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Review Article

Laying the groundwork: A rapid review of existential therapy for young adults

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Abstract

Existential psychotherapies have been found to be effective in helping geriatric or terminally ill populations come to terms with mortality, purpose and connection. However, it is unclear whether they are effective among contemporary young adults who face a growing burden of psychopathology, meaninglessness, and loneliness. As this population experiences similar but distinct existential concerns around purpose and connection, this rapid review aimed to consolidate and evaluate existing evidence around the effectiveness of existential psychotherapies among young adults. A hybrid qualitative analysis using inductive and deductive methods was used to examine the contemporary research literature for research involving existential psychotherapies and young adults (16-29 years old) published between 2011 and 2024. An online literature search was conducted across multiple databases to identify relevant literature, using keywords related to interventions, psychopathology and population. Identified literature were screened using the RAYYAN tool, then scrutinised for inclusion using the Quality Assessment with Diverse Studies system. Included studies were thematically analysed to identify common themes. The search identified 3876 studies from which nine underwent further analysis (Kappa score, interrater reliability, 0.26). Trial quality

varied, from large-scale randomised controlled trials (RCTs) with clearly reported findings to smaller single-arm trials focusing on intervention feasibility. Three positive themes, each including multiple subthemes, were identified. Themes included impact on psychological well-being, personal empowerment, and the development of valuable interpersonal relationships with subthemes including but not limited to reductions in psychopathology, improved meaning in life and an emphasis on therapeutic and social relationships, respectively. Existing evidence around existential psychotherapies suggests that it can offer an effective approach towards enhancing holistic psychological well-being, decreasing psychopathology, positively influencing relationships, and empowering contemporary young adults. However, findings were largely from a small group of mostly feasibility studies, suggesting larger trials are necessary to investigate existential psychotherapy use among contemporary young adults.

Keywords: existential therapy, existentialism, meaning-centred, logotherapy, young adults, young persons, empowerment.

Introduction and Conceptualisation

The developmental period of young adulthood, often described as falling between 16 and 29 years of age (Andrews et al., 2002; Arnett et al., 2014; Rae et al., 2020; Wilson & Stock, 2019), correlates with the greatest burden of mental distress (Patel et al., 2007; Steinbeck et al., 2014; Scales et al., 2015; World Health Organization [WHO], 2021). Reports from the United Kingdom highlighted that 60% of contemporary young adults were experiencing overwhelming levels of stress, while 39% experienced suicidal thoughts related to such stressors (Samele et al., 2018). Similar findings have also been identified in Malaysia (Zaid et al., 2007), the Americas (Tausch et al., 2022), India (Sreelatha et al., 2019), and Aotearoa New Zealand (Slykerman & Mitchell, 2021). Existential questioning likely contributes to a degree of psychopathology as these young adults attempt to understand their meaning in life and solidify their identity, while also coming to terms with existential fears like isolation and suffering (Berman et al., 2006; Şanlı & Ersanli, 2021; Thompson & Janigian, 1988). Such existential fears are reportedly normative due to their high prevalence. However, elevated existential fears like loneliness (Richardson et al., 2017), death anxiety (Finch et al., 2015; Quagelli, 2019) and meaninglessness (Dulaney et al., 2018; Schnell et al., 2018; Steger et al., 2015) have been found to be associated with the development of psychopathology in this age group (Berman et al., 2006). These existential fears can interact with each other, and with other symptoms of psychopathology, which can be amplified in times of social instability. An example of this was during the COVID-19 pandemic when existential meaninglessness was found to predict both suicidal ideation and loneliness among young adults attending university (Fu et al., 2023). One way to address such fears is with Existential therapies.

Existential therapies refer to a group of psychotherapeutic interventions that address existential concerns and assist an individual to find a sense of meaning and purpose in life (Cohn, 1994; Vos, 2019). Given that young adulthood is a time of understanding purpose and solidifying identity, using this approach might address existential fears and ease the burden of psychopathology in young adults by offering pertinent guidance and a fruitful understanding of their search for purpose, identity and connection embedded within human condition. Existential therapy interventions have been shown to have positive effects on cultivating meaning in life and moderating effects on psychopathology (Vos et al., 2015). Existential therapy interventions have also been found to empower adults by improving their overall quality of life, reducing psychological stress, and enhancing meaning in life (Vos & Vitali, 2018). Other studies (Bauereiß et al., 2018; Kruizinga et al., 2016) have also shown that existential therapy interventions are effective among adults with cancer and Lim and Kang (2018) indicated they also showed effectiveness in empowering adolescents in psychological distress, in palliative care, as well as those who are physically healthy. However, while populations of adults and those with certain illnesses have been found to be empowered by the positive benefits of existential therapies, evidence for their use among contemporary young adults remains unclear.

At present, no synthesis of the outcomes for meaning-centred existential therapies for this population group could be identified. There is also no clear indication of whether this approach would be effective as a contemporary treatment option or a source of empowerment, which is important as diverse generations of young adults have distinct preferences and undergo different sequencing of social functioning and role acquisition (Settersten & Ray, 2010) which may influence intervention uptake and effectiveness. Therefore, while meaning-centred existential therapies have shown evidence of positive outcomes among older adults and those affected by illnesses such as cancer, it broadly remains unclear whether they may also benefit contemporary young adults. The WHO has prioritised the promotion and development of evidence-based interventions aimed at young adults to address the disproportional levels of psychological distress they experience (WHO, 2021) and meaning-

centred existential therapies could provide a useful alternative or adjunct to other commonly used psychotherapeutic interventions that may not be effective or appropriate for all young adults (Smith & Du Toit, 2024). The present study, therefore, looked to conduct a rapid review of the literature to explore whether meaning-centred existential psychotherapeutic intervention is a beneficial treatment option for contemporary young adults.

Methods

A hybrid thematic analysis (Bingham, 2023; DeJonckheere et al., 2024; Proudfoot, 2023) of contemporary studies examining the outcomes of existential therapy in young adults was undertaken to examine the effectiveness of this intervention. This was comprised of a rapid review and qualitative thematic analysis. Hybrid thematic analysis involves both inductive and deductive elements to explore data (Chen et al., 2024; DeJonckheere et al., 2024; Proudfoot, 2023), with the inductive analysis allowing generation of codes from included articles and deductive analysis facilitating interpretation of data. This hybrid methodology combines the strengths of each approach, using inductive analysis to allow themes to emerge from multiple readings of the data while also considering how these themes relate or contrast with the broad principles of existential philosophy through deductive analysis. This provides greater rigour and richness in the analysis than would likely be the case of using either approach in isolation (Asamoah et al., 2024; Chen et al., 2024; Smith et al., 2021).

