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## PSYCHOTHERAPY AND THE RESTORATION OF MEANING: EXISTENTIAL PHILOSOPHY IN CLINICAL PRACTICE

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The chapters in this final part of the volume examine how individuals respond to meaning violations, all of which appear to share a common feature—the violation of expectation (see Wilson, Ndiaye, Hahn, & Gilbert, Chapter 21, this volume, for an extensive discussion regarding how individuals adapt and react to expectancy violation). Indeed, van den Bos's “flabbergasted self” (see Chapter 18) experiences anxiety, even in situations where the expectancy violation is advantageous to the self. Of critical importance, and as highlighted by Townsend, Eliezer, and Major (see Chapter 19) and Tullett et al. (see Chapter 20), any given violation of expectation, however trivial, appears to provoke a physiological threat response that in turn motivates efforts to restore meaning and reduce anxiety. What, then, is the nature of these meaning restoration attempts? As Peterson notes quite powerfully in Chapter 2, “life is the forthright challenging of the insufficiencies that confront us, and the powerful, life-affirming existential meaning that such pursuit instinctively produces.” Thus, in its most palliative form, meaning

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DOI: 10.1037/14040-023

*The Psychology of Meaning*, Keith D. Markman, Travis Proulx, and Matthew J. Lindberg (Editors)  
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restoration takes the form of approach behaviors that are aimed at actively constructing and reconstructing meaning when understandings and expectations have been violated.

Given the sheer and sometimes overwhelming complexity of life, it is not surprising that many individuals suffer so profoundly when dealing with the chronic uncertainties and persistent meaning violations that suffuse the fabric of their day-to-day lives. In many cases, they become emotionally dysregulated. Lacking any sort of adaptive compensatory strategies that might point them in the right direction, the result is often anxiety and depression. Fortunately, psychotherapy provides possible short- and long-term solutions to such chronic feelings of fear and despair.

In this final chapter, we explore how themes of existential philosophy have been used to develop a formal orientation of psychotherapy, and we discuss the main principles of existential psychotherapy and their application in practice. We also draw upon case examples to specifically illustrate how the approach of existential psychotherapy is utilized in clinical practice. In the case examples, each patient's identity has been disguised to maintain confidentiality.

## EXISTENTIAL PSYCHOTHERAPY

Historically, existential psychotherapy grew as "European psychiatrists took issue with many of the basic tenets of Freud's psychoanalytic approach" (Yalom, 1980, p. 16). Specifically, Freud's theories on human behavior were thought to be too reductionist in nature. Additionally, it was felt that Freud relied too heavily on the principle of determinism:

The various existential analysts agreed on one fundamental procedural point: the analyst must approach the patient phenomenologically; that is, he or she must enter the patient's experiential world and listen to the phenomena of that world without presuppositions that distort understanding. (Yalom, 1980, p. 17)

Although existential psychotherapy was growing, it was doing so in relative obscurity and in a most disparate way. Many of its main thinkers—including Ludwig Binswanger, Melard Boss, and Viktor Frankl—"were almost entirely unknown to the American psychotherapeutic community until Rollo May's highly influential book *Existence . . .* introduced their work into this country" (Yalom, 1980, p. 17).

Building upon the contributions of existential psychotherapy's early thinkers, Irvin Yalom's *Existential Psychotherapy* (1980) is considered by many to be the most influential and elegant contribution to the field of existential

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psychotherapy. It should be noted, though, that existential psychotherapy “is not a specific technical approach that presents a new set of rules for therapy. It asks deep questions about the nature of anxiety, despair, grief, loneliness, isolation, and anomie” (May & Yalom, 1995, p. 262). It is within the contextual framework of Yalom’s view of existential psychotherapy that we describe its application in clinical practice.

### Ultimate Concerns

Yalom (1980) identified four basic conflicts that drive both adaptive and pathological human behavior. Yet it is important to understand what is meant by “conflict” within the context of existential psychotherapy. “The existential position emphasizes a different kind of basic conflict: neither a conflict with suppressed instinctual strivings nor one with internalized significant adults, but *instead a conflict that flows from the individual’s confrontation with the givens of existence* [emphasis added]” (Yalom, 1980, p. 8). Yalom referred to these givens of existence as “ultimate concerns.”

There are four ultimate concerns: *death, freedom, existential isolation, and meaninglessness*. The therapist’s goal in existential psychotherapy is to partner with and help guide individuals in their journey as they confront these universal facts of life. Through the process of therapy, individuals gain a deeper awareness of themselves. Many aspects of therapy focus on the development of this newly acquired knowledge.

