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PRACTICES AND CHARACTERISTICS OF EXISTENTIAL COUNSELLORS AND PSYCHOTHERAPISTS: A WORLDWIDE SURVEY AND OBSERVATIONAL STUDY

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Practices and Characteristics of Existential Counsellors and Psychotherapists: A Worldwide Survey and Observational Study

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Statement on Published and Submitted Papers from the Thesis

The papers published from the thesis were all written, submitted and revised by Edgar Agrela Correia, the sole author responsible for research planning, and data collection, management and analysis under the guidance of his supervisors, Professor Mick Cooper and Dr. Lucia Berdondini. Karla Correia was invited to be the co-analyst of the content analysis structured, planned and manged by Edgar Agrela Correia for "Study 2". Under the supervision of Edgar Agrela Correia, Vítor Sartóris and Tiago Fernandes were the raters of the sessions for "The practices of existential psychotherapists: An exploratory study for the development and application of an observational grid" (see "Study 3" in this thesis), and Daniel Sousa, Branca Sá Pires and João da Fonseca participated with audio recorded sessions.

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Ethical standards

Study 2. was granted ethical approval, under the Counselling Unit research projects generic ethical approval (UEC0405/38), by the University of Strathclyde ethics committee. Study 3. was granted ethical approval by the Instituto Superior de Psicologia Aplicada Ethics Committee.

Abstract

Existential psychotherapy is one of the longest-established forms of psychological intervention, but little is known about its contemporary worldwide practice and the nature of its intervention remains unclear. Different existential therapies have different perspectives about practice, but there is little consensus on what separates and unifies them. Three complementary studies were conducted to help to develop a shared and systematized research definition for existential therapy's contemporary theory of practice.

A systematic online search of existential institutions around the globe was developed and a total of 128 existential therapy institutions were found in 42 countries from all inhabited continents.

Drawing from this, an international survey was conducted asking existential practitioners to identify the practices they considered most characteristic of existential therapy and the authors and texts that most influenced their practice. Data from 1,264 worldwide existential practitioners' showed that the scope of influence of an author is pretty much limited to the branch he is related to and only a few authors, in particular Frankl and Yalom, influence practitioners from different branches. The phenomenological method most unifies and characterizes the existential theory of practice. The other shared constitutional practices were methods associated with specific existential branches, practices informed by existential assumptions, relational practices and practices from other therapeutic paradigms.

An observational grid was developed from those categories of practice and applied over recorded existential therapy sessions. The observed practices were mainly relational, followed by hermeneutic interventions and reformulations.

Data indicates that existential therapies are spread worldwide and help to develop a greater understanding of the contemporary influence, scope and nature of its intervention. Differences among branches are confirmed and commonalities may help to develop a global and coherent framework of existential theory and practice. This opens new avenues for research concerning the applicability and effectiveness of these conceptual and practical frameworks.

Contents

List of Tables and Figures

Tables.

Figures.

Não sou nada.
Nunca serei nada.
Não posso querer ser nada.
À parte isso, tenho em mim todos os sonhos do mundo.

I am nothing.
I shall never be anything.
I cannot wish to be anything.
Aside from that, I have within me all the dreams of the world.

Tabacaria (Cigar Store) by Álvaro de Campos (Fernando Pessoa's heteronym)

INTRODUCTION

Existential therapy extends back to the phenomenological psychopathology of Jaspers (Spiegelberg, 1972) and to the phenomenological anthropology of Binswanger, Minkowski, Straus, and von Gebsattel (Besora, 1994; Spiegelberg, 1972; Straus, 1959). It is one of the longest-established forms of psychotherapy (M. Cooper, 2012), and it has been claimed recently that the approach is growing, both in practitioners and in the number of the countries that are training and practicing it (Barnett & Madison, 2012; M. Cooper, 2012; Deurzen, 2012; Deurzen & Arnold-Baker, 2005; Deurzen & Young, 2009; du Plock & Deurzen, 2015; Groth, 1999, 2000; K. J. Schneider, 2008a).

Indeed, many new books have been published recently; existential therapy journals such as *Existential Analysis* and *Existenzanalyse* are publishing regularly; and new specialist journals have appeared, such as the *International Journal of Existential Psychology and Psychotherapy* (since 2004, in Canada), the *Revista Latinoamericana de Psicoterapia Existencial* (since 2010, in Latin-America) and the *Dasein Journal* (since 2013, in Italy). Concomitantly, new societies, schools, seminars and training courses in existential psychotherapy have appeared across the globe, including in areas without a prior tradition in existential psychology or psychotherapy, such as Southern Europe (Portugal, Italy and Greece), Northern Europe (Denmark and Sweden), Eastern Europe (Baltics and Russia), Asia (Israel, China and Japan) and Australia (du Plock & Deurzen, 2015). In Latin-America, existential therapy authors have been prolific and diverse (e.g., Angerami-Camon, 2007; Cardinalli, 2012; Erthal, 2010; Feijoo, 2010, 2011; Gómez, 2013; Martínez,

2012a, 2012b; Martínez & Signorelli, 2011; Rispo & Signorelli, 2005; Romero, 2004, 2010; Rudio, 2001; Sapienza, 2007; D. R. Schneider, 2011; Tatossian & Moreira, 2012) and several of its existential therapy institutions developed a "joint association" (Martínez & Signorelli, 2015, p. 90), the *Asociación Latinoamericana de Psicoterapia Existencial* (ALPE), where regular meetings, training and knowledge exchange take place (Martínez & Signorelli, 2014, 2015).

Despite all this vigour, in the context of evidence-based reimbursement systems and research-informed therapists (M. Cooper, 2008; Hayes, 2012), existential therapists' empirical contributions to the global community of psychotherapists are still scarce (M. Cooper, 2004b, 2012; Vos, Cooper, Correia, & Craig, 2015a, 2015b; Vos, Craig, & Cooper, 2014; Walsh & McElwain, 2002). Over the past few years, psychotherapeutic approaches have been pressured to develop empirical evidence to confirm and support its intervention model and therapeutic procedures, according to different clinical circumstances (Lantz, 2004; Vos, et al., 2015b). Today, the social and economic recognition of psychotherapies stands on their scientific validation (Hayes, 2012; Nugent, Sieppert, & Hudson, 2001).

Despite existential therapy's theoretical and epistemological-based reluctances towards experimental research (Deurzen & Adams, 2011; du Plock, 2004; Lantz, 2004; Mahrer, 2005), some evidence of its efficacy has been collected (Alegria et al., 2016; Rayner & Vitali, 2014; Vos, et al., 2014) and some authors (Basescu, 1963; M. Cooper, 2004b; du Plock, 2004; Mahrer & Boulet, 2004; Sousa, 2004, 2006; Tan & Wong, 2012; Vos, et al., 2015a, 2015b; Vos, et al., 2014) have called for existential therapists to develop research about its practice.

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Nevertheless, empirical research about existential practice clashes with the lack of a systematized and consensual conceptual (Mahrer & Boulet, 2004; Norcross, 1987) and practical framework (Keshen, 2006; Norcross, 1987; Rayner & Vitali, 2014). To collect empirical evidence about their intervention models and therapeutic procedures, consensus must first be established regarding a definition of existential therapy and a framework of existential practice (M. Craig, Vos, Cooper, & Correia, 2016; Mahrer & Boulet, 2004).

Existential therapy has a complex historical (Besora, 1981, 1994; Halling & Nill, 1995; Spiegelberg, 1972) and philosophical background (M. Cooper, 2003; Deurzen, 2010; Walsh & McElwain, 2002) which gives rise to a diversity of perspectives within existential therapy's theory and practice (M. Cooper, 2003, 2012; Keshen, 2006). This diversity is often welcomed by existential authors (Barnett & Madison, 2012; Deurzen, 2010), but critics have questioned its theoretical and clinical coherence (Keshen, 2006; Nelson, 1958, 1961; Norcross, 1987; Wolstein, 1962).

Over the years, several attempts have been made to give existential therapy a coherent conceptual framework (e.g., Boss, 1963, 1979; Deurzen, 2010; Frankl, 1969; K. J. Schneider & Krug, 2010) and, more recently, a rationale for an existential practice (e.g., Deurzen, 2012; Deurzen & Adams, 2011; Längle, 2013; K. J. Schneider, 2008b; Sousa, 2015; Spinelli, 2007; Yalom, 2001). Despite these efforts, authors show different perspectives on what existential psychotherapy is (M. Cooper, 2003; Keshen, 2006), and a definitive conceptual and practical framework has yet to be established (M. Cooper, 2012; Mahrer & Boulet, 2004), if it wants to affirm itself

and actively contribute to the highly competitive and evidence-based environment of contemporary psychotherapy (Hayes, 2012; Nugent, et al., 2001).

This thesis aims to explore a consensual empirical basis for the development of a shared and systematized theory of existential practice. Simultaneously, it aims to develop a sketch of today's existential therapy geographic distribution worldwide and contribute to build a sustainable empirical basis for future literature/bibliographic research, in particular future content analysis for the development of a consensual conceptual definition for existential therapy.

Existential Therapy's Complex and Diverse Background

Philosophical Background

Existential therapy is highly embedded in phenomenology and existential philosophy and mirrors many of its principles, developments and vicissitudes. When the phenomenological method was developed by Husserl, Jaspers adopted it as the primary method of his comprehensive psychopathology (Spiegelberg, 1972), and Binswanger, Minkowski, Straus and von Gebsattel were inspired to develop their phenomenological psychopathologies (Spiegelberg, 1972). Later, with the advent of Heidegger's *Sein und zeit,* Binswanger found the basis to develop his existential analysis and Boss his daseinsanalysis (Besora, 1994; Spiegelberg, 1972).

Both phenomenology and existential philosophy are a strong opposition to the western philosophical and epistemological traditions, based on the Cartesian

premises of a dichotomy between subject (*res cogitans*) and object (*res extensa*), which postulates an encapsulated *cogito* that can capture the world into universal representational theories, from an isolated and unaffected stance (Barrett, 1990; D. E. Cooper, 1999). The deterministic, mechanistic and abstractive vision of knowledge and science developed since Descartes and Galileo left no space for non-observable, non-quantifiable and non-universal subjects as qualitative personal experience (Barrett, 1990; Spiegelberg, 1972).

Phenomenological background.

Husserl aimed to return to the things themselves, "turning away from concepts and theories toward the directly presented in its subjective fullness" (Spiegelberg, 1972, p. XXVIII). He saw conscience as a synthesis of lived experiences that does not have a static unity (Feijoo, 2011): Meanings (*noema*) are developed from our relation with the world and applied to understand new experiences (the natural attitude; done on a pre-reflexive manner), assigning it a certain meaning, based upon previous noema (Deurzen, 2010). Thus, from Husserl's perspective, the world can only be a *Lebenswelt* (a lived world), not possible to be captured from a detached/non-interpretative stance (Spinelli, 2005); while the ever changing experiential ego could not fit in any deterministic universal theory (Feijoo, 2011).

Husserl was concerned with the study of the essence of the phenomena and with the structure of conscience itself (Barrett, 1990; D. E. Cooper, 1999; Polkinghorne, 1983). He wanted to recover the depth of the qualitative experience (subjectivity), but wanted to do so objectively: "with the rationality of a rigorous

science" (Spiegelberg, 1972, p. XLIV). Suspending or "bracketing" the natural attitude (*epoché*) and letting things show themselves as they appear in the open experience, was the most basic and important step of the methods developed by Husserl (descriptive phenomenology and genetic phenomenology) to rigorously study the full range of the phenomena (Sousa, 2015).

Husserl's project for a rigorous science, founded on a transcendental phenomenology, was criticized and abandoned by most of his followers, and different phenomenological movements (in philosophy, but also in several social sciences) spread and developed in such a way that "At first sight it may give the impression of a dispersal into a variety of phenomenologies without a common denominator" (Spiegelberg, 1972, pp. XXVIII-XXIX). Descriptive, eidetic, constitutional, hermeneutic or phenomenology of appearances are different forms of phenomenological investigation developed since Husserl. Von Gebsattel and Straus (in psychiatry and psychology) or Merleau-Ponty and Heidegger (in philosophy), are just a few authors with very different perspectives on how and for what to use the phenomenological method for. Each one was developing his own specific research, with little or no connection between them, and with a founding father (Husserl) "who came more and more to see the whole Phenomenological Movement as a corruption of his increasingly radical project of a rigorous science" (Spiegelberg, 1972, p. XLIII).

According to Spiegelberg (1972), what unifies this apparently disunited movement is only their commitment "to 'save the phenomena' (in a sense different from Plato's) and recover the full breadth and depth of qualitative experience"

(Spiegelberg, 1972, p. XLIV): the fight against the tyranny of abstract science as the single way to knowledge.

Existential background.

Husserl's phenomenology was such an influence to existential philosophy that some authors make a clear distinction between the existential philosophies pre- and post-Husserl (Barrett, 1990; D. E. Cooper, 1999; Spiegelberg, 1972).

Existential philosophy before Husserl's phenomenology was not based on any particular approach, or at least Kierkegaard and Nietzsche did not develop a systematized philosophy or a clear and defined system of concepts (Barrett, 1990). Besora (Besora, 1981, 1994) calls these philosophies "phenomenal", because the philosopher is mainly concerned with recognizing and giving an account of the lived experiences and not necessarily in developing an hermeneutic of it, or understanding the essential structures of existence. Among phenomenal existential philosophers transcendence is an important dimension: Human struggles and finitudes are recognized, but this is done mainly as a pathway to overcome those human conditions (Besora, 1994). Depending on the philosopher, different finitudes or struggles are emphasized and different pathways – religious (Kierkegaard, Marcel), theistic (Jaspers) or atheist (Nietzsche) – are presented to transcend it.

Existential philosophy after Husserl – "existential phenomenology", according to D. E. Cooper (1999) or "phenomenological existentialism" according to Spiegelberg (1972) and Besora (1994) – differs from the phenomenal "by maintaining that existence can be approached phenomenologically and studied as one phenomenon among others in its essential structures" (Spiegelberg, 1972, p. XXIX).

Existential philosophy gained a method but the "pure" descriptive Husserlian phenomenology was not enough to entail an understanding (analysis) of the basic structures of existence and a "methodological" development was made from a descriptive to a hermeneutic phenomenology (D. E. Cooper, 1999; Spiegelberg, 1972). As the aim was now an ontology of human existence, the emphasis of the phenomenological existentialism was not on transcendence, but on understanding and accepting existence (staying with it) for what it is (Besora, 1994).

Even from this brief historical account it becomes clear that existential philosophy is not a single and unified movement, but more of a complex panoply of different approaches and perspectives on what it feels to be a human or what are the shared features of human existence. Depending on the philosopher's geographical, historical, cultural, epistemological, spiritual and personal background, particular concerns and focus are to be found. Kierkegaard, Nietzsche and Camus' emphasis was on an isolated existence, contrasting with that of Jaspers, Buber and Heidegger's that stressed the interrelational character of human existence (D. E. Cooper, 1999). Nietzsche, Camus, Sartre and de Beauvoir presented an atheist perspective, Kierkegaard, Buber, Marcel and Tillich, a religious one (Barrett, 1990). Sartre and Camus stressed meaninglessness as an inescapable existential condition, while Marcel and Tillich presented a more hopeful vision (Halling & Nill, 1995). Nietzsche and Merleau-Ponty stressed the embodied nature of existence (Deurzen, 2010); Jaspers and Merleau-Ponty emphasized the importance of action (Deurzen, 2010); and Heidegger's main concern was not even that of human existence, but the question of the meaning of *Being* itself (Spiegelberg, 1972).

This fragmented picture of existential philosophy raises the question what is existential philosophy and, consequently, who is and who is not an existential philosopher anymore. Authors do agree that the answers to those questions are far from consensual (Barrett, 1990; D. E. Cooper, 1999; Spiegelberg, 1972) but they all claim that besides the differences there is a unity (Barrett, 1990; Spiegelberg, 1972) and even "a coherent and challenging structure of thought" (D. E. Cooper, 1999, p. VIII).

In common, all existential philosophers are concerned with the question of existence (D. E. Cooper, 1999; Deurzen, 2010; Spiegelberg, 1972) and that it should be studied from personal experience (Barrett, 1990; Spiegelberg, 1972). Like all phenomenologists, all existential philosophers reject the presupposition of an abstractive universal truth or knowledge, separated from the world, insisting that world and human existence should be understood in terms of one another (Barrett, 1990; D. E. Cooper, 1999; Feijoo, 2010; Spiegelberg, 1972). Another common concern among existential philosophers is that of alienation (from the world, others and oneself) and the ways to overcome it and live a more authentic existence (D. E. Cooper, 1999; Deurzen, 2010); aware of the unavoidable limits, conditions, paradoxes and struggles of human existence.

Referring only to the existential phenomenologists (existentialism), D. E. Cooper (1999) adds that they all argue for the distinctive character of human existence, based on the premises of: a) Being the only being for whom *being* is a question and; b) Not having a pre-determined and fixed essence – *existence precedes essence* – being only a dynamic openness on a permanent process of becoming (ontological incompleteness), in its (chosen) interactions with the world and others.

Historical Background

This diversity of phenomenologies and existential philosophies is also found within existential therapies. Different authors have been inspired by different phenomenological and/or existential philosophies to develop their own existential perspective to approach clients' problems.

Existential therapy can trace its origins to Jaspers' *General psychopathology* of 1913, which stands as the first treatise on psychopathology that clearly rejects a pure mechanistic and somatic – brain diseases – perspective for psychopathology and uses phenomenology as a method to describe the subjective experience of the person who suffers (Spiegelberg, 1972). Personal experience stands for Jaspers as a proper phenomenon to distinguish and classify a psychopathological disturbance (Spiegelberg, 1972). Despite Jaspers' influence on phenomenological psychopathology, he did not found a school of psychiatry or psychotherapy (Spiegelberg, 1972).

Jaspers' psychopathology confined the phenomenological method to the description of the isolated subjective phenomena of the disturbed person and his diagnosis was purely descriptive (Besora, 1994; Spiegelberg, 1972). Although influenced by Jaspers, Binswanger, Minkowski, Straus and von Gebsattel came to argue that phenomenology could and should try to find the connections between the different described phenomena (Besora, 1994; Spiegelberg, 1972). These new psychopathologists aimed not only for a description but also for an understanding of

the psychopathological experience of the disturbed person (Besora, 1994; Spiegelberg, 1972).

With Heidegger's publication of *Being and time* in the late 1920's, Binswanger found the basis to add an analysis of the person's existential structure (existential analysis) to the previous phenomenological analysis (Besora, 1994). Phenomenological psychopathology turned existential: It became the "study of man in his normal and abnormal entirety as he experiences himself in relation to the world" (Spiegelberg, 1972, p. 103). Minkowski, Straus and von Gebsattel were the other leading figures of this new phenomenological anthropology, but all of them worked independently and with different aims and sources (Spiegelberg, 1972) and psychotherapy was not their main concern (Straus, 1959).

Boss was also influenced by Heidegger's formulations, but his daseinsanalysis was more focussed on the way man experiences and relates with his *Being* (the relationship to *Being* itself) instead of its relation with the fundamental structures of existence, as it was for Binswanger (Spiegelberg, 1972). Boss was interested in psychotherapy and, contrary to his predecessors, he founded a school. His daseinsanalytic approach spread through different countries of the European and American continents. Boss rejected the Freudian mechanistic theoretical formulations but kept most of his psychotherapeutic techniques (Boss, 1963) for the analysis and understanding of the client's being.

While Boss was developing his daseinsanalysis in Switzerland, Frankl was developing his logotherapy in Austria. Unlike the other existential therapies, Frankl's existential perspective is not so deeply rooted in the work of existential philosophers (Besora, 1994; Spiegelberg, 1972), but instead "on an explicit

philosophy of life" (Frankl, 1967, p. 2), inspired and tested on his own lived experience (Spiegelberg, 1972). Even the use of phenomenology, widely cited in Frankl's work (Frankl, 1967, 1969), is questionable (Spiegelberg, 1972). Frankl himself made clear his differences from Binswanger's existential analysis and Boss' daseinsanalysis: His main interest was not on the analysis (of existence or being), but on the development of a new psychotherapeutic approach, that may help clients (experiencing "existential vacuum") to find new meaning for their existence (Frankl, 1967). Frankl's energy, conciliated with the pragmatism of his approach, led logotherapy to be widely accepted in the USA (Halling & Nill, 1995), Latin America and several European countries.

In the USA the interest for an existential-phenomenological input in psychiatry and psychotherapy arrived in the late 1950's, particularly with the publication of *Existence* (a collection of several untranslated papers of European existential psychiatrists), by May, Angel and Ellenberger (M. Cooper, 2003). Straus (1959) and Halling & Nill (1995) explain this *late arrival* on the basis of cultural and epistemological differences between Europe and the USA. They consider that the younger, optimistic and pragmatic American society, still embracing a positivistic stance in science, was not so open to an approach that invites us to embrace limitations, paradoxes, angst and death, and which is sceptical about the *truth* of natural sciences (as an example of an intense negative reaction to the existential perspective, see Wolstein, 1962). These same reasons are presented to explain the course existential therapy took in the USA, where some European existential tenets were combined with the more hopeful and pragmatic perspectives of the humanistic and experiential therapies (Besora, 1981, 1994; Halling & Nill, 1995; K. J. Schneider

& Krug, 2010). USA's existential-humanistic therapy can hardly be perceived as a single and united branch, as a tension between a more European existential-analytic perspective – old country cousins (e.g., May and van Kaam) – and a more humanistic-experiential perspective – flashy American cousins (e.g., Bugental and Mahrer) – is still present today (Besora, 1981, 1994; K. J. Schneider & Krug, 2010).

Also in the late 1950's, in Europe, Ronald Laing in the UK and Martín-Santos in Spain started to develop simultaneously, but independently, their existential approaches influenced by several existential philosophers, including Sartre (Besora, 1994). Laing aimed to make intelligible the psychotic individual's world in terms of their relationships with others (Laing, 1960). His writings were a great influence both in the UK and abroad (M. Cooper, 2003), but no clear and consistent psychotherapeutic system was developed by him or by his followers (M. Cooper, 2003; Deurzen, 2010). Besides the analytical dimension of existential analysis, Martín-Santos was interested in the therapeutic dimension and applicability of Sartre's existential psychoanalysis (Besora, 1994). The analysis of the client's existence should clarify his/her existential project and, by making it conscious, the client can assume and rework it; allowing for a therapeutic change (Martín-Santos, 1964). Martín-Santos died young. His texts were not translated and his ideas did not develop to found a school.

In the 1980's, when existential therapy's popularity seemed to be declining (Norcross, Prochaska, & Farber, 1993), a very heterogeneous group of existential therapists (M. Cooper, 2003) developed what is nowadays one of the most dynamic existential therapy schools in the world (du Plock & Deurzen, 2015; Groth, 1999; Martínez & Signorelli, 2011): the British school of existential analysis (M. Cooper,

2003). Despite an already long tradition of existential therapies, the British school's founders did not identify themselves with the psychotherapeutic practice of the different existential schools until that point (Deurzen, 2015). They aimed for a new and alternative therapeutic approach – based in existential philosophy – that could be taught and applied (Deurzen, 2015). This concern for a psychotherapeutic applicability of existential therapy is probably the most revolutionary aspect of the British School, as its European predecessors were, until that point (except for Frankl and Martín-Santos), more concerned with the psychological-analytical dimension of existential therapy.

Existential Therapy or Existential Therap*ies*

From this overview of the philosophical and historical background of existential therapy, it is proven that it stems from a complex panoply of different sources and "is not the creation of any one leader, but grew up spontaneously and indigenously in diverse parts" (May, 1958, p. 7). A direct consequence of this is that it is "difficult to delineate a movement which is multiple in source and influence at the same time that it is one identifiable force" (Halling & Nill, 1995, p. 1).

Among existential psychotherapists we find a general consensus that "there is really no one existential therapy" (Basescu, 1963, p. 588): rather, there are several distinct forms (Barnett & Madison, 2012; Besora, 1994; Burston, 2003; M. Cooper, 2003, 2012; E. Craig, 2008; M. Craig, et al., 2016; Deurzen & Adams, 2011; Halling & Nill, 1995; Hoffman, 2007; Jacobsen, 2007; Mahrer, 1996; Norcross, 1987; Owen,

1994; K. J. Schneider & Krug, 2010; Teixeira, 2006; Walsh & McElwain, 2002; Yalom, 1980). While this history of plurality and diversity is praised by existential therapists (Barnett & Madison, 2012; Deurzen, 2010), it has constituted a major issue for the development of a consensual unifying conceptual and practical framework (Deurzen, 2010; Halling & Nill, 1995).

To clarify the shared core conceptual and practical components of existential therapy, a clear delineation of its differences and similarities across the different branches is needed. However, as will be shown in the following chapters, there is a dearth of empirical research on this matter and little consensus is found among the few authors that discuss it.

Which are the Main Existential Therapies?

Excluding E. Craig (2008), most authors have presented a similar taxonomy of the existential field. *Daseinsanalysis* is, consensually, agreed to be one of the branches of the existential approach. *Logotherapy*, *existential-humanistic*, and *the British school* of existential analysis are typically identified as three further branches of the existential field (Barnett & Madison, 2012; M. Cooper, 2003, 2012; M. Cooper, Vos, & Craig, 2011; M. Craig, et al., 2016; Deurzen & Adams, 2011; Jacobsen, 2007). As the British school refers to a single country, some authors refer to it as part of the *existential-phenomenological* branch (M. Craig, et al., 2016; Deurzen & Adams, 2011): This is a broader concept that encompasses several schools and societies worldwide (M. Craig, et al., 2016), which stands at the same

conceptual and international level as the daseinsanalysis, logotherapy and existential-humanistic concepts.

Several other schools of existential therapy are proposed by different authors: For instance, existential psychoanalysis (Besora, 1994), focusing (Barnett & Madison, 2012), cognitive-existential and supportive-expressive therapy (M. Cooper, et al., 2011). However, none of these proposals are supported by more than one author.

What Differentiates the Main Existential Therapies?

Only a few authors (Besora, 1994; M. Cooper, 2003, 2012; E. Craig, 2008; M. Craig, et al., 2016; Norcross, 1987) have compared the differences across the main existential schools.

Both Besora (1994) and E. Craig (2008) describe daseinsanalysis as phenomenological and obedient to European Continental philosophers, mainly Heidegger: It is concerned with the shared constitutional characteristics of human beings, rather than with the everyday phenomenal experience of the single client (E. Craig, 2008). Clients' problems are understood within a historical dimension and analysis of existence is made from an existential-hermeneutic stance (Besora, 1994). M. Cooper (2003, 2012) argues that daseinsanalysis is a more descriptive, psychological and individualizing approach, as compared with other existential therapies. He also suggests that it has a greater emphasis on viewing clients' difficulties from a pathologising perspective. Norcross (1987), based on a self-report

questionnaire of therapeutic practices from 11 existential therapists associated to the daseinsanalytic approach, reported a greater use of psychoanalytic techniques, when compared with the 22 existential-humanistic therapists that were part of his sample. Binswanger and Boss are frequently cited as daseinsanalysis' main influential authors (Besora, 1994; M. Cooper, 2003, 2012; Jacobsen, 2007).

The existential-humanistic approach, on the other hand, is seen as a more pragmatic and experiential existential therapy, mainly concerned with the ontic aspects and meanings of everyday life, as presented and lived by a particular client (E. Craig, 2008). In other words, it is seen as a therapy that focuses on the phenomenal experience of the here-and-now, and ignores the historical dimension of existence (Besora, 1994). It aims towards a personal growth, or transcendence; and Besora (1994) argues that it denies the human condition of facticity. M. Cooper (2003, 2012) describes it as an existential school that is interpretative (trying to identify underlying meanings), psychological (focus on emotional, cognitive and behavioural processes), individualized (focus on client's particular psychological process) and focusing on intrapersonal processes (problem emerges from client's psyche). Norcross (1987) reported a greater use of physical contact and Rogerian skills, when compared with their daseinsanalyst counterparts. The main influential authors are identified as May, Yalom, Bugental (Besora, 1994; M. Cooper, 2003, 2012; M. Craig, et al., 2016) and K. Schneider (M. Cooper, 2003; M. Craig, et al., 2016).

Both M. Cooper (2003, 2012) and M. Craig et al. (2016) describe the British school as having a focus on the client's relation to their world (inter-worldly). Its practice is based on a non-pathologising, non-directive, spontaneous (non-technique-

based) and descriptive perspective. Depending on the author influencing the practice, British existential practitioners will tend to be more phenomenologically (Spinelli) or philosophically oriented (van Deurzen) and work, or not, with the immediate therapeutic relation (M. Cooper, 2003, 2012; M. Craig, et al., 2016). Laing, van Deurzen, Spinelli and Cohn are identified as the key authors in this approach (M. Cooper, 2003, 2012).

Logotherapy is described by both M. Cooper (2003, 2012) and M. Craig and colleagues (2016) as a more directive and technique-based practice, which does not place a strong emphasis on the therapeutic relation and will encourage clients to find meaning for their lives from an intersubjective perspective. Frankl and Längle are considered its most influential authors (M. Cooper, 2012; M. Craig, et al., 2016).

What Brings the Main Existential Therapies Together?

Despite the above differences, several authors refer to a few common features that bring together all existential branches. This includes a focus on the actual personal experience of clients (M. Cooper, 2003, 2012; M. Cooper, et al., 2011; E. Craig, 2008; Jacobsen, 2007), and using the phenomenological method of enquiry (Barnett & Madison, 2012; Besora, 1994; E. Craig, 2008; Jacobsen, 2007), while paying attention to an ontic-ontological analysis of clients' way of being-in-the-world (Barnett & Madison, 2012; Besora, 1994; M. Cooper, et al., 2011; E. Craig, 2008; Jacobsen, 2007). There is also a shared basis on existential-philosophical assumptions (Besora, 1994; M. Cooper, 2003, 2012; M. Cooper, et al., 2011) and

aiming for a more open and authentic relation with the world (M. Cooper, 2003, 2012; E. Craig, 2008; Jacobsen, 2007).

Finally, as with all phenomenologists and existential philosophers (see p. 5), all existential therapies share the same epistemological stance: there is no such thing as an unaffected and static cogito (Feijoo, 2011; Spiegelberg, 1972). Meaning or knowledge is not out there to be discovered, but constructed in different ways by different cogitos and, consequently, there is no space for definitive universal truths (Feijoo, 2011).

Existential Therapy's Conceptual and Practical Framework

The diversity of perspectives among existential therapies is consistent with its shared epistemological principles. Congruent with their theoretical background, existential therapists tend to be skeptical and averse to any attempts to standardize theory or practice (M. Cooper, 2012), which are seen as attempts to confine clients to universal-deterministic perspectives (Deurzen, 2010).

The Conceptual Framework

Despite practitioners' reluctance, several attempts have been made throughout history to give existential therapy a coherent conceptual framework (e.g., Boss, 1963, 1979; Bugental, 1965; Cohn, 1997a; Deurzen, 2010; Feijoo, 2010; Frankl, 1969; K.

J. Schneider & Krug, 2010; van Kaam, 1969; Yalom, 1980). However, all these attempts relate the authors' personal approaches, each with a different – and sometimes opposing – perspective of what an existential theory for psychotherapy is or should be. Some authors have attempted for an overview of the shared perspectives (e.g., Basescu, 1963; E. Craig, 2008; Groth, 2000; Truscott, 2010; Walsh & McElwain, 2002), but none of those works were conducted following comprehensive and systematic research and no evidence was presented of whether or not these are shared beliefs among existential therapists and therapies.

Norcross (1987) is the single exception. He attempted to establish a common theoretical framework for existential therapy by analysing 80 publications. Eight unifying theoretical themes emerged from these texts: ontology, intentionality, freedom, choice/responsibility, phenomenology, individuality, authenticity, and potentiality. However, Norcross did not make explicit the methodology used for his content analysis (described as "informal") nor the rationale for his choice of texts, leaving doubts as to how far these data were representative of 1980's existential therapy.

A rigorous, comprehensive and systematic research for the development of a shared and standardized definition for existential therapy is still to be conducted. To assure rigour, a valuable first step is to identify the authors and texts that are considered, by existential therapists themselves, to be the most influential on their practice. This can then serve as the rationale for the choice of texts for a comprehensive and systematic (content) analysis of existential therapies' shared conceptual (and practical) framework.

Most influential authors and texts.

In terms of the authors and texts identified in previous literature, in 1970, Keen presented as suggested readings in existential psychology Bugental's *The search for authenticity*, van Kaam's *Existential foundations of psychology*, van den Berg's *The phenomenological approach to psychiatry* and May, Angel and Ellenberger's *Existence*.

Besora (1994), in his article about the historic development of existential therapies, presented the "most representative authors" (pp. 15-16) of each of the 11 existential psychotherapy "systems" that he found. According to Besora, the most representative authors for German daseinanalysis are Binswanger, Boss, Kuhn and Storch; logotherapy's key authors are Frankl, Caruso and Allers; for the UK anti-psychiatry movement Laing and D. G. Cooper; and, for the US's existential clinical psychology and experiential psychotherapy, May, van Kaam, Ellenberger, Nedelman, Bugental, Gendlin, Hora, Mahrer and Yalom. Similarly, M. Cooper (2003) suggests that the main authors from the daseinsanalytic branch are Binswanger and Boss; Logotherapy's is Frankl; for the existential-humanistic approach, May, Bugental, Yalom and Schneider; and Laing is identified as preceding the British school of existential analysis, whose main authors are van Deurzen, Spinelli and Cohn.

Angerami-Camon (2007) considers Binswanger, Boss, van den Berg and Laing, as the main authors on bringing the existential thought to the therapeutic practice and suggests some of their main books. Frankl is presented as an important author but only "tangentially touching the existential thought" (p. 105), while May is

categorically excluded from the existential paradigm for embracing psychoanalytic ideas and practices.

Truscott (2010), in an American Psychological Association (APA) book about theories for a therapist, suggests as recommended readings for existential psychotherapy M. Cooper's *Existential therapies*, Frankl's *Man's search for meaning*, May's *Existential psychology*, van Deurzen's *Existential counselling & psychotherapy in practice* and Yalom's *Existential psychotherapy*. As illustrative case studies he recommends Bugental's *Intimate journeys*, du Plock's *Case studies in existential psychotherapy and counselling*, Schneider & May's *The psychology of existence* and Yalom's *Love's executioner*.

From this review, it is clear that different authors, from different times, geographies and different conceptual backgrounds, have given different suggestions for the most important or representative authors and texts in the existential therapy field. None of these suggested lists, however, have been developed from an empirical basis. Thus, these data cannot stand as a sustainable basis for a rigorous analysis of the core encompassing concepts or practices of existential therapy.

The Practical Framework

Historically, existential therapists have been reluctant to make their therapeutic practices explicit, or systematize their intervention model (Spinelli, 2007). To a great extent, this is because the existential approaches are based on an epistemological stance that critiques causal-linear and universal theories

and practices regarding human beings (M. Cooper, 2004b). The primacy of

subjectivity and the uniqueness of each human experience is at the core of existential

philosophy (Levinas, 1988) and its therapeutic practices, based on a genuine and

unique (non-technical) encounter with every single client (Teixeira, 1996).

Most characteristic existential practices.

More recently, existential practices and skills have been explicitly described

(e.g., Deurzen, 2012; Deurzen & Adams, 2011; Längle, 2013; K. J. Schneider,

2008b; Sousa, 2015; Spinelli, 2007; Yalom, 2001). However, all these texts relate

the authors' personal approaches, each with a different – and sometimes opposing –

perspective of what existential practice is or should be, and with no evidence of

whether these are shared beliefs among existential therapists and therapies.

For instance, some authors present a more directive and technique-based

practice (e.g., Längle, 2013), while others adopt a more phenomenological and

relational perspective (e.g., Sousa, 2015; Spinelli, 2007); some place great emphasis

on addressing the shared existential-philosophical issues (e.g., Deurzen, 2012;

Deurzen & Adams, 2011), while others focus on clients' here-and-now phenomenal

experiences (e.g., K. J. Schneider, 2008b; Yalom, 2001). In common, all of them

stress the uniqueness of every therapeutic encounter; the importance of a practice

based on phenomenological methods or principles; and the addressing of certain

existential-philosophical tenets.

Research studies.

Research studies of the nature of existential practice are even less frequent (M. Craig, et al., 2016; Vos, et al., 2014), with only three articles identified in a systematic literature search.

In the 1980s, Norcross (1987) asked 33 American existential psychologists and psychotherapists to indicate the frequency with which they employed a range of therapeutic interventions from a 99-item questionnaire. Most frequently self-reported practices were Rogerian skills (e.g., expressing warmth, trying to understand the patient's reality), authenticity (being genuine with the client), evaluation of clients' nonverbal behaviour and therapist self-disclosure. Flooding and psychometric evaluation were existential therapists' least frequently used practices.

Wilkes & Milton (2006) performed an interpretative phenomenological analysis (IPA) over the semi-structured and open interviews made to six existential therapists, members of the Society for Existential Analysis (SEA), UK. The research aim was to explore how participants experienced being an existential-phenomenological therapist, but by exploring issues as the practice of therapy and conceptions of techniques, the authors reported that the application of phenomenology and some of its principles (*epoché*, horizontalisation and description) and the focus on the therapeutic relation were both central issues for existential therapists' practice. The use of several other techniques was also referred by participants, but these were usually regarded as secondary (and controversial) or to support the therapeutic relation (Wilkes & Milton, 2006).

Alegria and colleagues' (2016) is the single study that has tried to map out the actual therapeutic processes going on during actual existential therapy sessions.

Using the "Psychotherapy Process Q-Set" (PQS), one-year's existential therapy

sessions of four Portuguese client-therapist dyads were analysed. It was found that

six of the 10 most characteristic elements of the therapeutic process were related to

attitudes and actions of the therapist. These were: a) Therapist emphasizes patient's

feelings in order to help him or her experience them more deeply; b) Therapist is

sensitive to the patient's feelings, attuned to the patient; empathic; c) Therapist

clarifies, restates, or rephrases patient's communication; d) Therapist communicates

with patient in a clear, coherent style; e) Therapist accurately perceives the

therapeutic process; f) Therapist is confident or self-assured (vs. uncertain or

defensive).

All three studies presented above refer to the importance of the therapeutic

relation, but only Wilkes & Milton's (2006) refers to phenomenology. This may be

due to both Norcross (1987) and Alegria and colleagues' (2016) studies using

methodology which did not include any item conveying this theme. Although

considered a valid instrument for different therapies, the PQS used by Alegria and

colleagues (2016) was initially designed for psychoanalytic, CBT and interpersonal

therapies (Smith-Hansen, Levy, Seybert, Erhardt, & Ablon, 2012) and Norcross's

questionnaire items were selected from behavioral, psychoanalysis and interpersonal

therapies (Norcross, 1987): no specific items considering phenomenology do appear

on both instruments.

Wilkes & Milton's (2006) data indicates that existential therapy may involve

specific procedures that are not captured by the existing instruments. But without a

global, well-defined and systematized framework of practice, no solid theoretical

base exists to build instruments (Michie et al., 2013) specifically designed to study the existential practice.

A conceptual and practical framework of existential practice is needed to ground further empirical research on the nature of existential practice.

Research Aims and Rationale

Existential therapy lacks an operationalized consensual conceptual and practical framework, which may be used for research purposes. The present research main aim is for empirical evidence that helps existential therapy in the process of developing a common, clear and systematized definition for its contemporary theory of practice and intervention rationale.

To accomplish a shared and encompassing understanding that may represent the contemporary practice of existential therapy's main branches, there is a need to: a) Map out today's practice of the main existential branches worldwide, so practitioners from the different existing backgrounds (geographical, cultural and ideological) can be invited to contribute with their perspective about existential therapy's most characteristic practices; b) Collect a network of contacts to reach these existential therapists wherever they are; c) Question the practitioners about their understanding of existential therapy's intervention rationale; d) Trace and distinguish the differences among practitioners; e) Trace and systematize the common understandings concerning existential therapy's most characteristic practices; f) Test the applicability of the operationalized existential practices for

research projects. Three studies were planned and conducted to accomplish this

process (see Figure 1 for a schematic presentation of the three studies, its sequence

and interconnections).
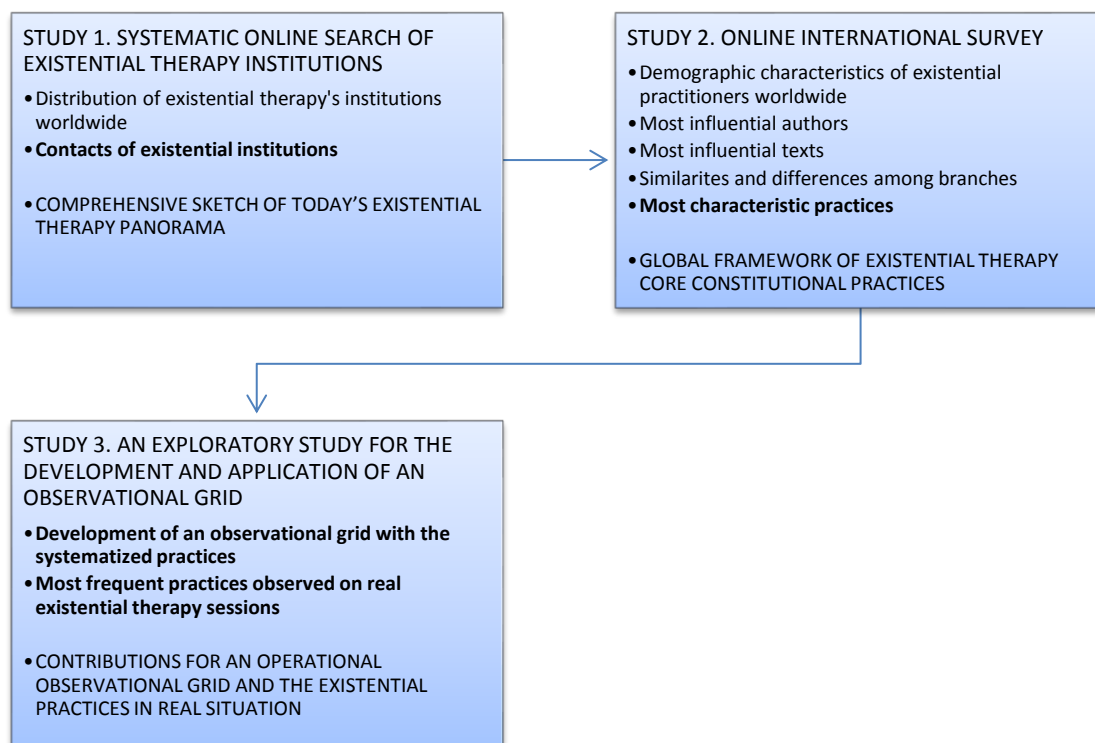
Figure 1. Schematic presentation of the three studies: sequence and interconnections

At the first preliminary study (Study 1), an in-depth systematic online search

of existential institutions around the globe was conducted and its contacts collected

(see Figure 1). Some authors claim existential therapy is growing (see p. 2) but no

evidence or data about its geographical distribution and forms of practice has been

found. This study is a first attempt to map out the distribution of existential therap*ies*

(and, indirectly, psychotherapists) around the globe and build a comprehensive

sketch of today's existential psychotherapy panorama.

Drawing from Study 1, an online questionnaire survey of existential psychotherapists and counsellors from the different contemporary geographical, cultural and ideological backgrounds was conducted (Study 2), asking them about their main influences and practices (see Figure 1). Study 2's main aim is to clarify existential therapies' framework of practice. This data may give us an evidence-based global overview of existential therapies' shared core constitutional practices. In addition, it will help us to clarify and systematize existential therapies' perspective on its intervention rationale and theory of practice, opening new avenues for research concerning the applicability and effectiveness of these fundamental existential practices.

By asking practitioners from all over the world some demographic questions, Study 2 may also help us to map existential therapy's contemporary developments, influences and establishments, and to understand its constraints, difficulties or limitations. It may help to: a) Map out existential psychotherapy practitioners by geographical location and branch; b) Identify the principle centres of training in existential psychotherapy; c) Identify the principle societies that existential psychotherapists are affiliated to; d) Verify if (and how) some of these variables affect their theory of practice (see Figure 1).

None of the suggested lists of the most important or representative authors and texts in the existential therapy field have been developed from an empirical basis (see p. 22). Thus, this data cannot stand as a sustainable basis for a rigorous analysis of the core encompassing concepts and practices of existential therapy. By asking existential practitioners to identify the authors and texts that had most influenced their practice, Study 2 may help to develop a greater understanding of the theoretical

and practical influences on existential therapy today (see Figure 1). This may set an empirical base for future literature/bibliographic research, including that of existential therapy's core conceptual (and practical) components.

From the literature review it is evident that authors agree that a range of different existential therapies exist, but a similar widely held agreement of the therapies' differences and similarities has yet to be found (see p. 15). Study 2 aims to overcome this gap by looking at the practices of existential therapists from different branches around the globe, and the authors and texts that have most influenced those practices (see Figure 1). It considers both the degree to which these branches are different and the specific differences and similarities between them. This will help to clarify the branches' shared understandings and set the basis for a global theory of existential practice.

A third study (Study 3) was conducted to pilot the development and application of an observational grid, based on existential therapy's self-reported core constitutional practices as collected in Study 2 (see Figure 1). Little evidence exists about the practices applied by existential therapists in real sessions (see p. 24). The development and application of such an observational grid may help to verify the applicability of the self-reported practices as a base for future research projects. In addition, data from direct observation clarifies existential therapists' adherence to their self-reported practices. Attention will be given to the differences among therapists and to their different use of practices depending on clients.

Each study's methods and results will be presented independently, attending to its temporal sequence. To enhance depth and clarity, the discussion will also follow each study. A final conclusion will summarise the findings.

Epistemological and Personal Stance

Towards an Epistemological Framework

To develop empirical research and aim for an explanation of shared

constitutional practices may seem antithetical to existential therapies' shared

epistemological stance (see p. 19). Pragmatic reasons for such a study have already

been made clear, but the chosen methodologies need justification, given that some

existential authors uphold the incompatibility between the existential perspective and

empirical research (e.g., du Plock, 2004; Feijoo, 2011; Lantz, 2004).

Existential therapies' epistemological stance: The incongruence of research.

The arguments presented by some existential therapists against empirical

research or against developing theoretical or practical systems are based, as already

shown, on the epistemological stance regarding the impossibility of developing

universal and deterministic truths (Deurzen, 2010).

The epistemological consequences of holding such a stance in psychotherapy

are: a) The primacy of the clients' lived experiences as the gateway to access their

personal lived-world; b) Clients' experiences can only be understood from this

interrelatedness (lived-world or being-in-the-world) perspective; c) Clients' personal

experience cannot be captured or explained by universal-deterministic theories and, consequently; d) There is no space for universal therapeutic procedures.

Following on from this, any attempt at research or systematization is assumed by some existential therapists as an epistemological or theoretical incongruence (Deurzen, 2010; du Plock, 2004; Feijoo, 2011). The "idiographic problem" (Erwin, 1999), shared by several therapies, assumes particular relevance when considering the existential paradigm: "If, from an existential standpoint, it is simply not possible to generalise from one individual to another, then what possible value can conducting – or engaging with – empirical research have?" (M. Cooper, 2004b, p. 6). If this incongruence is not respected, adverse theoretical and clinical implications may affect the existential paradigm: "Efforts to summarise and systematise such an approach are inevitably counterproductive and, because of this, the profile of the approach can never be raised without damaging its integrity." (Deurzen, 2010, p. 3) or "In my work, the moment I make the assumption that some components of one successful session can be imposed on the next client, I cease to be open to the nuances of my mood and that of the client, or clients." (Joy, 2013, p. 17). Ultimately, engaging in research and/or systematizations can be interpreted as falling into the "Das Man" (Heidegger, 1962) or "The Herd" (Nietzsche, 2000), a socially and politically incongruent attitude for an existential therapist: "I worry that by pandering to NICE's flawed research requirements, which in my mind are geared to a monetised idea of accountability, it doesn't encourage NICE to change its ways and instead just embeds further its position. I would hate… to become just another fashion victim." (Sears, 2013, p. 16).

Further pitfalls of empirical research, and subsequent generalizations, have been raised by existential therapists: a) Change processes during therapy are too complex to be captured by casual-linear and abstract theories (M. Cooper, 2004b; Mahrer & Boulet, 2004; Sousa, 2006); b) The research findings reflecting the interests of researchers and/or sponsors (Mahrer, 2005; Mahrer & Boulet, 2004); c) Universal guidelines and mechanized interventions may inhibit therapists' creativity and capability for innovating and developing new ways to intervene (Mahrer, 2005); d) Practitioners being inhibited in developing their own personal way of practising therapy (Mahrer, 2005); e) Clients whose problems fall outside the "universal frame of disorders" may not find space for psychotherapeutic support (Mahrer, 2005); f) Therapists invested with universal and absolute certainties may become pedantic and abusive, not attending to clients' uniqueness and real needs (Deurzen, 2012; du Plock, 2004).

The incongruence of standing against research.

But accusations of incongruence have also been leveled at those maintaining a rigid stance against empirical and systematized knowledge.

M. Cooper (2004b) pointed out that existential practitioners are deluded if they believe they carry fewer assumptions and generalizations to therapy than their research-informed colleagues. Existential therapists place "great emphasis on the need for the practitioner to be acutely aware of her professional and personal assumptions" (Deurzen, 2012, p. 2). A clear explanation of the theoretical and practical presuppositions underpinning existential therapy makes it open to evaluation and critical considerations. But attempts to explicitly address the

existential therapeutic presuppositions are frequently criticized or considered at odds with the existential paradigm (Deurzen, 2010; Spinelli, 2007).

Existential philosophy argues that *existence* is always fallen into a particular facticity (Heidegger, 1962) or that freedom is always conditioned (Sartre, 2003). "In the modern era, actual experimentation and demonstration of benefit is the only way that *any* health care method is going to continue to survive in health care delivery" (Hayes, 2012, p. 463). Dismissing both the present facticity and research findings may be seen as incongruent with existential principles as "pandering" (Sears, 2013) to the *zeitgeist*.

Du Plock (2004) noted that maintaining a definitive stance against empirical research and generalized findings resembles clients' sedimented views. It is true that empirical research may generate totalitarian assumptions, but it may also stand as an instrument to question assumptions (M. Cooper, 2004b).

Recent alternative solutions towards research.

Faced with this apparently paradoxical situation, and pressured by the socio-economical demands for research, a few existential therapists have called for a kind of middle ground solution (e.g., du Plock, 2004; Mahrer & Boulet, 1999, 2004; Rayner & Vitali, 2014; K. J. Schneider & Krug, 2010; Sousa, 2004, 2006; Tan & Wong, 2012; Wilkes & Milton, 2006): Conducting research, but based on methodologies and methods with "high 'goodness-of-fit' with existential principles" (Mahrer & Boulet, 2004, p. 16). Experience-near research (K. J. Schneider, 1999), discovery-oriented approach (Mahrer & Boulet, 1999), heuristic research (Moustakas, 2001), phenomenological research (Giorgi, 2009), are a few examples

of these "friendly" methodologies, all of which focus on personal experience and rely on qualitative methods for data analysis. With this compromise solution, research demands are partially satisfied and epistemological congruence is apparently preserved (e.g., Sousa, 2006).

Recently, some existential therapists have argued for the use of quantitative methods of analysis and diverse methodologies (Alegria, et al., 2016; M. Cooper, 2004b; M. Craig, et al., 2016; Vos, et al., 2015a, 2015b; Vos, et al., 2014), including experimental designs (Vos, et al., 2015a, 2015b). Recognizing the tension between empirical research and existential therapies' principles, their arguments favouring empirical research rely mostly on the incongruity of avoiding research (see p. 33) or on the pragmatic need to survive in an evidence-based society. Vos and colleagues (Vos, et al., 2015a, 2015b) tried to overcome this tension by adopting a "pluralistic" stance, and arguing for the proximity it has with some of the existential-phenomenological principles.

Existential therapies' fundamental epistemology: The rationale for an alternative stance towards empirical research and systematizations.

Vos and colleagues' (Vos, et al., 2015a, 2015b) solution was explicitly presented as a personal one – existential therapists may equally choose among four different "epistemologies": the "correspondence theory of truth", the "coherence theory of truth", the "fundamental phenomenology" or the "pluralistic methodological paradigm" (Vos, et al., 2015b, pp. 50-53)– without arguing whether or not the pluralistic paradigm is existential therapies' natural and congruent theory of knowledge, and consequently the one that could overrule its knowledge

production. This solution is problematic for two main reasons: a) It mixes and confuses methodologies with epistemologies; b) It assumes that all epistemologies are compatible with the existential-phenomenological theoretical perspective and it is up to the researcher to choose the epistemological perspective that most pleases.

Crotty (2003) argues that a theoretical perspective cannot embrace excluding epistemologies. Neither objectivism nor subjectivism could ever stand as congruent epistemologies for the existential-phenomenological theory (Crotty, 2003). It is incongruent to claim *apodictic* (absolutely certain) or universal properties to any knowledge produced within an existential-phenomenological frame. To fit with its knowledge principles, data and conclusions can only produce *assertoric* claims: It can be a better claim than previous ones, but it cannot be assumed as absolute or definitive (Polkinghorne, 1983).

Existential-phenomenology argues that truth, or meaning, is not discovered, but constructed through our being-in-the-world (Barrett, 1990; D. E. Cooper, 1999; Spiegelberg, 1972). In being constructed through experience, different meanings may be constructed by different people (eras and cultures) and no definitive and universal truth can be conceived within this perspective (Crotty, 2003). Some authors (e.g., Crotty, 2003) classify this epistemological understanding as a constructionist one and, although this is far from a consensual classification, it is commonly agreed that the existential-phenomenological theory is in clear opposition to both the objectivist and subjectivist perspective of human knowledge (Feijoo, 2010).

But, while it can be guaranteed that a produced knowledge is congruent with its informant epistemology, the methodologies chosen to produce it may be diverse

(Crotty, 2003; Polkinghorne, 1983). No solid reasons exist to restrain the methodological possibilities once the resultant claims respect existential therapies' theoretical and epistemological perspective (Polkinghorne, 1983). This contemporary post-positivistic stance (Polkinghorne, 1983) is consistent with existential therapies' principles, as will be now proven.

Neither phenomenology nor existentialism were against rationality or empirical science *per se* (D. E. Cooper, 1999; Spiegelberg, 1972). Although he focused on the qualitative human experience, Husserl aimed to provide philosophy "with the rationality of a rigorous science" (Spiegelberg, 1972, p. XLIV) and both Husserl (1970) and Heidegger (Heidegger, 1962, 1977) explicitly recognized the role of empirical knowledge: "one among the many practical hypotheses and projects which make up…the life-world" (Husserl, 1970, p. 131). What both phenomenology and existential philosophy deny outright is the hegemonic claim of truth made by positivism (D. E. Cooper, 1999; Spiegelberg, 1972). The focus of their criticism was not the methodologies or methods of the natural sciences *per se*, but the natural sciences' claim that only *apodictic* knowledge is acceptable (produced with experimental designs and measurable variables, enabling verifiable and definitive universal models of explanation and prediction). The epistemological principles underlying positivism that phenomenology and existential philosophy cannot accept are: a) The premise that object and subject do not affect each other; b) Leaving aside human experience because it is non-observable, non-quantifiable and therefore cannot lead to absolute and universal certainties.

