Intuition: The BYU Undergraduate Journal of Psychology

Volume 13 | Issue 2 Article 10

2018

Exploring Agentic Treatments for Anxiety and Depression

Tyler H. White
Brigham Young University

Exploring Agentic Based Treatments for Anxiety and Depression

Tyler White

Brigham Young University

Abstract

Agency and mental illness are hypothesized to be related. Agency may contribute to mental illness (specifically, anxiety and depression) by the impact of the vast amount of choices one has to make in life (LeMoyne & Buchanan, 2011; Schwartz, 2004). Effective treatment for the mentally ill targets causes of mental disorders, so if agency is related to mental illnesses, then logically it should be incorporated in treatment (Pierre, 2014). Agentic treatment, which is any form of treatment that explicitly acknowledges the importance and the reality of agency, has been shown to be effective (Myers, 2016; Patterson et al., 2016; Slife, 2004). Effective agentic treatment includes autonomy groups (to support and strengthen the autonomy of an individual), awareness of alexithymia (a subgroup of autonomy), existentialism (with an emphasis on agency), and theistic existentialism (with an emphasis on agency and spirituality) (Bartz, 2009; Bekker & Croon, 2010; Craig, Vos, Cooper, & Correia, 2016; Eick, 2014; Hungr, Ogrodniczuk, & Sochting, 2016; Piltch, 2016; Rutten et al., 2016). As the effectiveness of these approaches is explored, utilizing them in treatment for the mentally ill will likely be beneficial.

Keywords: agency, autonomy-connectedness, alexithymia, existentialism, theistic-existentialism

Exploring Agentic Treatments for Anxiety and Depression

Statistics show that approximately forty million adults living in the United States experience anxiety every year ("Facts and Statistics," 2016). Half of these individuals, on average, experience a co-morbidity of depression, alone in which affects more than six million adults ("Facts and Statistics," 2016). Anxiety and depression levels are at an all-time high and are continuing to rise, and these disorders may contribute to the increased rise of suicide (Legg, 2016). This increase of mental illness will likely continue unless preventative methods are employed. Effective treatment of mental disorders is of primary importance to help individuals who are diagnosed with these illnesses.

The cause of mental disorders usually indicates what type of treatment a therapist employs. Many factors contribute to anxiety and depression, including brain chemistry, cognition, trauma, and genetics ("Depression," 2016; "Facts and Statistics," 2016). Treatment may include behavioral, cognitive, and biological methods to combat the specific cause of the illness. Many professionals believe that mental illness is derived solely from biological components; for example, Pierre (2014) found that the act of making choices is indeed a subjective experience and the reality is that the brain ultimately decides what actions are undertaken. From a biological perspective, there is little room for agency, as this view is acquired from a belief that mental illness is deterministic, as are the choices individuals make (Pierre, 2014). If mental illness is biologically contained, prescribing medication to help manage biochemicals would seem logical and anything opposing this treatment, such as free will or agency, will typically not be considered. What if, however, agency was a key contributing factor in mental illness? If this is the case, it would make sense to treat mental disturbance with a free-will-emphasized treatment.

Agency and its relation to mental illness needs to be emphasized due to its contribution to the onset of emotional disorders. This claim is not necessarily suggesting that individuals choose mental illness; however, evidence shows that the very ability to choose can be a primary factor in mental illness in two different ways. First, a study by LeMoyne and Buchanan (2011) suggested that helicopter parenting, or restrictive parenting, may increase the chance for children to develop depression or anxiety, with a high correlation for low self-esteem. Second, as indicated by Schwartz (2004), having a surplus of choices may induce mental illness in some cases. The influence of choice, whether restrictive or superfluous, thus appears to be linked to anxiety and depression. Therefore, agency should be examined with greater effort to understand its relationship with mental illness, particularly the benefit of implementing agentic treatment.

Consequently, scientific evidence has shown that agency (the ability to choose) and autonomy-connectedness (self-governance) have had successful treatment outcomes in patients who are mentally ill. According to a study conducted by Myers (2016), promoting agency or free will may have a positive impact in reducing symptoms and empowering individuals who are recovering from mental disorders. As previously mentioned, anxiety and depression affect many people and any effort to decrease their prevalence would be deemed necessary. An autonomy-focused study by Rutten et al. (2016) identified the critical connection between autonomy and anxiety/depression and the effectiveness of autonomy group therapy sessions. Implementing autonomy in therapy could be beneficial, contrary to what others in the psychological community may suggest.