From the existential perspective, anxiety originates from the *awareness* of these ultimate concerns. Awareness may be conscious or unconscious, but anxiety results. One’s behavior (both healthy and unhealthy) represents the actions taken to mitigate these core existential givens. At first glance, the four ultimate concerns may seem overwhelming or futile, but Yalom (1980) stressed that these are universal concerns that represent the very essence of the human condition. Every one of us, through our actions—but not necessarily through our awareness—faces these concerns. As Yalom noted, *we must, because we are*.

### Death

One of the most obvious existential concerns is the theme of death. The gift of human consciousness also places upon us the responsibility to bear the somber awareness of our eventual death (for a more extensive discussion of this idea, see Arndt, Landau, Vail, & Vess, Chapter 3, this volume). We constantly (though not necessarily consciously) face the undeniable reality of our finiteness. It is an inescapable truth. The theme of death is perhaps one of the most common to arise in the therapy setting. Some therapists use the analogy of an “existential onion” to illustrate to clients the layers of defense mechanisms

(adaptive and maladaptive) used in the service of basic existential concerns. Depression and anxiety are very effective in their ability to peel away the layers of defense mechanisms and, hence, expose the core givens of our existence to an acutely aware client. This awareness can cause confusion, uncertainty, and profound distress: "A core existential conflict is the tension between the awareness of the inevitability of death and the wish to continue to be" (Yalom, 1980, p. 8).

### *Freedom*

Throughout history, human beings have sought to be free. So strong has been this belief in freedom that men and women have been willing to sacrifice their lives in its attainment. Yet in its existential sense, *freedom* refers "to the absence of external structure" (Yalom, 1980, p. 8). It is not always easy to conceptualize the potentially negative aspects of freedom. Although it is somehow quintessentially human to desire freedom, one does not always stop to consider the responsibility inherent in freedom itself. This responsibility—namely, that an individual is fully responsible for the entirety of one's life—can be quite anxiety provoking. Within the therapy setting, many situations hint at this underlying distress. For example, the struggle involved in this conflict may manifest itself in the form of a seemingly random but pronounced increase in emotional distress during the less structured days of the weekend. In his book, *Man's Search for Meaning*, Viktor Frankl (1959; recall that Proulx, Markman, & Lindberg, in Chapter 1 of this volume) referred to this phenomenon as the "Sunday neurosis" (p. 112). The distress resulting from one's freedom (and responsibility) of choice may manifest itself as depression, anxiety, or—in a less clinical but much more pervasive way—boredom. To be the author of our lives means that "below us there is no ground, a void, an abyss. A key existential dynamic, then, is the clash between our confrontation with groundlessness and our wish for ground and structure" (Yalom, 1980, p. 9).

### *Existential Isolation*

*Existential isolation* refers to the individual's true "aloneness" in the world. This sense of aloneness is quite different from that of interpersonal isolation. It refers to the reality that all of us enter and depart from existence alone, regardless of our relationships or how close we feel to one another. In the clinical setting, this sense of isolation is one of the most common presentations of emotional distress. In addition to the literal suffering, emotional pain can also bring to awareness this fundamental, unbridgeable gap of aloneness. A common theme in depression, anxiety (and even physical pain) is this sense of isolation, which no one but the individual can feel. We are truly alone in our suffering. "The existential conflict is thus the tension between

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the awareness of our isolation and our wish for contact, for protection, our wish to be part of a larger whole" (Yalom, 1980, p. 9).

### *Meaninglessness*

Why do we exist? What is the meaning of life? Can it possibly be that there is no true meaning other than the one we must create? If the path of our life is not predetermined, then the responsibility for creating all meaning and purpose falls squarely upon our shoulders (see also Peterson, Chapter 2, and Steger, Chapter 11, this volume). This is an awesome yet terrifying concept for one to reconcile, especially today. We are prone to anxiety within contemporary society, as "no instinct tells [man] what he has to do, and no tradition tells him what he ought to do; sometimes he does not even know what he wishes to do" (Frankl, 1959, p. 111). Frankl (1959) believed the primary motivation in life was one's search for meaning. He referred to "the striving to find a concrete meaning in personal existence" (p. 106) as the *will* to meaning. Issues of meaning and purpose are very common themes within the psychotherapy setting. Within the framework of existential psychotherapy, conflict arising from the issue of meaning "stems from the dilemma of a meaning-seeking creature who is thrown into a universe that has no meaning" (Yalom, 1980, p. 9).

