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A Student's Search for Meaning: The Creation of an Existential Therapy Models Course for Clinical Psychology Graduate Students

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A Student's Search for Meaning: The Creation of an Existential Therapy Models Course for
Clinical Psychology Graduate Students

A DOCTORAL PAPER PRESENTED TO
THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
OFFICE OF GRADUATE STUDIES UNIVERSITY OF
DENVER

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
DOCTOR OF PSYCHOLOGY

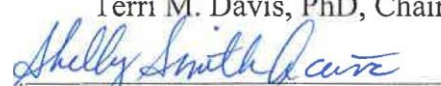
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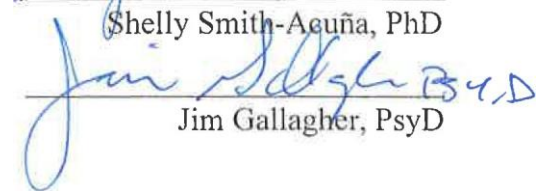
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Abstract

This writer explores the process of creating a models course which introduces the foundations of existential therapy to graduate students in clinical psychology programs. The first section of this paper presents the rationale for developing such a course, especially in the context of the contemporary call in the field of clinical psychology for evidence-based treatment. This author discusses how this course is pertinent specifically for the Graduate School of Professional Psychology at the University of Denver as well as necessary at large for any clinical psychology program to claim and maintain competency in psychological theory. The second section of this paper delves into the present state of research on best practice for teaching at the graduate level in clinical psychology. The current literature on pedagogy informs the philosophical and practical underpinnings of the proposed curriculum for the outlined existential therapy models course. The third section delineates the projected plan for the course, including the philosophical core of the course, goals and objectives, syllabus, required readings, additional readings, and films. Finally, in the fourth section, this writer explores the limitations of the proposed course and future directions for the teaching and incorporation of existential therapy in clinical psychology. This author presents a comprehensive foundation for faculty members and clinical directors in the field of psychology who are interested in developing a similar existential therapy models course for their programs.

Keywords: existential therapy, clinical psychology course, program development

What is Existential Therapy?

Existential therapy is a mode of therapy that "attempts to help people face and gradually realign themselves with the groundlessness of their existence" (Schneider, 2016, p.22). This theoretical orientation is based on the fundamental assumption that individuals experience internal conflict due to their interactions with the givens of human existence: death, freedom, isolation, and meaninglessness (Yalom, 1980). In existential therapy, an individual's ability to confront these givens of human existence and successfully come to terms with them will dictate the quality of his or her psychological well-being.

Historical Overview of Existential Therapy

Existential therapy evolved from the works of existential philosophers such as the 19th century Danish philosopher Soren Kierkegaard, whom many consider to be the father of Existentialism. Writing under pseudonyms, Kierkegaard introduced key concepts such as the three stages of life (i.e., aesthetic, ethical, and religious), and the dichotomy between relying on reason and relying on faith in making choices (Kierkegaard, 1843/1983). Interpreting psychological distress through the lens of existential concerns, he purport that "anxiety is the dizziness of freedom" (Kierkegaard, 1844/2014). Another key contributor to the formation of existential therapy was the 19^h century German philosopher Friedrich Nietzsche. Nietzsche introduced important ideas such as a "will to power" being the main driving force for humans and man being a bridge between animal and overman (Nietzsche, 1891/1995).

Existential therapy was introduced to the United States in the late 1940s as seminal existential works by philosophers such as Kierkegaard and Nietzsche began to be translated into English. Paul Tillich was a German-born professor of philosophy and theology who helped with the advent of existential therapy by publishing a paper on existential philosophy in 1944 (Watson

& Schneider, 2016). One of Tillich's students studying at Union Theological Seminary in New York to become a Congregationalist minister was Rollo May, an American psychologist who went on to be one of existential therapy's most prominent figureheads. May wrote several influential works including *The Meaning of Anxiety (1950)* in which he posits that an individual's anxiety stems from an attack on a value that person holds essential to his or her very existence. Three of May's students—James Bugental, Irvin Yalom, and Kirk Schneider—references to whom can be found throughout this paper, continued expanding the scope of existential therapy in their own life work. Other existential philosophers whose work influenced the trajectory of existential therapy include Edmund Husserl (1925/1977), Jean-Paul Sartre (1943/2012), Gabriel Marcel (1951), Karl Jaspers (1963), and Martin Heidegger (Watson & Schneider, 2016).

Existential Therapy's Philosophical Assumptions

The five existential philosophical assumptions which inform the practice of existential therapies are as follows (Vos, Craig, & Cooper, 2015): 1) Human beings have an inherent need for meaning and purpose (Frankl, 1946/1985). 2) Human beings have the capacity for freedom and choice in their lives. (Sartre, 1943/2012). 3) Human beings will inevitably face limitations and challenges intrinsic to being human and fare better when they acknowledge and face up to these limitations and challenges (Kierkegaard, 1849/1983). 4) The subjective flow of each human being's experience is a key part of being human and an integral part of therapeutic work (Van-Deurzen, 2009). 5) The experiencing of each human being is intimately intertwined with the experiencing of other human beings (Heidegger, 1927/1962).

