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Article 85

Ambiguous Loss and Deployment: Assisting Veterans of Operations Enduring Freedom/Iraqi Freedom Through Application of Van Deurzen's Four Worlds Model

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The impact of the recent military operations in Iraq and Afghanistan have required the counseling profession to address the needs of men and women in uniform, their families and children that have been directly impacted by deployment. There are approximately 3.5 million active duty and reserve U.S. military personnel (Department of Defense, 2005). When veterans, family members, and children are added to this figure, the total number of people directly impacted by deployment accounts for more than one-third of the U.S. population (Military Homefront, 2005; Segal & Segal, 2004).

With the inception of both Operations Iraqi and Enduring Freedom, the demands on the American military and its service members have been greater than any previous conflict. The mandatory deployments to hazardous combat zones were required more frequently and the amount of time served in the theater of operations was extended (Powers, 2003; Quadrennial Defense Review, 2002; Segal & Segal, 2003). The results of these frequent long term deployments to combat zones have increased the chances for significant injuries or death. According to the Congressional Research Service Report, the number of fatalities currently documented by the Department of Defense for both Operations Iraqi and Enduring Freedom is 4,644. However, the number of soldiers wounded in action increased significantly with a reported 32,539 combat related injuries (Fisher, 2008).

With the continued deployments in support of Operations Iraqi and Enduring Freedom, many military personnel and their families experience a sense of loss and

separation that is persistent. As counselors working with this community, it is necessary to have a framework from which to understand and best serve military members. The authors propose that this framework should include a two-part approach to assisting returning service members. Counselors should first conceptualize the needs of this population in terms of ambiguous loss (i.e., experiences of loss or separation which defy closure) as proposed by Faber, Willerton, Clymer, MacDermid, and Weiss (2008). Service members returning from deployment may incur a loss of function, limbs, or appearance due to physical injury as a result of their participation in combat. Grief brought on by the death of fellow service members may also require a search for meaning and closure. Then, in formulating a treatment approach, these basic experiences of existence brought about by deployment can be explored in counseling through the application of the four world framework of Emmy van Deurzen (2002) which is based on four dimensions of human existence – the physical, social, personal, and spiritual. This framework in turn not only can be used to assist the client in discovering meaning in life by confronting problems and exploring possibilities, but also by providing a framework for understanding deployed military personnel and providing them an appropriate treatment approach.

Nature of the Conflict

On August 7, 1990, the United States entered its first major conflict since Vietnam. President George H. W. Bush, as part of Operation Desert Shield, mobilized 500,000 troops to guard the oil resources of Saudi Arabia. Unlike the war in Vietnam, Operations Desert Shield/ Desert Storm relied heavily on reserve components of the military, and about a fourth of all U.S. military personnel called into active duty during the Gulf War were from the National Guard and Reserves (Brager, 1992; Department of Defense, 2000; Dunning, 1996; Powers, 2003)

The decision to change military policy towards the use of the reserve components came out of response to the perceived error in military planning and judgment during the Vietnam War. Throughout the Vietnam War, the reserves came to be seen as a way to avoid the draft while still fulfilling a service to their country. After the end of the draft was announced in 1973, the military services were combined into a “total force,” which now included the active and reserve components of the military (Brager, 1992; Burk, 2001; Hartman, 1994; Powers, 2003). The first use of the total force concept by the United States Military would be at the start of the Gulf War in 1990. The short duration and the overall success of the military efforts during the Gulf War solidified the belief in the total force concept. Faith in this belief, however, would be put to the test once again in the aftermath of the events of September 11, 2001.