Free will and choice should be emphasized in clinical treatment. Many biological and environmental factors contribute to anxiety and depression, prompting professionals to treat clients by the cause of the illnesses. However, as identified, agency may play a key role as a

potential component of mental illness. Just as one may treat anxiety or depression with drugs due to the assumption of biological causes, one should treat anxiety and depression with agentic treatment. For the purpose of this review, agentic treatment is any form of treatment that explicitly regards agency as a critical component of mental illness and integrates agency-focused treatment. Agentic treatment is unique yet is not widely accepted among the psychological community; consequently, the purpose of this review is to encourage further support and advocacy for agentic forms of treatment. Although the onset, duration, and severity of mental illness (including anxiety and depression) are influenced by a variety of biological and environmental factors, free will and choice are important contributing constructs and should be accentuated clinically, because treatment is more effective when agency is emphasized with a specific focus on autonomy-connectedness and when existentialism is considered within the context of theistic existential therapy.

Agency

Implementing agency in psychotherapy can provide benefit to individuals with mental disorders. Agency is defined by Myers (2016) as an ability for an individual to aspire and have resources to achieve goals. Treatment of mental disorders in traditional rehabilitation programs may not be the most effective option for recovery, because agency plays such a critical role in one's mental health and is usually not emphasized enough (Myers, 2016; Patterson et al., 2016). To preserve, prevent, or replenish one's agency, the following therapeutic groups were found to be most effective: peer networks, family help, employment and school intervention, and church groups (Myers, 2016). Replenishing one's agency involves self-respect, auto-biographical control over one's life, and people opportunity (the ability to make and sustain relationships) (Myers, 2016). These ideas do not discount or disregard established therapeutic methods; in fact,

therapeutic practices that integrate agency and other treatment methods (such as biological or cognitive) have shown to be more beneficial than an exclusive focus on one treatment method (Shumaker, 2012). One should seek all viable options in helping the mentally ill recover.

Slife (2004) described an example of implementing agency in treatment by recognizing the therapeutic interventions at a facility called Alldredge Academy. The Alldredge Academy recognizes the importance of agency in the treatment of its clients and expects them to be accountable for their behavior and actions (Slife, 2004). They do this by encouraging their therapists to avoid persuading clients with logic while emphasizing treatment goals, so clients can incorporate and apply such goals (Slife, 2004). Instead of blaming others, they must take responsibility for their actions. A client by the name of Laura came to the facility after being diagnosed with depression. After staying at the academy for several weeks, Laura felt empowered by the unique treatment methods and experiences at the facility. She developed self-respect as she became hopeful for the future, learned how to show control over situations in her life, and began to participate in healthy relationships, specifically by empathizing with others. Two years after she left, she reported that she had had no serious depression episodes since (Slife, 2004). Slife (2004) asserted that the Alldredge Academy can be a place of reference for the psychological community to learn more about psychotherapy and its effectiveness. By so preserving or replenishing agency (depending on the person's need), Myers (2016) further stated that patients may avoid chronic illness and become empowered. As an agentic focus helps clients resolve issues they have on the inside, therapy and recovery will likely be enhanced and improved (Spillers, 2007). Reducing symptoms and empowering individuals to make choices may enhance treatment and help clients with anxiety and depression.

Many disagree that agency is a factor in mental illness. These critics argue that agency is merely a subjective sense of ownership of behavior (Pierre, 2014). As cited by Pierre (2014), Libet supported these ideas; his studies have shown that unconscious neural activity always occurs before simple motor movement. In addition, Salamone et al. (2016) indicated that the Nucleus Accumbens DA transmission is mostly responsible for agentic behavior because it regulates choices. This is significant for individuals with mental illness (including depression) because it is an important component involved with symptoms, suggesting that those with mental illness already may be predisposed to a lack of agency. Under this scenario, biological methods are preferable to treat the mentally ill. Soon, Brass, Heinze, and Haynes (2008) stated that brain activity predicts behavior as much as 10 seconds before a choice is made, and researcher Hallett (2007) concluded that the subjective sense of agency is mere introspection. But, is agency (the ability to choose) a subjective construct? Individuals make a wide variety of choices each day that are motivated by a subjective sense of ownership. Human beings use agency consistently in everyday life.