Existential Therapy's Four Schools of Thought

As existential therapy continued to develop, four main schools began to emerge (Cooper, 2003, 2012): 1) *Daseinanalysis*, the first school of existential therapy, is the German word for "Existential Analysis" based on the phenomenological method of inquiry developed largely by Martin Heidegger (1889-1976) and the clinical application of this approach in the 1940s by the Swiss psychiatrists Ludwig Binswanger (1881-1966) and Medard Boss (1903-1990).

Daseinanalysis diverged from psychoanalysis and other forms of existential therapy through its analysis of "*dasein*" or quality of "being there" in the world of human experience (DuBose, 2010). Existential therapy conducted with the underlying philosophy of *daseinanalysis* centers around a therapeutic relationship that gives patients permission to express themselves openly and open themselves to experiencing the world freely without distortion (Binswanger, 1963; Boss, 1963).

The second school of existential therapy refers to *meaning* or *logo-therapies*.

Logotherapy is the name coined by Viktor Frankl for his method of therapy based on the premise that the ultimate motivating force for human beings is finding meaning in life. He specifies the three fundamental principles of *logotherapy* as being: 1) the freedom of will, 2) the will to meaning, and 3) the meaning of life (Frankl, 2014). *Meaning therapy* is an existential approach originating from Frankl's *logotherapy* which integrates multiple theoretical orientations and emphasizes the positive psychology of creating life worth living in the face of limitations and challenges. In meaning therapy, personal meaning is the central organizing construct and the therapist utilizes psycho-education to provide patients with the tools to navigate the world and create meaningful lives (Wong, 2010, 2012).

The third school of existential therapy is the *British school of existential therapy* drawing primarily from the work of R.D. Laing, a prominent Scottish psychiatrist who questioned the mainstream construction of mental illness (Laing, 1965). The *British school of existential therapy* tends to take a non-directive, descriptive stance on therapy with a focus on helping patients explore their lived experience and "Being-in-the-World" (Spinelli, 2007, Van Deurzen-Smith, 2012).

The fourth school of existential therapy is the *existential-humanistic* approach which unites the humanistic assumption of people's capacity to be rational, act in their best interests, and realize their full potential with the existential calling to face the 'ultimate concerns' of death, freedom, isolation and meaninglessness (Schneider, 2008; Yalom, 1980). This approach relies heavily on the person-centered approach developed by Carl Rogers (1939). Carl Rogers introduced fundamental concepts for psychological practice including delineating the three primary attributes for effective therapists to be empathy, genuineness, and unconditional positive regard (Rogers, 1957). He also developed the theories of the self-actualizing tendency in humans and the fundamental human motivation of moving toward being a whole person (Rogers, 1961). Rogers' influence on the existential-humanistic approach to therapy cannot be underemphasized. Newer forms of existential therapy that have stemmed from this last school of existential therapy include supportive-expressive group therapy for cancer patients (Classen et al., 2001), experiential-existential interventions (Elliott, Watson, Goldman, & Greenberg, 2003), eclectic therapies (Norcross, 1986), and brief existential therapy (Strasser & Strasser, 1997).

Why is Existential Therapy Important for Training in Clinical Psychology?

The proposal of an existential therapy models course may appear antiquated based on the relative dearth of existential therapy both in clinical training programs and in the literature on

evidence-based practice. The following section explains how the training of students in existential therapy is crucial to their being full-formed psychologists and consistent with the existing standards for training in clinical psychology.

Existential Therapy's Struggle for Existence

A recent study seems to suggest that existential therapy would not win if theoretical orientations were a popularity contest (Heatherington et al., 2012). Heatherington et al. (2012) collected data on self-reported theoretical orientations from faculty at clinical and counseling doctoral training programs including 1) Ph.D. programs at comprehensive universities, 2) Ph.D. programs at comprehensive universities that are designated as clinical science programs, 3) Psy.D. programs at comprehensive universities, and 4) Psy.D. or Ph.D. programs at freestanding institutions in the United States and Canada. Four percent of faculty at Ph.D. programs designated as clinical science programs claimed a humanistic-existential orientation compared to 80% of faculty at the same institutions. At all other Ph.D. programs at comprehensive universities, 24% of faculty claimed a humanistic-existential orientation compared to 67% who claimed a cognitive-behavioral orientation. When researchers looked at Psy.D. programs at comprehensive universities, 12% of faculty claimed a humanistic-existential orientation compared to 48% of faculty who claimed a cognitive-behavioral orientation. Regarding Psy.D. and Ph.D. programs at freestanding professional schools, 14% of faculty claimed a humanistic-existential orientation compared to 32% of faculty who claimed a cognitive-behavioral orientation. Finally, at Ph.D. programs at comprehensive universities, 31% of faculty claimed a humanistic-existential orientation compared to 42% of faculty who claimed a cognitive-behavioral orientation (Heatherington et al., 2012).

