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Existential-Therapeutic Competencies

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Imagine you have been invited to participate in the story of *Alice's Adventures in Wonderland*. Not only have you been asked, but your entire extended family has—even long-lost relatives, your grandparents, and their siblings as well. At some point, Alice's friend, the Dodo bird, suggests doing a bonding activity: a caucus race that has no clearly defined starting places or endpoints. As soon as you start the race, the similarities and dissimilarities between the relatives become clear, as—despite the lack of rules—most relatives run in the same direction and use similar running patterns. Naturally, everyone has their unique strengths and weaknesses, but it becomes clear that you share general directions and competencies. Everyone finishes at the same place, and the Dodo bird concludes that all have won and therefore all deserve prizes.

In the research field of psychological therapies, this is known as the *Dodo bird verdict* or *equivalent therapy effects phenomenon*, as different therapeutic approaches seem to have relatively similar outcomes (Wampold and Imel, 2015). The Dodo bird verdict has sometimes been explained by the observation that different therapeutic approaches have much in common, such as basic therapeutic competencies.

This chapter includes material from “The Existential Therapeutic Competences Framework: Development and Preliminary Validation,” by J. Vos, 2015, *International Journal of Psychotherapy*, 25(1), pp. 9–53. Copyright 2015 by the *International Journal of Psychotherapy*. The material is used with the kind permission of the journal's editor.

<https://doi.org/10.1037/0000446-003>

The Evidence-Based Foundations of Existential–Humanistic Therapy, L. Hoffman and V. Lac (Editors)

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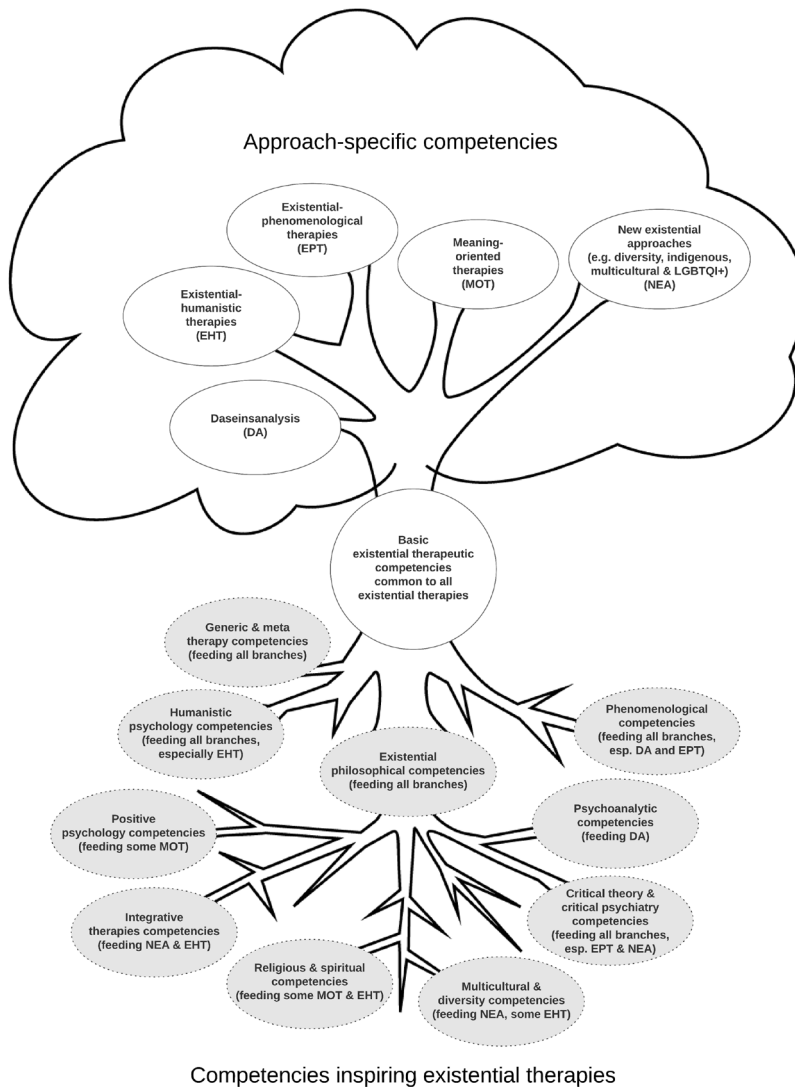
This chapter aims to give an overview of the competencies that the relatives in the family of existential therapies have in common and how these competencies can aid individual therapists in effectively helping clients reach their therapy goals. Focusing on the most effective shared competencies may help existential therapists work most effectually with clients, justify the effectiveness to health insurances and health services, and educate the youngest members of the existential–therapeutic family. Additionally, it may help specific existential approaches, including existential–humanistic (EH) therapy, have a foundation for integrating supported aspects of other existential therapies. This chapter will give an overview of empirical research on existential therapies, as described in detail in several systematic literature reviews and meta-analyses, with a focus on the core competencies of these approaches (Vos, 2016a, 2016b, 2017, 2018, 2019, 2021a, 2023b; Vos & Vitali, 2018; Vos, Cooper, et al., 2015; Vos, Craig & Cooper, 2015).

To give this overview of research-supported existential–therapeutic competencies, this chapter will open with a definition of existential–therapeutic competencies and why identifying these competencies matter. Subsequently, the family tree of existential therapies (ETs) will be described with the philosophical foundations at its roots (ET’s grandparents), the common basic existential–therapeutic competencies as its trunk (ET’s parents), and unique competencies within specific existential–therapeutic branches (ET’s children). See Figure 2.1 for a visual depiction of the family tree.

To understand the common knowledge in ETs (roots and trunks), a brief overview will be provided of the common evidence-based conceptual model and outcomes of ETs. The main part of this chapter will focus on the research evidence for basic existential–therapeutic competencies. The last sections briefly reflect on multicultural considerations, future research, and conclusions.

DEFINING EXISTENTIAL-THERAPEUTIC COMPETENCIES

Since the turn of the millennium, professional bodies worldwide have formulated competencies frameworks for education, training, and the registration and monitoring of practitioner quality (Vos, 2021a). For example, in 2006, the American Psychological Association called for establishing and implementing competencies standards throughout the field of psychology across all types of training and professional practice (Campbell et al., 2013; Hope, 2004; Kaslow, 2004; Roberts et al., 2005; Thomas, 2010; Vos, 2023a). Example competency frameworks are competency benchmarks (Fouad et al., 2009), the “Competency Assessment Toolkit for Professional Psychology” toolkit (Kaslow et al., 2009), practicum competencies outlines (Hatcher & Lassiter, 2007), and the “Professional Competencies of a European Psychotherapist” core competencies (Young et al., 2013). Several competency frameworks have also been built for specific psychological therapies, such as clinical psychology, cognitive behavior therapy, and psychoanalytic/psychodynamic therapy (University College of

FIGURE 2.1. Conceptual overview of existential therapies

London, 2022). One example is the competencies framework for humanistic therapy, which followed previous studies on humanistic competencies (Cain, 2016; Farber, 2010, 2012; Roth, 2015; Vallejos & Johnson, 2019; University College of London, 2022). These frameworks include competences and competencies. Although the terms are often used interchangeably, most psychologists seem to use the term *competence* to refer to an individual's general potential, overall quality, or state of being competent, whereas they seem to use *competencies* (plural of "competency") in regard to specific skills and demonstrable abilities (Stevens, 2013; Whiddett & Hollyforde, 2003). Many of these frameworks have been used in the design of training programs, in the formulation of benchmarks in clinical training and supervision, and in the decision making on which

types and competency levels of psychological therapies will be covered by national mental health services and health insurance.

