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Existential psychological therapies: An overview of empirical research

Thérapies existentielles : une revue de la recherche empirique

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ABSTRACT

Background. – Existential therapies are a range of psychotherapies inspired by existential and phenomenological philosophers. Although relatively little empirical research was conducted on their therapeutic model and outcomes in the early days, a substantial body of research has evolved.

Aim. – This article aims to give an overview of the empirical literature on existential therapies. This article will be divided into four parts: empirical research on existential practices, key concepts, critical therapeutic competences, and outcomes of existential therapies.

Method. – This article will review findings from previous systematic literature reviews and meta-analyses.

Findings. – The etiological model in many existential therapies seems to focus on how individuals may limit the totality of their subjective experiences. Ignoring or denying a part of the totality of their experiences limits their opportunities to live a meaningful, fulfilling and mentally healthy life and cope in beneficial ways with life's inevitable limitations and challenges. Their clinical concerns may include existential moods, detailed questions, or crises about life, meaning, identity or spirituality. Existential therapists may help via several evidence-based competencies: phenomenological and experiential skills, relational skills, explicating existential themes and processes, school-specific and meta-competences.

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Meta-analyses show that some existential therapies (particularly meaning-centred therapies) have large positive effects on psychological and physical well-being and overall quality-of-life.

Discussion. – A large body of empirical literature supports the key therapeutic existential concepts, competences, and outcomes. The discussion compares this literature with other therapies, showing that existential therapies have similarly strong empirical support. These findings indicate that existential therapies are bona fide therapies that may be considered for funding by health insurance and health services. Therapists and training institutes should focus on these evidence-based existential components.

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R É S U M É

Mots clés :
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Contexte. – Les thérapies existentielles sont un courant de psychothérapies inspirées par les philosophes existentiels et phénoménologiques. Bien que relativement peu de recherches empiriques aient été menées sur leur modèle thérapeutique et leurs résultats dans leurs premières phases de développement, un corpus substantiel de recherches s'est développé.

Objectif. – Cet article vise à donner un aperçu de la littérature empirique sur les thérapies existentielles. Il se divise en quatre parties : la recherche empirique sur les pratiques existentielles, le modèle conceptuel, les compétences thérapeutiques et les résultats des thérapies existentielles.

Méthode. – Cet article passe en revue les résultats des précédentes revues systématiques de la littérature et des méta-analyses.

Résultats. – Le modèle étiologique des thérapies existentielles semble se concentrer sur la manière dont les individus peuvent limiter la totalité de leurs expériences subjectives. Le fait d'ignorer ou de nier une partie de la totalité de leurs expériences limite leurs possibilités de vivre une vie significative, épanouissante et mentalement saine, et de faire face de manière bénéfique aux limites et aux défis inévitables de la vie. Leurs préoccupations cliniques peuvent inclure des états d'âme existentiels, des questions explicites ou des crises concernant la vie, le sens, l'identité ou la spiritualité. Les thérapeutes existentiels peuvent apporter leur aide grâce à plusieurs compétences fondées sur les preuves : compétences phénoménologiques et expérientielles, compétences relationnelles, explication des thèmes et processus existentiels, compétences spécifiques à l'école et méta-compétences. Les méta-analyses montrent que les thérapies existentielles peuvent avoir des effets positifs importants sur le bien-être psychologique et physique, et sur la qualité de vie globale.

Discussion. – Les concepts, compétences et résultats clés des thérapies existentielles sont soutenus par un grand nombre de publications empiriques. La discussion compare ce corpus avec d'autres thérapies, et il sera suggéré que les thérapies existentielles semblent bénéficier d'un soutien empirique tout aussi fort. Ces résultats semblent indiquer que les thérapies existentielles sont des thérapies efficaces dont le financement peut être envisagé par les assurances maladie et les services de santé. Les thérapeutes et les instituts de formation de thérapeutes pourraient vouloir se concentrer sur ces composantes existentielles fondées sur les preuves.

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1. Introduction

Across all cultures and eras, individuals seem to have asked themselves questions about life, such as ‘Where am I going to in life?’, ‘What is meaningful to me?’ and ‘How do I make sense of my limitations and finitude?’ Often, these questions are implicit, leading to existential moods or a latent existential crisis, such as a fear of death (Vos, 2016). For example, the COVID-19 pandemic seems to have brought latent existential questions to the surface, with people across the globe reporting that they have lost access to meaningful activities they were used to doing, and they have started to see their life from a larger perspective and reflected on their priorities in life (Vos, 2021a).

The oldest texts in human history, the Veda, and other spiritual texts, clearly show how even thousands of years ago, people reflected on existential topics, although their subjectively lived experiences and their approach to life were very different from ours (Vos, 2020, 2017). Existential texts seem to have been around in many cultures for thousands of years (Hoffman, Yang, Kaklauskas, & Chan, 2009), – although these texts may not have been representative of the lived experiences of the majority of the illiterate general population at that time (Vos, 2017). Many spiritual and religious traditions seem to have grown around questions and answers about life, and some authors argue that religions seem to have emerged in human history to solve our existential human quest (Vail & Routledge, 2020).

In the 19th century, an interest in existential philosophy emerged in continental Europe, which seemed to leave behind the traditional intertwining of existential questions with religions and spirituality, starting with the philosopher Soren Kierkegaard and Russian existential novelists. At the start of the 20th century, the existential methodology that mystics and shamans had been practising for millennia was translated into a scientific method: the phenomenological method (Caputo, 1978; Froese, 2012). Philosophers such as Edmund Husserl and Martin Heidegger brought a systematic approach to the phenomenological method and existential themes (see for overviews and introductions of phenomenology: Langdridge, 2007; Moran, 2002; Spinelli, 2005). The French school of existential philosophers, such as Jean-Paul Sartre, Emmanuel Levinas, and Maurice Merleau-Ponty, quickly picked this up. Whereas the French and German existential schools had brought ethical, Marxist and critical-theoretical topics into existentialism (Vos, 2020), political authors such as Franz Fanon explicitly intertwined existentialism with the practices of social justice, empowerment, and political activism (Gordon, 1996; Hoffman, Yang, Kaklauskas, & Chan, 2009; Sithole, 2016).

Based on this long and eclectic history, existential therapies emerged (NB: this article will use the word ‘therapies’ as a generic term for all psychological therapies, psychotherapies, counselling and coaching). With the increased popularity of existential thought in the 1950s, psychological therapists also started exploring how to work with existential themes in therapy and base their therapeutic practices on existential principles. Initially, Daseinsanalysis evolved from the work of Heidegger. In the United States, existential therapies developed conjointly with humanistic therapies and the empowerment movement, with authors such as Rollo May, Irvin Yalom, and Viktor Frankl promoting the idea that we can face our life’s limitations and we can live a meaningful life even in the face of life’s challenges and crisis. Later in the 20th century, other existential therapeutic schools emerged in the United Kingdom, which combined critical psychiatry and phenomenology. Thus, there is not one ‘existential psychotherapy’, but a broad variety of existential therapeutic approaches (Correia, Cooper, & Berdondini, 2014, 2016a, b, 2018). Introductions to the different existential schools can, for example, be found in Cooper, 2016, and Van Deurzen et al., 2019.

The early existential therapists conducted relatively few systematic empirical studies on the therapeutic model and outcomes of existential therapies. They seemed to focus dominantly on case studies and theoretical essays. Traditionally and up till today, some existential therapists seem to have been hesitant to conduct systematic empirical research (Vos, 2013). These rejections are often based on the traditional dominance of a relativist ontology and constructivist or post-structuralist epistemologies. This means that these existential therapists assumed that there may not be an objective or shared reality that we can measure with our research instruments, as we can only phenomenologically describe the flow of experiencing of individuals. This may be summarised with Sartre’s adage ‘l’existence precede l’essence’: our scientific models and labels (‘essences’) are only secondary to the subjectively lived experiences of clients and therapists (‘existence’).

However, since the turn of the millennium, many existential therapists seem to have developed a critical-realist position, which means that they assume that we seem to have a shared reality. However, our knowledge of this is filtered through our subjective senses, which we may investigate via systematic analysis, critical self-reflection, and reflexivity (Bhaskar, 1975). Nowadays, many researchers also seem to embrace a methodological pluralistic perspective (Vos, Cooper, Correia, & Craig, 2015), meaning that multiple research methods can be mixed. Combining methods can be mutually enhancing: ‘corroborating, triangulating, and elaborating each other, with the possibility of an active, continual process of interpretation and re-interpretation’ (Goss & Mearns, 1997 p. 67). Our shared reality of therapy may be described as a multi-faceted diamond; we can only see multiple facets if we cast light from different research angles at different facets of the totality of therapy phenomena (Vos, 2021b, 2023). Since the turn of the millennium, an evidence-based turn in the field of existential therapies can be observed, with an increasing interest in research and evidence-based existential therapies (e.g. Batthyany & Russo-Netzer, 2014; Hicks & Routledge, 2013; Russo-Netzer, Schulenberg & Batthyany, 2016; Vos, 2016, 2017; Vos, Craig, & Cooper, 2015; Wong, 2013). This article will stand in this line on the foundations of critical-realist epistemology and methodological pluralism.

