

# MEANING INTERVENTIONS: WORKING WITH MEANING IN LIFE IN PSYCHOLOGICAL THERAPIES

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*The mystery of human existence lies not only in staying alive but in finding something to live for.*

—Fyodor Dostoevsky, *The Brothers Karamozov*

Meaning in life is considered one of the cornerstones of human existence and a central concern with which philosophers, theologians, social scientists, poets, and laypeople alike have struggled across cultures and throughout history. Existential questions such as “Why are we here?”, “What is my purpose?”, “What do I stand for?”, and “What is the meaning of life?” touch on the essence of what it means to be human. They comprise the force that motivates people, from the first question children ask—“Why?”—to make sense of themselves and the world, and throughout various developmental stages and life contexts.

Defined as “shared mental representations of possible relationships among things, events, and relationships” (Baumeister, 1991, p. 15), the manifestations and salience of meaning in life have evolved with the ebb and flow of historical and cultural contexts, as well as across religions and traditions. Traditionally, religions and established religious agents (e.g., pastors, priests, rabbis, imams) served as facilitators of humans’ search for meaning in their life. By offering an agreed-upon system of beliefs and worldviews that

involve guiding global moral meaning systems from birth to death and beyond, as well as knowledgeable authorities, religions provide clear guidelines about what an individual should consider true and valid as well as how to live one’s life. However, the Enlightenment in the 16th century marked a turn to a more individualistic search for meaning without the assistance of clergy (Berman, 2009; Vos, 2020). This shift to more subjective and internal processes with a distinction between the meaning of life, which relates to broad theological issues and universal human concerns, and meaning in life, which indicates a more personal view of one’s existence, presented a new challenge for caregivers. As Viktor Frankl (1962) puts it:

In former days, people frustrated in their will to meaning would probably have turned to a pastor, priest, or rabbi. Today, they crowd clinics and offices. The psychiatrist, then, frequently finds himself in an embarrassing situation, for he now is confronted with human problems rather than with specific clinical symptoms. Man’s search for a meaning is not pathological, but rather the

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surest sign of being truly human. Even if this search is frustrated, it cannot be considered a sign of disease. It is spiritual distress, not mental disease. How should the clinician respond to this challenge? Traditionally, he is not prepared to cope with this situation in any but medical terms. Thus he is forced to conceive of the problem as something pathological. Furthermore, he induces his patient to interpret his plight as a sickness to be cured rather than as a challenge to be met. By so doing, the doctor robs the patient of the potential fruits of his spiritual struggle. (p. 93)

#### TRADITIONAL PSYCHIATRY AND PSYCHOLOGY

In traditional medicine and psychiatry, meaning-related questions were pathologized or seen as irrelevant to the therapeutic process. Freud (1960), for example, viewed meaning as pathological: “As soon as one starts to ask about the sense and value of life, one is ill, because neither of them exist as objective entities; one has simply admitted that one has a reserve of unsatisfied libido” (p. 436). Essentially, Freud reduced the potential broad range of many types of meaning in life to only two: “to love and to work” (Vos, 2016a).

Early behavior therapists regarded questions about meaning as irrelevant to the functional analysis and treatment of unhelpful behavior, but later cognitive therapists seemed to do more justice to the topic of meaning. For example, third-wave cognitive-behavior therapists (such as acceptance and commitment therapy, mindfulness-based cognitive behavior therapy, and dialectic behavior therapy) addressed meaning as a fundamental belief, core cognition, or cognitive schema about self, life, others, and the world, which could be examined and treated like any other behaviors or cognitions.

These traditional therapists did not seem to entirely recognize the broad range of possible

meanings in life or the subjective experience of life’s significant, irreducible, and transcendent quality (Vos, 2016a). The discussion of meaning seemed to be relegated to a pseudomedical assessment of the helpfulness and realism of the client’s beliefs, behavior, or ego functioning. Consequently, some clients may feel unsatisfied with therapy if their therapists follow these traditional approaches and do not address their key questions, such as “How can I live a meaningful life despite life’s challenges and my own emotional and personality characteristics?” (Andresen et al., 2011). These clients may continue struggling with meaning-related questions, which may impact their mental health.