These competencies frameworks are based on best practices and systematic research evidence, so these therapy competencies frameworks may fit the requirements of evidence-based medicine to guarantee the highest quality of education and client care (Hoffman et al., 2012). However, some frameworks have been criticized for being biased toward the subjective opinions of their authors and thus not being sufficiently broad and inclusive (Roth, 2015). Therefore, it has been encouraged that we develop guidelines that represent the broad field (i.e., the basic competencies shared by all, like the trunk in the family tree) as well as show the unique differences of specific schools within the field (i.e., the specific competencies of individual branches).

Even though ETs are some of the oldest therapeutic approaches, there have not been any comprehensive, evidence-based frameworks for ET. Several authors have identified some critical competencies in ET, which seem to reflect their unique position in the field (Hoffman et al., 2015; van Deurzen & Adams, 2016; van Deurzen & Arnold-Baker, 2005; Vos, 2017; Wong, 2013). It may be argued that such an ET competencies framework does not exist, as ET may be regarded as a subset of humanistic psychology, and thus these existential–therapeutic competencies may already have been included in the humanistic competencies framework. The next section will show how ET’s historical and conceptual roots are indeed intertwined with other therapeutic approaches. However, the subsequent section describes how the different existential–therapeutic branches have a common conceptual model and competencies that seem to unify them as a family of ETs and that make them different from other therapeutic approaches, such as humanistic psychology. Due to its unique conceptual model and competencies, ET seems to require its own competencies framework. This chapter describes the evidence-based competencies framework developed by Vos (2021a) based on global surveys amongst existential therapists, systematic literature reviews, and the input from leaders in the ET field.

Until the turn of the century, there had been a relatively widespread reluctance amongst existential therapists toward identifying key competencies and engaging with quantitative research in general (Vos, 2013; Vos, Cooper, Correia & Craig, 2015). This seems to have been caused by a fundamental tendency in existential philosophy to reduce the totality and complexity of phenomena, such as therapeutic practices, to a limited set of operationalized competencies. Of course, any universal model or framework will falter in specific encounters with individual clients, as such models are generalizations across many individuals. Furthermore, postmodernist existential therapists dismiss the modernist idea of identifying an absolute truth (Loewenthal, 2018). It may be argued that, congruent with the thinking of existential philosopher Martin Heidegger (1997), operationalized frameworks are a symptom of how we approach truth in our era (epochè) via calculating thinking (*rechnendes Denken*) and via explaining psychological phenomena with external instruments and objective

observation (erklären) instead of understanding these from within the subjectively lived experience (verstehen; Dilthey, 1895). In contrast, a key value in ET is doing justice to the uniqueness of the lived experiences of each client, therapist, and therapeutic encounter.

Although these critical arguments may be ideologically admirable, seen from an existential–philosophical perspective, they may not be pragmatic and beneficial for the professional status and development of the ET field. Many professional bodies, health care providers, and insurance companies require evidence-based competencies frameworks for training and practice, and thus without such frameworks, they may exclude ET from their smorgasbord of funded treatments. Furthermore, an ET competencies framework may improve the learning efficiency in existential therapy programs and stimulate critical self-reflection and reflexivity in trainees regarding their practices. Thus, we may want to base the ET competencies framework on a pragmatic–phenomenological perspective, which may be described as follows:

The phenomenon of therapeutic practice may be compared with a multifaceted diamond and a competencies framework is like light cast from one angle, making only one specific facet shine while leaving other facets in the dark.... We seem to be needing to cast lights from multiple angles in order to be able to understand the totality of the phenomenon—as seen from a hermeneutic–phenomenological perspective.... A light that comes from merely one angle—whatever this angle may be—may not be sufficient to grasp the totality of the phenomenon of the therapeutic encounter. Thus, it may be epistemologically justifiable and clinically pragmatic to develop a competencies framework for ET while we explicitly acknowledge its limitations. Therefore, this study aims to present a competencies framework for ET, which integrates both “bottom-up” and “top-down” perspectives and is based on systematic empirical research. This framework may help—pragmatically—validate, justify, and improve ET training and practices. This framework may, for example, help to translate ET in terms of national occupational standards for mental health care workers. (Vos, 2021a, p. 16)

CONTEXTUALIZING EXISTENTIAL-THERAPEUTIC COMPETENCIES

Before we can formulate a common ET competencies framework, we need to understand the similarities and dissimilarities between different ET branches. That is, although there are large overlaps between different ET schools, there may also be some considerable differences (Cooper, 2016; van Deurzen & Arnold-Baker, 2018; van Deurzen et al., 2019). The following sketch of the family tree of ET will be based on a worldwide survey amongst existential therapists by Correia and colleagues (2014, 2016a, 2016b, 2018). Globally, there are 147 existential education and training organizations (Correia et al., 2016b), such as the World Confederation for Existential Therapy, Federation of Existential Therapies Europe, Viktor Frankl Institute, Gesellschaft für Logotherapie und Existenzanalyse, International Meaning Events & Community, and International Network for Personal Meaning. Authors have categorized these schools into distinct groups, such as Daseinsanalyse, therapies centered around meaning,

EH and existential–integrative therapies, and existential–phenomenological approaches (Cooper, 2016; van Deurzen et al., 2019). However, this classification trend fails to adequately acknowledge the diverse regional schools and unique cultural advancements that exist, particularly in China, Southeast Asia, Africa, and Latin America (Gordon, 1996; Hoffman et al., 2009).

The fundamental aim of Daseinsanalysis is to empower clients to embrace their complete existence and strive for a more authentic way of life (for an overview, see Holzhey-Kunz, 2019). Clients are urged to foster an outlook of “let-it-be-ness” (referred to as *Gelassenheit*; Vos, 2015). Whereas traditional Daseinsanalysts like Binswanger and Boss historically employed a systematic phenomenological approach, contemporary practitioners, exemplified by Holzhey-Kunz, have advanced the approach by integrating it with a myriad of therapeutic skills and placing explicit emphasis on existential themes within client experiences. Daseinsanalysts notably integrate diverse techniques from psychoanalysis, such as free association and dream analysis, into their practice. This integration not only enriches the therapeutic landscape but also underscores the adaptability of Daseinsanalysis in addressing the multifaceted nature of individual experiences, furthering the pursuit of authenticity and holistic well-being.