Despite the large body of English research publications on existential therapies, there seems to be a relative lack of such publications in French. Possibly this is due to English being a dominant language for many scientific journals, and there also seem to be fewer existential therapy and training institutions in French-speaking countries than in English-speaking countries (Correia et al., 2016a). However, there appears to be an increasing interest in existential therapeutic practices in French-speaking countries, exemplified by the publication of this special edition. Therefore, this article aims to overview key research findings on existential therapies for the French audience (i.e. ‘evidence-based existential therapies’).

The method of this article consists of summarising, translating and critically describing the most frequently cited articles and chapters on research in existential therapies. On 7 December 2021, a search was conducted on Web of Science with the combination of the following search terms: (existential and therap*), and (research or trial or experiment or test or study), and (review or overview or meta-analysis or synthesis or handbook). This query yielded 202 articles. The most frequently cited articles describe the role of spirituality, meaning, dignity and existential distress in life-threatening illness; these studies have previously been reviewed systematically in Vos, 2016. Clinical trials were reviewed in two meta-analyses (Vos, Craig et al., 2015; Vos & Vitali, 2018). The empirical foundations of key concepts in existential therapies were reviewed by Cooper (2016), Greenberg, Koole, and Pyszczynski, 2004; Vos, 2016, 2017, 2018, 2019, and Vos, Cooper et al. (2015). Wong (2012) has published a key handbook on research on the human quest for meaning. Correia et al. (2014, 2016a, b, 2018) described the worldwide practices of existential therapists. This article will be based on these studies. This will exclude other research trends, such as overviews on existential coaching and counselling (Hanaway, 2020; Jacob, 2019) and the intersection between existential therapy/philosophy and economics/politics (Vos, 2020). This review of these previous publications will be structured in four parts: a review of research on existential practices, key concepts, key competences, and effectiveness.

2. Review of existential-therapeutic practices

Correia et al. (2014, 2016a, b, 2018) conducted a worldwide survey of the practices of existential therapies. There are 147 existential therapy and education institutions (Correia et al., 2016a). Several institutions organize conferences and regulate the profession, such as the World Confederation for Existential Therapy (WCET), IMEC International Meaning Events & Community, Federation of Existential Therapies Europe (FETE), Viktor Frankl Institute, Gesellschaft für Logotherapie und Existenzanalyse (GLE), and the International Network for Personal Meaning (INPM). These schools could be organized in different ways, but a common method is to differentiate Daseinsanalysis, meaning-centred therapies, existential-humanistic therapies, existential-phenomenological therapies, and existential-integrative approaches (Van Deurzen et al., 2019; Cooper, 2016). However, this differentiation does not seem to do justice to regional schools and unique cultural developments, for example, in China, South-East Asia, Africa, Latin, and Southern America (Hoffman et al., 2009; Gordon, 1996).

Daseinsanalysis is mainly found in German-speaking countries (see overview: Holzhey-Kunz in [Van Deurzen et al., 2019](#)). Daseinsanalysis aims to help clients open up to the totality of their being and live more authentically. Clients are stimulated to develop an attitude of let-it-be-ness ('Gelassenheit'; Vos, 2014). Traditional Daseinsanalysts such as Binswanger and Boss systematically follow a phenomenological approach, whereas contemporary Daseinsanalysts such as Holzhey-Kunz combine this with other therapeutic competences and pay more explicit attention to existential themes in the client's experiences. Daseinsanalysts lend many techniques from psychoanalysis, such as free association and dream analysis.

Meaning-centred therapies are the most frequently practiced form of existential therapy, particularly in work with patients with a chronic or life-threatening illness (see for overviews: [Vos, 2016, 2018](#)). These therapies started with the founding of logotherapy ('logo' means 'meaning') by Viktor Frankl, followed by other meaning-oriented approaches such as existential analysis (see overview: Langle, in [Van Deurzen et al., 2019](#)), meaning-centered psychotherapy in palliative care ([Breitbart, 2016](#)) and evidence-based systematic meaning therapies ([Vos, 2016, 2017](#)). Meaning-centered therapies explicitly and systematically address questions about meaning in life to help clients live a more meaningful and fulfilling life and 'saying yes to life', despite life's challenges. Different meaning-oriented schools use different methods, but most use phenomenological and systematic methods to help clients uncover what they experience as meaningful. More recent meaning-centered approaches focus on time-limited, structured treatments with systematic steps to uncover the client's types of meaning in life, often for specific groups such as cancer patients ([Breitbart, 2016; Vos, 2018](#)).

Existential-humanistic therapies are mainly found in the United States, and are influenced by humanistic therapists such as Rollo May; example figures are Yalom, Bugental, and Schneider. Existential-humanistic therapies aim to help clients become more present, fully, and subjectively alive (Schneider & Krug, 2010). They assume that our attempt at self-realization is often blocked or resisted by our – often unconscious – anxieties. By learning to face and unpeel these resistances ([Bugental, 2013](#)), clients may overcome feelings such as guilt, pain, shame, or dread and embrace their full range of experiences, including seeing their potential and a sense of awe. Therapeutic techniques include experiential processing, staying with feelings, self-expression, free association, identifying and visualizing emotions, and fostering trust in the ability to bear negative emotions. Some traditional existential-humanistic therapists, such as Irvin Yalom (1980), explicitly stimulate their clients to become aware of and, if possible, overcome their existential defence mechanisms and face existential givens such as freedom, death, responsibility, and isolation. Existential-integrative approaches are a range of therapies that integrate existential therapies with other therapeutic modalities, often short-term. Existential-experiential therapies focus on the client's experiences and felt sense, such as Eugene Gendlin's focusing methods.

Phenomenological-existential therapeutic approaches originally evolved in the United Kingdom, inspired by the work of Ronnie Laing and Hans Cohn, and have been developed by therapists such as Ernesto Spinelli and Emmy van Deurzen. These approaches focus on developing a non-diagnostic exploration of the client's experiences, and they follow a phenomenological approach with a strong emphasis on the therapeutic relationship. For example, [Spinelli \(2005, p. 87\)](#) helps clients to 'clarify descriptively that which the client experiences as disruptive to the continuity of the world-view so that its sedimentation and dissociations can be explored inter-relationally'. Van Deurzen (2015) uses a hypothetical conceptual framework to help clients via descriptive-phenomenological questions to explore their experiences and paradoxical feelings from the context of their physical, personal, social, and spiritual worlds. [Vos \(2017, 2021a\)](#) has suggested using more systematic and evidence-based phenomenological approaches in the work with clients to prevent imposing the agenda from the therapist of the above-mentioned unempirical hypothetical frameworks. A more recent spin-off of the British School of existential therapies is the work from Mick Cooper and John McLeod on pluralistic therapies, which focuses on empowering clients to develop joint aims and methods for therapy and tailoring the therapy to their needs.

[Correia et al. \(2014, 2016a, b, 2018\)](#) conducted a global survey across all existential-therapeutic schools. They found that many practitioners use specific theories and competencies unique to specific existential schools. However, they also found that existential therapists have much more in common than they differ from each other. For example, all existential therapists say their practices

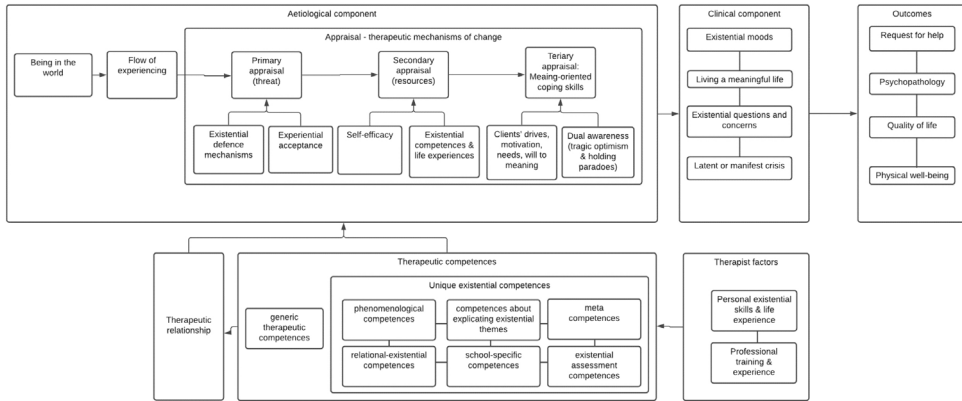


Fig. 1. Overview of evidence-based conceptual model of existential therapies (extended, updated version of Vos, 2021c).

are grounded in existential and phenomenological philosophy. Most existential therapists use four – sometimes overlapping – therapeutic competences: phenomenological and relational skills, explicating existential themes, and therapeutic-school-specific competences. These competences will be elaborated below. Correia et al.'s survey suggested that most existential-therapists do not rigidly stick to one existential school but focus on their evidence-based commonalities. To interpret this considerable overlap in most theories and practices, it may be hypothesized that most existential therapists are second or third-generation therapists after the birth of existential therapies; like other therapeutic schools, new generations seem to stick less rigidly to the unique founders of their school and focus more on what they have in common with others and on those therapeutic components that are the most supported by empirical research.