Looking at clinical psychologists in general, it seems like this trend toward a cognitive-behavioral theoretical orientation has been holding strong. When 549 clinical psychologists affiliated with American Psychological Association (APA) Division 12—the Society of Clinical Psychology, were surveyed about their theoretical information, 31% of the respondents endorsed a cognitive orientation, 22% chose eclectic/integrated, 18% selected psychodynamic, 15% picked behavioral, and 2% responded humanistic. The authors who conducted this study noted that while psychoanalytic and eclectic theory dominated in the 1960s, the prevalence of cognitive and cognitive-behavioral theory has steadily climbed since the 1970s and shows no sign of slowing down (Norcross & Karpiak, 2012).

The Advent of "Evidence-Based Practice in Psychology"

The APA officially endorsed a model of Evidence-Based Practice in Psychology (EBPP) in 2005. The APA's policy statement defined EBPP as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 280) and defined the purpose of EBPP "to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention" (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273).

Accordingly, many clinical psychology training programs have begun to emphasize evidence-based practice in their curriculum, with guidelines on how to teach evidence-based practice in psychology quickly propagating after the APA Presidential Task Force's statement was released (Collins, Leffingwell, & Belar, 2007; Spring, 2007). The term "evidence-based practice" does not explicitly stipulate any particular instructional approaches or techniques to use

or favor any theoretical orientation over others. However, the term "evidence-based practice" is often conflated with the term empirically supported treatments (ESTs), which is typically a list of treatments that have empirical evidence to suggest they are effective in certain situations with certain populations (Beck et al., 2014). The list of "research-supported psychological treatments" compiled by APA Division 12 demonstrates that the canon of ESTs is predominated by cognitive, behavioral, or cognitive behaviorally-based treatments (Society of Clinical Psychology, 2016). Given the common conflation of EBP and ESTs, the concept of evidence-based practice has become inextricably linked if not interchangeable with Cognitive Behavioral Therapy (CBT). As mentioned earlier, multiple studies have demonstrated an overrepresentation of faculty members at clinical psychology doctoral programs and clinical psychologists at large who subscribe to a cognitive-behavioral orientation (Heatherington et al., 2012, Norcross & Karpiak, 2012).

APA Standards of Accreditation

If clinical training program directors chose what theoretical orientations were introduced, supervised, and emphasized in clinical psychology training programs through agreement by consensus, cognitive-behavioral therapy would consistently be selected as the primary theoretical orientation in Ph.D. and Psy.D. clinical psychology programs. However, this writer argues that heterogeneity of theoretical orientation is a requisite part of a training program compliant with the APA Standards of Accreditation. Under *Discipline-Specific Knowledge and Profession-Wide Competencies*, the following is specified:

Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire *a general knowledge base in the field of psychology, broadly construed, to*

serve as a foundation for further training in the practice of health service psychology [emphasis added].

a. Discipline-specific knowledge represents the *requisite core knowledge of psychology* [emphasis added] an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:

i. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline D specific knowledge.

ii. Providing students with *broad exposure to discipline O specific knowledge* [emphasis added]. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge (APA, 2015).

Therefore, this writer contends that clinical psychology training programs have an obligation to provide an existential therapy models course to ensure their students acquire the "requisite core knowledge of psychology," "broad exposure to discipline-specific knowledge," and "a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology" in order to meet the APA Standards of Accreditation.

Homogeneity of Theoretical Orientation at Training Programs is Obstructive to Learning

Not only is the absence of an existential therapy models course at a doctoral level clinical psychology training program contradicted by the outlined APA Standards of Accreditation, but is also detrimental at a philosophical level to developing well-rounded, full-fledged psychologists. The English philosopher John Stuart Mill argued for the plurality of views in social theory (Cohen, 1961). Mill's words are so poignant that it is worth reprinting them in their original essence from his magnum opus *On Liberty* (1859):

He who knows only his own side of the case knows little of that. His reasons may be good, and no one may have been able to refute them. But if he is equally unable to refute the reasons on the opposite side, if he does not so much as know what they are, he has no ground for preferring either opinion... Nor is it enough that he should hear the opinions of adversaries from his own teachers, presented as they state them, and accompanied by what they offer as refutations. He must be able to hear them from persons who actually believe them...he must know them in their most plausible and persuasive form.

Applied to the training of future clinical psychologists, it is arguable that having a firm grasp of a breadth of theoretical orientations allows one to actually better understand one's own theoretical orientation (Nozick, 1981). Knowing more than one theoretical orientation can help psychologists apply treatment protocols with greater fidelity, especially in light of recent literature indicating that clinicians who are convinced they are following manualized treatment protocols often stray from core treatment principles (Heatherington et al., 2012, Shoham, 2011).