Neither phenomenology nor existentialism rejected objective knowledge or finding shared understandings (D. E. Cooper, 1999; Spiegelberg, 1972). Existential

philosophy and existential psychology do not share a subjectivist stance towards knowledge (D. E. Cooper, 1999; Crotty, 2003; Feijoo, 2011). Excepting Kierkegaard, Nietzsche and Jaspers' existential philosophy (Besora, 1994; D. E. Cooper, 1999), phenomenologists and existentialists aimed for an analysis and an understanding of the universal structures of human conscience and existence (Besora, 1994; D. E. Cooper, 1999; Spiegelberg, 1972). Their chosen path, of course, took the opposite direction to that of the natural sciences by not starting from a theory or a conceptual hypothesis, but from analysis of the singular lived experience, and from there to the universal structure (Besora, 1994). According to D. E. Cooper (1999, p. 17), "the Existentialist is perfectly able to accept that beliefs can be objectively true in the sense of being warranted by criteria on which there is tried and tested public agreement".

Kockelmans (1973) notes that human sciences can be approached by three different methodologies: the empirical, the descriptive (phenomenological) and the hermeneutic. He demonstrates that an empirical approach is logically possible, although part of the meaning of human phenomena is necessarily left out by the formalization or quantification process. Phenomenology and hermeneutics are seen as methodologies that may compensate "the limitations essentially connected with the empirical approach" (Kockelmans, 1973, p. 257).

In tune with Kockelmans (1973), the post-positivistic perspective on human sciences' research methodology is that of a "methodological pluralism" (Polkinghorne, 1983). As the aim is not indubitable truth any more, thus there is no correct method to follow (Polkinghorne, 1983). The researcher may choose

whatever methodologies or methods (quantitative or qualitative) that best answer the questions and subjects addressed (Crotty, 2003; Polkinghorne, 1983).

Based on these clarifications, the resistance against empirical research and systematization, expressed by some existential therapists, can only be understood as a misinterpretation, or a non-distinction, between methodologies and methods on one hand, and theoretical perspectives and epistemology on the other – a common confusion, according to Crotty (2003) and Polkinghorne (1983).

Developing experimental research and using quantitative methods (methodology and methods' level) does not necessarily entail a positivistic and objectivistic stance towards the produced claims (theoretical and epistemological level): "What turns their study into a positivistic piece of work is not the use of quantitative methods but the attribution of objectivity, validity and generalizability to quantitative findings" (Crotty, 2003, p. 41).

Consequently, solving existential therapies' resistance to research by holding only to "goodness-of-fit" qualitative methodologies is a limited and misleading solution: a) "There is plenty of scope for qualitative research to be understood positivistically or situated in an overall positivist setting, and, therefore, for even self-professed qualitative researchers to be quite positivistic in orientation and purpose (Crotty, 2003, p. 41); b) It does not fully answer to the *zeitgeist's* evidence-based demands; c) It does not fully attend to the idea of the complexity of human phenomena, which calls for as many different methodologies as possible to study it from different angles.

To do empirical research on the basis of social needs is an understandable argument from a practical and pragmatic stance. And there is an "existential" appeal

(personal choice and responsibility) in letting researchers choose the epistemology that best suits their interests, as suggested by Vos and colleagues (Vos, et al., 2015a, 2015b). But both these arguments are not sustainable from an epistemological stance as knowledge claims have to fit the theoretical and epistemological perspective it aims to contribute to (Crotty, 2003).

The arguments presented by existential therapists against research and systematizations all refer to the consequences of treating the developed knowledge as universal and definitive truths (see p. 31). But those consequences are dismissed if both researchers and practitioners maintain a constructionist stance towards the resultant knowledge.

In summary, the resistance that some existential therapists present against empirical research and theoretical or practical systems seems to stem from a confusion between two different research levels: methodologies and epistemology. It was demonstrated that the existential-phenomenological theoretical perspective is not against any kind of methodology, but is against an objectivistic stance towards the produced knowledge (be it from qualitative or quantitative research). Certainly, any methodology that places the personal lived experience over abstraction has a higher "goodness-of-fit" with the existential-phenomenological theoretical principles.

Empirical research, experimental designs and/or pure quantitative statistical analysis does not in itself entail a positivistic-apodictic stance. It is true that all these methodologies and methods have been used and taken over by the dominant positivistic and instrumental attitude towards knowledge, but they can equally be addressed from an open-minded *assertoric* stance towards science and constitute valid and useful research instruments for existential practice. Empirical research,

experimental designs and statistical analysis can all fit within an existential-phenomenological perspective, since claims of certainty and universality are not attributed to the research data and conclusions.

Equally, theoretical or practical systems only run counter to the existential-phenomenological theory of knowledge if they are presented as universal and definitive claims. Both phenomenology and existentialism have always strived for shared understandings, present in ontologies such as those developed by Heidegger or Sartre: Clearly at odds with the existential-phenomenological perspective are only the abstractive systematizations leading to totalitarian theoretical systems, aiming to determine or to eradicate the individual experience.

Author's Epistemological and Methodological Stance

Epistemologically, the present research tried to adopt a position that is consistent with an existential-phenomenological stance: no claims of certainty or universality are attributed to the findings. That is, data and conclusions do not stand as definitive or *apodictic* truths but as *assertoric* claims. Whether by the chosen research steps and methodologies or by the meaning attributed to the results, the findings express both the author's lived experience and that of those who helped him with this endeavor. The results express their own time and context; it would come as no surprise if different data were to be found in a study developed now (especially so considering existential therapy's swift development in recent years). It is from this epistemological perspective – a constructionist one, according to some authors (see

p. 36) – that the author understands present findings, even if at some point, influenced by the dominant positivistic attitude, the author's claims may appear to express a definitive truth.

Methodologically, a methodological pluralism (Crotty, 2003; Polkinghorne, 1983) was adopted (see pp. 38-39). Different methodologies or methods (quantitative or qualitative) were used, chosen according to the formulated research questions and to the quality of the data available. Whenever possible, preference was given to qualitative methodologies – e.g., content analysis (Study 2), non-participant observation (Study 3). But quantitative methods – e.g., descriptive (Study 1, 2 and 3) and inferential (Study 2 and 3) statistical analysis – were used whenever they were considered an added value to both data and conclusions.

The aim to reach as many existential institutions and practitioners as possible derived from the existential-phenomenological perspective of objectivity achieved through encompassing public agreement (D. E. Cooper, 1999; Spiegelberg, 1972).

Reflective Statement

The author's personal interest for a systematized definition of existential therapies' theory of practice and intervention rationale emerged while still an existential counsellor trainee. Trainers struggled to teach and trainees to learn a practice that was not made explicit. Certain ways of practicing were repeatedly encouraged by supervisors, while others were repeatedly questioned. It was evident that trainers were trying to convey attitudes and practices that trainees should learn.

Later, when the author started to teach and supervise, the same struggle and tension was felt with his trainees. Students wanted to openly speak about the practices that they were supposed to use as existential therapists, but no consensual theory of existential practice was available.

The present research stems from these struggles. The author believes that making explicit and systematizing existential practice does not necessarily imply its universalization and mechanization, but that a clear explanation of the existential theory of practice will help to query and develop it. This may in turn benefit the general psychotherapeutic community with further effective practices and procedures.

The author is an existential practitioner and trainer, closely associated with the existential-phenomenological branch. He believes that existential therapies have a set of practices but he is not aware of holding any assumptions or biases as to what practices might be identified as the most characteristic in this field.

As English is not the native tongue of the author, a proofreading was carried out by native English speaker Simon Hursthouse. Although proofreader's focus was on typographical errors and mistakes in grammar and spelling this, and the author's need to write in a language with its own cultural and linguistic subtleties, made the author feel that his own style of expression was, at some points, slightly affected. Despite these constraints on personal subjective expression, the author is not aware that this has biased the search for, or analysis of, the data of Studies 1, 2 or 3, and he still recognizes his own voice in this final thesis and the papers resulting from it.

Impact of the Introduction

A paper was accepted for publication (Correia, in press) based on material written for the introduction, in particular on the chapters concerning the philosophical background of existential psychotherapy (see p. 5) and those concerning the epistemological discussion (see p. 31). The paper, as the Introduction, was written solely by Edgar Correia with the guidance of his supervisors Mick Cooper and Lucia Berdondini.

STUDY 1: SYSTEMATIC ONLINE SEARCH OF EXISTENTIAL THERAPY

INSTITUTIONS

Aims

A worldwide search for existential institutions was developed. This was a preliminary study, conducted to map out today's worldwide distribution of the main existential branches. Institutions' contact details and other characteristics were collected to ensure a worldwide distribution and representativeness for Study 2.

Research Questions

The specific research questions for this preliminary study are: Q1) Given its institutional representation, how is existential therapy distributed worldwide? Q2) Which existential branches have the greatest institutional representation? Q3) How are different branches institutionally distributed worldwide?

Method

Search Strategy

From the 15th of January 2012 to the 2nd of March 2012, the author conducted a systematic online search for existential therapy institutions, using the

Google Search engine. The following search terms were used in English, Spanish, German, French and Portuguese: "existential psychotherapy", "existential therapy", "existential counselling", "daseinsanalysis", "existential analysis" and "logotherapy". When a website for an existential institution was identified, links were examined for further institutions, and followed up where appropriate.

Inclusion and Exclusion Criteria

The present definition of existential institutions included both existential therapy societies and training centres in existential therapy. Existential therapy societies were defined as organisations that aimed to disseminate, promote, study, develop and/or teach existential therapy (counselling and psychotherapy): These organizations might present themselves as societies, associations, federations (if they include several institutions), centres or institutes. Training centres in existential therapy were defined as organisations that had a full and explicitly labelled training course in existential counselling or psychotherapy, either professional or academic. Training centres that offered only small seminars or workshops on the existential paradigm were excluded.

In the past few years, many different therapies have been integrating phenomenological or existential principles and practices (du Plock & Deurzen, 2015; Jacobsen, 2007). Rational emotive therapy, gestalt therapy, person-centred therapy, focusing therapy, and all integrative-existential forms of therapy (e.g., cognitive-existential therapy, existential-psychoanalytic therapy), have borrowed from the

phenomenological-existential tradition, but do not usually call themselves "existential psychotherapy" (du Plock & Deurzen, 2015) and are not recognized as existential therapies by the tradition (Angerami-Camon, 2007; Besora, 1981, 1994; Deurzen & Adams, 2011; Jacobsen, 2007).

Aiming towards the practices and characteristics of existential counsellors and psychotherapists, and to avoid results that could be considered as not truly (or consensually) representative of this area of study, it was decided to direct this survey only to the most common and consensual four branches of existential psychotherapy (see p. 16): daseinsanalysis, logotherapy, existential-humanistic, and the British School of existential analysis. In order to comprise the wider international reality, the British School was included with its umbrella branch: the existential-phenomenological (see p. 16). For the same reason, to accommodate Längle's new developments on Frankl's logotherapy (M. Cooper, 2012; M. Craig, et al., 2016), the term *existential analysis* was added to the logotherapy branch. In summary, institutions were only included if they were identified with one or more of the following branches: daseinsanalysis, the existential-humanistic approach, the existential-phenomenological approach and logotherapy and/or existential analysis.

Analysis

Data found on the websites about the existential therapy institutions were inputted on an SPSS database: name, branch of existential therapy, country, continent and confirmation from the organization of data accuracy.

Continents were categorised according to six geographical locations: Africa, Asia, Australia, Europe, Latin America (Mexico, Caribbean, Central America and South America) and North America (Canada and the United States).

The branches of existential institutions were identified, initially, by the name (for example, the Society of Daseinsanalysis in Canada). Whenever this was not self-evident, an email was sent to the institution to clarify their branch (29 emails were sent to clarify this information). For the 14 institutions that did not respond (48.3%), a careful reading of their website was made to identify their branch. Institutions that indicated openness to different branches of existential therapy were labelled *Multi-branched*. Finally, an email was sent to all the institutions to confirm the details that had been identified and just over half of the institutions ($n = 67$; 52.3%) gave final confirmation of the data.

Data was analysed descriptively by continent, country and branch of existential therapy.

Results

Preliminary Analysis

Of the 147 existential therapy institutions identified, two of them had closed; six were duplicate names or websites; seven institutions posted on suggested links were not found; and four training institutions had only small seminars or workshops

on the existential paradigm. This left 128 existential therapy institutions (see

complete list Appendix A), in 42 countries across all six continents.

Q1 – Worldwide Distribution

Analysis by continent.

Frequencies and percentages of existential institutions by continent, country

and branch are presented in Table 1. The continents with the largest number of

existential therapy institutions were Europe and Latin America, with 67 (52.3%) and

38 (29.7%) institutions respectively. This amounts to 82% of the world's total

existential therapy institutions. Existential therapy institutions were located in 23 of

the 50 European sovereign states and 12 of the 16 South American countries. In

Asia, four existential psychotherapy institutions were found: two in West Asia

(Israel) and two in East Asia (China and Japan). There were three institutions in

Australia, and just one in Africa.

Table 1: *Frequencies and Percentages of Existential Institutions by Branch,*
Continent and Most Frequent Countries

Continents	Branches					Total
Countries	Daseins	Ex-hum	Ex-phen	Logo	M-B	*n* (%)
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	
Africa	**0 (0)**	**0 (0)**	**0 (0)**	**1 (0.8)**	**0 (0)**	**1 (0.8)**
S. Africa	0 (0)	0 (0)	0 (0)	1 (0.8)	0 (0)	1 (0.8)
Asia	**0 (0)**	**1 (0.8)**	**2 (1.6)**	**1 (0.8)**	**0 (0)**	**4 (3.1)**
Israel	0 (0)	0 (0)	1 (0.8)	1 (0.8)	0 (0)	2 (1.6)
Australia	**0 (0)**	**0 (0)**	**2 (1.6)**	**1 (0.8)**	**0 (0)**	**3 (2.3)**
Australia	0 (0)	0 (0)	2 (1.6)	1 (0.8)	0 (0)	3 (2.3)

Europe	**9 (7)**	**1 (0.8)**	**11 (8.6)**	**45 (35.2)**	**1 (0.8)**	**67 (52.3)**
Austria	1 (0.8)	0 (0)	0 (0)	14 (10.9)	0 (0)	15 (11.7)
Germany	0 (0)	0 (0)	0 (0)	8 (6.3)	0 (0)	8 (6.3)
Italy	0 (0)	0 (0)	1 (0.8)	4 (3.1)	0 (0)	5 (3.9)
Spain	0 (0)	0 (0)	0 (0)	3 (2.3)	0 (0)	3 (2.3)
Switzerland	3 (2.3)	0 (0)	0 (0)	2 (1.6)	0 (0)	5 (3.9)
UK	0 (0)	0 (0)	4 (3.1)	1 (0.8)	1 (0.8)	6 (4.7)
Lt. America	**1 (0.8)**	**0 (0)**	**7 (5.5)**	**29 (22.7)**	**1 (0.8)**	**38 (29.7)**
Argentina	0 (0)	0 (0)	1 (0.8)	7 (5.5)	1 (0.8)	9 (7)
Brazil	1 (0.8)	0 (0)	5 (3.9)	3 (2.3)	0 (0)	9 (7)
Mexico	0 (0)	0 (0)	1 (0.8)	5 (3.9)	0 (0)	6 (4.7)
N. America	**1 (0.8)**	**8 (6.3)**	**0 (0)**	**4 (3.1)**	**2 (1.6)**	**15 (11.7)**
Canada	1 (0.8)	0 (0)	0 (0)	2 (1.6)	1 (0.8)	4 (3.1)
USA	0 (0)	8 (6.3)	0 (0)	2 (1.6)	1 (0.8)	11 (8.6)
Total	**11 (8.6)**	**10 (7.8)**	**22 (17.2)**	**81 (63.3)**	**4 (3.1)**	**128**

Note. Daseins = Daseinsanalysis; Ex-hum = Existential-humanistic; Ex-phen = Existential-phenomenological; Logo = Logotherapy and/or existential analysis; M-B = Multi-branched; Lt. America = Latin America; N. America = North America; S. Africa = South Africa.

Analysis by country.

Austria (see Table 1) has the most existential therapy institutions ($n = 15$; 11.7%), followed by the United States ($n = 11$; 8.6%) and then Argentina and Brazil ($n = 9$; 7.0%). Germany had eight institutions (6.3%), Mexico and the UK had six (4.7%), and Italy and Switzerland each had five (3.9%). Just over half ($n = 74$; 57.8%) of the total existential therapy institutions were found in these nine countries.

Q2 – Greatest Institutional Representation

The greatest number of institutions came from the logotherapy and/or existential analysis branch of existential therapy ($n = 81$; 63.3%). The second most prevalent (see Table 1) was the existential-phenomenological branch ($n = 22$; 17.2%), followed by daseinsanalysis ($n = 11$; 8.6%) and the existential-humanistic branch ($n = 10$; 7.8%).

Q3 – Branch Distribution Worldwide

Logotherapy and/or existential analysis institutions were spread over 34 countries, but were mainly concentrated in Europe and Latin America (see Table 1): a total of 91.4% ($n = 74$) of its institutions are located in these two continents (55.6% and 35.8% respectively). In Europe, 53.3% ($n = 24$) of the logotherapy institutions were located in three German-speaking countries (Austria ($n = 14$), Germany ($n = 8$), and Switzerland ($n = 2$, both in German-speaking Cantons). Worldwide, 65.4% of all logotherapy institutions are located in either German-speaking ($n = 24$; 29.6%) or Spanish-speaking countries ($n = 29$; 35.8%).

Existential-humanistic and daseinsanalytic institutions tended to be concentrated in specific regions of the world (see Table 1). The existential-humanistic institutions were located mainly in the United States ($n = 8$; 80%), with single institutions in both China and Russia. Daseinsanalytic institutions were mainly located in Europe ($n = 9$; 81.8%), primarily in Central Europe, with single institutions in both Brazil and Canada.

The existential-phenomenological institutions were more geographically

diverse, with 22 institutions spread over 13 countries. Brazil (see Table 1) has the

largest number of existential-phenomenological institutions ($n = 5$; 22.7%), followed

by the UK ($n = 4$; 18.2%). There were no existential-phenomenological institutes in

the German-speaking countries.

Four institutions were identified that aimed at a dialogue between different

branches of existential psychotherapy: Two in North America (one in Canada and the

other in the United States), one in Europe (UK), and one in Latin America (see Table

1).

Discussion

Existential therapy institutions are spread over 42 different countries, in all

inhabited continents, but mainly concentrated in Europe and Latin America. In

South America, 75% of its countries have at least one institutional representation for

existential therapy. Africa, the continent with the greatest percentage of least

developed countries (Committee for Development Policy & UN Department of

Economic and Social Affairs, 2008), had the least existential institutions, followed

by Asia.

The worldwide distribution by branch seems to be associated with

geographical and linguistic characteristics: Logotherapy and/or existential analysis is

particularly popular in German- and Spanish-speaking countries; the existential-

humanistic approach is mainly confined to the USA; daseinsanalysis is largely found

in the Central Europe countries and existential-phenomenology has no presence in German-speaking countries.

Logotherapy's concentration in German- and Spanish-speaking countries may not help a worldwide divulgation and proliferation: One of the most important logotherapy and existential analysis journals is published in German, and most of its recent works are still untranslated to English (see Study 2). In contrast, recent existential-phenomenological works tend to be published in English, a language that is nowadays accessible to most post-graduate students worldwide.

The existential-humanistic branch, though concentrated in the USA, recently reached China (Hoffman, Yang, Kaklauskas, & Chan, 2009; K. J. Schneider & Krug, 2010). Daseinsanalysis branch has opened no new institutions in the last decade.

Limitations

This research was an initial and exploratory attempt to build a comprehensive and consistent sketch of today's existential therapy institutional panorama. However, several limitations can be found: a) The option for a World Wide Web search may have excluded institutions with no Internet presence; b) The search was biased towards English-, Spanish-, German-, French- and Portuguese-language websites; c) It is limited and biased towards the four main existential therapy branches; d) Only half of the institutions confirmed the accuracy of the data collected. Confirmation and information exchange is important for data liability and to collect other important characterizing elements that would enrich the study with

deeper and more conclusive information (e.g., the branch that best represents the teaching and/or practice of each society; when they were founded; number of associated members; their scientific, training and social activities and aims).

Implications

Despite the limitations mentioned above, this study gives some valuable data on the distribution of the key existential therapies around the globe and helps us understand existential therapy's worldwide establishments and influences.

The worldwide relevance of existential therapy should reinforce the importance of conducting further research into this psychotherapeutic paradigm.

As mentioned above, the data shows some geographical and linguistic constraints. Logotherapy and/or existential analysis and daseinsanalysis could benefit from a greater investment in new translations into other languages, in particular English. The existential-phenomenological branch, on the other hand, may benefit from a greater dialogue with its German counterparts (daseinsanalysis and logotherapy) to overcome geo-linguistic and ideological bridges.

The poor representation in least developed countries and continents could stand as a topic of questioning and challenge for a paradigm that has at its core existential ideas and principles: How democratic, trans-cultural and open is existential therapy? Is existential counselling and psychotherapy an elitist therapy? If so, how does this fit with its ideologies and principles?

Further Research

New studies should be conducted to overcome the limitations found, including: a) Research that goes beyond an Internet search; b) Telephone and mail contact with each institution's representative, to confirm and ask for further data. New studies will allow the possibility of comparing data and to confirm if existential psychotherapy really is growing and spreading worldwide.

Reflective Statement

Study 1 was planned, developed and executed by the author, inspired by the reading of Dillman, Smyth and Christian's (2009) suggestions to improve response to web surveys. The rationale was that a full survey of the existential institutions worldwide would constitute a solid basis to facilitate an encompassing participation of existential practitioners on a global scale for Study 2.

The author's supervisors' advice was for a circumscribed sample (mainly European and North American). But Edgar Correia's Latin cultural background (born in Venezuela and raised in Portugal) influenced his ambition for a worldwide, multicultural study to give voice to existential therapists other than the already well known British and North American practitioners and to contribute to a better understanding of the contemporary worldwide demographics of existential therapy. This decision added complexity to the data collection and impacted on the guarantees

of proportionality and representativeness of the sample for each branch and for each country/continent (e.g., are the Asian or African institutions found through the Internet search really proportional and representative of what exists in those continents?).

If the author's cultural background may have influenced the attention given to continents others than Europe and North America, he is not aware that this (or his greater identification with the existential-phenomenological branch) has biased either the search for or the analysis of the data.

The Internet search, data collection, management and analysis, and authorship of Study 1 – and the papers resulting from it (see p. 57) – were made solely by the author, under the guidance of his supervisors Mick Cooper and Lucia Berdondini.

Impact of Study 1

Data from Study 1 was an important contribution for the organization of the first World Congress for Existential Therapy, in London in 2015: The list of institutions facilitated a network of worldwide contacts and people from the six continents participated at the event. The author was invited to keep the list updated to facilitate the organization of the second World Congress for Existential Therapy, in Buenos Aires in 2019.

A total of four publications were based on Study 1. After a first publication of the results in a peer review journal (Correia, Cooper, & Berdondini, 2014), the author was invited to publish the entire existential institutions' list in a special issue

on existential therapy of the *International Journal of Psychotherapy* (Correia, 2015).

The *Existential Analysis* journal (Correia, Cooper, & Berdondini, 2016a) and the

Dasein journal (Correia, Cooper, & Berdondini, 2016b), also invited the author to

publish the updated data and an updated version of the list in January 2016.

The list of institutions has been posted on the *Sociedade Portuguesa de Psicoterapia Existencial's* (SPPE) website since 2013 (see

http://www.sppe.pt/publicacoes/existential-psychotherapy-societies-and-training-institutes-list/) and on the *World Confederation for Existential Therapy's* (WCET)

website since 2016 (see http://www.existentialpsychotherapy.net/existential-psychotherapy-organizations-world-wide/).

STUDY 2. ONLINE INTERNATIONAL SURVEY

Aims

The primary aim of this research is to deepen the understanding of the nature of contemporary existential practice, as it is understood worldwide. Simultaneously, it aims for a global perspective on today's existential psychotherapy demographics, characteristics and influences.

Research Questions

The primary research question for this study is: Which specific therapeutic methods or practices do the existential/existentially-informed counsellors or psychotherapists consider most characteristic of existential therapy?

Secondary research questions include: Q1) What are the participants' main institutional and geographical characteristics? Q2) Which authors and texts on existential therapy do existential/existentially-informed counsellors or psychotherapists consider most influential to their practice? Q3) How do training, experience and geographical characteristics influence existential/existentially-informed counsellors or psychotherapists' self-reported most influential authors and texts? Q4) How do training, experience and geographical characteristics influence existential/existentially-informed counsellors or psychotherapists' self-reported most characteristic therapeutic methods or practices? Q5) How do existential/existentially-

informed counsellors or psychotherapists from different branches differ attending to their training, experience and geographical characteristics? Q6) How do existential/existentially-informed counsellors or psychotherapists from different branches differ attending to their self-reported most characteristic existential therapy methods or practices, and to their self-reported most influential authors and texts?

Method

Summary of Design

A survey study was developed, with data collected through an online questionnaire, built according to Dillman and colleagues' methodology (Dillman, et al., 2009; Millar & Dillman, 2011), to compare different existential practitioners' influences and practices. Different methods were used for data analysis (content analysis, descriptive and inferential statistical analysis). The survey application took place between March 5 and July 20, 2012.

Participants

A total of 1,382 individuals from across the world accessed the questionnaire: 983 (71.1%) in the English version, 260 (18.8%) in Portuguese and 139 (10.1%) in Spanish. Informed consent was given by 1,358 (98.3%) participants (see flow chart,

Figure 2) and the number of participants who considered their therapeutic practice as existential or primarily informed by existential ideas and practices was 1,264 (91.5%). The 94 individuals who did not identify their practice in this way were exited from the survey.

Received questionnaires 1,382	Gave informed consent 1,358 (98.3%)	Passed inclusion criteria (Question 1) 1,264 (91.5%)
Question about institutional training (Question 2) 1,171 (84.7%)	Question if still in training (Question 3) 1,142 (82.6%)	Question on years of practice (Question 4) 1,127 (81.5%)
Question about society affiliattion (Question 5) 1,136 (82.2%)	Question about country of practice (Question 6) 1,117 (80.8%)	Question about most influential authors (Question 7) 1,085 (78.5%)
Question about most caracteristic practices (Question 8) 971 (70.3%)	Question about most influential texts (Question 9) 853 (61.7%)	

Figure 2. Participant flow chart throughout the questionnaire

A total of 1,264 questionnaires, from 48 different countries, were considered valid and these made up the sample that forms the base of this study. Approximately half of this sample ($n = 631$; 49.9%) considered their practice as "existential". The

remaining respondents (n = 633; 50.1%) considered their practice "primarily

informed by existential ideas or practices" (see Table 2).

Over 90% of the sample (n = 1,062; 90.7%) had, or were having, specific

institutional training as an existential/existentially-informed psychotherapist or

counselor (see Table 2). At the time of filling in the questionnaire, 40% (n = 457) of

participants were in training.

Table 2: *Frequencies and Valid Percentages of Participants' Characteristics*

Demographics	Participants	
	n	%
Practice		
Existential	526	54.2
Existentially-informed	445	45.8
Institutional training		
Yes	1,062	90.7
No	109	9.3
Currently student		
Yes	457	40
No	685	60
Experience of practice		
< 10 years	811	72
> 10 years	316	28

Half of the sample (n = 596; 52.9%) had no more than 5 years of practice as

an existential counsellor or psychotherapist. Practitioners with 6 to 10 years of

practice formed 19.1% (n = 215), and 17.4% (n = 196) had between 10 and 20 years

of experience. The most experienced therapists, with more than 20 years of practice,

represented 10.6% of the sample.

Procedures

Recruitment.

Participants were recruited by e-mail and access to this sample was made from two sources: a) *Direct/private* – using Google Search and National Awarding or National Umbrella Organizations practitioners' list, a thorough search (conducted from the 1st of February 2012 to the 2nd of March 2012) was made of existential counsellors and psychotherapists who advertise their existential practice in these places. A total of 572 counsellors/psychotherapists were invited via e-mail (see invitation letter Appendix B) to participate in our study through this direct/private source; b) *Indirect/institutional* – from the online search for existential societies referred to above (see Study 1), the 128 existential therapy institutions were invited by e-mail to distribute the survey among its members (see invitation letters Appendix C and D): 40 institutions agreed to cooperate and 5,109 invitations were sent out through the 26 institutions that had stated the number of members they had forwarded invitations to. It was not possible to accurately calculate the survey response rate, as 14 institutions (35%) provided no information about the number of members they had contacted.

Survey.

The survey's design, structure and implementation procedures were based on Dillman and colleagues' investigations about surveys' development and application

(Dillman, 1991, 2006; Dillman, et al., 2009; Millar & Dillman, 2011; Schaefer & Dillman, 1998; Smyth, Dillman, Christian, & McBride, 2009; Smyth, Dillman, Christian, & Stern, 2006). To increase the response rate (Dillman, et al., 2009; Millar & Dillman, 2011; Schaefer & Dillman, 1998) each potential participant received an initial *invitation e-mail* (see Appendix B), followed by two *reminder e-mails*, nine and 23 days after the first e-mail (see Appendix E and Appendix F, respectively). These e-mails contained a link which directed the interested participant directly to the online survey. To prevent response replication a locking system was applied that did not allow the participant to access to the questionnaire more than once from the same IP (Internet Protocol) address.

The questionnaire, originally written in English, was translated and reviewed into Portuguese and Spanish by two language natives. A first version of the survey was applied to a sample of 23 existential therapists to identify areas for improvement.

The survey's final version consisted of ten questions (see Appendix G for a printed hardcopy of the survey).

To ensure that non-existential therapists were excluded, a first question was set on the questionnaire asking if the participants consider their practice as "existential", or consider their therapeutic work primarily informed by existential ideas and practices. Whenever a participant responded that they did not consider themselves an existential counsellor or psychotherapist or that their practice was not primarily informed by existential ideas and practices, the participant was thanked and the questionnaire was closed.

Questions two to six aimed to find out if participants had had any specific existential institutional training; if they were still students; years of practice; if they were affiliated to any existential therapy institution; and the country where they practiced.

Three list-style, open-ended questions (number seven, nine and eight, respectively) asked participants to name their most influential existential therapy authors and texts and which specific therapeutic methods or practices they consider most characteristic of existential therapy. The question about authors was "As an existential/existentially-informed counsellor or psychotherapist, which three authors on existential therapy have most influenced your practice?" and participants were asked to complete up to three open-ended answer boxes labelled: "Author 1", "Author 2", and "Author 3". The question about texts asked "As an existential/existentially-informed counsellor or psychotherapist, which three specific texts (book, book chapter, or journal article) on existential therapy have most influenced your practice?" and participants were invited to complete up to three pairs of open-ended answer boxes, labelled "Author 1/Text 1", "Author 2/Text 2", "Author3/Text 3". The question about practices was "As an existential/existentially-informed counsellor or psychotherapist, which three specific therapeutic methods or practices would you consider most characteristic of existential therapy?" and participants were asked to complete up to three open-ended answer boxes labelled: "Practice 1", "Practice 2", and "Practice 3".

One last question (question 10) gave participants the opportunity to freely express themselves.

The questionnaire implementation took place over a period of three and a half months, between March 5 and July 20, 2012.

Analysis

Responses were downloaded from the survey hosting platform (SurveyMonkey) to an SPSS database for data codification, statistical descriptive and inferential analysis.

Sample characterization.

To allow statistical analysis, all raw data from the six sample characterization questions (one to six) were codified into numeric codes.

Responses to Question 1a (see Appendix G) were not considered for analysis, as participants made different interpretations of what was being asked, e.g., "As a supervisor I relate to the present moment and process of the supervisee" P. 48; "Couple and individuals" P. 62; "Existentially oriented" P.781; "The application of clinical psychology to reduce distress" P.1005; "Philosophical, moral nihilism, stoicism" P.1244.

Several participants made reference to schools, training centers and societies other than the 128 verified institutions on the list (see Study 1) they were provided with and from which they could choose (questions 2a and 5a, Appendix G). All these other responses were checked via an Internet search on Google, standardized and codified.

To facilitate inferential statistics, the six different possible answers regarding years of practice were transformed into a binary variable: less than ten years and more than ten years of practice (see Table 2).

Based on the answers to the country of practice question (Question 6) a new variable, called Continents, was created and categorised according to the same six geographical locations used in Study 1 (see p. 48): Africa, Asia, Australia, Europe, Latin America (Mexico, Caribbean, Central America and South America) and North America (Canada and the United States).

Participant branch.

Participants' branches were identified based on their training and affiliated institutions (questions 2a and 5a, respectively): they were attributed to the branch of their training and affiliated institutions. Whenever these branches did not match, prevalence was given to the societies the participants were affiliated to. Participants whose institutions did not match with any of the four main existential branches (see Study 1) were assigned to the category *Others*. Respondents with insufficient, unidentified, unsuitable or no information about their training and affiliation institutions were categorized as *No branch attributed* (NBA).

Authors and texts.

Participants' responses to authors and texts questions were written in different languages using many different spellings and terminology. To enable statistical analysis, each response was scrutinized, translated into a standard author or text name, and then codified into a numeric code. In this process of standardization,

authors and texts responses were checked on the Internet, using Google, Google Scholar, Amazon and/or BookFinder, to identify and confirm a work's existence or its translation. Whenever available, texts were normalized according to their English translation. In nine out of 3,108 responses to the authors' question it was not possible to identify the author and these were coded as *Others*. For the texts question, it was not possible to identify 155 responses due to insufficient, unidentified or unsuitable information, and these were coded as *missing values*.

Practices analysis.

Generally, responses to the most characteristic existential practices (Question 8) were a short and direct reference to a certain practice – often of no more than two words (e.g., "Dereflexion" P.768, "Phenomenological enquiry" P.94) – lacking in detail of its nature, meaning, relevance or application (e.g., "focus on experience of emotions" P.90). This response pattern did not allow an in-depth narrative analysis, excluding the possibility to choose for a thematic analysis (Braun & Clarke, 2006; Vaismoradi, Turunen, & Bondas, 2013) or a content analysis focused on an interpretation of the latent content (Graneheim & Lundman, 2004; Vaismoradi, et al., 2013).

Respondents' short and direct answers were more suited to a systematic classification to identify patterns based on a descriptive and quantifiable approach over the manifested content (Elo & Kyngäs, 2008; Vaismoradi, et al., 2013). As no previous studies or systematized consensual knowledge exists concerning the existential practices, the choice for an inductive (data-driven) content analysis was made (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005; Vaismoradi, et al., 2013).

Respondents' answers were the unit of analysis and each reference to a detectable or understandable practice contained in the answer was considered a meaning unit to be coded. Some unit of analysis (responses) referred to more than one practice (meaning unit) and, on these occasions, the different practices were coded independently – no more than three practices were codified from any single answer. The prevalence for specific sub-categories and categories of practices was based directly on frequency counts of the meaning units coded in each answer.

Based on guidelines for good practice in qualitative research (Elliott, Fischer, & Rennie, 1999), the content analysis on the answers to the most characteristic existential practices (Question 8) was conducted by two analysts and two reviewers. This was done for credibility by peer debriefing (Hsieh & Shannon, 2005), i.e., the aim was not "to verify that data are labelled and sorted in exactly the same way, but to determine whether or not various researchers and experts would agree with the way those data were labelled and sorted" (Graneheim & Lundman, 2004, p. 110). All analysts and reviewers were psychologists and psychotherapists, with doctoral degrees (reviewers) or developing their doctoral studies (analysts). One analyst (author) and one reviewer are trained and certified existential therapists while the second analyst and the second reviewer's backgrounds were with other therapeutic paradigms (psychoanalysis and gestalt therapy, respectively).

Responses from 120 randomly selected participants (12.4%) were used to generate an initial set of codes (a coding matrix), using Elo and Kyngäs' (2008) methodology of content analysis and following the principles of an inductive analysis approach (Elo & Kyngäs, 2008).

Independently, the two analysts performed a first overall reading of the random data, followed by a second reading where notes were made about the ideas that seemed important for the analysis (possible codes for the meaning units, doubts, etc.). Separately, the analysts generated the initial codes, coded systematically the meaning units, and reviewed the analysis made. The analysts met to compare and discuss their separate analysis of the random data until agreement on the final assigned codes was arrived at. The analysis and respective preliminary codes were then presented to the reviewers. Discussion and changes were then made until all parties were satisfied.

Independently, the analysts then coded the remaining responses based on, but not confined to, the preliminary unconstrained coding matrix (Elo & Kyngäs, 2008). The two analysts compared their separate analyses and proposed code changes. Data analysis and proposed code changes were presented to both reviewers and changes were made, based on consensual agreement.

Independently, the analysts then clustered codes into sub-categories and common overarching categories of practice. The analysts met to check and find consensus on the connections between codes. This "abstraction process" (Elo & Kyngäs, 2008, p. 111) was presented to both reviewers for discussion and further refinement.

Finally, the dataset was reviewed by the author to ensure that the identified categories and sub-categories reflected the participants' raw responses (see Appendix H for examples of the content analysis coding and abstraction process).

Any practice mentioned four or more times was given an independent code. Practices referred to fewer than four times were coded as *Other practices* (see Table 11).

Inferential statistics.

Chi-square tests were conducted to verify homogeneity among different sample characteristics, branches and practices.

Homogeneity tests among countries were impracticable due to the large number: inductive statistics was performed comparing its clustering continents. Africa had to be excluded from all the homogeneity tests among continents, due to its low frequency rates (see Table 3).

The large number of different authors and texts given by respondents (see Results pp. 80 and 82, respectively) and the difficulties of clustering them into objective and consensual statistically manageable categories, made inferential analysis not viable with these two variables.

For the practices responses, the large number of categories and the low frequency rates of some of the codes and sub-categories of practice, made inferential analysis impracticable at both these levels of analysis. Inductive statistics were only performed over the clustering categories of practice.

A chi-square test was performed considering the thematized answers given by participants, to determine if practitioners' responses to most characteristic practices were homogeneous among different branches. To clarify and quantify the specific differences, a logistic regression analysis was conducted. To perform this probabilistic statistical model, participant answers (dependent variable) were

transformed into binary (dummy) variables (each category of practice as a binary variable). Logistic regression does not consider how many times a practitioner referred to a certain practice, but only if he/she referred or not (one *yes* or one *no*) to that category of practice. As some participants gave more than one answer concerning the same category of practice, some accuracy may have been lost in this attempt to quantify and determine the specific differences among branches.

The binary versions of participants' responses to the practices question were used to conduct the several tests aimed at determining specific differences found in the homogeneity tests concerning the thematized answers.

Results

Q1 – Participants' Main Institutional and Geographical Characteristics

Participants' training institutions.

An array of 239 training institutes around the world was identified by 1,002 participants as having contributed to their professional training as existential/existentially informed counsellors or psychotherapists. The two most prevalent training centres were both from the UK and associated with the so-called British school of existential analysis (M. Cooper, 2003), coded here with the existential-phenomenological branch of existential therapies. *Regent's College School of Psychotherapy and Counselling Psychology* and the *New School of Psychotherapy and Counselling* (NSPC), respectively, with 142 and 111 participants

(see Figure 3), were the Schools that had trained or were training the largest number of respondents. Two logotherapy institutions came next – *Gesellschaft für Logotherapie und Existenzanalyse* (GLE-Ö) and *Internationale Gesellschaft für Logotherapie und Existenzanalyse* (GLE-International) – with respectively 91 and 84 participants having trained there. The Mexican *Círculo de Estudios en Psicoterapia Existencial* contributed to the training of 49 participants, and the Brazilian *Instituto de Psicologia Fenomenológico-Existencial do Rio de Janeiro* (IFEN) to the training of 48. Also from Brazil came the Daseinsanalytic institution (ABD) with the highest contribution for the training of this sample (*n* = 15 participants).
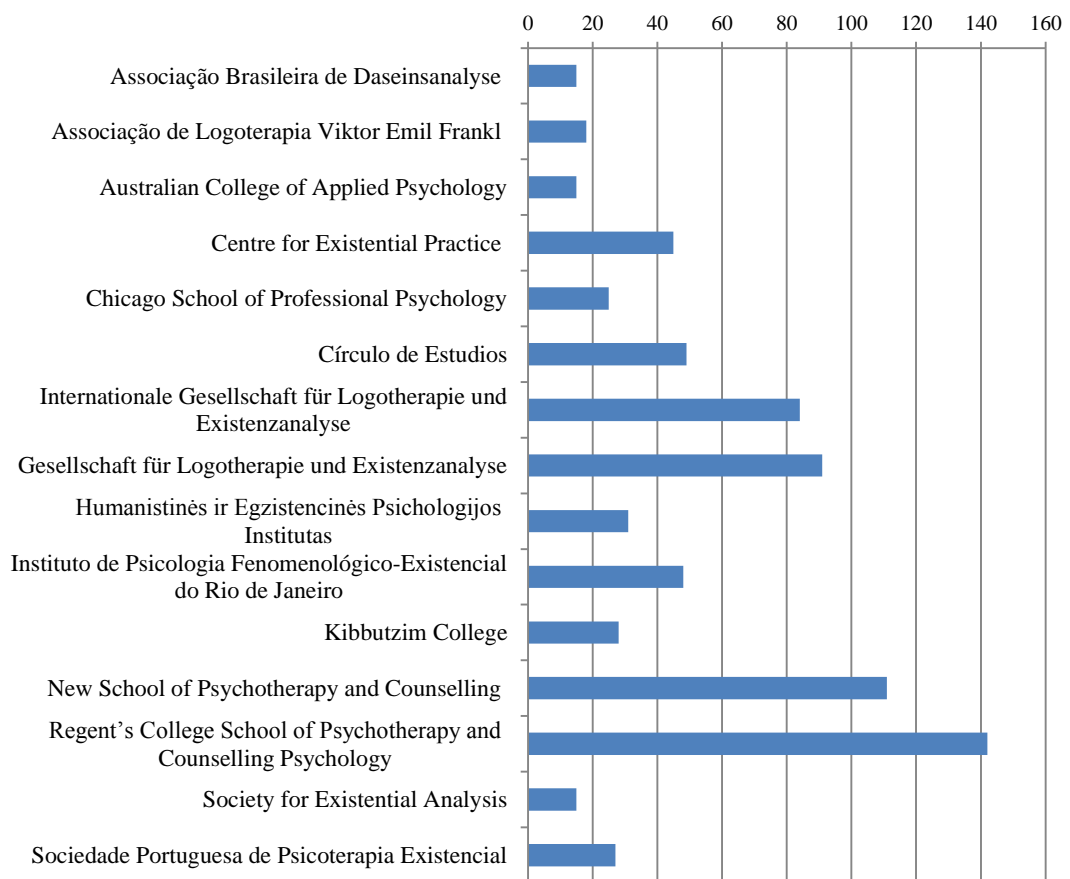
Figure 3. Frequencies of participants trained at the 15 institutes with the greatest contribution to the training of the sample

Participants' institutional affiliations.

Discrepancies were found regarding the institutional affiliation within the sample. A total of 57.9% of respondents were affiliated to at least one existential therapy society: While more than 82% of the existential counsellors and therapists from Portugal, Sweden, Lithuania and Austria were affiliated to an existential society, in Israel, Australia and the USA, more than 70% of the participants were not affiliated to any existential society.
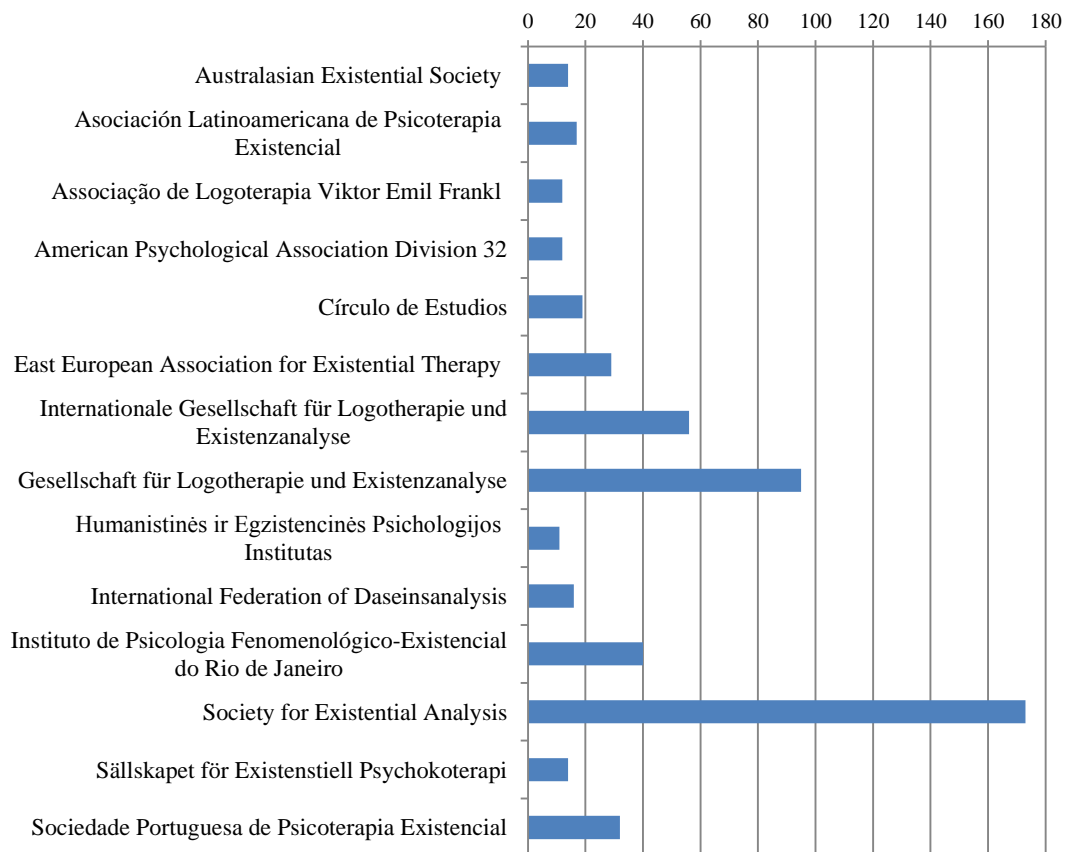
Figure 4. Frequencies of participants affiliated to the 14 most represented existential societies

When the 646 affiliated participants were asked about the existential therapy

societies they were members of, the *Society for Existential Analysis* (SEA) was best

represented, with 173 members, followed by GLE-Ö and GLE-International, with 95

and 56 members respectively (see Figure 4).

Two Portuguese-speaking countries, Brazil and Portugal, had 40 and 32

associated members respectively from their existential-phenomenological societies

(see Figure 4): IFEN and *Sociedade Portuguesa de Psicoterapia Existencial* (SPPE).

The best represented existential-humanistic association was the *East European*

Association for Existential Therapy (EEAET), represented in this study with 29

members. *APA Division 32*, with 12 members, was the institution most frequently

referred to by the Americans as their *existential society*. The *International*

Federation of Daseinsanalysis (IFDA) was the best represented daseinsanalytic

society, with 16 members.

Participants' geographical distribution.

By continent.

The sample distribution by continent (see Table 3), shows similar percentages

to the distribution of institutions by continent (compare with Table 1, Study 1):

Europe contributed with 51.2% ($n = 572$) of the 1,117 participants who responded to

all the demographic questions, followed by Latin America with 26.2% ($n = 293$) and

North America with 10% ($n = 112$). Africa, with only two participants (one from

Nigeria and the other from Egypt) represents 0.2% of the sample. With fewer

institutions (see Table 1 and Table 3 to compare), Australia had a higher

participation rate ($n = 85$; 7.6%) on the questionnaire than Asia ($n = 53$; 4.7%).

Table 3: *Frequencies and Percentages of Participants by Branch, Continent and Most Frequent Countries*

Continents Countries	Branches						Total n (%)
	Daseins n (%)	Ex-hum n (%)	Ex-phen n (%)	Logo n (%)	Other n (%)	NBA n (%)	
Africa	**0 (0)**	**0 (0)**	**0 (0)**	**1 (0.1)**	**0 (0)**	**1 (0.1)**	**2 (0.2)**
Asia	**0 (0)**	**14 (1.3)**	**32 (2.9)**	**0 (0)**	**0 (0)**	**7 (0.6)**	**53 (4.7)**
China	0 (0)	11 (1)	0 (0)	0 (0)	0 (0)	4 (0.4)	15 (1.3)
Israel	0 (0)	0 (0)	30 (2.7)	0 (0)	0 (0)	1 (0.1)	31 (2.8)
Australia	**0 (0)**	**0 (0)**	**65 (5.8)**	**2 (0.2)**	**1 (0.1)**	**17 (1.5)**	**85 (7.6)**
Australia	0 (0)	0 (0)	65 (5.8)	2 (0.2)	1 (0.1)	16 (1.4)	84 (7.5)
Europe	**8 (0.7)**	**5 (0.4)**	**314 (28.1)**	**202 (18.1)**	**8 (0.7)**	**35 (3.1)**	**572 (51.2)**
Austria	0 (0)	0 (0)	0 (0)	147 (13.2)	0 (0)	5 (0.4)	152 (13.6)
Greece	3 (0.3)	0 (0)	11 (1)	0 (0)	0 (0)	0 (0)	14 (1.3)
Lithuania	0 (0)	0 (0)	16 (1.4)	0 (0)	0 (0)	0 (0)	16 (1.4)
Portugal	0 (0)	0 (0)	32 (2.9)	0 (0)	0 (0)	1 (0.1)	33 (3)
Romania	0 (0)	0 (0)	0 (0)	10 (0.9)	0 (0)	1 (0.1)	11 (1)
Russia	0 (0)	1 (0.1)	5 (0.4)	22 (2)	0 (0)	3 (0.3)	31 (2.8)
Sweden	0 (0)	0 (0)	19 (1.7)	0 (0)	0 (0)	0 (0)	19 (1.7)
Switzerland	1 (0.1)	0 (0)	0 (0)	9 (0.8)	0 (0)	0 (0)	10 (0.9)
UK	0 (0)	3 (0.3)	199 (17.8)	2 (0.2)	8 (0.7)	20 (1.8)	232 (20.8)
Lt./America	**13 (1.2)**	**7 (0.6)**	**148 (13.2)**	**78 (7)**	**11 (1)**	**36 (3.2)**	**293 (26.2)**
Argentina	0 (0)	0 (0)	10 (0.9)	18 (1.6)	0 (0)	2 (0.2)	30 (2.7)
Brazil	13 (1.2)	6 (0.5)	90 (8.1)	24 (2.1)	11 (1)	32 (2.9)	176 (15.8)
Chile	0 (0)	0 (0)	0 (0)	16 (1.4)	0 (0)	0 (0)	16 (1.4)
Mexico	0 (0)	1 (0.1)	44 (3.9)	11 (1)	0 (0)	1 (0.1)	57 (5.1)
N./America	**6 (0.5)**	**54 (4.8)**	**7 (0.6)**	**10 (0.9)**	**1 (0.1)**	**34 (3)**	**112 (10)**
Canada	1 (0.1)	2 (0.2)	1 (0.1)	6 (0.5)	0 (0)	1 (0.1)	11 (1)
USA	5 (0.4)	52 (4.7)	6 (0.5)	4 (0.4)	1 (0.1)	33 (3)	101 (9)
Total	**27 (2.4)**	**80 (7.2)**	**566 (50.7)**	**293 (26.2)**	**21 (1.9)**	**130 (11.6)**	**1,117**

Note. Daseins = Daseinsanalysis; Ex-hum = Existential-humanistic; Ex-phen = Existential-phenomenological; Logo = Logotherapy and/or existential analysis; Other = From other psychotherapy schools; NBA = No branch attributed due to lack of information

Existential practitioners from 27 European countries (54% of European

sovereign states) participated in this study. Eight Latin American countries were

represented, six of them from South America. Existential practitioners from seven Asian countries gave their contribution to this study.

Respondents were not equally distributed by continent nor for their experience of practice X^2 (4; $n = 1,106$) = 18.822; $p = .001$ or their institutional training in existential counselling or psychotherapy X^2 (4; $n = 1,112$) = 41.403; $p < .001$. Asia contributed the least experienced sample (96% of Asian participants had less than 10 years of practice) while America had the most experienced participants (34.2% of North American and 31.8% of Latin American participants had more than 10 years of practice); 27% of Australia's and Europe's respondents had more than 10 years of practice. North America (22.3%), Australia (20%) and Asia (13.2%), were the continents with the greatest percentage of participants without any specific institutional training in existential counselling or psychotherapy. Only 6.7% of European and 6.5% of Latin American respondents referred to not having had any specific existential institutional training.

By country.

The United Kingdom (see Table 3) was the country with the greatest number of participants ($n = 232$; 20.8%). Next came Brazil, with 176 participants (15.8%), Austria ($n = 152$; 13.6%) and the United States ($n = 101$; 9%): These four countries represent 59.2% of the valid sample. Australia contributed with 84 respondents (7.5%) and Mexico with 57 (5.1%). Portugal, Israel, Russia and Argentina had a very similar number of participants (around 30). There were 18 countries with 10 or more participants and the 30 other represented countries had nine or less respondents.

By branch.

The existential-phenomenological branch was the best represented, with 50.7% of the 1,117 participants who responded to all the demographic questions (see Table 3). Logotherapy and/or existential analysis practitioners accounted for 26.2% of all participants, followed by existential-humanistic (7.2%) and daseinsanalysts with 2.4%. A total of 21 respondents (1.9%) reported training and/or affiliation with other psychotherapeutic paradigms (e.g., gestalt, psychoanalytic, person-centered) and it was not possible to attribute a branch to 130 participants (11.6%), due to a lack of information about their training and affiliation institution.

Considering the 1,009 participants that it was possible to attribute a branch to, existential-phenomenological participants represented 56.8%, logotherapy and/or existential analysis 30%, existential-humanistic 8.1%, daseinsanalysis 2.9% and participants who referred to other institutional alignments represented 2.2% (see Table 4).

Table 4: *Frequencies and Percentages of Participants by Branch*

Branch	Frequency *n*	Percentage %
Daseinsanalysis	29	2.9
Existential-humanistic	82	8.1
Existential-phenomenological	573	56.8
Logotherapy and/or existential analysis	303	30
Other	22	2.2
Total	1,009	100

Q2 – Participants' Self-Reported Authors and Texts Influencing Practice

Participants' self-reported most influential authors.

A total of 1,085 participants gave 3,108 responses to the question about the most influential authors. This amounts to a mean of 2.86 choices per respondent. There were 221 different authors reported as the most influential for the respondent's existential practice.

In 733 (23.6%) responses, participants cited 53 existential philosophers or other non-therapy related figures (see Appendix I for non-therapy authors' complete list). The seven most common being Heidegger ($n = 223$; 30.4% within philosophers), Sartre ($n = 143$; 19.5%), Kierkegaard ($n = 87$; 11.9%), Buber ($n = 53$; 7.2%), Nietzsche ($n = 41$; 5.6%), Merleau-Ponty ($n = 38$; 5.2%), and Husserl ($n = 36$; 4.9%). As the question had specifically requested authors "on existential therapy", these responses were removed from further analysis.