The terror attacks of 9/11 set into motion a stream of events that would lead the United States into the longest war in its history; longer than World War II (Burk, 2001). For the families, friends, and loved ones of soldiers, the changes and sacrifices would be a continuous demand, especially for the families of the National Guard and Reserves. On October 1, 2001, President George W. Bush, gave the orders for the United States military to begin strikes against al-Qa'eda terrorist training camps and military installations of the Taliban in Afghanistan. In his address to the nation, President Bush stated that this operation was to be called Enduring Freedom (White House, 2001). This

conflict would demand the largest troop rotation since World War II or the Gulf War; with more deployments still expected. The significant demand for troops to support the efforts in Afghanistan and the Global War on Terror (GWOT) required the military to mobilize members of the National Guard and Reserves. The Department of Defense (2005) reports that there are nearly 830,000 members of the reserves and almost half of this total have been activated since September 11, 2001 (Global Security, 2007). The demands placed upon military personnel and their families increased further with the advent of a second conflict and deployment to the Middle East – the war in Iraq.

With the goal of ending the reign of Saddam Hussein, Operation Iraqi Freedom began on March 2, 2003, and was fought entirely in Iraq (Operation Iraqi Freedom, 2005). Simultaneous operations in Afghanistan and Iraq continued to place demands on the military as troop levels continued to soar. While activated for service for up to two years, many of the reserve military units did not expect to serve the entire full term in combat. However, many troops deployed in support of Operation Iraqi Freedom began to see extensions placed on their initial six-month combat tours. The additional increase added up to a year or more on each soldier's scheduled mission. The extension of combat tours was an effort by the military to address the extreme demands and limited resources of the armed forces (Coalition Information Centers, 2001; Defend America, 2004).

Although the lengths of tours were extended, rotations still needed to occur to refresh and replenish the defense forces. Limited resources however required the redeployment of large numbers of troops on multiple occasions. The frequent return of service members to the combat zones has increased the likelihood for significant lifelong injuries, as well as the potential for death. This is especially true of the National Guard, which provide the personnel for a large number of combat missions (Department of Defense, 2004; Fisher, 2008; Global Security, 2007; Kneisler, 2004). According to the Department of Defense and Illinois Government News Network (IGNN), in 2005 National Guard members and reservists were said to comprise a larger percentage of frontline fighting forces than in any war in U.S. history with about 43 percent in Iraq and 55 percent in Afghanistan (Department of Defense, 2005; IGNN, 2005).

The multiple long-term deployments require troops to leave behind their loved ones and family members. Active military personnel and their families have had a community of support during times of separation; however Guard and Reserve members generally live in communities detached from bases and posts where organized supports are available. The impact on the National Guardsmen, reservists, and their families is often influenced substantially by frequent long-term separations (Drummet, Coleman, & Cable, 2003; Faber et al., 2008).

The National Guard and Reserves are composed of civilians who serve their country on a part-time basis while continuing their full-time civilian jobs. Many of these soldiers choose to join the Reserves as a way to supplement their current incomes, but deployments can and often do result in loss of civilian employment and the income it provided (Dunning, 1996). In addition to the concerns related to the financial support of their families, these members of the armed forces are confronted with the actual deployment and the apprehension that is associated with the uncertainty that it brings.

Service members may experience a variety of losses, both tangible and intangible (Lighthall, 2008). They may incur a loss of function, limbs, or appearance due to physical injury. The high incidence of traumatic brain injuries (TBIs) as a result of the use of

improvised explosive devices (IEDs) by Taliban and al-Qa'eda insurgents has created a range of injuries, including hearing and mobility loss, as well as the possibility of future losses due to the neurochemical effects of repeated exposure to these devices (Lighthall, 2008). Military personnel may lose friends, their identity, safety, time and life cycle events (e.g., a child's birth or first steps, anniversaries or graduations) as well as a loss of morality, idealism, or innocence. For many, the losses they experience will continue to be felt, grieved, and honored (Lighthall, 2008).