3. Review of key concepts in evidence-based existential therapies

Bona fide therapies are therapeutic practices delivered in good faith; for example, therapists are trained in and committed to the therapy by professional institutions and bodies. Furthermore, bona fide therapy should be based on a sound conceptual framework (Wampold et al., 1997). The conceptual framework of therapies can be analyzed in multiple conceptual components (Kazdin, 2021; Vos, 2023). 'To build a strong conceptual model of psychological therapy, each component and the relationships between the steps need to be supported by strong empirical evidence from quantitative and qualitative research and logical reasoning and coherence. If any of these conceptual steps are missing or are not supported by strong empirical evidence, and/or if the relationships between these steps are 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, 2023, p. 65). This section will analyze how the most important conceptual components in psychological therapies can be found in existential therapies and how much each conceptual component of existential therapy is supported by empirical research evidence: clinical, aetiological, therapeutic, client-oriented, therapist-oriented, relationship-oriented, and competencies-oriented conceptual components. These components follow previous comprehensive reviews on the evidence-basis of existential concepts; the recent research on outcomes and evidence-based therapist competences will be explained in the following sections (Vos, 2019; Vos et al., 2015a). See Fig. 1.

3.1. Aetiological conceptual component

The conceptual model of existential therapies often starts with several unfalsifiable ontological assumptions. We are thrown into the world with all its unchangeable givens, such as mortality, freedom, and paradoxes (sometimes called 'life's givens'). The term 'world' is a generic term here,

describing the totality of our subjective life and the situation in which we are embedded (Heidegger, 1927). In contrast with positivist psychologists, phenomenologists assume that we do not seem to have direct objective knowledge about the ‘Reality’ of our world, as we only become aware of our world via our subjective phenomenological flux of experiencing our daily life world. We can only describe in very generic ways how individuals seem to experience their subjective stream of experiencing; for example, we may identify different aspects, domains, or worlds in our flow of experiencing (e.g. personal, physical, social and spiritual world), according to existential therapists such as Binswanger (1963) and Van Deurzen (2009). An empirical review of 109 worldwide studies in over 45,000 individuals shows that individuals significantly distinguish six different types of meanings that the world has in their flow of experiencing: materialistic, hedonistic, self-oriented, social, larger, and existential-philosophical meanings (Vos, 2022b). Thus, these generic forms seem to emerge in our individual flow of experiencing, but the precise content of these experiences is unique to each individual.

3.2. Aetiology & therapeutic mechanisms of change

The philosopher Heidegger pointed out that in different eras, individuals seem to be inclined to focus on different parts of their world in different ways; thus, instead of embracing the totality of their flow of experiencing, people limit this flow by only looking at some aspects of this totality and ignoring other aspects (Heidegger, 1927; Vos, 2021a–d). For example, Heidegger described how in the 1930s, many people seemed to see their world through a lens of existential anxiety, and in the 1940s and 1950s, through a feeling of existential boredom; we may argue that in the 2010s we look through a lens of existential outrage at our world (Vos, 2020). Thus, instead of accepting the totality of our experiences, we may focus only on certain aspects and ignore others. Based on their clinical expertise, phenomenological therapists have described how individuals often cover their primary flow of experiencing by secondarily attaching cultural-historical meanings and personal interpretations to certain aspects of their experiences; therefore, these therapists have recommended analyzing how we limit our experiences of the world, and to try to return from these secondary cover-ups of parts of our experiences to the primary flow of experiencing our world in its totality (e.g. Spinelli, 2005; Wrathall, 2011). Phenomenological researchers have therefore developed ways to describe this stream of consciousness, distinguish it from secondary interpretations, and reconstruct how individuals make sense of their world (Smith et al., 2009/2013; Vos, 2021b).

In sum, we can differentiate our primary raw experiences from our secondary interpreted experiences. Neuropsychological research has confirmed that consciousness starts with a primary feeling of what happens, even before it enters our awareness, and we subsequently interpret this (Damasio, 1999). It seems that existential therapists focus on helping clients to open themselves for their primary flow of experiencing and remove emotional blocks or existential defence mechanisms that may hinder clients from experiencing the world in its totality. Research suggests, for example, that when clients support deepening their experiences and stay with their flow – for example via focusing techniques (Gendlin, 1986) – they experience better general well-being (Hendricks, 2002; Orlinsky, 2006).

Different therapists use different terms and specific techniques to help clients return to their primary flow of experiencing the totality of the world. In the following explanation, the updated stress-coping model from Park and Folkman (1997) will be used; this model has been supported by countless studies, particularly in boundary situations in life, that explicitly bring existential themes to the foreground. This evidence-based psychological model can help to understand how individuals make sense of their flow of experiencing and how they can limit their perception of the totality by focusing only on particular parts of their experiences. This model is rarely explicitly used or cited by existential therapists but is very popular in psychiatric and medical settings; however, this model may give empirical foundations for some of the key existential therapeutic practices.

Primary appraisal describes how individuals appraise the situation: what is their perception of the initial meaning of the situation? Is this, for example, a threat to them or harmless? Individuals seem to adjust their appraisal of the situation in response to existential defence mechanisms, or they could try to accept their experiences of the situation. For example, research into Terror Management Theory has offered much evidence of how individuals perceive and adjust their perception of ultimate givens in life, such as mortality salience (Greenberg et al., 2014). If individuals are confronted with

reminders of their finitude, for example, due to the COVID-19 situation in the world, this can be perceived as frightening and trigger death anxiety, which can subsequently be suppressed by changing their perception of the threat; for example, individuals deny that there is a threat – like research shows that existential anxiety increases the likelihood that individuals deny the threat that COVID-19 poses (Vos, 2020). Individuals could also shift their attention away from the threat to something that feels more meaningful to them, such as their nation, culture, values, or meanings in life.

Here, we move towards secondary appraisal, meaning that individuals need to assess their resources to respond to the situation. For example, a sense of self-efficacy, life experience and existential competences often influence how individuals respond to a situation. Victor Frankl (1956) described how individuals could change their inner attitude towards a situation, which will impact their well-being, such as focusing on meaning in life helped him to get through the horrors of being a prisoner in a concentration camp. For instance, in response to boundary situations in life, we can choose to sink into despair and resignation or distance ourselves from the situation by taking a leap of faith and transcending the situation in space and time, developing a larger, more authentic, and meaningful perspective on life (Jaspers, 1925/2013; Frankl, 1980/2014). Although the freedom of will is an unverifiable given-of-life (Lukas, 1986/2014, p. 16), many empirical studies have confirmed that individuals are flexible in how they cope with life experiences (e.g., Zeidner & Endler, 1996). Being flexible in coping-styles seems more important than using one particular strategy in dealing with adversity (Kashdan & Rottenberg, 2010). An example of secondary and tertiary appraisal is that the interpretation and protective behaviour during the COVID-19 pandemic was predicted by the sense of self-efficacy, previous experiences with uncertainties in life, and the ability to tolerate uncertainties and live a meaningful life despite life's challenges (Vos, 2020); this example shows the connection between secondary and tertiary appraisal.

Tertiary appraisal is the meaning-oriented response individuals may give to a specific situation. Individuals often negotiate the meaning of a particular situation with their general sense of meaning in life (Park & Folkman, 1997; Vos et al., 2011). For example, a diagnosis with a life-threatening can challenge an individual's fundamental assumptions in daily life that the world is benevolent, the world is meaningful, and the self is worthy (Janoff-Bulman, 1992; Brewin & Holmes, 2003). Sometimes, individuals will try to continue these daily life assumptions and preserve what feels meaningful to them regardless of the situation, whereas others may adjust their goals and meanings to the situation (Park, 2008, 2010). How individuals experience meaning in challenging situations – such as living meaningfully in the face of pain, suffering, and death – seems to depend on several subjective aspects. For example, some existential therapists assume that clients have an inner motivation, drive or will for meaning; research seems to suggest that most individuals strive towards a meaningful life, even though this does apply to everyone (Vos, 2016, 2018). Our meaning-oriented coping skills also depend on our ability to live a meaningful life despite the given limits of the world in which we are thrown – such as our finitude, freedom, isolation, and lack of an Absolute True Meaning Of Life given at birth. Many existential-therapists have described how individuals can hold paradoxes in life, and develop tragic-optimism or a dual attitude. A dual attitude stipulates that a personal sense of meaning can go hand-in-hand with scepticism towards metaphysical truth or a Absolute Cosmic Meaning Of Life; research indicates that the ability to develop a dual attitude can help to live a meaningful life while accepting life's limitations, which is associated with better mental health (see review in Vos, 2014; Vos & Vitali, 2018).