The 168 remaining authors (psychologists, psychiatrists and/or psychotherapists) were cited between one and 395 times (see Appendix J for therapy authors' complete list). Only 33 of the authors were cited six or more times. The six self-reported most influential authors (see Table 5) were Frankl ($n = 395$; 16.6% of all therapy author citations), Yalom ($n = 369$; 15.5%), Spinelli ($n = 251$; 10.6%), van Deurzen ($n = 238$; 10%), Längle ($n = 206$; 8.7%), and May ($n = 139$; 5.9%).

In terms of the authors reported as most influential to existential practice, a high level of triangulation was found between those directly identified, and those who had written the most influential existential texts (see next sub-chapter). As can be seen in Table 5, Frankl's texts were chosen 352 times (18.3%) as the most

influential, followed by Yalom's 308 (16%), Spinelli's 178 (9.3%), van Deurzen's

166 (8.6%) and Längle's 163 (8.5%) times.

Table 5: *Frequencies and Percentages of Participants' Self-Reported 20 most Influential Existential Therapy Authors and the Amount of Times their Texts Were Chosen as the Most Influential to Participants' Existential Practice*

Authors	Participants direct choice		Amount of times their texts were chosen	
	n	% within therapy authors	*n*	% within therapy texts
Frankl, Viktor	395	16.6	352	18.3
Yalom, Irvin	369	15.5	308	16.0
Spinelli, Ernesto	251	10.6	178	9.3
Deurzen, Emmy van	238	10.0	166	8.6
Längle, Alfried	206	8.7	163	8.5
May, Rollo	139	5.9	90	4.7
Bugental, James	57	2.4	53	2.8
Laing, Ronald	57	2.4	46	2.4
Boss, Medard	50	2.1	41	2.1
Lukas, Elisabeth	49	2.1	17	0.9
Cohn, Hans	47	2.0	40	2.1
Rogers, Carl	37	1.6	26	1.4
Binswanger, Ludwig	31	1.3	16	0.8
Cooper, Mick	23	1.0	26	1.4
Schneider, Kirk	21	0.9	24	1.2
Strasser, Freddie	20	0,8	23	1.2
Feijoo, Ana Maria	15	0.6	23	1.2
Tutsch, Lilo	14	0.6	1	0.1
Robles, Yaqui	12	0.5	19	1.0
Strasser, Alison	12	0.5	1	0.1

Participants' self-reported most influential texts.

In total, the 853 participants who answered the question about their most influential texts cited 2,415 identified texts. This amounts to a mean of 2.83 choices per respondent. A total of 467 different texts from 227 authors were reported by participants as being the most influential on their existential practice.

In 492 (20.4%) cases, respondents cited existential philosophy texts or other non-therapy related texts (see Appendix K for non-therapy texts' complete list). The seven most common were Heidegger's *Being and time* ($n = 135$; 27.4% within non-therapy related texts), Sartre's *Being and nothingness* ($n = 67$; 13.6%), Buber's *I and Thou* ($n = 35$; 7.1%), Sartre's *Existentialism is a humanism* ($n = 20$; 4.1%), Merleau-Ponty's *Phenomenology of perception* ($n = 17$; 3.5%) and two of Kierkegaard's books, *The concept of anxiety* and *The sickness unto death* ($n = 15$ for each; 3%).

The remaining 1,923 texts were cited between one and 180 times (see Appendix L for therapy related texts' complete list). There were 62 texts chosen six or more times by the respondents. Two books were cited substantially more than any others (see Table 6): Frankl's *Man's search for meaning* ($n = 180$; 9.4%) and Yalom's *Existential psychotherapy* ($n = 176$; 9.2%). The next most influential self-reported texts were Frankl's *The doctor and the soul* and Spinelli's *Practising existential psychotherapy* ($n = 67$; 3.5%), followed by van Deurzen's *Everyday mysteries* ($n = 66$; 3.4%) and *Existential counselling & psychotherapy in practice* ($n = 62$; 3.2%).

Table 6: *Frequencies and Percentages of Participants' Self-Reported 20 most Influential Existential Therapy Texts*

Texts	*n*	% within therapy texts
Frankl, V. *Man's search for meaning*	180	9.4
Yalom, I. *Existential psychotherapy*	176	9.2
Frankl, V. *The doctor and the soul*	67	3.5
Spinelli, E. *Practising existential psychotherapy*	67	3.5
Deurzen, E. van *Everyday mysteries*	66	3.4
Deurzen, E. van *Existential counselling & psychotherapy in practice*	62	3.2
Spinelli, E. *The interpreted world*	51	2.7
Yalom, I. *The gift of therapy*	50	2.6
Yalom, I. *Love's executioner*	38	2.0
Längle, A. *Sinnvoll leben*	36	1.9
Laing, R. *The divided self*	29	1.5
Cohn, H. *Existential thought and therapeutic practice*	27	1.4
Längle, A. *Lehrbuch zur existenzanalyse*	27	1.4
Spinelli, E. *Demystifying therapy*	27	1.4
Cooper, M. *Existential therapies*	24	1.2
May, R., Angel, E., & Ellenberger, H. *Existence*	21	1.1
Spinelli, E. *Tales of unknowing*	20	1.0
Bugental, J. *The art of the psychotherapist*	19	1.0
Frankl, V. *Man's search for ultimate meaning*	19	1.0
Längle, A., Holzhey-Kunz, A. *Existenzanalyse und daseinsanalyse*	18	0.9

Q3 – The influence of training, experience and geographical characteristics on the participants' self-reported most influential authors and texts: Descriptive comparative data.

Frankl, Yalom, Spinelli, van Deurzen, Längle, and May were considered the six most influential authors, regardless of the studied sample characteristics. The

less experienced practitioners (less than 10 years of practice) and those without existential therapy´s institutional training, chose Yalom's *Existential psychotherapy* as first author and text, and Yalom's *The gift of therapy* appears among their six most influential books. The more experienced practitioners (more than 10 years of practice) and those with existential institutional training chose Frankl's *Man's search for meaning* as their most influential text, and Frankl's *The doctor and the soul* is cited as the 3rd most influential text. Spinelli's *Practising existential psychotherapy*, van Deurzen's *Everyday mysteries* and *Existential counselling & psychotherapy in practice* complete the list of the most cited books, independent of the aforementioned sample characteristics. The exception found was that the most experienced therapists chose two classic books, May et al.'s *Existence* and Boss's *Existential foundations of medicine and psychology*, as the 4th and 6th most influential, respectively.

Geographical characteristics' comparative data.

By continent.

Independent of continent, Frankl and Yalom are always among the four most influential authors and the former's *Man's search for meaning* and Yalom's *Existential psychotherapy* rank among the five most influential texts cited (see Table 7 and Table 8).

Asian respondents chose Yalom as the author that most influenced their existential practice (27.3%, almost the double those citing van Deurzen, the second most influential), with three texts among their six most influential (see Table 7 and Table 8). The British school was also considered influential by Asian practitioners, but it was the Australian respondents who cited the most UK authors, with Spinelli

and van Deurzen accounting for 43.8% of their choices, and four of their six most

influential books being from the British school.

Table 7: *Frequencies and Percentages of Participants' Self-Reported six most Influential Authors by Continent*

Continents	Authors	*n*	%
Asia	Yalom, Irvin	36	27.3
	Deurzen, Emmy van	19	14.4
	Frankl, Viktor	16	12.1
	May, Rollo	15	11.4
	Cohn, Hans	8	6.1
	Spinelli, Ernesto	8	6.1
Australia	Spinelli, Ernesto	47	23.4
	Yalom, Irvin	43	21.4
	Deurzen, Emmy van	41	20.4
	Frankl, Viktor	16	8.0
	Strasser, Alison	12	6.0
	Strasser, Freddie	8	4.0
Europe	Frankl, Viktor	232	17.7
	Yalom, Irvin	185	14.1
	Längle, Alfried	166	12.7
	Spinelli, Ernesto	159	12.1
	Deurzen, Emmy van	152	11.6
	May, Rollo	61	4.6
Latin America	Frankl, Viktor	89	19.2
	Yalom, Irvin	61	13.2
	Längle, Alfried	32	6.9
	May, Rollo	27	5.8
	Boss, Medard	25	5.4
	Rogers, Carl	21	4.5
North America	Yalom, Irvin	43	17.3
	Frankl, Viktor	37	14.9
	May, Rollo	27	10.9

	Bugental, James	24	9.7
	Spinelli, Ernesto	17	6.9
	Schneider, Kirk	13	5.2

European respondents' choice of authors and texts are similar to the overall results (compare Table 5 and Table 6 with Table 7 and Table 8), with Frankl and Yalom being considered their most influential authors and the writers of their two most influential texts.

Table 8: *Frequencies and Percentages of Participants' Self-Reported six most Influential Texts by Continent*

Continents	Texts	*n*	%
Asia	Yalom, I. *Existential psychotherapy*	15	17.4
	Frankl, V. *Man's search for meaning*	11	12.8
	Yalom, I. *The gift of therapy*	8	9.3
	Deurzen, E. van *Everyday mysteries*	7	8.1
	Cohn, H. *Exist. thought and therapeutic practice*	4	4.7
	Yalom, I. *Staring at the sun*	3	3.5
Australia	Spinelli, E. *Practising existential psychotherapy*	18	11.4
	Deurzen, E. van *Exist. couns. & psych. in pract.*	13	8.2
	Yalom, I. *Existential psychotherapy*	12	7.6
	Deurzen, E. van *Everyday mysteries*	10	6.3
	Frankl, V. *Man's search for meaning*	9	5.7
	Strasser & Strasser *Exist. time-limited therapy*	9	5.7
Europe	Frankl, V. *Man's search for meaning*	96	9.4
	Yalom, I. *Existential psychotherapy*	96	9.4
	Frankl, V. *The doctor and the soul*	48	4.7
	Spinelli, E. *The interpreted world*	43	4.2
	Deurzen, E. van *Exist. couns. & psych. in pract.*	41	4.0
	Deurzen, E. van *Everyday mysteries*	40	3.9
	Spinelli, E. *Practising existential psychotherapy*	40	3.9
	Frankl, V. *Man's search for meaning*	43	9.9

	Yalom, I. *Existential psychotherapy*	35	8.1
Latin America	Robles, Y. *Filosofía existencial para terapeutas*	16	3.7
	Feijoo, A. *A escuta e a fala em psicoterapia*	15	3.5
	Frankl, V. *The doctor and the soul*	13	3.0
	May et al. *Existence*	12	2.8
	Yalom, I. *The gift of therapy*	12	2.8
	Frankl, V. *Man's search for meaning*	19	9.0
	Yalom, I. *Existential psychotherapy*	18	8.6
North America	Schneider, K. *Exist.-integrative psychotherapy*	10	4.8
	Bugental, J. *The art of the psychotherapist*	7	3.3
	Bugental, J. *The search for authenticity*	7	3.3
	Yalom, I. *The gift of therapy*	7	3.3

Frankl and Yalom were equally considered the two most influential authors, with the two most influential texts, by the Latin American respondents. Boss and Rogers were cited as the 5th and 6th most influential authors, and two Latin American books held the 3rd and 4th ranking positions among the most influential texts (see Table 7 and Table 8).

From North America, the influence of American authors is evident (see Table 7 and Table 8): Only two European authors (Frankl and Spinelli) were considered among the six most influential and only Frankl's *Man's search for meaning* was cited among the six most influential books.

By country.

Descriptive analysis of the most influential authors and texts chosen by practitioners of the countries with the greatest number of responses shows some differences between them (see Table 9 and Table 10). In Austria, the German-speaking logotherapy authors were considered the most influential, with both Frankl

and Längle amounting 68.7% of the authors choices and five of the six most

influential texts. Yalom was the single non-German speaking exception: No other

non-German speaking author or text was considered influential among all the

Austrian choices.

Table 9: *Frequencies and Percentages of Participants' Self-Reported six most*
Influential Authors of the four Countries with the Greatest Number of Responses

Countries	Authors	*n*	%
Austria	Frankl, Viktor	137	36.1
	Längle, Alfried	124	32.6
	Yalom, Irvin	28	7.4
	Lukas, Elisabeth	20	5.3
	Tutsch, Lilo	14	3.7
	Funke, Günter	5	1.3
	Kolbe, Christoph	5	1.3
	Tutsch, Lisel	5	1.3
	Waibel, Eva M.	5	1.3
Brazil	Frankl, Viktor	32	15.0
	Boss, Medard	24	11.2
	Rogers, Carl	20	9.3
	Feijoo, Ana M.	15	7.0
	May, Rollo	13	6.1
	Binswanger, Ludwig	10	4.7
UK	Spinelli, Ernesto	106	21.9
	Deurzen, Emmy van	104	21.5
	Yalom, Irvin	87	18.0
	Cohn, Hans	28	5.8
	Laing, Ronald	22	4.6
	Cooper, Mick	20	4.1
	Frankl, Viktor	20	4.1
USA	Yalom, Irvin	39	17.3
	Frankl, Viktor	30	13.3
	May, Rollo	26	11.6

Bugental, James		20	8.9
Spinelli, Ernesto		17	7.6
Schneider, Kirk		13	5.8

In Brazil, Frankl, Boss and Rogers were considered the most influential authors for respondents' existential therapy practice, while Feijoo was the only contemporary author among the six most influential (see Table 9). The same went for the most influential texts, where Feijoo was the single living writer cited, and a person-centered therapy text ranked third most influential (see Table 10).

Table 10: *Frequencies and Percentages of Participants' Self-Reported six most Influential Texts of the four Countries with the Greatest Number of Responses*

Countries	Texts	*n*	%
	Frankl, V. *Man's search for meaning*	43	15.9
	Frankl, V. *The doctor and the soul*	36	13.3
Austria	Längle, A. *Sinnvoll leben*	21	7.8
	Längle, A. *Lehrbuch zur existenzanalyse*	18	6.7
	Längle & Holzhey-Kunz *Existenz. und daseins.*	14	5.2
	Yalom, I. *Existential psychotherapy*	12	4.4
	Frankl, V. *Man's search for meaning*	22	10.6
	Feijoo, A. *A escuta e a fala em psicoterapia*	15	7.2
Brazil	Rogers, C. *On becoming a person*	9	4.3
	Frankl, V. *Man's search for ultimate meaning*	8	3.8
	Frankl, V. *The doctor and the soul*	8	3.8
	Heidegger, M. *Zollikon seminars*	8	3.8
	Yalom, I. *Existential psychotherapy*	39	10.0
	Spinelli, E. *The interpreted world*	35	9.0
UK	Deurzen, E. van *Everyday mysteries*	29	7.4
	Deurzen, E. van *Exist. couns. & psych. in pract.*	25	6.4
	Frankl, V. *Man's search for meaning*	20	5.1
	Spinelli, E. *Practising existential psychotherapy*	20	5.1

	Frankl, V. *Man's search for meaning*	17	9.1
	Yalom, I. *Existential psychotherapy*	15	8.1
	Schneider, K. *Existent.-integrative psychotherapy*	10	5.4
USA	Cooper, M. *Existential therapies*	6	3.2
	Bugental, J. *Psychotherapy isn't what you think*	5	2.7
	Bugental, J. *The art of the psychotherapist*	5	2.7
	Bugental, J. *The search for authenticity*	5	2.7
	Yalom, I. *The gift of therapy*	5	2.7

From the UK the influence of the British school was predominant with the exceptions being Yalom and Frankl among the six most influential authors or texts (see Table 9 and Table 10).

Of the USA-based respondents, the influence of their compatriots' existential-humanistic authors was evident, although the influence of the Logotherapy and British school figured among the five most influential authors and texts, with works from Frankl, Spinelli and M. Cooper.

Primary Research Question – Participants' Self-Reported Most Characteristic Practices

Overall data.

The 971 participants gave 2,611 responses from which 2,821 practices were codified. This is a mean of 2.7 answers, and 2.9 practices, per respondent.

A total of 88 codes were identified. These practices were grouped into 20 sub-categories which, in turn, were clustered into seven overarching categories of practice.

Some responses were considered too general (e.g., "Gestalt" P.840 or "Logotherapy" P.1064) or nonspecific (e.g. "tracking" P.1078 or "E. van Deurzen's work" P.452) to indicate a particular therapeutic practice. These responses represented 13.8% ($n = 389$) of coded practices and were grouped into two categories, respectively: *Generic reference to existential or humanistic psychotherapy models* ($n = 222$; 7.9%) and *Nonspecific* ($n = 167$; 5.9%). The remaining 2,432 coded practices (2.5 practices per respondent) fitted within five overarching categories, 17 sub-categories and 77 codes of practice.

Categories of existential therapy practice.

Phenomenological practices (see Table 11) was the most prevalent self-reported category ($n = 648$ coded practices, 26.6% of considered coded practices), followed by *Methods associated with specific existential branches* ($n = 574$; 23.6%) and *Practices informed by existential assumptions* ($n = 560$; 23%). *Relational practices* was the fourth most frequent emerging category ($n = 445$; 18.3%), while less than 10% of practitioners' responses referred to an array of practices usually related to other therapeutic paradigms ($n = 205$; 8.4%).

Table 11: *Frequencies and Percentages of the Categories, Sub-Categories and Codes of Practice*

Practices	n	%
Categories		
Sub-Categories		
Codes		
Phenomenological practices	**648**	**26.6**
Phenomenological method	497	20.4
Generic reference to the application of the phenomenological method	329	13.5
Epoché	69	2.8
Reduction	42	1.7
Description	39	1.6
Horizontalization	18	0.7

Phenomenology based attitudes and practices	116	4.8
To work and stay with what comes or what the clients bring	30	1.2
Generic reference to a phenomenological attitude	29	1.2
Understanding stance	19	0.8
Addressing not knowing	16	0.7
Not doing diagnosis/labels	12	0.5
Keep curious attitude	10	0.4
Hermeneutic based practices	35	1.4
Generic reference to a hermeneutic based practice	35	1.4
Methods associated with specific existential branches	**574**	**23.6**
Logotherapy and existential analysis methods	548	22.5
Personal existential analysis method (PEA method)	147	6
Meaning oriented interventions	72	3
Paradoxical intention	61	2.5
Dereflexion	43	1.8
Personal position finding method (PP method)	37	1.5
Structural work: four fundamental motivations	36	1.5
Socratic dialogue	36	1.5
Finding personal meaning (SEM method)	19	0.8
Biographical existential analysis (BEA method)	17	0.7
Attitude change method	16	0.7
Self-distancing	16	0.7
Self-transcendence	13	0.5
Will strengthening method (WSM method)	12	0.5
Gate of death method	10	0.4
Other logotherapy and existential analysis methods	7	0.3
Value-oriented imagery (WIN method)	6	0.2
Sartrean-based therapy methods	26	1.1
Addressing progressive-regressive method	16	0.7
Addressing dialetics	6	0.2
Addressing "*práticas vivenciais*"	4	0.2
Practices informed by existential assumptions	**560**	**23**
Addressing the existential givens	309	12.7
Freedom/choice/responsibility	94	3.9
Addressing existential givens in general	58	2.4
Being-in-the-world-with-others	40	1.6
Anxiety/uncertainty	36	1.5
Being-towards-death	22	0.9
Possibilities/facticity	22	0.9
Paradoxes	19	0.8
Being-in-the-world	8	0.3
Temporality	5	0.2
Other givens	5	0.2
Addressing other existential assumptions	228	9.4
Existential-philosophical inputs	61	2.5
Exploring/understanding client's worldview	51	2.1
Four dimensions of existence	45	1.9
Enhance self-awareness on client's way of relating with life/existence	33	1.4
Authenticity	22	0.9
Understanding client's Being	16	0.7
Philosophical practices	23	0.9
Generic reference to philosophical practices	23	0.9
Relational practices	**445**	**18.3**
Relational stance	219	9
Therapeutic relation	94	3.9
Presence	60	2.5
Encounter	51	2.1
Sorge/care	14	0.6

Addressing what is happening in the therapeutic relation	104	4.3
Working in the here-and-now	75	3.1
Analysis of therapeutic relation	15	0.6
Awareness of reactions/experiences towards the client	7	0.3
Self-disclosure	7	0.3
Relational skills	68	2.8
Dialogue	41	1.7
Therapeutic listening	27	1.1
Person-centered related attitudes	54	2.2
Empathy	27	1.1
Unconditional positive regard	21	0.9
Equal power	6	0.2
Practices of other therapeutic paradigms	**205**	**8.4**
Experiential and body practices	83	3.4
Body practices	26	1.1
Exploration of feelings and emotions	22	0.9
Focusing	19	0.8
Use of creativity/expression methods	12	0.5
Empty chair	4	0.2
Deepening awareness	43	1.8
Enhance self-awareness	20	0.8
Mindfulness	14	0.6
Narrative exploration	9	0.4
Interactive interventions	32	1.3
Challenging interventions	25	1
Clarifications	7	0.3
Other	25	1
Other practices	10	0.4
Working with dreams	9	0.4
Searching/exploring resources	6	0.2
Directive interventions	22	0.9
Psychological evaluation	8	0.3
Addressing client change and outcomes	7	0.3
Modelling or giving opinion	7	0.3

Phenomenological practices.

Phenomenology appeared as a core category of the existential practice: "Phenomenology as the fundament for every existential and existentialist practice", wrote participant 347. It was referred to as the methodological basis for the enquiry method, as an attitude towards the contents brought to the session by clients and as the basis for the development of eventual interpretations.

The principal sub-category within phenomenology (see Table 11) was the application in therapy of the *Phenomenological method* (*n* = 497; 20.4%). This was to explore clients' intentional worlds, to grasp their subjective understandings from

their unique personal perspectives. A *Generic reference to the application of the phenomenological method* (e.g., "Phenomenological process of enquiry" P.102) was respondents' most frequent answer ($n = 329$; 13.5%). Participants also referred to the application of the several steps of the phenomenological method: *Epoché* ($n = 69$; 2.8%), phenomenological *Reduction* ($n = 42$; 1.7%), *Description* ($n = 39$; 1.6%) and, less frequently, *Horizontalization* ($n = 18$; 0.7%).

Phenomenology was also present in connection with several attitudinal stances. These answers were clustered on a sub-category (see Table 11) called *Phenomenology based attitudes and practices* ($n = 116$; 4.8%), which comprises stances (codes) such as *To work and stay with what comes or what the client brings* ($n = 30$; 1.2%), a *Generic reference to a phenomenological attitude* ($n = 29$; 1.2%) of openness to the subjective and unique experience of the client, or an *Understanding stance* ($n = 19$; 0.8%), rather than interpreting, explaining, giving clues, challenging or solving. An "Authentic and open engagement with each client, without medicalising and pathologising their experience but instead maintaining a non-judgemental openess to their life experience" P.911 or "…meeting the client with an open mind and a spirit of exploration and to cultivate a naive attitude to discover a fresh perspective on the world" P.857, were two examples of participants' understanding of the relevance of a phenomenological attitude to an existential practice.

Although less frequent, a *Generic reference to a hermeneutic based practice* ($n = 35$; 1.4%), i.e., "Interpretation from a hermeneutic and non-imposing perspective" P.679, was also considered a characteristic existential practice by a few practitioners (see Table 11).

Methods associated with specific existential branches.

Another frequent category (*n* = 574; 23.6%) was the reference to practices closely related to a very specific branch of existential therapy, in particular, to a set of more directive and technique-based practices usually associated with logotherapy (M. Cooper, 2012; M. Craig, et al., 2016).

Logotherapy and existential analysis methods (*n* = 548; 22.5%) was the most frequent of all sub-categories (see Table 11), with an array of 16 different codes of practice covering general citations to interventions and/or procedures "Facilitating clients to select their purpose and meaning of life" P.1105 – coded as *Meaning oriented interventions* (*n* = 72; 3%) – as well as references to a set of specific *methods,* both associated with Viktor Frankl's classic logotherapy – e.g., *Paradoxical intention* (*n* = 61; 2.5%) or *Dereflexion* (*n* = 43; 1.8%) – or with Alfried Längle's more recent developments – e.g., *PEA method* (*n* = 147; 6%) or *PP method* (*n* = 37; 1.5%).

Less expressive (see Table 11), there were also a few references to *Sartrean-based therapy methods* (*n* = 26; 1.1%), as *Addressing progressive-regressive method* (*n* = 16; 0.7%) or *Addressing dialectics* (*n* = 6; 0.3%).

Practices informed by existential assumptions.

Existential-philosophical assumptions or presuppositions was a frequent category of practice (*n* = 560; 23%) in participants' responses.

Addressing the existential givens (e.g., "Givens acknowledgement and exploration of." P.933), was the most popular existential assumptions sub-category

(n = 309; 12.7%). Ten different codes were found related to the "Existential Givens" P.1102, and the inevitability of *Freedom/choice/responsibility* (n = 94; 3.9%) was the most frequently cited inescapable condition (see Table 11). *Addressing existential givens in general* (n = 58; 2.4%), *Being-in-the-world-with-others* (n = 40; 1.6%), *Anxiety/uncertainty* (n = 36; 1.5%), *Being-towards-death* (n = 22; 0.9%), *Possibilities/facticity* (n = 22; 0.9%), were several other ontological conditions that respondents believe existential therapy should help clients to address, face and eventually find a way to live with.

Other existential assumptions – *Addressing other existential assumptions* (n = 228; 9.4%) – were also frequently referred to by participants (see Table 11), as *Exploring/understanding client's worldview* (n = 58; 2.4%) or addressing the *Four dimensions of existence* (n = 45; 1.9%) and many other different *Existential-philosophical inputs* (n = 61; 2.5%) or tenets (e.g., "Pain is unavoidable" P.1055 or "Each client/person is unique and/or has a unique experience of being in the world." P.988).

A few practitioners (see Table 11) made reference to *Philosophical practices* (n = 23; 0.9%), a sub-category that included all the responses concerning therapeutic methods closely related to philosophical counselling.

Relational practices.

Participants mentioned different relational attitudes, interventions and skills as being characteristic of the existential practice. It was possible to cluster these within four sub-categories (see Table 11): *Relational stance* (n = 219; 9%),

Addressing what is happening in the therapeutic relation (*n* = 104; 4.3%), *Relation skills* (*n* = 68; 2.8%) and *Person-centered related attitudes* (*n* = 54; 2.2%).

The *Relational stance* sub-category comprised responses that gave particular relevance to the establishment of a good *Therapeutic relation* (*n* = 94; 3.9%) and related therapists' attitudes or stances as *Presence* (*n* = 60; 2.5%), *Encounter* (*n* = 51; 2.1%) and "genuine care coupled with not 'protecting' a client from the full experience of their own felt truths" P. 1056, i.e., *Sorge* (*n* = 14; 0.6%). But other relational attitudes, usually associated with person-centered therapy – *Person-centered related attitudes* (*n* = 54; 2.2%) – were also considered relevant to existential practice (see Table 11). These included *Empathy* (*n* = 27; 1.1%), *Unconditional positive regard* (*n* = 21; 0.9%) and a "Person-centered approach maintaining an equality of power within the relationship" P.874, coded as *Equal power* (*n* = 6; 0.2%).

Beyond these attitudes, participants mentioned practices (see Table 11) where the therapist works with the contents that may arise from the therapeutic relation – clustered as the sub-category *Addressing what is happening in the therapeutic relation* (*n* = 104; 4.3%) – mainly by "working…in the here and now" P.892 (*n* = 75; 3.1%) and analyzing the therapeutic relation – *Analysis of therapeutic relation* (*n* = 15; 0.6%). Other practices are also presented as being aware of *…reactions/experiences towards the client* (*n* = 7; 0.3%) and/or by "…use of self-disclosure re relationship" P.916 (*n* = 7; 0.3%).

Two *Relational skills* (*n* = 68; 2.8%) – *Dialogue* (*n* = 41; 1.7%) and *Therapeutic listening* (*n* = 27; 1.1%) – were also considered important to existential

practice (e.g., "Therapeutic dialogue, reflecting Buber's I-Thou concept" P.71 and "REALLY trying to listen" P.976).

Practices of other therapeutic paradigms.

Other practices, usually associated with different psychotherapeutic paradigms, were also considered characteristic of existential therapy ($n = 205$; 8.4%).

"Processing Experience, both emotion and felt process in session" P.1047 and "Relaxation, focusing, and meditation used within an existential approach" P.1080, were examples of answers related to *Experiential and body practices* ($n = 83$; 3.4%), the most frequent sub-category within the practices associated with other therapeutic paradigms (see Table 11).

Although less expressively, several other practices were referred to, including a wide panoply of different methods focusing on *Deepening awareness* ($n = 43$; 1.8%), or *Interactive interventions* ($n = 32$; 1.3%), for example "challenging" P.921 and "clarifications" P.348 (see Table 11). There were also references to more *Directive interventions* ($n = 22$; 0.9%) – e.g., "Living, modeling and teaching how to face…" P.1067 – and many *Other* ($n = 25$; 1%) different practices, from "dreamwork" P.1029 to "analysis of language" P.568 or "Evenly suspended attention" P.1097.

Q4 – The influence of training, experience and geographical characteristics on the participants' self-reported most characteristic practices: Comparative data.

Responses to the most characteristic existential practices lacked homogeneity between participants with and those without specific institutional training in existential psychotherapy or counselling training X^2 (4; $n = 2,428$) = 20.865; $p <$ .001. *Phenomenological practices* (see Table 12) was the most frequent category ($n = 612$; 27.6%) for respondents with institutional training (a similar ranking to that of the overall participants – compare Table 11 and Table 12), while *Relational practices* was the most frequent category ($n = 52$; 37.8%) for respondents without an existential institutional training. To determine the specific differences, chi-square tests were performed on the participants' dichotomized answers to each category of practice, and significant differences (between those trained or not trained in existential counselling or psychotherapy) were only reflected in the frequency respondents referred to the *Phenomenological practices* X^2 (1; $n = 970$) = 6.563; $p =$ .01.

Table 12: *Frequencies and Percentages of the Categories of Practice by Institutional Training and Experience of Practice*

Categories of Practice	Institutional Training		Experience of Practice	
	No	Yes	< 10 years	> 10 years
	n (%)	n (%)	n (%)	n (%)
Phenomenological practices	36 (17.4)	**612 (27.6)**	**478 (27.3)**	164 (24.5)
Methods associated with specific existential branches	43 (20.8)	529 (23.8)	397 (22.7)	**174 (26)**
Practices informed by existential assumptions	48 (23.2)	512 (23.1)	426 (24.4)	132 (19.7)
Relational practices	**52 (37.8)**	391 (17.6)	312 (17.8)	131 (19.6)
Practices of other therapeutic paradigms	28 (13.5)	177 (8)	136 (7.8)	69 (10.3)

Note. Bold data refers to the most frequent category of practice by variable category.

Responses to the most characteristic existential practices also showed a lack of homogeneity directly related to practitioners' length of experience X^2 (4; $n = 2,419$) = 12.647; $p = .013$. *Phenomenological practices* was the most frequent

category ($n = 478$; 27.3%) for the less experienced (see Table 12), while *Methods*

associated with specific existential branches was the most frequent category for the

more experienced practitioners ($n = 174$; 26%). The chi-square tests over the

participant's dichotomized answers, to determine the specific differences for each

category of practice, clarified that the significant differences regarded the frequency

respondents referred, or not, to *Phenomenological practices* X^2 (1; $n = 966$) = 4.164;

$p = .041$ and *Practices informed by existential assumptions* X^2 (1; $n = 966$) = 6.136; p

= .013.

Responses to the most characteristic existential practices were dependent of

participant's continent X^2 (16; $n = 2,418$) = 171.356; $p < .001$ and significant

differences between continents were found for each dichotomized category of

practice: *Phenomenological practices* X^2 (4; $n = 963$) = 29.525; $p < .001$; *Practices*

informed by existential assumptions X^2 (4; $n = 963$) = 27.505; $p < .001$; *Relational*

practices X^2 (4; $n = 963$) = 20.425; $p < .001$; *Methods associated with specific*

existential branches X^2 (4; $n = 963$) = 33.734; $p < .001$; *Practices of other*

therapeutic paradigms X^2 (4; $n = 963$) = 30.698; $p < .001$.

Table 13: *Frequencies and Percentages of the Categories of Practice by Continent*

Categories of Practice	Africa n (%)	Asia n (%)	Australia n (%)	Europe n (%)	L. Amer n (%)	N. Amer n (%)
Phenomenological practices	0 (0)	12 (17.1)	45 (23)	369 (27.2)	**179 (32.1)**	40 (16.9)
Meth. specific exist. branches	**2 (100)**	4 (5.7)	16 (8.2)	**382 (28.2)**	138 (24.7)	28 (11.8)
Pract. inf. by exist. assumptions	0 (0)	21 (30)	**70 (35.7)**	296 (21.8)	110 (19.7)	**62 (26.2)**
Relational practices	0 (0)	**27 (38.6)**	43 (21.9)	225 (16.6)	88 (15.8)	58 (24.5)
Practices of other paradigms	0 (0)	6 (8.6)	22 (11.2)	85 (6.3)	43 (7.7)	49 (20.7)

Note. Bold data refers to the most frequent category of practice by continent.

The two valid answers received from Africa referred to classic logotherapy methods (see Table 13). *Relational practices* ($n = 27$; 38.6%), followed by *Practices informed by existential assumptions* ($n = 21$; 30%) were Asian participants' most frequent categories of practice, comprising almost 70% of their responses. Australian practitioners considered *Practices informed by existential assumptions* ($n = 70$; 35.7%) existential therapies' most characteristic practice, followed by *Phenomenological practices* ($n = 45$; 23%) and *Relational practices* ($n = 43$; 21.9%). Europeans' most frequent practices were *Methods associated with specific existential branches* ($n = 382$; 28.2%), *Phenomenological practices* ($n = 369$; 27.2%) and *Practices informed by existential assumptions* ($n = 296$; 21.8%). Latin American' most characteristic practices were the *Phenomenological practices* ($n = 179$; 32.1%) followed by *Methods associated with specific existential branches* ($n = 138$; 27.4%). *Practices informed by existential assumptions* ($n = 62$; 26.2%) was North American existential therapists' most frequent category of practice, followed by *Relational practices* ($n = 58$; 24.5%). North American respondents most frequently referred to *Practices of other therapeutic paradigms* ($n = 49$; 20.7%) as being characteristic of existential practice.

Q5 & Q6 – Similarities and Differences among the Main Branches

Q5 – Similarities and differences among the main branches concerning training, experience and geographical characteristics.

A chi-square test found no significant differences among branches'
participants with specific institutional training in existential psychotherapy and those
without it (see Table 14, for frequency counts and percentages).

Table 14: *Frequencies and Percentages of Participants by Branch, Institutional Training and Experience of Practice*

Branch	Institutional Training		Experience of Practice	
	No	Yes	< 10 years	> 10 years
	n (%)	*n* (%)	*n* (%)	*n* (%)
Daseinsanalysis	0 (0)	29 (100)	11 (39.3)	17 (60.7)
Existential-humanistic	6 (7.3)	76 (92.7)	64 (79)	17 (21)
Existential-phenomenological	17 (3)	553 (97)	430 (76.1)	135 (23.9)
Logo and/or existential analysis	14 (4.6)	288 (95.4)	206 (69.6)	90 (30.4)

Note. Logo and/or existential analysis = Logotherapy and/or existential analysis

But practitioners' experience of practice was significantly different depending
on their attributed branches X^2 (3; $n = 970$) = 22.252; $p < .001$. Having 60.7% ($n = 17$) of its participants with more than 10 years of practice by the time they completed
the questionnaire, daseinsanalysis (see Table 14) formed the most experienced
sample. Logotherapy and/or existential analysis had nearly half of this percentage
with the same years of experience ($n = 90$; 30.4%). Existential-phenomenological ($n = 135$; 23.9%) and existential-humanistic participants had the least experience ($n = 17$; 21%).

Distribution by continent.

Branches' distribution by continent was not homogeneous X^2 (12; $n = 965$) = 549.033; $p < .001$.

Europe and Latin America registered similar percentages of existential-phenomenological and logotherapy and/or existential analysis participants. Existential-phenomenological participants represented 58.5% of the European sample and 57.6% of Latin American respondents, while 37.6% of European and 30.4% of Latin American participants were logotherapists.

Most logotherapy and/or existential analysis respondents (95.5%) were from Europe (68.9%) or Latin America (26.6%). Of the existential-phenomenological participants, 81.6% came from the same two continents (55.5% and 26.1%, respectively).

Asian participants were from either the existential-phenomenological (69.6%, mainly from Israel) or the existential-humanistic branch (30.4%, mainly from China). There were no Asian daseinsanalyst or logotherapist respondents (see Table 3).

Most Australian participants were trained or affiliated at existential-phenomenological institutions (95.6%); two remaining participants were affiliated to a logotherapy institution and one trained at another psychotherapeutic school (see Table 3).

From North America, 69.2% of participants were associated with the existential-humanistic branch, 12.8% to logotherapy and/or existential analysis, 9% to existential-phenomenological and 7.7% to daseinsanalysis.

Distribution by country.

Austrian, Chilean and Romanian respondents were exclusively logotherapists, a branch also predominant in Russia, Switzerland, Canada and Argentina (see Table 3).

Existential-phenomenological practitioners were the most common in several

countries, with the exception of the *logotherapy countries* (see previous paragraph),

China and the USA, where existential-humanistic dominated (see Table 3). Brazil

was the most heterogeneous country, with the biggest sample of daseinsanalysts ($n =$

13), greater than the whole of Europe ($n = 8$).

Q6 – Similarities and differences among the main branches concerning

their self-reported most influential authors, texts and most characteristic

practices.

Participants' self-reported most influential authors.

Daseinsanalytic participants gave 46 valid responses, citing 17 different

authors to the most influential authors' question. Boss was their most frequent

response ($n = 19$; 41.3% of responses from daseinsanalysts, see Table 15).

Binswanger was the second most common choice ($n = 7$; 15.2%), followed by the

Brazilian daseinsanalyst Spanoudis ($n = 4$; 8.7%). An existential-humanistic (May)

and an existential-phenomenological (Spinelli) associated author were both chosen

twice (4.3%). Frankl was chosen a single time (2.2%), the only logotherapist cited

by the daseinsanalysts.

Participants associated with the existential-humanistic branch gave 194 valid

choices and 34 different influential authors. Yalom ($n = 31$; 16%) was their most

influential (see Table 15), followed by May ($n = 28$; 14.4%) and Frankl ($n = 19$;

9.8%). Frankl was the sole logotherapy author considered influential by the

existential-humanistic sample. Spinelli ($n = 13$; 6.7%) and van Deurzen ($n = 8$;

4.1%), existential-phenomenological associated authors both, were considered the 6th and 7th most influential, and Boss, a daseinsanalytic author, was the 11th most influential ($n = 6$; 3.1%) to their therapeutic practice.

Table 15: *Frequencies and Percentages of Participants' Self-Reported five most Influential Authors by Branch*

Branch	Authors	n	%
Daseinsanalysis	Boss, Medard	19	41.3
	Binswanger, Ludwig	7	15.2
	Spanoudis, Solon	4	8.7
	May, Rollo	2	4.3
	Spinelli, Ernesto	2	4.3
Existential-humanistic	Yalom, Irvin	31	16
	May, Rollo	28	14.4
	Frankl, Viktor	19	9.8
	Bugental, James	18	9.3
	Schneider, Kirk	14	7.2
Existential-phenomenological	Spinelli, Ernesto	215	19.3
	Yalom, Irvin	213	19.1
	Deurzen, Emmy van	198	17.8
	Frankl, Viktor	73	6.6
	May, Rollo	70	6.3
Logotherapy and/or existential analysis	Frankl, Viktor	267	35.7
	Längle, Alfried	203	27.1
	Yalom, Irvin	76	10.2
	Lukas, Elisabeth	46	6.1
	Tutsch, Lilo	14	1.9

Spinelli was the self-reported most influential author for the existential-phenomenological sample (see Table 15), with 215 (19.3%) of the 1,113 validated

responses. This was followed very closely by Yalom ($n = 213$; 19.1%), and then van Deurzen ($n = 198$; 17.8%). Frankl came next ($n = 73$; 6.6%), with less than half the frequency of van Deurzen, and was the only logotherapy author considered influential among the 75 different authors named by the existential-phenomenological associated participants. Their most influential self-reported daseinsanalyst author was Boss, the 9th most influential ($n = 18$; 1.6%).

Within the 63 different influential authors chosen by the logotherapy and/or existential analysis participants, Frankl ($n = 267$; 35.7%) and Längle ($n = 203$; 27.1%) add up to 62.8% (see Table 15) of the 748 validated answers. Yalom ($n = 76$; 10.2%) was their 3rd self-reported most influential author. The existential-phenomenological author considered most influential to logotherapy participants' practice was van Deurzen, the 7th of their rank ($n = 8$; 1.1%). Binswanger, the 10th ($n = 6$; 0.8%), was the most influential author from the daseinsanalytic branch.

Participants' self-reported most influential texts.

Participants associated to the daseinsanalytic branch gave 48 valid responses to the question of the most influential text, the most common being Boss's *Existential foundation of medicine and psychology* ($n = 9$; 18.8%), cited almost twice more than Heidegger's *Zollikon seminars* ($n = 5$; 10.4%). Three books ranked third ($n = 4$; 8.3%), one from Binswanger and two from Boss (see Table 16). The five most influential self-reported texts ($n = 26$; 54.2%) are all associated with the daseinsanalytic branch. No logotherapy text was found among their 23 different choices, and two books from the British school were chosen once.

Table 16: *Frequencies and Percentages of Participants' Self-Reported five most Influential Texts by Branch*

Branch	Texts	*n*	%
Daseinsanalysis	Boss, M., *Existential foundation of medicine and psychology*	9	18.8
	Heidegger, M., *Zollikon seminars*	5	10.4
	Binswanger, L., *Grundformen und erkenntnis menschlichen daseins*	4	8.3
	Boss, M., *Lebensangst, schuldgefühle und psychotherapeut. befreiung*	4	8.3
	Boss, M., *Psychoanalysis and daseinsanalysis*	4	8.3
Exist-humanistic	Frankl, V., *Man's search for meaning*	16	9.4
	Yalom, I., *Existential psychotherapy*	15	8.8
	Bugental, J., *Psychotherapy isn't what you think*	8	4.7
	Schneider, K., *Existential-integrative psychotherapy*	8	4.7
	Yalom, I., *The gift of therapy*	6	3.5
Exist-phenom.	Yalom, I., *Existential psychotherapy*	108	11.4
	Deurzen, E. van, *Everyday mysteries*	60	6.4
	Spinelli, E., *Practising existential psychotherapy*	58	6.1
	Deurzen, E. van, *Existential counselling & psychotherapy in practice*	56	5.9
	Spinelli, E., *The interpreted world*	47	5
Logotherapy and/or existential analysis	Frankl, V., *Man's search for meaning*	104	18.1
	Frankl, V., *The doctor and the soul*	59	10.3
	Längle, A., *Sinnvoll leben*	36	6.3
	Yalom, I., *Existential psychotherapy*	33	5.7
	Längle, A., *Lehrbuch zur existenzanalyse*	26	4.5

Practitioners associated to the existential humanistic branch gave 171 validated answers naming 67 different texts. Frankl's *Man's search for meaning* (*n* = 16; 9.4%) and Yalom's *Existential psychotherapy* (*n* = 15; 8.8%), were their self-reported most influential texts (see Table 16). Bugental's *Psychotherapy isn't what you think* and Schneider's *Existential-integrative psychotherapy* came third, both representing 4.7% of existential-humanistic responses (*n* = 8). With the exception of Frankl's *Man's search for meaning*, the eight most influential texts are all from the USA (*n* = 52; 30.4%). Frankl's text was also an exception of logotherapy's influence

among existential-humanistic participants, as only one other Frankl text (*The doctor and the soul*) was chosen a single time (0.6%).

Existential-phenomenological participants gave 185 different texts in 944 validated answers. Yalom's *Existential psychotherapy* (*n* = 108; 11.4%) was their most influential self-reported text. Van Deurzen's *Everyday mysteries* (*n* = 60; 6.4%) and Spinelli's *Practising existential psychotherapy* (*n* = 58; 6.1%) came second and third, respectively (see Table 16). Frankl's *Man's search for meaning* was their 6th most influential self-reported text (*n* = 45; 4.8%), but the next logotherapy text, Frankl's *The doctor and the soul*, appears as the 42nd most influential text (*n* = 3; 0.3%). *Zollikon seminars*, the 26th most influential (*n* = 6; 0.6%), was the daseinsanalytic associated book reported as most influential to the practice of existential-phenomenological practitioners.

Participants associated to the logotherapy and/or existential analysis branch gave 574 validated responses and 128 different texts. Two of Frankl's books were reported as their most influential texts: *Man's search for meaning* (*n* = 104; 18.1%) and *The doctor and the soul* (*n* = 59; 10.3%). Längle's *Sinnvoll leben* (*n* = 36; 6.3%) was considered their third most influential text (see Table 16). With the exception of Yalom's *Existential psychotherapy* (*n* = 33; 5.7%), the 11 most influential texts are all from Frankl and Längle (*n* = 311; 54.2%), two logotherapy and/or existential analysis associated authors. The most influential existential-phenomenological associated text was van Deurzen's *Existential Counselling & Psychotherapy in Practice*, ranking the 23rd most influential (*n* = 3; 0.5%) while a single daseinsanalytic text was considered influential by a single participant (*n* = 1; 0.2%): Binswanger's *Trois formes manquées de la présence humaine*.

Participants' self-reported most characteristic practices.

Participants associated with the daseinsanalytic branch gave 34 considered responses. *Phenomenological practices* (see Table 17 and Figure 5) was the most frequent category (*n* = 16; 47.1%) in daseinsanalysts' answers to existential therapy's most characteristic practices: in particular, the use of the *Phenomenological method of enquiry* (*n* = 9; 26.5%) and *Hermeneutic based practices* (*n* = 6; 17.6%). With less than half as many citations, *Practices informed by existential assumptions* (*n* = 7; 20.6%) was their second most popular category of practice, referring to either the exploration of clients' relation with the existential givens (*n* = 3; 8.8%) or *Addressing other existential assumptions* (*n* = 4; 11.8%) in therapy, such as "Detecting the ontological" P.796. The *Relational practices* category comprised 17.6% (*n* = 6) of daseinsanalysts' responses, in particular the importance of adopting a *Relational stance* (*n* = 3; 8.8%) or *Person-centered related attitudes*, like *Empathy* (*n* = 2; 5.9%). The use of methods associated to other therapeutic paradigms represented 11.8% (*n* = 4) and a single participant (2.9%) referred to the search for the meaning of life, an intervention associated logotherapy.

Table 17: *Frequencies and Percentages of the Categories and Sub-Categories of Practice by Branch*

Practices	Daseins	Exist-hum	Exist-phen	Logo
Categories	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Sub-categories				
Phenomenological practices	**16 (47.1)**	31 (19.3)	**475 (36.1)**	73 (11.2)
Phenomenological method	**9 (26.5)**	23 (14.3)	**370 (28.1)**	62 (9.5)
Phenomenology based attitudes and practices	1 (2.9)	8 (5)	78 (5.9)	10 (1.5)
Hermeneutic based practices	6 (17.6)	---	27 (2.1)	1 (0.2)
Practices informed by existential assumptions	7 (20.6)	42 (26.1)	389 (29.6)	37 (5.7)

Addressing the existential givens	3 (8.8)	**24 (14.9)**	213 (16.2)	19 (2.9)
Addressing other existential assumptions	4 (11.8)	17 (10.6)	157 (11.9)	16 (2.5)
Philosophical practices	---	1 (0.6)	19 (1.4)	2 (0.3)
Relational practices	6 (17.6)	**48 (29.8)**	287 (21.8)	42 (6.4)
Relational stance	3 (8.8)	**24 (14.9)**	147 (11.2)	19 (2.9)
Addressing what is happening on the therapeutic relation	---	13 (8.1)	71 (5.4)	5 (0.8)
Person-centered related attitudes	2 (5.9)	9 (5.6)	20 (1.5)	9 (1.4)
Relational Skills	1 (2.9)	2 (1.2)	49 (3.7)	9 (1.4)
Methods associated with specific existential branches	1 (2.9)	8 (5)	55 (4.2)	**475 (72.9)**
Logotherapy and existential analysis methods	1 (2.9)	7 (4.3)	36 (2.7)	**474 (72.7)**
Sartrean-based therapy methods	---	1 (0.6)	19 (1.4)	1 (0.2)
Practices of other therapeutic paradigms	4 (11.8)	32 (19.9)	109 (8.3)	25 (3.8)
Experiential and body practices	2 (5.9)	18 (11.2)	42 (3.2)	4 (0.6)
Deepening awareness	---	9 (5.6)	21 (1.6)	5 (0.8)
Communicational practices	---	2 (1.2)	26 (2)	2 (0.3)
Other	2 (5.9)	1 (0.6)	11 (0.8)	6 (0.9)
Directive interventions	---	2 (1.2)	9 (0.7)	8 (1.2)

Note. Daseins = Daseinsanalysis; Exist-hum = Existential-humanistic; Exist-phen = Existential-phenomenological; Logo = Logotherapy and/or existential analysis; Bold data refers to the most frequent category and sub-category of practice by branch.

The existential-humanistic sample gave 161 coded practices considered for statistical analysis. *Relational practices* (see Table 17 and Figure 5) was their most frequent category (*n* = 48; 29.8%), in particular the importance of a *Relational stance* (*n* = 24; 14.9%). Within the relational practices, "Identifying here and now windows for open dialogue" P.1054, i.e., *Working in the here-and-now*, was their most frequent code of response (*n* = 12; 7.5%). *Practices informed by existential assumptions* was their second most frequent category (*n* = 42; 26.1%) particularly for *Addressing the existential givens* (*n* = 24; 14.9%), especially *Freedom/choice/responsibility*. The use of practices or methods usually related with other therapeutic paradigms was existential-humanistic's third most important category of practice (*n* = 32; 19.9%) and, within this category, *Experiential and body practices* was the most frequent sub-category (*n* = 18; 11.2%). Only then came the

Phenomenological practices category (*n* = 31; 19.3%), mainly the use of the

Phenomenological method (*n* = 23; 14.3%). No references were made to

hermeneutics. The use of *Methods associated with specific existential branches*

represent no more than 5% (*n* = 8) of existential-humanistic responses.

Existential-phenomenological associated participants gave 1,315 considered

answers. The *Phenomenological practices* category was the most frequent among

existential-phenomenological participants (*n* = 475; 36.1%), mainly through

references to the use of "The phenomenological questioning method" P.748 (*n* = 370;

28.1%): see the *Phenomenological method* sub-category (Table 17). *Practices*

informed by existential assumptions was their second most frequent category (*n* =

389; 29.6%), and *Addressing the existential givens* (*n* = 213; 16.2%), in particular

Freedom/choice/responsibility (*n* = 53; 4%), was more frequent than *Addressing*

other existential assumptions (*n* = 157; 11.9%), like *Exploring/understanding*

client's worldview (*n* = 44; 3.3%). *Relational practices* were existential-

phenomenological participants' third most frequent category (*n* = 287; 21.8%), and

relevance was given to adopting a *Relational stance* (*n* = 147; 11.2%). *Practices of*

other therapeutic paradigms represented 8.3% (*n* = 109) – in particular *Experiential*

and body practices (*n* = 42; 3.2%) – and *Methods associated with specific existential*

schools comprised 4.2% (*n* = 55) of their coded responses (see Figure 5).
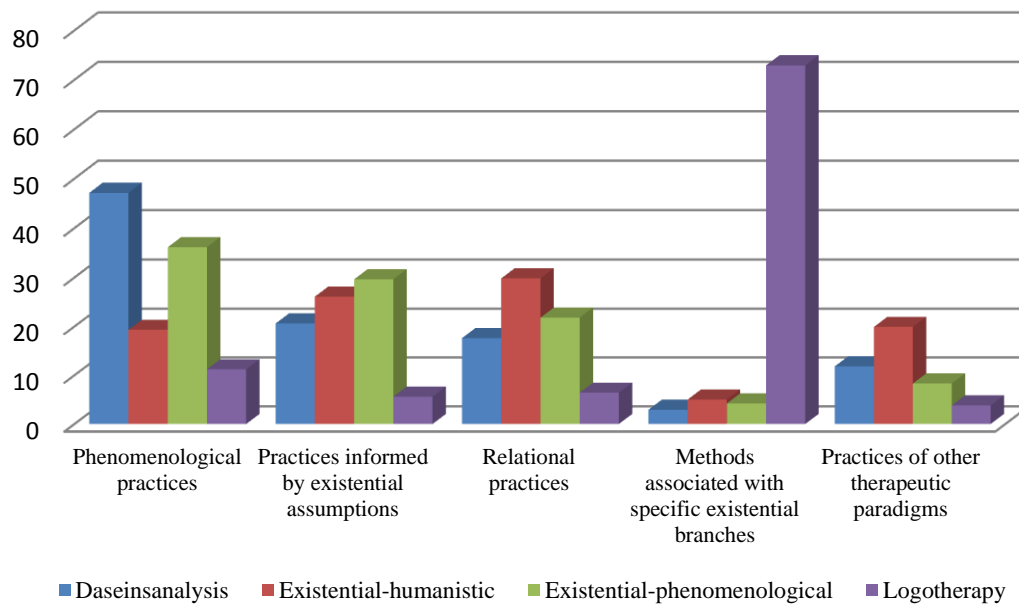
Figure 5. Percentages of most characteristic categories of practice by participants' branch

Logotherapy and/or existential analysis associated participants gave 652 responses validated for statistical analysis. Methods associated with classic logotherapy, and Längle's existential analysis, were considered the most characteristic methods of existential therapy (*n* = 474; 72.7%), according to participants from this particular branch (see *Logotherapy and existential analysis methods* sub-category, Table 17). Within their 14 most frequent codes of practice, all were specific logotherapy or existential analysis methods – e.g., *Personal existential analysis method* (*n* = 147; 22.5%), *Paradoxical intention* (*n* = 59; 9%), *Dereflexion* (*n* = 41; 6.3%), *Personal position finding method* (*n* = 36; 5.5%) and *Addressing the four fundamental motivations* (*n* = 36; 5.5%) – with the single exception for the application of the phenomenological method, which was their third most characteristic specific practice (*n* = 58; 8.9%). *Phenomenological practices*,

their second most frequent category (see Table 17 and Figure 5), represented no more than 11.2% ($n = 73$) and the third category, *Relational practices*, 6.4% ($n = 42$). The *Practices informed by existential assumptions* were referred to 37 times (5.7%) and the use of techniques from other non-existential psychotherapeutic paradigms represented 3.8% ($n = 25$).

Inferential statistics.

Chi-square test applied to the thematised answers.

A chi-square test of homogeneity was conducted to determine whether participants' understanding of existential therapy's most characteristic practices are equally distributed among branches. Results show that the frequency of the chosen categories differed significantly depending upon the participant's branch X^2 (12; $n = 2,162$) $= 1,198.522$; $p < .001$ (see Figure 5).

Logistic regression applied to the participants' dichotomized answers.