### **The Existential Onion**

The ultimate concerns of our existence make up the very core of the existential onion. Like layers of onionskin, various psychological defense mechanisms are used throughout the course of one's life to protect the self from these core existential anxieties. Resulting behaviors may be healthy (e.g., mitigating the anxieties of aloneness and mortality, for example, by marrying and raising children) or quite unhealthy (e.g., using alcohol or drugs to mitigate the anxieties of meaning and purpose), depending on the psychological health of the individual. Consistent with the assumptions of terror management theory (e.g., see Arndt et al., Chapter 3, this volume), much of this anxiety exists unconsciously, hidden from daily awareness. The closer one gets to this existential core, however, the more one gains conscious awareness of the ultimate concerns of existence. It is only when the levels of psychological defenses begin to peel away—like the layers of onionskin—that one begins to feel increasing levels of psychological distress.

It is important to emphasize the ubiquity of this psychological process. The awareness of—and reaction to—the ultimate concerns of existence is not an indication of psychopathology. Rather, one's confrontation with these ultimate concerns is a basic part of the human condition, and confronting the basic dilemmas of our existence (death, freedom, isolation, and meaning)

need not be an exercise filled with dread. "The confrontation with the givens of existence is painful but ultimately healing" (Yalom, 1980, p. 14). Thus, one should not approach the therapeutic process with trepidation, for there is great wisdom to be gained, both about one's self and about one's individual place in the world.

## EXISTENTIAL PSYCHOTHERAPY IN PRACTICE

Although the ultimate concerns of existence are part and parcel of the human condition, they truly come to the fore in the psychotherapeutic milieu. The core issues of existence manifest themselves in the lives of the individuals whom clinicians are privileged to treat. Existential conflicts of meaning, isolation, freedom, and mortality are clearly evident in the daily struggle of those who suffer from depression and other forms of emotional illness.

### Existential Anxiety Manifested Through Emotional Symptoms

Existential themes are clearly evident in the individuals who seek treatment for their emotional problems. Manifestations of existential conflict appear in many forms. Existential anxiety can be especially prominent in the individual during times of transition. Whether these transitions represent change that is positive (marriage, childbirth, retirement) or negative (death of a loved one, divorce, effects of military action), existential conflict arises. In addition, an individual's thoughts, feelings, and comments expressed during an episode of depression or anxiety are often dominated by existential themes. From the clearly overt presentation to the less obvious, once the existential onion begins to peel, the givens of existence (death, meaning, isolation, and freedom) begin to fundamentally alter one's emotional landscape.

One of the most commonly presenting existential themes in the depressed and anxious patient is that of existential isolation—*aloneness*. Patients who are depressed will often acknowledge a feeling of "separation" from the rest of the world. Impairment in the ability to engage in activities of daily living (e.g., work and family obligations) may become quite pronounced, further adding to the feelings of isolation. In therapy, the anxiety of existential isolation is exemplified by comments such as "I feel so alone," "No one can understand how I feel right now," and "No one cares."

Questioning the meaning and purpose of one's life represents another example of existential anxiety during these negative mood states. Fundamental beliefs and important goals may completely lose their motivational energy and relevance. Emotionally, individuals feel as if they are a hapless floating object, desperately trying to find footing on solid ground once again.

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In therapy, the existential conflict of meaning and purpose is exemplified in comments such as "There really is no purpose to my life," "Why should I even try anymore?" and "Is this all there is?"

Finally, existential themes of death are quite common in depressed and anxious states, and fantasies of death may serve as an emotional relief valve that mitigates one's constant pain and suffering. In therapy, the existential theme of death is exemplified in comments such as "I am not sure how long I can go on like this" and "I wish I could go to sleep and not wake up," or "Why does life have to be so painful?" and "I am better off dead."

### *Case Example*

Michael is a 38-year-old veteran of Operation Iraqi Freedom who had multiple tours of duty during his service. On several occasions, he engaged in direct combat with enemy forces. Although he was not personally involved in any combat fatalities (and he had not directly witnessed any deaths), several members of his unit were killed in the course of the conflict, including one who was a close friend.

