

CEU Test Questions on
The Existential Approach in Heart-Centered Therapies
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1. The process of psychotherapy is best regarded as:
 - a. treating “a disease entity” in the medical model
 - b. reinstituting a derailed, arrested, or distorted developmental process
 - c. disposing of unwanted unconscious drives
 - d. all of the above

2. The existential approach to therapy is based on the *philosophy* of existentialism, which was given its name and identity by:
 - a. Carl Jung
 - b. Rollo May
 - c. Jean-Paul Sartre
 - d. Viktor Frankl

3. Who claimed that neurosis is the avoidance of existential confrontation, and consists of the denial or distortion of authenticity, trying to create certainty where it does not exist, trying to invoke probability where there is only possibility, trying to disavow responsibility while we carry it always with us?
 - a. R. D. Laing
 - b. Erich Fromm
 - c. Sigmund Freud
 - d. James Bugental

4. The reality of the I-Thou experience in a therapeutic encounter between therapist and client is fundamental to the existential approach. Which of the following expressions convey this truth?
 - a. “the intimate edge” of therapy (Ehrenberg)
 - b. “the existential moment” without any facade (Bergantino)
 - c. “the deepest self of the therapist meets the deepest self of the client” in the therapeutic encounter (Rugala & Waldo)
 - d. all of the above

5. A fundamental tenet of the existential approach in psychology is:
 - a. to view the individual, not deductively, a whole to parts, but rather inductively; moving from parts to the whole
 - b. the relative unimportance of death to every aspect of the experiencing of life
 - c. transcendence allows people to deal effectively with their existential anxiety, fear and guilt through authenticity, integrity and fulfillment of meaning in their lives.
 - d. people often reach their potential despite denial of awareness or avoiding opportunities

6. Yalom in *Love's Executioner* (1989) identifies four "givens" of existence, particularly relevant to the existential psychotherapeutic experience. They are:
 - a. death, passion, isolation, and meaning in life
 - b. death, freedom, isolation, and meaninglessness
 - c. love, freedom, community, and transcendence
 - d. survival, responsibility, mindfulness, and meaning in life

7. Frankl (1966) differentiated between biologically rooted drives that push us and the spiritually rooted yearnings that pull us. His theory holds that three capabilities express mankind's possibilities:
 - a. self-detachment, self-transcendence, and the ability to "spiritually be in touch"
 - b. secure attachment, self-reliance, and meaning in life
 - c. freedom of choice, self-transcendence, and expressing one's true self
 - d. self-detachment, personal willpower, and expressing one's true self

8. Cortright (1997) discerns five primary areas of focus in existential transpersonal therapy (and in most approaches to spiritual practice, coincidentally):
 - a. present-centeredness, passionate engagement, loving kindness, compassion, and honesty
 - b. present-centeredness, awareness, loving kindness, compassion, and morality
 - c. present-centeredness, passionate engagement, compassion, I and Thou, and integrity
 - d. present-centeredness, awareness, full sensory involvement, I and Thou, and morality

9. A statement highly relevant to an existential approach to therapy is:
 - a. Fritz Perls said, "Lose your mind and come to your senses."
 - b. Bergantino said, "People are *responsible* for the construction of their existence and 'condemned' to freedom of choice in doing so."
 - c. Carl Rogers said, "The important thing is that two unique persons are in tune with each other in an astonishing moment of growth and change."
 - d. all of the above

10. The existential belief that "Meaning in life is found in the living of each moment" involves:
 - a. nonattachment and completion (resolving unfinished business)
 - b. sacredness of each moment and awakening from the "trance of ordinary life"
 - c. neither a or b are true
 - d. both a and b are true

11. An existential belief is that "Passionate commitment to a way of life, to one's purpose and one's relationships, is the highest form of expression of one's humanity." Research has shown that:
 - a. a significant *commitment* to some goal or goals for living provides a sense of order and purpose
 - b. experiencing meaning and purpose in life in the here and now is associated with satisfactory life experiences and positive future expectations, in other words, hope
 - c. relationships are the most important source of meaning for all age groups and both genders
 - d. all of the above

12. The existential belief that “All human beings have freedom of choice and the responsibility for our choices” means:
- who I am is not determined by God, genetics, or my family, but rather how I choose to live
 - we all assess clearly the set of limitations within which we must operate
 - any real, conscious choice is impossible due to our conditioned automatic reactions
 - none of the above
13. The existential belief that “Openness to experience allows for the greatest possible expansion of personal expression.” Openness to experience may be operationalized as:
- remaining non-defensive in the face of our deepest anxieties
 - non-defensiveness, willingness to share experiences, openness to the unknown and unknowable, to emotions, ideas and spirituality, and to seeming incompatibilities
 - reframing of unhappiness, pain, suffering, and anguish into something positive
 - all of the above
14. The existential belief that “In the ever-present face of death itself, we find the deepest commitment to life itself” is related to:
- Bugental’s statement that “all threat ultimately is the threat of non-being”
 - regret over the things we have done -- or left undone – comes most sharply into focus within the context of mortality and the inevitability of death.
 - transitions offer the best opportunity to embrace parts of oneself previously suppressed, or disidentifying from limited self-definitions
 - all of the above
15. The context of death encountered in existential therapies may reflect a “death urge,” taking one of several forms:
- It may be that of an existential *resistance to life*, to being incarnate on earth, the deep sense of “I don’t want to be here.”
 - It may be that of fulfilling a *pre- or perinatal imprint* on one’s encounter with death prior to or in birth, such as an abortion attempt or a life-threatening birth complication.
 - both a or b are true
 - neither a and b are true
16. The way out of a deep existential crisis, according to Mahler, is:
- to throw oneself into the black hole of existential possibilities, to take the final and utmost leap of faith
 - to bring the underlying death urge to consciousness through deep experiential therapy
 - to transform one’s attitudes toward death and realize one’s mortality
 - to accept the inevitability of death, the fragility of being, and one’s ultimate isolation
17. Widera-Wysoczanska offers three categories of death awareness experience, based on the childhood experience of the people in her research:
- death creates life (supported in childhood with open discussions about death)
 - death limits life (lacked such supportive openness about death)
 - death is loneliness (lack of any meaningful communication about death during childhood)
 - all of the above

18. Corey suggests the following central tasks of an existential therapist:
- to invite clients to recognize how they have allowed others to make decisions for them, abdicating their freedom to choose
 - to encourage them to take steps to accept accountability for their lives, moving toward greater autonomy
 - neither a or b
 - both a and b
19. King and Citrenbaum identify three common pitfalls for existential therapists to avoid:
- the widespread misperception that clients are fragile and can easily shatter if the therapist makes a mistake in challenging their defenses
 - having a high need to be liked, which most people in the helping professions do, can skew therapeutic choices toward being a “nice guy” at the expense of being a powerful change agent
 - being mundane, predictable, and inflexible in doing psychotherapy and avoiding taking therapeutic risks
 - all of the above
20. The basic principles identified as defining *experiential psychotherapy* (Felder & Weiss) are:
- the unconscious is naturally oriented toward growth and wellness rather than pathology
 - all pathology and all healing exist in the context of relationship
 - the therapist is deeply, personally, and inexorably a part of the therapeutic relationship
 - all of the above

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