To determine and quantify the differences between branches, logistic regression analyses were conducted. This predicts the likelihood (odds ratio) of a practitioner of a certain branch choosing one of the categories of practice (as the most characteristic of existential therapy), when compared with a practitioner from another branch (reference category).

The model's chi-square statistics confirm that the independent variables (branches), as a whole, significantly affect each of the dichotomized dependent variables (thematised practice): *Phenomenological practices* X^2 (3) $= 150.646$; $p < .001$; *Practices informed by existential assumptions* X^2 (3) $= 128.106$; $p < .001$;

Relational practices X^2 (3) = 82.336; $p < .001$; Methods associated with specific existential branches X^2 (3) = 461.745; $p < .001$; Practices of other therapeutic paradigms X^2 (3) = 25.504; $p < .001$.

Table 18: *Odds Ratios, and Corresponding Confidence Intervals, of Choosing a Category of Practice Compared with the Reference Category*

Reference category	Category of practice	Daseins OR 95% CI	Exist-hum OR 95% CI	Exist-phen OR 95% CI	Logo OR 95% CI
	Phenomen. practices	2.763* [1.061, 7.190]	-----	4.968*** [2.948, 8.373]	0.753 [0.431, 1.316]
	Existential assumptions	0.299* [0.093, 0.965]	-----	1.227 [0.750, 2.007]	0.138*** [0.074, 0.258]
Exist-hum	Relational practices	0.316 [0.098, 1.021]	-----	1.073 [0.654, 1.761]	0.203*** [0.112, 0.368]
	Specific exist. branches	0.381 [0.045, 3.216]	-----	0.943 [0.428, 2.077]	43.470*** [19.452, 97.144]
	From other paradigms	0.319 [0.086, 1.178]	-----	0.486** [0.285, 0.831]	0.206*** [0.108, 0.394]
	Phenomen. practices	0.556 [0.238, 1.297]	0.201*** [0.119, 0.339]	-----	0.151*** [0.108, 0.212]
	Existential assumptions	0.244* [0.082, 0.726]	0.815 [0.498, 1.334]	-----	0.112*** [0.071, 0.178]
Exist-phen	Relational practices	0.294* [0.099, 0.878]	0.932 [0.568, 1.530]	-----	0.189*** [0.125, 0.287]
	Specific exist. branches	0.404 [0.053, 3.059]	1.060 [0.482, 2.335]	-----	46.091*** [29.652, 71.645]
	From other paradigms	0.655 [0.191, 2.252]	2.056** [1.204, 3.513]	-----	0.424** [0.261, 0.688]
	Phenomen. practices	3.671** [1.538, 8.758]	1.329 [0.760, 2.323]	6.601*** [4.713, 9.246]	-----
	Existential assumptions	2.169 [0.680, 6.921]	7.260*** [3.874, 13.605]	8.905*** [5.604, 14.150]	-----
Logo	Relational practices	1.555 [0.497, 4.870]	4.925*** [2.716, 8.929]	5.284*** [3.487, 8.006]	-----
	Specific exist. branches	#	0.023*** [0.10, 0.051]	0.022*** [0.014, 0.034]	-----
	From other paradigms	1.546 [0.427, 5.597]	4.849*** [2.539, 9.261]	2.358** [1.453, 3.827]	-----

The adjusted models show that a daseinsanalyst (see Table 18) is almost three times more likely to choose a *Phenomenological practice* (OR = 2.763; Wald's X^2 (1) = 4.335; $p = .037$), as the most characteristic of existential therapy, than an existential-humanistic (reference category), but 70% less likely to choose a *Practice informed by existential assumptions* (OR = 0.299; Wald's X^2 (1) = 4.080; $p = .043$). Compared with an existential-phenomenological therapist, a daseinsanalyst is 75.6% less likely to choose a *Practice informed by existential assumptions* (OR = 0.244; Wald's X^2 (1) = 6.47; $p = .011$) and 70.6% less likely to choose a *Relational practice* (OR = 0.294; Wald's X^2 (1) = 4.811; $p = .028$). Compared with a logotherapist, the odds of a daseinsanalyst choosing a *Phenomenological practice* will be 3.6 times bigger (OR = 3.671; Wald's X^2 (1) = 8.59; $p = .003$), but only one daseinsanalyst chose a method associated with specific existential branches.

The odds of an existential-humanistic practitioner choosing a practice from another therapeutic paradigm as the most characteristic of existential practice is two times bigger (OR = 2.056; Wald's X^2 (1) = 6.963; $p = .008$) than that of an existential-phenomenological practitioner (see Table 18). But the latter is almost five times more likely to choose a *Phenomenological practice* (OR = 4.968; Wald's X^2 (1) = 36.232; $p < .001$) when compared to the former. Except for *Phenomenological practices*, existential-humanist and logotherapist odds ratios are significantly different for all thematised practices: The odds of choosing *Relational practices* and *Practices related to other therapeutic paradigms* are almost five times

bigger for an existential humanist (OR = 4.925; Wald's X^2 (1) = 27.573; p < .001 and OR = 4.849; Wald's X^2 (1) = 22.874; p < .001, respectively) and 7.2 times bigger for *Practices informed by existential assumptions* (OR = 7.26; Wald's X^2 (1) = 38.271; p < .001). On the other hand, logotherapists are 43 times more likely to choose their own specific methods (OR = 43.47; Wald's X^2 (1) = 84.532; p < .001).

The existential-phenomenological odds ratio of choosing existential therapy's most characteristic practices is significantly different for all categories of practice, when compared with a logotherapy and/or existential analysis practitioner (see Table 18): The existential-phenomenological practitioner will be 2.3 times more likely to choose a practice from another therapeutic paradigm (OR = 2.358; Wald's X^2 (1) = 6.963; p = .008); 5.2 times more likely to choose a *Relational practice* (OR = 5.284; Wald's X^2 (1) = 61.646; p < .001); 6.6 times more likely to choose a *Phenomenological practice* (OR = 6.601; Wald's X^2 (1) = 120.482; p < .001); and almost nine times more likely to refer to *Practices informed by existential assumptions* (OR = 8.905; Wald's X^2 (1) = 85.623; p < .001). Moreover, the odds of choosing a *Method associated with specific existential branches* is 46 times bigger (OR = 46.091; Wald's X^2 (1) = 289.714; p < .001) for a logotherapist, when compared with an existential-phenomenological therapist.

Discussion

Institutional and Geographical Characteristics

Existential practitioners were located in 48 countries, in all inhabited continents, particularly Europe and Latin America. Barely referred to in the contemporary predominant Anglo-Saxon existential literature (e.g., Barnett & Madison, 2012; M. Cooper, 2003, 2012; Groth, 2000), a large number of existential practitioners were found in Portuguese-, German- and Spanish-speaking countries, particularly in Brazil, Austria and Mexico.

Over 90% of the sample claimed to have some specific institutional training in existential counselling or psychotherapy and 239 different institutions, from all over the world, were identified as having provided this specialized institutional training.

The UK and Austria were the countries with the institutions that trained (and affiliated) the greatest number of respondents. The continents with the greatest proliferation of existential therapy institutions (Europe and Latin America, see Study 1) were also the continents with the greatest percentage of participants with specific existential therapy training. North America, the continent with the greatest percentage of participants without any specific institutional training in existential therapy, was also the continent with the most experienced sample: More experienced therapists may not have benefited from the proliferation of courses and small seminars in existential psychotherapy that recent trainees find available today.

Asian participants were the least experienced, which could mirror existential therapy's recent implementation in this continent according to revised literature (du Plock & Deurzen, 2015; Hoffman, et al., 2009; K. J. Schneider & Krug, 2010).

Practitioners trained by or affiliated to existential-phenomenological institutions were the most prevalent, contrasting with the greater number of

logotherapy and/or existential analysis institutions (see Study 1). These conflicting

results are difficult to interpret as most of the contacted institutions did not send

information about the number of members invited to participate in this study. A

similar number of logotherapy and existential-phenomenological institutions

(respectively, 14 and 15) volunteered to forward the invitation letters to participants.

Thus, a possible interpretation may be that despite having the greatest network of

institutions, logotherapy and/or existential analysis has fewer practitioners

worldwide, spread among many different small institutions. The fewer existential-

phenomenological institutions are, apparently, more active or have a greater number

of trainees and/or affiliated members.

As seen in Study 1, logotherapy's concentration in German- and Spanish-

speaking countries may not help a worldwide divulgation and proliferation: One of

the most important logotherapy and/or existential analysis journals is published in

German, and most of its recent works are still untranslated to English. In contrast,

recent existential-phenomenological works tend to be published in English, a

language that is nowadays accessible to most post-graduate students worldwide.

The existential-humanistic branch seems largely confined to the USA,

reaching recently China (Hoffman, et al., 2009; K. J. Schneider & Krug, 2010), from

where a group of 11 participants contributed to this study. With one more institution

than the existential-humanistic branch, daseinsanalysis participants numbered no

more than 29 in this study. Brazilian daseinsanalysts were the most participative (n

$= 13$), forming almost half the total of daseinsanalytic participants. The small

number of participants plus a small number of institutions worldwide could be a sign

that this branch of existential psychotherapy is having problems in establishing itself in the 21st century.

Participants' Self-Reported Authors and Texts Influencing Practice

Independent of several characteristics (experience, a lack or not of specific existential therapy training, continent of practice), Viktor Frankl and Irvin Yalom and, respectively, their books *Man's search for meaning* and *Existential psychotherapy*, always featured among the five self-reported most influential texts for existential counsellors and psychotherapists' practice.

Two authors (Spinelli and van Deurzen) from the recent British school (M. Cooper, 2003, 2012) rank next in popularity, their books being reported as the 3rd, 5th, 6th and 7th most influential (see Table 5), corroborating Groth's (2000) statement about the importance of this existential school for contemporary existential therapy. These authors were among the six most influential, independent of respondents' experience, training or continent of practice, except for the American continent and in particular for South America, were these authors were barely cited.

Längle and his texts also showed considerable influence, mainly among logotherapy and/or existential analysis practitioners, while May maintains his status as a key influence in the existential therapy world, corroborating the revised literature (Besora, 1994; M. Cooper, 2003).

Considering the choices for the countries with the greatest number of participants, it is possible to see that not only countries' own authors and texts were

more frequently considered influential (see Table 8 and Table 9), but also countries' predominant existential branches or schools are evidenced in their choices. The UK's participants chose frequently their own British school's authors and texts; Austrian participants often chose German logotherapy and existential analysis associated authors and texts; likewise the USA's participants frequently chose their own existential-humanistic authors. Brazil, the most heterogeneous country (see Study 1 and Table 3), also expressed the most heterogeneous choices.

When compared with the literature review concerning the most important or representative authors and texts, present data corroborates some consensus around Frankl and Yalom (M. Cooper, 2003; Jacobsen, 2007; Truscott, 2010) and gives strength to the more recent lists on which authors and texts from the British school tend to appear (M. Cooper, 2003; Jacobsen, 2007; Truscott, 2010).

Boss and Binswanger were also identified in the review (Angerami-Camon, 2007; Besora, 1994; M. Cooper, 2003; Jacobsen, 2007), but were only the 9th and 13th most influential authors for existential practitioners, respectively (see Table 5). This could have two main explanations: a) These authors are associated with the daseinsanalytic branch, and its worldwide representation, as reflected in the sample, is very small currently; b) The historical relevance of these figures may influence the reviewed authors' choice, but these authors may not have the equivalent weight to influence the contemporary practitioner's practice.

If this last explanation is correct (and the same phenomena happened with van Kaam and van den Berg), then a choice of authors and texts made by a study of the most cited authors and texts in the bibliographic references will probably end up with a different list of the most influential. Historical and academically influential

authors and texts, present on bibliographical references, may not always correspond to the ones that most influence practitioners' current conceptual and practical framework. If the aim is to study the practical and clinical sides of existential therapy, then data collected from actual practitioners may give us a more representative pool of texts and authors.

Although the questionnaire specifically asked for authors and texts "on existential therapy", slightly more than 20% of responses reported philosophical or other non-therapy related authors. This number of responses may indicate the considerable and direct influence that existential philosophy has on the actual practice and in its theoretical framework. Here, Heidegger's *Being and time* was overwhelmingly identified as the most influential text.

Participants' Self-Reported Most Characteristic Practices

Existential practitioners with different experiences, and from different geographical, theoretical and cultural backgrounds, refer to phenomenology, existential assumptions, logotherapy and existential analysis' specific methods, relational practices, as well as techniques and practices from other therapies, as the major categories that define the core constitutional practices of existential therap*ies*.

These results relate in part to the common ground found between the few authors who have theoretically written about existential practices and/or skills (M. Cooper, 2015; Deurzen, 2012; Deurzen & Adams, 2011; Längle, 2013; K. J. Schneider, 2008b; Sousa, 2015; Spinelli, 2007; Yalom, 2001). Like these authors,

existential practitioners worldwide considered phenomenology, existential-

philosophy and the attention to the relation with every single client, as cornerstone

categories that characterize an existential intervention.

The relevance of a genuine and empathic relation found in Norcross' (1987),

Wilkes and Milton's (2006) and Alegria et al.'s (2016) empirical studies, is in tune

with what worldwide practitioners considered an essential part of the existential

intervention. All the six most characteristic therapist attitudes and actions found on

actual existential therapy sessions by Alegria and Colleagues (2016) can certainly

relate to the relational practices and phenomenological attitudes expressed by

respondents worldwide. Wilkes and Milton's (2006) conclusions that

phenomenology and some of its principles (*epoché*, horizontalisation and

description) were central issues for existential therapists' practice, were corroborated

by this international survey. But the relevance given to the evaluation of non-verbal

behaviour and self-disclosure by Norcross' (1987) participants, did not appear in the

present study, where only self-disclosure was referred to, though no more than seven

times (see Table 11), while non-verbal behaviour was cited indirectly among the 83

(3.4%) references to the use of experiential and body practices.

Neither the Alegria et al. (2016) nor the Norcross (1987) studies refer to the

application of existential-philosophical assumptions in practice. This may be due to

both studies using methodology which did not include any item conveying this

theme.

The relevance of logotherapy and existential analysis methods was

unexpected as it is unprecedented in empirical studies and revised literature. The

methodology used could give a possible explanation to its absence in the empirical

studies (e.g., Alegria, et al., 2016; Norcross, 1987). But references to logotherapy and existential analysis methods are usually confined to authors whose work deals with logotherapy and/or existential analysis (e.g., Viktor Frankl, Alfried Längle, Elisabeth Lukas, Lilo Tutsch): Revised literature from either daseinsanalysis, existential-humanistic and existential-phenomenological authors barely refers to these more directive and technique-based practices (M. Cooper, 2012; M. Craig, et al., 2016), with some authors even showing reluctance to consider it part of the existential paradigm (see, Angerami-Camon, 2007; Besora, 1994).

Less experienced practitioners considered more frequently the phenomenological practices, and the ones informed by existential assumptions, as the most characteristic of existential therapy, when compared with the more experienced respondents. A possible explanation of these findings may be that *junior* therapists may rely more on the paradigm's most fundamental and distinctive features, than do the more experienced (secure and flexible) therapists.

It is not easy to understand why respondents with specific institutional training referred more frequently to phenomenological practices than those without institutional training.

The differences among continents may be related to several variables (e.g., differences in experience or in training), but mainly to their respective predominant branches. For instance, Africa, Europe and Latin America – the continents with the greatest percentage of logotherapy and/or existential analysis participants – had the greatest percentage of responses referring to logotherapy and/or existential analysis specific methods (compare Table 3 and Table 13). The opposite phenomenon was observed in Asia. North America, on the other hand, had the greatest percentage of

responses addressing practices from other paradigms and, concomitantly, the greatest percentage of participants from the branch (existential-humanistic) that made the most references to this category of practice (compare Table 3, Table 17 and Table 13).

Similarities and Differences among the Main Branches

Data from both self-reported influences and practices suggests differences and some similarities among the four main existential branches. Practitioners' most influential authors and texts are usually related to the branch of their training or affiliation institutions. Five overarching categories of practice were found in common but, depending on their training or affiliation branch, practitioners place a different relevance on each of those characteristic practices.

Differences.

Demographics.

Data from Study 1 are confirmed here: depending on the branch, existential therapies tend to be differently distributed worldwide. The existential-phenomenological branch was a more culturally and linguistically diverse and widespread branch, when compared with all the other branches. In German-speaking cultures it was easier to find logotherapy and/or existential analysis therapists or daseinsanalysts and it was rare to find existential-phenomenological or existential-

humanistic. In Spanish-speaking cultures, existential-phenomenological and logotherapy and/or existential analysis practitioners were dominant and not a single daseinsanalyst was found. Asian existential practitioners were all associated to the existential-phenomenological or existential-humanistic branches and Australian respondents were predominantly existential-phenomenological.

Daseinsanalysts formed the more experienced sample, existential-humanistic and existential-phenomenological the youngest. Given the proportion of newcomers, this data reflects the contemporary vitality of the younger branches.

Unfortunately, no data was found in the revised literature to compare with present findings about branches' demographics.

Influences.

Data shows that among existential therapists, the scope of influence of an author is pretty much limited to the branch they are related to. This is particularly so with logotherapists, who reported being both influenced mainly by its own authors and texts and having little influence (except for Frankl) on other branches' practice. Längle, for instance, was considered a great influence among logotherapists' practice but not a single reference to his name or work was made among participants from other alignments.

These findings were consistent with the literature review about branches' most influential authors (Besora, 1994; M. Cooper, 2003, 2012; M. Craig, et al., 2016; Jacobsen, 2007) and gives emphasis to the specificities of each branch influence.

Practices.

Five categories of practice are shared among the main existential branches, but the frequency with which each of those practices are considered the most characteristic of existential therapy differs significantly depending on respondents' training or affiliated branch. Daseinsanalysis, existential-humanistic and the existential-phenomenological understanding of existential therapy's most characteristic practices show significant differences with each other concerning the choice of two categories of practice (see Table 18). Logotherapy and/or existential analysis, on the other hand, presented two or more significant and pronounced differences with all other branches, in particular with the existential-phenomenological.

Daseinsanalysts presented a similar *ranking* to the existential-phenomenological participants regarding the most characteristic categories of practice (see Table 17). Phenomenological practices were their main category of existential practice and a particular relevance (not found with any other branch) was given to hermeneutic interventions. Rogerian relational practices were as important to daseinsanalysts as they were to existential-humanistic practitioners, but unlike both the existential-humanistic and existential-phenomenological respondents, no mention was made of addressing what is happening in the therapeutic relation. Not a single allusion to specific psychoanalytic techniques was found. These findings corroborate E. Craig (2008) and Besora's (1994) claim of a phenomenological and hermeneutic perspective upon clients' problems, but do not corroborate Norcross' (1987) results of a more psychoanalytic and less Rogerian oriented approach. In summary, daseinsanalysts mentioned a practice based on the phenomenological

method of enquiry and on a hermeneutic-analytical stance towards clients' problems: "The phenomenological analysis asks, as its natural continuity, for an Existential Analysis" (Besora, 1994, p. 19). A good therapeutic relation, based on attitudes like *presence*, was considered characteristic of an existential practice, but no relevance was given to the here-and-now work within the immediate therapeutic relation.

Existential-humanistic respondents gave greater emphasis to relational over phenomenological practices and existential assumptions. They frequently indicated practices from other therapeutic paradigms, in particular experiential and body practices (see Table 17). Here-and-now interventions and exploring feelings and emotions, were their first and fifth most coded practices, while not a single allusion was made to hermeneutic interventions. These results are consistent with Besora's (1994) and E. Craig's (2008) statements that existential-humanistic psychotherapists are more focused on the phenomenal experience of the here-and-now, ignoring a more historical-analytical perspective of clients. The relational depth of the therapeutic relation was frequently present in existential-humanistic practitioners' responses to answers like "Presence" or "Encounter". Existential-humanistic practitioners reported practices that point to a more relational, phenomenal and experiential therapy than their counterparts.

Existential-phenomenological responses can corroborate some of both M. Cooper's (2003, 2012) and M. Craig et al.'s (2016) assertions about the British school of existential analysis. The relevance attributed to both the phenomenological method of enquiry and to phenomenological based attitudes and practices (see Table 17) can corroborate the idea of a phenomenological, descriptive, non-directive and non-pathologising perspective (M. Cooper, 2003, 2012; M. Craig, et al., 2016). Both

a phenomenological (Spinelli) and a philosophically (van Deurzen) based therapy are referred to in the findings (and one kind of practice does not necessarily exclude the other, as 45.4% of participants chose both practices simultaneously). Working in the here-and-now (work with the immediate therapeutic relation) and exploring/understanding clients' worldviews (inter-worldly) were existential-phenomenological practitioners' fifth and sixth most frequent specific practices. Existential-phenomenological data suggests a practice based on the phenomenological method of enquiry with a focus on helping the clients to explore and/or acknowledge the impact and relation with particular existential-philosophical assumptions/presuppositions. Instead of a hermeneutic-analytical stance (as with daseinsanalysis), a more descriptive and relational perspective of therapy was given.

Logotherapists had a different perspective on existential therapy's most characteristic practices, corroborating the positioning of some authors who refer to it as a more specific or distinct branch (Angerami-Camon, 2007; Besora, 1994; M. Cooper, 2003, 2012). Logotherapy and existential analysis' specific methods represented 72.7% of all logotherapists' coded practices, while those same methods accounted for no more than 4.3% to respondents of other existential branches (see Table 17). Of all the 548 responses referring to logotherapy and existential analysis methods, 474 (87.2%) were given by therapists trained and/or affiliated to logotherapy and/or existential analysis institutions. A great emphasis was given to both their classical (e.g., paradoxical intention, dereflexion) and more recent step-wise methods (e.g., personal existential analysis method, personal position finding method). In addition, relational practices represented no more than 6.4% of their coded practices, corroborating both M. Cooper (2003, 2012) and M. Craig and

colleagues' (2016) description of a more directive and technique-based practice, with less emphasis on the therapeutic relation. Logotherapists gave some relevance to the phenomenological method of enquiry – and Längle (2003, 2012, 2013) states that phenomenology underpins all his step-wise methods – but their understanding of the existential practice relies mainly on their own specific techniques. As relational practices, existential assumptions were not as relevant as they are to all other branches, and finding personal meaning was their main therapeutic goal.

Similaraties.

Demographics.

Independent of the branch, a high percentage of existential practitioners referred to having institutional training as an existential/existentially-informed counsellor or psychotherapist.

Influences.

Frankl, May, Binswanger, Bugental and Spinelli were the few authors considered influential by participants of all four branches. Yalom's *Existential psychotherapy*, May, Angel and Ellenberger's *Existence* and Bugental's *The Art of the Psychotherapist* were the only texts referred to as influential by participants of all main branches. Data from both authors and texts highlights Frankl and Yalom as existential therapies' most influential authors across all branches.

Practices.

Among daseinsanalytic, existential-humanistic and existential-phenomenological respondents, no significant differences on the odds for choosing three of the five overarching categories of practice were found (see Table 18).

Despite the differences that were identified, phenomenological practice was the most shared category among respondents from all branches, in particular the use of the phenomenological method (focus on the phenomena as it shows itself) to enquiry, question, describing or exploring a particular subject with the client (see Table 17). This is even more evident if one considers that almost half ($n = 264$; 10.8%) of the logotherapy and existential analysis methods, cited by the logotherapists, were references to the several step-wised (but still) phenomenological-based methods developed by Längle (2013).

Theoretical claims that phenomenology (Barnett & Madison, 2012; Besora, 1994; E. Craig, 2008; Jacobsen, 2007) and the sharing of a few existential-philosophical assumptions (Besora, 1994; M. Cooper, 2003, 2012; M. Cooper, et al., 2011) are a common feature among existential therapies, found some empirical support here. Practitioners from all four branches referred also to relational practices and all of them referred to the application of several different methods or practices, either from other therapeutic paradigms or from specific existential schools.

An Attempt to Systematize Existential Therapy's Core Constitutional Practices

Based on these worldwide results, an attempt to systematize what existential therapists consider their most characteristic practices can be made.

The importance of the phenomenological method and its several steps, together with a corresponding phenomenological attitude, is considered central to an existential practice: A rigorous methodological method of enquiry to the client's intentional experience, carried with an attitude of genuine, non-judgmental curiosity and openness to really understand client's unique perspective. And, whenever needed, based on the phenomenological enquiry, a practitioner's hermeneutic understandings of a client's experience can be shared with the client.

Beyond a phenomenological stance, existential practice is seen as relying on helping the client to address, explore and/or acknowledge the impact and relation he/she has with some existential-philosophical assumptions. Particularly relevant is to explore a client's relation with the several 'givens' or 'inescapable conditions' of existence (especially freedom and interrelatedness), to help them to face and, eventually, find a way to live with them.

It is considered characteristic that all this clinical work should unfold within a good therapeutic relation, boosted by the therapist's presence and genuine encounter. Good relational skills and attention to person-centered basic relational attitudes are also described as relevant to develop a relational atmosphere where therapist and client can work with what is happening within the therapeutic relation.

As argued by Lantz (2004, p. 332), however, "the therapist has many intervention options that can be used during the individualizing (i.e. tailoring) process of existential psychotherapy". Thus existential therapists may resort to an array of different therapeutic practices, according to their client's uniqueness and

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ever changing process needs (relevance of a phenomenological stance): Logotherapy and existential analysis methods, Sartrean-based therapy methods, but also practices from other therapeutic paradigms (especially experiential and body practices), can all be used depending on the therapist's training, cultural and personal background (genuine presence and encounter) as well as the client's individual and circumstantial needs (phenomenological perspective).
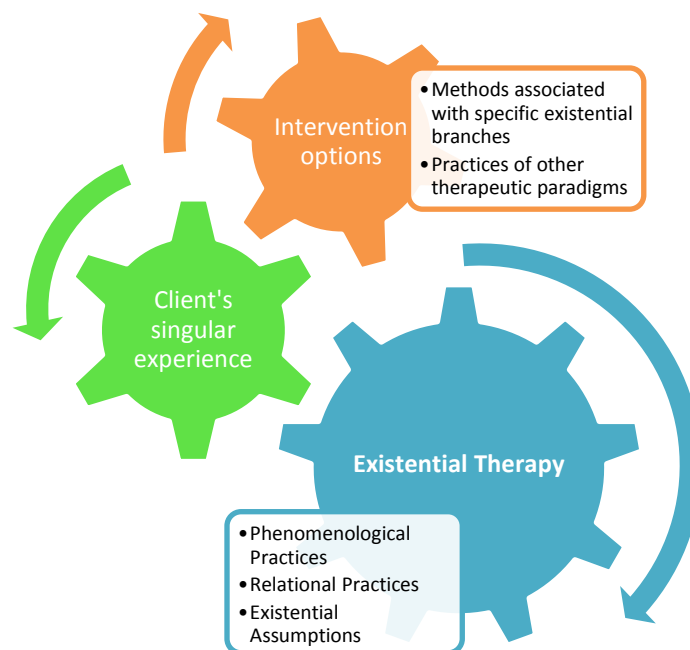
Figure 6. Schematic sketch for contemporary existential therapy practice

Summarizing, it seems that existential practice is perceived as being based on three structural pillars (see Figure 6): phenomenology, existential philosophies and relational care. But existential therapists resort also to different intervention options, both from logotherapy and existential analysis, from Sartrean-based therapy methods and from others therapeutic paradigms. Given the relevance of a genuine and phenomenological stance, it could be said that their choice for a particular practice,

or set of practices, is not based on a client's diagnosed pathology (a guideline or manualized choice), but on the therapist's phenomenological understanding of the client's singular (and "intentional") experience of that "pathology" and on the therapist's singular training/experience/knowledge.

Limitations

Several limitations of the research procedures hinder guarantees about the representativeness of this sample for the existential practitioners' population: a) The option for an online questionnaire may have excluded existential therapists without access to this technology; b) This research was biased towards English, Portuguese and Spanish speakers; c) It is limited and biased towards the four key existential therapy branches; d) Percentages of participants by continent (see Table 3) are in line with the percentages of existential therapy institutions by continent (see Table 1, Study 1), but there were no previous studies about the actual distribution of existential therapists worldwide; e) It was not possible to calculate the survey's response rate, due to lack of information about the number of forwarded emails by the existential institutions.

Data about influences concerns practitioners' *self-reported* beliefs or perceptions. It may be that the actual authors and texts that influence their practice are different from the ones reported: Recency, celebrity, or even the social desirability bias (to conform to the "expected" authors and texts for existential therapy), may have influenced and biased the reported answers. Results aim to

reflect the main influences upon contemporary existential practitioners' practice and it cannot be assumed to be representative of the most influential authors and texts for the historical, conceptual and clinical development of existential psychology, psychiatry, psychopathology and psychotherapy.

Data about practices also concerns self-reported beliefs of existential therapies' most characteristic practices and the aforementioned biases (recency, celebrity and social desirability) do equally apply here. Results about practices may give information about what therapists advocate as part of an existential practice (what existential therapy *should be*) but not necessarily about what they actually do in a therapy session.

Aiming for an encompassing and global picture of existential therapies' shared core constitutional practices, the choice of an online questionnaire permitted a wide range of people to participate, but – as expected (Dillman, et al., 2009) – depth of data was compromised by the short and direct answers given by respondents. Data collated worldwide information about "*what* practices", but lacked precious information about the *how, where* and *when*.

The short answers to the practices question led to perform a content analysis based on the frequency of codes. Despite the advantages of this method (Hsieh & Shannon, 2005; Vaismoradi, et al., 2013), it does not take into account the broader meaning involved in the practitioners' answers and frequency occurrence may not necessarily indicate a greater importance or relevance of that practice for the existential practitioner.

There were a great number of general or nonspecific answers to the practices question, which may be a consequence of existential therapy's culture of not

addressing openly its practices (e.g.: "Sorry, don't understand the question: does existential therapy acknowledge distinct 'methods'?" P.818 or "You know espousing specific methods is antipathetic to the existential method... (Spinelli, van Deurzen)" P.114), or may result from the way the question was formulated.

Respondents were not asked directly to which branch they identify their existential practice. Despite the problems associated with self-reported answers, this would have been a more accurate way of determining the participants' branch: The fact that a participant was trained or is a member of certain institution may not always mean that their main influences and practices represent those associated with their institutional branch. Hence, those who responded to the questionnaire may not be representative of the existential branch they are associated with.

The number of participants associated to the daseinsanalytic branch was clearly low, adding some limitations on branch representativeness and statistical power.

Implications

Despite the limitations mentioned above, this study gives us some valuable data on the distribution of existential therapists around the globe and helps us to understand existential therapy's worldwide establishments, influences and new developments.

Corroborated by the results found in Study 1 (see p. 50), demographic data from Study 2 shows that existential therapy is widespread and well implemented in

Latin America, in particular in South America. This evidence reinforces the importance of European and North American authors, academics and researchers to pay attention and take into account existential therapy's developments in these Latin countries.

Logotherapy and/or existential analysis and daseinsanalysis, could benefit from a greater investment in new translations into other languages. Längle is ranked as one of the most influential authors, but his books are currently only in German. This suggests there is a need to translate more of these texts into English and other languages, to make them accessible to a larger audience.

This study gives the first empirically-based understanding of the authors and texts that are most influential in the work of existential therapists around the globe. There is now available evidence of who and which texts are informing existential practitioners' practice. This helps to develop an understanding of the nature of existential therapy, and sets an empirical ground for future literature/bibliographic research: in particular, there is now a sustainable basis for a content analysis of existential therapy's conceptual and practical frameworks. Training institutes, practitioners or trainees interested in deepening their knowledge of existential practice now have a basis for the main references being used by today's existential practitioners worldwide.

Existential therapists' "basic assumptions" (Deurzen, 2012) about its most characteristic practices are now available based on empirical evidence. Having a global and explicit framework of practices makes it available for both theoretical discussion and research about the ethics, pertinence, congruence, quality and effectiveness of each of those practices. Having a clear and consensual theory of

practice turns existential therapy into a more concrete, tangible and accessible approach to other psychotherapeutic paradigms and facilitates the divulgation of the existential practice among psychologists, psychiatrists, counsellors, psychotherapists and trainees.

Since the First World Congress for Existential Therapy, in May 2015, an e-mail debate has been ongoing between existential therapists from all over the world, to try to find a shared encompassing definition for existential therapy (Groth, 2015). Despite the efforts of several participants, arriving to a unifying understanding between different existential therapies has been a challenging task (Groth, 2015). To set the basis for a global definition of existential therapy, there is a need to clarify the differences and similarities across its different branches. Present data helps to clarify what separates and what unifies existential therapies: a) Data about the most characteristic practices makes it possible to identify commonalities among branches for a global and shared theory of existential practice; b) Data about practitioners' self-reported most influential authors and texts sets the basis for future literature analysis, comparing differences and commonalities among each branch´s most influential authors and texts.

Recent developments within existential therapy (e.g., the First World Congress for Existential Therapy, the development of a World Confederation for Existential Therapy, the project for a European Federation for Existential Therapy) can dictate rapid changes within the field. Present results can stand as a basis for comparison with similar future studies, to understand new developments and trends in this area.

Further Research

To verify if existential therapy is really growing and spreading worldwide, future similar studies should be conducted to compare differences among the demographic results. Further studies of the most influential and characteristic authors, texts and practices, may indicate the impact of contemporary developments within existential therapy and reveal new developing trends.

Existential philosophy's great influence upon existential practitioners' practice, revealed in this study, raises several interesting and intriguing research questions: How do existential therapists translate a philosophical/theoretical thought into a practical intervention? What practices are these? And what is the therapeutic impact of the approach and the benefit for the client? Further inquiry should also be made into the philosophical authors and texts that most influence existential practice.

The study of the most characteristic practices is still incomplete: the short and direct answers given by participants only named the practices. Future face-to-face interactive qualitative studies are needed for a deeper understanding about the nature, relevance and application of each practice. Key questions include: How each practice takes form? When and how to apply them? What is the perceived benefit of each practice? How a phenomenological stance and being informed by existential assumptions can be simultaneously present during a session?

Some of the key practices referred to here by existential practitioners are in accordance with common factors' research findings (see M. Cooper, 2004a; Elkins, 2012; K. J. Schneider & Krug, 2010) or with several other evidence-based findings

(see M. Craig, et al., 2016; K. J. Schneider & Krug, 2010; Tan & Wong, 2012; Walsh & McElwain, 2002). For instance, client factors (which include what the client as a person brings to therapy as well as the client's experiences outside of therapy) are the most powerful determinants of the therapeutic outcome (Duncan, Miller, Wampold, & Hubble, 2010) and, according to the present research, existential therapy relies mostly on an enquiry and attitude supported by phenomenology, i.e., a practice mostly focused on whatever clients bring to therapy from their lived experience. But all these presuppositions are based on parallel evidence. Now that these practices are mapped out, it is possible to test them adequately. Do phenomenological practices really promote effective therapeutic work with client factors? Are the different self-reported most characteristic existential practices effective intervention tools? When, for what and with whom are these practices effective? What is the client's experience of these different existential practices?

Answering these and other such questions will serve to test existential therapy's quality and effectiveness and in turn will help practitioners from other alignments to understand, learn and incorporate the practices they may find useful.

Future research comparing the four main branches should focus on actual therapy sessions, to verify if self-reported differences are confirmed by different in-session practices. Do existential practitioners from different branches make use of different existential practices in a different proportion? Do logotherapists apply more logotherapy methods than practitioners from any other existential branch?

Conducting research about what practitioners believe to be existential therapy's most characteristic practices was a fundamental step to clarify their shared constitutional theory of practice. But, once a theoretical framework of practices is

clarified, the natural subsequent step is to study it during real practice. Two
fundamental research steps are now: a) To understand if these self-reported
interventions are more than theoretical conjectures, i.e., if practitioners apply (adhere
to) it in their real day-to-day clinical practice and; b) How can the actual occurrence
of those practices be captured and observed.

The next chapter will report a first exploratory attempt to address these two
fundamental questions.

Reflective Statement

The author's initial PhD research plan was to build a shared framework of
existential practices based on a rigorous, comprehensive and systematic content
analysis of the most important or influential authors or texts in existential therapy.
Soon he came to realise that no objective, sustainable or even consensual basis was
to be found to choose either the authors or the texts for the analysis (see p. 22).
Discussing this impasse with his supervisors, the idea of approaching directly those
existential therapists or practitioners primarily informed by existential ideas and
practices, who try to apply it in their day to day practice, came about. They would be
asked which practices or methods they consider to be existential therapy's most
characteristic. Simultaneously, these practitioners could also be asked about the
authors and texts that most influenced their practice, to contribute to developing an
empirically based list of influential existential therapy authors and texts. This led the
author to base his research not on the analysis of texts but on a survey research

focussing on three central areas: Practitioners' understanding of existential therapy's core constitutional practices, and their most influential authors and texts.

The choice of a worldwide survey, instead of a circumscribed one (see p. 56), helped to achieve an "encompassing public agreement" (D. E. Cooper, 1999; Spiegelberg, 1972), but compromised a guarantee of proportionality and representativeness in this sample for each of the represented groups.

This study was biased towards English, Portuguese and Spanish speakers: unfortunately, the author did not have the human or financial resources to provide the questionnaire in other languages. If the educational and cultural background of the author influenced data collection (see p. 56), he is not aware that his cultural (or theoretical) background has influenced data codification and analysis in any particular direction.

The research questionnaire's construction, test and implementation was carried out by the author, based on Dillman and colleagues' (Dillman, 2006; Dillman, et al., 2009; Smyth, et al., 2009; Smyth, et al., 2006) research on the planning and development of surveys, in particular online surveys.

The data management and codification was the author's sole responsibility. The author and his supervisors, based on guidelines for good practice in qualitative research (Elliott, et al., 1999), agreed to involve a co-analyst with the content analysis of the responses to existential practices. Karla Correia was chosen to avoid any gender imbalance and for having a different psychotherapeutic training (psychoanalysis) to the author, while also having experience with content analysis (she was a PhD student applying content analysis to her own research), being familiar with the three main languages used by respondents (Karla Correia's native

tongue is Spanish, she lives and works in Portugal and reads English fluently) and being available to participate. As with the supervisors (particularly that of Lucia Berdondini, whose training is in gestalt therapy), the co-analyst's contribution was essential, preventing the overrating of specific existential practices by introducing a more distanced perspective on the existential approach: Peer debriefing with a co-analyst from a different psychotherapeutic background balanced the codification, enhancing credibility. Karla Correia's influence as co-analyst was also important in detecting and preventing linguistic idiosyncrasies when analysing the Spanish participants' answers, which would otherwise have led the author and reviewers to code them in a different and erroneous way.

Both the descriptive statistics and inferential homogeneity tests were planned and performed by the author, under the supervision of Mick Cooper and Lucia Berdondini. In aiming to clarify and quantify specific differences among branches concerning participants' answers to practices, both the author and his supervisors were unable to identify an adequate viable statistical model. Two statisticians (Ana Papoila and Sofia de Azeredo Lopes) were consulted for support to find the appropriate statistical model to such a complex and specific operation. Both experts considered logistic regressions the most appropriate to determine and quantify the differences between branches. After being informed of the necessary procedures to perform this probabilistic statistical model at the SPSS, the author carried out all the necessary steps: a) Transform participants' codified answers into binary variables; b) Run the adjusted models to each reference category; c) Interpret and analyse the results. The analysis was revised by the statisticians and their support has

contributed to confirming greater accuracy and validity to the comparative analysis between branches.

Study 2 – and the papers resulting from it (see p. 143) – was written by Edgar Correia, under the guidance of his supervisors. As English is not the native tongue of the author, a proofreading of the text was carried out by Simon Hursthouse.

The support of those mentioned above was important for achieving greater rigor; they helped the author to balance possible biases and to learn different methodological paths, as explained above.

Impact of Study 2

The *Sociedade Portuguesa de Psicoterapia Existencial* (a *European Accredited Psychotherapy Training Institute* by the *European Association for Psychotherapy*) invited the author to create and deliver a 36-hour seminar on the practices of existential therapy, based on the empirical data collected in Study 2. The seminar (*Existential Therapy I*) is now an integral module of the Portuguese training course for existential therapists.

Based on Study 2, three articles were published in peer review journals (Correia, Cooper, & Berdondini, 2014, 2015; Correia, Correia, Cooper, & Berdondini, 2014b). A book chapter was published in a Brazilian edited book (Correia, Correia, Cooper, & Berdondini, 2014a) and Springer International has asked to publish the Correia et al.'s (2015) article as a chapter of an edited book (Correia, Cooper, & Berdondini, in press). A fourth article was accepted for

publication by the *Journal of Humanistic Psychology* (Correia, Cooper, Berdondini, & Correia, in press) and a further article has recently been submitted (Correia, Cooper, Berdondini, & Correia, 2016), while data from Study 2 has already been cited in several articles and texts (M. Cooper, 2015; M. Craig, et al., 2016; Vos, et al., 2015a, 2015b).

Two conferences and a symposium, based on Study 2, were presented by the author at international congresses: A first conference in Rio de Janeiro (Correia, Cooper, Berdondini, & Correia, 2012), a second in Lisbon (Correia, Cooper, Berdondini, & Correia, 2014) and a symposium at the first World Congress for Existential Therapy, in London (Correia, Cooper, Berdondini, & Correia, 2015).

STUDY 3. AN EXPLORATORY STUDY FOR THE DEVELOPMENT AND APPLICATION OF AN OBSERVATIONAL GRID

Existential practices have not been consensually and systematically documented up to this point. Study 2's account of existential practitioners' perspectives of their main therapeutic procedures is an important step to clarify, specify and systematize these existential practices, thereby creating a solid base for future research.

Study 2's data refers to practitioners' *self-reported* beliefs. An interesting and important research question concerns existential practitioners' *adherence*, in real sessions, to practices they reported as most characteristic of existential therapy.

As mentioned earlier (see p. 24), Alegria and colleagues' (2016) has been the only attempt to map the therapeutic processes going on during actual existential therapy sessions. Data from this real-practice research and Study 2 both concern the importance of relational practices, but existential-specific practices such as phenomenology, existential assumptions and methods of specific existential branches are only to be found in one other study based on self-reported material (Wilkes & Milton, 2006) or in theoretical literature: e.g., phenomenology (Cohn, 1997b; Moja-Strasser, 2002; Sousa, 2015; Spinelli, 2005), existential assumptions (Cohn, 1997a; Deurzen, 2012; Feijoo, 2000; Yalom, 1980) and methods of specific existential branches (Erthal, 2010; Frankl, 1967, 1969; Längle, 2013). It may be that these existential-specific self-reported practices are not actually applied by existential practitioners in real practice or it may be that the instrument used by Alegria and colleagues was not able to capture existential therapy's specific practices: Although

considered a valid instrument for different therapies, the "Psychotherapy Process Q-Set" (PQS) was initially designed for psychoanalytic, CBT and interpersonal therapies (Smith-Hansen, et al., 2012) and lacks specific items concerning phenomenology, existential assumptions or methods of specific existential branches.

To evaluate the effectiveness of existential interventions or processes, it is necessary to verify if existential practitioners do really apply or implement them (in particular, the existential-specific ones). This kind of question relates to what has been denominated *treatment adherence*: "the extent to which interventions considered integral to the treatment model(s) are delivered" (McLeod, Smith, Southam-Gerow, Weisz, & Kendall, 2015, p. 315). Treatment adherence has been the most evaluated factor for treatment integrity (or implementation integrity), as an instrument for the experimental validity of studies concerning the efficacy of specific practices or methods (Perepletchikova, Treat, & Kazdin, 2007).

There are instruments developed to measure treatment adherence to specific therapeutic interventions related to cognitive, behavioral, psychodynamic, client-centered, interpersonal and family therapies (McLeod, et al., 2015; Perepletchikova, et al., 2007), but no instrument was found to verify whether a session or course of treatment is delivered consistently in adherence with existential therapy's most characteristic practices.

To rigorously develop research on the efficacy of existential specific practices, there is a need to adequately address treatment integrity, in particular treatment adherence (Perepletchikova, et al., 2007). To study psychotherapeutic processes specific to the existential practice, there is a need to develop instruments able to capture them. Direct observation methods are considered the most effective

way to measure therapists' commitment to the particular interventions being evaluated (Perepletchikova, et al., 2007). Until recently there was no consensual and systematized list of existential practices from which to develop observational instruments to measure these factors. Study 2 gives a largely consensual and empirically based pool of existential practices, which may stand as a valid base to develop an observational instrument with existential-specific items. Such an instrument may help to clarify what existential therapists actually do in real existential practice and measure treatment adherence to existential specific interventions.

Aims

Study 3's primary aim is to pilot the development of a consensually agreed observational grid of existential therapy, based on the self-reported most characteristic existential practices as collected worldwide in Study 2. A secondary aim is to verify if the self-reported core constitutional practices are actually applied (treatment adherence) during a real client-therapist interaction.

Research Questions

Accordingly, the primary research question is (Steps 1, 2 and 3 of this Study): Can the self-reported existential practices be operationalized into a reliable observational instrument to code existential therapy sessions?

Secondary research questions are the following (Step 4 of this Study): a) What practices are most frequently used by existential therapists in real interventions? b) Do existential practitioners adhere to the existential-specific practices during real client-therapist interactions? c) Are there differences among therapists in their use of the different practices? d) Do differences among clients influence the practices used by their therapist?

Methods

Summary of Design

Based on an informal consensus development method an exploratory observational grid was designed for existential therapy, building on data from Study 2. Using a non-participant observation method the observational grid was applied and inter-rater reliability was assessed for reliability testing and descriptive and inferential statistical analysis was performed over the coded interventions to verify treatment adherence.

Participants

Clients.

Client-participants were outpatients of a Portuguese university clinic. All the thirteen new clients that sought this clinic for psychotherapy between May and December 2011 were informed of the research program and invited to participate. The 10 interested clients were fully informed of research procedures and accepted by giving their informed consent. Sessions from two clients had sound-recorded problems and where excluded from present research.

Eight Caucasian clients, one man and seven women, aged between 25 and 65, participated in this study. CORE Outcome Measure (CORE-OM) scores of psychological well-being, between 15.3 and 19.7, indicated a moderate level of severity at first session, above the clinical cut-off point (Barkham, Mellor-Clark, Connell, & Cahill, 2006).

Therapists.

Therapists' inclusion criteria were: a) Certified professional training as existential psychotherapists and; b) More than five years of clinical experience. Four chartered Portuguese psychotherapists (one woman and three men – the author was one of the therapists) worked with two clients each over 24 psychotherapy sessions. Aged between 30 and 42, they all have had professional training as existential psychotherapists and have professional experience ranging between six and 13 years. They are all recognized existential psychotherapists and trainers at the Portuguese Society for Existential Psychotherapy (SPPE).

SPPE recognizes itself as part of the existential-phenomenological branch of existential therapy (see Study 1) and its members are deeply influenced by the British school of existential therapy (M. Cooper, 2012). Theoretically, Portuguese existential therapists assume a more hermeneutic-analytical practice, described as a "genetic phenomenological" approach (Sousa, 2015). At Study 2, the Portuguese sample considered phenomenological practices as the most characteristic of the existential therapy, followed by relational practices and practices informed by existential assumptions (Correia, Correia, et al., 2014a).

Analysts and panel for the development of the observational grid.

Analysis was performed by two Portuguese, Caucasian male clinical psychology MA students (aged 23 and 25), with no previous specific training or practice in existential therapy, who volunteered to participate as analysts to gain experience in psychotherapy research.

The panel for the consensual development of the observational grid (panel) was composed by six elements: the two raters, the author and three experts. The three experts (one female and two male) were psychologists and psychotherapists, with doctoral degrees and large experience in psychotherapy, psychotherapy research and qualitative research studies. The author and one expert are trained and certified existential therapists while the other two experts are trained in other therapeutic paradigms (experiential and gestalt therapy).

Procedures

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The therapy sessions took place between June 2011 and September 2012 at a university clinic facility in Lisbon. Client-therapist dyads were chosen by clients, according to the available time schedule of each therapist.

All sessions were recorded with a digital sound recorder. To avoid the particularities inherent to initial and final sessions (Rubel, Lutz, & Schulte, 2015), only middle sessions were used. During the instrument development process, raters' training was carried out, and inter-rater reliability was assessed, based on sessions seven to 10 and 15 to 18. The final version of the observational grid was applied over sessions 11 to 14, amounting to 32 analyzed sessions (four sessions per client).

Both *speaking turn* and *session* were the chosen units of analysis (Elliott, 1993). Speaking turn analysis (a single uninterrupted utterance by the therapist, except for backchannel utterances that do not interrupt the client – e.g., "Mhm", "Yeah") was chosen because it corresponds, most of the time, to a therapist intervention, i.e., to the application of a particular practice: Aiming to verify the applied practices, this unit of analysis seems the most natural and valuable (Elliott, 1993). Session analysis (whole session as a unit) was also chosen because it is built out of several episodes, having the advantage of capturing practices that require larger units than a speaking turn (Elliott, 1993).

Separately, analysts heard and rated each therapist speaking turn and whole session, according to the items of an observational grid, developed systematically on a process of refinement-training-application-assessment.

The instrument was developed based on an informal consensus among members of the panel. Formal consensus development methods (Delphi technique,

nominal group technique, consensus development conference or RAND appropriateness method) would improve rigor and trustworthiness to the process of consensus development (Brady, 2015; Halcomb, Davidson, & Hardaker, 2008) and would have been more appropriate if the main aim was to build a rigorous-definitive instrument. But the present study's main concern was exploratory: To pilot the applicability of Study 2's framework of existential interventions for future research, in particular to test its applicability and effectiveness in real practice. An unstructured and informal consensual development by peer debriefing seemed more fluid, prolific and cost-effective to discuss problems and generate new ideas for exploratory purposes, than a full-structured methodology.

Members of the panel were aware of each other and of the aims of the study. The author was responsible for informing, questioning, exchanging and gathering consensus among them. Questions were not predetermined or structured in advance and were posed according to the problems generated by the systematic iteration process of refinement-training-application-assessment.

The iteration process for the grid development (Step 1) was maintained until an instrument was found that permitted a substantial agreement (Landis & Koch, 1977) between analysts, concerning the inter-rater reliability for the coding of two sessions. Once this goal was achieved, the panel was dissolved and the final version of the observational grid was applied independently by the analysts over the 32 sessions (Step 2). Reliability testing was performed comparing raters' independent analysis (Step 3). Inconsistencies in scoring were resolved by consensus between analysts and non-consensual ratings were arbitrated by the author. Descriptive and

inferential statistics were conducted to analyze the secondary research questions (Step 4).

Step 1 – Instrument development process.

First observational grid.

Development.

Aiming to pilot the applicability of Study 2's framework of self-reported practices, the panel agreed that the grid for observational analysis should build directly upon the codes identified in the content analysis (see Table 11), as these codes most closely match the specific interventions reported by the existential practitioners.

The choice for the whole-session observer-based methodology was based on that most widely used to evaluate treatment adherence: Extensiveness ratings, comprising both frequency and thoroughness (McLeod, et al., 2015), using a 5-point Likert-type scale to measure the degree to which each therapist engages in each intervention during the entire session. As the therapist's single utterances could comprise more than one practice, the panel's choice for the speaking turn observer-based methodology was to code each therapist utterance for up to three different practices they believed were being used.

Training.

The two analysts were trained by the author to recognize the 77 coded practices used in a real therapy session. First, they were provided with a manual

containing the practices' definition (see Appendix M), to familiarize themselves with the descriptions of the practices. Next, training consisted of four hours of theoretical tutelage, followed by 21 hours analyzing nine audio-recorded sessions of different client-therapist dyads, with the author supervising. Analysts had a further four hours training together, analyzing two other transcribed sessions.

Application.

Separately, analysts applied the observational grid over two sessions from two different client-therapist dyads. Analysts rated each therapist speaking turn for up to three different practices they believed were being used. After hearing the whole session, they had to rate the presence of each of the 77 practices with a five-item Likert-type scale: 0 (not present) to 4 (very frequent).

Assessment.

Several practices were found to have low frequency counts (only 12 of the 77 practices were found) and the analysts found it impractical managing 77 items simultaneously. In addition, many items had very similar and overlapping definitions (e.g., *Presence*, *Encounter* and *Therapeutic relation*), making them difficult to distinguish when rating real practice interventions. Furthermore, having up to three different practices to choose from for each speaking turn made inter-rater agreement difficult to calculate. In fact, Cohen's Kappa was used to test reliability between the two observers regarding speaking turn analysis and only moderate agreement (Landis & Koch, 1977) was achieved: $\kappa = .430$; $p < .001$.

Second observational grid.

Refinement.

Based on the difficulties reported by the analysts using the first observational grid, the experts suggested eliminating or combining the 77 codes of practice into a smaller number of umbrella categories, to reduce analysts' rating load and the redundancies among items. As the main aim was to test the applicability of the self-reported practices from Study 2, the author suggested using 17 clustering sub-categories of the 77 coded practices as the items for the second observational grid (see Table 11 and Appendix N) and this proposal was accepted unanimously by the panel.

As having up to three different practices to choose from for each speaking turn made inter-rater agreement difficult to calculate, the experts suggested changing the observer-based methodology to rate each of the 17 sub-categories as *present* or *absent* (dummy or binary variable) in each therapist turn.

Training.

The two analysts were provided with a manual containing the practices' definitions (see Appendix N), to familiarize themselves with the descriptions of the practices. With supervision by the author, the analysts had one hour of theoretical training, followed by ten hours using the new observational grid, with four different dyads' sessions.

Application.

Separately, the two analysts applied the 17-item grid to two audio-recorded sessions. As the main problems of the first observational grid were related to the grid items and not with the unit of analysis, and in order to reduce raters' workload, whole session analysis was not performed at this point.

Assessment.

The training experience and effective application led the author and analysts to conclude that the 17-item grid was easier to apply, but the binary coding method added greater subjectivity: It was difficult to rate, at every single speaking turn, the presence/absence of attitudinal interventions (e.g., relational stances as *Presence* or establishing a good therapeutic relation). On the other hand, practices such as *Deepening awareness* and *Relational skills* (e.g., *Therapeutic listening* and *Dialogue*), were rated as present on almost every therapist intervention, rendering these as redundant categories.

Coded as dummy variables, inter-rater reliability was calculated for every grid item. Two substantial agreements (Landis & Koch, 1977) were achieved ($\kappa = .656$, $p < .001$, $\kappa = .634$, $p < .001$), for *Interactive interventions* and *Phenomenology based attitudes and practices*, respectively. For the remaining 15 items raters had moderate, fair or slight agreement (Landis & Koch, 1977). Six items were not possible to compute due to low frequency counts.

Third observational grid.

Refinement.

To overcome the redundancy and low frequency count problems found on the second observational grid, the experts suggested merging some grid items. To remain faithful to Study 2's findings, the panel agreed to cluster the 17 items from the second iteration of the observational grid according to Study 2's five overarching categories of practice (see Table 11). From their experience in analyzing audio recorded sessions up to that point, both the analysts and the author reported that the sub-categories *Addressing what is happening in the therapeutic relation*, *Hermeneutic interventions*, *Experiential and body practices* and *Directive/confrontational interventions*, appeared as very different and specific practices and, for that reason, they suggested that they stand as individual items. The whole panel agreed to maintain these four sub-categories as specific and independent items, concomitant with the five overarching categories of practice found in Study 2.