Michael presented to the therapist for treatment of his depression and anxiety. Symptoms of posttraumatic stress disorder (including bad memories, flashbacks, nightmares, and hypervigilance) were also present. In addition to being prescribed medications, Michael was interested in psychotherapy. Beyond the overt symptoms of depression and anxiety, what bothered Michael the most was a sense of being "disconnected from the rest of the world." He could never remember at any previous time in his life experiencing this kind of "detached" feeling. He was an extravert by nature, but since returning from the war, he had found it quite hard to relate to family and friends. He did not "see the point."

As therapy continued, multiple existential conflicts clearly became evident. Most prominent was Michael's loss of meaning and purpose. In returning home after the war, it was hard for him to find relevant meaning in the daily routine of life. He anguished over trying to reconcile the disparity between his daily existence in wartime combat—literally fighting for his life—and the relative peace of his existence now, safe at home.

Existential themes of death were evident, as he was greatly conflicted between feelings of happiness for having made it home alive and feelings of guilt for that happiness, because several of his fellow soldiers died in combat. As he stated, "How do I deserve to be happy when I know [my friends] died back there? Why did I make it out alive? How do I make any sense of all of this?"

Themes of existential isolation and aloneness were evident as well. Michael became increasingly depressed and withdrawn, which was once again a significant departure from his extraverted personality prior to the war.

He felt very alone in his personal struggle. He did not want to be a burden to his friends and family. He felt they could never truly understand what he was going through: "How could they know what I am feeling? They weren't there. They don't know." This further added to his sense of isolation and despair.

As the sessions progressed, Michael's existential understanding and acceptance grew. He was able to see how his struggle was but his unique manifestation of the human condition. He was able to understand that although his specific struggles were uniquely his, the core existential concerns—death, meaning, isolation, and freedom—were universal. As a result, Michael's mood slowly began to improve. He began to reconnect with his family and reclaim friendships without being burdened by guilt. He realized that he possessed the freedom to decide how he reconciled the war deaths of his fellow soldiers. In addition to seeing their deaths as a symbol of ultimate bravery, Michael began to realize that it was his duty to reclaim his life (and happiness) in their honor. In an authentic and genuine way, he found meaning—not only in their deaths but in his life as well. More generally, and in a related vein, Halusic and King (Chapter 22) would suggest that to the extent that Michael's search for meaning, itself, gives rise to positive affect, his sense of meaning in life will be enhanced.

### Existential Anxiety Manifested Through Physical Symptoms

In addition to the psychological manifestations discussed in this chapter, existential conflict can manifest itself as physical symptoms. One way emotions can be somatically expressed is through pain and physical discomfort. To be clear, there are many medical disorders of various etiologies—*infectious, neurologic, and cancerous, to name a few*—where physical pain is part of the symptomatology. Here we are referring to pain that either has no obvious etiology (i.e., all causes have been ruled out) or presents in an anatomically inconsistent fashion (e.g., pain that migrates across the midline of the body or skips from one anatomical area to the next). In these patients, the *originating cause* of their physical symptoms typically has an emotional basis.

Why might emotions manifest themselves as painful physical symptoms? Stanley J. Coen of Columbia University's College of Physicians and Surgeons first suggested that psychosomatic physical symptoms were "in all likelihood a defense against noxious unconscious emotional phenomena" (Sarno, 2006, p. 92). Inspired by Coen's research, John Sarno (2006) of New York University developed an important theory of tension myositis syndrome (TMS). According to the theory, the pain of TMS serves as a dramatic and purposeful distraction when unwanted negative emotions threaten to escape into conscious awareness. Sarno noted that "the altered physiology in TMS appears to be a mild, localized reduction in blood flow to a small region or

a specific blood oxygen deprivation; its origin lies in the disease process.

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### Case Example

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a specific body structure, such as a spinal nerve, resulting in a state of mild oxygen deprivation. The result is pain” (p. 15). The pain is very real, but its origin lies in an internal emotional trauma, not in a physical injury or a disease process.

Although the initial psychological explanation of TMS derived from psychoanalytic (Freudian) theory, existential anxiety can often be at the root cause of pain in these patients. Although not overt, existential themes—mortality, meaning, isolation, and freedom—dominate the emotional landscape of these individuals. Existential psychotherapy often results in profound relief of both emotional and physical symptoms.