Autonomy-Connectedness

Autonomy-connectedness is similar to agency and should be scrutinized further for utilization in treatment. Autonomy-connectedness is one's ability to govern their life, including developing and sustaining social relationships (Rutten et al., 2016). Three autonomy-connectedness components are self-awareness, sensitivity, and capacity for managing new situations (Rutten et al., 2016). Self-governance is important and unique because of its relation to agency and mental disorders. For instance, high amounts of sensitivity and low levels of self-awareness (derived from agency) are correlated in individuals with anxiety and depression (Bekker & Croon, 2010). Low amounts of autonomy-connectedness are positively correlated and

heavily linked to individuals who have depression or anxiety (Bekker & Croon, 2010; Rutten et al., 2016). The relation between autonomy-connectedness and anxiety and depression is a call for effective treatment that can strengthen autonomous qualities in individuals. Effective treatment for anxiety and depression are treated in groups (called autonomy groups) or individual therapy sessions whose primary aim is to strengthen one's autonomy, self-esteem, and self-efficacy (Bekker & Croon, 2010; Hungr, Ogrodniczuk, & Sochting, 2016; Piltch, 2016; Rutten et al., 2016). Enhanced understanding of autonomy-connectedness and its derivatives is essential to deciphering the role agency plays in effective treatment.

Autonomy within the context of the self-determination theory (SDT) has also shown to be effective. SDT presents a different approach to psychotherapy that primarily focuses on motivating people to make goals to change behavior by exploring experiences (Ryan & Deci, 2008). Within the framework of SDT, the construct of autonomy acknowledges the relationship between one's behavior and their sense of volition (Ryan & Deci, 2008). Ryan and Deci (2008) found that when individuals are given chances to be autonomously engaged in their therapy, therapy will more often result in positive outcomes because clients are more inclined to change their behavior. This process involves a personal, self-recognized responsibility for changing one's behavior that includes clarification of values and goals and the facilitation of their process of growth and change (Ryan & Deci, 2008). SDT's foundational goal is to strengthen autonomy and one's personal sense of volition (Ryan & Deci, 2008). Ryan and Deci (2008) concluded that strengthening one's autonomy is crucial for successful psychological treatment. Allowing clients to feel more involved and in charge of their personal treatment plan will help reduce symptoms.

Strengthening one's autonomy can be beneficial in other ways as well. A common frustration of people who are diagnosed with mental illness (particularly depression) is a lack of

motivation to be involved with things they typically enjoy. Ryan, Lynch, Vansteenkiste, and Deci (2011) found that the motivation level of a client can be heavily predictive of overall treatment effectiveness. This finding is disconcerting for someone who is diagnosed with depression as the client will most likely have low motivation to seek help. Williams, Rodin, Ryan, Grolnick, and Deci (1998) found that autonomy is correlated with a patient's motivation. As an individual's autonomy strengthens, their motivation increases making treatment plans more effective (Ryan et al., 2011). Despite the research that promotes the benefits of strengthening autonomy, many therapists still ignore the benefits. Ryan and Deci (2008) proclaimed that this is partly due to pressures therapists face from clinic directors or insurers who often compel the therapist to urge clients to change behaviors. Still, these pressures are important for therapists to overcome. As therapists seek to strengthen the autonomy of an individual, it can induce an increase in motivation, thereby making treatment more effective.

Alexithymia. Alexithymia, a term under the umbrella of autonomy-connectedness, contributes to mental disorders. Alexithymia is characterized by the inability to describe or regulate one's emotions, difficulty in communicating, and having an external locus of control (Hungr et al., 2016; Rutten et al., 2016). An external locus of control is defined as a belief that one's life and circumstances are a result of mere chance and is completely out of their personal control (Hungr et al., 2016). Those with alexithymia also externalize their cognitions and their health, creating a problem for those with mental illness (Hungr et al., 2016). Alexithymia, like autonomy-connectedness, is heavily related to both anxiety and depression (Rutten et al., 2016). Individuals with these ailments lack the ability to make choices and to govern their life because of their externalized, excessive thoughts.

An individual who has alexithymia is typically impaired in self-reflection, an important ability related to agency that is important to be aware of in clinical settings. This is because self-reflection is a primary factor of therapy (Hungr et al., 2016). Individuals confuse what they have and do not have control over, including the belief that therapy will do nothing for them, which renders such treatment ineffective (Hungr et al., 2016). A lack of awareness of agency, specifically self-reflection in the mentally ill, results in passive participation in therapy sessions (that often require active participation), limiting what certain therapies can do (Hungr et al., 2016). Research has shown that active participation, or perceived involvement, may improve satisfaction and overall empowerment (Tambuyzer & Van Audenhove, 2015). Empowerment is defined by the World Health Organization as level of choice and control one has over their life (as cited in Tambuyzer & Van Audenhove, 2015). Effective treatment requires an empowerment of autonomy and a better acknowledgment of the inhibiting nature of alexithymia (Hungr et al., 2016). Therapists who do these things help clients have a greater sense of responsibility, which allows these individuals to better differentiate areas in their life that they have control over, playing an invaluable role in recovery (Hungr et al., 2016). Recognizing what empowers clients is critical in treatment and recovery.