Some of the key mechanisms of change that existential therapists seem to use in their work with clients refer to these primary, secondary and tertiary appraisal processes. Therapists help clients to do justice to their primary flow of experiencing the world in its totality by exploring how their appraisal processes may limit their view of the world. Clients are stimulated to return from their secondary limiting world-views to their primary flow of experiencing the world in its totality, fullness, paradoxes and dualities. For example, like Cognitive-Behaviour Therapists, existential therapists help individuals to make sense of their situation and their life and to examine how their primary appraisal may be limited, unhelpful, irrational, or unrealistic. Subsequently, they may help clients develop the resources to give an authentic and well-deliberated response to their situation and life in general (for example, well-being and satisfaction improve when individuals make decisions they regard as authentic; Schlegel et al., 2016). Regarding the tertiary appraisal processes, existential therapists also pay explicit

attention to how individuals experience meaning in life by systematically and explicitly addressing meaning in life.

Research indicates that existential therapists can effectively help clients make more beneficial appraisals, as shown below. For example, research suggests that the therapist's personal existential skills, life experience, professional training, and experience can improve their therapeutic competencies, subsequently influencing the mechanisms of change that can improve the clinical components and outcomes in existential therapies (Vos, 2017). Naturally, this is a generic overview of therapeutic mechanisms, and different existential schools may focus on other aspects (Vos, 2019; Vos, Cooper et al., 2015).

3.3. Relational components

Existential therapists focus on developing a constructive therapeutic relationship. One of the reasons for this is the philosophical idea that individuals can develop themselves, become authentic, check and improve their appraisal processes, and learn to open themselves to the totality of their experiences via the relationships and mirroring with others. As Martin Buber (2012) wrote, thanks to you, I can become who I am. A large body of research shows how working at relational depth facilitates the therapeutic process by making clients feel safe enough to explore their perceptions, resources, and meaning-oriented coping mechanisms (Norcross & Wampold, 2019). The relationship may also offer a space to experiment with alternative perceptions and responses. Therefore, many existential schools focus on developing a positive therapeutic relationship, as will be explained later.

3.4. Clinical components

Whereas clients could report themselves with concerns about their existential appraisal processes, they are more likely to ask for help from an existential-therapist because of unique existential clinical components. These clinical components result from the aetiological mechanisms and can lead to outcomes such as psychopathology, low quality of life and physical problems. For example, individuals may report some unwanted existential moods, when confronted with life's givens, and perceive these as threatening, feeling that they lack sufficient resources and cannot find a way to cope meaningfully with these. Existential moods (Heidegger: 'Grundstimmungen') are well-studied affective moods, which are more than just fleeting emotions. Existential moods are not focused on a specific object, such as a dog phobia, but on ultimate concerns in life, such as death, freedom or responsibility; existential therapists have identified a broad range of existential moods, of which death anxiety and meaninglessness/meaningfulness are the most studied (e.g. Ryff, 1989, 1999; Brandstätter, Baumann, Borasio, & Fegg, 2012; Van Bruggen, Vos, Westerhof, Bohlmeijer, & Glas, 2015; Steger, 2012).

These existential moods can be revealed in the explicit existential and philosophical questions that clients may ask about life, such as meaning in life. However, most clients seem to experience these existential moods in unreflected ways, and the existential moods can, for example, be underlying other psychopathology and behaviour. Thus, existential therapists need to be sensitive to detect these underlying existential themes and moods in their clients' stories (Vos, 2016). Another way to describe the presence of existential moods and questions is in terms of an existential crisis, a crisis in meaning in life, an identity crisis, or a spiritual crisis; a crisis can be latent before it becomes manifest (Vos, 2017). Empirical studies confirm that many individuals report existential moods and questions when they are confronted with life's givens, such as the majority of individuals ask existential questions after the diagnosis of a chronic or life-threatening disease or during bereavement over a lost loved one (Park, 2010; Hoench & Danielson, 2009; Maguire et al., 2014; Winger, 2015; Vos et al., 2016a, b). Hundreds of studies indicate that a large majority of the general population actively searches for meaning and that the presence of meaning and meaning-oriented coping-styles is moderate to strongly correlated with a higher quality-of-life, lower levels of psychological-stress such as depression and anxiety, and better physical well-being (Steger, 2012; Brandstätter, Baumann, Borasio, & Fegg, 2012; Park, 2010; Roepke et al., 2014; Folkman, 2008; Ryff, Singer, & Dienberg Love, 2004).

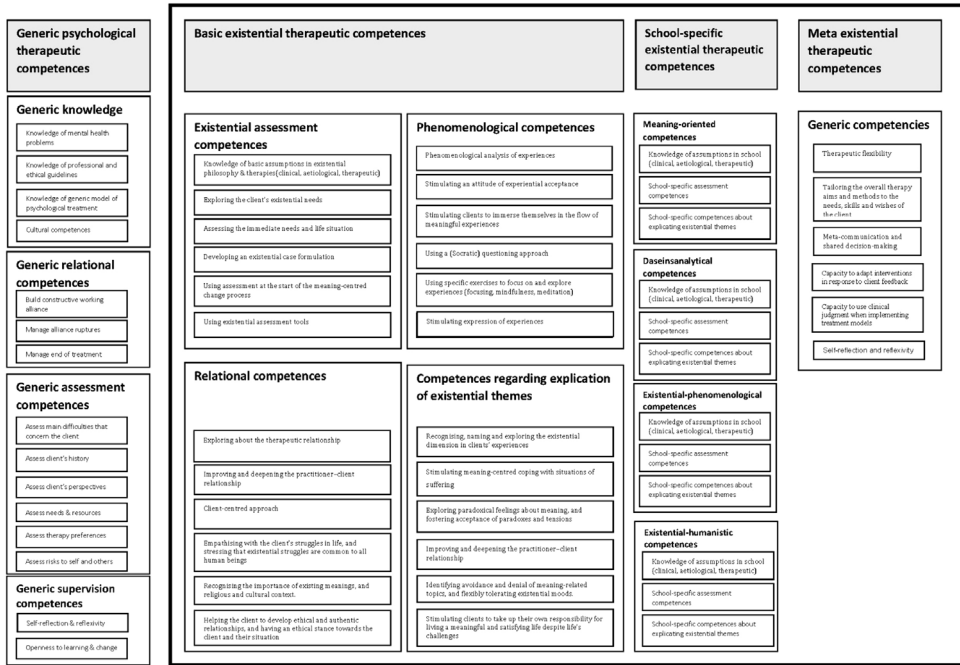


Fig. 2. Overview of evidence-based existential therapeutic competences. Translated from: *International Journal of Psychotherapy*, 2021, 25(1), 33.

4. Review of evidence-based existential-therapeutic competences

Since the turn of the millennium, professional bodies worldwide have formulated competence frameworks for education, training and the registration and monitoring of the quality of practitioners (Vos, 2021c). These frameworks describe competences and competencies; competences regard what people can do, for example, in terms of measurable semi-standardized skills, whereas competencies regard how individual practitioners could actually achieve these standards in terms of specific behaviour (Stevens, 2013; Whiddett & Hollyforde, 2003). In 2021, Vos developed an evidence-based competences framework for existential therapies to help validate, justify, and improve research, training, and practices of existential-therapists. This framework was developed with similar strategies as other competences frameworks. First, existential-therapeutic competences were identified in key publications, such as the worldwide survey of existential practitioners (Correia et al., 2014, 2016a, b, 2018), a debate on key characteristics of existential therapy (in Vos, Craig et al., 2015), and a debate after the first World Congress of Existential Therapies, regarding the definition of Existential Therapies (<https://www.existentialpsychotherapy.net/definition-of-existential-psychotherapy/>). Each competence was described in unique and operationalizable terms. This yielded 476 competences, which were subsequently categorized into 56 sub-groups and 13 groups of competences via thematic analysis. Each of these 56 competences was scrutinized for their effectiveness by searching for empirical evidence in research studies. Feedback from 12 existential therapists on the final framework was included. An overview of the findings can be found in Fig. 2, and details in Vos (2021c).

4.1. Generic competences

Existential therapists use a range of generic competences which they have in common with other approaches and which have been proven effective by many studies (Roth, Hill & Pilling, 2009; Young, Szyzkowitz, Oudijk, Schultess & Stabingis, 2013; EAP, 2013). This includes generic knowledge about

mental health problems, the specific work setting, requirements from professional bodies, and ethical and culturally-sensitive behaviour. General relational skills have the capacity to build and maintain a constructive therapeutic relationship and repair relational ruptures if these may appear; research shows that the therapeutic relationship is an essential therapeutic factor that improves therapy effectiveness (Norcross & Wampold, 2019). Generic assessment skills include the well-studied clinical competence to conduct a generic assessment of the main difficulties which concern the client, their history, perspectives, needs and resources; this assessment forms the basis of a diagnosis or case formulation and treatment plan (Roth et al., 2009). Generic supervision skills are less studied but include the capacity to arrange and engage in clinical supervision in constructive ways.

4.2. Existential assessment competences

Existential assessment skills focus on assessments in terms of the unique clinical, aetiological, and therapeutic models of existential therapies, as described above. Existential assessment is often conducted in a relational and phenomenological way. This includes knowledge of basic assumptions in existential philosophy and psychotherapies. Existential therapists in evidence-based existential trials systematically assess the client's situation and formulate an existential case formulation which forms the basis of a tailored existential-therapeutic treatment plan; research indicates that systematic assessments and case formulations can improve therapy effectiveness (Kendjelic & Eells, 2007; Page, Stritzke, & Mclean, 2008). Many existential therapists assess their client's needs within their life situation and social and political context to do justice to structural injustice, and socio-economic and political threats (Vos, Roberts & Davies, 2019; Vos, 2020). Existential therapists will not merely assess problems but also strengths and resources for the clients, as a problem-oriented assessment may create iatrogenic damage (Lukas, 2000, 2019). Although not often applied in clinical practice, existential therapists may use systematic assessment tools such as questionnaires, the Goal Attainment Form (GAF) (Cooper & Dryden, 2015) or treatment manuals (Vos, 2017).