### *Case Example*

Matthew is a married 62-year-old microbiology professor with full tenure at a local university. He sought treatment from a therapist for his worsening mood, brought about from years of chronic, severe neck pain. In the 2 years prior to beginning therapy, he had been seen by a variety of medical professionals, but the diagnostic studies (X-ray, EMG, CAT scan, and MRI) done during that time revealed no significant pathology. His neck pain persisted despite courses of physical therapy, traction, exercise, yoga, and even steroid injections. He was so frustrated that at one point he was even willing to consider spinal surgery. “But the surgeons told me there was nothing ‘wrong’ with my neck as far as they could see,” said Matthew. “They said there was nothing in my neck that needed surgery.” Frustration was turning into depression and despair. It was at that point that he chose to enter into therapy.

When treatment began, Matthew was approximately one year away from retirement. He had spent the prior 34 years of his life teaching, doing research, and publishing in the field of microbiology. He acknowledged the stress earlier in his career to gain tenure, but he was pleased overall with his professional life. He took a great deal of pride in his ability to consistently bring in the most research grant money to his department. About three years ago, anticipating his retirement, Matthew decided to stop doing research and refocus his energies solely on teaching. Other colleagues were now bringing in much larger research grants than he, and thus he felt it was “the right time” to make this change.

As the therapeutic sessions progressed, he was able to recall (after some considerable retrospection) the first time he remembered feeling the pain in his neck. It was during the first semester of teaching classes after he had made the decision to stop doing research. At first, he thought the pain was due to the increased teaching load. He stated, “I figured since I was teaching more classes, maybe I was holding my head and neck the wrong way.” At first, he did not think much about it. But his pain persisted and proceeded to worsen

over the next few months. Worried, he began to seek out medical help. "I never thought my pain would last for this long," he said as he described his course of treatment over the past few years. He was exhausted, both physically and emotionally.

The therapist asked Matthew if he thought there might be a relationship between his neck pain and the decision to no longer do research, noting that his neck pain began in the semester *after* he chose to stop his research. Although Matthew voluntarily made the choice to no longer do research and focus on teaching, it was quite conceivable that his decision might have evoked some profound existential anxieties relating to mortality, meaning, and purpose that were creating his anxiety. In response, he first acknowledged feeling as if "things were really changing in the department" as the younger faculty on tenure track began to bring in much larger grants, and then admitted that he missed doing his research over the past 3 years. He was then asked to consider the possibility that in response to the existential anxieties evoked, his mind may have created his neck pain as a defense against bringing those existential givens to conscious awareness. In this way, the mind determines that it is "less painful" to have physical pain than to suffer emotional pain.

Although somewhat skeptical, Matthew agreed to read up about the basics of TMS and existential approaches to treatment. In the following weeks, the therapist and the patient continued to explore these existential anxieties and their role in Matthew's physical symptoms. After continuing treatment for several more weeks, Matthew announced during therapy that for the first time in nearly two years he had no neck pain. "I am not sure what happened, but I just woke up a few days ago and it was gone," he said. That was two years ago, and Matthew has continued to be pain-free. On occasion he will get a brief flare, but he is able to see the connection it has to his psychological stress. By acknowledging the existential anxieties, Matthew properly equipped himself with the tools he needed to prevent these psychophysiological symptoms from dominating his life in the future.

## CONCLUSION: RESTORING MEANING IN PSYCHOTHERAPY

Existential psychotherapy is a dynamic approach based upon the ubiquitous and universal concerns that are an inexorable part of the human condition. Throughout our lives, and with different levels of awareness, we courageously confront the questions of our existence. As Peterson (Chapter 2) notes, "The fundamental problem of life is the overwhelming complexity of being," and Peterson urgently recommends, "When chaos threatens, confront it, as quickly as possible, eyes open, voluntarily." In so doing, meaning can be both constructed and restored.

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### Meaning: What and Why

At the outset of this volume, we argued that a global understanding of meaning making involves "the ways that we *make sense* of ourselves and our environment, the feelings that are aroused when these understandings are constructed or violated, and the common ways in which we respond to these violations" (Proulx et al., Chapter 1). Furthermore, we focused on a general distinction within the notion of meaning—a sense of *what* is and a sense of *why* this should be so. The *what* of sense making refers to an epistemic concern with understanding (e.g., "What does it all mean?"), whereas the *why* refers to a teleological exploration of value and purpose (e.g., "Why should I go on?"). As Proulx (Chapter 4) argues, epistemic and values motivations are understood as being both distinct and complementary.