Meaning-centered therapies, the predominant form of ETs, find frequent application in working with patients confronting chronic or life-threatening illnesses (for overviews, see Vos, 2016a, 2016b, 2017). These therapies trace their origins to the establishment of logotherapy (where “logo” signifies “meaning”) by Viktor Frankl, succeeded by various meaning-oriented approaches like existential analysis (for an overview, see Längle, 2019); meaning-centered psychotherapy in palliative care (Breitbart, 2016); and evidence-based, meaning-oriented practices (Vos, 2016b). Deliberately and methodically addressing inquiries about life’s meaning, meaning-centered therapies aim to guide clients toward leading more meaningful and fulfilling lives, embracing life’s challenges with an affirmative outlook. Although different meaning-oriented schools employ varied methods, most rely on phenomenological and systematic approaches to help clients unearth their individual perceptions of significance. More recent iterations of meaning-oriented approaches introduce structured, time-limited treatments with systematic steps to unveil the client’s unique life meanings, often tailored for specific groups such as cancer patients (Breitbart, 2016; Vos, 2017).

EH therapies, prominent primarily in the United States, draw influence from humanistic luminaries like Rollo May and include notable figures such as Bugental and Schneider. These therapies are geared toward guiding clients to attain a heightened sense of presence and a more complete and subjective experience of aliveness (Schneider & Krug, 2010). The pursuit of self-realization is often impeded by unconscious or subconscious anxieties. By aiding clients in confronting and unraveling these barriers (Bugental, 1999), therapists seek to help clients transcend emotions such as guilt, pain, shame, or dread and embrace the entirety of their experiences, including the recognition of their

potential and a sense of awe. Therapeutic techniques encompass experiential processing, emotional exploration, self-expression, free association, identification and visualization of emotions, and fostering trust in the capacity to endure negative emotions, often employing strategies and stances as detailed in Parts II and III of this book. Some EH therapists, exemplified by Irvin Yalom (2020), actively encourage clients to surmount their existential defense mechanisms and confront existential realities such as freedom, death, responsibility, and isolation. However, it should be noted that there is disagreement about whether Yalom is an EH therapist or whether his approach represents his own unique existential therapy. Additionally, existential–integrative approaches encompass a spectrum of therapies that amalgamate existential principles with other therapeutic modalities, frequently employing short-term interventions.

The phenomenological–existential therapeutic approaches originated in the United Kingdom, finding inspiration in the works of critical psychiatrist Ronnie Laing and philosopher Hans Cohn and further developed by therapists like Ernesto Spinelli and Emmy van Deurzen. These approaches center on facilitating a nondiagnostic examination of the client’s experiences, employing a phenomenological approach with a pronounced focus on the therapeutic alliance. For instance, Spinelli (2005) guides clients in “descriptively clarifying disruptive elements in their worldview, allowing for the relational exploration of their sedimentation and dissociations” (p. 87; see also Spinelli, 1997). Similarly, van Deurzen & Adams (2016) assist clients by employing descriptive–phenomenological inquiries to delve into their experiences and paradoxical emotions within the context of their physical, personal, social, and spiritual spheres. Vos (2017, 2021a) has advocated for the use of more systematic and evidence-based phenomenological approaches in client work to avoid imposing the therapist’s agenda, aligning with the principles of the aforementioned influential authors.

In their global survey across existential therapists, Correia and colleagues (2014, 2016a, 2016b, 2018) not only found differences between the four ET branches (existential–humanistic, existential–phenomenological, meaning-oriented, and Daseinsanalysis) but also discovered commonalities. For instance, all existential therapists emphasize the grounding of their practices in existential and phenomenological philosophy, drawing inspiration from humanistic/person-centered approaches, and critical theory/critical psychiatry. Existential therapists commonly employ four interrelated therapeutic competencies: phenomenological skills, relational skills, elucidation of existential themes, and competencies specific to their respective therapeutic schools. It is noteworthy that most existential therapists, as indicated in Correia and colleagues’ survey, demonstrate flexibility in not rigidly adhering to a single existential school, instead focusing on commonalities. This observed convergence across theories and practices may suggest that most existential therapists belong to subsequent generations after the inception of ETs, akin to other therapeutic schools. In this conception, the newer generations exhibit a reduced adherence to the unique founders of their school, instead prioritizing commonalities with other approaches and emphasizing therapeutic components supported by empirical research.

The family tree of ET, depicted earlier in Figure 2.1, shows the relationships between ET’s underlying philosophies (the roots), its basic general competencies (the trunk), and specific existential approaches (the branches). The five different branches (existential–humanistic, existential–phenomenological, meaning-oriented, Daseinsanalysis, and new existential approaches) share a basic existential–therapeutic conceptual framework and competencies. This shared basic conceptual framework and these competencies have been inspired by existential and phenomenological philosophy as well as humanistic/person-centered approaches and critical theory/critical psychiatry. They also include generic and metatherapy competencies, which all therapeutic approaches (including nonexistential) have in common, as will be elaborated later. Next to these common influences and particularly Heideggerian phenomenology, Daseinsanalysis was also strongly influenced by psychoanalysis. Existential–phenomenological therapies were also strongly influenced by phenomenological philosophy and critical theory/critical psychiatry. Some individual meaning-oriented therapists, such as Paul Wong, have reported influences by positive psychology and religious/spirituality studies, and others, such as Alfried Längle, by phenomenological philosophy. EH therapists have reported influences by other humanistic psychological approaches such as person-centered therapy and, more recently, also by the fields of integrative therapies, multicultural and diversity studies, and religion and spirituality studies.

OVERVIEW OF RESEARCH ON A BASIC EXISTENTIAL-THERAPEUTIC CONCEPTUAL MODEL

The previous section has described how, despite their differences, the different ET branches have much in common. Before we can identify their common basic ET competencies, we need to understand the conceptual model that they have in common. A key competency of any therapeutic school is knowing the main theoretical assumptions that it is based on.

The basic conceptual model of ET consists of multiple components. To be a bona fide therapeutic approach, each component needs to be based on sound research evidence. Bona fide therapies encompass therapeutic practices conducted in good faith, signifying that therapists are professionally trained and dedicated to the therapy through accredited institutions and organizations. Additionally, bona fide therapy necessitates being founded on a robust conceptual framework (Wampold et al., 1997). The conceptual framework of therapies can be deconstructed into various conceptual components, as highlighted in the works of Kazdin (2021) and Vos (2022, 2023a).

To build a strong conceptual model of a psychological therapy, each component and each of the relationships between the steps need to be supported by strong empirical evidence from quantitative and qualitative research, and by logical reasoning and coherence. If any of these conceptual steps are missing or are not

supported by strong empirical evidence, and/or if the relationship between these steps is illogical or incoherent, it may be concluded that the therapy does not have a strong evidence-based conceptual model, and therefore this therapy may not be *bona fide*. (Vos, 2022 p. 65)

In this section, the focus is on delineating the key conceptual components present in ETs and evaluating the extent to which each conceptual component of existential therapy is substantiated by empirical research evidence. These components encompass clinical, etiological, therapeutic, client-oriented, therapist-oriented, relationship-oriented, and competencies-oriented conceptual components. These delineations build upon prior comprehensive reviews on the evidence supporting existential concepts, with forthcoming sections elaborating on research about outcomes and evidence-based therapist competencies (Vos, 2019; Vos, Cooper, Correia, & Craig, 2015). This chapter highlights a variety of quantitative, qualitative, and mixed methods studies.