Flexibility within Fidelity

For students in training to demonstrate "flexibility within fidelity," it behooves them to learn more than one theoretical orientation as knowing what the prototypical interventions and

approaches are of each theoretical orientation helps delineate distinctive features of each theoretical orientation and create clarity, especially for fledgling clinicians (Kendall, Gosch, Furr, & Sood, 2008, p. 988). Exposure to multiple theoretical orientations and perspectives on the human condition allows students to have richer understandings of their patients and demonstrate flexibility when working with patients with complex, difficult problems (Messer, 2006; Messer & Winokur, 1984). A monolithic training environment with limited exposure to a variety of theoretical orientations may inadvertently lead to a new generation of psychologists who are less open to different ideas (Heatherington et al., 2012) instead of a new generation of psychologists who are fluent in more than one therapy language and can appreciate the strengths and limitations of each (Andrews, Norcross, & Halgin, 1992; Messer, 1987). Training in multiple theoretical orientations is often emphasized in the mission statements of clinical psychology programs, including that of this writer's home program, the University of Denver Graduate School of Professional Psychology (GSPP).

Existential Therapy's Significance to GSPP's Mission Statement

Under the heading *Faculty*, on GSPP's website, it states, "Faculty at GSPP represent *a diversity of psychological philosophies* [emphasis added], and students are exposed to *a variety of theoretical backgrounds* [emphasis added] and work settings" (Graduate School of Professional Psychology at the University of Denver, 2017). The addition of an existential therapy models course at GSPP would bolster the contention of "a diversity of psychological philosophies" and "variety of theoretical backgrounds."

In the GSPP Student Handbook, it states the following:

GSPP's mission is to provide an innovative educational environment that promotes the application of psychological theory, knowledge, skills, and attitudes/values to

professional practice. The mission of the PsyD program is to train competent doctoral level practitioner/scholars who have foundational interpersonal and scientific skills, have a functional mastery of psychological assessment and intervention, and *can apply this knowledge and skill in a wide range of settings, with a variety of populations* [emphasis added] (Graduate School of Professional Psychology at the University of Denver, 2016).

Currently, the models courses that are offered at GSPP include Cognitive and Affective Models, Psychoanalytic Models, Radical Behaviorism/Functional Contextualism Models, and Systems Models.

The State of Literature on Existential Therapy

Compared to other forms of therapy, there has been relatively little research conducted thus far on existential therapies. From a philosophical standpoint, many psychologists practicing from an existential theoretical orientation disagree with the tendency for outcome studies to emphasize the standardization of interventions over the individualization of treatment, to generalize results and effectively transform patients into numbers, and diminish the importance of the individual therapist, the individual patient, and the unique nature of each therapeutic dyad (Vos, Craig, & Cooper, 2015).

Nevertheless, the research that has been conducted on various forms of existential therapies indicates various levels of empirical support. Meaning therapies have been shown to generate moderate to large effect sizes while other forms of existential therapies have demonstrated small effects. In meta-analyses, humanistic therapies in particular have showed large effect sizes (Elliott, Greenberg, Watson, Timulak, & Freire, 2013). Positive psychology therapies which also incorporate meaning making have demonstrated moderate effects (Sin & Lyubomirsky, 2009). These findings suggest that structured existential therapies may show

efficacy, although there is not a lot of empirical evidence as of yet (Vos, Craig, & Cooper, 2015). Nevertheless, there is an "equivalent outcomes paradox" across psychotherapies, showing that only a small percentage of outcome variance is due to treatment approach; whereas common factors account for most of the therapeutic change (Wampold, 2001). As Bruce Wampold (2008) states, "It could be that an understanding of the principles of existential therapy is needed by all therapists, as it adds a perspective that might...form the basis for all effective treatments" (p. 6).

There is much indirect evidence to indicate that the central tenets to existential therapy are pivotal to therapeutic work. For example, studies have shown that people have a need to seek existential help to make sense of existential questions (Janoff-Bulman, 1992). It has been demonstrated that meaning is essential for optimal human functioning (Wong, 2010). There is a demonstrated correlation between meaning-oriented therapies in which existential themes are the central organizing principle and domains such as improvements in self-efficacy, positive life meaning, and level of psychopathology (Vos, Craig, & Cooper, 2015). The literature suggests that level of meaning making is correlated with successful coping with stressful life events (Park, 2010). Finally, self-esteem and worldview, two concepts central to psychological theory and case formulation, have been found to be interlinked with salience of one's mortality (Burke & Martens, 2010).

Research has also supported the effectiveness of humanistic therapy; for instance, one study found that the fully-functioning person factor based on Carl Rogers' Person-Centered Theory was positively related to positive thoughts and feelings and life satisfaction and while negatively related to negative thoughts and feelings and anxiety (Proctor, Tweed, & Morris, 2015). A meta-analysis of 86 studies on the effectiveness of humanistic therapies indicated that clients who engaged in humanistic therapies both experienced significantly more change

compared to untreated clients as well as showed levels of change equivalent to clients engaged in other modalities such as cognitive behavioral therapy (Cain, 2002).

Existential Therapy for Specific Populations: Cancer Patients

Existential therapy can be beneficial for patients in boundary situations involving issues such as confrontations with death, permanent decisions, and life milestones in which these individuals are confronted with the matter of their very existence (Wedding & Corsini, 2013). Cancer patients have expressed a desire for professional help to work through existential questions of meaning and identity (Hench & Danielson, 2009; Lee, 2008). One recent study found that existential therapy had a similar or slightly larger effect for cancer patients compared to other therapies (Vas, Cooper, & Craig, 2013).