#### THE COPERNICAN REVOLUTION OF MEANING IN PSYCHIATRY AND PSYCHOLOGICAL THERAPIES

Karl Jaspers (1919) was one of the first psychiatrists to pay explicit attention to the topic of meaning in life as an irreducible phenomenon, albeit in terms of transcendence. He described all humans as inevitably being confronted with boundary situations in life, such as suffering, pain, and death, when their wishes about life hit a hard border or counterwill. When we cannot fulfill our wishes in the crossroads, we can choose to sink into despair and resignation, or we can take a Kierkegaardian “leap of faith” toward transcendence. That is, we can transcend the limitations of the present situation, see it from a larger time and space perspective, and focus on a larger, more authentic and meaningful perspective on life.

Jaspers followed in the footsteps of the philosopher Soren Kierkegaard (2019), who saw transcendence as the ultimate step in human development—to be able to see our unique position from the larger perspective of time and space. Following Kierkegaard and Jaspers, Martin Heidegger (1927/2010) asserted that as humans, we can decide to see our life from the largest time and space perspective possible (i.e., Jasper’s transcendence), or we can choose temporary distraction and popular trends of the particular

social community that we happen to have been randomly born into. Existing means, for Heidegger, that we embrace our existence in its etymological meaning of *existere*: standing (*sistere*) in our unique position in time and place, but simultaneously being able to step out (*ex*) of this specific position, for example via self-reflection on our position and whether we would like to change it (Vos, 2018).

These existential philosophers showed that we can decide to focus on a larger perspective in life—i.e., meaning—which helps us not only to live life to the fullest but also to be resilient in challenging situations. In this spirit, Alfred Adler and Viktor Frankl were the first to systematically show that meaning can be an important topic for psychological treatment. They both based their work on philosophical reflections and clinical observations, but they differ in the manner in which they view and define this concept.

Adler (1956) focused his discussion of meaning on three central areas of life: work, love, and society, emphasizing the interpersonal interactions involved in them. According to his approach, human behavior is goal-oriented, motivated to seek “belonging” or significance and meaning through how people function in social systems. Adler’s main contribution to the therapeutic discourse is in emphasizing relationships and the interpersonal connection to society; the theory he developed has far-reaching implications for educational and social fields of practice (Yang & Milliren, 2010).

Frankl refers to meaning in a broader sense than Adler, emphasizing existential aspects of life, including suffering and death. In his view, meaning derives from a spiritual rather than an interpersonal source (e.g., Adler & Brett, 2009). Frankl’s main contribution is in placing meaning at the center of the psychotherapeutic process and in treating the pursuit of meaning as a fundamental human motivation. In his view, meaning can be found even in dire circumstances in which a person cannot achieve superiority, a stance that allows for the unique contribution of challenged populations, such as people dealing with limiting situations of chronic physical or mental illness,

disability, posttrauma, addiction, and so forth. In such cases, the Adlerian approach focusing on encouraging belonging and superiority is more limited because marginal populations are often secluded from the social context and may struggle to maintain a sense of belonging and social interaction. For them, finding meaning may be more helpful, through realizing how challenging events have led to the discovery of unique roles and contributions. Even in the face of tragic life circumstances, one can still self-transcend and courageously rise above suffering and despair to take responsibility over their experience and eventually reconstitute life on renewed and more profound roots.

Historically, the topic of meaning has shifted from being a peripheral to a more central topic in the theories, research, and practices of psychiatrists and therapists. Against this background, this chapter provides an overview of central aspects involved in the topic of therapeutic interventions regarding meaning in life. We begin with a discussion of key evidence-based concepts in this area, provide an overview of therapeutic approaches, discuss research on the effectiveness of meaning-oriented therapies, and conclude with reflections on the current state of study in this area and suggestions for future research.