Etiological Conceptual Component

The conceptual framework of ETs often originates from a series of ontological assumptions that are inherently unfalsifiable. For example, many existentialists posit that we are thrust into a world characterized by immutable givens such as mortality, freedom, and paradoxes, commonly referred to as “life’s givens” or “existential givens.” Here, the term “world” serves as a broad descriptor encompassing the entirety of our subjective life and the contextual framework in which we are situated (Heidegger, 1927). In contrast to positivists, phenomenologists assert that we lack direct access to the reality of our world, as our awareness of the world is shaped within our primary subjective phenomenological experiences of daily life. According to existential philosophers like Binswanger (1963) and van Deurzen (2009), individuals can encounter different aspects, domains, or worlds. An empirical review of 109 studies conducted worldwide reveals that individuals notably discern six distinct types of meanings inherent in their experiential flow: materialistic, hedonistic, self-oriented, social, larger, and existential–philosophical meanings (Vos, 2023c).

Etiology and Therapeutic Mechanisms of Change

However, as elucidated by philosophers such as Heidegger (1927; Vos, 2015, 2021c), individuals in different epochs tend to have a different dominant focus toward different facets of the world. Consequently, within the spectrum of our worldly experiences, we tend to emphasize certain aspects while overlooking others. Phenomenological therapists expound on how individuals often overlay these primary experiences with meaning and interpretations (e.g., Spinelli, 2005; Wrathall, 2010), and as a result, have developed methodologies to delineate this stream of consciousness and differentiate it from secondary interpretations (Smith et al., 2021; Vos, 2021b). Thus, a distinction can be made between our unprocessed primary experiences and our subsequent interpreted experiences. For instance, neuropsychological research indicates that consciousness

originates from a primary sense of experiences, even before entering our awareness, which is then subject to our interpretations (Caruso & Flanagan, 2017; Damasio, 2000). It appears that existential therapists concentrate on aiding clients in opening themselves to their primary flow of experiences and alleviating emotional barriers or existential defense mechanisms that may impede clients from fully engaging with the world. Research suggests that when clients are supported in deepening their experiences and immersing themselves in their flow—for instance, through focusing techniques (Gendlin, 2003)—they exhibit enhanced overall well-being (Hendricks, 2002).

Various therapists employ diverse terminology and specific techniques to assist clients in reconnecting with their primary flow of experiencing the entirety of the world. In the forthcoming elucidation, the updated stress coping model proposed by Park and Folkman (1997) will be utilized; this model has garnered extensive support from numerous studies, especially in pivotal life circumstances that explicitly bring existential themes to the forefront. Despite its robust evidence-based foundation and relevance to existential therapy, this model and its terminology are infrequently integrated into existential therapy. The primary appraisal delineates how individuals evaluate a situation: What is their initial appraisal of the situation? Do they perceive it as a threat or as benign? Individuals appear to adjust their appraisal of the situation in response to existential defense mechanisms, or they may endeavor to embrace their experiences of the situation. For instance, research rooted in terror management theory has furnished substantial evidence of how individuals perceive and modify their perception of fundamental life givens, such as death awareness or mortality salience (Routledge & Vess, 2018). When individuals are confronted with reminders of their mortality, such as those brought about by the global COVID-19 situation, these reminders can evoke fear and trigger death anxiety, which may subsequently be suppressed by altering their perception of the threat. Studies indicate that existential anxiety heightens the tendency for individuals to deny the threat posed by COVID-19 (Vos, 2021b). Alternatively, individuals may redirect their focus from the threat to something they find more meaningful, such as their heritage, culture, values, or life's meaning.

In the context of secondary appraisal, individuals are tasked with evaluating their resources to effectively respond to a given situation. Factors such as self-efficacy, life experience, and existential competencies often influence an individual's response to a situation. Viktor Frankl (1946/1985) expounded on how individuals can alter their internal attitude toward a situation, consequently impacting their well-being. Frankl's focus on finding meaning in life enabled him to endure the atrocities of being a prisoner in a concentration camp. In the face of life's boundary situations, individuals can opt to sink to despair and resignation or distance themselves from the situation by embracing a leap of faith, transcending the constraints of the situation in both space and time, thereby cultivating a broader, more authentic, and more meaningful perspective on life (Frankl, 1946/1985; Jaspers, 1925/2013). Although the freedom of will is an unverifiable facet of life (Lukas, 1986), numerous empirical

studies have affirmed the adaptability of individuals in coping with life's experiences (e.g., Zeidner & Endler, 1995). The flexibility in coping styles appears to hold more significance than the reliance on a singular coping strategy to navigate adversity (Kashdan & Rottenberg, 2010).

An illustration of the connection between secondary and tertiary appraisal is evident in the anticipation and protective conduct during the COVID-19 pandemic, which was determined by an individual's sense of self-efficacy, prior encounters with life's uncertainties, and their capacity to endure uncertainties while leading a meaningful life despite life's challenges (Vos, 2021b). Tertiary appraisal pertains to the meaning-oriented response that individuals ascribe to a specific situation. Individuals frequently negotiate the significance of a particular situation within the context of their overarching sense of meaning in life (Folkman, 1997; Vos, 2011). For instance, a diagnosis of a life-threatening condition can challenge an individual's fundamental assumptions regarding the benevolence of the world, the meaningfulness of life, and the worthiness of the self (Brewin & Holmes, 2003; Janoff-Bulman, 2010). At times, individuals endeavor to uphold these fundamental life assumptions and preserve what holds meaning for them, irrespective of the situation, whereas on other occasions, they may recalibrate their goals and meanings in response to the situation (Park & Baumeister, 2017; Park, 2010). The manner in which individuals experience meaning in demanding situations, such as finding purpose in the face of pain, suffering, and mortality, appears to hinge on several subjective factors. Some existential therapists suppose that clients possess an intrinsic motivation, impetus, or will to find meaning; research indicates that most individuals strive for a meaningful life, although this may not be universally applicable (Vos, 2016a, 2018). Moreover, our meaning-oriented coping abilities are contingent on our capacity to lead a meaningful life despite the inherent constraints of the world into which we are thrust, including our mortality, freedom, isolation, and the absence of an absolute true meaning of life bestowed at birth. Consequently, numerous existential therapists have discussed how individuals can hold paradoxes in life, cultivate a sense of tragic optimism, or develop a dual attitude; research suggests that the ability to cultivate a dual attitude can aid in leading a meaningful life while acknowledging life's limitations, which is associated with improved mental well-being (for a review, see Vos, 2015, 2018,).

Some of the primary mechanisms of change employed by existential therapists in their work with clients appear to be linked to these appraisal processes. Therapists aid clients in honoring their primary flow of experiencing the world in its entirety by delving into their appraisal processes. This involves enabling individuals to comprehend their situations and lives and scrutinizing how their primary appraisals may be constraining or unproductive. Subsequently, therapists may assist clients in cultivating the resources to formulate an authentic and well-considered response to their situations and life in general (for instance, enhancing well-being and satisfaction when individuals make decisions they deem authentic; Schlegel et al., 2009). Existential therapists also focus on how individuals perceive meaning in life by methodically and explicitly addressing

the concept of meaning in life. Research suggests that existential–therapeutic competencies aid clients in these appraisal processes (as elaborated later). Studies indicate that a therapist’s personal existential skills, life experience, professional training, and expertise can enhance their therapeutic competencies, subsequently influencing the mechanisms of change that can enhance the clinical components and outcomes in ETs (Vos, 2017). Naturally, this provides a broad overview of therapeutic mechanisms, and different existential schools may emphasize varying facets (Vos, 2019; Vos, Cooper, Correia, & Craig, 2015).