Existential Therapy for Specific Populations: Elderly Patients

A foundation in existential therapy can be helpful not only when working with terminally ill patients, but also with elderly patients at large (Suri, 2010). Researchers at the National Institute on Aging estimated that in 2010, 524 million people, or 8 percent of the world's population, were aged 65 or older. By 2050, the number of individuals 65 or older is expected to increase to 1.5 billion people, or 16 percent of the world's population (National Institute on Aging, 2015). Data indicate that 20.4 percent of individuals aged 65 and older meet criteria for a mental disorder (Karel, Gatz & Smyer, 2012). The prevalence of existential themes of personal meaning, spirituality, and religious involvement has been shown to correlate positively with psychological well-being in older adults in communities and institutions (Fry, 2000). Meaning in particular is connected to the process of purposeful aging, or the psychological stance taken by elderly individuals to maintain meaning and purpose later in their life (Penick, 2004). Indeed, research has found that a sense of preserved self and meaning in existence has been shown to be

correlated with the subjective experience of quality of life among elderly individuals (Borglin, Edberg, Hallberg, 2005).

Furthermore, as individuals age, the risk of developing dementia and other disorders involving the distortion of consensus reality increases exponentially. With patients who are experiencing dementia, it can be more useful to forgo consensus reality for the concept of "presence" derived from existential therapy; presence has been defined as "an attitude of palpable-immediate, kinesthetic, affective and profound-attention, and it is the ground and eventual goal of experiential work" (Schneider, 2008, p. 60).

Existential Therapy for Specific Populations: Patients with Substance Abuse Issues

The Substance Abuse and Mental Health Services Administration (SAMHSA) has listed "Brief Humanistic and Existential Therapies" as an effective modality for treating substance abuse (2012). For example, substance abuse disorders can be conceptualized as attempts to fill spiritual voids or understood through the idea of "surrender" that prevails in spiritual traditions (May, 1991). As existential therapy emphasizes the freedom and personal responsibility of each human being, clinicians practicing from an existential therapy orientation help empower patients struggling with substance abuse to take responsibility for their lives and their choice to abuse substances. The literature suggests that levels of life meaning and substance abuse are correlated: inpatient drug abusers were found to have significantly lower levels of life meaning when compared to a control group of nonabusing subjects (Nicholson et al., 1994). A longitudinal study found that lower levels of life meaning among young children predicted substance abuse patterns when these children entered adolescence (Shedler & Block, 1990).

Best Practice for Teaching Existential Therapy

The current literature on principles for training in clinical psychology offers some guidance for how to structure an existential therapy models course and how to best train clinical psychology students in general at the doctoral level.

Common Factors

The foundation for therapy from the perspective of any theoretical orientation can be theorized to be based on the "common factors" that have been identified across theoretical orientations to be primary mechanisms for change (Wampold, 2001). For example, therapist warmth and quality of therapeutic alliance have been shown to correlate with therapy outcomes across theoretical orientations (Norcross, 2011). Clinical psychology students should also be exposed to the literature pertaining to therapist effects (Baldwin & Imel, 2013) and client effects (Norcross, 2011; Sue & Zane, 2009). Though these common factors are not exclusive to the domain of existential therapy, they are still integral to a models course in a clinical psychology training program.

Process Variables

There are certain process variables, or factors that occur during the course of treatment that have been correlated with positive treatment outcomes. Certain relational factors, such as the quality of the therapeutic alliance between therapist and patient, have been linked with patient improvement (Castonguay, Boswell, Constantino, Goldfried, & Hill, 2010). Certain helping skills such as the reflecting of feelings have been demonstrated to be crucial in the therapy training of students (Hill, Stahl, & Roffman, 2007). Indeed, one study found several process variables of change associated with positive outcomes measures in couples therapy were not exclusively linked to any single theoretical orientation (Davis, Lebow, & Sprenkle, 2012). At

the same time, there are also orientation-specific process variables such as the emphasis on emotional experiencing in humanistic therapy that have been tied to the process of therapeutic change (Castonguay, 2013).

Experiential Learning

The facilitation of experiential learning exercises alongside didactic training can be beneficial for beginning students honing their actual clinical skills (McGinn et al, 2008). It can be beneficial for clinicians to work through case vignettes and watch videos of faculty members modeling how they might conduct therapy (Jenkins, Youngstrom, Washburn, & Youngstrom, 2011). To keep up with the new developments in the clinical literature, it can be helpful to train students in how to use health-information technology systems and do searches on databases to integrate research and practice (Meats, Brassey, Heneghan, & Glasziou, 2007). Modes of active learning such as collaborating with peers in group projects, working through ethical vignettes, engaging in debates, and presenting in class have been recommended when teaching evidence-based practice (Straus et al., 2011). Indeed, when clinical psychologists were asked what was and was not helpful in their clinical training, most individuals reported that they learned the best by doing and seeing others' clinical work (e.g., experiential teaching lessons, videos of clinical work). On the other hand, the classroom activities rated least useful included oral and written exams (Ncl, Pezzolesi, & Stott, 2012).