## KEY EVIDENCE-BASED CONCEPTS IN MEANING INTERVENTIONS

While the study of meaning is centuries old in philosophy, it is relatively new in fields that focus on how to enhance and enrich human functioning. Therapy researchers now describe human beings as “hardwired to seek meaning” (Baumeister & Vohs, 2002, p. 613); they have found that a lack of meaning constitutes a risk factor for depression and psychopathology (e.g., Goodman et al., 2018) and overall adjustment disorders (e.g., Boston et al., 2011; Damon, 2008). They have also found that meaning can emerge as an important explicit or implicit topic when a client is dealing with anxiety, depression, a crisis, loss, grief, or a transition in life (e.g., Hill, 2017; Hill et al., 2015; Neimeyer et al., 2010).

As with all bona fide therapies, therapeutic practices for meaning interventions must be based on and grounded in evidence-based concepts (Vos, 2023b). In this section, we will describe the key evidence-based concepts used in a broad range of meaning interventions.

### Definitions of Meaning

The abstract and multifaceted nature of the construct of meaning in life seems to pose a conceptual and empirical challenge (e.g., George & Park, 2016; Martela & Steger, 2016). Essentially, as language exemplifies, meaning is beyond the thing itself; it transcends it. The meaning of a word is not the sequence of letters or syllables, but what they stand for or what they refer to. In this sense, meanings of words are connections between linguistic signs and exterior objects, whether objects or events in the world or mental representations (Russo-Netzer & Mishani-Uval, 2022).

One common conceptualization defines meaning in life (MIL) as the combination of comprehension, purpose, and mattering (George & Park, 2016; Martela & Steger, 2016; Steger, 2012). Thus, MIL “may be defined as the extent to which one’s life is experienced as making sense, as being directed and motivated by valued goals, and as mattering in the world” (George & Park, 2016, p. 2) referring to these three dimensions respectively.

Others have suggested that MIL involves four basic needs: purpose, values, a sense of efficacy, and self-worth (Baumeister, 1991; Baumeister & Vohs, 2002). *Purpose* enables people to find meaning in their life events from their connection to possible future events, mainly goals and fulfillments. *Values* refers to justification for one’s past, present, and future actions. *Efficacy* affords people a sense of being in control and capable of making a difference. *Self-worth* refers to people’s need to feel that they are worthwhile (e.g., Baumeister, 1991; MacKenzie & Baumeister, 2014).

To grapple with the differing definitions of meaning, Vos (2016a) conducted a systematic literature review of 37 empirical studies on definitions of meaning in life. He concluded that

a comprehensive definition of the psychological experience of meaning in life includes several components, which often strongly correlate and overlap:

- **Motivation:** An individual moves toward directions, goals, or purposes in life.
- **Values:** Individuals often follow subjective and intersubjective principles, norms, and values in attempting to realize the object of their motivations.
- **Understanding:** Individuals have an understanding of self, life, world, and events, such as a sense of coherence of one’s own life history and life situation.
- **Self-worth:** Individuals need to feel that their lives matter; they need to experience themselves as worthy to follow their own meaning in life, and their meaning needs to feel significant.
- **Practical goal-management and self-regulation skills:** Individuals need to be able to translate their sense of meaning into practical actions, for example via setting and adjusting goals.
- **Existential skills:** Individuals need skills to live a meaningful and satisfying life while facing life’s inevitable challenges and human limitations, such as mortality, freedom, and responsibility.
- **Commitment:** Individuals need to commit themselves to action in daily life, e.g., not only talking theoretically about meaning in life in sessions with a psychotherapist.