As the binary coding method added greater subjectivity to the second iteration, it was decided that only the *main practice* of each speaking turn would be rated: The panel agreed that this change would reduce rater load and maintain statistical power. As some practices are not always directly observable as a main practice in the speaking turn unit of analysis, the panel decided that a session analysis was necessary and should be performed using a Likert type scale, over the nine practices.

Training.

The two analysts were provided with a manual containing the practices'
definitions (see Appendix O) to familiarize themselves with. With supervision by
the author, the two analysts were trained using the new nine-item grid and
procedures over five different audio recorded sessions, for a total ten hours' time.

Application.

Separately, the two analysts applied the third observational grid over two
sessions from two different client-therapist dyads.

Assessment.

Inter-rater reliability was measured and a substantial agreement (Landis &
Koch, 1977) was achieved at both speaking turn analysis – $\kappa = .729$; $p < .001$ – and
whole session analysis – $\kappa = .654$; $p < .001$.

Based on this analysis, the panel unanimously agreed to use this nine-item
"Existential Psychotherapy Observational Grid" (EPOG) as the instrument for a full
study.

Step 2 – Application of the observational grid.

Instrument.

The EPOG (see Appendix O) consists of a list of nine duly explained (see
definitions below) observable practices: *Phenomenological practices*; *Methods
associated with specific existential branches*; *Practices informed by existential
assumptions*; *Relational practices*; *Addressing what is happening in the therapeutic*

relation; *Hermeneutic interventions*; *Experiential and body practices*;

Directive/confrontational interventions and *Other practices*.

Phenomenological practices can be observed when the therapist makes use of the phenomenological method (focus on the phenomena as it shows itself) to enquire, question, describe or explore a particular subject with the client. The therapist stays open to the client's actual and unique experience of the problem, while bracketing his own assumptions, theories and prescriptions for *that kind of problem*.

Methods associated with specific existential branches, is rated whenever the therapist makes use of specific methods associated with logotherapy and/or existential analysis or with Sartrean-based therapy. These very specific methods include dereflexion, paradoxical intention, Socratic dialogue and all Längle's existential analysis step-wise methods (Längle, 2003, 2013). Sartrean-based methods include addressing dialectics and the progressive-regressive method.

The *practices informed by existential assumptions* can be observed when the therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with particular existential-philosophical assumptions/presuppositions, including: The "givens" or unescapable conditions of existence (e.g., freedom, facticity, uncertainty, interrelatedness, temporality, paradoxes, being-in-the-world); the four worlds/dimensions of existence; personal worldviews to interpret the world; authenticity; the ontological structure of Dasein.

Relational practices include all relational attitudes and interventions adopted by the therapist. We see this happening when the therapist accepts and supports the client regardless of what they say or do; when the therapist is clearly and actively focused and engaged with the client and with what the client brings; when the

therapist is clearly touched and connected with the client's experience; or when the therapist encourages a relation where both are equally human, so they can argue and look at each other's perspective from the same hierarchic position.

Addressing what is happening in the therapeutic relation is coded when the therapist works with the contents that may arise from/in the therapeutic relation, by analyzing it, working in the here-and-now, being aware of their reactions to the client, and/or by self-disclosing.

Hermeneutic interventions are observed when the therapist makes an interpretation (gives his or her understanding or analysis of a presented subject, or a link between different topics discussed previously) based on the content gathered from a previous phenomenological exploration or from contents brought by the client. These interpretations are always based on actual client material and never on the therapist's previous assumptions or theories.

Experiential and body practices can be observed when the therapist works on an experiential and/or body level, using practices such as focusing, body awareness, address and explore body sensations and/or expressions, creativity/expression methods (drawing, sculpture, dance, music, etc.) or Gestalt's empty-chair method.

Directive/confrontational interventions are rated when the therapist challenges the client's perspective, by interpreting (not based exclusively on contents brought by the client, but on the therapist's previous assumptions or theories), confronting, or pointing out certain aspects of what was said or done that seem contradictory, confused or even untrue. Or when the therapist tries to clarify what seems contradictory, unclear, or incomplete. The therapist may also use more

directive interventions: Addressing client changes and outcomes, using clinical psychology evaluation methods or tests, or giving opinions, for example.

Other practices comprise all other interventions the therapist may use or adopts that do not fit in with the ones referred to above (e.g., mindfulness, narrative methods, working with dreams).

Observer-based methodology.

Analysts listened to the client-therapist interactions independently and rated each therapist speaking turn by choosing the main practice they believed was being used from the nine-item EPOG list. The chosen practice was directly recorded by the analysts on an SPSS database, according to the client-code and time that the therapist's utterance had initiated. Whenever the analyst could not decide between two practices, a second practice could be added, only to be considered if this second choice was coincident with the other rater's choice.

The whole-session observer-based methodology was based on extensiveness ratings (McLeod, et al., 2015), built on the frequency counts from speaking turn analysis and on practices (e.g., attitudinal or process-based) which could only be observed in larger units of analysis, as *conversational sequences* or *events* (Elliott, 1993). All EPOG's nine items were rated according to a five-item Likert-type scale: "Not applied" (if a practice was not used at all, during the whole session); "Rarely applied" (if present one or two times); "Occasionally applied" (if present three to six times); "Frequently applied" (if present six to 12 times); and "Very Frequently" (if present more than 13 times). Session ratings were also directly computed by the analysts on an SPSS database.

To facilitate familiarity and understanding of stories and processes and to facilitate the distinction between hermeneutic interventions, interpretations and reformulations, analysts followed each client-therapist dyad along its four analyzed sessions, before changing to another dyad.

EPOG's application.

Analysts rated a total of 1,559 therapist speaking turns, from the 32 sessions of the eight different dyads, using the EPOG and the observer-based methodology described above (see Table 19 for a sample of a codified segment and Appendix P for extensive examples).

Table 19: *Sample of a Coded Segment*

Dyad	Interv.	Transcription	Rating
	1'18''	**Client**: (breathes deeply) ... I'm tired! **Therapist**: You are tired. (with a very low tone of voice)	Relational practices
	1'38''	**Client**: … (Silence and a deep breath) **Therapist**: It seems that there was a deep breath after telling me that.	Experiential and body practices
	1'57''	**Client**: (Silence and another deep breath) ... I think I tire myself... **Therapist**: You are tired, and you feel that you are the one who leaves you feeling like that.	Other practices (reformulation)
TC 1	2'55''	**Client**: Since I returned to smoking I've been trying to stop, and... (Sighs) ... it's hard ... Last week I did a hypnotherapy session, and... and stopped. On Friday I stopped smoking, but I returned ... I return to smoking yesterday ... and… I smoked four or five cigarettes. After that, I crumbled the remaining cigarettes and threw them in the garbage. But this morning, very early, I bought another packet. **Therapist**: … You resumed yesterday ... Anything important yesterday?	Relational practices
	3'56''	**Client**: ... (Deep breath) Well, yesterday no. But, when I said I tire myself... I do things… I get into things that trigger... old mechanisms of fear, insecurity, fragility, vulnerability and yet... and yet	Other practices (reformulation)

	these are things that I feel I must do... **Therapist**: Turns out to be stronger... and you feel you must do it anyway.	
4'04''	**Client**: Yes I feel ... Yes, yes, yes... **Therapist**: So, what happened?	Relational practices

Note. Ratings were given on the Portuguese audio-recorded sessions. Present transcripts were a direct and personal translation made by the author. This informal translation may not accurately represent the original interaction on which ratings were based.

Analysts reported the experience of finding *Relational practices* and *Phenomenological practices* as two overlapping items on many occasions, making them difficult to distinguish when rating real practice interventions: a) A therapist's spontaneous utterance that facilitates an open phenomenological exploration in the context of an intense relational moment could also be rated as an empathic relational response; b) A therapist's genuine curiosity or interest in wanting to know more about a client's subject that facilitates an open phenomenological exploration could also be rated as the *Relational practices* "listening" and "dialogue" (e.g., TC1 2'55'' and 4'04'', Table 19).

Practices informed by existential assumptions were reported as difficult to observe in single utterances but analysts also found it difficult to operationalize and objectively spot when therapists were using existential assumptions even in larger units of analysis too.

The remaining items were considered manageable and practicable. Attention was drown by the analysts to the fact that *other practices* were mainly reformulations.

Step 3 – Instrument's reliability testing.

Separated ratings were put together on a single SPSS database and Cohen's Kappa was run to determine if there was agreement between analysts. A moderate agreement (Landis & Koch, 1977) was found at both speaking turn ($\kappa = .603$; $p < .001$) and session analysis ($\kappa = .585$; $p < .001$). When the second possible choice of observers was considered, a substantial agreement ($\kappa = .664$; $p < .001$) was found between analysts at speaking turn analysis.

Major doubts and disagreements between analysts at speaking turn analysis occurred when rating *practices informed by existential assumptions* (14.3% of agreements between raters), *phenomenological practices* (37% of agreements) and *directive/confrontational interventions* (45.5% of agreements). Major agreements were found on rating *experiential and body practices* (100% agreement between raters), *hermeneutic interventions* (86.5% of agreements) and *relational practices* (76.9% of agreements).

Step 4 – Analysis.

Analysts met together to find consensus over non-coincident ratings. A total consensus was achieved among observers for whole session analysis and for 97.8% ($n = 1,525$) of the speaking turn observations: the remaining therapists' interventions ($n = 34$) were arbitrated by the author.

Statistical descriptive analyses were conducted over speaking turn and whole session results. Chi-square tests were conducted to verify if observed practices at the speaking turn analysis were equally distributed by the different therapists and the different clients of the same therapist. In order to perform these inferential

procedures, it was necessary to combine the three less rated items into one larger item (see Table 22 and Table 23).

Results

Speaking Turn Analysis

From the 1,559 therapist's speaking turns analyzed, the most frequently rated practices were the relational ($n = 750$, 48.1%), followed by *hermeneutic interventions* ($n = 446$, 28.6%) and *other practices* ($n = 201$, 12.9%) (see Table 20). Then came the *phenomenological practices* ($n = 84$, 5.4%), the *directive/confrontational interventions* ($n = 47$, 3%), *addressing what is happening in the therapeutic relation* ($n = 22$, 1.4%), *practices informed by existential assumptions* ($n = 6$, 0.4%) and *experiential and body practices* ($n = 3$, 0.2%). Not a single application of *methods associated with specific existential schools* was observed in this sample.

The most frequent specific interventions observed by analysts rating the *other practices* item were reformulations ($n = 162$, 80.6% of all rated other practices): e.g. "In other words, you were angry because she did not accept everything you brought." TC1-8'08''). Nine out of the 201 *other practices* (4.5%), were interventions echoing back what the client said.

Table 20: *Frequencies and percentages of practices at the speaking turn level of analysis*

Practices	Frequency *n*	Percentage %
Relational practices	750	48.1
Hermeneutic interventions	446	28.6
Other practices	201	12.9
Phenomenological practices	84	5.4
Directive/confrontational interventions	47	3
Addressing what is happening in the therapeutic relation	22	1.4
Practices informed by existential assumptions	6	0.4
Experiential and body practices	3	0.2
Methods associated with specific existential branches	0	0

Whole Session Analysis

At the session level of analysis, both *relational* and *hermeneutic practices* were rated as *Very Frequent* (modal rating) in 26 (81.3%) and 15 (46.9%) of the 32 analyzed sessions, respectively, and this was the modal response (see Table 21).

Occasionally was the modal rating for *other practices* ($n = 11$, 34.4%), with a similar distribution of sessions for the rest of the Likert scale (see Table 21). *Phenomenological practices*' modal rating was *Rarely* ($n = 14$, 43.8%). *Not present* was the modal rating for *directive/confrontational interventions* ($n = 12$, 37.5%), *addressing what is happening in the therapeutic relation* ($n = 25$, 78.1%), *practices informed by existential assumptions* ($n = 27$; 84.4%) and *experiential and body practices* ($n = 29$, 90.6%). *Methods associated with specific existential schools* were never present.

Table 21: *Percentages of practices at the whole session level of analysis*

Practices	Not present	Rarely %	Occasionally %	Frequent %	Very Frequent
Relational practices	0	3.1	3.1	12.5	81.3
Hermeneutic interventions	0	6.3	12.5	34.4	46.9
Other practices	12.5	15.6	34.4	18.8	18.8
Phenomenological practices	18.8	43.8	31.3	6.3	0
Directive/confrontational interventions	37.5	34.4	28.1	0	0
Addressing what is happening in the therapeutic relation	78.1	15.6	3.1	3.1	0
Practices informed by existential assumptions	84.4	12.5	3.1	0	0
Experiential and body practices	90.6	9.4	0	0	0
Methods associated with specific existential branches	100	0	0	0	0

Practices by Therapist and Clients at Speaking Turn Analysis

There were significant differences among therapists in their use of the different practices: X^2 (15; $n = 1,559$) = 115.323; $p < .001$ (see Table 22). Therapist C used fewer *relational practices* and more *other practices* than the other therapists. Therapist A used more *phenomenological practices* and Therapist B fewer *other practices* and more *directive/confrontational interventions*, when compared to the other therapists.

Table 22: *Percentages of practices by therapist*

Practices	TA %	TB %	TC %	TD %
Relational practices	48.4	52.5	36.5	53.2
Hermeneutic interventions	31	29.1	32.1	25.3
Other practices	10.7	6.5	18.6	13
Phenomenological practices	9.1	3.2	3.6	6
Directive/confrontational interventions	0.8	7.6	3.6	1.6
ATR; PIEA; EBP	0	1.1	5.6	0.9

Note. ATR = Addressing what is happening in the therapeutic relation; PIEA = Practices informed by existential assumptions; EBP = Experiential and body practices

To determine if differences between clients influenced the practices used by their therapist, chi-square tests were conducted on clients of the same therapist. Practices of therapists C (X^2 (5; $n = 392$) =12.077; $p = .034$) and D (X^2 (5; $n = 637$) =12.937; $p = .024$) were dependent on their clients, but no significant differences were found on practices of both therapists A and B (see Table 23). Therapist C used more *hermeneutic interventions* and addressed much more frequently what was happening in the therapeutic relation with Client 1, but used fewer *other practices* than with Client 2. Therapist D was more phenomenological with Client 2 and more hermeneutic with Client 1.

Table 23: *Percentages of practices by dyad*

Practices	TA %		TB %		TC %		TD %	
	1	2	1	2	1	2	1	2
Relational practices	42.1	55.5	56.8	49.4	36.4	36.6	53.5	52.8
Hermeneutic interventions	37.6	23.5	25.4	31.9	34.7	24.8	27.4	22.3
Other practices	11.3	10.1	5.9	6.9	16.2	25.7	12.2	14.1
Phenomenological practices	8.3	10.1	0.8	5	3.1	5	3.5	9.3
Directive/confrontational interventions	0.8	0.8	9.3	6.3	2.7	5.9	1.9	1.1
ATR; PIEA; EBP	0	0	1.7	0.6	6.9	2	1.4	0.4

Note. ATR = Addressing what is happening in the therapeutic relation; PIEA = Practices informed by existential assumptions; EBP = Experiential and body practices

<center>**Discussion**</center>

Instruments are available to assess therapeutic processes or treatment adherence with specific items related to the major therapeutic paradigms (McLeod, et al., 2015; Perepletchikova, et al., 2007; Smith-Hansen, et al., 2012), but no instrument is known to measure existential-specific interventions or processes. Study 3 was an exploratory attempt to develop an instrument for direct observation of existential specific practices, from the categories identified in the content analysis of the worldwide survey of self-reported existential practices (Study 2).

Existential-Specific Observational Instrument

The developed instrument allowed analysts to produce acceptable inter-rater reliability (Landis & Koch, 1977) at the first experimental application over two sessions (see p. 159). Notwithstanding, EPOG's reliability scores for the independent analysis of the 32 sessions showed lower values; below those reported for other observational measures (e.g., Carter et al., 2012; Froján-Parga, Calero-Elvira, & Montaño-Fidalgo, 2011; Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011; McLeod, et al., 2015).

Major inconsistencies between analysts were found particularly with the existential-specific categories (existential assumptions and phenomenological

practices). This shows the need to further clarify the operational definition and the observable elements of these existential-specific practices and, as with other observational instruments, try to develop mutually exclusive categories (Gonçalves, et al., 2011; Michie, et al., 2013): "A well-specified intervention is essential before evaluation of effectiveness is worth undertaking" (Michie, et al., 2013, p. 82), in order to address fidelity and consistency issues (Michie, et al., 2013; Perepletchikova, et al., 2007).

Study 3's pilot exercise showed that it is possible to develop a specific observational instrument from the empirically-based and systematized pool of existential practices found in Study 2. But psychometric findings recommend further refinement of the rating scale, particularly for developing consensual criteria that define the operational and observable elements of the interventions.

Existential Interventions Observed in Real Practice

Independent of client or therapist, relational practices were the most prevalent therapeutic procedures observed in all the 32 analyzed sessions of existential therapy. Hermeneutic interventions were the second most frequent practice, independent of therapist and clients, except for dyad TC2. Reformulations represented 10.4% of all therapists' interventions – almost double that of the rated phenomenological interventions.

The relevance of the relational practices and the frequent use of reformulations relate with Norcross' (1987), Wilkes and Milton's (2006) and Alegria

and colleagues' (2016) findings. In Study 2, relational practices was an important category referred to by worldwide existential practitioners, and the second most frequent category for the Portuguese sample (Correia, Correia, et al., 2014a). Findings also corroborate literature that argues that the existential practice is centered on the therapeutic relation (e.g., M. Cooper, 2004a; Martínez, 2012b; Spinelli, 2007; Spinelli, 2008; Teixeira, 1996; van Kaam, 1966). Reformulations are not usually referred to in existential therapy literature and it was not considered by worldwide existential practitioners as a characteristic practice of their paradigm (see Study 2).

The frequent use of hermeneutic interventions was unexpected considering both the Norcross (1987) and the Alegria et al. (2016) results. Data from Study 2 refers to hermeneutic practices, but it did not represent more than 1.4% of worldwide practitioners' choices (see Table 11) and only 2.8% of that of the Portuguese (Correia, Correia, et al., 2014a): only daseinsanalysts attributed a major relevance (17.6%) to hermeneutic based practices (see Table 17). Existential therapists may be using more interpretations (even if based on clients' previously brought *material*) than they admit or this may be a particular characteristic of Portuguese existential therapists, as they theoretically assume a more hermeneutic-analytical practice (Sousa, 2015).

Directive/confrontational interventions, addressing what is happening in the therapeutic relation, and experiential and body practices were referred to by existential practitioners as characteristic (0.9%, 4.3%, 3.4%, respectively) of existential therapy (see Study 2, Table 11). These were observed at analysed sessions, but again without a marked expression.

Adherence to Existential-Specific Procedures

Phenomenology and existential assumptions are actually applied in real existential therapy sessions, and this can be observed once specific instruments are designed to capture it. But the use of these existential-specific practices was not as frequent in the observed sessions as expected, attending to the relevance it is given in the existential therapy literature and the frequency it appeared in Study 2 responses (even if frequency of self-reported practices and adherence in real practice may not be directly comparable measures).

Methods associated with specific existential branches were not identified a single time in observed sessions. Participant therapists identify themselves with the existential-phenomenological branch, thus this absence does not necessarily express that these existential-specific methods are not used by existential practitioners, but do corroborate (in the real practice context) Study 2's findings which relate these practices almost exclusively with the logotherapy and/or existential analysis branch.

Challenging Findings to an Existential Theory of Practice

Relational practices are frequently addressed by the existential literature (and research) as pivotal to any existential therapeutic encounter but, attending to Study 2's results, it was unexpected that these interventions represented almost half of all therapists' interventions. The frequent use of interpretations and reformulations was

also unexpected considering the relevant literature, previous research and Study 2. And finally, given both the existential literature and Study 2 results, a more frequent use was expected from these existential therapists of both phenomenological practices (in particular, the application of the phenomenological method) and existential assumptions.

The framework of existential practices resulting from Study 2 helped to develop an applicable observational grid. But observation of real sessions revealed that at least the Portuguese existential therapists observed do not seem to be using as much existential-specific procedures as the literature and Study 2 would eventually suggest. Relational practices, interpretations and reformulations (paraphrasing), are all bona fide therapeutic practices (M. Cooper, 2008), but far from being existential-specific, these methods are frequently used by therapists from all different theoretical alignments (M. Cooper, 2008). These findings raise two related fundamental questions: a) Is the relevance of existential-specific practices more of a theoretical concern than a useful and frequently applicable instrument for real practice contexts and problems? b) Are existential therapists simply using well tested and effective procedures most of the time, just like therapists from other theoretical sources?

But present findings should be read carefully, as they stem from a small and circumscribed sample and reliability issues and several methodological limitations were found in this exploratory study, as will be explained.

Therapist, Client, and Dyad Uniqueness

The degree to which different practices were used varied significantly by therapist, and two of them were using certain practices over others depending on their clients. These findings corroborate, in part, existential therapists' proposition of the uniqueness of every therapeutic encounter (Bugental, 1990; Deurzen, 2012; Spinelli, 2007).

Limitations, Further Research and Implications for Practice

Clients were primarily women, while raters were both men, and a single female therapist participated. It is impossible to predict how these gender ratios may have influenced the therapists' practices and the raters' observations. Likewise, the raters' similar race, gender, cultural and educational background may have influenced both the development of the observational grid and the rating of sessions in ways that could possibly be prevented via a greater diversity among the raters. The fact that neither rater was an expert in existential psychotherapy may have prevented the overrating of specific existential practices, or the opposite may have happened due to their lack of experience in handling or recognizing these practices.

Several attempts to improve the observational grid led to a more practical and applicable instrument. Still, as the analysts' feedback and the final inter-rater agreement for the EPOG shows, it is still an instrument in need of further refinement built on the clarification of the operational definitions and the development of mutually exclusive categories.

The major doubts and disagreements found on rating both phenomenology and existential assumptions (see p. 165) clearly underlines the need for further definition and delineation of the observable expressions of these practices to make them easily and objectively observable for any rater. It is possible that phenomenological and, particularly, existential assumptions may be enacted at a not immediately observable level. For instance, a therapist may perform a few interventions guided by the thought of exploring or helping the client to acknowledge his finitude but, at the manifested level of a speaking turn, what is heard are interventions that would be rated in other ways (e.g., "*Tell me a little more about it.*" TA2-13'11'' or "*What are you seeking?*" TD1-3'38''). Whole session analysis was an attempt to overcome the problem of the speaking turn being too small a unit of analysis to identify some practices. But several therapists' interventions are attitudinal or/and a result of an ongoing process that may not be directly and objectively observable, even using larger units of analysis.

To overcome these difficulties and refine the EPOG, different research paths are suggested: a) Similar to other existing studies (e.g., Michie, et al., 2013), to develop an extensive consensually agreed definition and operationalization of the existential practices, from an international pool of experts built on formal consensus development methods (e.g., Delphi technique); b) To deepen the clarification of existential practices, based on a literature review of existential therapy's most influential authors (based on Study 2's results); c) Develop a study where the rater listens to the session together with the therapist, in order to clarify the practice intended at each speaking turn (suggested questions: *What practice did you use right now? And how do you think that is expressed in what we hear/see?*). These research

proposals will help to clarify and delineate the observable expression of several practices, in particular phenomenological practices and those informed by existential assumptions.

The *other practices* item reported mainly reformulations. An independent item for reformulations may be necessary if a similar pattern appears in future studies.

Further studies need to include larger samples and therapists from different existential branches and different countries, in order to understand if the present results stem from idiosyncrasies within the Portuguese school of existential therapy. A larger study is also encouraged to corroborate and deepen the understanding of the differences among therapists as well as within the same therapist depending on his or her clients.

Reflective Statement

Since training as an existential psychotherapist the author has been curious and was willing to develop research on the practices or interventions of existential therapists in real practice. When the pool of existential practices from Study 2 became available, the opportunity to verify those practices in real sessions came as the natural next step of his research.

Study 3 was planned, managed and implemented by the author under the supervision and guidance of Mick Cooper and Lucia Berdondini. Robert Elliott was Edgar Correia's reviewer during his PhD and, as an expert in qualitative studies, he

was asked to participate as a member of the panel for the consensual development of the observational grid. Robert Elliott's suggestions were influential in particular for reducing the observational items by using the clustering categories of practice found in Study 2.

The author worked as a teacher and researcher at the *Institute Superior de Psicologia Aplicada* (ISPA). Participant therapists were the author's colleagues based at the *ISPA - University Clinic* who volunteered to contribute to this research project. Their participation was convenient to overcome the difficulties in finding client-therapist dyads (only accepted attending to the exploratory aim of Study 3), but being all Portuguese and from the same existential-phenomenological school has certainly influenced the results found (see p.175).

As the author was also one of the participant therapists, it was decided that he should not also be one of the analysts (rating his own interventions and that of his colleagues would not favour impartiality). Volunteers to participate as raters were sought from among ISPA's clinical psychology MA students. Vítor Sartóris and Tiago Fernandes were the only students who volunteered. Their feedback of the experienced problems and difficulties in rating the sessions, based on several versions of the EPOG, was a fundamental element in forming the decisions that were taken for the development of the observational grid. Being both Portuguese Caucasian males with similar educational backgrounds may have influenced both the feedback for the development of the observational grid and the rating of sessions in ways which are difficult to predict. The raters' lack of training and experience as existential therapists may have influenced the low frequency rates of existential-specific practices (see p.175).

Data management, descriptive and inferential statistics, and the authorship of Study 3 and the paper resulting from it (see p. 180), was the sole responsibility of Edgar Correia under the guidance of his supervisors. As English is not the native tongue of the author, a proofreading of the text was carried out by native English speaker Simon Hursthouse.

Study 3's demands (to arrange recorded existential sessions, to find two independent raters, and to constitute a panel of experts for the development of the grid) were not easy to meet and only the volunteering of the different people mentioned above made it possible. Author's choice for this particular group was decided by convenience, but gender, cultural and training imbalances (e.g., although trained in different approaches, all experts from the panel came from the so-called "humanistic therapies"), have certainly hindered rigor and influenced results (see p.175).

Although responsible for planning, implementing and managing the research, the author was influenced by the feedback of the different participants. This deepened the author's knowledge, developed his research skills and led to greater rigor in the present study. Author's singularity is evident in the way he managed and was open to each contributor without losing sight of his own research aims despite the constraints brought about by this exploratory study.

Impact of Study 3

An article based on Study 3 was accepted to be published in the *British
Journal of Guidance and Counselling* (Correia et al., 2016) on the condition of some
revisions to be made by the author.

CONCLUSIONS

"…tudo quanto ficar escrito não terá absolutamente nada de científico. Será

exactamente nem científico nem falso, ao mesmo tempo."

"…all that will be written will have absolutely no scientific claim. It will be exactly

neither scientific nor false, at the same time."

Nome de Guerra (War Name) by José de Almada Negreiros

A Summary of Findings

Existential therapy has a long and complex philosophical and clinical tradition. This adds to its richness while making it difficult to delineate a clear, common and consensual framework for both its theory and practice.

Based on its epistemological perspective (ideologically opposing definitive, abstractive and deterministic universal truths), existential therapists have been cautious towards research, operationalizations and systematizations, for fear that the resulting claims may be assumed as mechanistic or generalizable. By relating empirical research and systematizations with having an objectivistic/positivistic stance towards knowledge, they have been wary of these activities.

Nowadays, against a context that demands scientific validation of intervention models and procedures, existential therapists struggle to identify their core constitutional theoretical concepts and clinical practices.

With no sustainable consensual basis for a rigorous bibliographic analysis and motivated by the existential principle of objective knowledge by public agreement (D. E. Cooper, 1999; Spiegelberg, 1972), the present research aimed at asking as many existential practitioners as possible what they consider to be their most characteristic practices. By asking questions about influences and posing demographic questions, it simultaneously aimed for a clearer picture of contemporary existential therapy and therapists worldwide, and to constitute an empirical base for future bibliographic research.

Existential therapy is nowadays represented on all inhabited continents and institutionally represented in 42 countries and practiced in at least 48 countries worldwide. At least 239 different institutions worldwide were identified as providing some kind of specialized institutional training in existential therapy. It is not possible to state that the approach has been growing, as there are no previous demographic studies for comparison. Nevertheless, the geographical span, where existential therapy institutions and working practitioners can be found, gives us an idea of the range and relevance that this psychotherapeutic paradigm has in the world today.

An empirical base-rate of the self-reported most influential authors and texts upon contemporary existential practice is now available for future literature/bibliographic research on existential therapy. This kind of research may help to deepen our understanding of the similarities and differences between the most influential perspectives and to clarify existential therapies' common theoretical and practical grounds.

The four main existential therapy branches are geographically and idiomatically differently distributed worldwide. Here, strong evidence is presented corroborating differences concerning both self-reported influences and practices among therapists associated to those selfsame branches.

May, Binswanger, Bugental and Spinelli, but mainly Frankl and Yalom, are the few shared self-reported authorial influences among the four main branches, while the rule of each approach's own authors as their main influences prevails.

The application of the phenomenological method is what most unifies the different branches' understanding about existential therapy's most characteristic

practices. The relevance of existential-philosophical assumptions and the relational attention on practice are also shared beliefs, mainly between daseinsanalysts, existential-phenomenological and existential-humanistic practitioners. Logotherapists' understanding of the existential practice relies mostly on their own very specific practices, barely referred to by their counterparts.

Logotherapy and/or existential analysis presented itself in this study as a more idiosyncratic and technique-based existential psychotherapy; the existential-humanistic branch is characterized as a more relational, experiential and eclectic approach according to its self-reported practices; daseinsanalysis and the existential-phenomenological reveal themselves as closely related branches: the first more hermeneutic-analytical, the second more relational and descriptive.

Collecting global data from practitioners of the four main existential branches has allowed an encompassing assessment and "public agreement" of what real practitioners think constitutes existential practice. One more step to understand existential therapies' theory of practice was taken: Empirical evidence and encompassing agreement can now support the development of a global, coherent and systematized framework of practice.

Phenomenological practices, methods associated with specific existential branches, practices informed by existential assumptions, relational practices, and a diverse array of practices from other therapeutic paradigms, were categories that emerged which seem to constitute existential therapy's core constitutional practices.

This worldwide study constitutes a solid basis for a global understanding of existential therapy's core constitutional practices, but further studies are needed to confirm and clarify this. An unsystematic (informal) definition for the different

codes, sub-categories and categories found in Study 2 was attempted by the author (see Appendices L, M and N). For a systematic definition and an explanation of procedures, a content analysis based on the most influential authors or texts should now be developed for each code of practice. Simultaneously, qualitative ("goodness of fit") research could be developed by interviewing practitioners about their experience of applying these different practices. Different methodological approaches could help to clarify and operationalize these self-reported practices, including Delphi-type exercises for consensus among existential therapy experts.

The observational study (Study 3) was a first exploratory test over these shared self-reported practices. Could this framework of self-reported practices be operationalized into observational procedures? And do self-reported practices relate to what is really practised in actual existential therapy sessions?

Several obstacles were encountered while developing the observational grid and the low final inter-rater agreement reinforces the need for further definition and operationalization of the self-reported existential practices.

Results from the observational study may indicate that there is a difference between what both literature and practitioners indicate existential practice should be and what is really practised. It was revealed that existential therapy seems to rely mostly on relational attitudes and practices and that existential therapists use more interpretations (even if based exclusively on the contents brought to the session by the client) and reformulations than they acknowledge. Phenomenology and existential assumptions were observable applied practices, although some difficulties were found in rating them and their prevalence was not as marked as both literature and the self-reported worldwide study led us to anticipate.

But data from Study 3 must be interpreted carefully and any generalizations are to be discouraged as it derives from practitioners of a single school of existential-phenomenological therapy and from a first exploratory attempt to apply an observational grid based on specific existential practices.

Final Statments

During a presentation of the present findings on the 1st World Congress for Existential Therapy, in London (Correia, Cooper, Berdondini, et al., 2015), when the author presented the survey question asking for the most characteristic existential practices, a person from the audience interjected, "Sorry, but I couldn't help from interrupting you! Such a question just does not make sense! Don't you know that existential therapy does not have such a thing as specific practices or methods?" The author replied: "Well, if you are right, then the question should be very useful to confirm that. Let's wait and see what the participants answered".

Almost a thousand existential counsellors and psychotherapists from all over the world were willing and able to identify specific therapeutic methods or practices for existential therapy. If nothing else, the present findings question the age-old assumptions that existential therapy has no specific practices or methods (Deurzen, 2012; Feijoo, 2010, 2011; Teixeira, 1996; van Kaam, 1966) and that existential therapists are reluctant to empirically test its paradigm (M. Cooper, 2004b).

Existential therapy "has remained on the fringes of mainstream practice" (Keshen, 2006, p. 285), and one reason is the lack of empirical evidence to "validate"

its therapeutic procedures (M. Cooper, 2012; Keshen, 2006), within a context of evidence-based reimbursement systems and research-informed therapists (Hayes, 2012; Nugent, et al., 2001). Recently, a few authors have been developing or calling for research (Alegria, et al., 2016; M. Cooper, 2004b; M. Craig, et al., 2016; du Plock, 2004; Mahrer & Boulet, 2004; Rayner & Vitali, 2014; Sousa, 2004, 2006; Tan & Wong, 2012; Vos, et al., 2015a, 2015b; Vos, et al., 2014; Wilkes & Milton, 2006), but the lack of a clear and consensual definition of its practices (and theory) has made it difficult to know exactly which therapeutic procedures to investigate.

This worldwide study aimed for an encompassing "public agreement" for existential therapy's theory of practice. The author believes the results constitute a solid framework for future research on existential practices and procedures.

Data from the four main existential branches has contributed to an empirically based characterization and understanding of their differences and similarities. It is now easier "to delineate a movement which is multiple in source and influence at the same time that it is one identifiable force" (Halling & Nill, 1995, p. 1). Based on this self-reported data, the phenomenological method most unifies and characterizes the existential theory of practice. The other shared constitutional practices are methods associated with specific existential branches, practices informed by existential assumptions, relational practices and practices from other therapeutic paradigms; although the significance of each practice differs dependent upon branch.

Based on data, the author proposed that existential practice is perceived as being based on three structural pillars: Phenomenology, existential philosophies, and relational care. Other different intervention options (both from logotherapy and

existential analysis, from Sartrean-based therapy methods and from others therapeutic paradigms) may also be used depending on client, therapist and context.

A systematic definition and operationalization of practices is still due and further research is needed in particular to understand if and how these practices are applied in real sessions.

Independent of the path that future developments may take, the author believes that existential therapy, as a long, complex and resilient tradition, has an important contribution to general psychotherapy and psychotherapists. Clarifying and systematizing its theory and practices is a necessary step for others to understand what existential therapy is and what it has to offer. Yes, there is a considerable risk that some therapists may mechanize and generalize its premises, but if that happens, they will have failed to understand one of existential therapy's core theoretical and epistemological fundaments and are not practicing existential therapy any more.

There is also the risk that existential therapists come to discover that their theory of practice and its existential-specific practices work more as a conceptual framework for the intervention rationale, rather than a directly and frequently applicable instrument. But (as any psychotherapeutic process) research is a dangerous enterprise to our sedimented assumptions. It is up to each individual to run that risk or not.

The author wants to make clear that present claims and conclusions are assumed, at best, as assertoric: These claims are good in that "they are an improvement over previous understanding" (Polkinghorne, 1983) and may be useful for the field; but they are still far from being definitive and generalizable.

"Entrei numa livraria. Pus-me a contar os livros que há para ler e os anos que terei de vida. Não chegam! Não duro nem para metade da livraria! Deve haver certamente outras maneiras de uma pessoa se salvar, senão… estou perdido."

"I went into a bookstore. I began to count the books there are to read and the years that I still have of living. It is not enough! I do not live not even for half of the bookstore! Surely there must be other ways to save a person, otherwise... I'm lost."

A Invenção do Dia Claro (The Bright Day Invention) by José de Almada Negreiros

References

Alegria, S., Carvalho, I., Sousa, D., Correia, E. A., Fonseca, J., Pires, B. S., & Fernandes, S. (2016). Process and outcome research in existential psychotherapy. *Existential Analysis, 27*(1), 78-92.

Angerami-Camon, V. A. (2007). *Psicoterapia existencial* (4 ed.). São Paulo: Thomson.

Barkham, M., Mellor-Clark, J., Connell, J., & Cahill, J. (2006). A core approach to practice-based evidence: A brief history of the origins and applications of the CORE-OM and CORE System. *Counselling & Psychotherapy Research, 6*(1), 3-15. doi: 10.1080/14733140600581218

Barnett, L., & Madison, G. (Eds.). (2012). *Existential therapy: Legacy, vibrancy and dialogue*. London: Routledge.

Barrett, W. (1990). *Irrational man* (3 ed.). New York: Anchor Books.

Basescu, S. (1963). Existential therapy. In A. Deutsch & H. Fishman (Eds.), *The encyclopedia of mental health* (Vol. 2, pp. 583-595). New York: Franklin Watts.

Besora, M. V. (1981). La psicología humanista: Historia, concepto y método. *Anuario de Psicología, 34*, 7-47.

Besora, M. V. (1994). Las psicoterapias existenciales: Desarollo historico y modalidades conceptuales. In J. A. C. Teixeira (Ed.), *Fenomenologia e psicologia* (pp. 11-23). Lisboa: ISPA.

Boss, M. (1963). *Psychoanalysis & daseinsanalysis*. New York: Basic Books.

Boss, M. (1979). *Existential foundations of medicine and psychology*. New York: Jason Aronson.

Brady, S. R. (2015). Utilizing and adapting the delphi method for use in qualitative research. *International Journal of Qualitative Methods, 14*(5), 1-6. doi: 10.1177/1609406915621381

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa

Bugental, J. F. (1965). *The search for authenticity: An existential-analytic approach to psychotherapy*. New York: Holt, Rinehart and Winston.

Bugental, J. F. (1990). *Intimate journeys: Stories from life-changing therapy*. San Francisco: Jossey-Bass Publishers.

Burston, D. (2003). Existentialism, humanism and psychotherapy. *Existential Analysis, 14*(2), 309.

Cardinalli, I. E. (2012). *Daseinsanalyse e esquizofrenia: Um estudo na obra de Medard Boss*. São Paulo: Editora Escuta.

Carter, J. D., Crowe, M., Carlyle, D., Frampton, C. M., Jordan, J., McIntosh, V. V. W., . . . Joyce, P. R. (2012). Patient change processes in psychotherapy: Development of a new scale. [Article]. *Psychotherapy Research, 22*(1), 115-126. doi: 10.1080/10503307.2011.631195

Cohn, H. W. (1997a). *Existential thought and therapeutic practice*. London: Sage Publications.

Cohn, H. W. (1997b). Phenomenology and psychotherapy. *Existential Analysis, 8*(1), 39-45.

Committee for Development Policy, & UN Department of Economic and Social Affairs. (2008). *Handbook on the least developed country category: Inclusion, graduation and special support measures*. New York: United Nations.

Cooper, D. E. (1999). *Existentialism* (2 ed.). Oxford: Blackwell.

Cooper, M. (2003). *Existential therapies*. London: Sage Publications.

Cooper, M. (2004a). Towards a relationally-orientated approach to therapy: Empirical support and analysis. *British Journal of Guidance and Counselling, 32*(4), 451-460.

Cooper, M. (2004b). Viagra for the brain: Psychotherapy research and the challenge to existential therapeutic practice. *Existential Analysis: Journal of the Society for Existential Analysis, 15*(1), 2-14.

Cooper, M. (2008). *Essential research findings in counselling and psychotherapy: The facts are friendly*. London: Sage Publications.

Cooper, M. (2012). *The existential counselling primer: A concise, accessible and comprehensive introduction*. Ross-on-Wye: PCCS.

Cooper, M. (2015). *Existential psychotherapy and counselling: Contributions to a pluralistic practice*. London: Sage.

Cooper, M., Vos, J., & Craig, M. (2011). Protocol for EXIST review. Glasgow: University of Stratchlyde.

Correia, E. A. (2015). Existential psychotherapy & logotherapy societies, centres and training institutes. *International Journal of Psychotherapy, 19*(1), 105-111.

Correia, E. A. (in press). Can existential-phenomenological theory and epistemology ever be congruent with empirical research and systematizations? *Existential Analysis, 28*(1).

Correia, E. A., Cooper, M., & Berdondini, L. (2014). The worldwide distribution and characteristics of existential counsellors and psychotherapists. *Existential Analysis, 25*(2), 321-337.

Correia, E. A., Cooper, M., & Berdondini, L. (2015). Existential psychotherapy: An international survey of the key authors and texts influencing practice. *Journal of Contemporary Psychotherapy, 45*(1), 3-10. doi: 10.1007/s10879-014-9275-y

Correia, E. A., Cooper, M., & Berdondini, L. (2016a). Existential therapy institutions worldwide: An update of data and the extensive list. *Existential Analysis, 27*(1), 155-200.

Correia, E. A., Cooper, M., & Berdondini, L. (2016b). Worldwide list of existential psychotherapy institutions. *Dasein, 5*, 83-131.

Correia, E. A., Cooper, M., & Berdondini, L. (in press). Existential psychotherapy: An international survey of the key authors and texts influencing practice. In S. E. Schulenberg (Ed.), *Clarifying and furthering existential psychotherapy*: Springer.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (2012). *Práticas da psicoterapia existencial em Portugal e no Brasil: Alguns dados comparativos*. Paper presented at the I Congresso Luso-Brasileiro de práticas clínicas fenomenológico-existenciais: Diálogos entre a clínica e a filosofia, Rio de Janeiro.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (2014). *As práticas de intervenção em psicoterapia existencial: Uma investigação internacional sobre a perspetiva dos clínicos*. Paper presented at the II Congresso Luso-Brasileiro de Psicoterapia Existencial: Casos Clínicos e Aplicabilidade em Contextos Profissionais, Lisboa.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (2015). *Practices and characteristics of existential counsellors and psychotherapists: A worldwide survey*. Paper presented at the 1st World Congress for Existential Therapy, London.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (2016). Characteristic practices of existential psychotherapy: A worldwide survey of practitioners' perspectives. *Manuscript submitted for publication*.

Correia, E. A., Cooper, M., Berdondini, L., & Correia, K. (in press). Existential psychotherapies: Similarities and differences among the main branches. *Journal of Humanistic Psychology*. doi: 10.1177/0022167816653223

Correia, E. A., Correia, K., Cooper, M., & Berdondini, L. (2014a). Práticas da psicoterapia existencial em Portugal e no Brasil: Aguns dados comparativos. In A. M. L. Feijoo & M. B. Lessa (Eds.), *Fenomenologia e práticas clínicas* (pp. 47-72). Rio de Janeiro: Edições IFEN.

Correia, E. A., Correia, K., Cooper, M., & Berdondini, L. (2014b). Psicoterapia existencial latinoamericana en la actualidad. *Revista Latinoamericana de Psicología Existencial, 9*, 26-37.

Correia, E. A., Sartóris, V., Fernandes, T., Cooper, M., Berdondini, L., Sousa, D., . . . Fonseca, J. (2016). The practices of existential psychotherapists: An exploratory study for the development and application of an observational grid. *Manuscript submitted for publication*.

Craig, E. (2008). A brief overview of existential depth psychotherapy. *Humanistic Psychologist, 36*(3/4), 211-226. doi: 10.1080/08873260802349958

Craig, M., Vos, J., Cooper, M., & Correia, E. (2016). Existential psychotherapies. In D. J. Cain, K. Keenan & S. Rubin (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (2 ed., pp. 283-317). Washington: American Psychological Association.

Crotty, M. (2003). *The foundations of social research: Meaning and perspective in the research process* (2 ed.). London: Sage.

Deurzen, E. v. (2010). *Everyday mysteries: A handbook of existential psychotherapy* (2 ed.). Hove: Routledge.

Deurzen, E. v. (2012). *Existential counselling & psychotherapy in practice* (3 ed.). London: Sage Publications.

Deurzen, E. v. (2015). Emmy van Deurzen: About Emmy's life and writings, from http://www.emmyvandeurzen.com/

Deurzen, E. v., & Adams, M. (2011). *Skills in existential counselling & psychotherapy*. London: Sage Publications.

Deurzen, E. v., & Arnold-Baker, C. (Eds.). (2005). *Existential perspectives on human issues: A handbook for therapeutic practice*. Hampshire: Palgrave Macmillan.

Deurzen, E. v., & Young, S. (Eds.). (2009). *Existential perspectives on supervision: Widening the horizon of psychotherapy and counselling*. Hampshire: Palgrave Macmillan.

Dillman, D. A. (1991). The design and administration of mail surveys. *Annual Review of Sociology, 17*(1), 225-249.

Dillman, D. A. (2006). Why choice of survey mode makes a difference. *Public Health Reports, 121*(1), 11-13.

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2009). *Internet, mail, and mixed-mode surveys: The tailored design method* (3rd ed.). Hoboken: John Wiley & Sons.

du Plock, S. (2004). What do we mean when we use the word 'research'? *Existential Analysis: Journal of the Society for Existential Analysis, 15*(1), 29-37.

du Plock, S., & Deurzen, E. v. (2015). The historical development and future of existential therapy. *International Journal of Psychotherapy, 19*(1), 5-14.

Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.). (2010). *The heart and soul of change: Delivering what works in therapy* (2 ed.). Washington, DC: American Psychological Association.

Elkins, D. N. (2012). Toward a common focus in psychotherapy research. *Psychotherapy, 49*(4), 450-454.

Elliott, R. (1993). *Comprehensive process analysis: Mapping the change process in psychotherapy*. Unpublished manuscript. Department of Psychology. University of Toledo. Toledo.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115. doi: 10.1111/j.1365-2648.2007.04569.x

Erthal, T. C. (2010). *Trilogia da existência: Teoria e prática da psicoterapia vivencial*. Curitiba: Honoris Causa.

Erwin, E. (1999). How valuable are psychotherapy experiments? The idiographic problem. *Journal of Clinical Psychology, 55*(12), 1519-1530.

Feijoo, A. M. L. (2000). A angústia: Das reflexões de Kierkegaard e Heidegger à psicoterapia. In V. A. Angerami-Camon (Ed.), *Angústia e psicoterapia* (pp. 65-84). São Paulo: Casa do Psicólogo.

Feijoo, A. M. L. (2010). *A escuta e a fala em psicoterapia: Uma proposta fenomenológico-existencial*. Rio de Janeiro: IFEN.

Feijoo, A. M. L. (2011). *A existência para além do sujeito: A crise da subjetividade moderna e suas repercussões para a possibilidade de uma clínica psicológica com fundamentos fenomenológico-existenciais*. Rio de Janeiro: Via Verita.

Frankl, V. E. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy*. New York: Simon and Schuster.

Frankl, V. E. (1969). *The doctor and the soul: From psychotherapy to logotherapy* (A. Knopf, Trans.). London: Souvenir Press.

Froján-Parga, M. X., Calero-Elvira, A., & Montaño-Fidalgo, M. (2011). Study of the Socratic method during cognitive restructuring. *Clinical Psychology & Psychotherapy, 18*(2), 110-123. doi: 10.1002/cpp.676

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburg: Duquesne University.

Gómez, R. (Ed.). (2013). *Relación psicoterapéutica: Enfoque fenomenológico-existencial*. Lima: Universidad Garcilaso de la Vega.

Gonçalves, M. M., Ribeiro, A. P., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy process research: The innovative moments coding system. *Psychotherapy Research, 21*(5), 497-509. doi: 10.1080/10503307.2011.560207

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105-112.

Groth, M. (1999). The background of contemporary existential psychotherapy. *The Humanistic Psychologist, 27*(1), 15-22.

Groth, M. (2000). Existential psychotherapy today. *Review of Existential Psychology & Psychiatry, 25*(1-3), 7-27.

Groth, M. (2015). ET, phone home. *Hermeneutic Circular, October 2015*, 18-19.

Halcomb, E., Davidson, P., & Hardaker, L. (2008). Using the consensus development conference method in healthcare research. *Nurse Researcher, 16*(1), 56-70.

Halling, S., & Nill, J. D. (1995). A brief history of existential-phenomenological psychiatry and psychotherapy. *Journal of Phenomenological Psychology, 26*(1), 1-45. doi: 10.1163/156916295x00024

Hayes, S. C. (2012). The choice humanistic psychology faces. *Psychotherapy, 49*(4), 461-464.

Heidegger, M. (1962). *Being and time*. London: Harper & Row.

Heidegger, M. (1977). *The question concerning technology and other essays* (W. Lovitt, Trans.). New York: Harper Torchbooks.

Hoffman, L. (2007). Chapter 6: Existential-Integrative Psychotherapy and God Image. *Journal of Spirituality in Mental Health, 9*(3/4), 105-137. doi: 10.1300/J515v09n03-06

Hoffman, L., Yang, M., Kaklauskas, F. J., & Chan, A. (2009). *Existential psychology east-west*. Colorado Springs: University of the Rockies.

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288. doi: 10.1177/1049732305276687

Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Evanston: Northwestern University Press.

Jacobsen, B. (2007). *Invitation to existential psychology: A psychology for the unique human being and its applications in therapy*. Chichester: John Wiley & Sons.

Joy, B. (2013). And all that jazz: Reflections on Professor Cooper's presentation. *Hermeneutic Circular, July 2013*, 17-18.

Keen, E. (1970). *Three faces of being: Toward an existential clinical psychology*. New York: Meredith Corporation.

Keshen, A. (2006). A new look at existential psychotherapy. *American Journal of Psychotherapy, 60*(3), 285-298.

Kockelmans, J. J. (1973). Theoretical problems in phenomenological psychology. In M. Natanson (Ed.), *Phenomenology and the social sciences* (Vol. 2, pp. 225-280). Evanston: Northwestern University Press.

Laing, R. D. (1960). *The divided self: An existential study in sanity and madness*. London: Penguin Books.

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics, 33*(1), 159-174.

Längle, A. (2003). The method of "personal existential analysis". *European Psychotherapy, 4*(1), 59-75.

Längle, A. (2012). The viennese school of existential analysis: The search for meaning and affirmation of life. In L. Barnett & G. Madison (Eds.), *Existential therapy: Legacy, vibrancy and dialogue* (pp. 159-170). London: Routledge.

Längle, A. (2013). *Lehrbuch zur existenzanalyse: Grundlagen*. Wien: Facultas.wuv.

Lantz, J. (2004). Research and evaluation issues in existential psychotherapy. *Journal of Contemporary Psychotherapy, 34*(4), 331-340.

Levinas, E. (1988). *Totalidade e infinito*. Lisboa: Edições 70.

Mahrer, A. R. (1996). Existential-humanistic psychotherapy and the religious person. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology.* (pp. 433-460). Washington, DC US: American Psychological Association.

Mahrer, A. R. (2005). Empirically supported therapies and therapy relationships: What are the serious problems and plausible alternatives? *Journal of Contemporary Psychotherapy, 35*(1).

Mahrer, A. R., & Boulet, D. B. (1999). How to do discovery-oriented psychotherapy research. *Journal of Clinical Psychology, 55*(12), 1481-1493.

Mahrer, A. R., & Boulet, D. B. (2004). How can existentialists do research on psychotherapy? *Existential Analysis: Journal of the Society for Existential Analysis, 15*(1), 15-28.

Martín-Santos, L. (1964). *Libertad, temporalidad y transferencia en el psicoanálisis existencial*. Barcelona: Seix Barral.

Martínez, Y. A. (2012a). *Filosofía existencial para terapeutas y uno que otro curioso* (4 ed.). México: Ediciones LAG.

Martínez, Y. A. (2012b). *Psicoterapia existencial. Teoría y práctica relacional para un mundo post-Cartesiano*. México: Diana Reyes Trigos.

Martínez, Y. A., & Signorelli, S. (2014). Breve repaso a la historia de la psicoterapia existencial en latinoamérica. *Revista LatinoAmericana de Psicologia Existencial, 9*, 38-40.

Martínez, Y. A., & Signorelli, S. (2015). Brief review of the history of existential psychotherapy in Latin America. *International Journal of Psychotherapy, 19*(1), 89-94.

Martínez, Y. A., & Signorelli, S. (Eds.). (2011). *Perspectivas en psicoterapia existencial. Una mirada retrospectiva y actual*. México: Ediciones LAG.

May, R. (1958). The origins and significance of the existential movement in psychology. In R. May, E. Angel & H. F. Ellenberger (Eds.), *Existence* (pp. 3-36). Lanham: Rowman & Littlefield Publishers.

McLeod, B. D., Smith, M. M., Southam-Gerow, M. A., Weisz, J. R., & Kendall, P. C. (2015). Measuring treatment differentiation for implementation research: The Therapy Process Observational Coding System for Child Psychotherapy Revised Strategies Scale. *Psychological Assessment, 27*(1), 314-325. doi: 10.1037/pas0000037

Michie, S., Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W., . . . Wood, C. E. (2013). The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: Building an international consensus for the reporting of behavior change interventions. *Annals of Behavioral Medicine, 46*(1), 81-95. doi: 10.1007/s12160-013-9486-6

Millar, M. M., & Dillman, D. A. (2011). Improving response to web and mixed-mode surveys. *Public Opinion Quarterly, 75*(2), 249-269.

Moja-Strasser, L. (2002). The phenomenology of listening and the importance of silence. In S. du Plock (Ed.), *Further existential challenges to psychotherapeutic theory and practice: Papers from Existential Analysis* (pp. 135-146). London: SEA.

Moustakas, C. (2001). Heuristic research: Design and methodology. In K. J. Schneider, J. F. T. Bugental & J. F. Pierson (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research and practice* (pp. 263-274). London: Sage.

Nelson, B. (1958). Adventures in ideas: Questions on existential psychotherapy. *Psychoanalytic Review, 45C*(4), 77-78.

Nelson, B. (1961). Phenomenological psychiatry, daseinsanalyse and American existential analysis: A "progress" report. *Psychoanalytic Review, 48D*(4), 3-23.

Nietzsche, F. (2000). *Assim falava Zaratustra* (12 ed.). Lisboa: Guimarães Editores.

Norcross, J. C. (1987). A rational and empirical analysis of existential psychotherapy. *Journal of Humanistic Psychology, 27*(1), 41-68. doi: 10.1177/0022167887271005

Norcross, J. C., Prochaska, J. O., & Farber, J. A. (1993). Psychologists conducting psychotherapy: New findings and historical comparisons on the

psychotherapy division membership. *Psychotherapy: Theory, Research, Practice, Training, 30*(4), 692-697. doi: 10.1037/0033-3204.30.4.692

Nugent, W., Sieppert, J., & Hudson, W. (2001). *Practice evaluation for the 21st century*. Belmont: Brooks/Cole.

Owen, I. R. (1994). Introducing an existential-phenomenological approach Part II: Theory for practice. *Counselling Psychology Quarterly, 7*(4), 347-358.

Perepletchikova, F., Treat, T. A., & Kazdin, A. E. (2007). Treatment integrity in psychotherapy research: Analysis of the studies and examination of the associated factors. *Journal of Consulting and Clinical Psychology, 75*(6), 829-841. doi: 10.1037/0022-006x.75.6.829

Polkinghorne, D. (1983). *Methodology for the human sciences: Systems of inquiry*. New York: State University of New York Press.