Self-Awareness

In the training of students, it is important to incorporate a component of fostering self-awareness. When students learn about the nature and preponderance of biases and how their own personal biases may affect their clinical judgments, it allows them to notice when their biases may be hindering therapeutic work and how to work with these biases (Garb, 1998; Croskerry,

2002). Finally, students can be trained to continually self-assess their levels of training and competency and check in with how their values and assumptions influence their clinical work (Hoge, Tondora, & Stuart, 2003).

Existential Therapy Models Course Curriculum

The curriculum for the proposed existential therapy models course draws from the aforementioned literature on the pedagogy of teaching clinical psychology and training students at a graduate level. The course materials have been selected based on their relevance to core existential principles and accessibility to students who may be in the position of being exposed to existential thought for the first time.

Philosophical Core

The philosophical core of the proposed existential therapy models course is rooted in Gill's proposed goals for creating an educational program in the spirit of Viktor Frankl's logotherapy:

1. Assist the student to gain an awareness of his inner freedom and avoid the use of a deterministic or mechanistic view of life.
2. Cultivate in each student the ability to make authentic and responsible decisions.
3. Develop in each student an attitude toward life which may assist the student in turning his despair and suffering into acts of creativity or achievement.
4. Help each student in discovering and identifying one's specific tasks of existence and provide opportunities in schools that may assist an individual in fulfilling his specific tasks of life.

5. Provide each student with the opportunity to observe his own contributions in the development of class activities and experiences, and thus assist an individual in realizing that one has the capacity to participate creatively in the circumstances of daily life.
6. Stimulate each student to develop his own set of values.
7. Plan the process of education on the principle of self-discovery rather than advocating to students the absorption of established realities and traditions.
8. Relate the entire program of education to the unique world of the learner himself so that one's learning experiences may be more meaningful, purposive, and relevant to one's own life.
9. Provide each individual with an opportunity to determine the objectives of his education which have direct relationship to one's specific purpose for existence.
10. [Human beings] are composed of biological, psychological, and [noetic] dimensions; therefore, the content of an educational program must consider all of these aspects of a learner. (Gill, 1970, pp. 142-144).

Course Goals and Objectives

At the time of completion of this course, students will be able to:

1. Identify and demonstrate understanding of history, trajectory, and philosophical underpinnings of existential therapy
2. Recognize the main organizing principles and prominent figureheads of each of the four schools of existential therapy
3. Think critically and openly about how they relate to the four ultimate concerns of death, isolation, freedom, and meaninglessness.

4. Express awareness of personal beliefs, values, biases, and assumptions regarding existential issues
5. Make space for beliefs, values, biases, and assumptions regarding existential issues that are not the same as one's own
6. Experience emotions that arise when encountering the issue of human existence and understand how these emotions interact with one's behavior both personally and clinically
7. Generate case formulations for clinical case vignettes from a humanistic-existential theoretical orientation.
8. Speak to how existential issues impact one's training and profession in clinical psychology

Syllabus

The following is a proposed syllabus for a ten-week existential therapy models course at GSPP:

<p><u>Week 1: Overview of Course; History of Existentialism</u></p>	<p><u>Agenda:</u> a. Review of Goals and Objectives. b. Brief History of Existentialism. c. Common Factors and Qualities of Effective Therapy</p>
	<p>In class: Didactic lecture; writing exercise on existence and meaning.</p>
	<p>Assignment: Read <i>Existentialism is a Humanism</i> (Sartre, 2007); write one page reading reflection due at the beginning of class in Week 2; create project with prompt to "create something that is personally meaningful" and explain how it ties into one or more existential themes to be presented during class in week 10.</p>

<p><u>Week 2: Introduction to Existential Therapy</u></p>	<p>Agenda: a. History of Existential Therapy.</p> <p>b. Schools of Existential Therapy (focus on Viktor Frankl, Emmy van Deurzen, Irvin Yalom)</p> <p>c. Cultural Implications.</p>
	<p>In-class: Didactic lecture; video of Viktor Frankl; reading of poem <i>Myth of Sisyphus</i> (Camus & O'Brien, 1955); writing exercise.</p>
	<p>Assignment: Read excerpts from <i>Man's Search for Meaning</i> (Frankl, 1985) and <i>Therapy East & West</i> (Watts, 2017); write one page reading reflection due at the beginning of class in Week 3.</p>
<p><u>Week 3: Irvin Yalom</u></p>	<p>Agenda: a. Irvin Yalom and existential therapy.</p> <p>b. Ultimate concerns.</p> <p>c. Case examples.</p>
	<p>In-class: Didactic lecture; videos of Yalom; small group discussions.</p>
	<p>Assignment: Read excerpts from <i>Existential Therapy</i> (Yalom, 1980); write one page reading reflection due at the beginning of class in Week 4.</p>
<p><u>Week 4: Emmy van Deurzen</u></p>	<p>Agenda: a. Emmy van Deurzen and existential therapy.</p> <p>b. Quality of effective therapists.</p> <p>c. Therapeutic stance.</p> <p>d. Change process in existential therapy.</p> <p>e. Case examples.</p>
	<p>In-class: Didactic lecture, videos of Deurzen; small group discussions.</p>