### Measurement Instruments

Various scales and measurement tools have been developed over the years to operationalize different aspects of MIL with a growing sophistication in assessing MIL in recent years (e.g., George & Park, 2016; Martela & Steger, 2016). The earliest logotherapy psychometric instruments were the Purpose in Life (PIL) test (Crumbaugh, 1968; Crumbaugh & Maholick, 1964; Schulenberg & Melton, 2010) and scales such as the Seeking of Noetic Goals (SONG) test (Crumbaugh, 1977), the Life Attitude Profile (LAP; Reker & Peacock, 1981), and the Sense of Coherence Scale (SOC; Antonovsky, 1993). These were followed more

recently by scales examining the meaning construct in a broader sense, such as the most widely used measure, the Meaning in Life Questionnaire (MLQ; Steger et al., 2006), which is made up of two subscales: presence of meaning (MLQ-P) and search for meaning (MLQ-S). Table 9.1 gives an overview of the most frequently used questionnaires in research on meaning in life.

Together, these psychometric studies seem to validate the concept of MIL (see Brandstätter et al., 2012; Vos, 2018; Wong, 2013). The instruments were developed by experts on MIL and seem at face value to align with existential-philosophical writings. The experience of meaning tends to be a relatively stable concept that can be reliably measured over time and that changes sensitively as expected in different situations, such as an increased search for meaning in times of crisis and an increased sense of meaningfulness in life during meaning-centered therapies. The experiences of meaning have been validated across settings and cultures and can be used to generalize and test hypotheses, correlating as expected with other constructs. The factor structure of most questionnaires has been confirmed, although there may be some overlap when multiple questionnaires are combined. Future researchers may want to systematically review and reduce the items in meaning-related questionnaires and use more advanced instrument-testing procedures.

Research indicates that the experience of MIL can be measured in reliable and valid ways. These studies also seem to support the fundamental assumption of existential philosophers and meaning-centered therapists that humans strive for meaning, as replies on questionnaires show that most people search for meaning and that they experience frustration or mental health problems if they cannot achieve their sense of meaning, although precise figures differ per instrument, measured construct, and social-cultural context (Vos, 2016a, 2016b).

### **Mental Health Benefits of Meaning**

The development of more valid and reliable psychometric instruments measuring MIL has led to an increase in empirical research on the

role of MIL in general models of well-being (Huta & Ryan, 2010; Vos, 2016a, 2018). Mounting empirical research supports the theoretical and philosophical foundations indicating the centrality of MIL to human experience and underscores its importance as a contributing factor for human flourishing and as a coping mechanism for adjustment to life's adversities and suffering (e.g., Czekierda et al., 2017; Janoff-Bulman & Yopyk, 2004; Linley & Joseph, 2011; Melton & Schulenberg, 2008; Russo-Netzer, 2019; Steger, 2012; Steger et al., 2009). Individuals with a low sense of meaning report a lower sense of psychological well-being and more psychopathological symptoms such as depression and anxiety (e.g., Mascaro et al., 2004; Reker & Chamberlain, 2000; Shin & Steger, 2014; Steger, 2012), while a strong sense of MIL is associated with better well-being and less psychopathology (e.g., Mascaro et al., 2004; Reker & Chamberlain, 2000; Shin & Steger, 2014; Steger, 2012), as well as more positive future orientations (Steger et al., 2008), hope, optimism (e.g., Mascaro & Rosen, 2006; Steger & Frazier, 2005; Steger et al., 2006), and work enjoyment (e.g., Bonebright et al., 2000).

Meaning can also be prioritized as a value in itself. In this sense, prioritizing meaning reflects individual differences in the extent to which meaning is implemented via the decisions individuals make about where to invest effort in the context of everyday life (Russo-Netzer, 2019). Such prioritizing has been found to be connected with happiness, life satisfaction, and gratitude among adults. This suggests that focusing on and prioritizing engagement in activities that are inherently value-congruent may serve as a tangible and concrete mechanism for instilling life with meaning and increasing well-being.