Relational Components

Existential therapists dedicate considerable attention to cultivating a constructive therapeutic relationship, as will be explained later (see also Part II of this volume). Research illustrates how operating at relational depth enhances the therapeutic journey by enabling clients to feel sufficiently secure to delve into their perspectives, resources, and meaning-oriented coping strategies (Norcross & Lambert, 2019). The therapeutic relationship may also provide a platform for experimenting with alternative outlooks and responses.

Clinical Components

Though clients may express concerns about their existential appraisal processes, it is more probable that they seek assistance from an existential therapist due to distinctive existential clinical components. These clinical components stem from etiological mechanisms and can result in outcomes such as psychopathology, diminished quality of life, and physical ailments. For instance, when individuals are confronted with life’s fundamental givens and perceive them as threatening, then with inadequate resources and a lack of meaningful coping strategies, they may experience existential moods. Existential moods (referred to by Heidegger as *Grundstimmungen*) are extensively studied affective moods that transcend transient emotions. These moods are not centered on specific objects, such as a fear of dogs, but revolve around profound life concerns such as death, freedom, or responsibility. Existential therapists have identified a wide array of existential moods, with death anxiety and feelings of meaninglessness or meaningfulness being among the most extensively researched (e.g., Brandstätter et al., 2012; Ryff, 1989, 2018; Steger et al., 2006; van Bruggen et al., 2015). These existential moods can manifest explicitly in existential and philosophical inquiries about life, such as the quest for meaning in life; however, many clients seem to grapple with these existential moods in an unconscious manner. These existential moods can underlie other forms of psychopathology and behavior (Vos, 2016a, 2016b). Some individuals describe the presence of existential moods and inquiries as an existential crisis, a crisis of meaning in life, an identity crisis, or a spiritual crisis; a crisis may linger before surfacing overtly (Vos, 2017). Empirical studies affirm that numerous individuals report experiencing existential moods and questions when they encounter

life's fundamental aspects; for instance, most individuals grapple with existential questions following a diagnosis of a chronic or life-threatening illness or during the grieving process after losing a loved one (Hench & Danielson, 2009; Park et al., 2008; Vos et al., 2016b; Winger et al., 2015). Extensive research indicates that a large majority of the general population actively seeks meaning and that the presence of meaning and meaning-oriented coping styles is moderately to strongly correlated with enhanced quality of life, reduced psychological stress (such as depression and anxiety), and improved physical well-being (Brandstätter et al., 2012; Folkman, 2008; Park, 2010; Roepke et al., 2014; Ryff et al., 2004; Steger, 2012).

OVERVIEW OF RESEARCH ON GENERAL OUTCOMES OF ETS

As a first indication of which types of ET and which competencies are effective, this section provides an overview of the effects of ET. Similar to other psychological therapies, ET has been developed and validated in multiple stages with different types of studies (e.g. Carroll & Nuro, 2002; Rounsaville et al., 2001). Although various research methodologies may have played an important role in developing and validating ETs, this section will focus only on clinical trials that fulfill the quality criteria of evidence-based medicine.

Vos, Craig, and Cooper (2015) conducted meta-analyses of 21 eligible randomized controlled trials of existential therapy involving 1,792 participants. The inclusion criteria focused on articles in English only. Meaning-oriented therapies ($n = 6$) demonstrated substantial effects on positive meaning in life immediately posttherapy ($d = 0.65$) and at follow-up ($d = 0.57$), with moderate effects on psychopathology ($d = 0.47$) and self-efficacy ($d = 0.48$) at postintervention; however, they did not yield significant effects on self-reported physical well-being ($n = 1$). Supportive–expressive therapy, aligned with the existential therapist Yalom ($n = 5$), exhibited marginal effects at posttreatment and follow-up on psychopathology ($d = 0.20$ and $d = 0.18$, respectively); nevertheless, effects on self-efficacy and self-reported physical well-being were inconclusive ($n = 1$ and $n = 4$, respectively). Notably, there were indications of unreliable data in some publications based on Yalom's approach, as analyses and findings could not be replicated with the same datasets, and clients with substantial negative outcomes had been excluded without disclosure, resulting in publication bias (studies with a high risk of bias were excluded from the meta-analyses). Three studies on existential–integrative therapies (experiential–existential and cognitive–existential therapies) did not yield significant effects. The study samples were diverse, primarily focusing on individuals in challenging life circumstances, such as those with chronic or life-threatening diseases. It is important to note that although the research samples were diverse, they may not fully represent the clinical population, often excluding individuals with complex and comorbid issues. This meta-analysis particularly supported structured interventions incorporating psychoeducation, exercises,

and a supportive and relational approach when addressing life's existential aspects, especially in physically ill patients.

To delve deeper into the positive effects of meaning-oriented therapies, Vos and Vitali (2018) conducted a multilingual systematic review and meta-analysis of all clinical trials on meaning-oriented therapies, encompassing 60 trials with a combined population of 3,713. Among these trials, 26 were randomized controlled trials ($n = 1,975$), 15 were nonrandomized controlled trials ($n = 709$), and 19 were nonrandomized noncontrolled trials with pre- and poststudy measurements ($n = 1,029$). The results revealed substantial improvements from pretreatment to immediate posttreatment and follow-up on quality of life ($g = 1.13$, $SE = 0.12$; $g = 0.99$, $SE = 0.20$) and psychological stress ($g = 1.21$, $SE = 0.10$; $g = 0.67$, $SE = 0.20$). Further analyses focusing solely on controlled trials demonstrated that meaning-oriented therapies exhibited large effect sizes compared with control groups, both immediately and at follow-up, on quality of life ($g = 1.02$, $SE = 0.06$; $g = 1.06$, $SE = 0.12$) and psychological stress ($g = 0.94$, $SE = 0.07$, $p < 0.01$; $g = 0.84$, $SE = 0.10$). The researchers observed that immediate effects were more pronounced for general quality of life ($g = 1.37$, $SE = 0.12$) than for meaning in life ($g = 1.18$, $SE = 0.08$), hope and optimism ($g = 0.80$, $SE = 0.13$), self-efficacy ($g = 0.89$, $SE = 0.14$), and social well-being ($g = 0.81$, $SE = 0.13$). The consistency of these findings was affirmed by the lack of significance of moderators, such as the type of sample, and alternative methods of selecting studies. Furthermore, meta-regression analyses indicated that increases in meaning in life corresponded to decreases in psychological stress ($\beta = -0.56$, $p < 0.001$), validating the existential–therapeutic mechanisms assumed to drive change in clients.