Ambiguous Loss and Deployment

As the deployments in support of Operations Iraqi and Enduring Freedom continue, the sense of loss and separation experienced by many soldiers and their families will persist. Faber et al. (2008) proposed that viewing military deployment in terms of ambiguous loss (i.e., experiences of loss or separation which defy closure; Boss, 2004, 2007) may help to gain insight into the individual's perception of and adjustment to the event. Faber and colleagues interviewed families of reservists impacted by recent deployments to Iraq and Afghanistan and determined that ambiguous loss is a significant issue for these families. According to Boss (2002), ambiguous loss can be further understood in terms of ambiguous absence and ambiguous presence. Ambiguous absence is characterized by the physical separation of a member from the family but the individual is still psychologically present. Conversely, ambiguous presence is typified by the family member being physically present but is psychologically absent. Faber and colleagues (2008) found that ambiguous loss occurred in two distinct phases of the deployment cycle; ambiguous absence was experienced during deployment and ambiguous presence was evidenced at reunion. During deployment all family members experienced ambiguous absence which lasted throughout the deployment. Major themes concerning boundary ambiguity during deployment were also identified relating to issues of safety, redistribution of roles and responsibilities, and rejoining the family (Faber et al., 2008).

Persistent concern and anxiety for the safety of the deployed reservist was reported by family members, which increased with each new incident of attacks (Faber et al., 2008). Family members reported that the lack of uncertainty (i.e., whether the reservist was living, dead, or injured; the location of the deployed family member; and the level of threat to his or her safety) was the greatest stressor during deployment. Similarly, service members reported that stressors included the threat to life, exhaustion, extreme environmental conditions, and layers of grief (Lighthall, 2008).

As roles and responsibilities within the family were redistributed due to deployment, the remaining members encountered difficulty in adjusting. Taking on these new roles was particularly difficult for spouses, as they often made decisions based on how they perceived the deployed family member would in similar instances (Faber et al., 2008). This boundary ambiguity shifted from anxiety regarding safety and role issues to the how the family would be affected by the reservist's return as the reunion phase of the deployment approached. There are many questions surrounding how the deployment may have impacted or changed the soldier and the family. Transition from physical absence to physical presence entailed uncertainties concerning the service member's personality behavior. As one interviewee noted, "You don't know what to expect; you can't really

prepare for it, because you don't know what to expect" (Faber et al., 2008, p. 225). Furthermore, the actual arrival and reunion of the soldier with the family increases the ambiguity of roles and identity of all members, but specifically for the soldier (Pincus, House, Christenson, & Adler, 2006). Service members may experience relief and excitement upon their return, but they may also experience fear and trepidation, exhaustion, and feelings of being overwhelmed (Lighthall, 2008).

As previously mentioned, ambiguous loss may be experienced as ambiguous presence of the service member upon reunion with family. In the study by Faber et al. (2008), reservists described experiencing a psychological disconnect from family upon their return, and role ambiguity continued for family members as they sought a return to pre-deployment routines. Boundary ambiguity remained an issue for some reservists and led to increased levels of ambiguous presence for these families. Also, reservists who were more able to relax and allowed time for issues to resolve themselves were able to make the transition to civilian life again more quickly than their counterparts who sought to exert more control over the experience. Furthermore, boundary ambiguity diminished more rapidly for reservists who were readily able to return to civilian employment (usually within six weeks) and reestablish routines for their families. Most families experienced medium-to-high levels of boundary ambiguity but external life events such as difficulty in securing employment, divorce, marriage, and health issues (Faber et al., 2008).

Ambiguous loss challenges our perception of the world we thought we knew, and who we are in relation to our relationships and self. It challenges our need for meaning (Boss, 1999). With these challenges in mind, ambiguous loss may be considered a basic issue of human existence. As noted by Boss (2002), ambiguous losses may occur as a result of catastrophic or unexpected situations, such as war or terrorism, natural disasters, incarceration, or unexplained disappearance. These losses may also result from a diminishment of personal health and wellbeing, such as chronic mental illness, addictions, depression, or traumatic brain injury. Ambiguous loss could also result from more common situations, like immigration or migration, divorce, adoption, or military deployment (Boss, 2002). As human beings struggle to adjust to these events, they must by necessity seek to find meaning and ways of coping in their new situation. It is therefore the contention of the authors of this article that an existential approach to counseling service members and their families be considered based on the four world framework of Emmy van Deurzen.