Research Design

A rapid review was conducted to explore contemporary literature on meaning-centred existential psychotherapy interventions utilised among contemporary young adult populations, following the National Institute for Health and Care Excellence (2014) rapid review protocols. A rapid review is not as comprehensive as a systematic review due to the shorter timeframe for the literature search, combined with the inclusion criteria of only peer-reviewed articles published in accessible journals. The exclusion of grey literature, non-English studies, and the reduced range of the literature covered means the findings of this study should be understood as laying the groundwork for further research in this field, as it potentially may not provide conclusive evidence regarding the application of existential therapy in young adult populations. Keeping that in mind, rapid reviews have been found to provide information of a similar quality to systematic reviews (Leonard et al., 2019; Tricco et al., 2022; Watt et al., 2008), and have been used by government and healthcare organisations to inform conceptual and practical decision making (Hartling et al., 2017). Given that there hasn't yet been a rapid review examining this approach within this population, this approach was considered to be a valid and reliable methodology for the purposes of an initial, exploratory study (Moons et al., 2021).

Search Procedure

Searches were conducted on various scientific literature databases, namely PubMed, OVID (PsychINFO, APA Psych, APA Psych Extra, APA Psych Books, MEDLINE), Web of Science, Gale OneFile, Proquest, SCOPUS, and CINAHL. A combination of interventions, psychopathologies, and the population group (Interventions AND Psychopathology OR Population) was included. A search of the reference lists of appropriate literature was also carried out in an effort to ensure that no studies were missed in the initial literature search. Subject headings or keywords in Boolean search terms were used as appropriate for the individual databases. The following key word structure was used: Interventions ("Logotherapy" OR "Existential Therapy" OR "Meaning Therapy" OR "Existential Counselling" OR "Experiential Existential Therapy" OR "Existential

Humanistic Therapy" OR “Meaning Intervention” OR “Meaning Centred*” OR “Meaning Centered*” OR “Existential Analysis”), AND Psychopathology ("Mental Disorder" OR "Abnormal Psychology" OR "Mental Illness" OR "Psychiatric Symptom" OR “Medical Condition”), OR Population (“Emerging Adult*” OR “Young Adult*” OR “Late Adolescent*” OR “Student*”).

Young Adulthood

Young adulthood is a difficult period to precisely identify, with the lower limit generally consistent with the late adolescent period of around 16 years and an upper limit between 24 and 39 years. However, these age limits are inconsistently used throughout the literature, reflecting the different cultural and societal perspectives for varying age ranges that define ‘young adults’. Some sources indicate the youngest ages of young adults to be 15, 16, 18, and 21 years, while others indicate the oldest ages as 25, 29, or 39 years. This was, as some authors, argued that it encompasses the late stages of adolescence, while others excluded it (Andrews et al., 2002; Arnett et al., 2014; Rae et al., 2020; Wilson & Stock, 2019). In accordance with common perspectives on the years of young adulthood within the extant literature and following careful consideration, the age range of 16 to 29 years was ultimately chosen for this study. It was acknowledged that this expansive age range poses a risk of over-generalising therapeutic approaches, and consequently, these findings should not be used to influence how therapeutic approaches are applied to individuals or subgroups of young adults without understanding the specific context of these individuals. Instead, this study serves to summarise the broad range of existential therapeutic approaches and discuss their application across a broad range of developmental stages, including self-actualising, navigating isolation, forming intimate relationships, and developing careers (Batra, 2013; Erikson, 1994; Widick et al., 1978).

Meaning-Centred Existential Psychotherapies

These were considered to include all psychotherapeutic interventions that had the goal of developing a meaning or purpose in life. These included, amongst others, logotherapy, meaning therapy, existential counselling, existential therapy, experiential-existential therapy, and existential-humanistic therapy. This study excluded Daseinanalysis, which has been described as an existential approach but does not primarily focus on helping a client to develop a sense of purpose or meaning in their life (Craig, 2019).

PRISMA Screening

Inclusion criteria included a participant age range of 16-29 years and peer-reviewed articles published in English from 2011 to 2024. This period was chosen to capture contemporary literature and ensure any evidence was applicable to current, contemporary generations of young adults. Using the screening tool RAYYAN (Ouzzani et al., 2016), two coders (authors JE and KdP) first screened titles and abstracts, followed by full text screening. Studies were excluded if they were not in English, outside of the age range, or if the coders did not think the aim of the study was the application of existential therapy in the young adult population. The coders met at each stage of the screening process to ensure proper inclusion and exclusion criteria were being applied, and any conflicts were resolved with a discussion focused on the inclusion and exclusion criteria and how the publication in question addressed the aim of this review.

Data Quality Appraisal/Risk of Bias Assessment

To appraise the quality of the included studies and minimise the effects of potential bias on the overall conclusions, two authors (JE and KdP) rated the level of bias in the studies using the Quality Assessment with Diverse Studies (QuADS) tool. This tool assesses 12 points of quality on a 4-point Likert scale. This was considered an appropriate tool as it can assess quantitative and qualitative studies using the same set of criteria. This allows a concise and cohesive risk-of-bias assessment (Harrison et al., 2021). Study data were grouped across the QuADS scale into five groups, namely: theoretical underpinnings of the work, study designs, handling of data, reporting of data, and reporting of results. Given that prior reviews of existential therapy have critiqued the risk of bias in this field, using a standardised tool to measure these factors is considered prudent (Vos et al., 2015). A Kappa score was finally generated *post hoc* to provide an estimate of the internal validity of measurements between the two reviewers for quality control purposes and discussed in the results section.

Data Analysis

Retrieved articles were analysed using thematic analysis (Fereday & Muir-Cochrane, 2006; Terry et al., 2017), grounded in a data-driven approach (Malterud et al., 2016), which was utilised to identify themes across the studies. This approach was chosen over other forms of analysis, like quantitative analysis or content analysis, as it would allow for this study to provide a summary of the most pertinent themes present across the various forms of existential therapy. It also allows for a nuanced understanding of the current literature on existential therapy, how it is used, and which therapeutic principles and research methods investigators active in this field prioritise. As thematic analysis is inherently a subjective process, two investigators conducted independent analyses and compared their findings once completed, with a third investigator participating in the final discussion. Reflexivity and positionality were discussed at length to minimise subjective interpretations of the data arising from personal experiences and bias. Two investigators (JE and KdP) read the articles multiple times to familiarise themselves with the content before beginning the coding process. This initial phase involved detailed reading and note-taking to identify patterns for analysis. Each investigator then independently coded the data and collated the codes. After completing their independent analyses, investigators compared their codes and identified themes within the data using mind-mapping techniques (Wheeldon & Faubert, 2009). This involved using a whiteboard and coloured markers to draw and link information, helping to visualise and highlight common themes. This was productive as the themes present in this data are not discrete units but are influenced and entwined within each other, and a visual representation of these interactions allowed for a more accurate analysis of the themes embedded in the data.