4.3. Phenomenological competences

Existential therapists use phenomenological skills focusing on the client's subjective primary flow of experiencing and help them gain deeper self-awareness and insight (Vos, Cooper et al., 2015). Research indicates that deepening experiential experiences may benefit and be effective for clients (Elliott, Greenberg, & Lietzer, 2004; Elliott & Freire, 2013). This includes phenomenological analysis of experiences, although different existential-therapeutic schools may do this in different ways, such as philosophical-phenomenological steps (Spinelli, 2015), psychological-phenomenological steps (Langle, 2014), and systematic pragmatic phenomenological analysis (Vos, 2017, 2021a, b, c, d). Existential therapies that include systematic phenomenological methods and other methods are more effective than existential therapies without a systematic phenomenological approach (Vos, Craig et al., 2015; Vos & Vitali, 2018). This also includes the capability of existential therapists to stimulate an attitude of experiential acceptance, which means helping clients to stay and deepen their flow of psychological and existential experiencing instead of denying, ignoring, or rationalizing these. This also includes helping clients to immerse themselves in the flow of meaningful experiences. That is, Frankl (1956) wrote that clients may benefit from de-reflection, which means reflecting less and instead getting more into the flow of experiencing because some clients seem stuck in theoretical reflections (hyper-reflection) and desires (hyper-intention); Spinelli (2005) formulated this as helping clients to immerse themselves into the flow of experiencing, instead of sitting passively on sedimented, fixated thoughts or images (Spinelli, 2005). This also includes phenomenologically exploring hierarchies in the client's experiences, such as identifying what is more-meaningful and what is less-meaningful in their experiences; research indicates that this is often an intuitive and unconscious process and not merely cognitive (Vos, 2015, 2017, 2020). Many existential therapists use a Socratic questioning approach, which implies that they often have a relatively non-directive approach, where they do not give direct answers to client's quests, but by asking questions to their clients that they support their journey of self-exploration; Socratic questioning seems an effective competence (Britt, 2003; Overholser, 2011). Existential therapists may also use a variety of specific non-verbal techniques to

help clients explore their experiences, such as focusing, mindfulness, meditation, and guided imagination, many of which have been supported by research (see overview in [Hofmann et al., 2010](#); [Khoury et al., 2013](#); [Vos, 2017](#); [Elliott et al., 2004](#)). Finally, phenomenological competences include having the capability to help clients actively express and articulate emotions, make sense of confusing and distressing experiences, and help clients reflect on and develop more beneficial affective and passionate meanings.

4.4. *Relational-existential competences*

Relational competences play a key role in existential therapies; following Buber's philosophy (2012), authentic personhood is found in the in-depth encounter between two human beings. There seems to be the implicit assumption that clients may be able to deepen their experiences and explicitly work with existentially deep topics thanks to their deep therapeutic relationship; similarly, existential depth and relational depth may go hand-in-hand ([Golovchanova, Dezutter, & Vanhooren, 2021](#); [Vos, 2017](#)). The following competences are strongly supported by a large body of research evidence ([Norcross & Wampold, 2019](#); [Roth, Hill, & Pilling, 2009](#)). These competences include the ability to work with the immediate relationship, including both conscious and unconscious processes, for example to help the client to feel held and safe enough to express unwanted experiences and explore these at existential depth. This includes skills to strengthen and deepen an authentic, genuine, open, and trustworthy therapeutic relationship. Many existential therapists seem to have a person-centred stance, following Carl Roger's (1962) concept of the actualizing tendency: human growth is often believed to be self-directed, and thus therapists should facilitate this growth and not impose their agenda. Existential therapists empathize with the client's struggles in life and stress that existential struggles are common to all human beings. Existential therapists recognize and unconditionally accept the value of existing meanings, and religious and cultural context. Existential therapists often also help clients to develop ethical and authentic relationships and have an ethical stance towards the client and their situation.

4.5. *Competences about explicating existential themes*

Many existential therapists, although not all, seem to explicate existential topics and offer didactical psycho-education regarding these existential topics, such as freedom, choice, responsibility, meaning in life, being-in-the-world, mortality, existential anxiety and uncertainty of being ([Vos, 2017](#); [Vos, Cooper et al., 2015](#)). The explicit exploring and naming existential themes often involve a fragile balance with the phenomenological and relationally-accepting stance, as explication should not come at the cost of the phenomenological/relational processes. Meta-analyses of clinical trials indicate that explicating and systematically exploring existential themes while maintaining the phenomenological and relationally-accepting stance can be very effective for some clients ([Vos, Craig et al., 2015](#); [Vos & Vitali, 2018](#)). Similar approaches to explicating and explaining existential themes can be found in other evidence-based therapies, such as Schema Therapy, Acceptance and Commitment Therapy and positive-psychology ([Hayes, Luoma, Bond, Masuda, & Lillis, 2006](#); [Lopez, Pedrotti, & Snyder, 2011](#); [Seligman, Steen, Park, & Peterson, 2005](#); [Sin & Lyubomirsky, 2009](#)). These skills include recognizing, naming, and exploring existential themes in the clients' experiences. Existential therapists can stimulate clients to use a meaning-oriented coping style to deal with highly stressful situations in life, as cognitive psychological research shows the benefits of meaning-oriented coping ([Park & Folkman, 1997](#)). This means, for example, that individuals can be supported to find ways to live a meaningful and satisfying life while recognizing the reality of life's challenges, struggles and limitations; this reminds of the Serenity Prayer by the existential theologian Martin Niebuhr, which tells us to accept what we cannot change, have the courage to change we can and build the wisdom to know the difference. Existential therapists explore paradoxical feelings and ambiguities that clients may experience about life; instead of trying to solve paradoxes or tensions, clients may be stimulated to learn to live with these feelings while not letting these feelings overwhelm them in their daily life and their ability to live a meaningful and satisfying life. Existential therapists will also pay attention to possible avoidance and denial of existential topics and help clients learn to tolerate existential moods. Countless studies

on terror management theory have shown how confronting life's ultimate boundaries, such as our mortality, can create existential anxiety, which individuals may try to deny or transform (Greenberg et al., 2004). Whereas temporary and partial denial of life's existential topics may give some stress relief in the short-term or may even be a source of creativity and productivity, if existential defence mechanisms are structural and long-term, they could lead to a lower life satisfying and the development of psychopathology (Jim et al., 2006; Vos & De Haes, 2007). Many existential therapists also seem to stimulate clients to take up their responsibility for living a meaningful life, in line with Sartre's appeal to prevent 'mauvaise foi' (Sartre, 1943).

4.6. School-specific existential competences

The previous competences focused on existential competences that therapists in all existential-therapeutic schools seem to have in common, as indicated by the research from Correia et al. (2014, 2016a, b, 2018). Each specific school appears to have slightly different conceptual models and competences, as will now be briefly introduced.

Daseinsanalysis and the British phenomenological-existential schools seem to focus more than other existential schools on using phenomenological skills and helping clients open up to the totality of their experiences. As described before, empirical research seems to support therapeutic competences that allow clients to focus on, express, and deepen their experiences. There is research on the therapeutic effectiveness of phenomenology-inspired techniques such as focusing (Gendlin, 2006) and mindfulness (Hofmann et al., 2010). However, there seems to be relatively little research on precisely using specific phenomenological processes; most of these studies are based on subjective therapeutic experiences and philosophical-theoretical research (Langdridge, 2007; Spinelli, 2005; Vos, 2021a–d; Cohn, 2003).

Most empirical research exists for meaning-specific competences in meaning-oriented therapies. For example, an overview of the common denominator of treatment manuals of meaning-oriented therapies shows the following specific evidence-based meaning-oriented competences (Vos, 2016, 2017): providing meaning-centred didactics; focusing on long-term meaning, instead of short-term gratification and pleasure, and revealing the potential benefits of this focus; identifying and explicating meaning-centred topics in clients' experiences; offering clients a guided discovery of their meaning potential, via specific exercises; showing an unconditional positive regard about the possibility of finding meaning; addressing the totality of possible meanings in the client's life; concretizing and specifying meaning in daily life; stimulating effective goal-management; stimulating the client to connect with the larger temporal experience of past–present–future legacy; exploring meanings in the client's past, as a potential source for improving self-esteem, hope and inspiration for future meaning; stimulating the client to give an independent but connected answer to the social context; focusing on meanings that are based on and that stimulate self-worth and self-compassion. These competences are supported by a strong body of empirical research, as reviewed in Vos, 2017.