	<p>Assignment: Read excerpts from <i>Everyday mysteries: A handbook of existential therapy</i> (Deurzen, 2009); write one page reading reflection due at the beginning of class in Week 5.</p>
<u>Week 5: Death</u>	<p><u>Agenda:</u> a. Death and existential therapy.</p> <p>b. Review of Yalom's work.</p> <p>c. Case examples.</p>
	<p>In-class: Didactic lecture; experiential exercise involving funeral metaphor; writing exercise on death.</p>
	<p><u>Assignment:</u> Read excerpts from <i>Staring at the Sun</i> (Yalom, 2008); write one page reading reflection due at the beginning of class in Week 6.</p>
<u>Week 6: Freedom</u>	<p><u>Agenda:</u> a. Freedom and existential therapy.</p> <p>b. Review of Sartre and Yalom.</p> <p>c. Applications for therapy.</p>
	<p>In-class: Didactic lecture; small-group discussions; writing exercise on freedom.</p>
	<p>Assignment: Read literary work of choice; write one page reading reflection due at the beginning of class in Week 7 incorporating student's rationale for choice of literary work that is based on the existential principle of freedom.</p>
<u>Week 7: Isolation</u>	<p><u>Agenda:</u> a. Isolation and existential therapy.</p> <p>b. Types of isolation</p> <p>c. Role of therapist in helping patient confront existential</p>

	<p>isolation.</p> <hr/> <p>In-class: Didactic lecture; large-group experiential exercise involving students anonymously sharing their feelings about isolation; writing exercise on isolation.</p> <hr/> <p>Assignment: Read <i>No man is an island</i> [poem] (<i>Donne, 1975</i>); write one page reading reflection due at the beginning of class in Week 8.</p>
<p>WeekS:</p> <p>Meaninglessness</p>	<p>Agenda: a. Meaninglessness and existential therapy.</p> <p style="padding-left: 40px;">b. Review of literature on meaning making, Logotherapy, and Meaning Therapy.</p> <p style="padding-left: 40px;">c. Applications with Clients.</p> <hr/> <p>In-class: Didactic lecture; small-group discussions; experiential exercise involving Meaning of Life Questionnaire.</p> <hr/> <p>Assignments: Read <i>Ozymandias</i> [poem] (<i>Shelley, 1826</i>); write one page reading reflection due at the beginning of class in Week 9; write final essay: 6-8 page essay including discussion of one's own personal reflections on death, freedom, isolation, and meaninglessness, case formulation of a client from an existential perspective, and discussion of how personal values and attitudes toward existence affect treatment due at the beginning of class in Week 10.</p>
<p>Week 9: Applications</p>	<p>Agenda: a. Vignettes.</p> <p style="padding-left: 40px;">b. Demonstrations.</p> <p style="padding-left: 40px;">c. Roleplays.</p>

	In class: Group discussion of case vignettes using existential therapy case formulations; demonstration of therapy from an existential theoretical orientation by instructor; roleplays in triads using case vignettes and observers to provide feedback.
	Assignment: Work on final essay and final project due Week 10.
<u>Week 10: Conclusion</u> of Course	Agenda: a. Final Project Presentations. b. Reflections and Wrap-Up.
	In-class: Final papers due; presentations of final projects.

The following is a list of the required readings delineated in the proposed course plan as a well as a list of suggested supplementary readings and films that address existential issues:

Required Readings

Camus, A., & O'Brien, J. (1955). *The myth of Sisyphus, and other essays*. New York, NY:

Knopf.

Donne, J. (1975). *No man is an island*. Retrieved from <https://www.poemhunter.com/poem/no-man-is-an-island/>

Frankl, V. E. (1985). *Man's search for meaning*. New York, NY: Simon and Schuster. (Original work published 1946).

Sartre, J.P., & Elka'im-Sartre, A. (2007). *Existentialism is a Humanism*. New Haven, CT: Yale University Press.

Sartre, J.P. (2012). *Being and nothingness*. New York, NY: Open Road Media. (Original work published 1943).

- Shelley, P.B. (1826). *Ozymandias*. Retrieved from <https://www.poetryfoundation.org/resources/learning/core-poems/detail/46565>
- Cleveland, J. (1972). To the state of love, or the senses festival. In H. Gardner (Ed.), *The metaphysical poets* (pp. 218-220). Harmondsworth: Penguin.
- Van Deurzen, E. (2009). *Everyday mysteries: A handbook of existential therapy*. New York, NY: Routledge.
- Watts, A. (2017). *Therapy east & west*. Novato, CA: New World Library.
- Yalom, I. D. (1980). *Existential therapy*. New York, NY: Basic Books.
- Yalom, I. D. (2008). *Staring at the sun: Overcoming the dread of death*. San Francisco, CA: Jossey-Bass.