Existentialism

Existentialism needs to be considered when treating mental disorders. Existentialism is an established therapeutic method based upon philosophy (Vos, Craig, & Cooper, 2015). This philosophy is fundamentally founded upon personal agency and explicitly recognizes issues of humanity such as meaning, existence, freedom, and relationships (Bartz, 2009; Vos et al., 2015). Typically, a therapist implicitly addresses these concerns, whereas existential therapists openly acknowledge them (Craig, Vos, Cooper, & Correia, 2016). Research has demonstrated that

existential thinking, thought revolved around issues mentioned above, may contribute to emotional disorders, including anxiety and depression (Lloyd, af Klinteberg, & DeMarinis, 2015; Winston, Sumathi, & Maher, 2013). If existential thinking contributes to the cause of mental illness, then it should be considered and used in treatment. Just as a biologically induced anxiety is treated with pharmacological treatment, existentialism should be taken into consideration for treatment of mental disorders.

Research of existentialism is limited due to its focus on subjective feelings of patients, making objective scientific research methods less effective (Craig et al., 2016; Walsh & McElwain, 2002). A decreased focus on the objective allows for better understanding of the human experience, but subjective accounts often differ from objective observers, resulting in unreliable data (Walsh & McElwain, 2002). Existentialism's main goal is not necessarily to reduce an illness's symptoms or view the symptoms as problems to be solved (which can make research on the treatment difficult); rather, it emphasizes helping the client find lost meaning in their lives and accepting anxiety and guilt as necessary and beautiful parts of human existence (Craig et al., 2016; Shumaker, 2012; Walsh & McElwain, 2002). Schneider (2015) concluded that traditional methods that merely recondition thought patterns would not make enough of a difference, that therapists owe it to clients to help them self-explore in a deeper manner. Compared to traditional therapeutic treatments existentialism is more ambiguous, yet it can still be effective.

In addition to the above benefits, existentialism has been shown to provide hope and give benefit to clients in clinical settings utilizing the following sources: theoretical scholarship, qualitative research, case studies, and scientific findings (Walsh & McElwain, 2002). Research by Craig et al. (2016) and Schneider (2016) showed that existentialism generally yielded a

decrease of psychopathology and an increase of self-efficacy. Ståalsett, Austad, Gude, and Martinsen (2010) support this research by indicating existential treatment resulted in a significant change in symptoms and recovery for 40 individuals who were mentally ill, 29 of whom had major depression (see Figure 1). In addition, Craig et al. (2016) suggested that existential treatment may provide as much benefit as other common therapies, such as cognitive, biological or humanistic therapy. A notable case study performed by Elliott (2011) involved an individual with high anxiety and depression among other issues who showed clinical change on all measures after receiving existential treatment. Findings such as these show great promise.

A treatment analogous to existentialism is Viktor Frankl's logotherapy, a treatment that has also shown promise. Logotherapy focuses on individual's meanings and values---ideas in which Viktor stressed that should be the fundamental nature of psychotherapy (Barnes, 2000; Wong, 2015). Rather than solely "eliminating" a disease, logotherapy teaches clients to take responsibility for their own lives, a process that emphasizes what is "right" with an individual rather than what is "wrong" while reducing symptoms of mental illness (Barnes, 2000). If meanings are suppressed or disregarded, the individual experiences inner despair, making life not worth living (Barnes, 2000). MT (meaning therapy), a specific subtype of logotherapy, combines logotherapy and existential therapy (Barnes, 2000). Therapists using this treatment method view their clients as agentic beings while emphasizing the importance of the "spiritual" selves of individuals, or the hidden meanings in the lives of clients (Barnes, 2000). Both logotherapy and meaning therapy have shown success in treatment (Barnes, 2000). Existential therapy, logotherapy, and meaning therapy all emphasize that there is more to human beings than irregular thought patterns, bizarre behaviors, and chemical imbalances (Barnes, 2000; Wong, 2015). These therapies accentuate meanings that determine the choices we make (Barnes, 2000;

Wong, 2015). This acknowledgement of these hidden qualities is what can help treatment have more success.