Rayner, M., & Vitali, D. (2014). CORE Blimey! Existential therapy score GOALS! *Existential Analysis, 25*(2), 296-312.

Rispo, P., & Signorelli, S. (2005). *La terapia existencial*. Ramos Mejía: Fundación CAPAC.

Romero, E. (2004). *As dimensões da vida humana: Existência e experiência* (4 ed.). São Paulo: Della Bídia Editora.

Romero, E. (2010). *O inquilino do imaginário: Formas malogradas de existência* (4 ed.). São Paulo: Della Bídia Editora.

Rubel, J., Lutz, W., & Schulte, D. (2015). Patterns of change in different phases of outpatient psychotherapy: A stage-sequential pattern analysis of change in session reports. *Clinical Psychology & Psychotherapy, 22*(1), 1-14. doi: 10.1002/cpp.1868

Rudio, F. V. (2001). *Diálogo maiêutico e psicoterapia existencial: Uma reflexão sobre a teoria psicoterápica* (2 ed.). São Paulo: Novos Horizontes Editora.

Sapienza, B. T. (2007). *Do desabrigo à confiança: Daseinsanalyse e terapia*. São Paulo: Escuta.

Sartre, J.-P. (2003). *Being and nothingness: An essay on phenomenological ontology*. London: Routledge Classics.

Schaefer, D. R., & Dillman, D. A. (1998). Development of a standard e-mail methodology. *Public Opinion Quarterly, 62*(3), 378.

Schneider, D. R. (2011). *Sartre e a psicologia clínica*. Florianópolis: UFSC.

Schneider, K. J. (1999). Multiple-case depth research: Bringing experience-near closer. *Journal of Clinical Psychology, 55*(12), 1531-1540. doi: 10.1002/(sici)1097-4679(199912)55:12<1531::aid-jclp10>3.0.co;2-f

Schneider, K. J. (2008a). Introduction. Existential-integrative psychotherapy: A new era. In K. J. Schneider (Ed.), *Existential-integrative psychotherapy: Guideposts to the core of practice* (pp. 1-11). New York: Routledge.

Schneider, K. J. (2008b). Part 2: Guideposts to an existential-integrative (EI) approach. In K. J. Schneider (Ed.), *Existential-integrative psychotherapy: Guideposts to the core of practice* (pp. 31-96). New York: Routledge.

Schneider, K. J., & Krug, O. T. (2010). *Existential-humanistic therapy*. Washington, DC: American Psychological Association.

Sears, T. (2013). The NICE: Just another fashion? *Hermeneutic Circular, July 2013*, 16.

Smith-Hansen, L., Levy, R. A., Seybert, C., Erhardt, I., & Ablon, J. S. (2012). The contributions of the Psychotherapy Process Q-set to psychotherapy research. In R. A. Levy, J. S. Ablon & H. Kächele (Eds.), *Psychodynamic psychotherapy research: Evidence-based practice and practice-based evidence.* (pp. 381-400). Totowa, NJ, US: Humana Press.

Smyth, J. D., Dillman, D. A., Christian, L. M., & McBride, M. (2009). Open-ended questions in web surveys. *Public Opinion Quarterly, 73*(2), 325-337.

Smyth, J. D., Dillman, D. A., Christian, L. M., & Stern, M. J. (2006). Comparing check-all and forced-choice question formats in web surveys. *Public Opinion Quarterly, 70*(1), 66-77.

Sousa, D. (2004). A short note underlying reflection on psychotherapy research. *Existential Analysis, 15*(2), 194-202.

Sousa, D. (2006). Investigação em psicoterapia: Contexto, questões e controvérsias. *Análise Psicológica, 24*(3), 373-382.

Sousa, D. (2015). Existential psychotherapy the genetic-phenomenological approach: Beyond a dichotomy between relating and skills. *Journal of Contemporary Psychotherapy, 45*(1), 69-77. doi: 10.1007/s10879-014-9283-y

Spiegelberg, H. (1972). *Phenomenology in psychology and psychiatry: A historical introduction*. Evanston: Northwestern University Press.

Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology* (2nd ed.). London: Sage Publications.

Spinelli, E. (2007). *Practising existential psychotherapy: The relational world*. London: Sage Publications.

Spinelli, E. (2008). The value of relatedness in existential psychotherapy and phenomenological enquiry. *Gestalt Journal of Australia & New Zealand, 4*(2), 56-69.

Straus, E. (1959). The Fourth International Congress of Psychotherapy Barcelona, Spain, September 1 through 7, 1958. *Psychosomatic Medicine, 21*(2), 158-164.

Tan, S.-Y., & Wong, T. K. (2012). Existential therapy: Empirical evidence and clinical applications from a Christian perspective. *Journal of Psychology and Christianity, 31*(3), 272-277.

Tatossian, A., & Moreira, V. (2012). *Clínica do lebenswelt: Psicoterapia e psicopatologia fenomenológica*. São Paulo: Editora Escuta.

Teixeira, J. A. C. (1996). A relação terapêutica em psicoterapias existenciais. In R. G. Lopes, V. Mota & C. Santos (Eds.), *A escolha de si-próprio* (pp. 51-58). Porto: Hospital de Conde de Ferreira.

Teixeira, J. A. C. (2006). Introdução à psicoterapia existencial. *Análise Psicológica, 24*(3), 289-309.

Truscott, D. (2010). Existential. In D. Truscott (Ed.), *Becoming an effective psychotherapist: Adopting a theory of psychotherapy that's right for you and your client.* (pp. 53-66). Washington, DC: American Psychological Association.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences, 15*, 398-405. doi: 10.1111/nhs.12048

van Kaam, A. (1966). *The art of existential counseling*. Wilkes-Barre: Dimension Books.

van Kaam, A. (1969). *Existential foundations of psychology*. New York: Image Books.

Vos, J., Cooper, M., Correia, E., & Craig, M. (2015a). Existential Therapies: A review of scientific studies and their underlying philosophies. *International Journal of Psychotherapy, 19*(1), 47-57.

Vos, J., Cooper, M., Correia, E., & Craig, M. (2015b). Existential therapies: A review of their scientific foundations and efficacy. *Existential Analysis, 26*(1), 49-69.

Vos, J., Craig, M., & Cooper, M. (2014). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of Consulting and Clinical Psychology*. doi: doi.org/10.1037/a0037167

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

Wilkes, R. S., & Milton, M. (2006). "Being an existential therapist": An I.P.A. study of existential therapists' experiences. *Existential Analysis, 17*(1), 71-82.

Wolstein, B. (1962). On the psychological absurdity of existential analysis. *Psychoanalytic Review, 49C*(3), 117-124.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, I. D. (2001). *The gift of therapy: Reflections on being a therapist*. London: Piatkus.

APPENDICES

Appendix A: Existential Therapy Institutions' List

Existential Psychotherapy Societies and/or Training Institutes List

By: Edgar A. Correia

1. ABILE-West Österreich
2. Akademie für Logotherapie und Existenzanalyse
3. American Association for Existential Analysis
4. Arizona Institute of Logotherapy
5. Asociación Argentina de Analisi Existencial y Logoterapia (GLE Argentina)
6. Asociación Bonaerense de Logoterapia "Por Amor a la Vida"
7. Asociación Cooperativa Viktor Frankl de Venezuela
8. Asociación Española de Logoterapia (AESLO)
9. Asociación Guatemalteca de Logoterapia
10. Asociación Latinoamericana de Psicoterapia Existencial (ALPE)
11. Asociación Peruana de Análisis Existencial y Logoterapia (APAEL)
12. Asociación Viktor E. Frankl de Valencia
13. Asociaţia Ştiinţifică Internaţională de Logoterapie şi Analiză Existenţială (LENTE)
14. Associação Brasileira de Daseinsanalyse (ABD)
15. Associação Brasileira de Logoterapia e Análise Existencial (ABLAE)
16. Associação de Logoterapia Viktor Emil Frankl (ALVEF)
17. Associació Catalana de Logoteràpia i Anàlisi Existencial (ACLAE)
18. Association de Logothérapeutes Francophones
19. Associazione di Logoterapia e Analisi Esistenziale Frankliana (ALAEF)
20. Associazione di Logoterapia Italiana (ALI)
21. Associazione Iar Esistenziale
22. Ausbildungsinstitut für Logotherapie und Existenzanalyse (ABILE)
23. Australasian Existential Society (AES)
24. Australian Section of International Society for Existential Analytical Psychotherapy (ISEAP)
25. Boulder Psychotherapy Institute (BPI)
26. Canadian Institute of Logotherapy
27. Casa Viktor Frankl

28. Center for Existential Depth Psychology (CEDP)
29. Centre et École Belge de Daseinsanalyse (CEBDA)
30. Centre for Existential Practice (CEP)
31. Centre for Research in Existence and Society
32. Centro de Anàlisis Existencial Viktor Frankl de Rosario
33. Centro de Logoterapia de Tucumán
34. Centro de Logoterapia y Análisis Existencial (CELAE)
35. Centro de Psicoterapia Existencial (CPE)
36. Centro Ecuatoriano de Análisis Existencial y Logoterapia
37. Centro Viktor Frankl para la Difusión de la Logoterapia
38. Českou Daseinsanalytickou Společností
39. Círculo de Estudios en Psicoterapia Existencial
40. Croatia Society for Logotherapy and Existential Analysis
41. Daseinsanalytischer Seminar (DaS)
42. Depth Psychotherapy Institute (DPI)
43. Deutsche Gesellschaft für Logotherapie und Existenzanalyse e.V (DGLE)
44. Deutschland Gesellschaft für Logotherapie und Existenzanalyse (GLE-D)
45. Dilemma Training
46. East European Association for Existential Therapy
47. École Française de Daseinsanalyse (EFD)
48. Existential Analysis Society of Canada
49. Existential Psychotherapy Center of Southern California (EPCSC)
50. Existential-Humanistic Institute (EHI)
51. Fundacion Argentina de Logoterapia
52. Fundación CAPAC (Centro de Actividades Psicológicas Asistenciales Comunitarias)
53. Gesellschaft für Logotherapie und Existenzanalyse (GLE-Ö)
54. Greek Association for Existential Psychotherapy and Counseling (Gignesthai)
55. Grupo Metropolitano de Logoterapia
56. Hellenic Society of Daseinsanalysis (HSDA)
57. Humanistinės ir Egzistencinės Psichologijos Institutas (HEPI)

58. Inštitut Antona Trstenjaka za gerontologijo in medgeneracijsko sožitje

59. Institut für Existenzanalyse & Logotherapie Graz

60. Institut für Existenzanalyse & Logotherapie Tirol

61. Institut für Existenzanalyse & Logotherapie Vorarlberg

62. Institut für Existenzanalyse & Logotherapie-Oberösterreich

63. Institut für Existenzanalyse & Logotherapie-Salzburg

64. Institut für Logotherapie und Existenzanalyse Essen-Werden

65. Institut für Logotherapie und Existenzanalyse Hamburg-Bergedorf

66. Institut für Logotherapie und Existenzanalyse Korschenbroich

67. Institut für Logotherapie und Existenzanalyse Salzburg

68. Institut für Logotherapie und Existenzanalyse Tübingen/Wien

69. Institute of Existential Analytical Psychology and Psychotherapy, Moscow

70. Institute of Existential Psychology and Life Enhancement (EXPLIEN)

71. Instituto "Viktor Frankl" de Puerto Rico

72. Instituto Chileno de Análisis Existencial (ICAE)

73. Instituto Chileno de Logoterapia, Viktor Frankl

74. Instituto Colombiano de Analisis Existencial y Logoterapia

75. Instituto de Ciencias de la Familia (ICF)

76. Instituto de Logoterapia S.C.

77. Instituto de Psicologia Fenomenológico-Existencial do Rio de Janeiro (IFEN)

78. Instituto Dominicano de Logoterapia y Analisis Existencial Viktor Frankl

79. Instituto Especializado en Logoterapia S.C.

80. Instituto Mexicano de Análisis Existencial, S. C. (IMAE)

81. Instituto Peruano de Logoterapia, Viktor Frankl

82. International Collaborative of Existential Counsellors and Psychotherapists

83. International Federation of Daseinsanalysis (IFDA)

84. International Institute for Humanistic Studies (I.I.H.S.)

85. International Society for Existential Psychology and Psychotherapy (ISEPP)

86. Internationale Gesellschaft für Logotherapie und Existenzanalyse – GLE-International

87. Internationalen Gesellschaft für Existenzanalytische Psychotherapie & Beratung (IGEAP-CH)

88. Japanese Society of Existential Therapy

89. Kibbutzim College of Education Technology and the Art

90. Logoterápia és Bölcseleti Embertan Oktatási és Kutatási Alapítvány

91. Logoterapie, Consiliere, Însoţire şi Psihoterapie Analitic Existenţială (SAEL România)

92. London Chapter of Viktor Frankl's Logotherapy and Existential Anaylsis

93. Magyar Daseinanalitikai Egyesület (MDE)

94. Nederlands Instituut voor Logotherapie en Existentiële Analyse

95. New School of Psychotherapy and Counselling (NSPC)

96. Núcleo Castor - Estudos e Atividades em Existencialismo (NUCA)

97. Österreichische Gesellschaft für Logotherapie nach Viktor Frankl

98. Österreichisches Daseinsanalytisches Institut (ÖDAI)

99. Otsmot Institute – The Viktor Frankl Center for Logotherapy in Israel

100. Regent's College – School of Psychotherapy and Counselling Psychology

101. Sällskapet för Existenstiell Psychokoterapi (SEPT)

102. Schweizerische Gesellschaft für Logotherapie und Existenzanalyse (SGLE)

103. Schweizerischer Fachverband Für Daseinsanalytische Psychotherapie (SFDP)

104. Seattle University – College of Arts and Sciences

105. SOBRAL - Associação Brasileira de Logoterapia e Análise Existencial Frankliana

106. Sobraphe – Sociedade Brasileira de Psicologia Humanista Existencial e Instituto de Ensino e Formação em Psicologia e Análise do Existir

107. Sociedad de Logoterapia del Uruguay

108. Sociedad Mexicana de Análisis Existencial y Logoterapia (SMAEL)

109. Sociedad para el Avance de la Psicoterapia Centrada en el Sentido (SAPS)

110. Sociedade de Análise Existencial e Psicomaiêutica (SAEP)

111. Sociedade Portuguesa de Psicoterapia Existencial (SPPE)

112. Società Italiana di Psicoterapia Esistenziale (SIPE)

113. Society for Existential Analysis (SEA)

114. Society of Daseinsanalysis in Canada (SDAC)

115. Společnost pro Logoterapii a Existenciální Analýzu (SLEA)

116. Stowarzyszenia Psychoterapii Egzystencjalnej (GLE-Polska)

117. Süddeutsches Institut für Logotherapie und Existenzanalyse gAG

118. Südtiroler Institut für Logotherapie und Existenzanalyse (SILEA)

119. Suomen Logoterapiainstituutti Oy

120. Suomen Logoterapiayhdistys Ry

121. Tiroler Institut für Logotherapie und Existenzanalyse nach Viktor E. Frankl (TILO)

122. Viktor Frankl Institute of Ireland

123. Viktor Frankl Institute of Logotherapy

124. Viktor Frankl Institute of South Africa

125. Viktor Frankl Institut-Vienna

126. Viktor Frankl Zentrum Wien

127. Zhi Mian Institute for Psychotherapy (ZMIP)

128. Zhi Mian International Institute of Existential-Humanistic Psychology (ZMIIEHP)

Detailed Information

1. ABILE WEST – Ausbildungsinstitut für Logotherapie und Existenzanalyse nach Viktor E Frankl, Westösterreich

E.T.: Abile West – Viktor E. Frankl Training Institute of Logotherapy and Existential Analysis, Western Austria
Website: http://www.abile-west.at
Email: office@abile-west.at
Address: Defreggerstrasse 38, 6020 Innsbruck, Austria
Chair: Heidi Vonwald
Branch: Logotherapy
Aims: Training and research
Confirmed Data

2. Akademie für Logotherapie und Existenzanalyse

E.T.: Academy for Logotherapy and Existential Analysis
Website: http://www.logotherapie-mainz.de/index.html
Email: logotherapie@vhs-mainz.de
Address: Volkshochschule Mainz, Karmeliterplatz 1, 55116 Mainz, Germany
Chair: Randolph Ochsmann
Branch: Logotherapy
Aims: Training
Not Confirmed

3. American Association for Existential Analysis

Website: http://www.aa-ea.org/
Email: todddubose@live.com
Address: USA
Chair: Todd DuBose – tdubose@thechicagoschool.edu
Branch: A dialogue among several perspectives
Aims: Training, research and development and promotion of existential perspective
Confirmed Data

4. Arizona Institute of Logotherapy

Website: http://www.logotherapy.us
Email: azlogotherapy@gmail.com
Address: 13315 W Aleppo Drive, Sun City West, AZ 85375-4903, USA
Chair: Leo Michel Abrami – leoabrami@hotmail.com
Branch: Logotherapy
Aims: Training, experiential workshops
Confirmed Data

5. Asociación Argentina de Analisi Existencial y Logoterapia (GLE Argentina)

E.T.: Argentina Association of Logotherapy and Existential Analysis
Website: www.gle-argentina.com.ar
Email: Laura Asid – lauriasid@yahoo.com.ar
Address: Mendoza, Argentina
Chair: Julia Casanova – jecasanova@yahoo.com.ar
Branch: Existential Analysis and Logotherapy
Aims: Training and research
Confirmed Data

6. Asociación Bonaerense de Logoterapia "Por Amor a la Vida"

E.T.: Buenos Aires Association of Logotherapy "For Love of Life"

Website: http://www.bsaslogoterapia.com.ar
Email: robertomucci@uolsinectis.com.ar
Address: Buenos Aires, Argentina
Chair: Roberto Juan Mucci
Branch: Logotherapy
Aims: Training and research
Not Confirmed

7. Asociación Cooperativa Viktor Frankl de Venezuela

E.T.: Viktor Frankl Cooperative Association of Venezuela
Website: Not Found
Email: maldonadolino@hotmail.com
Address: Venezuela
Chair: Lino Maldonado
Branch: Logotherapy
Aims: Training and research
Not Confirmed

8. Asociación Española de Logoterapia (AESLO)

E.T.: Spanish Association of Logotherapy
Website: http://www.logoterapia.net/
Email: ma_aeslo@yahoo.es
Address: C/ Chantada 2, 1º1. E-28029, Madrid, España
Chair: Ana Mª Ozcariz Arraiza
Branch: Logotherapy
Aims: Training and research
Not Confirmed

9. Asociación Guatemalteca de Logoterapia

E.T.: Guatemalan Association of Logotherapy
Website: Not Found
Email: icf.guate.edu@gmail.com
Address: Guatemala
Chair: María Ángeles de Mollinedo
Branch: Logotherapy
Aims: Training and research
Not Confirmed

10. Asociación Latinoamericana de Psicoterapia Existencial (ALPE)

E.T.: Latin-American Association of Existential Psychotherapy

Website: http://www.alpepsicoterapiaexistencial.com/
Email: contact through the website
Address: International
Chair: Susana C. Signorelli – susig@funcapac.org.ar
Branch: Several branches
Aims: Training, research, bringing together existential therapists from all Latin-America
Confirmed Data

11. Asociación Peruana de Análisis Existencial y Logoterapia (APAEL) & Sociedad Peruana de Análisis Existencial y Logoterapia (SPAEL)

E.T.: Peruvian Association of Logotherapy and Existential Analysis & Peruvian Society of Logotherapy and Existential Analysis
Website: http://www.logoterapiaperu.org/
E-mail: info@logoterapia.pe
Address: Miraflores, Lima, Peru
Chair: Lisle Sobrino Chunga
Branch: Logotherapy
Aims: Training and research
Not Confirmed

12. Asociación Viktor E. Frankl de Valencia

E.T.: Viktor E. Frankl Association of Valencia
Website: http://www.asociacionviktorfrankl.org
E-mail: correo@asociacionviktorfrankl.org
Address: c/ D. Juan de Austria 34. 46002, Valencia. España
Chair: Sebastián Tabernero Capella – sebastabernero@hotmail.com
Branch: Logotherapy
Aims: Training and counselling
Not Confirmed

13. Asociaţia Ştiinţifică Internaţională de Logoterapie şi Analiză Existenţială (LENTE)

E.T.: The International Scientific Association of Logotherapy and Existential Analysis
Website: http://logoterapia.ro/en/index.php
E-mail: logoterapia@logoterapia.ro
Address: Cluj-Napoca, Str. Iuliu Maniu nr. 5/8 , jud. Cluj, Romania
Chair: János Vik
Branch: Logotherapy
Aims: Training and counselling
Not Confirmed

14. Associação Brasileira de Daseinsanalyse (ABD)

E.T.: Brazilian Association of Daseinsanalysis
Website: http://www.daseinsanalyse.org/
Email: abd@daseinsanalyse.org
Address: Rua Cristiano Viana, 172, CEP 05411-000, Pinheiros, São Paulo/ Brasil
Chair: David Cytrynowicz – dcytry@uol.com.br
Branch: Daseinsanalysis
Aims: Training, research and free of charge therapy for people in need
Confirmed Data

15. Associação Brasileira de Logoterapia e Análise Existencial (ABLAE)

E.T.: Brazilian Association of Logotherapy and Existential Analysis
Website: Not Found
Email: logoterapia.brasil@yahoo.com.br
Address: Brasil
Chair: Paulo Kroeff
Branch: Logotherapy
Aims: Training, research
Confirmed Data

16. Associação de Logoterapia Viktor Emil Frankl (ALVEF)

E.T.: Logotherapy Association Viktor Emil Frankl
Website: http://www.logoterapiaonline.com.br
Email: alvef@logoterapiaonline.com.br
Address: Rua Des. Ermelino de Leão, 15 - 10º andar - Conj. 101 CEP 80410-230 –
Curitiba, Brasil
Chair: Sheila Maria Hesketh Rabuske – sheilarabuske@logoterapiaonline.com.br
Branch: Logotherapy
Aims: Training and research
Confirmed Data

17. Associació Catalana de Logoteràpia i Anàlisi Existencial (ACLAE)

E.T.: Catalan Association of Logotherapy and Existential Analysis
Website: http://aclae.org
Email: info@aclae.org
Address: Barcelona, Espanha
Chair: Cristina Visiers – cvisiersw@yahoo.es
Branch: Logotherapy
Aims: Training and research

18. Association de Logothérapeutes Francophones (ALF)

E.T.: Association of Francophone Logotherapists
Website: http://www.logotherapie.fr
Email: christian.merle@yahoo.fr
Address: 10 rue du Colonel Desgrées Du Lou, F-44100 Nantes, France
Chair: Christian Merle
Branch: Logotherapy
Aims: Training and research

19. Associazione di Logoterapia e Analisi Esistenziale Frankliana (ALAEF)

E.T.: Association of Frankl Logotherapy and Existential Analysis
Website: http://www.logoterapiaonline.it
Email: info@logoterapiaonline.it
Address: Università Pontificia Salesiana, P.zza Ateneo Salesiano, 1 – Roma, Italy
Chair: Daniele Bruzzone
Branch: Existential Analysis and Logotherapy
Aims: Training and research

20. Associazione di Logoterapia Italiana (ALI)

E.T.: Italian Association of Logotherapy
Website: http://www.logoterapia.it/web/
Email: natalina.barbona@tin.it
Address: Roma – 00183 – in via Claterna 18, Italy
Chair: Natalina Barbona
Branch: Existential Analysis and Logotherapy
Aims: Training, social assistance

21. Associazione Iar Esistenziale

E.T.: Iar Existential Association
Website: http://www.iaresistenziale.com/
Email: info@iaresistenziale.com
Address: Via Sant'Agnese 38 – 35030, Caselle di Selvazzano Dentro PD, Italy
Chair: Lucio Demetrio Regazzo – luciodemetrio@regazzo.org
Branch: Logotherapy
Aims: Training and research

22. Ausbildungsinstitut für Logotherapie und Existenzanalyse (ABILE)

E.T.: Training Institute for Logotherapy and Existentential Analysis
Website: http://www.abile.org/
Email: abileinstitut@aon.at
Address: Kaiser-Josef-Platz 52, 4600, Wels, Austria
Chair: Otmar Wiesmeyr
Branch: Logotherapy
Aims: Training

23. Australasian Existential Society (AES)

Website: http://www.existential.asn.au/
Sydney Email info@existential.asn.au
Brisbane Email pagora@optusnet.com.au
Address: Sydney and Brisbane, Australia
Chair: Alison Strasser
Branch: Existential-Phenomenological
Aims: Training and working platform and network for counsellors, psychotherapists and other professionals working within an existential-phenomenological theoretical framework

24. Australian Section of International Society for Existential Analytical Psychotherapy (ISEAP)

Website: http://www.existential-analysis.org
Email: cwurm@adelaide.on.net
Address: c/o Florey Healthcare, 138 Bridge Road, Pooraka SA 5095, Australia
Chair: Christopher S E Wurm – wurmc4@me.com
Branch: Existential Analysis and Logotherapy
Aims: Training and research

25. Boulder Psychotherapy Institute (BPI)

Website: http://boulderpsych.com/
Email: 123betty@indra.com
Address: 1140 Lehigh Street, Boulder, Colorado 80305, USA
Chair: Betty Cannon
Branch: Existential-Humanistic

Aims: Training and research
Confirmed Data

26. Canadian Institute of Logotherapy

Website: http://logotherapy.ca
Email: info@logotherapy.ca
Address: 72 Robertson Road, PO Box 26142, Ottawa, ON K2H 9R0, Canada340
Chair: Edward Marshall
Branch: Logotherapy
Aims: Training
Confirmed Data

27. Casa Viktor Frankl

E.T.: Viktor Frankl House
Website: http://www.casaviktorfrankl.com
Email: info@casaviktorfrankl.com
Address: Torres Adalid 1165 Del Valle Centro, 03100 Benito Juárez, Mexico
Chair: Genoveva Lizárraga Martínez
Branch: Logotherapy
Aims: Training, therapy
Not Confirmed

28. Center for Existential Depth Psychology (CEDP)

Website: http://www.drstephendiamond.com/index.html
Email: dr_sdiamond@hotmail.com
Address: 6535 Wilshire Blvd, Los Angeles,CA USA
Chair: Stephen Diamond
Branch: Existential-Humanistic
Aims: Training
Not Confirmed

29. Centre et École Belge de Daseinsanalyse (CEBDA)

E.T.: Begian Center and Scholl of Daseinsanalysis
Website: www.daseinsanalyse.be
E-Mail: dasein.ado@skynet.be
Address: Rue Leys, 18, B-1000 Bruxelles, Belgium
Chair: Ado Huygens
Branch: Daseinsanalysis
Aims: Training and research
Confirmed Data

30. Centre for Existential Practice (CEP)

Website: http://www.cep.net.au/index.html
Email: admin@cep.net.au
Address: PO Box 358, Paddington NSW 2021, Australia
Chair: Alison Strasser – alison@cep.net.au
Branch: Existential-Phenomenological
Aims: Training
Not Confirmed

31. Centre for Research in Existence and Society

Website: http://existence.ku.dk/english/
Email: existence@sociology.ku.dk
Address: University of Copenhagen, Department of Sociology, Øster Farimagsgade 5, DK-1353 Copenhagen K, Denmark
Chair: Bo Jacobsen - bj@soc.ku.dk or bojac@sociology.ku.dk
Branch: Existential-Phenomenological
Aims: Research
Confirmed Data

32. Centro de Anàlisis Existencial Viktor Frankl de Rosario

E.T.: Existential Analysis Centre Viktor Frankl of Rosario
Website: http://www.logoterapiarosario.com.ar/
Email: At the webpage
Address: Santiago 1149, 2000 Rosario, Santa Fé, Argentina
Chair: Cecilia Saint Girons & Raúl A. Sutich
Branch: Logotherapy
Aims: Training and Counselling
Not Confirmed

33. Centro de Logoterapia de Tucumán

E.T.: Tucumán Logotherapy Centre
Website: http://www.logoterapiatuc.com.ar/
Email: celogtuc@hotmail.com
Address: Marcos Paz 1594, San Miguel de Tucumán, Tucumán, Argentina
Chair: María Yolanda Véliz de Esper
Branch: Logotherapy
Aims: Training and Counselling
Not Confirmed

34. Centro de Logoterapia y Análisis Existencial (CELAE)

E.T.: Logotherapy and Existential Analysis Centre
Website: http://logoterapia.com.uy/
Email: celae@logoterapia.com.uy
Address: Francisco Llambí 1410 esq.Rivera, Montevideo, Uruguay
Chair: Alejandro De Barbieri – psaledebarbieri@gmail.com
Branch: Logotherapy
Aims: Training, Research and Counselling
Confirmed Data

35. Centro de Psicoterapia Existencial (CPE)

E.T.: Existential Psychotherapy Centre
Website: http://www.psicoexistencial.com.br/web/default1.asp
Email: psicoexistencial@psicoexistencial.com.br
Address: Serra da Canteira, São Paulo, Brasil
Chair: Valdemar Augusto Angerami – Camon
Branch: Existential-Phenomenological
Aims: Training, research and counselling
Not Confirmed

36. Centro Ecuatoriano de Análisis Existencial y Logoterapia

E.T.: Ecuadorian Center for Logotherapy and Existential Analysis
Website: http://www.wakeup.com.ec/
Email: not found
Address: Ecuador
Chair: Eliana Cevallos
Branch: Logotherapy
Aims: Training, research, psychotherapy
Not Confirmed

37. Centro Viktor Frankl para la Difusión de la Logoterapia

E.T.: Viktor Frankl Centre for Logotherapy Dissemination
Website: http://www.centroviktorfrankl.com.ar/
Email: info@centroviktorfrankl.com.ar
Address: Argentina
Chair: Gerónimo Acevedo
Branch: Logotherapy
Aims: Training research
Not Confirmed

38. Českou Daseinsanalytickou Společností

E.T.: Czech Association of Daseinsanalysis
Website: http://daseinsanalysis.sweb.cz/
Email: daseinsanalysis@seznam.cz
Address: Králíčková, Hekrova 805, Prague 4, 149 00, Czech Republic
Chair: Oldrich Calek
Branch: Daseinsanalysis
Aims: Training
Not Confirmed

39. Círculo de Estudios en Psicoterapia Existencial

E.T.: Circle of Studies in Existential Psychotherapy
Website: http://www.psicoterapiaexistencial.com/
Email: informes@psicoterapiaexistencial.com
Address: Mexico
Chair: Yaqui Andrés Martínez Robles – yaqui@psicoterapiaexistencial.com
Branch: Existential-Phenomenological
Aims: Training, research
Confirmed Data

40. Croatia Society for Logotherapy and Existential Analysis

Website: http://www.psicoterapiaexistencial.com/
Email: milankosuta@yahoo.com
Chair: Milan Kosuta
Address: Sermageoa 17, 41000 Zagreb, Croatia
Branch: Existential Analysis and Logotherapy
Aims: Training
Confirmed Data

41. Daseinsanalytischer Seminar (DaS)

E.T.: Daseinsanalytic Seminar
Website: http://gad-das.ch
Email: frederic.soum@gmx.ch
Address: Sonneggstrasse 82, 8006 Zürich, Switzerland
Chair: Alice Holzhey – alice.holzhey@bluewin.ch and Uta Jaenicke
Branch: Daseinsanalysis
Aims: Training, study and research
Confirmed Data

42. Depth Psychotherapy Institute (DPI)

Website: http://www.depth-psychotherapy-institute.com/Index.htm
Email: hoffman@center4growth.com
Address: 5350 Tomah Drive, Suite 3600, Colorado Springs, CO 80918, USA
Chair: Louis Hoffman
Branch: Existential-Humanistic
Aims: Training
Confirmed Data

43. Deutsche Gesellschaft für Logotherapie und Existenzanalyse e.V (DGLE)

E.T.: German Society for Logotherapy and Existential Analysis e. V
Website: http://logotherapie-gesellschaft.de/
Email: dgle.dierenbach@t-online.de
Address: Irmelenweg 9, 79292 Pfaffenweiler, Germany
Chair: Anna-Maria Stegmaier – logotherapie@gmx.de
Branch: Logotherapy
Aims: Training, research
Not Confirmed

44. Deutschland Gesellschaft für Logotherapie und Existenzanalyse (GLE-D)

E.T.: Germany Society for Logotherapy and Existential Analysis
Website: http://www.gle-d.de/
Email: buero@gle-d.de
Address: Borchersstr. 21, D-30559 Hannover, Germany
Chair: Not found
Branch: Existential Analysis and Logotherapy
Aims: Training, research
Confirmed Data

45. Dilemma Training

Website: http://www.dilemmatraining.com/
Email: admin@existentialacademy.com or dilemmaoffice@gmail.com
Address: Sheffield and London, United Kingdom
Chair: Emmy van Deurzen & Digby Tantam
Branch: Existential-Phenomenological
Aims: Online training
Confirmed Data

46. East European Association for Existential Therapy (EEAET)

Website: http://www.existentialtherapy.eu/en/
Email: birutej@gmail.com
Address: Birstonas, Lithuania
Chair: Tatiana Ivanova
Branch: Existential-phenomenological
Aims: Study, training, research
Confirmed Data

47. École Française de Daseinsanalyse (EFDA)

E.T.: French School of Daseinsanalyse
Website: http://www.daseinsanalyse.fr/
Address: Archives Husserl, ENS, Rue d'Ulm, 75005 Paris, France
Chair: Jeanine Chamond - jeanine.chamond@wanadoo.fr and Philippe Cabestan - philippecabestan@orange.fr
Branch: Daseinsanalysis
Aims: Study, research
Confirmed Data

48. Existential Analysis Society of Canada

Website: www.existentialanalysis.ca
Email: klaass7@mac.com
Address: Existential Analysis Society of Canada, c/o Derrick Klaassen, Trinity Western University, Graduate Program in Counselling Psychology, 7600 Glover Road, Langley, BC V2Y 1Y1, Canada
Chair: Derrick Klaassen
Branch: Existential Analysis and Logotherapy
Aims: Training, research, publications
Confirmed Data

49. Existential Psychotherapy Center of Southern California (EPCSC)

Website: http://www.halleaten.com/site/EPCSC.html
Email: halleaten@gmail.com
Address: Los Angeles, USA
Chair: Halle M. Aten
Branch: Existential-Humanistic
Aims: Training
Not Confirmed

50. Existential-Humanistic Institute (EHI)

Website: http://www.ehinstitute.org/index.html

Email: info@ehinstitute.org
Address: EHI c/o Pacific Institute, 432 Ivy Street, San Francisco, CA 94102, USA
Chair: Nader R. Shabahangi
Branch: Existential-Humanistic
Aims: Training, Certificate program
Confirmed Data

51. Fundación Argentina de Logoterapia

E.T.: Argentina Foundation of Logotherapy
Website: http://www.logoterapia-arg.com.ar/
Email: info@logoterapia-arg.com.ar
Address: Charcas 3151 - Ciudad Autónoma de Buenos Aires, Argentina
Chair: Oscar Ricardo Oro
Branch: Logotherapy
Aims: Training, research
Not Confirmed

52. Fundación CAPAC (Centro de Actividades Psicológicas Asistenciales Comunitarias)

E.T.: Foundation CAPAC - Centre for Community Assistential Psychological Activities.
Website: http://www.funcapac.org.ar
Email: info@funcapac.org.ar
Address: Alvarez Jonte 456 - Ramos Mejía - B1704EKJ, Buenos Aires – Argentina
Chair: Susana C. Signorelli – susig@funcapac.org.ar
Branch: Existential-Phenomenological
Aims: Community assistance, training, research, psychotherapy
Confirmed Data

53. Gesellschaft für Logotherapie und Existenzanalyse – Österreich (GLE-Ö)

E.T.: Society for Logotherapy and Existential Analysis – Austria
Website: www.gle.at
Email: gle-oe@existenzanalyse.org
Address: A-1040 Wien, Heumühlgasse 11, Austria
Chair: Rudolf P. Wagner – rudolf.wagner@existenzanalyse.org
Branch: Existential Analysis and Logotherapy
Aims: Training, study, research
Confirmed Data

54. Greek Association for Existential Psychotherapy and Counseling (Gignesthai)

Website: http://gignesthai-eng.blogspot.com/
Email: gignesthai@gmail.com
Address: Greece
Chair: Evgenia T. Georganda
Branch: Existential-Phenomenological
Aims: Training, study, research
Confirmed Data

55. Grupo Metropolitano de Logoterapia

E.T.: Metropolitan Group of Logotherapy
Website: Not found
Email: juanalbertoetcheverry@hotmail.com
Address: Azcuénaga 1847, 1128 Buenos Aires, Argentina
Chair: Juan Etcheverry
Branch: Logotherapy
Aims: Not found
Confirmed Data

56. Hellenic Society of Daseinsanalysis (HSDA)

Website: http://yparxiakianalysi.wordpress.com
Email: katipgr@yahoo.com
Address: Didotou Street 25 & Asklipiou, GR-10680 Athen, Greece
Chair: Katerina Poulopoulou
Branch: Daseinsanalysis
Aims: Training, study and research
Confirmed Data

57. Humanistinės ir Egzistencinės Psichologijos Institutas (HEPI)

ET: Institute of Humanistic and Existential Psychology
Website: http://www.hepi.lt/en/index.html
Email: hepi@tdd.it
Address: Vilnius, Lithuania
Chair: Rimantas Kočiūnas - rimask@parkas.lt
Branch: Existential-Phenomenological
Aims: Training, study, research
Confirmed Data

58. Inštitut Antona Trstenjaka za gerontologijo in medgeneracijsko sožitje

E.T.: Anton Trstenjak Institute of gerontology and intergenerational relations

Website: http://www.inst-antonatrstenjaka.si/institut/
Email: info@inst-antonatrstenjaka.si
Address: Resljeva 11, P.O.Box 4443, 1001 Ljubljana, Slovenia
Chair: Jože Ramovš - joze@inst-antonatrstenjaka.si
Branch: Logotherapy
Aims: Social work, research, training, therapy
Not Confirmed

59. Institut für Existenzanalyse & Logotherapie Graz

E.T.: Institute for Existential Analysis and Logotherapy Graz
Website: http://www.existenzanalyse-graz.at/
Email: institut-graz@existenzanalyse.org
Address: Neutorgasse 50, A-8010 Graz, Austria
Chair: Christian Probst
Branch: Existential Analysis and Logotherapy
Aims: Training, Therapy
Not Confirmed

60. Institut für Existenzanalyse & Logotherapie Tirol

E.T.: Institute for Existential Analysis and Logotherapy Tirol
Website: http://www.existenzanalyse-tirol.at/
Email: institut-tirol@existenzanalyse.org
Address: Adamgasse 30, 6020 Innsbruck, Austria
Chair: Elfe Hofer
Branch: Existential Analysis and Logotherapy
Aims: Training, Therapy
Not Confirmed

61. Institut für Existenzanalyse & Logotherapie Vorarlberg

E.T.: Institute for Existential Analysis and Logotherapy Vorarlberg
Website: http://www.existenzanalyse-vorarlberg.at/
Email: institut-vbg@existenzanalyse.org
Address: Deuringstraße 5, 6900 Bregenz, Austria
Chair: Mathilda Rehm-Bader
Branch: Existential Analysis and Logotherapy
Aims: Training, Therapy
Not Confirmed

62. Institut für Existenzanalyse & Logotherapie-Oberösterreich

E.T.: Institute for Existential Analysis and Logotherapy-Oberösterreich

Website: http://www.existenzanalyse-ooe.at/
Email: institut-ooe@existenzanalyse.org
Address: Traunsteinstraße 62, A-4810 Gmunden, Austria
Chair: Ursula C. Reischer – ursula.reischer@existenzanalyse.org
Branch: Existential Analysis and Logotherapy
Aims: Training, Therapy
Not Confirmed

63. Institut für Existenzanalyse & Logotherapie-Salzburg

E.T.: Institute for Existential Analysis and Logotherapy-Salzburg
Website: http://www.existenzanalyse-salzburg.at/
Email: anton.nindl@existenzanalyse.org
Address: Linzer Gasse 4 5020 Salzburgo, Austria
Chair: Anton Nindl
Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

64. Institut für Logotherapie und Existenzanalyse Essen-Werden

E.T.: Institute for Logotherapy and Existential Analysis Essen-Werden
Website: http://www.logotherapie-essen.de
Email: u.tirier@cityweb.de
Address: In der Borbeck 23, 45239 Essen, Germany
Chair: Ursula Tirier
Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

65. Institut für Logotherapie und Existenzanalyse Hamburg-Bergedorf

E.T.: Institute for Logotherapy and Existential Analysis Essen-Werden
Website: http://www.logotherapie-peeck.de/
Email: speeck@imail.de
Address: Am Baum 40, 21029 Hamburg, Germany
Chair: Stephan Peeck
Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

66. Institut für Logotherapie und Existenzanalyse Korschenbroich

E.T.: Institute for Logotherapy and Existential Analysis Korschenbroich

Website: http://www.loginstitut.de/
Email: kontakt@loginstitut.de
Address: Waldweg 16, De-41352 Korschenbroich, Germany
Chair: Walter Cremer
Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

67. Institut für Logotherapie & Existenzanalyse Salzburg

E.T.: Institute for Logotherapy and Existential Analysis Salzburg
Website: http://www.logotherapie-salzburg.at/index.html
Email: office@logotherapie-salzburg.at
Address: Berchtesgadner Straße, 11, 5020 Salzburg, Austria
Chair: Christoph Schlick
Branch: Existential Analysis and Logotherapy
Aims: Training, Therapy
Confirmed Data

68. Institut für Logotherapie und Existenzanalyse Tübingen/Wien

E.T.: Institute for Logotherapy and Existential Analysis Tübingen/Wien
Website: http://www.logotherapie.net/verlag/
Email: info@logotherapie.net
Address: Haaggasse 37, 72070 Tübingen, Germany
Chair: Jennifer Hadinger
Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

69. Institute of Existential Analytical Psychology and Psychotherapy, Moscow

Website: http://ieapp.ru
Email: svkrivtsova@mail.ru
Address: Moscow, Russia
Chair: Svetlana Krivtsova
Branch: Existential Analysis and Logotherapy
Aims: Training, study, research
Confirmed Data

70. Institute of Existential Psychology and Life Enhancement (EXPLIEN)

Website: http://institut.smysl.ru/
Email: institut@smysl.ru

Address: 103050 Moscow-50, a/ja 158, Russia
Chair: Dmitry Leontyev – dleon@smysl.ru
Branch: Existential-Humanistic
Aims: Training, study, research
Not Confirmed

71. Instituto "Viktor Frankl" de Puerto Rico

E.T.: Institute "Viktor Frankl" of Puerto Rico
Website: Not Found
Email: estrada@coqui.net
Address: San Francisco 409, Plaza Colon, Old San Juan, Puerto Rico 00901
Chair: Javier Estrada
Branch: Logotherapy
Aims: Not found
Not Confirmed

72. Instituto Chileno de Análisis Existencial (ICAE)

E.T.: Chilean Institute of Existential Analysis
Website: http://www.icae.cl
Email: contacto@icae.cl or inst.chae@gmail.com
Address: Santiago de Chile, Chile
Chair: Michèle Croquevielle – michele@icae.cl and Gabriel Traverso - gabriel@icae.cl
Branch: Existential Analysis and Logotherapy
Aims: Research, study, training, seminars
Confirmed Data

73. Instituto Chileno de Logoterapia, Viktor Frankl

E.T.: Chilean Institute of Logotherapy, Viktor Frankl
Website: Not Found
Email: hcarmengloria@hotmail.com
Address: Chile
Chair: Carmen Gloria González Parra
Branch: Logotherapy
Aims: Not Found
Not Confirmed

74. Instituto Colombiano de Analisis Existencial y Logoterapia

E.T.: Colombian Institute for Existential Analysis and Logotherapy
Website: http://www.iclogoterapia.com

Email: institutodelogoterapia@gmail.com
Address: Calle 154 No. 19-20, Bogotá Colombia
Chair: Jose Arturo Luna Vargas – lunalogo@gmail.com
Branch: Logotherapy
Aims: Research, study and training
Not Confirmed

75. Instituto de Ciencias de la Familia (ICF)

E.T.: Institute for Family Sciences
Website: http://icfguate.org
Email: info@icfguate.org
Address: 1a. Avenida, 10-20, zona 3 de Mixco, Colonia El Rosario, Guatemala
Chair: María de los Ángeles de Mollinedo
Branch: Logotherapy
Aims: Research and training
Not Confirmed

76. Instituto de Logoterapia S.C.

E.T.: Institute for Logotherapy S.C.
Website: http://www.logoterapia.org.mx
Email: logoterapia@prodigy.net.mx
Address: Mexico
Chair: Rocío Arocha – rocioarocha@gmail.com
Branch: Logotherapy
Aims: Assistance and training
Not Confirmed

77. Instituto de Psicologia Fenomenológico-Existencial do Rio de Janeiro (IFEN)

E.T.: Institute for Existential-Phenomenological Psychology of Rio de Janeiro
Website: http://www.ifen.com.br/
Email: ifen@ifen.com.br
Chair: Ana Maria Lopez Calvo de Feijoo – feijoo@ifen.com.br
Address: Rua Barão de Pirassununga, 62, Rio de Janeiro, Brazil
Branch: Existential-Phenomenological
Aims: Research, study and training
Confirmed Data

78. Instituto Dominicano de Logoterapia y Analisis Existencial Viktor Frankl

E.T.: Dominican Institute for Logotherapy and Existential Analysis Viktor Frankl

Website: http://www.facebook.com/pages/Instituto-Dominicano-de-Logoterapia-y-Analisis-Existencial-Viktor-Frankl/108054042581491
Email: logoterapias@hotmail.com
Chair: Miguel Angel Latorre
Address: Avenida Sarasota, Bella Vista, Santo Domingo, República Dominicana
Branch: Logotherapy
Aims: Research and training
Not Confirmed

79. Instituto Especializado en Logoterapia S.C.

E.T.: Specialized Institute for Logotherapy
Website: http://www.ielogoterapia.com.mx/logoterapia.html
Email: paulaescalera@hotmail.com or pilargarce@gmail.com
Address: Hidalgo 35 San Ángel Tlacopac D.F, Mexico
Chair: Jacqueline Marie Becker Duprat jacbecker@ielogoterapia.com.mx jacbecker20@gmail.com
Branch: Logotherapy
Aims: Training
Not Confirmed

80. Instituto Mexicano de Análisis Existencial, S. C. (IMAE)

E.T.: Mexican Institute for Logotherapy and Existential Analysis
Website: http://analisisexistencial.org/
Email: analisisexistencialgle@gmail.com
Address: Olivos 29, Jard. San Mateo, Edo. de Mex, CP 53240, Mexico
Chair: David Alejandro Velasco Ramos – alejandro@analisisexistencial.org
Branch: Existential Analysis and Logotherapy
Aims: Research, study, assistance and training
Confirmed Data

81. Instituto Peruano de Logoterapia, Viktor Frankl

E.T.: Peruvian Institute for Logotherapy, Viktor Frankl
Website: http://www.dauperu.com/dau-escuela-de-vida/instituto-peruano-de-logoterapia.html
Email: info@dauperu.com
Chair: Sandra Barbero Sereno
Address: Jr. Medrano Silva 260, Barranco, Lima - Perú
Branch: Logotherapy
Aims: Research, study, assistance and training
Not Confirmed

82. International Collaborative of Existential Counsellors and Psychotherapists (ICECP)

Website: http://www.icecap.org.uk/
Email: secretary@icecap.org.uk
Address: London, UK
Chair: Emmy van Deurzen – emmyvandeurzen@gmail.com Digby Tantam
digby.tantam@gmail.com
Branch: Global
Aims: Research, study and international collaboration
Confirmed Data

83. International Federation of Daseinsanalysis (IFDA)

Website: http://www.daseinsanalyse.com/index.html & http://ifdasein.tumblr.com/
Email: ifda-federation@daseinsanalyse.com
Address: Zürich, Switzerland
Chair: Konstantin Gemenetzis – kon.gemenetzis@gmail.com
Branch: Daseinsanalysis
Aims: Research, study and international collaboration
Confirmed Data

84. International Institute for Humanistic Studies (I.I.H.S.)

Website: http://www.human-studies.com/index.php
Email: mheery@sonic.net
Address: California, USA
Chair: Myrtle Heery
Branch: Existential-Humanistic
Aims: Training
Not Confirmed

85. International Society for Existential Psychology and Psychotherapy (ISEPP)

Website: http://www.existentialpsychology.org/
Email: membership@meaning.ca
Address: Langley, British Columbia, Canada
Chair: Paul T. P. Wong
Branch: Meaning-based Psychotherapy
Aims: Research, study and international collaboration
Not Confirmed

86. Internationale Gesellschaft für Logotherapie und Existenzanalyse – GLE-International

E.T.: International Society for Logotherapy and Existential Analysis – GLE-International
Website: http://www.existenzanalyse.org/
Email: gle@existenzanalyse.org
Address: Ed. Sueß-Gasse 10 A-1150 Vienna, Austria
Chair: Alfried Längle – alfried.laengle@existenzanalyse.org & alfried@laengle.info
Branch: Existential Analysis and Logotherapy
Aims: Umbrella association
Confirmed Data

87. Internationalen Gesellschaft für Existenzanalytische Psychotherapie & Beratung (IGEAP-CH)

E.T.: International Society for Existential Analytical Psychotherapy and Counselling
Website: http://www.existenzanalyse.ch
Email: igeap-bern@existenzanalyse.org
Address: Mezenerweg 12, CH-3013 Bern, Switzerland
Chair: Brigitte Heitger – brigitte.heitger@bluewin.ch
Branch: Existential Analysis and Logotherapy
Aims: Research, study and international collaboration
Confirmed Data

88. Japanese Society of Existential Therapy

Website: http://www.compmed.jp/?page_id=48
Email: vknagata@nifty.com
Address: Japan
Chair: Katsutaro Nagata
Branch: Existential-Phenomenological
Aims: Research, study, training
Confirmed Data

89. Kibbutzim College of Education Technology and the Art

Website: http://www.smkb.ac.il/en/existentialistic-consultation
Email: gideon_men@smkb.ac.il
Address: 149 Namir Road, Tel-Aviv , ISRAEL
Chair: Gideon Menda – gideon_menda@hotmail.com
Branch: Existential-Phenomenological
Aims: Training
Confirmed Data

90. Logoterápia és Bölcseleti Embertan Oktatási és Kutatási Alapítvány

E.T.: Hungarian Foundation for Research and Teaching of Logotherapy and Anthropology
Website: http://sites.google.com/site/logoterapiaalapitvany/home
Email: lbe.alapitvany@gmail.com
Address: Liget tér 2. 3/2, H-1102 Budapest, Hungary
Chair: Sárkány Péter – sarkany.p@gmail.com
Branch: Logotherapy
Aims: Research, study and training
Not Confirmed

91. Logoterapie, Consiliere, Însoţire şi Psihoterapie Analitic Existenţială (SAEL România)

E.T.: Logotherapy, Counselling and Existential Analitical Psychotherapy
Website: http://www.analizaexistentiala.ro/node
Email: christian.furnica@existenzanalyse.org
Address: Gheorghe Popa 7/App. 2, RO-2900 Arad, Romania
Chair: Christian Furnica – christianfurnica@yahoo.com
Branch: Logotherapy
Aims: Research, study and training
Not Confirmed

92. London Chapter of Viktor Frankl's Logotherapy and Existential Anaylsis

Website: http://www.londonvfi.co.uk
Email: info@londonvfi.co.uk
Address: Uxbridge, UK
Chair: Doreen M. Francis
Branch: Logotherapy
Aims: Research, study and training
Not Confirmed

93. Magyar Daseinanalitikai Egyesület (MDE)

E.T.: Hundarian Association of Daseinsanalysis
Website: http://www.daseinanalizis.hu/
Email: mde@daseinanalizis.hu
Address: Kuruc utca 75.4/3, H-3535 Miskolc, Hungary
Chair: Tamas Fazekas – tamas.fazekas@aon.at
Branch: Daseinsanalysis
Aims: Research, study and training
Confirmed Data

94. Nederlands Instituut voor Logotherapie en Existentiële Analyse (NILEA)

E.T.: Dutch Institute for Logotherapy and Existential Analysis
Website: http://www.viktorfrankl.nl
Email: info@viktorfrankl.nl
Address: Maartenplein 15 3633 EJ Vreeland, Netherlands
Chair: Pieter Hoekstra
Branch: Logotherapy and existential analysis
Aims: Training
Confirmed Data

95. New School of Psychotherapy and Counselling (NSPC)

Website: http://www.nspc.org.uk
Email: admin@nspc.org.uk
Address: 254-256 Belsize Road, London, UK
Chair: Emmy van Deurzen – emmy@nspc.org.uk
Branch: Existential-Phenomenological
Aims: Training
Confirmed Data

96. Núcleo Castor - Estudos e Atividades em Existencialismo (NUCA)

E.T.: Castor Centre – Studies and Activities in Existentialism
Website: http://nuca.org.br
E-mail: nuca@nuca.org.br
Address: Avenida Rio Branco, 404 - Sala 908 - Torre 1 - Centro - Florianópolis/SC, Brazil
Chair: Lara Beatriz Fuck – larabeatrizz@hotmail.com
Branch: Sartrean Existential Psychology and Psychotherapy
Aims: Research, study and training
Confirmed Data

97. Österreichische Gesellschaft für Logotherapie nach Viktor Frankl

E.T.: Austrian Society for Logotherapy by Viktor Frankl
Website: http://www.ögl.com
E-mail: office@oegl-akademie.at
Address: Körblergasse 10 8010 Graz, Austria
Chair: Klaus Gstirner – klaus@gstirner.com
Branch: Logotherapy
Aims: Study and training
Not Confirmed

98. Österreichisches Daseinsanalytisches Institut (ÖDAI)

E.T.: Austrian Daseinsanalytic Institute
Website: www.daseinsanalyse.at
Email info@daseinsanalyse.at
Address: Schwarzspanierstrasse 15/9/1/10, A-1090 Wien, Austria
Chair: Hans-Dieter Foerster
Branch: Daseinsanalysis
Aims: Research, study and training
Not Confirmed

99. Otsmot Institute – The Viktor Frankl Center for Logotherapy in Israel

Website: http://www.otsmot.com
Email forum@otsmot.com
Address: 4 Martin Buber st., Haifa 34861, Israel
Chair: Gideon Millul
Branch: Logotherapy
Aims: Research, study and training
Not Confirmed

100. Regent's College – School of Psychotherapy and Counselling Psychology

Website: http://www.spc.ac.uk
Email: spc@regents.ac.uk
Address: Regent's Park, Inner Circle, London NW1 4NS, United Kingdom
Chair: John Nuttall – nuttallj@regents.ac.uk
Branch: Existential-Phenomenological
Aims: Training
Confirmed Data

101. Sällskapet för Existenstiell Psychokoterapi (SEPT)

E.T.: The Swedish Society for Existential Psychotherapy
Website: http://www.existens.nu/
Email: info@existens.nu
Address: Sweden
Chair: Gunnar Nilsson - ngn@sept.se
Branch: Existential-Phenomenological
Aims: Research, study and training
Confirmed Data