Van Deurzen and the Four Worlds Framework

According to van Deurzen (2002), existential counseling assists individuals in discovering meaning in life by confronting problems in living, exploring boundaries, and opening the client to greater possibilities. Clients find direction in life by developing insight, recognizing their own talents through reflection, and applying these skills in an intentional manner that remains true to the values of the individual. The existential approach provides a framework based on four dimensions of human existence – the physical, social, personal, and spiritual (van Deurzen, 2002). Invitation to exploration and clarification are the therapist's objective when world views are being examined. Of the

four dimensions, the natural world is the most fundamental, as human existence is perpetually linked to the material world.

An obstruction in the physical world usually will impact other dimensions of existence, as the natural world is the foundation of a person's being. This premise that physiological needs – food, drink, oxygen, and temperature – form the most basic of resources for human existence, is demonstrated in Maslow's hierarchy of need attainment and psychological adjustment (1954, 1971), as functioning on this level has an impact on subsequent levels (i.e., safety, belonging and love, esteem, and self-actualization). As a client may be simultaneously pulled to surrender to the laws of the natural world or gain control over them, the goal of working in the physical world is to “develop flexibility in one's interactions with the concrete and material demands of existence” (van Deurzen, 2002, p. 69).

Faber et al. (2008) identified safety of the service member as being the major aspect of ambiguous loss and a focus of thought among family members during deployment. As mentioned above, concerns of physical safety may affect overall functioning of the family, and therefore this issue should be addressed early in counseling. However, what loss means to each family member is as important as the collective meaning and those differences should be heard and reconciled (Tubbs & Boss, 2000). Issues of security in the physical world are common, identifiable areas for exploration with a client and may serve as a first step toward a greater appreciation of life (van Deurzen, 2002).

The social world encompasses all public interaction and relationships, which are an unavoidable aspect of human existence. This dimension also includes aspects of an individual's nationality, race, language, and socioeconomic status, as well as the person's perception of his or her role in society. Fenell (2008) suggested applying multicultural competencies in working with military personnel. In exploring aspects of the service member's social world, it is important to understand that it is “based on the individual's cultural experiences before entering the military, coupled with the enculturation process that takes place in basic and advanced military training” (p. 9) which are shared by the military community. Therefore, in order to provide effective counseling services to military personnel, counselors should be aware of their own personal assumptions, values and biases, as these may hinder the therapeutic relationship (Fenell, 2008).

In contrast, the personal world pertains to issues of intimacy with self and others (especially family), including thoughts, feelings, personality and character traits, and ideas. As the issue of roles and responsibilities figured prominently in Faber and colleagues' (2008) responses from families of deployed reservists, an exploration of family dynamics would be helpful to understanding of the meaning of the service member's presence or absence. External influences often determine how a family will interpret and deal with loss and that meaning differs between genders and generations; thus finding a shared meaning is invaluable (Tubbs & Boss, 2000).

Van Deurzen (1998) also describes what she calls the “compass of the emotional cycle,” which redefines emotions as indicators of meaning and direction in the individual's life. In this model, emotions are seen as dynamic and become “important existential realities” with both positive and negative features. For the individual, a fullness of being is gained through the possession of what is valued. For example, anger expressed positively demonstrates values of self assertion and courage. However, a sense

of non-being may occur through a lack of what is valued. With the loss of being, anger may be expressed in the negative as hatred or violence. Likewise, fear expressed positively may lead to yielding to the possibilities of life or surrender to the inevitability of death. Conversely, fear expressed negatively may lead the individual to acts of cowardice or to accept weakness. “The aspiration or concern which is indicated by the emotion leads the way towards an exploration of the person’s relationship to the world” (p. 148). The therapist assists the client to investigate this relationship, to clarify its meaning, and to seek the client’s version of the truth. This will in turn allow the client to reconnect with what is truly valued by the individual (van Deurzen, 1998).