Subsequently, the research team convened to discuss and reflect on the generated themes, exploring their formation and significance. This collaborative discussion facilitated consensus on the themes and sub-themes, ensuring agreement and coherence. Themes were then named and finalised. Regular meetings were held throughout the study to ensure consistent interpretation of the data, mitigate researcher bias, and maintain concordance in data interpretation, thereby supporting the study's integrity and fidelity. Finally, a report was produced that described the themes and their relevance to the work.

Rigour

Prior to data collection, the research team members met to discuss the project and reflect on the research methodology and plan. The team members consisted of a junior researcher (medical student) and two experienced academic staff members

who were also registered health professionals (clinical psychologist and physiotherapist). The perspective of the clinical psychologist facilitated discussion around mental health interventions, facilitating an awareness of nuances and experiences that promoted reflection amongst the research team. The inclusion of a medical student provided a perspective from the studied population with unique insights but also increased the risk of introducing bias into the interpretation of the data and comparing theoretical interventions to their personal experience of medical school well-being interventions, which was mitigated through close supervision and ample discussions between the medical student and experienced researchers. This contributed to the trustworthiness of data interpretation and findings. Research team meetings prior to the collection of data highlighted the necessity of having healthcare professionals involved in the project, allowing team members to reflect on their positionality.

Findings

Overview

From an initial pool of 3876 studies, 1741 were screened, with nine finally included in the analysis (Figure 1). These included four identified via screening and five additional articles identified from reference lists. The Kappa score for interrater reliability was 0.26, indicating fair agreement between raters on the quality of the studies included. Given this degree of agreement, the researchers met and discussed their findings to understand the similarities and differences between their individual ratings and how to most accurately understand the quality of the studies. This was followed by detailed discussions between the entire research team before determining which studies to include in the final analysis. RCTs formed part of this group along with some feasibility studies.

Study Quality Assessment

The theoretical underpinning of the included interventions was consistently rated as high quality, with most accurately applying theoretical frameworks of existentialism to their interventions while supporting their trials through population studies that supported their theoretical claims. With respect to study design, many of the interventions lacked blinding, with most using waitlist controls, and only one used an innovative control of group discussion of items like sports and politics as opposed to the intervention of group logotherapy. Two studies attempted to uphold, assess, or improve the fidelity of the intervention. Furthermore, most of the studies analysed and reported on quantitative data. While some studies did report their results and conclusions clearly and included limitations of their work, many did not include clear study limitations, while some did not address limitations at all. Most studies reported their conclusions appropriately and in keeping with the scale of their research.

Figure 1

PRISMA Screening Process used for Identifying Studies to Include in the Rapid Review (Adapted from Page et al., 2021)