Although a sense of meaning in life was found to be related to better mental health and overall well-being, most studies supporting this conclusion were nonexperimental; thus, the causal role of MIL needs to be further confirmed (e.g., King et al., 2006). Relationships between meaning and other psychological needs may be bi-directional or may even be considered tautologies (Stavrova & Luhmann, 2016; Zhang et al., 2022). Recent

TABLE 9.1

## Overview of Frequently Used Questionnaires on Meaning

Topic	Name
<i>General sense of meaningfulness of life</i>	Meaning in Life Questionnaire (MLQ) (frequently used) Purpose in Life Scale (PILS) Noetic Goals Scale (SONG) Multidimensional Existential Meaning Scale
<i>General sense of life; associated with general sense of meaningfulness of life</i>	Ryff's Conceptual Well-Being Scale (frequently used) Life Satisfaction Test (frequently used) Life Fulfillment Scale Self-Congruence Scale
<i>Examples of meaninglessness and coping with meaninglessness</i>	Existential Anxiety Questionnaire Death Attitudes Profiles Tragic Optimism Scale Dutch Ultimate Concerns Scale
<i>Types and sources of meaning</i>	<b>Comprehensive questionnaires measuring multiple types of meaning in life</b> Meaning Sextet Questionnaire (MSQ) (most comprehensive) Sources of Meaning and Meaning in Life Questionnaire (SOME) (frequently used) Personal Meaning Profile Quest for Meaning Scale Basic Psychological Needs Assessment Scale Life Orientation Scale Altruism Scale Social Connection Scale World Assumptions Scale Sense of Coherence Scale Self-Realization Scale Spirituality Questionnaire Freedom Questionnaire Responsibility Scale Gratitude Scale
<i>Approach to meaning</i>	Meaning Approach Scale (MAS; scales for traditional, functionalistic, phenomenological/critical-intuitive scales) <b>Indirect measures of approach to meaning</b> Rational-Experiential Inventory Five Facet Mindfulness Questionnaire Authenticity Scale Free Will and Determinism Scale Schwartz Value Survey Individual Cultural Values Scale Prioritizing Meaning in Life Scale
<i>Prioritizing meaning</i>	Posttraumatic Growth Inventory (PTGI)
<i>Coping styles associated with meaning-centered coping</i>	Acceptance and Action Questionnaire (AAQ-II) Psychological Resilience Scale Hardiness Scale Stress Appraisal Measure Coping Schema Inventory—Revised Trent Attribution Profile
<i>Specific moments of meaning in specific situations</i>	Phenomenological methods Cognitive subliminal laboratory experiments
<i>Projective tests that may indicate meaning</i>	Thematic Apperception Test Rorschach Test Sentence Completion Test
<i>Therapeutic relationship</i>	Meaning-Centered Practitioner's Skill Questionnaire (MCPS-Q) Goal Attainment Form Working Alliance Scale Relational Depth Inventory
<i>Children and adolescents</i>	Meaning in Life in Children Questionnaire (MIL-CQ) Internal Compass Scale

longitudinal studies, though, seem to confirm that perceived MIL predicts long-term mental health and well-being (e.g., Disabato et al., 2017; Krause, 2007; Negru-Subtirica et al., 2016; Vos, 2021b). Furthermore, research on meaning-centered therapies indicates that helping clients to develop meaning-centered skills improves their sense of MIL, which subsequently appears to improve their mental health and well-being (e.g., Vos & Vitali, 2018).

