampshire: Palgrave Macmillan.
- Bugental, J. F. T. (1995) Preliminary sketches for a short-term existential-humanistic therapy. In K. J. Schneider and R. May (eds), *The psychology of existence: An integrative, clinical perspective*. (pp. 12–35). New York: McGraw-Hill.
- Clarke, H., Rees, A. and Hardy, G.E. (2004) The big idea: clients perspectives of change processes in cognitive therapy', *Psychology and Psychotherapy: Theory, Research and Practice*, 77, 167–89.
- Cohn, H. W. (1997) *Existential thought and therapeutic practice: An introduction to existential psychotherapy*. London: Sage Publications Ltd.
- Cooper, M. (2008) *Essential research findings in counselling and psychotherapy. The facts are friendly*. London: Sage Publications Ltd.
- Cooper, M. (2009) Welcoming the Other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review*, 24 (3/4): 119–129.
- De Shazer, S. (1985) *Keys to solutions in brief therapy*. New York: W.W. Norton.
- Flowers, P. (2008) Temporal tales: The use of multiple interviews with the same participant. *Qualitative Methods in Psychology Newsletter*, 5, 24–27.
- Gadamer, H. ([1975] 1996) *Truth and method*. London: Sheed and Ward.
- Health and Safety Commission, (2010) (13 July 2013). *A strategy for workplace health and safety in Great Britain to 2010 and beyond*. Retrieved from [www.hse.gov.uk/consult/](http://www.hse.gov.uk/consult/)
- condocs/strategycd.pdf.
- Heidegger, M. ([1927] 1962) *Being and time* [trans. J. Macquarrie and E.S. Robinson]. Oxford: Blackwell Publishers.
- Husserl, E. ([1931] 1967) *Cartesian meditations* [trans. D. Cairns]. The Hague: Nijhoff.
- Kierkegaard, S. ([1844] 1944). *Concept of dread*. (Lowrie, W. trans). Princeton: University Press.
- Levinas, E. (1969) *Totality and infinity: An essay on exteriority*. Pittsburgh, PA: Duquesne University Press.
- McGinley, P. (2006) The question of existential/phenomenological therapy. *Existential Analysis* 17(2), 301–311.
- Manafi, E. (2010) Existential-phenomenological contributions to counselling psychology's relational framework. In M. Milton (Ed.) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*. pp.21–39. Chichester: Wiley-Blackwell.
- Mann, J. (1973) *Time-limited psychotherapy*. Cambridge, MA: Harvard University Press.
- May, R. (1977) *The meaning of anxiety*. New York: Norton and Co. Inc.
- Mearns, D. and Cooper, M. (2017) *Working at relational depth in counselling and psychotherapy*. 2nd ed. London: Sage Publications Ltd.
- Merleau-Ponty, M. ([1945] 1962) *Phenomenology of perception* (C. Smith, trans). London: Routledge.
- Milton, M. (2010). Coming home to roost: counselling psychology and the natural world, in M. Milton (Ed.) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*. Chichester: Wiley-Blackwell: 293–308.
- Mollon, P. (2010) Our rich heritage – are we building upon it or destroying it? Some malign influences of clinical psychology upon psychotherapy in the UK. *Psychodynamic practice; individuals, groups and organisations*, 16 (1), 7–24.
- National Institute for Clinical Excellence (2004) (10 December 2018) Clinical Guideline 23. Depression: management of depression in primary and secondary care. Retrieved from [www.nice.org.uk/guidance/CG23](http://www.nice.org.uk/guidance/CG23).
- Norcross, J.C. (2002) Empirically supported therapy relationships., In J.C. Norcross (Ed.), *Psychotherapy Relationships that work: Therapist contributions and responsiveness to patients*. pp. 3–16. New York: Oxford University Press.
- O'Connell, B. (2012) *Solution-focused therapy* (Brief therapy series). 3rd ed. London: Sage Publications Ltd.
- Rayner, M. & Vitali, D. (2016) Short-term existential psychotherapy in primary care: A quantitative report. *Journal of Humanistic Psychology*. 56, (4), 357–372.
- Richards, C. and Barker, M. (2013) *Sexuality and gender for mental health professionals: A Practical Guide*. London: Sage Publications Ltd.
- Sorensen, A.D., Lodge, R., van Deurzen, E. (2018) *Exploring learning outcomes in existential therapy*. *Journal of the Society for Existential Analysis*. 29, (1), 49–63.
- Smith, J.A. (1996) Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261–271.
- Smith, J.A., Flowers, P. and Larkin, M. (2009) *Interpretative phenomenological analysis. theory, method and research*. London: Sage Publications Ltd.
- Spinelli, E. (2005) *The interpreted world: An introduction to phenomenological psychology*, 2nd ed. London: Sage Publications Ltd.
- Strasser, F. and Strasser, A. (1997) *Existential time-limited therapy: The wheel of existence*. Chichester: Wiley.
- Tillich, P. ([1952] 2000) *The courage to be*. Yale: University Press.
- van Deurzen-Smith, E. (1984) Existential psychotherapy. In W. Dryden (Ed.) *Individual Therapy in Britain*. London: Harper and Row.
- van Deurzen, E. (2002) *Existential counselling and psychotherapy in practice*. London: Sage Publications Ltd.
- van Deurzen, E. (2010) Foreword to M. Milton (Ed.) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*. pp.xv–xviii. Chichester: Wiley-Blackwell.
- van Deurzen, E. & Arnold-Baker, C. (2005) *Existential perspectives on human issues: A handbook for therapeutic practice*. Hampshire: Palgrave Macmillan.
- Wampold, B.E. & Imel, Z.E. (2015) *The great psychotherapy debate: The evidence for what makes psychotherapy work*. Oxon: Routledge.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2007) *Clinician's quick guide to interpersonal psychotherapy*. New York: Oxford University Press.
- Woolfe, R. (2012) Risorgimento: A history of counselling psychology in Britain. *Counselling Psychology Review*, 27 (4), 72–78.
- Yalom, I. D. (1980) *Existential psychotherapy*. New York: Basic Books.