102. Schweizerische Gesellschaft für Logotherapie und Existenzanalyse (SGLE)

E.T.: Swiss Society for Logotherapy and Existential Analysis
Website: http://www.sgle.ch/
Email t.bieler@bluewin.ch
Address: 7172 Rabius, Switzerland
Chair: Heinrich Anker - anker@pop.agri.ch
Branch: Existential Analysis and Logotherapy
Aims: Research, study and training
Confirmed Data

103. Schweizerischer Fachverband Für Daseinsanalytische Psychotherapie (SFDP)

E.T.: Swiss Association for Daseinsanalytic Psychotherapy
Website: http://www.daseinsanalyse.com/sfdp/verband.html
Email: sfdp-dai@daseinsanalyse.com
Address: Spirackerstrasse 5, 8044 Dübendorf, Switzerland
Chair: Josef Jenewein – j.jenewein@bluewin.ch
Branch: Daseinsanalysis
Aims: Research, study and training
Not Confirmed

104. Seattle University – College of Arts and Sciences

Website: https://www.seattleu.edu/artsci/Default.aspx
E-mail: powersda@seattleu.edu
Address: Seattle, USA
Dean: David V. Powers – powersda@seattleu.edu
Director, Master of Arts in Psychology: Kevin C. Krycka – krycka@seattleu.edu
Branch: Existential-Humanistic
Aims: Training: "Existential-Phenomenological Therapeutic Psychology MA (MAP)"
Not Confirmed

105. SOBRAL - Associação Brasileira de Logoterapia e Análise Existencial Frankliana

E.T.: SOBRAL - Brazilian Association of Logotherapy and Frankl Existential Analysis
Website: http://www.logoterapia.com.br/
Email sobralog@terra.com.br sobral@logoterapia.com.br
Address: Rua Luís Góis, 1238 - Santa Cruz -, São Paulo,SP, Brazil - 04043-100
Chair: Marilucy Wandermuren Marucci
Branch: Logotherapy
Aims: Research, study and training

106. Sobraphe – Sociedade Brasileira de Psicologia Humanista Existencial e Instituto de Ensino e Formação em Psicologia e Análise do Existir

E.T.: Sobraphe – Brasilian Society of Existencial-Humanistic Psychology and Institute of Teaching and Training in Existential Psychology and Analysis of Existence
Website: http://www.sobraphe.org.br/
Email sobraphe@sobraphe.org.br
Address: Travessa Álvaro Medina, 17, Pompeia, São Paulo, Brazil
Chair: Josefina Daniel Piccino
Branch: Existential-Phenomenological and Daseinsanalysis
Aims: Research, study and training

107. Sociedad de Logoterapia del Uruguay (SLU)

E.T.: Logotherapy Society of Urugay
Website: http://logoterapiauruguay.org.uy
Email: secretarialogo@gmail.com
Address: 1327 Bvar. Artigas, Montevideo, Uruguay
Chair: Soledad Olave - directivalogo@gmail.com
Branch: Logotherapy
Aims: Research, study and training

108. Sociedad Mexicana de Análisis Existencial y Logoterapia (SMAEL)

E.T.: Mexican Society for Existential Analysis and Logotherapy
Website: http://www.logoterapia.com.mx
Email: smael@logoterapia.com.mx
Address: Narciso Mendoza 45, Col. Lomas Ávila Camacho, Naucalpan, 53910, México
Chair: Leticia Ascencio de García
Branch: Logotherapy
Aims: Research, study and training

109. Sociedad para el Avance de la Psicoterapia Centrada en el Sentido (SAPS)

E.T.: Society for Development of Psychotherapy Based on Meaning
Website: http://www.saps-col.org/
Email: info@saps-col.org

Address: Carrera 14A # 101- 11, Bogotá - Cundinamarca, Colombia
Chair: Efrén Martínez Ortiz
Branch: Logotherapy
Aims: Research, study and training
Not Confirmed

110. Sociedade de Análise Existencial e Psicomaiêutica (SAEP)

E.T.: Society of Existential Analysis and Psychomaieutics
Website**:** http://www.existencialismo.org.br/saep/index.html
Email: jadirlessa@msm.com.br
Address: Rua Conde de Bonfim, 370 / 1005, Tijuca, Rio de Janeiro, Brazil
Chair: Jadir Lessa – jadir.lessa@yahoo.com.br
Branch: Existential-Phenomenological
Aims: Research, study and training
Not Confirmed

111. Sociedade Portuguesa de Psicoterapia Existencial (SPPE)

E.T.: Portuguese Society of Existential Psychotherapy
Website: www.sppe.pt
Email: sppe@sppe.pt
Address: Lisbon, Portugal
Chair: Comissão Instaladora (CI)
Branch: Existential-Phenomenological
Aims: Research, study and training
Confirmed Data

112. Società Italiana di Psicoterapia Esistenziale (SIPE)

E.T.: Italian Society of Existential Psychotherapy
Website: http://www.psicoterapiaesistenziale.org
Email: segreteria_sipe@isfipp.org
Address: Italy
Chair: Lodovico E. Berra – prof.berra@isfipp.org
Branch: Existential-Phenomenological
Aims: Promote existential perspective, training, seminars
Confirmed Data

113. Society for Existential Analysis (SEA)

Website: http://www.existentialanalysis.org.uk/
Email: Not found
Address: London, UK

Chair: Paul McGinley – paulmcginley@ymail.com
Branch: Existential-Phenomenological
Aims: Research, study and training
Confirmed Data

114. Society of Daseinsanalysis in Canada (SDAC)

Website: Not found
Email: Not found
Address: 316 Dupont Street, Toronto MsR 1L9, Canada
Chair: Anna Binswanger Healy
Branch: Daseinsanalysis
Aims: Research, study and training
Not Confirmed

115. Společnost pro Logoterapii a Existenciální Analýzu (SLEA)

E.T.: Society for Logotherapy and Existential Analysis
Website: http://www.slea.cz/
Email: slea@volny.cz
Address: Markova 3, 15800 Praha 5, Czech Republic
Chair: Jana Božuková – jana.bozuk@existenzanalyse.org
Branch: Existential Analysis and Logotherapy
Aims: Research, study and training
Confirmed Data

116. Stowarzyszenia Psychoterapii Egzystencjalnej (GLE-Polska)

E.T.: Existential Psychotherapy Association
Website: http://www.analiza-egzystencjalna.pl/
Email: analiza.egzystencjalna@gmail.com
Address: ul. Kokosowa 16b, 15-797 Białystok, Polska
Chair: Agnieszka Sym – nabity@o2.pl or agnieszka.sym@gmail.com
Branch: Existential Analysis and Logotherapy
Aims: Research, study and training
Confirmed Data

117. Süddeutsches Institut für Logotherapie und Existenzanalyse gAG

E.T.: South German Institute for Logotherapy and Existential Analysis
Website: http://www.logotherapie.de/index.html
Email: si@logotherapie.de
Address: Hauptstraße 9, D - 82256 Fürstenfeldbruck, Germany
Chair: Otto Zsok

Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

118. Südtiroler Institut für Logotherapie und Existenzanalyse (SILEA)

E.T.: South Tyrolean Institute for Logotherapy and Existential Analysis
Website: http://www.silea.bz.it/
Email: silea@rolmail.net
Address: Via dei Portici, 9, 39100 Bolzano, Italy
Chair: Robert Steiner
Branch: Existential Analysis and Logotherapy
Aims: Training
Not Confirmed

119. Suomen Logoterapiainstituutti Oy

E.T.: Finland Logotherapy Institute
Website: http://www.logoterapia.fi/cmsms/index.php
Email: logoterapia@logoterapia.fi
Address: Linnankatu 11 A, 20100 Turku, Finland
Chair: Liisa Kosonen-Sundberg
Branch: Logotherapy
Aims: Training
Not Confirmed

120. Suomen Logoterapiayhdistys Ry

E.T.: Finland Logotherapy Association
Website: http://www.logoterapiayhdistys.fi
Email: sihteeri@logoterapiayhdistys.fi
Address: Munkvikintie 30 B 10, 21600 Parainen, Finland
Chair: Risto Nurmela – rnurmela@abo.fi or president@logoterapiayhdistys.fi
Branch: Logotherapy
Aims: Public utility, society for everyone interested
Confirmed Data

121. Tiroler Institut für Logotherapie und Existenzanalyse nach Viktor E. Frankl (TILO)

E.T.: Tyrolean Institute for Logotherapy and Existential Analysis
Website: http://www.existenzanalyse.co.at
Email: info@existenzanalyse.co.at
Address: Innrain 115 6020 Innsbruck, Austria

Chair: Inge Patsch
Branch: Logotherapy
Aims: Training
Confirmed Data

122. Viktor Frankl Institute of Ireland

Website: http://www.logotherapyireland.com
Email: logotherapyireland@gmail.com
Address: 29 Dartmouth Road, Ranelagh, Dublin 6, Ireland
Chair: Stephen J Costello
Branch: Logotherapy
Aims: Training, research, assistance and study
Confirmed Data

123. Viktor Frankl Institute of Logotherapy

Website: http://www.logotherapyinstitute.org
Email: ellisonstacia@yahoo.com
Address: Abilene, Texas 79698-5211, USA
Chair: Robert C. Barnes
Branch: Logotherapy
Aims: Training, research and study
Confirmed Data

124. Viktor Frankl Institute of South Africa

Website: http://www.logotherapyinstitute.org
Email: ucap@unisa.ac.za workshops@vfisa.co.za
Address: South Africa
Chair: Teria Shantall
Branch: Logotherapy
Aims: Training, research and study
Not Confirmed

125. Viktor Frankl Institut-Vienna

Website: http://www.viktorfrankl.org
Email: alexander.batthyany@gmail.com
Address: Prinz Eugen-Strasse 18/4, A-1040 Vienna, Austria
Chair: Alexander Batthyany
Branch: Logotherapy, Existential Analysis, Meaning-Oriented
Aims: Research, Publication, Teaching, Archives of European History of Existential
Psychotherapy

126. Viktor Frankl Zentrum Wien

Website: http://www.franklzentrum.org/
Email: office@franklzentrum.org
Address: Mariannengasse 1/15, 1090 Wien, Austria
Chair: Heidemarie Zürner & Johanna Schechner
Branch: Logotherapy
Aims: Training, Research and study
Not Confirmed

127. Zhi Mian Institute for Psychotherapy (ZMIP)

Website: http://www.ep-china.org http://www.chinancc.net/
Email: zhimian@chinancc.net
Address: Nanjing, China
Chair: Xuefu Wang – xuefu1962@gmail.com
Branch: Existential-Humanistic
Aims: Psychotherapy, training, research and study
Confirmed Data

128. Zhi Mian International Institute of Existential-Humanistic Psychology (ZMIIEHP)

Website: http://zhimianinstitute.com/home
Email: mark.yang@zhimianinstitute.com
Address: 1561 Acorn Way, Monument, CO 80132, USA
Chair: Mark Yang
Branch: Existential-Humanistic
Aims: Training, Research and study
Confirmed Data

Appendix B: Invitation Letter to Counsellors/Psychotherapists

Dear Colleague,

I am Edgar Correia, a founding member of the Portuguese Society of Existential Psychotherapy (SPPE) currently developing doctoral research at the University of Strathclyde, Glasgow, under the supervision of Prof. Mick Cooper and Dr. Lucia Berdondini.

Our research aims to bring together existential counsellors and psychotherapists – both fully-qualified and currently in training -- from all over the world, helping us to develop a global perspective on who we are, where we are and what practices are most influential and representative of our practice. For this purpose, 125 societies of existential psychotherapy, several training schools and more than 500 individual existential counsellors and psychotherapies across the world will be invited to participate in this study.

If you define your practice as "existential", or if you consider your therapeutic work primarily informed by existential ideas and practices, we would warmly appreciate your participation.

To participate in this research, we would ask you to complete a short and simple online questionnaire. It should take no more than 5-10 minutes of your time and does not ask any question about your clients, so the confidentiality of your work will not be compromised at any point.

The information collected is confidential and anonymous. By submitting the questionnaire we will not have access to any other information about you, except that contained in your responses.

If you agree to be involved in this project, please click the link to the language in which you feel most comfortable to answer (English, Spanish or Portuguese).

To answer in English click here: https://www.surveymonkey.com/s/VJJQMYX

To answer in Spanish click here: https://www.surveymonkey.com/s/VQ8LH5M

To answer in Portuguese click here: https://www.surveymonkey.com/s/VQ2GRZW

If you received this information but you are not a counsellor or psychotherapist or do not identify with existential practice, please ignore this e-mail.

Your contribution would be very much appreciated. We ask only a few minutes of your "*Temporality*".

Thank you in advance,

Edgar Correia.

Appendix C: Invitation Letter to Existential Therapy's Societies

Dear Colleagues

I am Edgar Correia, a founding member of the Portuguese Society of Existential Psychotherapy (SPPE), currently developing doctoral research at the University of Strathclyde, Glasgow, under the supervision of Prof. Mick Cooper and Dr. Lucia Berdondini. Our research is about the practices of existential psychotherapy.

We would like to ask your Society support for the dissemination, to the greatest possible number of existential counsellors and psychotherapists (both fully-qualified and in training), of an inquiry about their practices.

If you agree in helping us to forward this research to your members, we will send you a new email with the details of the study and the link to the online questionnaire. That email should be forwarded by you, through your mailing list, to all your counsellor, psychotherapist and trainee members.

This simple and short questionnaire, which requires about 5-10 minutes to fill in, is available and answered "online" so that your society will incur no costs or responsibilities regarding collecting the questionnaires. We only ask you to forward the e-mails we will send to you after your agreement: a first e-mail informing about the research and, later, two follow-up e-mails (9 days and 23 days after the first).

For your information, please find below a copy of the first e-mail and a *Pdf* copy of the questionnaire.

This research aims for a global perspective on existential psychotherapy practices. Currently, 125 societies of existential psychotherapy and several existential training schools across the world have been invited to collaborate to help us build a global view of today's existential psychotherapy map. We would greatly appreciate your cooperation in order to obtain a representative sample of counsellors, psychotherapists and trainees from your Society, in order that we may develop our understanding of the practices of existential therapies held worldwide.

We look forward to your response.

Thank you in advance,

Edgar Correia.

SAMPLE OF THE EMAIL TO BE SENT TO YOUR MEMBERS

(Please, do not send this sample to your members. After your approval, we will send you the e-mail to forward)

Dear Colleague,

I am Edgar Correia, a founding member of the Portuguese Society of Existential Psychotherapy (SPPE) currently developing doctoral research at the University of Strathclyde, Glasgow, under the supervision of Prof. Mick Cooper and Dr. Lucia Berdondini.

Our research aims to bring together existential counsellors and psychotherapists – both fully-qualified and currently in training -- from all over the world, helping us to develop a global perspective on who we are, where we are and what practices are most influential and representative of our practice. For this purpose, 125 societies of existential psychotherapy, several training schools and more than 500 individual existential counsellors and psychotherapies across the world will be invited to participate in this study.

If you define your practice as "existential", or if you consider your therapeutic work primarily informed by existential ideas and practices, we would warmly appreciate your participation.

To participate in this research, we would ask you to complete a short and simple online questionnaire. It should take no more than 5-10 minutes of your time and does not ask any question about your clients, so the confidentiality of your work will not be compromised at any point.

The information collected is confidential and anonymous. By submitting the questionnaire we will not have access to any other information about you, except that contained in your responses.

If you agree to be involved in this project, please click the link to the language in which you feel most comfortable to answer (English, Spanish or Portuguese).

To answer in English click here: https://www.surveymonkey.com/s/VJJQMYX

To answer in Spanish click here: https://www.surveymonkey.com/s/VQ8LH5M

To answer in Portuguese click here: https://www.surveymonkey.com/s/VQ2GRZW

If you received this information but you are not a counsellor or psychotherapist or do not identify with existential practice, please ignore this e-mail.

Your contribution would be very much appreciated. We ask only a few minutes of your "*Temporality*".

Thank you in advance,

Edgar Correia.

Appendix D: Invitation Letter to Existential Therapy's Training Schools

Dear Colleagues

I am Edgar Correia, a founding member of the Portuguese Society of Existential Psychotherapy (SPPE), currently developing doctoral research at the University of Strathclyde, Glasgow, under the supervision of Prof. Mick Cooper and Dr. Lucia Berdondini. Our research is about the practices of existential psychotherapy.

We would like to ask your School support for the dissemination, to the greatest possible number of existential counsellors and psychotherapists (both fully-qualified and in training), of an inquiry about their practices.

If you agree in helping us to forward this research to your trainees, ex-trainees and tutors/faculty, we will send you a new email with the details of the study and the link to the online questionnaire. That email should be forwarded by you, through your mailing list, to all your existential students, ex-students and staff (tutors/faculty).

This simple and short questionnaire, which requires about 5-10 minutes to fill in, is available and answered "online" so that your school will incur no costs or responsibilities regarding collecting the questionnaires. We only ask you to forward the emails we will send to you after your agreement: a first email informing about the research and, later, two follow-up emails (9 days and 23 days after the first).

For your information, please find below a copy of the first email and a *Pdf* copy of the questionnaire.

This research aims to gain a global perspective on existential psychotherapy practices. Currently, 125 societies of existential psychotherapy and several existential training schools across the world have been invited to collaborate in order that participants from each community will help us build a global view of existential psychotherapy practice as it stands today. We would greatly appreciate your cooperation to help us obtain a representative sample of counsellors, psychotherapists and trainees from your School, to develop our understanding of the practices of existential therapies held worldwide.

We look forward to your response.

Thank you in advance,

Edgar Correia.

SAMPLE OF THE EMAIL TO BE SENT TO YOUR MEMBERS

(Please, do not send this sample to your members. After your approval, we will send you the e-mail to forward)

Dear Colleague,

I am Edgar Correia, a founding member of the Portuguese Society of Existential Psychotherapy (SPPE) currently developing doctoral research at the University of Strathclyde, Glasgow, under the supervision of Prof. Mick Cooper and Dr. Lucia Berdondini.

Our research aims to bring together existential counsellors and psychotherapists – both fully-qualified and currently in training -- from all over the world, helping us to develop a global perspective on who we are, where we are and what practices are most influential and representative of our practice. For this purpose, 125 societies of existential psychotherapy, several training schools and more than 500 individual existential counsellors and psychotherapies across the world will be invited to participate in this study.

If you define your practice as "existential", or if you consider your therapeutic work primarily informed by existential ideas and practices, we would warmly appreciate your participation.

To participate in this research, we would ask you to complete a short and simple online questionnaire. It should take no more than 5-10 minutes of your time and does not ask any question about your clients, so the confidentiality of your work will not be compromised at any point.

The information collected is confidential and anonymous. By submitting the questionnaire we will not have access to any other information about you, except that contained in your responses.

If you agree to be involved in this project, please click the link to the language in which you feel most comfortable to answer (English, Spanish or Portuguese).

To answer in English click here: https://www.surveymonkey.com/s/VJJQMYX

To answer in Spanish click here: https://www.surveymonkey.com/s/VQ8LH5M

To answer in Portuguese click here: https://www.surveymonkey.com/s/VQ2GRZW

If you received this information but you are not a counsellor or psychotherapist or do not identify with existential practice, please ignore this e-mail.

Your contribution would be very much appreciated. We ask only a few minutes of your "*Temporality*".

Thank you in advance,

Edgar Correia.

Appendix E: Reminder Letter Nine Days

Dear Colleague,

We recently e-mailed you to request your response to a brief questionnaire about existential counselling and psychotherapy practices. If you have already completed the survey, we really appreciate your participation.

We firmly believe that practitioners are the best source of information to clarify and deepen our understanding about the practices of existential counselling and psychotherapy. If you have not yet completed our questionnaire, we would really value your contribution to the development of existential therapies.

This research aims for a global perspective on existential practices and we hope to hear from practitioners of each community to build a global view of existential therapy today. We would greatly appreciate your cooperation to help us obtain a representative sample of counsellors and psychotherapists, to develop our understanding of the practices of existential therapies around the world.

To collaborate with this endeavour, please click the link to the language in which you feel most comfortable to answer (English, Spanish or Portuguese).

To answer in English click here: https://www.surveymonkey.com/s/VJJQMYX

To answer in Spanish click here: https://www.surveymonkey.com/s/VQ8LH5M

To answer in Portuguese click here: https://www.surveymonkey.com/s/VQ2GRZW

Thank you in advance for completing the questionnaire. Your responses are important!

Edgar Correia.

Appendix F: Reminder Letter 23 Days

Dear Colleague,

This is a last reminder to request your collaboration in our research on "Practices of existential counselling and psychotherapy".

If you have already answered our questionnaire, thank you and please ignore this e-mail.

If you have not yet had the chance to answer our questionnaire, this is our last reminder and we encourage you to take a few minutes to complete the survey.

Getting direct feedback from practitioners is crucial if we want to develop a deeper understanding of the differences and similarities among existential counsellors and psychotherapists across the world and to clarify and systematize the practices which are considered most fundamental to their work. Your participation would help to provide us with a representative sample from each country and/or existential society.

Please click the link to the language in which you feel most comfortable to answer (English, Spanish or Portuguese).

To answer in English click here: https://www.surveymonkey.com/s/VJJQMYX

To answer in Spanish click here: https://www.surveymonkey.com/s/VQ8LH5M

To answer in Portuguese click here: https://www.surveymonkey.com/s/VQ2GRZW

Your contribution is very much appreciated.

Thank you in advance,

Edgar Correia.

Appendix G: Questionnaire

Questionnaire

Opening Page

WELCOME TO THE QUESTIONNAIRE

PRACTICES OF EXISTENTIAL COUNSELLING AND PSYCHOTHERAPY

English Version

On the next page you will find detailed information about this research, followed by the consent form. If you decide to participate by ticking the box to give your consent, you will be automatically conducted through to the questionnaire.

To go to the next page tick the "Next" button at the end of each page. To go back to a previous question, use the "Back" button. At the end of the questionnaire, tick "Finish" and your answers will be automatically submitted.

Thank you for your willingness to participate, your contribution is important!

Page 2 - Information to the participant

Participant Information Sheet

**Counselling Unit,
School of Psychological Sciences and
Health**

**University of
Strathclyde
Humanities &
Social Sciences**

Practices of existential psychotherapy

Dear Counsellor/Psychotherapist

I am Edgar Correia, a founding member of the Portuguese Society of Existential Psychotherapy (SPPE) currently developing doctoral research at the Counselling Unit, School of Psychological Sciences and Health, of the University of Strathclyde, Glasgow, under the supervision of Prof. Mick Cooper and Dr. Lucia Berdondini. My doctoral research is about the practices of existential psychotherapy, to which I invite your collaboration.

The aim of this research is to find out from existential counsellors and therapists across the world which authors and texts on existential therapy most influenced their practices and which therapeutic practices they consider the most important and characteristic of this approach. We hope to develop a deeper knowledge of the differences and similarities among existential practitioners and to clarify and systematize the practices which are considered most fundamental to their work.

By practice we mean the actual application, action or way of doing counselling or psychotherapy.

Respondents to this questionnaire should be psychotherapists, counsellors or trainees who define their practice as "existential", or who consider their therapeutic work primarily informed by existential ideas and practices. If this is the way you see your practice, we would warmly appreciate your participation. It is your decision to take part or not in this investigation and you have the right to withdraw, at any time.

If you received this information but you are not a counsellor or psychotherapist or do not feel identified with existential practice, thank you for your time and, please, ignore this questionnaire.

To participate in this research you are asked to complete a short online questionnaire. It should not take more than 5-10 minutes of your time and it doesn't ask any question about your clients, so the confidentiality of your work will not be compromised at any point.

The information collected is confidential and anonymous. By submitting the questionnaire we will not have access to any other information about you, except that contained in your responses. Your IP address will be kept during questionnaire collection (to avoid response duplication), but will be definitely deleted as soon as data collection is finished.

As data is collected anonymously, participants will not be able to withdraw their data after submitting it and will be stored indefinitely, for eventual subsequent research, by the chief investigator on a hard drive disk encrypted folder.

The University of Strathclyde is registered with the Information Commissioner's Office who implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Despite best efforts, no method of transmission over the Internet, or method of electronic storage, is perfectly secure.

In the highly unlikely event of you felling distress due to the questionnaire, please contact the clinical psychologist and psychotherapist Dr. Daniel Sousa, using the e-mail daniel.sousa@ispa.pt

It is expected that data collected from this research will lead to a work to be published in a peer reviewed journal. It will also contribute to the development of my doctoral research programme.

There will be no payment for participation.

If you agree to be involved with this project, please read the consent form; by ticking the box to give your consent, the questionnaire will automatically open. After responding to all the questions, click "Done" and your answers will be automatically delivered.

This investigation was granted ethical approval, under the Counselling Unit research projects generic ethical approval (UEC0405/38), by the University of Strathclyde ethics committee.

(UK respondents only) As this study has not received NHS ethical approval, please refer to practices that are conducted outside of NHS settings.

If you have any questions/concerns, during or after the investigation, please contact:

Researcher Contact Details:
Edgar Correia
PhD Student
Counselling Unit, School of Psychological Sciences and Health
Contact Details: E-mail: edgar.correia@strath.ac.uk

Chief Investigator Details:
Mick Cooper
Counselling Unit, School of Psychological Sciences and Health
76 Southbrae Drive
Glasgow G13 1PP
E-mail: mick.cooper@strath.ac.uk
Telephone: 0141 950 3361

If you wish to contact an independent person to whom any questions may be directed
or from whom further information may be sought, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Page 3 - Consent Form

Consent Form

- I confirm that I have read and understood the information sheet above and the researcher has answered any queries to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from the project before submitting the questionnaire, without having to give a reason and without any consequences.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.

Yes, I consent to being a participant in the project ☐

No, I do not consent to being a participant in the project ☐

Page 4 – Question 1

1. Choose from the statements below the one that best defines your practice:

☐ I consider myself an existential counsellor/psychotherapist (goes directly to Q2)

☐ I consider myself a counsellor/psychotherapist who is primarily informed by existential ideas and practices (opens question 1a)

☐ I do not consider myself an existential counsellor/psychotherapist and my practice is not primarily informed by existential ideas and practices (Opens Close Page 1)

Close Page 1:

"Thank you for your willingness to participate

This questionnaire is addressed only to counsellors or psychotherapists who define their practice as existential or who consider their therapeutic work primarily informed by existential ideas and practices"

"Back"   "Finish"

1a. How would you define your practice?

_____ (open answer)

Question 2

2. Did you have, or are you having, any specific institutional training as an existential/existentially-informed counsellor or psychotherapist?

Yes ☐ (Opens 2a)   No ☐ (goes directly to 6)

2a. What School(s) or Training Center(s) did you train, or are you training, as an existential/existentially-informed counsellor or psychotherapist?

(Opens list of Schools)

If you trained at a School or Training Center not mentioned above, please give us its name here:

_____(open Answer)

Question 3

3. Are you currently a student on an existential or existentially-informed counselling or psychotherapy training program?

Yes ☐ (opens question 3a)   No ☐ (goes directly to 4)

3a. Approximately how many years have you been in training as an existential/existentially-informed counsellor or psychotherapist?

☐ ≤ 1 Year

☐ 1 to 2 Years

☐ 2 to 3Years

☐ 3 to 4 Years

☐ > 4 Years

Question 4

4. Approximately how many years have you been practising existential or existentially-informed counselling/psychotherapy?

☐ < 1 Year

☐ 1 to 5 Years

☐ 6 to 10 Years

☐ 10 to 20 Years

☐ 20 to 30 Years

☐ > 30 Years

Question 5

5. Are you affiliated or accredited by any society of existential psychotherapy?

Yes ☐ (opens question 5a)   No ☐ (goes directly to 6)

5a. What existential society or societies are you a member of?

(Opens the List of Societies)

If you are member of an existential society not mentioned above, please give us its name here:

_____(open Answer)

Question 6

6 In which country are you practising?

(Opens the list of countries)

Question 7

7. As an existential/existentially-informed counsellor or psychotherapist, which three authors on existential therapy have most influenced your practice?

Author 1	
Author 2	
Author 3	

Question 8

8. As an existential/existentially-informed counsellor or psychotherapist, which three specific therapeutic methods or practices would you consider most characteristic of existential therapy?

Practice 1	
Practice 2	
Practice 3	

Question 9

9. As an existential/existentially-informed counsellor or psychotherapist, which three specific texts (book, book chapter, or journal article) on existential therapy have most influenced your practice?

Author 1	
Text 1	
Author 2	
Text 2	
Author 3	
Text 3	

Question 10

10. Please write below anything you would like to add further in response to these questions, or about the questionnaire as a whole.

Appendix H: Examples of the Content Analysis Coding and Abstraction Process

Examples of the Coding and Abstraction Process

Part.	Response Unit of Analysis	Code	Sub-Category	Category
77	Philosophical exploration: exploring client's way of being in the world in the face of the ""givens	Addressing existential givens in general	Addressing the existential givens	Practices informed by existential assumptions
78	Socratic dialogue	Socratic dialogue	Logotherapy and existential analysis methods	Methods associated with specific existential branches
79	phenomenological investigation	Generic reference to the application of the phenomenological method	Phenomenological method	Phenomenological practices
80	a focus on the present	Working in the here-and-now	Adressing what is happening in the therapeutic relation	Relational practices
81	person centred	Person centred therapy	Generic reference to humanistic models	Generic reference to existential or humanistic psychotherapy models
261	Sokratischer Dialog	Socratic dialogue	Logotherapy and existential analysis methods	Methods associated with specific existential branches
262	Stellungnahme	Self-disclosure	Adressing what is happening in the therapeutic relation	Relational practices
263	The will to find meaning in life - help to discover	Meaning oriented interventions	Logotherapy and existential analysis methods	Methods associated with specific existential branches
264	paradox intention	Paradoxical intention	Logotherapy and existential analysis methods	Methods associated with specific existential branches
265	Dereflexion	Dereflexion	Logotherapy and existential analysis methods	Methods associated with specific existential branches
266	Phenomenology	Generic reference to the application of the phenomenological method	Phenomenological method	Phenomenological practices
267	Daseinsanalyse	Daseinsanalyse	Generic reference to existential models	Generic reference to existential or humanistic psychotherapy models

375	Método fenomenológico existencial	Generic reference to the application of the phenomenological method	Phenomenological method	Phenomenological practices
376	Escuta atenta e dirigida à condição existencial da pessoa	Therapeutic listening	Relational skills	Relational practices
377	Fenomenologia Hermenêutica de Martin Heidegger	Generic reference to a hermeneutic based practice	Hermeneutic based practice	Phenomenological practices
541	FOCUSING ON HERE AND NOW	Working in the here-and-now	Adressing what is happening in the therapeutic relation	Relational practices
542	relationship oriented methods	Therapeutic relation	Relational stance	Relational practices
793	attention is paid to how the four 'givens' of existential conflict impact on our way of being in the world	Addressing existential givens in general	Addressing the existential givens	Practices informed by existential assumptions
794	Awareness of mortality	Being-towards-death	Addressing the existential givens	Practices informed by existential assumptions
795	Being with each client	Presence	Relational stance	Relational practices
796	being with uncertainty	Anxiety/uncertainty	Addressing the existential givens	Practices informed by existential assumptions
1050	Acceptance (nonjudgmental attitude; non-directivity)	Unconditional positive regard	Person-centered related attitudes	Relational practices
1051	Meeting the client where he or she is--emphasis on individually tailoring each therapy	To work and stay with what comes or what the client bring	Phenomenology based attitudes and practices	Phenomenological practices
1062	To epoch (bracket) one's experience	Epoché	Phenomenological method	Phenomenological practices
1063	Body Awareness	Body practices	Experiential and body practices	Practices of other therapeutic paradigms

Appendix I: Self-Reported Most Influential Non-Therapy Authors Complete

List

Self-Reported Most Influential Non-Therapy Authors

	Frequency	Percent	Valid Percent	Cumulative Percent
Martin Heidegger	223	30,4	30,4	30,4
Paul Sartre	143	19,5	19,5	49,9
Soren Kierkegaard	87	11,9	11,9	61,8
Martin Buber	53	7,2	7,2	69,0
Friedrich Nietzsche	41	5,6	5,6	74,6
Maurice Merleau-Ponty	38	5,2	5,2	79,8
Edmund Husserl	36	4,9	4,9	84,7
Karl Jaspers	21	2,9	2,9	87,6
Paul Tillich	9	1,2	1,2	88,8
Other	9	1,2	1,2	90,0
Simone de Beauvoir	8	1,1	1,1	91,1
Emmanuel Levinas	7	1,0	1,0	92,1
Albert Camus	6	,8	,8	92,9
Hans-Georg Gadamer	5	,7	,7	93,6
Ernest Becker	3	,4	,4	94,0
Edith Stein	2	,3	,3	94,3
Gaston Bachelard	2	,3	,3	94,5
Henri Maldiney	2	,3	,3	94,8
Ludwig Wittgenstein	2	,3	,3	95,1
Paulo Perdigão	2	,3	,3	95,4
Angela Ales Bello	1	,1	,1	95,5
Arthur Frank	1	,1	,1	95,6
Baruch Spinoza	1	,1	,1	95,8
Charles Guignon	1	,1	,1	95,9
Don Ihde	1	,1	,1	96,0
Emmanuel Bauer	1	,1	,1	96,2
Ferdinand Fellmann	1	,1	,1	96,3
Fiódor Dostoiévski	1	,1	,1	96,5
Franz Brentano	1	,1	,1	96,6
Gabriel Marcel	1	,1	,1	96,7
Gerald Huther	1	,1	,1	96,9
Hazel Barnes	1	,1	,1	97,0
Humberto Maturana	1	,1	,1	97,1
Jill Bolte Taylor	1	,1	,1	97,3
Johann von Goethe	1	,1	,1	97,4
John Macquarrie	1	,1	,1	97,5
Karl Marx	1	,1	,1	97,7

Karol Wojtyla	1	,1	,1	97,8
Mario Berta	1	,1	,1	98,0
Max Scheler	1	,1	,1	98,1
Michel de Montaigne	1	,1	,1	98,2
Michel Foucault	1	,1	,1	98,4
Michel Henry	1	,1	,1	98,5
Mikhail Bakhtin	1	,1	,1	98,6
Nicola Abbagnano	1	,1	,1	98,8
Ole Fogh Kirkeby	1	,1	,1	98,9
Paul Ricoeur	1	,1	,1	99,0
Paul Stern	1	,1	,1	99,2
Paulo Freire	1	,1	,1	99,3
Peter Wilberg	1	,1	,1	99,5
Primo Levi	1	,1	,1	99,6
Robert Solomon	1	,1	,1	99,7
Rudolf Steiner	1	,1	,1	99,9
Sextus Empiricus	1	,1	,1	100,0
Total	733	100,0	100,0	

Appendix J: Self-Reported Most Influential Therapy Authors Complete List

Self-Reported Most Influential Therapy Authors

	Frequency	Percent	Valid Percent	Cumulative Percent
Viktor Frankl	395	16,6	16,6	16,6
Irvin Yalom	369	15,5	15,5	32,2
Ernesto Spinelli	251	10,6	10,6	42,7
Emmy van Deurzen	238	10,0	10,0	52,8
Alfried Langle	206	8,7	8,7	61,4
Rollo May	139	5,9	5,9	67,3
James Bugental	57	2,4	2,4	69,7
Ronald Laing	57	2,4	2,4	72,1
Medard Boss	50	2,1	2,1	74,2
Elisabeth Lukas	49	2,1	2,1	76,3
Hans Cohn	47	2,0	2,0	78,2
Carl Rogers	37	1,6	1,6	79,8
Ludwig Binswanger	31	1,3	1,3	81,1
Mick Cooper	23	1,0	1,0	82,1
Kirk Schneider	21	,9	,9	82,9
Freddie Strasser	20	,8	,8	83,8
Ana Maria Feijoo	15	,6	,6	84,4
Lilo Tutsch	14	,6	,6	85,0
Alison Strasser	12	,5	,5	85,5
Yaqui Robles	12	,5	,5	86,0
Rimantas Kociunas	11	,5	,5	86,5
Eugene Gendlin	10	,4	,4	86,9
Betty Cannon	8	,3	,3	87,2
Louis Hoffman	8	,3	,3	87,6
Xuefu Wang	8	,3	,3	87,9
John Heaton	7	,3	,3	88,2
Christoph Kolbe	6	,3	,3	88,5
Friederich Perls	6	,3	,3	88,7
Pablo Rispo	6	,3	,3	89,0
Tereza Erthal	6	,3	,3	89,2
Valdemar Angerami	6	,3	,3	89,5
van den Berg	6	,3	,3	89,7
Yolanda Forghieri	6	,3	,3	90,0
Boglarka Hadinger	5	,2	,2	90,2
Carl Jung	5	,2	,2	90,4
Eva Maria Waibel	5	,2	,2	90,6
Gunter Funke	5	,2	,2	90,8

Joseph Fabry	5	,2	,2	91,0
Liselotte Tutsch	5	,2	,2	91,2
Thomas Szasz	5	,2	,2	91,5
Uwe Boschemeyer	5	,2	,2	91,7
Anton Nindl	4	,2	,2	91,8
Arthur Tatossian	4	,2	,2	92,0
Christian Probst	4	,2	,2	92,2
Claudio García Pintos	4	,2	,2	92,3
Emilio Romero	4	,2	,2	92,5
Erik Craig	4	,2	,2	92,7
Greg Madison	4	,2	,2	92,8
Martin Adams	4	,2	,2	93,0
Roberto Novaes de Sá	4	,2	,2	93,2
Simon du Plock	4	,2	,2	93,3
Solon Spanoudis	4	,2	,2	93,5
Alexander Batthyany	3	,1	,1	93,6
Augusto Pompéia	3	,1	,1	93,8
Dan Stiwne	3	,1	,1	93,9
Daniela Schneider	3	,1	,1	94,0
Eugène Minkowski	3	,1	,1	94,1
Gerónimo Acevedo	3	,1	,1	94,3
Lucia Moja-Strasser	3	,1	,1	94,4
Mark Yang	3	,1	,1	94,5
Myriam Protasio	3	,1	,1	94,7
Sigmund Freud	3	,1	,1	94,8
Sylvia Mara de Freitas	3	,1	,1	94,9
Aaron Esterson	2	,1	,1	95,0
Bilê Tatit Sapienza	2	,1	,1	95,1
Bo Jacobsen	2	,1	,1	95,2
Clark Moustakas	2	,1	,1	95,2
Del Loewenthal	2	,1	,1	95,3
Donald Krill	2	,1	,1	95,4
Elena Manafi	2	,1	,1	95,5
Eugenio Fizzotti	2	,1	,1	95,6
Helene Drexler	2	,1	,1	95,7
Izar Xausa	2	,1	,1	95,7
Jacques Lacan	2	,1	,1	95,8
Laura Barnett	2	,1	,1	95,9
Paul Goodman	2	,1	,1	96,0
Paul McGinley	2	,1	,1	96,1
Silvia Langle	2	,1	,1	96,2

Svetlana Krivtsova	2	,1	,1	96,3
Todd DuBose	2	,1	,1	96,3
Ado Huygens	1	,0	,0	96,4
Adrian van Kaam	1	,0	,0	96,4
Adriana Schnake	1	,0	,0	96,5
Adriano Holanda	1	,0	,0	96,5
Aleksandras Alekseicikas	1	,0	,0	96,5
Aleksandras Kucinskas	1	,0	,0	96,6
Alfred Adler	1	,0	,0	96,6
Alice Holzhey-Kunz	1	,0	,0	96,7
Anders Sorensen	1	,0	,0	96,7
Ann Graber	1	,0	,0	96,8
Anthony de Mello	1	,0	,0	96,8
Anthony Stadlen	1	,0	,0	96,8
Beatriz Cardella	1	,0	,0	96,9
Carlos Seguín	1	,0	,0	96,9
Charles Baudouin	1	,0	,0	97,0
Christian Furnica	1	,0	,0	97,0
Christian Simhandl	1	,0	,0	97,1
Christine Orgler	1	,0	,0	97,1
Constance Fischer	1	,0	,0	97,1
Cristine Mattar	1	,0	,0	97,2
Daniel Stern	1	,0	,0	97,2
Dave Mearns	1	,0	,0	97,3
David Elkins	1	,0	,0	97,3
David Gutman	1	,0	,0	97,3
Dieter Wyss	1	,0	,0	97,4
Don Hanlon Johnson	1	,0	,0	97,4
Donald Winnicott	1	,0	,0	97,5
Edwin Hersch	1	,0	,0	97,5
Elena Ukolova	1	,0	,0	97,6
Elisabeth Kubler-Ross	1	,0	,0	97,6
Erich Fromm	1	,0	,0	97,6
Erik Erikson	1	,0	,0	97,7
Fyodor Vasilyuk	1	,0	,0	97,7
Gerald Corey	1	,0	,0	97,8
Gion Condrau	1	,0	,0	97,8
Giosch Albrecht	1	,0	,0	97,9
Guillermo Parejo-Herrera	1	,0	,0	97,9
Hanspeter Padrutt	1	,0	,0	97,9

Heatherlyn Cleare-Hoffman	1	,0	,0	98,0
Heidi Vonwald	1	,0	,0	98,0
Inge Patsch	1	,0	,0	98,1
Jacob Moreno	1	,0	,0	98,1
Jean Shinoda Bolen	1	,0	,0	98,1
Joachim Bauer	1	,0	,0	98,2
Joel Martins	1	,0	,0	98,2
John Wood	1	,0	,0	98,3
Jorge Ponciano	1	,0	,0	98,3
José Michelazzo	1	,0	,0	98,4
Konstantin Gemenetzis	1	,0	,0	98,4
Kurt Goldstein	1	,0	,0	98,4
Lars Andersson	1	,0	,0	98,5
Les Todres	1	,0	,0	98,5
Leslie Farber	1	,0	,0	98,6
Luise Reddemann	1	,0	,0	98,6
Manuel Villegas	1	,0	,0	98,7
Marco Antônio Casanova	1	,0	,0	98,7
Marion Steel	1	,0	,0	98,7
Maurice Friedman	1	,0	,0	98,8
Michael Guy Thompson	1	,0	,0	98,8
Mike Harding	1	,0	,0	98,9
Miles Groth	1	,0	,0	98,9
Myrtle Heery	1	,0	,0	98,9
Neil McMann	1	,0	,0	99,0
Neil Thompson	1	,0	,0	99,0
Nossrat Peseschkian	1	,0	,0	99,1
Otmar Wiesmeyr	1	,0	,0	99,1
Otto Rank	1	,0	,0	99,2
Paul Watzlawick	1	,0	,0	99,2
Pedro D'Alfonso	1	,0	,0	99,2
Peggy Paquet	1	,0	,0	99,3
Peter Lomas	1	,0	,0	99,3
Philipp Lersch	1	,0	,0	99,4
Raúl Ballbé	1	,0	,0	99,4
Renate Bukovski	1	,0	,0	99,5
Renate Jost de Moraes	1	,0	,0	99,5
Richard Eaton Johnson	1	,0	,0	99,5
Robert Stolorow	1	,0	,0	99,6
Roberto Rodrigues	1	,0	,0	99,6

Robin Cooper	1	,0	,0	99,7
Rolf Kuhn	1	,0	,0	99,7
Romano Màdera	1	,0	,0	99,7
Steven Gans	1	,0	,0	99,8
Susana Signorelli	1	,0	,0	99,8
Ursula Reischer	1	,0	,0	99,9
Virgínia Moreira	1	,0	,0	99,9
Wolfram Kurz	1	,0	,0	100,0
Zuleica Pretto	1	,0	,0	100,0
Total	2375	100,0	100,0	

Appendix K: Self-Reported Most Influential Non-Therapy Texts Complete List

Self-Reported Most Influential Non-Therapy Texts

	Frequency	Percent	Valid Percent	Cumulative Percent
MH-Being and Time	135	27,4	27,4	27,4
PS-Being and Nothingness	67	13,6	13,6	41,1
MB-I and Thou	35	7,1	7,1	48,2
PS-Existentialism Is a Humanism	20	4,1	4,1	52,2
MP-Phenomenology of Perception	17	3,5	3,5	55,7
SK-The Concept of Anxiety	15	3,0	3,0	58,7
SK-The Sickness Unto Death	15	3,0	3,0	61,8
PT-The Courage to Be	12	2,4	2,4	64,2
PS-Search for a Method	8	1,6	1,6	65,9
PS-The Transcendence of the Ego	7	1,4	1,4	67,3
PS-Nausea	6	1,2	1,2	68,5
PS-Sketch for a Theory of the Emotions	6	1,2	1,2	69,7
PP-Existência & liberdade	6	1,2	1,2	70,9
FN-Thus Spoke Zarathustra	5	1,0	1,0	72,0
SK-Either/Or: A Fragment of Life	5	1,0	1,0	73,0
EL-Totality and Infinity	4	,8	,8	73,8
FN-Beyond Good and Evil	4	,8	,8	74,6
MP-The Visible and the Invisible	4	,8	,8	75,4
PS-Critique of Dialectical Reason	4	,8	,8	76,2
PS-The Imaginary	4	,8	,8	77,0
AC-The Outsider	3	,6	,6	77,6
AD-Qu'est-ce que la phénoménologie?	3	,6	,6	78,3
H-GG-Truth and Method	3	,6	,6	78,9
MB-Between Man and Man	3	,6	,6	79,5
MP-Primacy of Perception	3	,6	,6	80,1
SK-The Point of View for My work as an Author	3	,6	,6	80,7
EH-Ideas: General Introduction to Pure Phenomenology	2	,4	,4	81,1
EH- The Crisis of European Sciences and Transcendental Philosophy	2	,4	,4	81,5
EH-Cartesian Meditations	2	,4	,4	81,9
EB-The Denial of Death	2	,4	,4	82,3
FN-The Gay Science	2	,4	,4	82,7
FN-The Will to Power	2	,4	,4	83,1
FN-On the Genealogy of Morals	2	,4	,4	83,5
FN-The Twilight of the Idols	2	,4	,4	83,9
HM-Penser l'homme et la folie	2	,4	,4	84,3
MH-Vorträge und Aufsätze	2	,4	,4	84,8
PS-Huis Clos	2	,4	,4	85,2

SB-The Ethics Of Ambiguity	2	,4	,4	85,6
SK-Fear and Trembling	2	,4	,4	86,0
CGS-Jean-Paul Sartre: da Liberdade à Consciência	1	,2	,2	86,2
DC-Analítica do Sentido	1	,2	,2	86,4
MAC-Nada a caminho	1	,2	,2	86,6
AC-The Myth of Sisyphus: And Other Essays	1	,2	,2	86,8
AC-The Plague	1	,2	,2	87,0
AC-S-L'amour la solitude	1	,2	,2	87,2
AAC-Martin Buber	1	,2	,2	87,4
AF-The Wounded Storyteller: Body, Illness, and Ethics	1	,2	,2	87,6
CG-Authenticity, Moral Values, and Psychotherapy	1	,2	,2	87,8
DC- Existentialism: A Reconstruction	1	,2	,2	88,0
DI-Experimental Phenomenology: An Introduction	1	,2	,2	88,2
EH-Logical Investigations	1	,2	,2	88,4
EH-Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy	1	,2	,2	88,6
EL-Das Antlitz des Anderen	1	,2	,2	88,8
EL-Ethics as First Philosophy	1	,2	,2	89,0
EL-Ethics and Infinity	1	,2	,2	89,2
FS-The Structure of Scientific Theories	1	,2	,2	89,4
FN-Ecce Homo	1	,2	,2	89,6
FN-Human, All Too Human	1	,2	,2	89,8
GB-The Poetics of Space	1	,2	,2	90,0
HB-An Existentialist Ethics	1	,2	,2	90,2
HH-Steppenwolf	1	,2	,2	90,4
HM, BP-From Being to Doing: The Origins of the Biology of Cognition	1	,2	,2	90,7
JC-Modern man and mortality	1	,2	,2	90,9
JB-The Narrative Construction of Reality	1	,2	,2	91,1
JT-My Stroke of Insight	1	,2	,2	91,3
JB-The Infinities	1	,2	,2	91,5
KJ-Philosophy of Existence	1	,2	,2	91,7
KJ-Reason and Existenz	1	,2	,2	91,9
KJ-Philosophy	1	,2	,2	92,1
KM-The Communist Manifesto	1	,2	,2	92,3
KW, AP-The Acting Person: A Contribution to Phenomenological Anthropology	1	,2	,2	92,5
LW-On certainty	1	,2	,2	92,7
LW-Philosophical Investigations	1	,2	,2	92,9
MB-Das dialogische Prinzip	1	,2	,2	93,1
MB-Das Problem des Menschen	1	,2	,2	93,3

MB-Dialogisches Leben	1	,2	,2	93,5
MH-Discourse on Thinking	1	,2	,2	93,7
MH-Introduction to Metaphysics	1	,2	,2	93,9
MH-Off the Beaten Track	1	,2	,2	94,1
MH-Aus der Erfahrung des Denkens	1	,2	,2	94,3
MH-Contributions to Philosophy: Of the Event	1	,2	,2	94,5
MH- The Question Concerning Technology	1	,2	,2	94,7
MH-Pathmarks	1	,2	,2	94,9
MW-Existentialism	1	,2	,2	95,1
MJP-The How and Why of Phenomenology	1	,2	,2	95,3
MS-The Human Place in the Cosmos	1	,2	,2	95,5
MM-The Complete Essays	1	,2	,2	95,7
MF-Mental Illness & Psychology	1	,2	,2	95,9
MH-I Am the Truth	1	,2	,2	96,1
MU-Tragic Sense Of Life	1	,2	,2	96,3
MK-The Art of the Novel	1	,2	,2	96,5
ND-Comprendre la phénoménologie : Une pratique concerte	1	,2	,2	96,7
PR-Oneself as Another	1	,2	,2	97,0
PS-Saint Genet: Actor and Martyr	1	,2	,2	97,2
PS-The roads to freedom	1	,2	,2	97,4
PS-Existentialism and Human Emotion	1	,2	,2	97,6
PS-The Words: The Autobiography of Jean-Paul Sartre	1	,2	,2	97,8
PS-In praise of madness	1	,2	,2	98,0
PW-Heidegger, Medicine And 'Scientific Method'	1	,2	,2	98,2
SB-The Second Sex	1	,2	,2	98,4
SK-Philosophical Fragments	1	,2	,2	98,6
SK-Works of Love	1	,2	,2	98,8
SK-Repetition	1	,2	,2	99,0
SK-Without Authority	1	,2	,2	99,2
SZ-For They Know Not What They Do: Enjoyment as a Political Factor	1	,2	,2	99,4
WB-Irrational Man: A Study in Existential Philosophy	1	,2	,2	99,6
WJ-The Varieties of Religious Experience	1	,2	,2	99,8
WD-Die Typen der Weltanschauung und ihre Ausbildung in den Metaphysischen Systemen	1	,2	,2	100,0
Total	492	100,0	100,0	

Appendix L: Self-Reported Most Influential Therapy Texts Complete List

Self-Reported Most Influential Therapy Texts

	Frequency	Percent	Valid Percent	Cumulative Percent
VF-Man's Search for Meaning	180	9,4	9,4	9,4
IY-Existential Psychotherapy	176	9,2	9,2	18,5
ES-Practising Existential Psychotherapy: The Relational World	67	3,5	3,5	22,0
VF-The Doctor and the Soul: From Psychotherapy to Logotherapy	67	3,5	3,5	25,5
EvD-Everyday Mysteries: A Handbook of Existential Psychotherapy	66	3,4	3,4	28,9
EvD-Existential Counselling & Psychotherapy in Practice	62	3,2	3,2	32,1
ES-The Interpreted World: An Introduction to Phenomenological Psychology	51	2,7	2,7	34,8
IY-The Gift of Therapy	50	2,6	2,6	37,4
IY-Love's Executioner	38	2,0	2,0	39,4
AL-Sinnvoll leben	36	1,9	1,9	41,2
RL-The Divided Self: An Existential Study in Sanity and Madness	29	1,5	1,5	42,7
AL-Lehrbuch zur Existenzanalyse: Grundlagen	27	1,4	1,4	44,1
ES-Demystifying Therapy	27	1,4	1,4	45,6
HC-Existential Thought and Therapeutic Practice	27	1,4	1,4	47,0
MC-Existential Therapies	24	1,2	1,2	48,2
RM, EA, HE-Existence	21	1,1	1,1	49,3
ES-Tales of Unknowing: Therapeutic Encounters from an Existential Perspective	20	1,0	1,0	50,3
JB-The Art of the Psychotherapist	19	1,0	1,0	51,3
VF-Man's Search for Ultimate Meaning	19	1,0	1,0	52,3
AL, AH-K-Existenzanalyse und Daseinsanalyse	18	,9	,9	53,3
CR-On becoming a person	17	,9	,9	54,1
FS, AS-Existential Time-Limited Therapy: The Wheel of Existence	17	,9	,9	55,0
IY-Staring At The Sun	16	,8	,8	55,9
MB-Existential Foundations of Medicine and Psychology	16	,8	,8	56,7
RM-The Meaning of Anxiety	16	,8	,8	57,5
VF-The Will to Meaning	16	,8	,8	58,3
YR-Filosofía Existencial para Terapeutas y uno que otro curioso	16	,8	,8	59,2
MH-Zollikon Seminars	16	,8	,8	60,0
AMF-A escuta e a fala em psicoterapia	15	,8	,8	60,8
RM-The Discovery of Being	15	,8	,8	61,6
VF-Psychotherapy and Existentialism. Selected Papers	15	,8	,8	62,4
AL-Personale existenzanalyse	13	,7	,7	63,0
ES-The Mirror and the Hammer: Challenging Orthodoxies in Therapeutic Thought	13	,7	,7	63,7
RM-Love and Will	13	,7	,7	64,4
VF-Der leidende Mensch. Anthropologische Grundlagen der Psychotherapie	13	,7	,7	65,1