Though some have found positive research regarding existentialism, there is evidence against it. One study by Vos et al. (2015) found that existential treatment for anxiety and depression was not statistically significant; however, they concluded that it was effective enough that existential therapies show promise from which clients may still benefit. One may argue that because of a lack of statistical significance this should not even be considered for anxiety and depression treatment; yet, the article noted the subjective benefit clients received from existentialism that is almost impossible to measure (Vos et al., 2015). Until recently, instruments to measure and validate existential treatment's effectiveness were non-existent (Vos et al., 2015). Thus, further research needs to be conducted to utilize the new tools.

Theistic Existential Therapy

A specific form of existential therapy is a theistic approach which may benefit clients who consider themselves spiritual. Theistic existential therapy is different from regular existentialism in three ways: it grants explanatory power for clients who believe in God and agency, provides effective treatment for theistic individuals (specifically, by giving them more resources), and allows therapists to access divine intervention during treatment (Bartz, 2009). Theistic existential therapy also allows therapists to be open-minded toward clients' spiritual values and helps them view the hidden values as a benefit rather than a hindrance (Bartz, 2009). As cited in Bartz (2009), May and Yalom discuss how this type of intervention can help treat anxiety:

> The therapist assists the patient to embark on a course of self-investigation in which the goals are to understand the unconscious conflict, to identify the

> maladaptive defense mechanisms to discover their destructive influence, to diminish secondary anxiety by correcting these heretofore restrictive modes of dealing with self and others, and to develop other ways of coping with primary anxiety. (p. 73)

This kind of therapy helps clients cope with mental illness by encouraging them to set goals and identify defense mechanisms.

Consequently, theistic existential therapy specifically targets religious persons or those who believe in a higher power. It considers the central events of life that include existence, meaning, and death (Eick, 2014). The events mentioned should be important whether an individual is religious or not, as these questions are indirectly supported by empirical data (Vos et al., 2015). For instance, if meaning is disrupted in an individual's life, anxiety and empty feelings may result (McMahon, 1974). Death of loved ones or fear of death is said to create the most substantial amount of anxiety people can face (Eick, 2014). In a theistic perspective, humans are all moral beings and as such search for a purpose, doing whatever it takes to discover what that purpose is. Because of human's moral nature, guilt (one of the most powerful emotions) floods humanity's psyche at the very center, and guilt is a potentially distressing symptom of depression (Bartz, 2009). The aim of a theistic approach is to integrate aspects of spirituality with modern-day therapy to treat anxiety and depression. Combining spirituality with therapy as a balance is said to have a positive effect on depression and anxiety (Eick, 2014). Anything that brings about positive change for mental health is worth considering further.

In addition, theistic existentialism may be especially helpful in a place like the state of Utah. Mental disturbances are highest in Utah at nearly 22%, compared to the United States average of 18% (Christiansen, 2014). Many of these illnesses include anxiety and depression and

are induced partly by a perfectionist culture (Christiansen, 2014). Taking into consideration all of one's circumstances, specifically focusing on one's spirituality, may better help treat these pervasive and prevalent illnesses in this area. Despite the amount of evidence supporting this method, Slife, Stevenson, and Wendt (2010) acknowledged that theistic existentialism is drastically different from the naturalistic counterparts of modern psychology and may be difficult for some to use. Their invitation, however, was for psychotherapists to represent this branch of treatment to clients appropriately (Slife et al., 2010). The reason for this is a therapist that better understands a client's needs can successfully treat their client (Slife et al., 2010). Application of this idea is effectively done by recognizing the explicit and implicit aspects of an individual.

Conclusion

Agentic treatment that accentuates agency, autonomy, and existentialism can help clients with mental illness on their road to recovery. Understanding the relationship agency has with mental illness is important in understanding individuals. Gantt, Wages, and Thayne (2014) indicated the following:

> Moral agency is not something that one can 'take or leave' in the quest to understand human nature and meaning . . . Moral agency is fundamental to human nature and that any psychology . . . that does not admit this fact will not only be inadequate to the task of making sense of human beings, but also profoundly misleading about them. (p. 8).

The ability to choose is part of one's very existence and overall meaning and is critical in better understanding human nature and behavior. Because of the lack of understanding of clients' behaviors, therapists who do not explicitly acknowledge the importance of choice during treatment will not be as effective as therapists who do utilize choice in their practice.