Existential-humanistic therapies seem to differ from other existential therapies in several respects. Existential-humanistic therapies seem to give larger attention in their conceptual theories to the topics of freedom and embodied presence, which seems inspired by their strong roots in humanistic and person-centered psychology. Presence includes evidence-based competencies such as focusing on experiences in the present, invoking the actual, vivifying and confronting self-protections. This also includes helping clients to rediscover meaning with an attitude of humility, wonder, and awe; existential-humanistic therapy experiences suggest the benefits of such an attitude for clients (Schneider, 2015; 2004). Furthermore, many existential-humanistic therapists seem to seek more frequently and more explicitly integration with other non-existential therapeutic approaches. However, other existential-therapies also often use evidence-based meta-competencies such as tailoring the therapeutic approach to the unique client in their individual situation. Although meta-analyses do not show large effects for integrative-existential therapies, this may be due to the small number of studies (Vos, Craig et al., 2015), and there are some positive indications for the effectiveness of integrative and pluralistic therapies (McLeod & Cooper, 2010; Zarbo et al., 2016).

4.7. Meta-competences

Meta-competences are competences that therapists use to adapt the therapy to the needs of each client in each unique moment. Meta-competences can be found in all therapeutic modalities and have received strong empirical support (EAP, 2013); they seem to play a more explicit role in existential therapies (e.g. Cooper, 2016). Meta-communication includes tailoring therapy aims and methods to the client's needs, skills, and wishes. This also contains therapeutic flexibility, which means the ability to respond to a client's individual needs at a given moment in time, such as coping with change, difficult moments, trauma, and crisis. Existential therapists use meta-communication and shared decision-making to work together with clients to formulate therapy aims that are meaningful to the client and methods that would fit their skills and preferences (Campbell et al., 2013; Mearns & Cooper, 2016). Existential therapists may ask clients for explicit feedback on the therapy and use this to improve their practices. Existential therapists may initially adhere to the existential-therapeutic school they have been trained in, but if needed they can tailor their practices to the client's needs and integrate other therapeutic mechanisms; this seems to improve therapeutic effectiveness (Roth et al., 2009). Finally, critical self-reflection and reflexivity play an essential role in existential therapy, as inspired by the hermeneutic turn in phenomenology and post-modernism. Self-reflection regards reflections on one's self and their own existential and psychological development (for example, via personal therapy), and reflexivity means (etymologically) 'bending back upon oneself', which implies a form of critical self-reflection about the intersubjective dynamics between the therapist, client, and social/professional/socio-economic context. The training of existential therapists often includes many self-reflective and reflexive exercises, although this has been criticized for not always being systematic enough and unintentionally leading to self-affirming bias and narcissistic self-indulgence (Vos, 2020).

5. Review of existential therapy outcomes

Psychological therapies are usually developed and validated in multiple stages (e.g. Carroll & Nuro, 2002; Rounsaville, Carroll, & Onken, 2001). Similarly, the field of existential therapies has seen an evolution in clinical trials.

Vos, Craig et al. (2015) have conducted a meta-analysis of twenty-one eligible randomized controlled trials of existential therapy in 1792 participants. The inclusion criteria for this meta-analysis were strict and focused, for example on articles in English. Meaning therapies ($n = 6$ studies) showed large effects on positive meaning in life immediately post-therapy ($d = 0.65$) and at follow-up ($d = 0.57$) and had moderate effects on psychopathology ($d = 0.47$) and self-efficacy ($d = 0.48$) at postintervention; they did not have significant effects on self-reported physical well-being ($n = 1$ study). Supportive-expressive therapy, in line with the existential therapist Yalom ($n = 5$), had small effects at post-treatment and follow-up on psychopathology ($d = 0.20, 0.18$, respectively); effects on self-efficacy and self-reported physical well-being were not significant ($n = 1$ and $n = 4$, respectively); there were some indications that the data in some publications were not reliable and that clients with large negative outcomes were discarded from these trials. Three studies on existential-integrative therapies (experiential-existential and cognitive-existential therapies) had no significant effects.

To further examine the positive effects of meaning therapies, a multi-lingual systematic review and meta-analysis of all clinical trials on meaning therapies was conducted by Vos and Vitali (2018). They included 60 trials (combined population of $n = 3713$), of which 26 were randomized controlled trials ($n = 1975$), 15 non-randomized controlled trials ($n = 709$), and 19 non-randomized non-controlled trials with pre/post measurements ($n = 1029$). These studies showed that clients experienced large improvements from pre-treatment to immediate post-treatment and follow-up on quality-of-life (Hedges' $g = 1.13$, $SE = 0.12$; $g = 0.99$, $SE = 0.20$) and psychological stress ($g = 1.21$, $SE = 0.10$; $g = 0.67$, $SE = 0.20$). To understand the differential effects between studies, further analyses focused only on controlled trials: meaning therapies had large effect sizes compared to control groups, both immediate 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 found that immediate effects were larger 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

homogeneity of these findings was validated by the lack of significance of moderators—such as type of sample—and alternative ways of selecting studies. Furthermore, meta-regression analyses showed that increases in meaning in life predicted decreases in psychological stress ($\beta = -0.56, p < 0.001$), which confirms the existential-therapeutic mechanisms that are assumed to create change in clients. The findings of the effective ingredients of these previous meaning-centered therapies were confirmed in a trial on evidence-based systematic meaning-centered therapy, which included and systematically focused on all effective components from these previous trials (Vos, under review; see Vos, 2017 for treatment manual).

6. Discussion

A large body of empirical literature supports the conceptual model, competences, and outcomes of existential therapies. These findings seem to indicate that, overall, existential therapies are bona fide therapies. The most evidence exists for meaning-centered therapies, which have been shown to reduce psychological stress and improve the quality of life strongly. These effect sizes seem comparable with other humanistic therapies (Elliott, 2002; Cain, 2002; Vos & Van Rijn, 2022) and other psychological therapies, including cognitive behavioural therapy (Goodheart et al., 2006; NHS IAPT services report 2019). This is often described as the ‘equivalent therapy effects phenomenon’ or the ‘dodo bird effect’ (Wampold & Imel, 2015). Thus, it seems that the central question for individual therapists is not which therapeutic approach is best for all clients but which therapeutic interventions work best for whom (Roth & Fonagy, 2006).

Although existential therapies seem to work for a broad range of clients, it has been studied the most frequently in clients in boundary situations in life who may be asking explicit existential questions, such as individuals suffering from psychological traumas, death (Vos, 2018), grief (Neimeyer, 2001), chronic or life-threatening physical illnesses (Vos, 2016), and COVID-19 (Vos, 2021a). This seems to be supported by research indicating that existential questions mainly arise when individuals are confronted with life’s limitations and the human condition (Vos, 2015, 2016). Research does not indicate any specific types of psychological problems or psychopathology that existential therapies work best with. However, note that there is relatively little research on the effects of existential therapies on personality disorders, schizophrenia, and other psychological issues that are often considered more chronic long-term psychopathology. However, several aspects of existential therapies have been integrated, for example, in dialectical behaviour therapy for personality disorders, as many clients with personality issues may struggle with existential moods such as existential emptiness and anxieties; thus, some aspects of existential therapies may also benefit more complex psychological problems, – although more research on this is needed.

There is relatively little research on existential therapies for children and young people. Some positive effects are found for existential therapy, usually focusing on reconstruction of meaning, to children in existentially threatening life situations, such as a cancer diagnosis or war (Vos & Vitali, 2018). It seems that existential therapies may benefit young people and children, of course, adjusted to their specific age (Scalzo, 2018). Research also seems to suggest the positive effects of meaning in life education (Russo-Netzer, 2022) and teaching philosophy to children, often focusing on existential topics and meaning in life (e.g., Malboeuf-Hurtubise et al., 2021). It may be argued that in modern secular society, there seems to be a gap in how children and young people learn about life: our teachers may teach us how to write and do math, and our parents tell us how to behave, but who guides us how to live our life? (Vos, 2020). It may be hypothesized that teaching existential philosophy and life skills from a young age may improve the population’s long-term existential well-being and prevent existential crises later in life. However, more longitudinal research is needed to understand individual existential trajectories through life and the possible benefits of existential education early in life.

Furthermore, the meta-analyses did not indicate any significant differences between the therapy being delivered to individual clients or groups; however, some authors have argued that clients may benefit particularly from group work when they share psychological concerns regarding our common human condition, such as a diagnosis of a life-threatening disease (Yalom & Leszcz, 2020). Although many existential therapists seem to work long-term with clients (i.e., the author’s impression), most clinical trials focus on short-term or mid-term length therapies; research does not suggest

any differences in effectiveness for therapy length, with, for example, brief existential therapies having equivalent effects as long existential therapies in comparable populations.