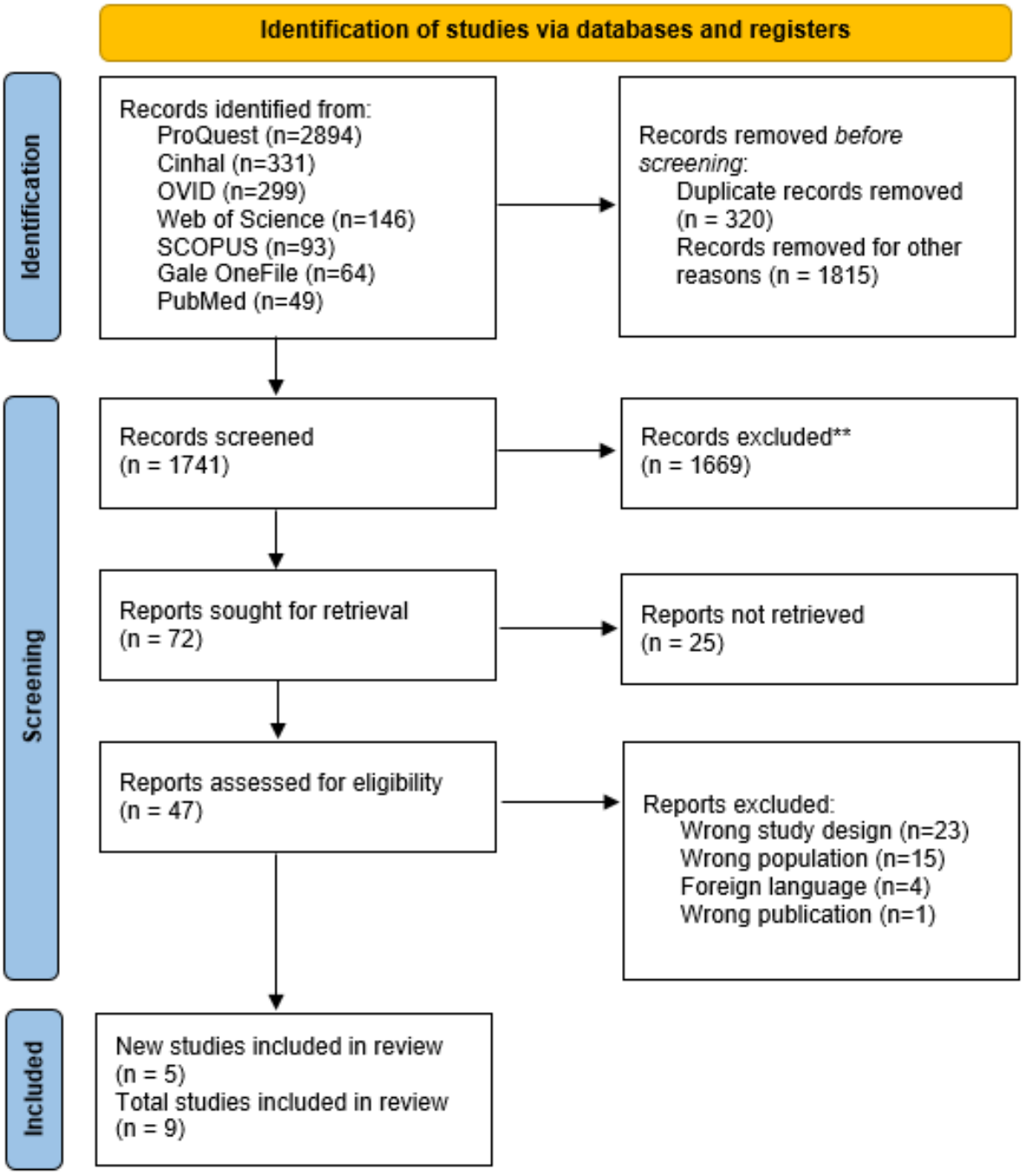

Table 1

Descriptions of Studies Included in the Rapid Review

Study Details			Participants			Intervention			Data	
Author (year)	*Study Design*	*Intervention Name*	*Population*	*No.*	*Mean Age (Yrs)*	*Delivery*	*No. Sessions*	*Session Duration (mins)*	*Control*	*Measurements**
Robatmili et al. (2015)	RCT	Logotherapy	College students	40	Nil	Group	10	60	Waitlist	BDI, PIL
Cheng et al. (2015)	RCT	Meaning-centered psychoeducation	College students	66	22.15	Group	9	120-150	No intervention	RSE, General Health Questionnaire, Meaning in Life Questionnaire, Chinese Sources of Meaning in Life Scale, Self-Report Survey of Group Dynamics
Jose & Angelina (2019)	One group pre-test post-test	LeHo-FiHo therapy	Institutionalized patients	10	21.6	Group	6	Unspecified	N/A	BDI-II, Beck Scale for Suicide Ideation
Beaupin et al. (2019)	One group pre-test post-test	Photographs of meaning	Young adults with cancer	13	23.15	Social media application	10	N/A	N/A	Nil
Jeyaseelan & Reyes (2021)	RCT	Online mindfulness-based logotherapy program	College students	40	18.52	Telehealth group therapy	8	180	No intervention	Demographic Information Form, CYVIC, BDI-II
Cho & Jang (2021)	RCT	Logo-autobiography	College students	52	21.54	Group	6	90	No intervention	PSS, CED-D-10, Purpose in Life - Korean
Fereydouni & Forstmeier (2022)	RCT	Islamic logotherapy	College students	60	23.3	Group	12	120	Supportive group discussions on various topics	BDI – II, DASS – 42
Lichiello et al. (2022)	One group pre-test post-test	Telehealth psychosocial intervention	Young adults with cancer	14	26	Telehealth group therapy	8	60	N/A	PIL, AAQ-C, Mini-MAC, IES-R, CBI-B, Coronavirus Anxiety Scale, Questionnaire with a mix of free-text and Likert-type questions
Doornik et al. (2024)	RCT	Meaning-centered psychotherapy for eating disorders (MCP-ED)	Women with weight and shape concerns	124	19.72	Individual	6	60	Wait-listed	MEMS, DASS 21, BMSLSS-C, Meaning in Life Questionnaire, Eating Disorder Examination Questionnaire – 6, Ryff's Psychological Well-being Scales

Note. Abbreviations: AAQ-C – Cancer Acceptance and Action Questionnaire, BDI – Beck Depression Inventory, BDI-II – Beck Depression Inventory-II, BMMSLSS - C – Brief Multidimensional Student's Life Satisfaction Scale-College Version, CBI – B, Cancer Behaviour Inventory-Brief Version, CED-D-10 – Centre for Epidemiologic Studies Depression Scale, CYVIC – Cybervictimization Questionnaire for Adolescents, DASS 21/42 – 21 or 42 Point Depression, Anxiety and Stress Scales, FACIT-Sp – Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being, IES-R – Impact of Events Scale – Revised, MEMS – Multidimensional Existential Meaning Scale, Mini-MAC – Mini Mental Adjustment to Cancer, PIL – Purpose in Life, PSS – Perceived Stress Scale, RCT – Randomized controlled trial, RSE – Rosenberg Self-Esteem Scale.

Table 2

Characteristics of Studies Included in the Rapid Review

Variable	Categories	N (%)
Location	Asia	4 (44%)
	Middle East	2 (22%)
	North America	2 (22%)
	Europe	1 (11%)
Study Design	RCT	6 (66%)
	One group pre-test post-test	3 (33%)
Intervention Modality	Group therapy (In person)	5 (55%)
	Group therapy (online)	2 (22%)
	Self-directed social media app.	1 (11%)
	Individual therapy (In person)	1 (11%)
No of Sessions	<6	3 (33%)
	7-10	3 (33%)
	>11	3 (33%)
Data Collected	Quantitative	6 (66%)
	Mixed	2 (22%)
	Qualitative	1 (12%)
Sample Size	>10	1 (11%)
	11-30	2 (22%)
	31-60	4 (44%)
	<61	2 (22%)
Participant Mean Age	16-19	2 (22%)
	20-25	5 (55%)
	26-29	1 (11%)
	No reported	1 (11%)
Control	No intervention	5 (55%)
	No control	3 (33%)
	Some alternate intervention	1 (11%)

Study Characteristics

A comprehensive description of study characteristics is presented in Table 1, with a summary of study parameters presented in Table 2. There were six RCTs included in this study, and three single-arm investigations. The RCTs had variations in their control groups; three of the six RCTs contained no intervention for their controls (Cheng et al., 2015; Cho & Jang, 2021; Jeyaseelan & Reyes, 2022), two had put control participants on the waitlist for psychotherapy (Doornik et al., 2024; Robatmili et al., 2015), and one was a group discussion around various topics such as sports and hobbies to provide adequate control (Fereydouni & Forstmeier, 2022). There were also six quantitative studies measuring changes in psychopathology/psychological well-being (Cho & Jang, 2021; Doornik et al., 2024; Fereydouni & Forstmeier, 2022; Jeyaseelan & Reyes, 2022; Jose & Angelina, 2019; Robatmili et al., 2015), two that employed mixed methods analysis (Cheng et al., 2015; Lichiello et al., 2022) and one study assessing quantitative feasibility and qualitative data (Beaupin et al., 2019). Three of these studies did not include any control groups (Beaupin et al., 2019; Jose & Angelina, 2019; Lichiello et al., 2022). In addition, the studies represented a wide and diverse geographical, social, and cultural mix of participants, given that four were conducted in Asia, two in the Middle East, two in North America, and one in Europe.