OVERVIEW OF RESEARCH ON BASIC EXISTENTIAL-THERAPEUTIC COMPETENCIES

The preceding sections have presented a comprehensive overview of the various branches in ET and the fundamental conceptual model and outcomes commonly associated with it. This section introduces the evidence-based competencies framework for ETs, developed by Vos in 2021, aimed at validating, justifying, and enhancing the research, training, and practices of existential therapists. The framework was formulated employing strategies akin to those used in other competencies frameworks. Initially, existential–therapeutic competencies were identified in the most frequently cited publications, including the global survey of existential practitioners (Correia et al., 2014, 2016a, 2016b, 2018), a discourse on key features of existential therapy (Vos, Craig & Cooper, 2015), and a discussion following the first World Congress of Existential Therapies concerning the definition of ETs. Each competency was delineated in distinctive and operationalizable terms, resulting in 476 competencies, which were subsequently classified through thematic analysis into 13 groups and 56 subgroups. Each of these 56 subgroups of competencies underwent scrutiny for

effectiveness via an exploration of empirical evidence in research studies. Feedback from 12 existential therapists on the final framework was also incorporated. An overview of the findings is illustrated in Figure 2.2, with detailed information available in Vos (2021a).

FIGURE 2.2. Conceptual overview of key assumptions in existential therapies

Generic psychological therapeutic competencies	Basic existential therapeutic competencies	Existential school-specific therapeutic competencies	Meta existential therapeutic competencies
Generic knowledge	Phenomenological competencies	Meaning-oriented competencies	Meta competencies common to all existential therapeutic schools
Generic relational competencies	Existential relational competencies	Daseinsanalytical competencies	
Generic assessment competencies	Existential assessment competencies	Existential-phenomenological competencies	
Generic supervision competencies	Competencies regarding explication of existential themes	Existential-humanistic competencies	

Source. Adapted from “The Existential Therapeutic Competencies Framework: Development and Preliminary Validation,” by J. Vos, 2015, *International Journal of Psychotherapy*, 25(1), pp. 9–53. Copyright 2015 by the *International Journal of Psychotherapy*. The material is used with the kind permission of the journal’s editor.

Generic Competencies

Existential therapists utilize a variety of generic competencies that are shared with other therapeutic approaches and have been validated by numerous studies (European Association of Psychotherapy, 2013; Roth, 2015; Young et al., 2013). These encompass generic knowledge, such as understanding mental health issues, familiarity with the specific work environment, adherence to professional standards, and ethical and culturally sensitive conduct. General relational skills involve the ability to establish and sustain a positive therapeutic relationship, as well as the capability to mend any relational disruptions that may arise; research indicates that the therapeutic relationship significantly enhances the effectiveness of therapy (Norcross & Lambert, 2019). Generic assessment skills encompass the well-documented clinical competency to conduct a comprehensive assessment of the client’s primary concerns, which are their background, viewpoints, needs, and resources; this assessment serves as the foundation for diagnosis, case formulation, and treatment planning (Roth, 2015). Although less extensively studied, generic supervision skills entail the aptitude to organize and participate in clinical supervision in a constructive manner.

Existential Assessment Competencies

Existential assessment skills center on evaluations aligned with the distinctive clinical, etiological, and therapeutic models of ETs, as delineated earlier. The process of existential assessment often unfolds in a collaborative, relational, and phenomenological manner, encompassing an understanding of the fundamental tenets of existential philosophy and psychotherapies. In evidence-based existential trials, existential therapists systematically evaluate the client's circumstances and develop an existential case formulation that serves as the foundation for a tailored existential–therapeutic treatment plan; studies suggest that systematic assessments and case formulations can bolster the effectiveness of therapy (Kendjelic & Eells, 2007; Page et al., 2008). Many existential therapists assess their clients' needs within the context of their life situation and the broader social and political milieu, aiming to explore potential challenges stemming from structural, socioeconomic, and political inequities (Vos, 2020; Vos, Roberts & Davies, 2019). Instead of solely focusing on problems, existential therapists also assess clients' strengths and resources, as a solely problem-focused assessment may inadvertently cause harm (Lukas, 2020). Though not commonly employed in clinical practice, existential therapists may utilize systematic assessment tools like questionnaires, the Goal Attainment Form (Kiresuk et al., 2014), or treatment manuals (Vos, 2017).

Phenomenological Competencies

Existential therapists employ phenomenological skills to focus on their clients' subjective experiences and assist them in cultivating deeper self-awareness and insight (Vos, Cooper, Correia, & Craig, 2015). Extensive research underscores the benefits of deepening experiential experiences for clients (Elliott et al., 2004). This involves conducting a phenomenological analysis of experiences, with different existential–therapeutic schools employing varied approaches such as philosophical–phenomenological steps (Spinelli, 2005), psychological–phenomenological steps (Längle, 2004), and systematic, pragmatic phenomenological analysis (Vos, 2021c, 2017). ETs integrating systematic phenomenological methods alongside other approaches have demonstrated greater effectiveness compared with those lacking a systematic phenomenological approach (Vos, Craig, & Cooper, 2015; Vos & Vitali, 2018). Additionally, existential therapists possess the ability to foster an attitude of experiential acceptance, aiding clients in embracing and deepening their psychological and existential experiences—instead of denying, overlooking, or rationalizing them—and encouraging immersion in meaningful experiences. For instance, Frankl (1956/2011) advocated for de-reflection, emphasizing the importance of clients immersing themselves in the flow of experiencing rather than being consumed by theoretical reflections (hyper-reflection) and desires (hyper-intention). This also involves phenomenologically exploring hierarchies in clients' experiences, discerning what holds more or less meaning in their encounters; research indicates that

this process is often intuitive and unconscious rather than solely cognitive (Vos, 2015, 2017, 2020). Many existential therapists adopt a Socratic questioning approach, employing relatively nondirective methods to support clients in self-exploration by asking thought-provoking questions, which has proven to be effective (Britt et al., 2003; Overholser, 2011). Furthermore, existential therapists may utilize specific nonverbal techniques such as focusing, mindfulness, meditation, and guided imagination to help clients explore their experiences, many of which have been supported by research (for overviews, see Vos, 2017; Elliott et al., 2004; Khoury et al., 2013). Lastly, phenomenological competencies encompass the ability to facilitate clients in actively expressing and articulating emotions (such as making sense of confusing and distressing experiences) and aiding clients in reflecting on and developing emotional meanings.

Relational-Existential Competencies

In ETs, relational competencies assume a pivotal role, aligning with Buber's philosophy that authentic personhood is realized through in-depth encounters between individuals. There is an implicit presumption that clients can deepen their experiences and explicitly engage with existentially profound subjects due to the depth of their therapeutic relationship; correspondingly, existential depth and relational depth may intersect (Golovchanova et al., 2021; Vos, 2017). The following competencies are strongly substantiated by a substantial body of research (Norcross & Lambert, 2019; Roth, 2015). These competencies encompass the capacity to navigate the immediate relationship, encompassing both conscious and unconscious processes. For instance, this might be aiding the client in feeling supported and secure enough to articulate challenging experiences and explore them at an existential depth, as well as demonstrating skills to fortify and intensify an authentic, sincere, open, and trustworthy therapeutic relationship. Many existential therapists adopt a person-centered approach, in line with Carl Rogers's (1962) concept of the actualizing tendency: Human development is often viewed as self-directed, and thus therapists are tasked with facilitating this development rather than imposing their own agenda. Existential therapists empathize with the client's life struggles and emphasize that existential challenges are a shared human experience. They acknowledge and unconditionally embrace the significance of existing meanings, religious context, and cultural context. Furthermore, existential therapists commonly aid clients in cultivating ethical and genuine relationships and maintain an ethical stance toward the client and their circumstances.