6.1. Research implications

Whereas this article has focused on the existing research literature, several trends may be identified in the recent research field of existential therapies. There seems to be growing wider acceptance of the use of empirical research and clinical trials, as evidenced by the large number that the empirical reviews in this article have been cited over the last years and several forthcoming publications of research handbooks—although more research, particularly randomized controlled trials, is warranted. There is also an increasing interest in integrating neuroscience and biomedicine with existential topics such as meaning in life (Caruso & Flanagan, 2017; Ryff et al., 2004); for example, a review of 113 studies showed that the risks of cardiovascular disease and relapse may be related to a perceived lack of meaning in life (Vos, 2021d). There seems to be an increasing recognition of what different existential-therapeutic schools have in common regarding conceptual models and therapeutic competences instead of in-fighting over minor differences. Consequently, more research is being conducted on these commonalities and integrative-existential therapies, some of which also integrate ideas from other approaches, such as autobiographic writing and life reviews (Pinquart & Forstmeier, 2012). Although most clinical trials are conducted in existentially challenging situations, such as psychotrauma or severe physical illness, several existential therapists offer brief existential-therapeutic counselling in general and primary mental health care settings, with positive effects (Rayner & Vitali, 2016).

There is also increasing attention to working with existential topics within other therapeutic approaches, such as second-wave cognitive behavioural therapists (CBT) helping clients to live a meaningful life without fully following an existential path. Third-Wave CBT-therapists, such as Schema Therapy, Acceptance and Commitment Therapy and Dialectical Behaviour Therapy also explicitly address existential topics. However, these treatments may be criticized for reducing these existential topics into superficial functionalistic tools and ignoring the empirical research evidence on these topics. Existential research experts may have an important role in helping these approaches apply evidence-based research on existential topics (Vos, 2016, 2017).

More attention is emerging on the dominance of Western white male perspectives in existential therapies and how many existential ideas had already existed in non-western cultures and religions long before modern existential philosophy emerged in Continental Europe (Hoffman et al., 2009; Gordon, 1996). This has led to increased attention to cultural differences, indigenous existential approaches, and existential-phenomenological research on structural social injustices and how to break the cycle of social injustice (Young, 2010). There also seems to be an increasing awareness of how existential psychological ideas have been misrepresented – possibly deliberately – by business coaches and human resource management, such as Maslow did not propose a rigid pyramid of needs (Kaufman, 2021; Vos, 2020). There is much research on the applicability of Terror Management Theory (TMT) on many psychological topics, including racism, nationalism and extremist responses to COVID-19, and researchers are investigating how TMT could be used more to prevent structural injustices such as racism and homophobia (Vos, 2021a). Phenomenological approaches seem to be booming as a widely applied research method and new, more systematic mixed methods have evolved in recent years, such as systematic pragmatic phenomenological analysis (Vos, 2021a, b, c, d, 2022a).

In sum, the existential research field may be described as pluralistic, innovative, and dynamic, with many new forthcoming publications.

6.2. Clinical implications

This review of empirical research on existential therapies indicates that therapists may consider using existential therapeutic interventions with their clients. They can be recommended to focus on this article's evidence-based concepts and competencies. The existential-therapeutic competences framework may be used to refine and structure the curriculum of Existential Psychotherapy training programs and use these as anchors and end-points of training. Given the large effect sizes of

clinical trials, evidence-based conceptual models and accredited existential-therapy training institutions, health insurance and health services may consider including funding existential therapies. Health insurance, commissioners, and service organizations may use the evidence-based competences framework to specify and monitor existential therapists' appropriate competence levels; for example, there is the most research evidence for meaning-oriented therapies. Professional bodies may use this framework as a minimum level of required competences for the accreditation of training programs and the registration of individual therapists. Thus, this framework may help formulate training, trade, and professional employment standards, such as the European Qualifications Framework and the International Standard Classification of Occupations.

Disclosure of interest

The author declares that he has no competing interest.

References

- Batthyany, A., & Russo-Netzer, P. (Eds.). (2014). *Meaning in positive and existential psychology*. New York, NY: Springer.
- Bhaskar, R. (1975). *A realist theory of science*. York: Books.
- Binswanger, L. (1963). *Traum und Existenz*. Niemeyer.
- Brandstätter, M., Baumann, U., Borasio, G. D., & Fegg, M. J. (2012). Systematic review of meaning in life assessment instruments. *Psycho-Oncology*, 21(10), 1034–1052.
- Breitbart, W. S. (Ed.). (2016). *Meaning-centered psychotherapy in the cancer setting: Finding meaning and hope in the face of suffering*. Oxford: Oxford University Press.
- Bugental, J. F. (2013). *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience*. Springer Science & Business Media.
- Cain, D. J. (2002). *Humanistic psychotherapies: Handbook of research and practice*. USA: American Psychological Association (pp. xxviii–701)
- Campbell, L., Fouad, N., Grus, C., Hatcher, R., Leahy, K., & Mcutcheon, S. (2013). *A practical guidebook for the competency benchmarks*. Washington, DC: American Psychological Association.
- Caputo, J. D. (1978). *The mystical element in Heidegger's thought*. Ohio: Ohio University Press.
- Carroll, K. M., & Nuro, K. F. (2002). One size cannot fit all: A stage model for psychotherapy manual development. *Clinical Psychology: Science and Practice*, 9(4), 396.
- Caruso, G., & Flanagan, O. (Eds.). (2017). *Neuroexistentialism: Meaning, morals, and purpose in the age of neuroscience*. Oxford: Oxford University Press.
- Cooper, M. (2016). *Existential therapies*. London: Sage.
- Correia, E. A., Cooper, M., & Berdondini, L. (2014). The world-wide distribution and characteristics of existential counsellors and psychotherapists. *Existential Analysis: Journal of the Society for Existential Analysis*, 25(2).
- Correia, E. A., Cooper, M., & Berdondini, L. (2016a). Existential therapy institutions world-wide: An update of data and the extensive list. *Existential Analysis*, 27(1), 155–200.
- Correia, E. A., Cooper, M., & Berdondini, L. (2016b). Existential psychotherapy: An international survey of the key authors and texts influencing practice. In *Clarifying and furthering existential psychotherapy*. pp. 5–17. Cham: Springer.
- Correia, E. A., Cooper, M., & Berdondini, L. (2018). Existential psychotherapies: Similarities and differences among the main branches. *Journal of Humanistic Psychology*, 58(2), 119–143.
- Damasio, A. R. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. Houghton Mifflin Harcourt.
- Elliott, R. (2002). The effectiveness of humanistic therapies: A meta-analysis. In D. J. Cain (Ed.), *Humanistic psychotherapies: Handbook of research and practice*. pp. 57–81. USA: American Psychological Association.
- European Association of Psychotherapy. (2013). *The Core Competencies of a European Psychotherapist (2013)*. Wein: EAP.
- Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, stress, and coping*, 21(1), 3–14.
- Frankl, V. E. (1956). *The doctor and the soul. An introduction to logotherapy*. Vintage.
- Froese, K. (2012). *Nietzsche, Heidegger, and Daoist thought: Crossing paths in-between*. New York: SUNY Press.
- Golovchanova, N., Dezutter, J., & Vanhooren, S. (2021). Meaning profiles and the perception of the working alliance at the start of outpatient person-centered, experiential, and existential psychotherapies. *Journal of Clinical Psychology*, 77(3), 770–781.
- Goodheart, C. D., Kazdin, A. E., & Sternberg, R. J. (2006). *Evidence-based psychotherapy: Where practice and research meet*. USA: American Psychological Association (pp. xi–295).
- Gordon, L. (1996). *Existence in Black: An anthology of Black existential philosophy*. New York: Routledge.
- Goss, S., & Mearns, D. (1997). A call for a pluralist epistemological understanding in the assessment and evaluation of counselling. *British journal of Guidance and Counselling*, 25(2), 189–198.
- Greenberg, J., Koole, S. L., & Pyszczynski, T. A. (Eds.). (2004). *Handbook of experimental existential psychology*. Guilford Press.
- Hanaway, M. (2020). *The handbook of existential coaching practice*. Routledge.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1–25.
- Heidegger, M. (1927). *Sein und Zeit*. Niemeyer.
- Hendricks, M. N. (2002). Focusing-oriented/experiential psychotherapy. In D. J. Cain (Ed.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 221–251). American Psychological Association.
- Hicks, I. J., & Routledge, C. (2013). The experience of meaning in life. *Classical Perspectives, Emerging Themes, and Controversies*.