The review highlighted different modalities in which existential therapy can be delivered to young adults. This included seven group therapy sessions, five in person (Cheng et al., 2015; Cho & Jang, 2021; Fereydouni & Forstmeier, 2022; Jose &

Angelina, 2019; Robatmili et al., 2015), two online (Jeyaseelan & Reyes, 2022; Lichiello et al., 2022), one individual psychotherapy session (Doornik et al., 2024), and one intervention in which an image-sharing social media application was used (Beaupin et al., 2019). The social media application prompted the users to provide a captioned picture based on a prompt chosen from meaning-centred existential therapy principles.

All of these studies evaluated short-term psychotherapeutic interventions. Three studies had employed six or fewer sessions (Cho & Jang, 2021; Doornik et al., 2024; Jose & Angelina, 2019), three studies between seven to nine sessions (Cheng et al., 2015; Jeyaseelan & Reyes, 2022; Lichiello et al., 2022) and three studies used ten or more sessions (Beaupin et al., 2019; Fereydouni & Forstmeier, 2022; Robatmili et al., 2015). The length of sessions varied with three studies having 60-minute sessions (Doornik et al., 2024; Lichiello et al., 2022; Robatmili et al., 2015), two studies having sessions between 120-150 minutes (Cheng et al., 2015; Fereydouni & Forstmeier, 2022), one study having 180-minute sessions (Jeyaseelan & Reyes, 2022), and one study not reporting the length of each session (Jose & Angelina, 2019). One study also utilised a social media intervention but did not report the duration of the sessions, which did not appear to apply to their particular investigations (Beaupin et al., 2019).

Seven of the investigations were predominantly based on or referenced Viktor Frankl's logotherapy (Cheng et al., 2015; Cho & Jang, 2021; Doornik et al., 2024; Fereydouni & Forstmeier, 2022; Jeyaseelan & Reyes, 2022; Robatmili et al., 2015). Other forms of existential psychotherapy referenced those developed by Irvin Yalom (Cheng et al., 2015; Fereydouni & Forstmeier, 2022; Robatmili et al., 2015) and P.T. Wong (Cheng et al., 2015; Cho & Jang, 2021). While most of the studies provided a summary of the discussion points of therapeutic sessions (Cheng et al., 2015; Cho & Jang, 2021; Doornik et al., 2024; Fereydouni & Forstmeier, 2022; Jeyaseelan & Reyes, 2022; Lichello et al., 2022; Robatmili et al., 2015), none of them reported any measures or steps taken to ensure fidelity of the intervention.

Table 3

Themes and Sub-themes Identified in Reviewed Studies

Theme	Sub-theme
1. Impact on Mental Health and Well-being	1.1. Reduced symptoms of psychopathology
	1.2. Improved holistic psychological well-being
	1.3. High satisfaction rates of outcomes among participants
2. Personal Empowerment	2.1. Contributes to optimal personality development
	2.2. Assists with finding meaning in life
	2.3. Supports coping with trauma
3. Impact on Interpersonal Relationships	3.2. Group therapy member relationships
	3.3. Social relationships

Themes

Three dominant themes were identified, each comprising either two or three sub-themes (see Table 3).

Theme 1: Impact on Mental Health and Well-being

All studies discussed a theme that incorporated the impact of existential psychotherapies on mental health. Sub-themes included psychopathology, psychological well-being, and the overarching satisfaction of participants with the intervention. Depression and anxiety were the symptoms that were reported on the most, with all interventions which measured psychopathology finding significant ($p<0.05$ or $p<0.001$) reductions in psychopathology. Some studies also found significant improvements in multiple dimensions of overall psychological well-being (Cheng et al., 2015; Cho & Jang, 2021; Doornik et al., 2024; Lichiello et al., 2022) and significant increases in purpose/meaning in life (Cheng et al., 2015; Cho & Jang, 2021; Doornik et al., 2024; Robatmili et al., 2015). Qualitative data also showed participants reported satisfaction with the interventions, such as in the Beaupin et al. (2019) trial, where "Participants expressed high rates of satisfaction with the content of the intervention… and described the experience as beneficial" (p. 199). This indicates these interventions can be enjoyable experiences, and this qualitative enjoyment can feedback into the quantitative reduction in psychopathology as demonstrated in the Cheng et al., (2015) trial, which quoted a participant as saying, "After attending this group, I found that I gained much happiness. How fantastic! We contemplated our meaning in a happy atmosphere with our group activities" (p. 751).

Theme 2: Personal Empowerment

A second theme that emerged from the analysis was that these interventions prioritised personal empowerment over emphasising a reduction in psychopathology, with sub-themes including the development of a participant's sense of identity, helping them find meaning in life, and helping to redefine traumatic experiences. The development of identity was highlighted in the Robatmili et al. (2015) study as illustrated by the following: "However, when given the opportunity to discuss and clarify their values and goals, they gain self-awareness and a clearer sense of identity and adhere to a personal value system, with the result being that their meaninglessness and depressive symptoms lessen" (p. 60). Helping a client find meaning in life was evident as multiple studies utilised meaning in life as a key learning of the intervention. This was illustrated in the work of Jayaseelan and Reyes (2022), which dedicated an entire module to 'Nurturing meaning' through creativity, values clarification and cognitive, emotional and behavioural flexibility. Finally, how these interventions can help participants redefine their harsh realities and trauma was observed in Cho & Jang (2021): "The study found that through the intervention, participants realised and accepted the source of their pain, and discovered meaning in their lives" (p. 10).

Theme 3: Importance of Relationships

The final theme that emanated from the analysis centred on the importance of relationships. The sub-themes included the importance of two relationship dynamics, namely relationships within a therapeutic group, and relationships between individuals and their communities. A focus on within-group relationships was observed in the study by Cheng et al. (2014), which dedicated a section to quantitatively analysing the group atmosphere. Further, the Lichello et al. (2022) study stated:

"The social connection and shared meaning-making pieces were key" (p. 9). The importance of social relationships was demonstrated in the work of Jose & Angelina (2019), which explained that "the most important challenge of this intervention is to liberate the participants from the stigma of mental illness and fear of rejection from the family and society. The only solution for these problems is the support from the family and society" (p. 177).

Discussion

This study collated and reviewed contemporary evidence on meaning-centred existential therapy interventions that were utilised in various young adult populations. It highlighted the struggles of investigating existential therapies in scientific studies, with challenges most commonly centring around study design, the types of data used, and potential bias involved in this area of research. Findings indicated existential therapies could be effective with contemporary young adults, although there were potential issues with study design, which did affect the validity and reliability of the current evidence.