Competencies About Explicating Existential Themes

Numerous existential therapists, though not all, appear to elucidate existential concepts and provide didactic psychoeducation on topics such as freedom, choice, responsibility, meaning in life, being in the world, mortality, existential anxiety, and the uncertainty of being (Vos, 2017; Vos, Cooper, Correia & Craig,

2015). The explicit exploration and articulation of existential themes often necessitate a delicate equilibrium with the phenomenological and relationally accepting stance, as elucidation should not overshadow the phenomenological/relational processes. Meta-analyses of clinical trials indicate that explicating and systematically delving into existential themes while maintaining the phenomenological and relationally accepting approach can be highly effective for certain clients (Vos, Craig & Cooper, 2015; Vos & Vitali, 2018). Similar approaches to explicating and elucidating existential themes can be observed in other therapies, such as schema therapy, acceptance and commitment therapy, and positive psychology (Hayes et al., 2006; Seligman et al., 2005; Sin & Lyubomirsky, 2009; Snyder et al., 2020). These competencies encompass the recognition, articulation, and exploration of existential themes within clients' experiences. Existential therapists can encourage clients to adopt a meaning-oriented coping style to navigate extremely stressful life situations, as cognitive psychological research demonstrates the benefits of meaning-oriented coping (Park & Folkman, 1997). This entails supporting individuals in finding ways to lead a meaningful and gratifying life while acknowledging life's challenges, adversities, and constraints; this is reminiscent of the Serenity Prayer by existential theologian Martin Niebuhr: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." Existential therapists delve into clients' paradoxical feelings and ambiguities about life; rather than attempting to resolve these paradoxes or tensions, clients may be encouraged to learn to coexist with these emotions without allowing them to overshadow their daily lives and their ability to lead a meaningful and gratifying life. Existential therapists also pay heed to potential avoidance and denial of existential topics, aiding clients in learning to tolerate existential moods. Extensive studies on terror management theory illustrate how the confrontation with life's ultimate boundaries, such as our mortality, can engender existential anxiety, which individuals may attempt to deny or transform (Routledge & Vess, 2018). Though temporary and partial denial of life's existential themes may offer short-term stress relief or even serve as a source of creativity and productivity, persistent and long-term existential defense mechanisms could lead to reduced life satisfaction and the development of psychopathology (Vos & De Haes, 2007). Many existential therapists also strive to motivate clients to embrace their responsibility for leading a meaningful life and being authentic with themselves and others, aligning with Sartre's (1943) call to avoid bad faith, or *mauvaise foi*.

School-Specific Existential Competencies

The preceding competencies focused on existential competencies shared by therapists across all existential–therapeutic schools, as evidenced by the research from Correia and colleagues (2014, 2016a, 2016b, 2018). However, each specific school appears to have slightly different conceptual models and competencies. The majority of empirical research pertains to meaning-specific

competencies in meaning-oriented therapies. For instance, an overview of the commonalities among treatment manuals of meaning-oriented therapies reveals specific evidence-based, meaning-oriented competencies, including providing meaning-centered didactics, emphasizing long-term meaning over short-term gratification and pleasure, and uncovering the potential benefits of this focus, among others (Vos, 2016a, 2017). Additionally, EH therapies appear to diverge from other ET branches in several aspects. These therapies seem to place greater emphasis in their conceptual theories on the topics of freedom and embodied presence, likely influenced by their strong roots in humanistic and person-centered psychology. Presence encompasses research-supported competencies such as focusing on experiences in the present, evoking the authentic, vitalizing, and confronting self-protections. Moreover, many EH therapists appear to more frequently and explicitly seek integration with other nonexistential therapeutic approaches, while other ET branches also often employ research-supported metacompetencies, such as tailoring the therapeutic approach to the unique client in their individual situation. Although meta-analyses do not demonstrate significant effects for existential-integrative therapies, this may be attributed to the limited number of studies (Vos, Craig & Cooper, 2015), and there are some positive indications for the effectiveness of integrative and pluralistic therapies (Cooper & Dryden, 2015; Zarbo et al., 2016).

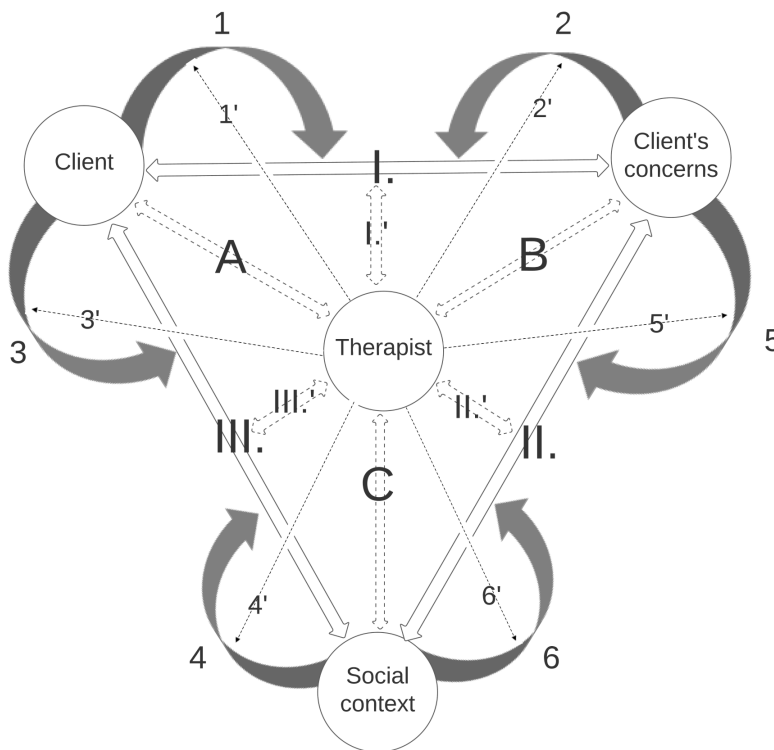
Metacompetencies

Metacompetencies encompass the skills that therapists utilize to tailor the therapy to the unique needs of each client in every individual moment. These competencies are prevalent across all therapeutic modalities and have garnered substantial empirical support (Young et al., 2013); however, they seem to assume a more explicit role in ETs (e.g., Cooper, 2016). Metacommunication involves customizing therapy objectives and techniques to the client's needs, abilities, and preferences. It also encompasses therapeutic flexibility, which entails the capacity to respond to a client's specific needs at any given moment, such as navigating change, challenging circumstances, trauma, and crises. Existential therapists employ metacommunication and shared decision making to collaboratively formulate therapy objectives that hold significance for the client, as well as techniques that align with their abilities and inclinations (Campbell et al., 2013; Mearns & Cooper, 2017). They may solicit explicit feedback from clients about the therapy and utilize this input to enhance their practices. Although existential therapists are capable of adhering to the principles of their therapy approach, they can integrate alternative therapeutic mechanisms to meet the client's needs when necessary, which appears to enhance therapeutic effectiveness (Roth, 2015).