- Hoffman, L. E., Yang, M. E., Kaklauskas, F. J., & Chan, A. E. (2009). *Existential psychology East-West*. Colorado Springs: University of the Rockies Press.
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of consulting and clinical psychology, 78*(2), 169.
- Jacob, Y. (2019). *An introduction to existential coaching: How philosophy can help your clients live with greater awareness, courage and ownership*. New York: Routledge.
- Jim, H. S., Richardson, S. A., Golden-Kreutz, D. M., & Andersen, B. L. (2006). Strategies used in coping with a cancer diagnosis predict meaning in life for survivors. *Health Psychology, 25*(6), 753.
- Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical psychology review, 30*(7), 865–878.
- Kaufman, S. B. (2021). *Transcend: The new science of self-actualization*. New York: Penguin.
- Kazdin, A. E. (2021). *Research design in clinical psychology*. United Kingdom: Cambridge University Press.
- Kendjelic, E. M., & Eells, T. D. (2007). Generic psychotherapy case formulation training improves formulation quality. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 66.
- Khouri, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., & Bouchard, V. (2013). Mindfulness-based therapy: a comprehensive meta-analysis. *Clinical psychology review, 33*(6), 763–771.
- Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method*. London: Pearson education.
- Langle, A. (2014). *Lehrbuch zur Existenzanalyse: Grundlagen*. Wien: Facultas.
- Lopez, S. J., Pedrotti, J. T., & Snyder, C. R. (2011). *Positive psychology: The scientific and practical explorations of human strengths*. London: Sage.
- Malboeuf-Hurtubise, C., Di Tomaso, C., Lefrançois, D., Mageau, G. A., Taylor, et al. (2021). Existential therapy for children: Impact of a philosophy for children intervention on positive and negative indicators of mental health in elementary school children. *International Journal of Environmental Research, Public Health, 18*(23), 12332.
- McLeod, J., & Cooper, M. (2010). *Pluralistic Counselling and Psychotherapy*. London: Sage.
- Mearns, D., & Cooper, M. (2016). *Working at relational depth in counselling and psychotherapy*. London: Sage.
- Moran, D. (2002). *Introduction to phenomenology*. New York: Routledge.
- Neimeyer, R. A. (2001). *Meaning reconstruction & the experience of loss*. USA: American Psychological Association.
- Page, A. C., Stritzke, W. G., & Mclean, N. J. (2008). Toward science-informed supervision of clinical case formulation: A training model and supervision method. *Australian Psychologist, 43*(2), 88–95.
- Park, C. L. (2008). Testing the meaning making model of coping with loss. *Journal of Social and Clinical Psychology, 27*(9), 970–994.
- Park, C. L. (2010). Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological bulletin, 136*(2), 257.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of general psychology, 1*(2), 115–144.
- Pinquart, M., & Forstmeier, S. (2012). Effects of reminiscence interventions on psychosocial outcomes: A meta-analysis. *Aging & mental health, 16*(5), 541–558.
- Rayner, M., & Vitali, D. (2016). Short-term existential psychotherapy in primary care: A quantitative report. *Journal of Humanistic Psychology, 56*(4), 357–372.
- Roth, A., & Fonagy, P. (2006). *What works for whom?: A critical review of psychotherapy research*. New York: Guildford Press.
- Roth, A., Hill, A., & Pilling, S. (2009). *The competences required to deliver effective Humanistic Psychological Therapies*. London: University College London.
- Rounsaville, B. J., Carroll, K. M., & Onken, L. S. (2001). A stage model of behavioral therapies research: Getting started and moving on from stage I. *Clinical psychology: Science and practice, 8*(2), 133.
- Russo-Netzer, P. (2022). Recalibrating the compass in a changing world: Education for meaning and meaningful education. *Journal of Constructivist Psychology, 1–17*.
- Russo-Netzer, P., Schultenber, S. E., & Batthyany, A. (Eds.). (2016). *Clinical perspectives on meaning: Positive and existential psychotherapy*. Springer.
- Ryff, C. D., Singer, B. H., & Dienberg Love, G. (2004). Positive health: Connecting well-being with biology. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences, 359*(1449), 1383–1394.
- Sartre, J. P. (1943). *L'Être et le néant (Vol. 14)* Paris: Gallimard.
- Scalzo, C. (2018). *Therapy with children: An existential perspective*. New York: Taylor Francis.
- Schneider, K. (2015). The resurgence of awe in psychology: Promise, hope, and perils. *The Humanistic Psychologist, 45*(2), 103.
- Schneider, K. J. (2004). *Rediscovery of awe: Splendor, mystery, and the fluid center of life*. UK: Paragon House Publishers.
- Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. *American psychologist, 60*(5), 410.
- Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of clinical psychology, 65*(5), 467–487.
- Sithole, T. (2016). Frantz Fanon: African existentialist philosopher. *African Identities, 14*(2), 177–190.
- Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology*. London: Sage.
- Spinelli, E. (2015). *The interpreted world: An introduction to phenomenological psychology*. London: Sage.
- Vail, K. E., III., & Routledge, C. (Eds.). (2020). *The science of religion, spirituality, and existentialism*. USA: Academic Press.
- Van Bruggen, V., Vos, J., Westerhof, G., Bohlmeijer, E., & Glas, G. (2015). Systematic review of existential anxiety instruments. *Journal of humanistic psychology, 55*(2), 173–201.
- Van Deurzen, E. (2009). *Everyday mysteries: A handbook of existential psychotherapy*. New York: Routledge.
- Van Deurzen, E., Craig, E., Längle, A., Schneider, K. J., Tantam, D., & du Plock, S. (2019). *The Wiley world handbook of existential therapy*.
- Vos, J. (2013). Quantitative research and existential therapies: Hard science versus hard words. *Hermeneutic Circular, 24*(2), 22–24.
- Vos, J. (2015). Meaning and existential givens in the lives of cancer patients: A philosophical perspective on psycho-oncology. *Palliative & supportive care, 13*(4), 885–900.

- Vos, J. (2016). Working with meaning in life in mental health care: A systematic literature review of the practices and effectiveness of meaning-centred therapies. *Clinical perspectives on meaning*, 59–87.
- Vos, J. (2017). *Meaning in life: An evidence-based handbook for practitioners*. London: Macmillan International Higher Education.
- Vos, J. (2018). Death in existential psychotherapies: A critical review. *Curing the dread of death: theory, research and practice*, 145, 56–78.
- Vos, J. (2019). *A review of research on existential-phenomenological therapies*. pp. 592–614. London: The Wiley world handbook of existential therapy.
- Vos, J. (2020). *The economics of meaning in life: From capitalist life syndrome to meaning-oriented economy*. Colorado Springs: University Professors Press.
- Vos, J. (2021a). *The psychology of COVID-19*. pp. 1–192.
- Vos, J. (2021b). Systematic pragmatic phenomenological analysis: Step-wise guidance for mixed methods research. *Counselling and Psychotherapy Research*, 21(1), 77–97.
- Vos, J. (2021c). The existential therapeutic competences framework. *International Journal of Psychotherapy*, 25(1), 9–52.
- Vos, J. (2021d). Cardiovascular disease and meaning in life: A systematic literature review and conceptual model. *Palliative & Supportive Care*, 1–10.
- Vos, J. (2022a). *Doing research in psychological therapies: A handbook and step-by-step guide*. (forthcoming).
- Vos, J. (2022b). The Meaning Sextet: The development and validation of a universal typology of meaning in life. *Journal of Constructivist Psychology* (forthcoming).
- Vos, J. (2023). *Doing research in psychological therapies: A step-by-step guide*. London: Sage.
- Vos, J., Cooper, M., Correia, E., & Craig, M. (2015). Existential therapies: A review of their scientific foundations and efficacy. *Existential Analysis: Journal of the Society for Existential Analysis*, 26(1).
- Vos, J., Craig, M., & Cooper, M. (2015). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of consulting and clinical psychology*, 83(1), 115.
- Vos, J., Stiggelbout, A. M., Oosterwijk, J., Gomez-Garcia, E., Menko, F., Collee, J. M., et al. (2011). A counselee-oriented perspective on risk communication in genetic counseling: explaining the inaccuracy of the counselees' risk perception shortly after BRCA1/2 test result disclosure. *Genetics in Medicine*, 13(9), 800–811.
- Vos, J., & Van Rijn, B. (2022). *Transactional Analysis Psychotherapy: A systematic literature review and meta-analysis*. (under review).
- Vos, J., & Vitali, D. (2018). The effects of psychological meaning-centered therapies on quality of life and psychological stress: A meta-analysis. *Palliative & supportive care*, 16(5), 608–632.
- Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H. N. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes". *Psychological bulletin*, 122(3), 203.
- Vos, M. S., & De Haes. (2007). Denial in cancer patients, an explorative review. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*, 16(1), 12–25.
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. New York: Routledge.
- Wong, P. (2012). *The human quest for meaning*. New York: Routledge.
- Wrathall, M. A. (2011). *Heidegger and unconcealment: Truth, language, and history*. London: Cambridge University Press.
- Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. New York: Basic books.
- Young, I. M. (2010). *Responsibility for justice*. Oxford: Oxford University Press.
- Zarbo, C., Tasca, G. A., Cattafi, F., & Compare, A. (2016). Integrative psychotherapy works. *Frontiers in psychology*, 6, 2021.
- Cohn, H. W. (2003). Heidegger and the roots of existential therapy. Continuum.
- Gendlin, E. T. (1986). *Focusing*. Random House.
- Gendlin, E. T. (2006). *Experiencing and the creation of meaning: A philosophical and psychological approach to the subjective*. Illinois USA: Northwestern University Press.
- Orlinsky, D. (2006). Comments on the state of psychotherapy research (as I see it). *Psychotherapy Bulletin*, 41, 37–41.
- Elliott, Robert K. and Greenberg, L.S. and Lietaer, G.; Lambert, Michael J., ed. (2004) Research on experiential psychotherapies. In: Bergin and Garfield's Handbook of Psychotherapy and Behavior Change. John Wiley & Sons Inc., New York, USA, pp. 493-539.
- Elliott, R., Greenberg, L. S., Watson, J. C., Timulak, L., & Freire, E. (2013). Research on humanistic-experiential psychotherapies.