Many questions remain unanswered despite the evidence showing advantages in agentic treatment. As discussed, agentic-based treatment for anxiety and depression and other mental illnesses has a relatively small amount of evidence-based support, along with being difficult to research because of its subjective quality (Craig et al., 2016; Walsh & McElwain, 2002). This induces many challenges; however, these difficulties may be worth overcoming. Williams (1999) proclaimed: "No issue takes us closer to the center of our being… No concept in the contemporary social sciences has shown itself to be more resistant to clarity, closure, or even consensus than has the concept of human agency" (p. 117). Agency is fundamental to who we are. Despite research limitations, this review of agency and similar constructs show that agency is central to one's overall well-being and is vital in overcoming mental illness. Future research should continue to focus on agency as one of the causes of mental illness and how agency can be used to provide effective treatment. As the effectiveness of choice, free will, and autonomy are further explored, a greater need to utilize them will be apparent.

References

Bartz, J. D. (2009). Theistic existential psychotherapy. *Psychology of Religion and Spirituality*, *1*(2), 69-80. doi:10.1037/a0014895

Barnes, R. C. (2000). Viktor Frankl's logotherapy: Spirituality and meaning in the new millennium. *TCA Journal*, *28*(1), 24-31.

Bekker, M. J., & Croon, M. A. (2010). The roles of autonomy-connectedness and attachment styles in depression and anxiety. *Journal of Social and Personal Relationships, 27*(7), 908-923. doi:10.1177/0265407510377217

Christiansen, B. (2014, March 9). Utah has highest rate of mental illness in US. *Daily Herald*. Retrieved from www.heraldextra.com/

Craig, M., Vos, J., Cooper, M., & Correia, E. A. (2016). Existential psychotherapies. In D. J. Cain, K. Keenan, S. Rubin, D. J. Cain, K. Keenan, S. Rubin (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 283-317). Washington, DC, US: American Psychological Association. doi:10.1037/14775-010

Depression. (2016). In *Anxiety and Depression Association of America*. Retrieved from https://adaa.org/understanding-anxiety/depression

Eick, C. (2014). Beginning the journey of informal counseling from a theistic existential approach: A personal perspective from a Catholic Christian. *Existential Analysis*, *25*(2), 313-320.

Elliott, R. (2001). Hermeneutic single-case efficacy design: An overview. In K. J. Schneider, J. F. T. Bugental, & J. F. Pierson (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research, and practice* (pp. 315–324). Thousand Oaks, CA: Sage. http://dx.doi.org/10.4135/9781412976268.n24

Facts and Statistics. (2016). In *Anxiety and Depression Association of America*. Retrieved from https://adaa.org/about-adaa/press-room/facts-statistics

Gantt, E., Wages, B., & Thayne, J. L. (2014). The keystone of our science: Exploring the premises and promises of the book of Mormon for psychology and psychotherapy. *Issues in Religion and Psychotherapy*, *36*(1), 8. Retrieved from http://scholarsarchive.byu.edu/irp.vol36/iss1/2

Hallett, M. (2007). Volitional control of movement: The physiology of free will. *Clinical Neurophysiology*, *118*(6), 1179-1192. doi:10.1016/j.clinph.2007.03.019

Hungr, C., Ogrodniczuk, J., & Sochting, I. (2016). Alexithymia and locus of control among psychiatric outpatients. *International Journal of Mental Health and Addiction*, *14*(6), 1047-1051. doi:10.1007/s11469-016-9687-x

Legg, T. J. (2016, January 27). Suicide and suicidal behavior. *Healthline*. Retrieved from https://www.healthline.com/

LeMonye T, & Buchanan, T. (2011). Does 'hovering' matter? Helicopter parenting and its effect on well-being. *Sociological Spectrum*, *31*(4), 399-418. doi:10.1080/02732173.2011.574038

Lloyd, C. S., af Klinteberg, B., & DeMarinis, V. (2015). Psychological and existential vulnerability among clinical young women: A quantitative comparison of depression-related subgroups. *Mental Health, Religion and Culture*, *18*(4), 259-272. http://dx.doi.org/10.1080/13674676.2015.1021313

McMahon, W. C. (1974, May). A comparison of four conceptual themes in the writings of selected Christian theologians and theistic existential counseling theorists. *Dissertation*

Abstracts International, *34*, 69-81. Retrieved from http://search-proquest-com.erl.lib.byu.edu/docview/302705592?accountid=4488

Myers, N. L. (2016). Recovery stories: An anthropological exploration of moral agency in stories of mental health recovery. *Transcultural Psychiatry, 53*(4), 427-444. doi:10.1177/1363461516663124