Additional Readings

- Bugental, J. F. (1978). *Therapy and process: The fundamentals of an existential-humanistic approach*. Reading, MA: Addison Wesley Publishing Company.
- Bugental, J. F. (1981). *The search for authenticity: An existential-analytic approach to therapy*. New York, NY: Irvington Pub.
- Cox, G. (2009). *How to be an Existentialist: Or How to Get Real, Get a Grip and Stop Making Excuses*. New York, NY: A&C Black.
- May, R. (1958). Contributions of existential therapy. In R. May, E. Angel & H.F. Ellenberger (Eds.), *Existence: A new dimension in p.sychiatry and p.sychology* (pp. 37-91). New York, NY: Basic Books.
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- Sartre, J.P. (2012). *Being and nothingness*. New York, NY: Open Road Media.

Van Deurzen, E., & Kenward, R. (2005). *Dictionmy ofexistential therapy and counselling*.

London. England: Sage.

Watts, A. (2011). *The wisdom a_insecurity: A messagefor an agel (anxiety*. New York, NY:

Vintage.

Wong, P. T. (Ed.). (2013). *The human questfor meaning: Theories, research. and applications*

(2nd ed.). New York, NY: Routledge.

Films lkiru

(1952)

The Seventh Seal (1957)

Shawshank Redemption (1994)

The Truman Show (1998)

American Beauty (1999)

The Matrix (1999)

Minority Report (2002)

Big Fish (2003)

Garden State (2004)

Limitations and Future Directions

There is an increasing pressure for clinical psychology training programs to conform to the APA's mandate for "evidence-based practice in psychology." There is also intense scrutiny as to whether a program is able to train students who are competitive in obtaining doctoral internships. One study showed that programs matched approximately 85% of students overall regardless of training model; furthermore, 75% of students received their first or second-ranked internship site, indicating that students can be successful in securing internships regardless of

training model orientation. There were differences demonstrated in the type of internship site secured: students from science-oriented programs tended to match in university counseling centers and Veterans Affairs Medical Centers while practice-oriented programs tended to match well in child and family, hospital, and community mental health settings (Neimeyer, Rice, & Keilin, 2007).

At the same time, the APA tends to remain vague about any specific standards for training models and the burden of proof falls on training programs themselves to prove that they do what they say do (Swick, Hall & Beresin, 2006). This lack of direction from the APA makes it challenging to determine whether an existential therapy models course should be made mandatory for training programs or not. The implementation of such a course already faces an upward battle due to the common conflation of "evidence-based practice" with "empirically-supported treatments" and the relative lack of literature exploring the efficacy of existential therapies. However, there is hope that the definition of effective therapy will continue to be redefined and that the lens of evidence-based practice in psychology will continue to expand, especially with the exciting developments of new forms of existential therapy such as Meaning Therapy and brief existential therapy (Laska, Gurman, & Wampold, 2014, Wong, 2010, Lantz & Walsh, 2007).

There is a significant trend toward online learning in higher education that is worthy of acknowledgement in the creation of an existential therapy models course. Several studies have found that online learning is at least as effective as traditional means of learning (Colvin et al., 2014; Nguyen, 2015). In the field of graduate study in psychology, Saybrook University's Ph.D. Clinical Psychology program offered an online course called Meaning-Centered Counseling and Therapy (PSY3070) in Spring 2017 with course activities ranging from weekly online

discussions, monthly meaning therapy intervention roleplays with classmates, written essays on self-discovery, and a case study applying meaning therapy with a client (Wong, 2016). Providing support for the rationale of Saybrook's online instruction format, a meta-analysis sponsored by the U.S. Department of Education suggested that students who received instruction through online learning conditions performed modestly better than those receiving instruction through face-to-face learning conditions (Means, Toyama, Murphy, Bakia, & Jones, 2010). Importantly, this meta-analysis also provided the caveat that the additional learning time and instructional elements not received by students in the control conditions could have contributed to the positive effects associated with blended learning and therefore should not be attributed to the media of online learning, per se. It may be the case that a course with interactive engagement pedagogy using a blend of online and face-to-face instruction could be the ideal way to teach existential therapy to graduate students in clinical psychology (Hake, 1998).

Conclusion

This paper offers a rationale for why it is important for an existential therapy models course to be offered in a clinical psychology training program. Such a course not only provides students with the underpinning philosophical roots the field of psychology was founded upon, it also meets the requirements set forth by APA for clinical psychology programs to train students who have a general knowledge base of psychology. The APA Commission on Accreditation defines an evidence-based intervention as "[demonstrating] appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions that are based on the best scientific research evidence; respectful of clients' values/preferences; and relevant expert guidance. Given that students in training will inevitably encounter patients who are struggling with existential issues, it would be a glaring deficit in this core competency if

students do not have the appropriate knowledge, skills, or attitudes to select interventions for patients whose presenting problems are about the ultimate concerns of death, freedom, isolation, and meaninglessness. It is time that psychologists take a hard look at the advantages and disadvantages of perpetuating a monolithic field in which cognitive behavioral therapies predominate, symptom reduction is emphasized, and the search for meaning is treated like an uncovered cosmetic procedure.

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