Finally, the client’s relationship with the spiritual world can be understood as an expression of the person’s existing views on life (van Deurzen, 2002). In working in the spiritual dimension with a client, the therapist develops an understanding of the individual’s perception of the world and what he or she values in it. Fenell (2008) identified common values of military personnel, which include the following: maintenance of physical fitness and training standards; mission accomplishment; loyalty to fellow warriors; and a refusal to show weakness. Unfortunately, the refusal to acknowledge weakness can run counter to efforts to seek mental health services (Fenell, 2008).

It is important to remember, however, that each service member is an individual and that other values may interact to support or conflict with those expressed and promoted within military culture. Although counselors should be aware of military values, individual differences should be explored as well. Service members are as varied in their political beliefs, education levels, and social backgrounds as other Americans (Lighthall, 2008). Once the client has identified ideals and values which are important to that person, he or she will often find a new strength to implement those ideals and values regardless of external or internal pressures and impediments (van Deurzen, 2002).

Existential Approach to Client Needs

As clients begin to disclose information about themselves and their life stories, it quickly becomes apparent in which dimension they situate themselves (van Deurzen, 2002). A client who predominately identifies with the physical world may present with somatic issues, such as headaches, fatigue, and sleeplessness. A client who is experiencing life difficulties in the social world may focus on frustrations with relationships with work or friends while a client expressing difficulties in the personal dimension may reveal particular strengths and weaknesses of character or personality. The counselor’s goal is to ascertain which aspects of the client’s inner world are considered to be assets (van Deurzen, 2002).

The counselor begins this exploration of the client’s way of life by defining the assumptions he or she makes about the world on all four dimensions. Assumptions are the beliefs a person normally holds true without questioning and therefore determine one’s perception of things as real or unreal (van Deurzen, 2002). The counselor assists the client through the process of examining his or her assumptions concerning the individual’s style of life, thereby increasing the likelihood of genuine, purposeful living. The client then questions, clarifies, explains, defines, and explores in order to learn to reflect. As a result of this process, the individual will be able to identify those principles

that the client holds to be true, which in turn will form the foundation of the client's reappraisal of self.

Likewise, the individual's values need to be determined and recognized in order to assist the client in discovering greater meaning and purpose in life (van Deurzen, 2002). By assisting clients to understand what is of ultimate value to them, they can then implement their values in their daily living in a more purposeful, tangible way. The implications and consequences of these actions must also be explored in order to verify that they are in fact living in accordance with these values.

Finally, the client's talents must be recognized, defined, and elaborated, as they enable the individual to bring his or her values into being. Clarifying these talents will enhance the client's ability to make life work in actuality (van Deurzen, 2002). By determining what ultimately matters to the client, the individual may then implement these values in practice.

It is important to note that some individuals and families are able to manage ambiguous loss without any adverse effects (Boss, 2004). However, as reservists and their families have less experience than their active duty counterparts with issues related to deployment, such as safety and role redistribution (Faber et al., 2008), they may need greater support from the counseling community in times of transition. Conceptualizing service members' experience with deployment in terms of their physical, social, personal, and spiritual dimensions may facilitate the therapeutic relationship and more effectively meet the needs of the military community.

As large numbers of military personnel return from deployments and reunite with families or end their terms of service, many of these service members are seeking mental health assistance. Therefore, it is necessary for counselors and other mental health professionals to have an understanding of these service members' experiences in order to better serve the therapeutic needs of the military community. Counselors may better appreciate veterans' continuing, unresolved issues related to deployment in terms of ambiguous loss (Faber et al, 2008). Additionally, when considering service members' search for meaning in the context of ambiguous loss, van Deurzen (2002) provides a holistic approach to identifying and addressing the physical, social, personal, and spiritual needs of these clients. As a result, this counseling approach not only addresses the existential issues of military personnel returning from deployment, but also offers an appropriate framework for mental health service provision.

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