Study Characteristics

While the review identified several positive outcomes associated with trials of meaning-centred existential therapy, there were, however, study design limitations that undermined the potential validity and reliability of the outcomes presented. These included study designs incorporating sub-optimal controls, the ineffective measurement of outcomes, and questions around study fidelity. For instance, from the six studies that included a control group, three of the six RCTs contained no intervention for their controls, two had waitlist controls, and only one had an equivalent intervention, which included group discussions of topics unrelated to existential principles. These no-intervention controls detrimentally affected internal validity, as these participant groups might improve less due to the disappointment associated with not receiving treatment. Authors also did not clearly demonstrate that it was in fact the 'existential therapy' itself that relieved symptoms of psychopathology and no other factors, such as a routine group or therapeutic relationships (Greene et al., 2008; Karlsson & Bergmark, 2015), which could have caused errors in the findings (Kiluk et al., 2011).

Methodological issues also appeared to be present in the fidelity of interventions, as one study mentioned fidelity, and none of the studies reported any attempts to have controlled for fidelity. Without these measures of fidelity, it is uncertain what about the structure or features of these interventions are responsible for the effects, and does not demonstrate that 'existential therapy' was responsible for the results or if was a difference in therapeutic relationships, the intervention frequency, some unique features the therapist brought to the sessions, or other factors that can improve psychological well-being. Further studies are therefore recommended to improve the fidelity of published work in this research area by using self-reported checklists to evaluate adherence, reviewing session notes, or auditing the sessions. In addition, a high risk of bias likely exists in novel interventions such as the ones included in these studies that were developed by the researchers who were motivated to publish significant results. With the majority of the studies in this review being novel interventions, it demonstrates how this field still appears to be in its infancy. Further research should be encouraged before implementing these interventions for young adults. This is, however, a risk for trials of all novel therapies, including existential therapies (Vos et al., 2015).

Studies utilised a variety of methodologies to measure outcomes. Three studies considered qualitative data, which indicates that the interventions adhere to the internal validity of the treatment while working in experimental conditions while demonstrating an appreciation of the client experience, which shows a focus on the external validity of the intervention.

Care should be taken when investigating psychological treatments as they are not biological treatments in which isolated effects show proof-of-concept (Lantz, 2004; Seligman, 1995). Rather, there should be discussion around the external validity of the psychological treatments to ensure clinical significance and acknowledgement of the complex mechanisms of psychotherapy being effective as a treatment (Barkham & Mellor-Clark, 2003). The widespread use of qualitative methodologies in the studies reviewed highlights a strength of the publications and supports the external validity of the findings.

Thematic Analysis and Interpretation

There were three themes that were consistently identified across the studies, each with two or three associated sub-themes. These themes are presented sequentially, with each of the themes followed by a discussion of their associated sub-themes.

Theme 1: Impact on Mental Health and Well-being

A theme that emerged across all studies was the impact existential psychotherapies have on mental health, with sub-themes of psychopathology, psychological well-being, and the overarching satisfaction of participants with the intervention.

Reduced Symptoms of Psychopathology

Overall, studies showed that meaning-centred existential therapy was an effective intervention for reducing symptoms of psychopathology within this population group. The most frequently reported symptoms were those of depression and anxiety, and studies identified significant reductions in these symptoms (Cheng et al., 2015; Cho & Jang, 2021; Fereydouni & Forstmeier, 2022; Jose & Angelina, 2019; Lichiello et al., 2022; Robatmili et al., 2015). This finding is similar to previous reviews of existential therapy in different population groups (Bauereiß et al., 2018; Kruizinga et al., 2016; Lim & Kang, 2018; Vos et al., 2015; Vos & Vitali, 2018). Previous reviews had also included comparisons with other evidence-based psychotherapeutic interventions, such as cognitive therapy, showing equal effects in the reduction of symptoms of psychopathology in comparison to these approaches. This appears to highlight that existential psychotherapy can be just as effective as some more commonly used interventions when treating young adults suffering from psychopathology, especially those experiencing anxiety or depression.

Improved Holistic Psychological Well-being

Some studies identified significant improvements in overall psychological well-being (Cheng et al., 2015; Cho & Jang, 2021; Doornik et al., 2024; Lichiello et al., 2022) and significant increases in purpose/meaning in life (Cheng et al., 2015; 2019; Cho & Jang, 2021; Doornik et al., 2024; Robatmili et al., 2015). This could be because existential psychotherapies typically employ a broad range of philosophical theories in addition to, for instance, transferring particular skills. This can offer clients a more holistic treatment modality that allows a client to not only acquire certain skills but also explore their own values in life, better understand their place and own responsibilities towards society, as well as confront certain existential fears (Cooper, 2003).

The studies often had treatment goals that revolved around concepts such as purpose, suffering and self-identity instead of more discrete, tangible goals targeted at addressing psychopathology, like acquiring improved communication skills. Three of the included studies measured holistic well-being outcome measures such as life satisfaction, isolation and self-esteem (Cheng et al., 2015; Doornik et al., 2024; Lichiello et al., 2022). This approach differs from other, more commonly used

evidence-based interventions like cognitive behavioural therapy (CBT) that are more targeted at moderating clients' responses to psychopathology (Gallagher et al., 2013). Due to these varied and flexible approaches, existential therapy or some of its principles might also be incorporated into the psychotherapeutic processes of other commonly used interventions as a type of 'fellow traveller' by also incorporating philosophical insights where applicable to assist clients to cultivate holistic well-being (Iacovou, 2009; Zika & Chamberlain, 1992). In this way, existential therapies offer an ideal approach to empower young adults by improving their overall psychological well-being, in addition to only lowering the symptoms of psychopathology.

High Satisfaction Rates of Outcomes Among Participants

Whether people are satisfied with an intervention or therapy is an important consideration because satisfaction positively influences engagement, participation, and treatment outcome (Barbosa et al., 2012). A large proportion of the reviewed studies were feasibility trials, and some included acceptability of the therapy in their analyses, which showed participants rating these interventions as highly favourable (Beaupin et al., 2019; Cheng et al., 2015; Jose & Angelina, 2019; Lichiello et al., 2022). This is a particularly important consideration when implementing psychotherapy with young adult populations, as these populations have been found to regard psychotherapy as overly rigid, paternalistic (Levitt et al., 2016) and embarrassing (Ebert et al., 2019). Participants from these studies generally rated the interventions as having been highly favourable (Beaupin et al., 2019; Cheng et al., 2015; Lichiello et al., 2022; Jose & Angelina, 2019). Existential therapies are influenced by phenomenology, focusing on client experiences and the idea of therapists being 'fellow travellers' who are authentic and vulnerable (Yalom & Josselson, 2008). Broadly, this means that existential therapy approaches would ensure the therapeutic process is not rigid, paternalistic, and instead put the patient's experiences at the centre of its use as a therapeutic option for young adults.