Patterson, C., Moxham, L., Taylor, E., Sumskis, S., Perlman, D., Brighton, R., & … Keough, E. (2016). Perceived control among people with severe mental illness: A comparative study. *Archives of Psychiatric Nursing, 30*(5), 563-567. doi:10.1016/j.apnu.2016.04.002

Pierre, J. M. (2014). The neuroscience of free will: Implications for psychiatry. *Psychological Medicine, 44*(12), 2465-2474. doi:10.1017/S0033291713002985

Piltch, C. A. (2016). The role of self-determination in mental health recovery. *Psychiatric Rehabilitation Journal, 39*(1), 77-80. doi:10.1037/prj0000176

Ryan, R. M., & Deci, E. L. (2008). A self-determination theory approach to psychotherapy: The motivational basis for effective change. *Canadian Psychology/Psychologie Canadienne*, *49*(3), 186-193. doi:10.1037/a0012753

Ryan, R. M., Lynch, M. F., Vansteenkiste, M., & Deci, E. L. (2011). Motivation and autonomy in counseling, psychotherapy, and behavior change: A look at theory and practice. *The Counseling Psychologist, 39*(2), 193-260. doi:10.1177/0011000009359313

Rutten, E. P., Bachrach, N., Balkom, A. M., Braeken, J., Ouwens, M. A., & Bekker, M. J. (2016). Anxiety, depression and autonomy–connectedness: The mediating role of alexithymia and assertiveness. *Psychology and Psychotherapy: Theory, Research and Practice, 89*(4), 385-401. doi:10.1111/papt.12083

Salamone, J. D., Correa, M., Yohn, S., Lopez Cruz, L., San Miguel, N., & Alatorre, L. (2016). The pharmacology of effort-related choice behavior: Dopamine, depression, and individual differences. *Behavioural Processes*, *127*, 3-17. doi:10.1016/j.beproc.2016.02.008

Schneider, K. J. (2015). The case for existential (spiritual) psychotherapy. *Journal of Contemporary Psychotherapy*, *45*(1), 21-24. doi:10.1007/s10879-014-9278-8

Schneider, K. J. (2016). Existential-integrative therapy: Foundational implications for integrative practice. *Journal of Psychotherapy Integration*, *26*(1), 49-55. doi:10.1037/a0039632

Schwartz, B. (2004). *The paradox of choice: Why more is less*. New York, NY: HarperCollins Publishers.

Shumaker, D. (2012). An existential–integrative treatment of anxious and depressed adolescents. *Journal of Humanistic Psychology*, *52*(4), 375-400. doi:10.1177/0022167811422947

Slife, B. (2004). *Taking sides. Clashing views on psychological issues* (13th ed.). New York, NY: McGraw-Hill/Dushkin.

Slife, B. D., Stevenson, T. D., & Wendt, D. C. (2010). Including God in psychotherapy: Strong vs. weak theism. *Journal of Psychology and Theology*, *38*(3), 163-174.

Soon, C. S., Brass, M., Heinze, H., & Haynes, J. (2008). Unconscious determinants of free decisions in the human brain. *Nature Neuroscience*, *11*(5), 543-545. doi:10.1038/nn.2112

Spillers, C. S. (2007). An existential framework for understanding the counseling needs of clients. *Journal of Medical Speech-Language Pathology*, *16*(3), 191-197. doi:10.1044/1058-0360(2007/024)

Ståalsett, G., Austad, A., Gude, T., & Martinsen, E. (2010). Existential issues and representations of God in psychotherapy: A naturalistic study of 40 patients in the VITA treatment model. *Psyche En Geloof*, *21*(2), 76-91.

Tambuyzer, E., & Van Audenhove, C. (2015). Is perceived patient involvement in mental health care associated with satisfaction and empowerment? *Health Expectations: An International Journal of Public Participation in Health Care & Health Policy*, *18*(4), 516-526. doi:10.1111/hex.12052

Vos, J., Craig, M., & Cooper, M. (2015). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of Consulting and Clinical Psychology*, *83*(1), 115-128. doi:10.1037/a0037167

Walsh, R. A., & McElwain, B. (2002). Existential psychotherapies. In D. J. Cain (Ed.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 253-278). Washington, DC, US: American Psychological Association. doi:10.1037/10439-008

Williams, G. C., Rodin, G. C., Ryan, R. M., Grolnick, W. S., & Deci, E. L. (1998). Autonomous regulation and long-term medication adherence in adult outpatients. *Health Psychology*, *17*(3), 269-276. doi:10.1037/0278-6133.17.3.269