#### Meaning: What

In Chapter 5 of this volume, Higgins makes the case that a core concern for individuals is truth motivation—our general motivation to determine what is real—and that we often feel "confused and bewildered" when our truth motivation goes unsatisfied. Similarly, Burton and Plaks (Chapter 6) note that people feel anxious if their lay epistemic theories are violated by unexpected experiences. In psychotherapy, the client is guided by an objective therapist who can point out different means by which truth can be ascertained—means, importantly, that the client has heretofore not entertained. Conversely, the therapist can also urge the client to let go of the search if a given truth seems unknowable or obscured from view. Either way, the client derives a sense of efficacy—mastery, predictability, and control—from engaging in the therapeutic process (see Waytz, Chapter 7).

#### Meaning: Why—A Guide for Living

In Chapter 1, we noted, "While a sense of the *what* organizes our epistemic understanding of reality, a sense of the *why* directs us in how we should conduct our lives, and provides explanations for the events that constitute our life story." Indeed, the telling and framing of one's life story is absolutely central to psychotherapy. As Wachtel (2011) described it:

When successful, psychotherapy helps the patient to retell his life story, to provide a different frame and give a different moral to the story. Hence, it enables him to give different *meaning* to events and experiences that had previously been a source of hopelessness and blockage and had contributed to a demeaning or depressing view of himself and of his life. (p. 27)

The means by which individuals tell their life stories and create progress narratives (i.e., suggesting that one will be flourishing in the future) are explored in great detail in the chapters by Walker and Skowronski (Chapter 8) and McAdams (Chapter 9). In particular, Walker and Skowronski describe how progress narratives created about negative events are effective in reducing lingering anxiety about those events, whereas McAdams notes that such narratives often converge on a redemptive self that allows one to understand past suffering as functional and a precondition for future success. Moreover, the redemptive self often adopts a moral code by which to live in the future (Janoff-Bulman, Chapter 10). Psychotherapists would seem well equipped to guide the construction of adaptive progress narratives for their clients. Of course, therapists should also keep in mind that there is such a thing as “enough meaning” (Steger, Chapter 11) and that it is important to maintain a homeostatic view of meaning-making and maintenance behaviors.

#### *Meaning: Why—Explanations for Events*

As Silver and Updegraff note in Chapter 12, when unexpected tragedies short-circuit the progress we believe we are making toward satisfying long-term goals, we often compensate by generating explanations for why a given traumatic event occurred. Likewise, Park (Chapter 13) describes how threats to our global life commitments evoke anxiety that, in turn, activates sense-making efforts. To this end, individuals often turn to religion and spirituality for the purpose of addressing both epistemic and teleological concerns. Likewise, Anderson, Kay, and Fitzsimons (Chapter 14) discuss how unexpected and negative events can elicit compensatory searches for silver linings that help offset feelings of sadness and anxiety. The psychotherapist should encourage this search for explanations but also remain attuned to biases and distortions of perceptions that might lead clients to be unrealistically optimistic and make poor choices in the future.

Finally, the chapters by Routledge, Sedikides, Wildschut, and Juhl (Chapter 15); Kray, Hershfield, George, and Galinsky (Chapter 16); and Lindberg, Markman, and Choi (Chapter 17) all focus on how individuals construe the past in a way that allows them to derive retrospective understanding and, perhaps, prospective purpose. More specifically, Routledge et al. describe how thinking back to prior meaningful experiences evokes feelings of nostalgia that can often soften emotional reactions to negative life experiences. Whereas nostalgia seeking represents more of a compensatory reaction to meaning violations, counterfactual thinking (Chapters 16 and 17)—imagining that our lives could have easily turned out differently—appears to be an active attempt to view the past deterministically. Contemplating how an event could have turned out differently—but also acknowledging that it did not, in fact, turn out differently—appears to give rise to a sense that the

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event was “meant to be,” guided perhaps by the hands of Fate. Although counterfactual thinking has been shown in certain contexts to enhance retrospective control perceptions and intensify goal pursuit, therapists should be wary of encouraging overly deterministic worldviews, as such mind-sets may actually diminish feelings of mastery, predictability, and control.

The *new science of meaning*, represented by the chapters in this volume, not only offers therapists a deep conceptual framework within which to practice older, more established techniques but should also suggest new approaches. By recognizing the centrality of meaning as sense making, and acknowledging the distinction between the *what* and the *why* of sense making, therapists should be armed with a variety of epistemic and teleological tools with which to fashion therapy strategies that are unique for each individual.

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