Theme 2: Personal Empowerment

A second major theme was that existential psychotherapies often appear to prioritise personal empowerment over emphasising a reduction in psychopathology symptoms. This is because it emphasises the development of clients' identity, assisting them to find meaning in life and supporting them to redefine traumatic experiences (Corbett & Milton, 2011).

Contributes Towards Personality Development

Existential therapy does not directly focus on reducing psychopathology, but instead seeks to assist a client develop a strong sense of identity. In doing so, the aim is to help the client reduce the negative effects of psychopathology where present. This is evident in the publications reviewed, which do not seek to reduce symptoms of pathology directly, but rather focus on the value-defining and self-efficacy developing processes to boost positive self-identity (Cho & Jang, 2021; Doornik et al., 2024; Fereydouni & Forstmeier, 2022; Jeyaseelan & Reyes, 2022; Robatmili et al., 2015). The importance of identity development in young adults has been recognised and investigated in existential therapy, with Şanlı and Ersanlı (2021) finding that existential therapy can impact on positive identity development, while Champ et al. (2020) found that existential psychology can help high-achieving athletes construct positive, healthy identities. While considering using themes from existential interventions for young adults, caution should be excised as for individuals who are suffering from severe psychopathology, priorities or preferences around symptom reduction over personality development might be indicated first. As with all therapeutic processes, the goals, wishes, and culture of the client should also be respected at all times.

Assists to Find Meaning in Life

A primary focus of existential therapies is the importance of developing an individual's meaning or purpose in life, derived from Frankl's (1967) work in logotherapy. The influence of Frankl's logotherapy is seen with 'meaning in life' being referred to in nearly all the studies either as a theoretical background or a primary focus of the sessions. This approach was successful in encouraging participants to see the value of their life with Doornik et al. (2024) stating that 'participants experienced their life as being of more significant and value in the world' after undergoing the intervention'. How a young adult's sense of personal meaning in life and 'mattering' affects mental health has previously been examined, with 'meaning in life' being identified as a protective factor in psychological distress (Henry et al., 2014; Steger et al., 2015; Vogel, 2020; Wilchek-Aviad, 2015; Yıldırım et al., 2022). The finding that existential therapy assists in developing a strong sense of meaning in life is valuable, and the positive effects of integrating abstract concepts such as purpose and meaning in life may be useful as both primary interventions or as an adjunct to commonly utilised interventions for this age group. However, the client should be well supported during this journey, as addressing these ideas without adequate guardrails to address potential negative affect, prevent unhealthy rumination, or address challenging social situations might put the client at risk of negative outcomes.

Supports Trauma Processing

The National Institute for Health and Care Excellence (NICE; 2018) guidelines recommend trauma-focused CBT therapy as the primary treatment for post-traumatic stress disorder, a fact criticised the basis that the NICE guidelines and their concentration on symptoms do not fully encompass the complex experiences of trauma and post-traumatic growth a client goes through during their personal healing process (Corbett & Milton 2011; Vachon et al., 2016). This multidimensional view of trauma is seen in studies like Cho and Jang (2021) who in back-to-back sessions explored finding meaning in times of crises and subsequently self-transcendence. This review encourages further investigation into modalities of psychotherapy that reflect this approach and can complement the symptom reduction focused CBT model and offer a model of care that does not just reduce the adverse symptoms of trauma, but rather acknowledges and comes to terms with the experiences of the survivor while understanding the role existential suffering plays in personality development. This is possibly because the mechanisms and effects of trauma in young adult populations are complex. While CBT offers proven symptom reduction (NICE, 2018), traumatic experiences can also result in significant existential distress (Tomaszek & Muchacka-Cymerman, 2022), which necessitates existential psychotherapy to help along the healing process (Arredondo & Caparrós, 2023).

Theme 3: Impact on Interpersonal Relationships

The final theme that emerged from the analysis was the impact of existential psychotherapies on interpersonal relationships. The sub-themes in this area revolve around the importance of three different relationship settings, namely the therapist/client relationship, the therapeutic group relationship between group members and between the individual and other social relationships they engage with within their communities.

Group Therapy Member Relationships

Within-group dynamics and cohesion are important factors in determining the value a client derives from group psychotherapy (Burlingame et al., 2018; Krug, 2009; Toseland et al., 2004). The importance of within-group relationships was identified, including studies which had an entire session during which the group could become acquainted with each other

(Cheng et al., 2015; Jeyaseelan & Reyes, 2022; Jose & Angelina, 2019). These studies emphasised the importance of group dynamics and the sharing of these existential fears as an explanation of the effectiveness of the intervention. A significant proportion of the interventions used group therapy, and Cheng et al. (2015) even included a quantitative analysis that assessed how within-group interactions affected the treatment experience. Group therapy can be an effective tool in improving psychological well-being, and factors such as cohesiveness and interpersonal learning are essential parts of the group process and can provide valuable lessons and model relationships for clients to apply in their wider life (Yalom, 1995). To ensure beneficial outcomes are facilitated, therapists running groups should strive to build a positive system providing unique, valuable learnings from these groups (Overholser, 2005).

Social Relationships

Lastly, the importance of social relationships was identified. Studies emphasised the importance of relationships in the healing process, with some dedicating a session/core tenet to the exploration of this concept (Fereydouni & Forstmeier, 2022; Jeyaseelan & Reyes, 2022; Jose & Angelina, 2019). Isolation is increasingly contributing to psychopathology in young adults (Richardson et al., 2017), and existential therapy empowers young adults by encouraging the development of authentic relationships and strong social networks (Yalom & Josselson, 2008). The included interventions encourage clients to develop positive relationships that are meaningful and promote personal growth. Significant positive outcomes in these studies suggest that existential therapy can assist young adults to navigate loneliness (Pearce et al., 2021; Ratanashevorn & Brown, 2021), and those working with young adults should recognise the importance of addressing isolation by recognising unhealthy relational patterns and cultivating positive social connectivity.

Novel Holistic Interventions

New and novel ways of providing psychotherapy were identified as a particular strength of existential psychotherapies. Telehealth was utilised (Jeyaseelan & Reyes, 2022; Lichiello et al., 2022), allowing for existential therapy to be delivered more accessibly, while a social media-based intervention (Beaupin et al., 2019) showed proof of concept of an intervention that can empower young adults by helping to build communities and increase psychological well-being without requiring the human resources that psychotherapy often requires. This trend of therapeutic interventions having the potential of being delivered online to improve accessibility and acceptability among young adults follows contemporary trends in the engagement of this population (Adams et al., 2022; McGorry et al., 2013; Venturo-Conerly et al., 2022).