Williams, R. (1999). Agency: Philosophical and spiritual foundations for applied psychology. *Issues in Religion and Psychotherapy, 24*(12), 117. Retrieved from http://scholarsarchive.byu.edu/irp/vol24/iss1/12

Winston, C. N., Sumathi, D., & Maher, H. (2013). Existential inquiries and pathological correlates among Indian adolescents. *Psychology of Religion and Spirituality*, *5*(4), 263-271. doi:10.1037/a0032643

Wong, P. P. (2015). Meaning therapy: Assessments and interventions. *Existential Analysis*, *26*(1), 154-167.

Appendix

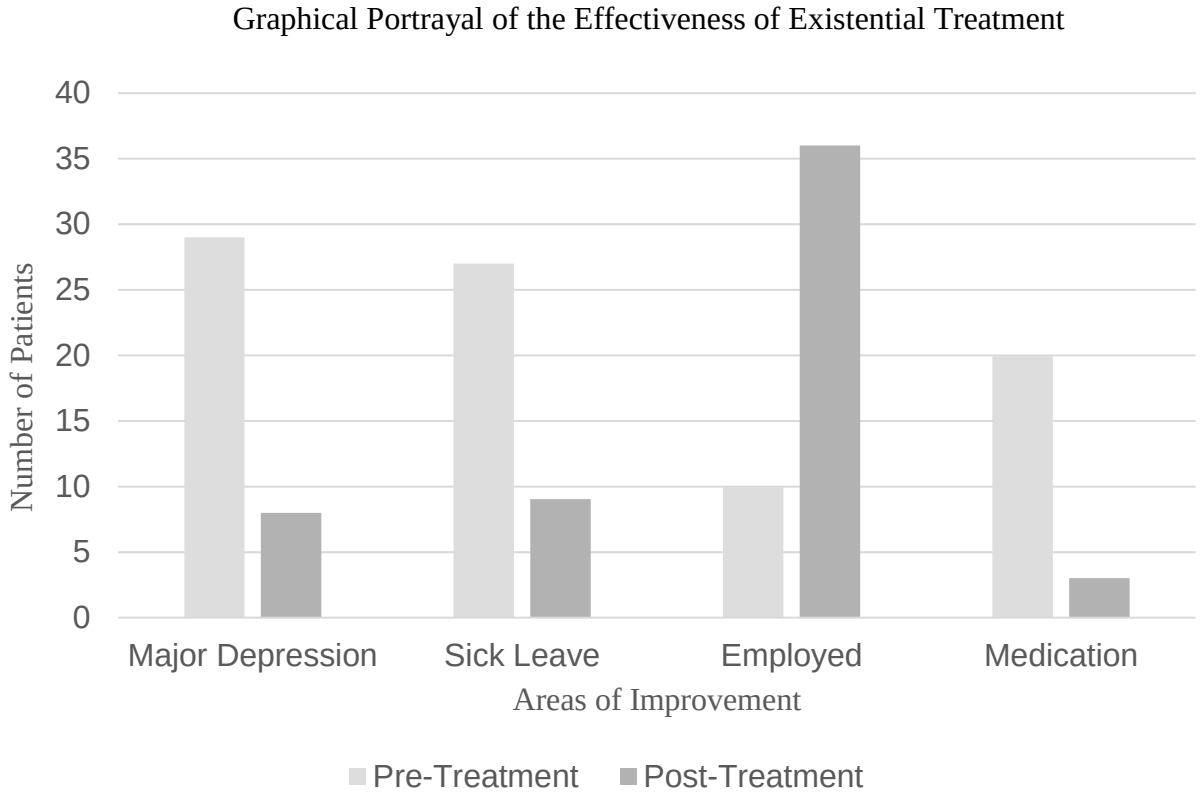

Figure 1. Report of pre- and post-treatment effects of existential treatment. Existential treatment for 40 subjects with mental disorders (all of whom experience guilt and fear), which included 20 men and 20 women (ages 28-61), 29 of whom had major depressive disorder and nine having generalized anxiety disorder. Symptoms and overall health were improved after treatment (post-treatment was examined one year after). Adapted from "Existential Issues and Representations of God in Psychotherapy: A Naturalistic Study of 40 Patients in the VITA Treatment Model," by G. Ståalsett, A. Austad, T. Gude, and E. Martinsen, 2010, *Psyche En Geloof*, *21*, p. 85.