Lastly, critical self-reflection and reflexivity play a significant role in existential therapy, influenced by the hermeneutic turn in phenomenology. Self-reflection involves introspection on one's own existential and psychological growth (e.g., through personal therapy), whereas reflexivity denotes "bending

back upon oneself” etymologically, signifying a form of critical self-reflection on the intersubjective dynamics among the therapist, client, and social-professional-socioeconomic context. The training of existential therapists often integrates numerous self-reflective and reflexive exercises, although this approach has been criticized for not consistently being systematic, potentially leading to self-affirming bias and narcissistic self-indulgence (Vos, 2022c, 2023a). Figure 2.3 gives an overview of all possible levels of self-reflection and reflexivity, with different types of relationships indicated by Roman numerals, Arabic numerals, and letters. A label with a prime symbol indicates a relationship between one level and another. Each label doesn’t necessarily correlate to a specific concept—rather, they reflect a range of possible types of possible relationships within a level. Numbers I–III describe the mutual relationships between clients, the client’s concerns, and their social context; for example, a client talks about their depression (I) which may be influenced by the cultural norms and taboos about depression (II) and their underprivileged, marginalized social position (III). Numbers 1–6 describe the client’s higher level influences on these relationships; for example, a client’s personality may influence how they talk about their depression (1) and their depressive state may

FIGURE 2.3. Overview of existential-therapeutic competencies



Source. “Doing Research in Psychological Therapies: A Step-by-Step Guide,” by J. Vos, 2023, Sage. Copyright 2023 by Joel Vos. Reprinted with permission.

influence how they talk about depression, such as feeling more negative about its prognosis (2). The therapist assesses, perceives, and possibly intervenes with the client, their concerns, and social context (A–C), the relationships between the client, concerns, and social context (I'–III'), and the client's higher level influences (1'–6'). For example, the therapist may not merely assess the client's symptoms (B) but also who they are in general as a person and their personality, values, norms, and life history (A) and their social context (C). The therapist may reflect on how the client's social position may have influenced the client in general (III') and their experience and expression of depressive symptoms (II'). The therapist is aware of how the client's symptoms may not be reduced to a simple, single diagnosis, as their experiences and expression of depression may be influenced by the client's unique personality, values, norms, life history (1') and depression (2'). See further details in Vos (2023a) and find self-reflective questions for each relationship in the figure at <https://joelvos.com/doingresearch/>.

MULTICULTURAL CONSIDERATIONS AND FUTURE RESEARCH NEEDS

Since the turn of the millennium, many critiques have been emerging about the dominance of Western White male perspectives in ETs and how many existential ideas have already existed in non-Western cultures and religions long before modern existential philosophy emerged in continental Europe (Gordon, 1996; Hoffman et al., 2009). For example, almost all cited studies in this chapter are based on research in White, higher-educated, cisgender people in Western countries. This lack of diversity seems common to all research on psychological therapies. There have been some initiatives to examine and publish on existential topics in diverse populations, although much more research is needed (Hoffman et al., 2009; Hoffman et al., 2020). Unfortunately, it seems too early to conclude what conceptual models and competencies this existential literature on diversity has in common. Several studies have seemed to compare multicultural conceptual models and competencies with the existing four ET schools, particularly with the branch of EH therapies. However, it seems important not to impose any pre-existing conceptual models and competency frameworks of ET onto these diverse conceptual models and frameworks. It may be hypothesized that, over time, a fifth branch of new existential approaches has been emerging, which seems to have basic conceptual models and competencies in common but also may have unique components regarding ETs with diverse, indigenous, multicultural, and LGBTQI+ communities. A related point of attention for future research regarding the experiences and existential treatment of individuals who are confronted with a lack of privileges—such as due to belonging to an ethnic or socioeconomic minority group, structural injustice, moral injustice, and complex posttraumatic stress disorder). For example, there is much research on the applicability of terror management theory on many psychological topics, including racism, nationalism, and extremist responses to

COVID-19, and researchers are investigating how terror management theory could be used to prevent structural injustice, such as racism and homophobia (Vos, 2020).

Although all components of the basic conceptual model and basic competencies of ET have been supported by some empirical literature, these findings should be validated by more studies with rigorous methodologies and experimental designs. More research is needed on the unique conceptual components and competencies of specific ET branches. For example, more research is necessary on integrative–existential therapies, and more in general into what conceptual assumptions and competencies ET has in common with other therapeutic approaches, such as cognitive behavior therapies. For example, it could be that a topic such as meaning can be addressed effectively in different approaches. Research on integration with neuroscience and biomedical sciences is still in its infancy but shows promising findings (Caruos & Flanagan, 2017; Ryff et al., 2004). Furthermore, more research is needed on ET in the general population, as research has disproportionately focused on individuals in boundary situations in life, such as psychotrauma or severe physical illness; for example, research is needed into the competencies and effectiveness of brief existential–therapeutic counseling in general and primary mental health care settings (for a study indicating promising findings, see Rayner & Vitali, 2016).

Finally, it seems important to defend the field of ET from disproportionate commercial influences that may bias or overly simplify research, training, and practices, as it seems that existential psychological ideas have been misrepresented—possibly deliberately—by some business coaches, human resource managers, and positive psychologists (Kaufman, 2021; Vos, 2020). Therefore, it seems important to use benchmarks, such as the basic conceptual model and competency framework in this chapter, for clinical training, clinical supervision, and practice in mental health care settings.

CONCLUSIONS

A substantial body of empirical literature provides support for the conceptual model, competencies, and outcomes of ETs, suggesting that overall, ETs are bona fide therapeutic approaches. Meaning-oriented therapies, in particular, have demonstrated strong evidence of reducing psychological stress and enhancing quality of life, with effect sizes comparable to other humanistic therapies (Cain, 2016; Elliott, 2002; Vos & van Rijn, 2022) and psychological therapies such as cognitive behavior therapy (Goodheart et al., 2006; Vos, 2023a), a phenomenon often referred to as the *equivalent therapy effects phenomenon* or the *Dodo bird verdict* (Wampold & Imel, 2015). Consequently, the key consideration for individual therapists is not which existential–therapeutic branch is universally superior, but rather which therapeutic interventions are most effective for specific individuals (compare Roth & Fonagy, 2006). Although ETs appear to benefit a broad spectrum of clients, they have been most extensively studied in

individuals facing pivotal life situations, such as those grappling with psychological traumas, death (Vos, 2018), grief (Neimeyer, 2012), chronic or life-threatening physical illnesses (Vos, 2016b), and the impact of COVID-19 (Vos, 2021b).

This review of empirical research on ETs underscores the potential for therapists to leverage existential–therapeutic knowledge and competencies, emphasizing evidence-based concepts and competencies outlined in this chapter. The framework of existential–therapeutic competencies can serve to refine and structure the curriculum of existential psychotherapy training programs, providing a foundation for training and development. Given the substantial effect sizes observed in clinical trials, as well as the evidence-based conceptual model and accredited ET training institutions, it is advisable for health insurance and service organizations to consider funding existential therapies. Moreover, health insurance companies, commissioners, and service organizations can utilize the evidence-based competencies framework to define and monitor appropriate competence levels among existential therapists. Similarly, professional bodies can adopt this framework as a benchmark for the required competencies in accrediting training programs and registering individual therapists, thereby contributing to the formulation of training, trade, and professional employment standards.

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