The review identified holistic interventions that had an emphasis on stakeholder consultation and accessibility. Holistic approaches towards improving mental health and promoting personal empowerment are important as they need to incorporate young adults in the development of mental health services to ensure acceptability (Patel et al., 2007; Stubbing & Gibson, 2021). Many of the included existential interventions reviewed utilised extensive consultation with stakeholders to provide an acceptable intervention. Some of these include Jayaseelan & Reyes (2022), describing the development of the intervention, including significant consultation with young adults and mental health experts. Jose & Angelina (2019) described the development of the intervention, including significant stakeholder consultation, while Fereydoui & Forstmeier (2022) highlighted how spiritual Islamic ideals can be incorporated into existential therapy frameworks. Research, interventions and projects often result in sustainable success when development is rooted in stakeholder consultation (Elmer-English & Du Toit, 2024), and when providing psychological treatment, the collaborative nature of involving both mental health services and stakeholder consultation should be emphasised to facilitate better outcomes for young adults (Anderson & Lowen, 2010).

Recommendations and Limitations

Given the current limited evidence base for this emerging field, additional studies on meaning-centred existential therapy interventions among young adults are required to provide more conclusive evidence for its effectiveness in this age group through implementing more rigorous study methodologies. It is recommended that future studies should include direct comparisons of existential therapy with other psychological interventions, for instance, in head-to-head RCTs, while also improving randomising and blinding to add rigour in study methodologies. Future studies in this field should also aim to collect more data around client demographics and report on measures like duration of therapy, control groups, and fidelity of interventions.

While there is evidence of overall effectiveness and acceptability for meaning-centred existential psychotherapies among young adult populations, there was no consensus on the mechanisms of meaning-centred existential therapy principles that improve psychological well-being or empower them. Existential well-being should be studied as a multifaceted trait (Davidov & Russo-Netzer, 2021), and currently it is thought that identity formation (Şanlı & Ersanli, 2021), meaning-making, death-awareness and social connectiveness all contribute to existential well-being (Davidov & Russo-Netzer, 2021; Reed et al., 2021). There is also a preliminary neuroscientific model of existential well-being that describes how activity in parts of the brain, like the insula and ventromedial prefrontal cortex, plays key roles in understanding the self and navigating existential distress (Quirin et al., 2019). Developing consensus around the potential mechanisms underlying the success of existential therapy and identifying those elements contributing to such success would be useful to support its further adoption among professionals as a potential treatment option or to utilise it as an intervention to empower young adults.

Finally, the development and testing of unique cultural models of meaning-centred existential therapy that consider appropriate cultural worldviews is also required to identify whether and how this form of therapy can be best utilised across different cultural contexts, especially in culturally diverse countries. Studies like Fereydouni & Forstmeier (2022) modelled how logotherapy can include discussion around religion that acknowledges the role spirituality plays in existential well-being. Wilson & Appel (2013) provide recommendations around how models of existential counselling can draw from indigenous New Zealand Māori theories of well-being to provide culturally relevant care. Further research into unique cultural models of existential therapy would assist in developing a 'fit-for-purpose' and contemporary treatment option for young adults worldwide.

Not all studies included in this review were RCTs, which are often regarded as the 'gold standard' for considering treatment outcomes. This may affect the strength of the findings and limits the recommendations this review can provide for practice. Exclusion criteria also meant foreign language publications identified in the search were unable to be included, which gives this review a Western bias and does not acknowledge the significant research being done in this field in, for instance, Spanish and Mandarin-speaking countries. Furthermore, despite offering a wide and diverse geographical, social, and cultural mix of participants, given that the included studies were conducted in different parts of the world, this also means that it limits the generalisability of the findings. For instance, interventions might not be equally effective across different groups of young adults with varying cultures. While the inclusion criteria of articles from 2011 meant only more recently published work was included, it was important to take into consideration the scope of this review and to determine whether evidence supported the use of this therapy in a contemporary setting (McGorry et al., 2013).

Furthermore, the outcomes of this work rely on comparisons of heterogeneous factors such study design (qualitative/quantitative/mixed), outcome measurements (Beck Depression Index/Depression, Anxiety and Stress Scales/Multidimensional Existential Meaning Scale), intervention delivery (group/telehealth/individual), to name but a few study factors. This makes it challenging as the various control groups will lead to different effect sizes, the different measurement tools mean that there is inconsistency in the construct being measured, and the different intervention deliveries will mean that factors like adherence and group dynamics will affect psychological outcomes in unique ways. To account for this, a recognised methodology, QuADS, was used to analyse mixed study designs, and the variations in outcome measures and intervention delivery were outlined to maximise transparency, and a thematic methodology was used to describe these results over forcing quantitative analysis.

The methodology in this study utilised a Kappa score to measure inter-rater reliability, which provided a score of 0.26, which was rated as 'fair'. This level of agreement could potentially be attributed to a degree of fair disagreement between a novice doctoral student and a more experienced psychology researcher, along with using a tool like the QuADS, which uses a 4-point scale to measure quality rather than a binary, introducing more room for disagreement. To ameliorate the potential influence of researcher experience on the results, the research team met to discuss and explore the rationale for outcomes, which assisted in mitigating any potential errors and increasing study validity.

Finally, the aim of this rapid review was to investigate the effectiveness of existential therapy interventions among young adults. This review was not able to provide a comprehensive understanding of the ethical, economic, or equitable aspects of the approach, but can be interpreted as one resource that offers a better understanding of existential therapy in this population to encourage future research and investigation into its application (Watt et al., 2008).

Conclusion

This rapid review has highlighted the effectiveness of existential psychotherapeutic interventions to reduce psychopathology, while also demonstrating improvements in holistic well-being, ranging from increasing meaning in life, supporting trauma processing, and improving the quality of social relationships in contemporary young adults. This indicates it could be considered a viable treatment option for this age group. However, there is a need for further high-quality trials investigating existential therapy as a potential option for psychological interventions among this group to further support its application as a reliable alternative to other types of therapies. Mental health professionals or policymakers are encouraged to include themes from existential therapy in guidelines for addressing psychopathology in young adults. The inclusion of clients in developing psychological interventions or models of care around existential themes will also ensure that these approaches are acceptable and appropriate to individuals.

Conflict of Interest

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Author Contributions

All authors contributed equally to the conception of this study, development and execution of the protocol, analysis of results and writing and editing of the final manuscript.

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