EvD, CA-B- Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice	12	,6	,6	65,7
HC-Heidegger and the Roots of Existential Therapy	12	,6	,6	66,3
JB-The Search for Existential Identity	12	,6	,6	66,9
JB-Psychotherapy Isn't What You Think	12	,6	,6	67,6
VF-Unheard Cry For Meaning	12	,6	,6	68,2
EvD, MA-Skills in Existential Counselling & Psychotherapy	11	,6	,6	68,7
KS-Existential-Integrative Psychotherapy	11	,6	,6	69,3
AL-Praxis der Personalen Existenzanalyse	10	,5	,5	69,8
IY-Theory and Practice of Group Psychotherapy	9	,5	,5	70,3
KJ-General Psychopathology	9	,5	,5	70,8
AL-Las Motivaciones Personales Fundamentales. Piedras angulares de la Existencia	8	,4	,4	71,2
MB-Psychoanalysis and Daseinsanalysis	8	,4	,4	71,6
MB-I Dreamt Last Night	8	,4	,4	72,0
RL-The Politics of Experience and The Bird of Paradise	8	,4	,4	72,4
VF-The Feeling of Meaninglessness. A Challenge to Psychotherapy and Philosophy	8	,4	,4	72,9
AL-Emotion und Existenz	7	,4	,4	73,2
EvD-Paradox & Passion in Psychotherapy	7	,4	,4	73,6
JB-The Search for Authenticity	7	,4	,4	73,9
MB-Lebensangst, Schuldgefühle und psychotherapeutische Befreiung	7	,4	,4	74,3
TE-Terapia vivencial: Uma abordagem existencial em psicoterapia	7	,4	,4	74,7
FS-Emotions: Existential Experiences	6	,3	,3	75,0
LH-Existential Psychology East-West	6	,3	,3	75,3
LB-Being-in-the-World: Selected Papers of Ludwig Binswanger	6	,3	,3	75,6
RM-Freedom and Destiny	6	,3	,3	75,9
vdB-A Different Existence	6	,3	,3	76,2
VF-On the Theory and Therapy of Mental Disorders	6	,3	,3	76,5
YF-Psicologia Fenomenológica: Fundamentos, Métodos E Pesquisa	6	,3	,3	76,9
CR-Client Centred Therapy	5	,3	,3	77,1
EL-Auch dein Leben hat Sinn	5	,3	,3	77,4
EL-Logotherapy Textbook: Meaning Centered Psychotherapy	5	,3	,3	77,6
EvD-Psychotherapy and the Quest for Happiness	5	,3	,3	77,9
IY-Lying on the Couch	5	,3	,3	78,2
IY-When Nietzsche Wept	5	,3	,3	78,4
LB-Grundformen und Erkenntnis Menschlichen Daseins	5	,3	,3	78,7
RM-Man's Search for Himself	5	,3	,3	78,9
AL-Sinnspuren: Dem Leben antworten	4	,2	,2	79,1
AP, BTS-Na Presença do Sentido	4	,2	,2	79,4

BC-Sartre and Psychoanalysis: An Existentialist Challenge to Clinical Metatheory	4	,2	,2	79,6
BJ-Invitation to Existential Psychology	4	,2	,2	79,8
DS-Sartre e a psicologia clínica	4	,2	,2	80,0
DM, MC-Working at relational depth	4	,2	,2	80,2
IY-The Schopenhauer Cure	4	,2	,2	80,4
KS-Rediscovery of Awe	4	,2	,2	80,6
RM-The Cry for Myth	4	,2	,2	80,8
AL-Viktor Frankl. Ein Porträt	3	,2	,2	81,0
AL-Erfüllte Existenz: Entwicklung, Anwendung und Konzepte der Existenzanalyse	3	,2	,2	81,1
AL-Was bewegt den Menschen?	3	,2	,2	81,3
AMF-A existência para além do sujeito	3	,2	,2	81,4
AMF-Psicologia clínica e filosofia	3	,2	,2	81,6
AT-The Phenomenology of Psychoses	3	,2	,2	81,7
BTS-Conversa sobre terapia	3	,2	,2	81,9
CF-The Para-Existential Personality Disorder	3	,2	,2	82,1
EG-Focusing	3	,2	,2	82,2
EG-Focusing-oriented therapy	3	,2	,2	82,4
IY-Momma and the Meaning of Life	3	,2	,2	82,5
JH-The Talking Cure	3	,2	,2	82,7
KS, JB, JP-The Handbook of Humanistic Psychology	3	,2	,2	82,8
LB-When Death Enters the Therapeutic Space	3	,2	,2	83,0
MA-O ser da compreensão: fenomenologia da situação de psicodiagnóstico	3	,2	,2	83,2
PR, SS-La terapia existencial	3	,2	,2	83,3
PR-La Experiencia Terapeutica Existencial de Grupo	3	,2	,2	83,5
RM-The Courage to Create	3	,2	,2	83,6
RM, IY-Existential psychotherapy	3	,2	,2	83,8
RL-Self and Others	3	,2	,2	83,9
SL, MS-Das eigene Leben. Ein Lesebuch zur EA	3	,2	,2	84,1
SP-Case Studies in Existential Psychotherapy and Counselling	3	,2	,2	84,2
VA-Psicoterapia existencial	3	,2	,2	84,4
VF-Die Psychotherapie in der Praxis: Eine kasuistische Einführung für Ärzte	3	,2	,2	84,6
AvK-The Art of Existential Counseling	2	,1	,1	84,7
AC, GG-Psicología Clínica. Fundamentos existenciales	2	,1	,1	84,8
AA-Gydyti gyvenimu	2	,1	,1	84,9
AL-Grundlagen der Existenz als methodische Elemente für die Praxis	2	,1	,1	85,0
AL-The Art of Involving the Person	2	,1	,1	85,1
AL-Psicoterapia analítico-existencial de los trastornos depressivos	2	,1	,1	85,2

AL-Verständnis und Therapie der Psychodynamik in der Existenzanalyse	2	,1	,1	85,3
AL-La Búsqueda de Sostén. Análisis Existencial de la Angustia	2	,1	,1	85,4
AL-Wertbegegnung. Phänomene und methodische Zugänge	2	,1	,1	85,5
AL-Spiritualität in der Psychotherapie?	2	,1	,1	85,6
GLE-Tagungsbericht Hysterie	2	,1	,1	85,7
AG-Viktor Frankl's Logotherapy	2	,1	,1	85,8
BM-Existential Art Therapy: The Canvas Mirror	2	,1	,1	85,9
CR-A Way of Being	2	,1	,1	86,0
CS-Amor y Psicoterapia - El Eros Terapéutico	2	,1	,1	86,1
CR, RD AN-Existenzanalyse und Logotherapie	2	,1	,1	86,2
DS-Ompröva livet! Existentiell vägledning och terapi i ny tillämpning	2	,1	,1	86,3
EK-R-On Death and Dying	2	,1	,1	86,4
EL-Psicoterapia en dignidad	2	,1	,1	86,5
EL-Sehnsucht nach Sinn: Logotherapeutische Antworten auf existentielle Fragen	2	,1	,1	86,6
EW-Erziehung zum Sinn - Sinn der Erziehung	2	,1	,1	86,7
HK, LF-Effective Psychotherapy: The Contribution of Hellmuth Kaiser	2	,1	,1	86,8
IY-The Yalom Reader	2	,1	,1	86,9
JB-Intimate Journeys: Stories from Life-Changing Therapy	2	,1	,1	87,1
JPG-O Encontro na Perspectiva Existencial	2	,1	,1	87,2
JF-Guideposts to Meaning	2	,1	,1	87,3
KS, OK-Existential-Humanistic Therapy	2	,1	,1	87,4
KS, RM-The Psychology of Existence	2	,1	,1	87,5
LB-Trois formes manquées de la présence humaine	2	,1	,1	87,6
MB-El dios vivo	2	,1	,1	87,7
MF-The Worlds of Existentialism: A Critical Reader	2	,1	,1	87,8
PR-Por Las Ramas de La Existencia	2	,1	,1	87,9
PG-Face to Face: Therapy As Ethics	2	,1	,1	88,0
RM-As Chaves do Inconsciente	2	,1	,1	88,1
RK-Psichologinis konsultavimas	2	,1	,1	88,2
RM-Psychology and the Human Dilemma	2	,1	,1	88,3
RL-Reason and violence	2	,1	,1	88,4
RL, AE-Sanity, Madness and the Family: Families of Schizophrenics	2	,1	,1	88,5
SK-If You Meet the Buddha on the Road, Kill Him!	2	,1	,1	88,6
UB-Unsere Tiefe ist hell	2	,1	,1	88,7
VF-Die Sinnfrage in der Psychotherapie	2	,1	,1	88,8
VF-Grundriß der Existenzanalyse und Logotherapie	2	,1	,1	88,9
VF-Sede de sentido	2	,1	,1	89,0
WK, FS-Kompendium der Logotherapie und Existenzanalyse	2	,1	,1	89,1

XW-Heal the heart	2	,1	,1	89,2
XW-The wounded being	2	,1	,1	89,3
XW-A path to grow	2	,1	,1	89,4
YR-Psicoterapia existencial, teoría y práctica relacional para un mundo postcartesiano	2	,1	,1	89,5
AE-The Leaves of Spring: Study in the Dialectics of Madness	1	,1	,1	89,6
AH-Penser L'existence, Exister La Pensee	1	,1	,1	89,7
AT, GE, PW-Existential and Spiritual Issues in Death Attitudes	1	,1	,1	89,7
AvK-Existential Foundations of Psychology	1	,1	,1	89,8
AV-Escandalo... y Locura...	1	,1	,1	89,8
AH-Philosophy For Counselling and Psychotherapy	1	,1	,1	89,9
AL-Psychoanalytische Studien zur Kultur	1	,1	,1	89,9
AL-Wege zum Sinn	1	,1	,1	90,0
AL-Persönlichkeitsstörungen und Traumagenese	1	,1	,1	90,0
AL-Handhabung und Verwendung der Diagnostik aus Sicht der Existenzanalyse	1	,1	,1	90,1
AL-Die Personale Existenzanalyse als therapeutisches Konzept	1	,1	,1	90,1
AL-Die biographische Vorgangsweise in der Personalen Existenzanalyse	1	,1	,1	90,2
AL-Kann ich mich auf mein Gefühl verlassen?	1	,1	,1	90,2
AL-Das eingefleischte Selbst. Existenz und Psychosomatik	1	,1	,1	90,3
AL-Geist und Existenz. Zur inhärenten Spiritualität der Existenzanalyse	1	,1	,1	90,3
AL-Entscheidung zum Sein. Viktor E. Frankls Logotherapie in der Praxis	1	,1	,1	90,4
AL-Das Sinnkonzept V. Frankls	1	,1	,1	90,4
AL-Das Bewegende spüren. Phänomenologie in der (existenzanalytischen)	1	,1	,1	90,5
AL-Wende ins Existentielle. Die Methode der Sinnerfassung	1	,1	,1	90,5
AL-Wertberührung. Bedeutung und Wirkung des Fühlens in der existenzanalytischen Therapie	1	,1	,1	90,6
AL-Analiza egzystencjalna – poszukiwanie zgody na zycie	1	,1	,1	90,6
AL-Authentisch leben – Menschsein zwischen Sachzwängen und Selbstsein	1	,1	,1	90,7
AL-Was bewegt den Menschen? Die existentielle Motivation der Person	1	,1	,1	90,7
AL, MS-Das eigene Leben. Ein Lesebuch zur Existenzanalyse	1	,1	,1	90,8
GLE-Das Kind als Person. Tagungsbericht Nr. 1/1990	1	,1	,1	90,8
GLE-Emotion und Existenz Tagungsbericht 2003	1	,1	,1	90,9
AH-K-What defines the daseinsanalytic process?	1	,1	,1	91,0
AS-Givens of supervision: A cross-theoretical framework	1	,1	,1	91,0

ET-The Power of Now: A Guide to Spiritual Enlightenment	1	,1	,1	92,9
EM-Amor Fati	1	,1	,1	93,0
EM-Existential-Phenomenological Contributions to Counselling	1	,1	,1	93,0
EL-Auch deine Familie braucht Sinn	1	,1	,1	93,1
EL-Spirituelle Psychologie: Quellen sinnvollen Lebens	1	,1	,1	93,1
EL-Freiheit und Identität. Logotherapie bei Suchtproblemen	1	,1	,1	93,2
EB-Ich habe eigentlich vor nichts Angst	1	,1	,1	93,2
ER-Neogênese: o desenvolvimento humano mediante a psicoterapia	1	,1	,1	93,3
ER-O encontro de si na trama do mundo	1	,1	,1	93,3
ER-O Inquilino do Imaginário	1	,1	,1	93,4
ER-As dimensões da existência humana	1	,1	,1	93,4
EvD-Aims of existential supervision: Truth as a guiding light	1	,1	,1	93,5
EvD, SY-Existential Perspectives on Supervision	1	,1	,1	93,6
EvD-The Survival of the Self	1	,1	,1	93,6
EF-Escape from Freedom	1	,1	,1	93,7
EF-To Have or To Be?	1	,1	,1	93,7
EC-The Human and the Hidden: Existential Wonderings about Depth, Soul, and the Unconscious	1	,1	,1	93,8
EG-Experiencing and the Creation of Meaning	1	,1	,1	93,8
EG-The role of knowledge in practice	1	,1	,1	93,9
EM-Lived Time	1	,1	,1	93,9
FR, BF, CG-Re-Envisioning Psychology	1	,1	,1	94,0
FR-Diálogo Maiêutico e Psicoterapia Existencial	1	,1	,1	94,0
FP-Gestalt Therapy Verbatim	1	,1	,1	94,1
GB-Psychotherapie als existentielle Herausforderung	1	,1	,1	94,1
GC-Theory and Practice of Counseling and Psychotherapy	1	,1	,1	94,2
GH-Biologie der Angst. Wie aus Streß Gefühle warden	1	,1	,1	94,2
GH-Was wir sind und was wir sein könnten	1	,1	,1	94,3
GC-Martin Heidegger's Impact on Psychotherapy	1	,1	,1	94,3
GN, PW-Brief Strategic Therapy: Philosophy, Techniques, and Research	1	,1	,1	94,4
GJ, RK-Grace Unfolding: Psychotherapy in the Spirit of Tao-te ching	1	,1	,1	94,4
GM-Focusing, Intersubjectivity, and Therapeutic Intersubjectivity	1	,1	,1	94,5
GM-Existential Migration	1	,1	,1	94,5
GP-Viktor E. Frankl: Comunicación y Resistencia	1	,1	,1	94,6
GF, RK-Einführung in eine phänomenologische Psychologie	1	,1	,1	94,6
HK-Das Leben wartet auf Dich: Viktor und Elly Frankl	1	,1	,1	94,7
HC-Frames for therapies or therapies for frames?	1	,1	,1	94,7
HP-Und sie bewegt sich doch nicht	1	,1	,1	94,8
HP-Psicoterapia Gestalt: Proceso y metodologia	1	,1	,1	94,9
IX-Sentido Dos Sonhos Na Psicoterapia Em Viktor	1	,1	,1	94,9

JS-Awakening in Time	1	,1	,1	95,0
JB-Psychotherapy and Process	1	,1	,1	95,0
JC-Everything to Gain	1	,1	,1	95,1
JG-Handbook of Experimental Existential Psychology	1	,1	,1	95,1
JM, MB-A pesquisa qualitativa em psicologia	1	,1	,1	95,2
JB-Attachment	1	,1	,1	95,2
JH-Wittgenstein and psychoanalysis	1	,1	,1	95,3
JH-Scepticism and psychotherapy: a Wittgensteinian approach	1	,1	,1	95,3
JH-Is Existential Therapy Just Another Approach?	1	,1	,1	95,4
JH-What is Existential Analysis?	1	,1	,1	95,4
JCT-Introdução à psicoterapia existencial	1	,1	,1	95,5
JPG- Os desafios do terapeuta existencial hoje	1	,1	,1	95,5
JG-Logoterapia: A psicoterapia existencial humanista de Viktor Emil Frankl	1	,1	,1	95,6
JM-Do um como princípio ao dois como unidade	1	,1	,1	95,6
JF-The Pursuit of Meaning	1	,1	,1	95,7
KF-Sartre's Existentialism and Social Work	1	,1	,1	95,7
KB, MLS-Wörterbuch der Logotherapie und Existenzanalyse von Viktor E. Frankl	1	,1	,1	95,8
KS-Horror and the Holy	1	,1	,1	95,8
KS-An existential-integrative approach to experiential liberation	1	,1	,1	95,9
KG-Der Traum	1	,1	,1	95,9
KG-The Organism	1	,1	,1	96,0
LG-An Introduction to Object Relations	1	,1	,1	96,0
LA-The Adventures Of Rabbi Arieh	1	,1	,1	96,1
LT-Embodied Enquiry	1	,1	,1	96,2
LT, KL-Anleitung für die biographische Arbeit in der Existenzanalyse	1	,1	,1	96,2
LH-Introduction to Existential Psychology in a Cross-Cultural Context-	1	,1	,1	96,3
LM-S-The phenomenology of listening and the importance of silence	1	,1	,1	96,3
LM-S-Dialogue and Communication	1	,1	,1	96,4
LB-Dream and Existence	1	,1	,1	96,4
LB-Über Psychotherapie	1	,1	,1	96,5
LB- The case of Ellen West	1	,1	,1	96,5
LR-Psychodynamisch Imaginative Traumatherapie	1	,1	,1	96,6
MP-Modern Social Work Theory	1	,1	,1	96,6
MS-Do You Realize? A Story of Love and Grief and the Colours of Existence	1	,1	,1	96,7
MA-Practising Phenomenology – some reflections and considerations	1	,1	,1	96,7
MF-Buber and dialogical therapy: Healing through meeting	1	,1	,1	96,8
MB-Psychiatrist Discovers India	1	,1	,1	96,8

MB-Meaning and content of sexual perversions	1	,1	,1	96,9
MGT-The Primacy of Experience in R. D. Laing's Treatment Philosophy	1	,1	,1	96,9
MN-Supercoach: 10 Secrets To Transform Anyone's Life	1	,1	,1	97,0
MT-Esistenza e progetto. Fondamenti per una psicodinâmica	1	,1	,1	97,0
MC-Essential Research Findings in Counselling and Psychotherapy	1	,1	,1	97,1
MC-The inter-experiential field	1	,1	,1	97,1
MA, DW-De terapias y personas. El encuentro, un enfoque humanístico	1	,1	,1	97,2
NM, RO-Paths of Freedom	1	,1	,1	97,2
NT-Existentialism and Social Work	1	,1	,1	97,3
NK-Anxiety: An Existential Perspective	1	,1	,1	97,3
NP-Positive Family Therapy	1	,1	,1	97,4
OZ-Vertrauen kontra Angst	1	,1	,1	97,5
PR, VR-Cancer, Dialogo de Intimidades	1	,1	,1	97,5
PR-Memoria de Una Existencia Vulnerada	1	,1	,1	97,6
PL-The Limits of Interpretation: What's Wrong with Psychoanalysis?	1	,1	,1	97,6
PL-Aufbau der Person	1	,1	,1	97,7
RB-Vida, Tiempo y Libertad	1	,1	,1	97,7
RH-Between Person and Person: Toward a Dialogical Psychotherapy	1	,1	,1	97,8
RK-Контуры экзистенциальной терапии	1	,1	,1	97,8
RK-Egzistencinis patyrimas ir grupinė psichoterapija	1	,1	,1	97,9
RF, JC-Beyond Death Anxiety: Achieving Life-Affirming Death Awareness	1	,1	,1	97,9
RN, DH, HW, GT-Grief and Bereavement in Contemporary Society	1	,1	,1	98,0
RS, GA-Contexts of Being: The Intersubjective Foundations of Psychological Life	1	,1	,1	98,0
RNS-A Modernidade Técnica e a Questão do Sentido: ensaio entre hermetismo e hermenêutica	1	,1	,1	98,1
RR-Fundamentos da Logoterapia	1	,1	,1	98,1
RC-Thresholds Between Philosophy and Psychoanalysis	1	,1	,1	98,2
RF-Understanding Experience: Psychotherapy and Postmodernism	1	,1	,1	98,2
RK-Deuten als Entwerden	1	,1	,1	98,3
RK-Sinn - Sein – Sollen	1	,1	,1	98,3
RM-Power and Innocence	1	,1	,1	98,4
RM-Art of Counseling	1	,1	,1	98,4
RL-The Voice of Experience	1	,1	,1	98,5
RL-The Facts of Life	1	,1	,1	98,5
RV, MK-Existential-phenomenological Alternatives for Psychology	1	,1	,1	98,6
RJ-Irvin D. Yalom: On Psychotherapy and the Human Condition	1	,1	,1	98,6
SF-The Interpretation of Dreams	1	,1	,1	98,7

SD-Anger, Madness, and the Daimonic	1	,1	,1	98,8
SG, LR-Just Listening: Ethics and Therapy	1	,1	,1	98,8
TE-Treinamento em Psicoterapia Vivencial	1	,1	,1	98,9
TS-The Ethics of Psychoanalysis	1	,1	,1	98,9
TG-Introdução à Psicologia Fenomenológica	1	,1	,1	99,0
UO-Adlerian Psychotherapy: An Advanced Approach to Individual Psychology	1	,1	,1	99,0
VW-The Therapeutic Use of Self: Counselling Practice, Research and Supervision	1	,1	,1	99,1
VA- Histórias Psi: a Ótica Existencial em Psicoterapia	1	,1	,1	99,1
VA-Psicoterapia Fenomenológico-Existencial	1	,1	,1	99,2
VF-Recollections: An Autobiography	1	,1	,1	99,2
VF, CH-Bergerlebnis und Sinnerfahrung	1	,1	,1	99,3
VF-Zeiten der Entscheidung	1	,1	,1	99,3
VF-Psychotherapie für den Alltag	1	,1	,1	99,4
VF, PL-Gottsuche und Sinnfrage: Ein Gespräch	1	,1	,1	99,4
VF-Homo patiens	1	,1	,1	99,5
VF-What Is Meant by Meaning	1	,1	,1	99,5
VM-Clínica Humanista-Fenomenológica	1	,1	,1	99,6
VM-De Carl Rogers a Merleau-Ponty: a pessoa mundana em psicoterapia	1	,1	,1	99,6
VS-The New Peoplemaking	1	,1	,1	99,7
VB-Social Constructionism	1	,1	,1	99,7
GT-The Placebo Effect and Health	1	,1	,1	99,8
WB-La psicoterapia en su aspecto antropológico	1	,1	,1	99,8
WL-An Inquiry into Making Sense of Our Lives	1	,1	,1	99,9
XW-Zhi Mian and Existential Psychology	1	,1	,1	99,9
YR-Los atributos existenciales: una metaestrategia psicoterapêutica	1	,1	,1	100,0
Total	1923	100,0	100,0	

Appendix M: Existential Therapy Most Characteristic Codes of Practice –

Definition and Examples from Participants' Responses

Practice	Definition	Example from questionnaire
PEA method – Personal existential analyses	A step-wise process where the therapists helps to: 1 Description – deepen relation with the experience, by asking a detailed description; 2. Phenomenological analysis – recognize and accept the spontaneous and actual sensation he/she has towards the experience; 3. Inner positioning – get a self-distancing, an understanding, a judgment, about the experience and gain a new relation with the experience; 4. Responding performance – manage self-transcendence by carrying out existence from an inner position.	the Personal Existential Analysis (PEA) (173.3) PEA (Personale Existenzanalyse by Alfried Langle) (171.3)
BEA Method – Biographical Existential Analysis	A step-wise process where the therapists helps to: 1. Entrance: a) Uncover biographically relevant content (What does today's experience/problem have to do with back then?); b) Biographical description (What happened back then?); c) Condensation of actuality to a common denominator (Does something that happened then concern today? – Is it the same that moves you today?) 2. Process the biographical background: a) Impression – seek the primary emotion both on the present and past; b) Positioning – integrate emotionally an understanding, a conscience, a positioning and a will of both of what happened in the past and the present view. 3. Existential integration: How would you like to deal with it? How did you deal with that and what do you still carry with you today? Can you stand up to the answer you carry with you today? How much of that can you realize today? And what would be the consequences? 4. Understand; Can you understand what happened and how you behaved the way you did?	Método Biográfico de Alfried Langle- Técnica de Autobiografía de Elizabeth Lukasé (9.3) biographical existential-analysis (217.1)
PP method – Personal position finding	A step-wise process where the therapists helps to: 1. Toward the outside (perception): Ascertain what has concretely produced the problem and from where is this information taken from that this can happen. And limit the fear and reduce the fantasy by the use of reality. 2. Toward the inside (positioning): Take a stand concerning client's abilities and direct him toward what is possible, so he knows on what he can rely. 3. Toward the positive (decision): Position the client to what is there, to the positive.	method of ascertaining one's personal position (217.2) personal position finding method (256.3)
WSM – Will strengthening method	A step-wise process where the therapists helps to: 1. Describe clients intentions and the positive consequences expected and the positives outcomes from therapy;	Fortalecimiento de la voluntad (11.1) Willensstärkungsmethode

	2. Clarify all the obstacles, all the reasons, which work against his intentions, with a detailed description of all the expected difficulties and the strength and demands that will be required from the client; 3. The intensification of the positive, elicited by the intended goal, by making clear the aim and the personal will for that goal	(156.3)
Gate of death method	A step-wise process where client's experience of fear or anxiety is deeply clarified by phenomenological exploration, after which he is invited to confront his greatest anxiety: 1. Where do you experience anxiety? 2. How…? 3. Phenomenology of anxiety – what do you really fear? 4. What's the biggest anxiety? 5. Can you just let it happen (Gate of Death)? 6. Accepting death and life constrains, accepting what it is.	the gate of death (183.3) Puerta de la muerte en la confrontación del miedo (Langle) (199.3)
Attitude change method	A step-wise process where the therapists helps to: 1. Make conscious what is his position and how it was adopted and the way it affected his life; 2. Deepen his perspective on the attitude and position, to gain distance towards it. 3. Open for a new positioning, having in mind the amplifications of the previous step 4. Question the consequences and action steps of the new attitude.	Methode der Einstellungsänderung (253.3)
Dereflexion	The therapist tries to help the client to leave aside, from a conscious position, the end or result of the problem/situation and to focus on the meaning and value of it.	Dereflexion (171.2)
Paradoxical Intention	The therapist prescribes or advice the client to really engage in the behavior or situation he wants to avoid: therapist encourages the client to look forward for the situation that makes him anxious.	Paradoxical Intention (716.2)
Structural work: 4 fundamental motivations	The therapist tries to address, explore and/or acknowledge the impact and relation the client has with the four fundamental realities: the world as facticity and potentiality; life with its network of relationships and its feelings; being oneself; and the future, our development through our activities.	Cuatro Motivaciones Fundamentales de la Existencia (459.3) 4 Grundmotivationen nach A. Langle (764.3)
SEM method – Finding personal meaning	A step-wise process where the therapists helps to: 1. Amplify the perception of the reality and context that surrounds us. 2. Clarify what are the client's values. 3. Choose according to client's values, having in mind his limitation and context and his given meaning. 4. Act according with his values.	Sinnerfassungsmethode (SEM) (253.2)
		An exploration of how

Meaning oriented interventions	All the intervention and/or procedures that aim to explore and find meaning in the client's life.	each client can find meaning, and authentically engage with his/her life options/choices (911.3)

Facilitating clients to select their purpose and meaning of life (1105.1) |
| Self-distancing | The therapist encourages the client to explore his experiences and take up a position (inner position), a judgment, over it. | Selbstdistanzierung (159.3)

Self distancing (704.2) |
| Self-transcendence | After helping the client to gain self-distance, the therapist encourages the client to make a step of it: to put into action, expresses, what he found when he came about with his inner position. | autotranscendência (440.1)

working with the capability of self transcendence (655.1) |
| Socratic dialogue | The therapist engages on a dialogue with the client to help him to unveil, ideas, thoughts, meanings that were already there at some level. By questioning and using irony, the therapist leads the client to discover perspectives that were still not conscious. | Diálogo socrático – Maêutica (430.1)

SOCRATIC DIALOG (658.2) |
| WIN – Value-oriented imagery | Therapist helps the client to have an imagery experience which will then be analysed, translated and understood by both therapist and client. | value-orientation or Imagery work or Boeschemeyer's 'wertimagination' (232.3) |
| Other logotherapy and existential analysis methods | Other logotherapy and existential analysis-specific practices not referred to above. | existential dialogue execise (following the ""chair-method"" of A. Laengle) (157.3)

Copernican turn (Frankl) (200.3)

inner consent (204.2)

Selbstwertinduktion (151.1) |
| Addressing dialectics | To address, explore and/or acknowledge the impact and relation the client has with the dialectic interaction between their historic context and their subjectivity: The client is at the same time the result of his historic/environmental context and the subjective result and understanding of it. Client's project and problems are an expression of this dialectic struggle. | Dialética sartreana (349.3)

O enfoque dialético (381.2) |

Addressing progressive-regressive method	To explore and/or acknowledge how the client's singularity expresses the universality and, at the same time, how that universality is expressed at this singularity. All this is expressed by his project. The therapist is also influenced and is aware, and may address, the dialectic nature of his relation with the client.	O metodo progressivo-regressivo de Sartre (339.3) Metodo progressivo regressivo (342.2)
Addressing "*práticas vivenciais*"	The therapist's attention to the theories and practices as developed by Tereza Erthal on her "Vivencial Therapy": a Sartrean-based therapy, based on the phenomenological method but with a strong influence on Sartre's perspectives about man and change.	O Retorno às vivencias (319.2) Técnica de dinâmica Vivencial (341.3)
Equal power	Therapist adopts and promotes a non-hierarchical relation with the client, encouraging him to question, refute and not to accept the therapist's opinions or ideas as unquestionable. Conversely, encourages a relation where both are equally human, so they can argue and look at each other's perspective from the same hierarchic position.	non-hierarchical encounter (816.3) Person centred approach maintaining an equality of power within the relationship (874.3)
Unconditional positive regard	Therapist accepts and supports the client regardless of what he says or does.	Unconditional positive regard for the client (88.2) Consideración positiva e incondicional. Su valor como persona está en el centro de la existencia, vista como un todo por lo que unir los fragmentos y espacios vacios le dará luces para entenderse y comprenderse mejor a si mismo (660.2)
Empathy	Therapist's attitude of trying to relate to and understand the other from his own experience and/or understanding. The therapist tries to understand and get in touch with the lived experience of the client.	Compreensão empática (270.1) Empathy (570.2)
Sorge/care	An attitude of relating with the client that respects and does not demand anything from him. It is different from taking care of (or solving) the other, "jumping in" for them, or wanting them to conform to what we think is better for them (running ahead). It is a stance of being side by side with a respectful and not demanding concern (respecting the otherness and different choices).	Cuidado antepositivo (vorausspringend-befreienden Forsorge) (Heidegger) (444.3) genuine care coupled with not 'protecting' a client from the full experience of their own felt truths (1056.2)
Encounter	An encounter entails from the therapist all the existential relational attitudes (presence, empathy, *Sorge*). Encounter moments are emotionally very intense, where both client and therapist are touched	Being with, openness to mutual relationship (Buber) (920.3)

	and connected by the clients' experience.	Encounter (959.1)
Presence	The therapist's attitude of coming out of himself to meet the other person. Presence is more than being intellectually or technically present; it is being totally there for the client. The presence of a therapist is observable when he is clearly and actively focused and engaged with the client and with what he brings.	therapeutic presence (dasein) (578.1) Presence and availability (816.1)
Therapeutic relation	The therapist uses his expertise to intentionally promote, develop and/or maintain a therapeutic relation.	Bulding a human being/ human being therapeutic relationship (819.3) use of relationship as transformational tool (1038.3)
Therapeutic listening	Therapist gives the space and time for the client to express all he wants to say and genuinely listens to what he wants to convey in his subjective, personal and unique experience.	in-depth listening (964.2) REALLY trying to listen (976.1) listening techniques (1031.1)
Dialogue	A mutual, dynamic and genuine engagement of both therapist and client, in knowing (by listening) and exposing (by talking) each other. The dialogue is not previously planned by the therapist; we see an open process of construction in which both therapist and client have not defined a specific objective.	Therapeutic dialogue reflecting Buber's I-Thou concept (71.2) creative dialogue and counselling (499.3) therapeutic dialogue (592.2)
Analysis of therapeutic relation	Analyzing what is happening on (or with) the therapeutic relation. Therapist may choose to address and/or explore this analysis with the client (directly observable) or this information can be used only to better understand the client's way of relating with others (not directly observable).	Exploring relationship between a therapis and a client (587.2) Análisis de la relación terapêutica (no precisamente compartida con el paciente) (622.2) Investigation of the relationship co-created between therapist and client (801.3)
Awareness of his reactions/ex periences towards the client	Therapist's particular attention to what he is feeling towards the client. Therapist may choose to address and/or explore this with the client (directly observable) or this information can be used only to better understand the client's way of relating with others (not directly observable).	Check my own reactions towards clients (318.3) experiencing whatever is occurring in the room (892.3)
Working in	Addressing, exploring and/or acknowledging with what is happening in the moment of therapy: either	here and now "focused psychotherapy" (550.1)

the here-and-now	what is happening with the therapeutic relation or any other thing that may occur in the moment in the therapy room.	working in the relationship in the here and now (892.2)
Self-disclosure	The therapist discloses something about himself: either about himself in that therapeutic relation or something about his personal life or way of thinking.	giving authentic feedback (241.3) Personal Opinion (Stellungnahme) (262.1) being 'real' e.g. use of self-disclosure re relationship (830.3)
Generic reference to phenomenological method	Therapist makes a general use of the phenomenological method to enquiry, question or explore a particular subject with the client.	Phenomenological process of enquiry (102.1) The phenomenological questioning method (748.3)
Epoché	Therapist brackets his assumptions, theories, previous knowledge or ideas he may have about the topics or events the client brings, in order to understand the phenomena as it shows itself. We see this happening when therapist is exploring a client's topic as if he had never had any previous contact with something similar.	Suspensão dos juízos de valor durante as situações terapêuticas e em relação aos pacientes (tentativa de sustentar a "Epoché" que nos é ensinada na teoria.) (334.3) to be able to bracket one's own assumptions to be able to understand the client's own experience (857.3) bracketing, being aware of my assumptions, interpretations, my own agenda (948.3)
Reduction or exploring personal experience	Therapist focus exclusively on the intentional experience of the client, and the meanings associated with his subjective experience. The questioning is focused on client's personal lived experience of a situation, as sometimes he may not have a conscious acknowledgment of it.	Trying to understand together with the client the individual experiences (his way of perception) (224.2) Focus/exploring/clarify Lived Experience (834.1) phenomenological reduction (922.1)
Horizontalization	When working on a new subject, the therapist avoids placing any degree of importance or preference upon the description or enquiry taking place. Therapist tries to treat all contents or events shown by the client as equal, avoiding any hierarchy of importance based on previous	horizontalisation (859.2; 973.2)

	assumptions.	
Description	Rather than making interpretations, explanations or hypotheses, the therapist tries to promote and maintain a descriptive attitude towards what happens or what is brought to therapy. The therapist tries to focus only on the description of the events or therapeutic material.	A focus on creating the place for description rather than for explanation of each client's life experiences (911.2) Phenomenological description (990.3)
Generic reference to phenomenol ogical attitude	The therapist adopts a phenomenological attitude (more than applying the steps of the method) towards the client and the contents he brings: The therapist stays open to the experience of the client, as lived by him, while bracketing his own assumptions, theories and prescriptions he may have for "that kind of problem". Therapist tries to attain and to be open to the client's actual and unique experience of the problem.	Actitud Fenomenológica (470.1 By meeting the client with an open mind and a spirit of exploration and to cultivate a naive attitude to discover a fresh perspective on the world (857.2)
Understandi ng stance	Keeping only an understanding stance towards the client perspective rather than interpreting, explaining, giving clues, challenging, solving or changing it.	La comprensión como medio de acercamiento a la subjetividad de la otra persona (14.3)
To work and stay with what comes or what the client brings	An open attitude to stay and work therapeutically only with the contents brought by the client or with what he shows in therapy.	Being completely open to client's phenomenological experience, avoiding external frames of reference where possible (96.1) Meeting the client where he is (580.2) Client chooses focus of therapy (923.1)
Avoiding diagnosis/lab els	Therapist refrains from labeling client's problems and/or giving psychopathological or psychological diagnosis.	non diagnostic approach (90.2) Authentic and open engagement with each client, without medicalising and pathologising their experience but instead maintaining a non-judgmental openness to their life experience (911.1)
Addressing not knowing	Therapist adopts and/or acknowledges the attitude or experience of not knowing and accepts and	position of uncertainty/not knowing (103.1)

		makes it present with client interactions.
		Stance of not knowing - taking nothing for granted (950.1)
Keep a curious attitude	Therapist keeps an open and genuine curious attitude towards the client: wanting to genuinely know something more about him as an alterity. The therapist keeps asking questions about clients subjects as if he stands on a naïve position.	Reticence in the counsellor (waiting for something to unfold) (929.1)
		taking a curious approach (921.1)
Generic reference to a hermeneutic-based practice	Based on the content gathered from a previous phenomenological exploration, therapist makes interpretations. These interpretations are always based on actual client material and never on the therapist's previous assumptions or theories.	Interpretação a partir de uma perspectiva hermenêutica e não impositiva (679.3)
		Hermeneutic Phenomenology (962.2)
		Phenomenological interpretation (1057.1)
Addressing existential givens in general	Based on a philosophical-theoretical assumption that existence is always a "standing out" within "givens" or unescapable conditions, existential psychotherapy believes that our difficulty in accepting this, and trying to avoid the "givens", may bring psychological, emotional or even psychopathological problems. The therapist helps the client to address, face and, eventually, find a way to live with those general conditions of existence.	attention is paid to how the four 'givens' of existential conflict impact on our way of being in the world (793.1)
		Awareness of ontological givens (829.1)
		Givens acknowledgement and exploration of. (933.3)
Freedom/choice/ responsibility	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the inevitability of choice, freedom and responsibility.	Focus on responsibility for and ownership of choices made (801.1)
		Recognizing the Freedoms that one has (1105.3)
Facticity/possibilities	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the fact that our life is conditioned in many ways that we cannot change, though we can choose our response to it.	Recognition of Existential possibilit and limitation (990.1)
		Helping clients identify and accept what they can and cannot control and to open them up to new possibilities in being within their given limitations. (1028.2)
		ejercitación en la angustia

Anxiety/unc ertainty	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the fact that we cannot control everything and that some of the things that happen to us are out of our control; anxiety is part of our existence even if we don't like it.	o incertidumbre (633.2) learning the art of living, whilst accepting anxiety, uncertainty and personal responsibility (895.3)
Being-in-the-world-with-others	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the fact that we are always in relation with others and that relatedness is a primary state of being, deeply rooted in what and who we are.	Explicitação e tematização hermenêutica dos modos de ser-no-mundo-com-o-outro e suas disposições afetivas dominantes (444.2) Emphasizing and understanding client's inter-relational context (1049.2)
Paradoxes	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the fact that life is full of paradoxes, instead of a "yes or no", "black or white" world, as we would like it to be (as it would make our choices, positioning and worldviews straightforward).	The aim of existential therapy is not to change the person but to help them come to terms with life's contradictions (857.1) Working with Paradox and Tension (868.3)
Being-towards-death	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the awareness of the inevitability of death.	awareness of death anxiety (103.2) death acceptance (455.3)
Temporality	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the fact that we are on a temporal path from birth to death and that our existence happens in a continuum where past and future are always present in the lived present.	Temporalidade (371.3) Being in time (958.2)
Other givens	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with other givens the therapist and client may address.	ser em construção (370.3) Aqui e agora e devir (395.3) Corporalidad (649.3)
Being-in-the-world	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with our inevitable involvement with all that is: we are always part of the world, making it and being made by it.	Being in the world (908.1) relationship with the world (980.1)
Authenticity	The therapist helps the client to be more genuine, more in tune with his own feeling and real in-deep choices when facing the world and, above all, when facing others.	developing mindfulness to increase the client's authenticity (793.3) …Heidegger's views of

		authenticity (968.2)
Four dimensions of Existence	To address, explore and/or acknowledge the impact and relation the client has with the four worlds/dimensions of existence (personal, physical, social and spiritual), as theorized by Binswanger and van Deurzen .	Exploring being-in-world in four dimensions (587.1) Working with Existential Dimension and Givens of Existence (868.2)
Exploring/understanding client's worldview	Therapist tries to clarify client's worldviews, so it may help them change, redefine, and/or adapt them to the client's present and actual existence.	Understanding the world view of the client. (88.1) Exploration of the individual's view of the world (values, relationships) (801.2)
Enhance self-awareness on client's way of relating with life/existence	Therapist helps to explore and deepen client consciousness about the way he lives, interprets and deals with his life/existence; what he is doing with his life and with the things that happen and/or with the possibilities that may be open to him and how that relates with his aimed future (project).	A busca do sentido das vivências na vida do sujeito (306.2) Exploring the stance people have in life (519.2) developing the client's awareness of his relationship with himself within the world (793.2)
Understanding client's Being	The therapist helps the client to address, acknowledge and think about the universal conditions of existence and the universal structure of the human being. This is more of a philosophical task within therapy.	compreender o ser humano com sua totalidade (403.2) analysis of being in the world (568.2)
Existential-philosophical inputs	Bringing or guiding the therapeutic work based on other existential-philosophical theories or assumptions different from the above.	accepting the limits of knowledge (796.2) Awareness of issues of existence (805.2) Intersubjective theory (962.1)
Generic reference to philosophical practices	Therapeutic work based on philosophical counselling. The therapist may suggest philosophical readings as homework or during the therapy sessions, or may engage on an exploration of traditional philosophical theories and their significance for client issues.	Apoyo filosófico (650.1) philosophical/reflective practice (943.3)
Focusing	Using Gendlin's focusing method of working with body felt experience: A focus and exploration of the body felt-sense (a body response) to the situation being explored.	focusing (685.3; 1084.2)

Exploration of feelings and emotions	Exploring the feelings and/or emotions certain events had on the client.	focus on experience of emotions (90.1) Observation of client's experiential and emotional world (819.2)
Body practices	All body-related psychotherapeutic practices the therapist may use: body awareness; address and explore body sensations and/or expressions; etc.	embodied mentalizing (1056.3) Body Awareness (1063.1)
Use of creativity/expression methods	The use of creative (drawing, sculpture, etc.) or expression (dance, music, etc.) methods or practices in therapy.	curiosity & creative processes: story, art, movement, dreams, archetype, phenomenon... (50.3) Use of the creative arts (1081.2)
Empty chair	To role-play an interpersonal problem in the here-and-now of the session, talking to an "empty chair" as if the other person is there.	The empty chair (97.3)
Challenging Interventions	The therapist challenges the client's perspective, by interpreting, confronting, or pointing out certain aspects of what was said or done that seem contradictory, confused or even untrue.	Interpretação como Processo de Criação Significado (687.2) Challenging assumptions (873.1)
Clarifications	Exploring, with the client, the implications of his statements and questioning what is contradictory, unclear, or incomplete. Clarification is an attempt to bring out additional facts, while making more obvious what questions are implied, but left unexplained, in the patient's information	Intervenção por clarificação do discurso e por meio indireto através de ironia e metáforas (302.3) Intervenções clarificadoras (348.1)
Addressing client change and outcomes	Addressing or exploring client aims, changes and/or outcomes for therapy or giving particular attention to outcomes.	Modificación de actitudes (12.1) Procura da mudança (689.1)
Psychological evaluation	Using clinical psychology evaluation methods, measures or tests.	Psicodiagnóstico interventivo (345.2) Análise de desenhos conforme D'Alfonso (431.1)
Modelling or given opinion	The therapist encourages the patient to model his behavior on his own or gives/conveys personal opinion on client's problem.	to encourage the patient to adjust the former mode of life or behaviour by existential therapy, to perfect the life. (478.3)

Mindfulness	Using mindfulness on therapy work: therapist tries to facilitate on the client becoming aware (attention) and accepting (non-judgmental curiosity) all incoming thoughts and feelings (present experience).	mindfulness (1029.3) mindful practice (1033.3)
Enhance self-awareness	Therapist works to promote the client's self-awareness.	expanding self awareness particularly of triggering behaviours such a defensiveness (112.1) darse cuenta (*Tomada de consciência*) (604.3)
Narrative exploration	The therapist poses questions to help the client to externalize a problem and then thoroughly investigate it to generate experientially vivid descriptions of life events that are not currently included in the plot of the problematic story.	Narrative exploration (89.2) Narrative method (860.2)
Searching/exploring resources	Exploring and enhancing awareness of client's personal resources: be it emotional, psychological, social financial, etc.	ressources researching (230.2) development of individual potential (565.3)
Working with dreams	Therapist works with the dreams brought by the client	compreensão dos sonhos (393.2) dreamwork (1029.2)
Other non-specific practices	Other practices not referred to above	análise do discurso (422.2) analysis of language (568.1) Duscurso (615.2) Cognitive - identifying and testing beliefs (833.2) testing new approaches to life circumstances (cf. Kellian Role Construct Revision) (199.2) Inward searching (1074.12) Evenly suspended attention (1097.1)

Appendix N: Existential Therapy Most Characteristic Sub-Categories of

Practice – Definition

Categories	Sub-Categories
Methods associated with specific existential branches	**Logotherapy and existential analysis methods** The therapist makes use of specific attitudes and/or methods associated with logotherapy and/or existential analysis such as PEA method, paradoxical intention, dereflexion, PP method, Socratic dialogue, SEM method, WSM method, etc.
	Sartrean-based therapy methods The therapist makes use of specific attitudes and/or methods associated with sartrean based therapy such as, progressive-regressive method, dialetics or "práticas vivenciais".
Relational practices	**Person-centred related attitudes** Therapist adopts relational attitudes related with the person-centered approach, such as empathy, unconditional positive regard and the promotion of a non-hierarchical relation with the client.
	Relational stance The therapist tries to establish an in-depth, authentic relationship with the client, by being present, caring, and/or trying to encounter with the person the client truly is. The therapist can also adopt a set of procedures or technics to deepen the therapeutic relation.
	Relational skills The therapist deep and careful listening and/or openness to enter on a not previously planned and genuine dialogue.
	Addressing what is happening on the therapeutic relation The therapist works with the contents that may arise from/at the therapeutic relation, analyzing it, working in the here-and-now, being aware of one's reactions to the client, and/or by self-disclosing.
Phenomenological practices	**Phenomenological method** The therapist makes use of the phenomenological method (focus on the phenomena as it shows itself) to enquiry, question, describe or explore a particular subject with the client.
	Phenomenology based attitudes and practices The therapist adopts a phenomenological attitude (more than applying the steps of the method) towards the contents the brought by the client and tries to understand its unique experience, with a curious attitude and avoiding judgments.
	Hermeneutic based practice Based on the content gathered from a previous phenomenological exploration, the therapist offers interpretations. These interpretations are always based on actual client material and never on the therapist's previous assumptions or theories.

Practices informed by existential assumptions	**Addressing the existential givens** The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with the "givens" or unescapable conditions of existence: freedom, facticity, uncertainty, interrelatedness, temporality, paradoxes, being-in-the-world, etc.
	Addressing existential assumptions The therapist helps the client to address, explore and/or acknowledge his relation with several existential-philosophical assumptions/presupposition as: the four worlds/dimensions of existence; personal worldviews to interpret the world; the ontological structure of Dasein; the way he relates with life and existence; authenticity; etc.
Non-specific therapeutic practices	**Experiential and body practices** The therapist works on an experiential and/or body level, using practices such as exploring the feelings and/or emotions certain events had on the client, focusing, body awareness, address and explore body sensations and/or expressions, creativity/expression methods (drawing, sculpture, dance, music, etc.) or gestalt's empty chair.
	Communicational practices The therapist challenges the client's perspective, by interpreting, confronting, or pointing out certain aspects of what was said or done that seem contradictory, confused or even untrue or tries to clarify what seems contradictory, unclear, or incomplete.
	Directive Interventions The therapists more directive interventions, like addressing client changes and outcomes, using clinical psychology evaluation methods or tests, or giving opinions.
	Deepening awareness The therapist works to promote the client's self-awareness and the use of methods such as mindfulness or narrative exploration.
	Others The therapist helps to explore and enhance awareness of client's personal resources, works with dreams, or uses other practices not referred to above.

Appendix O: EPOG Items' Definition

EPOG Items' Definition

Items	Definition	Specific Interventions
1. Methods associated with specific existential schools	The therapist makes use of specific attitudes and/or methods associated with logotherapy and/or existential analysis or with sartrean based therapy.	Logotherapy and/or existential analysis methods: PEA, BEA, PP, WSW, SEM, WIN, gate of death and attitude change methods, dereflexion, paradoxical intention, socratic dialogue and exploring and/or acknowledge the impact and relation the client has with Längle's four fundamental realities. And/or Sartrean based methods: addressing dialectics, progressive-regressive methods and "práticas vivenciais".
2. Relational practices	The relational attitudes and interventions adopted by the therapist. We see this happening when the therapist accepts and supports the client regardless of what he says or does; when he is clearly and actively focused and engaged with the client and with what he brings; when he is clearly touched and connected with the clients' experience; or when he encourages a relation where both are equally human, so they can argue and look at each other's perspective from the same hierarchic position.	Equal power, unconditional positive regard, empathy, sorge/care, encounter, presence, therapeutic relation, therapeutic listening, dialogue.
3. Addressing what is happening on the therapeutic relation	The therapist works with the contents that may arise from/at the therapeutic relation, by analyzing it, working in the here-and-now, being aware of one's reactions to the client, and/or by self-disclosing.	Analysis of therapeutic relation, awareness of his reactions/experiences towards the client, working in the here-and-now and self-disclosure.
4. Phenomenological practices	The therapist makes use of the phenomenological method (focus on the phenomena as it shows itself) to enquiry, question, describe or explore a particular subject with the client. The therapist stays open to the client's actual and unique experience of the problem, while bracketing his own assumptions, theories and prescriptions he may have for "that kind of problem".	Epoché, reduction or exploring personal experience, horizontalization, description, understanding stance, to work and stay with what comes or what the client brings, avoiding diagnosis/labels and keep a curious attitude.
5. Hermeneutic based practice	The therapist makes an interpretation (gives his understanding or analysis of a presented subject, or a link between different topics discussed previously) based on the content gathered from a previous phenomenological exploration.	Interpretations based on a previous phenomenological exploration.

	These interpretations are always based on actual client material and never on the therapist's previous assumptions or theories.	
6. Practices informed by existential assumptions	The therapist helps the client to address, explore and/or acknowledge the impact and relation the client has with a particular existential-philosophical assumptions/presupposition.	To address the "givens" or unescapable conditions of existence: freedom, facticity, uncertainty, interrelatedness, temporality, paradoxes, being-in-the-world, etc. And/or to address, explore and/or acknowledge the impact and relation the client has with the four worlds/dimensions of existence; his personal worldviews to interpret the world; the ontological structure of Dasein and with his authenticity.
7. Experiential and body practices	The therapist works on an experiential and/or body level, using practices such as focusing, body awareness, address and explore body sensations and/or expressions, creativity/expression methods (drawing, sculpture, dance, music, etc.) or gestalt's empty chair.	Focusing, body practices, use of creative or expression methods, empty chair method.
8. Confrontational and directive interventions	The therapist challenges the client's perspective, by interpreting, confronting, or pointing out certain aspects of what was said or done that seem contradictory, confused or even untrue or tries to clarify what seems contradictory, unclear, or incomplete. He may also use more directive interventions, like addressing client changes and outcomes, using clinical psychology evaluation methods or tests, or giving opinions.	Interpretations, confrontations, clarifications, modelling or giving opinions. Use of psychological tests and addressing change and outcomes.
9. Other practices	The therapist uses or adopts a specific practice not referred to above.	Mindfulness, narrative methods, working with dreams, etc

Appendix P: Examples of the Observational Coding Process

Examples of the Observational Coding Process

Dyad	Interv.	Transcription	Rating
TA 1	47'19''	**Client**: ... There are a number of things he (ex-boyfriend) could help me with at this point, but I will not ask him for anything. **Therapist**: Are you protecting yourself?	Hermeneutic interventions
	47'52''	**Client**: I am protecting myself and I'm punishing him. Though he does not know he is being punished (laughs and therapist laughs too)... Yes, because I think he lost the right to know about me and therefore ... I'm punishing him ... It's a rather stupid punishment, because he is not aware he is being punished, but it works for me to know that he is not aware of what is going on in my life. **Therapist**: So, you are protecting yourself.	Other practices
	48'26''	**Client**: I am protecting me and punishing him. I am doing both things at the same time. But I think punishing comes first. **Therapist**: A few sessions ago you told me that people feel angry when they end a relationship. I'm thinking is there anger behind this punishment?	Hermeneutic interventions
TB 2	30'20''	**Client**: Yes, my nun side is more cerebral and the other, the monster, is more emotional… **Therapist**: What may the nun be trying to say?	Phenomenological practices
	30'58''	**Client**: (breathes deeply) ... Blocks, she blocks me... **Therapist**: Blocks!? Closes you? (with a very low tone of voice)	Relational practices
	31'03''	**Client**: (breathes deeply) Yes... **Therapist**: And this is not pleasant at all, it's annoying. But, what if there was a good reason for the nun to be doing that? Ok, now she blocks you, blocks you. But, if there was a good reason behind that what would it be?	Phenomenological practices
	32'04''	**Client**: ... To avoid missteps ... To avoid missteps that will make me feel... little and ... depressed and... She blocks me from any action. …She keeps me safe, but she also makes me feel as if I am always at the same place. **Therapist**: OK, nothing moves. You do not move.	Other practices
	32'22''	**Client**: At least I'm not in Hell! **Therapist**: Okay ... so ... Ahh ... You're in a Limbo.	Hermeneutic interventions
	32'30''	**Client**: Yes, neither cold nor hot ... or, as we say in Spain, "cero grados" (zero degrees) **Therapist**: "Cero grados" (mimics the Spanish pronunciation of the client) ... Wow, that's very cold! (Laughs)	Relational practices
	32'36''	**Client**: Yes, my nun side is more cerebral and the other, the monster, is more emotional… **Therapist**: What may the nun be trying to say?	Phenomenological practices

	1'18''	**Client**: (breathes deeply) ... I'm tired! **Therapist**: You are tired. (with a very low tone of voice)	Relational practices
	1'38''	**Client**: … (Silence and a deep breath) **Therapist**: It seems that there was a deep breath after telling me that.	Experiential and body practices
	1'57''	**Client**: (Silence and another deep breath) ... I think I tire myself... **Therapist**: You are tired, and you feel that you are the one who leaves you feeling like that.	Other practices
TC 1	2'55''	**Client**: Since I returned to smoking I've been trying to stop, and... (Sighs) ... it's hard ... Last week I did a hypnotherapy session, and... and stopped. On Friday I stopped smoking, but I returned ... I return to smoking yesterday ... and… I smoked four or five cigarettes. After that, I crumbled the remaining cigarettes and threw them in the garbage. But this morning, very early, I bought another packet. **Therapist**: … You resumed yesterday ... Anything important yesterday?	Relational practices
	3'56''	**Client**: ... (Deep breath) Well, yesterday no. But, when I said I tire myself... I do things… I get into things that trigger... old mechanisms of fear, insecurity, fragility, vulnerability and yet... and yet these are things that I feel I must do... **Therapist**: Turns out to be stronger... and you feel you must do it anyway.	Other practices
	4'04''	**Client**: Yes I feel ... Yes, yes, yes... **Therapist**: So, what happened?	Relational practices

Further Isolated Examples			
TD 1	24'26''	**Therapist**: What you said may be a good example of something you want. You see? What is important in your life, which you already had or want to have?	Practices informed by existential assumptions
TD 2	22'53''	**Therapist**: And how do you feel about that?	Phenomenological practices
TC 1	16'25''	**Therapist**: Sometimes I feel that there are things about me that you are afraid of or do not feel comfortable or doubt or that does not make you feel safe. If not in me, at least in this relationship ... I do not know if this makes sense to you.	Addressing what is happening in the therapeutic relation
TC 2	21'49''	**Therapist**: Well, I will put it another way: I know that there will be a second phase until the 13th of January. Can you tell me how are you going to use the argument 'I do not have time'?	Directive/ confrontational interventions

Note. Ratings were given on the Portuguese audio-recorded sessions. Present transcripts were a direct and personal translation made by the author. This informal translation may not accurately represent the original interaction on which ratings were based.