### **Physical Health Benefits of Meaning**

An emerging field of research shows the close relationship between MIL and physical health. For example, one's perceived meaningfulness of life correlates moderately with physical activity and a range of biomarkers, such as stress hormones, immune system functioning, physical energy, slower growth of tumor cells, survival, and gene-environment interaction (Vos, 2016b). Between 50% and 70% of patients with a chronic or life-threatening disease ask questions about meaning, which they want their practitioners to pay attention to—for instance, because they feel that their disease hinders them from achieving their meanings, or they may have started reflecting on or shifting their priorities in life, or they may be questioning their assumptions about life (e.g., Henoeh & Danielson, 2009; Moadel et al., 1999; Vos, 2016b). Chronic pain often hinders individuals from living a meaningful life, particularly as it narrows their activities in life, which may impact their mental health, and many chronic pain patients report a desire to create meaning out of chaos (e.g., Bullington et al., 2003; Gudmannsdottir & Halldorsdottir, 2009). Consequently, an increasing number of therapeutic interventions that include meaning have been developed for chronic pain patients (Eccleston et al., 2009; Veehof et al., 2011). For example, a systematic review of 113 studies indicates that many cardiovascular disease patients ask explicit questions about MIL, and their sense of meaningfulness subsequently correlates with a lower risk for cardiovascular events (Vos, 2021c).

Thus, a sense of meaningfulness may also be an important source of resilience in coping with

a chronic or life-threatening physical disease, as a sense of MIL for physically ill patients correlates with their level of psychological stress, psychopathology, demoralization, and will to live. For example, individuals with a sense of meaningfulness were less likely to develop a large stressful response to the COVID-19 pandemic, had a more realistic perception of relevant health risks and behaviors, and were less likely to develop severe and/or long COVID-19 symptoms (Vos, 2021a).

Many influential models in health and medical psychology describe the role of meaning in coping with physical disease and health threats. Further, meta-analyses into meaning-centered psychological therapies indicate that meaning-centered treatments have large short-term effects and moderate long-term effects on self-reported physical well-being, possibly via large effects on blood pressure, stress hormones, and survival time, both immediately and at follow-up (Vos & Vitali, 2018).

### **Meaning-Centered Coping**

Clients seem particularly occupied with meaning in boundary situations in life when they are confronted with life's givens and paradoxical limits such as suffering, grief, illness, death, connections and isolation, and freedom and responsibility (Vos, 2016a, 2016b). In a boundary situation, our fundamental world assumptions are shattered: The conditions under which we can habitually strive toward our daily life meanings have changed. Individuals need to appraise the threat and their resources and ask themselves: "How can I live a meaningful and satisfying life in spite of this threat and with these resources?"

Individuals with a strong sense of meaning cope better with life's challenges, for instance by demonstrating less avoidance coping and more emotion-focused coping (Edwards & Holden, 2001), adjusting better to stressful events, and reporting lower levels of psychological stress, with MIL functioning like a buffer or source of resilience against the impact of stressful events (e.g., Henoeh & Danielson, 2009; Park & Folkman, 1997). The updated stress-coping model posits

that when individuals are confronted with adversity, crisis, and trauma, they need to appraise the threat (primary appraisal), assess their resources (secondary appraisal), and negotiate the meaning of the situation with their global meaning (tertiary appraisal; Park, 2010). According to this model, individuals may experience stress if they perceive a situation as threatening, have limited resources, and do not have a pre-existing sense of meaning or feel that the situation hinders achieving their meaning in life. Further, perceived discrepancies between the appraised meaning of a particular situation and global meaning (i.e., general orienting systems of beliefs and goals) create distress, which generates meaning-making efforts to reduce it. Many studies have confirmed that meaning-oriented coping, i.e., focusing on one's global meaning in life, may help to cope with stressful life situations.

### Types of Meaning

Following in the footsteps of Viktor Frankl, one of the first psychologists to explore the question of where we can find MIL, others have offered ideas about sources of meaning. For example, Emmons (1999) identified five: personal strivings, achievement, intimacy, religion/spirituality, and generativity. Wong and Ebersole separately pointed to factors that somewhat resembled each other: a personal meaning profile, achievement, relationships, religion, and self-transcendence (Wong, 1998); and life narratives, life work, relationships, religious beliefs, and service (Ebersole, 1998). In line with Heidegger and Binswanger, van Deurzen (2014) posits personal, physical, social, and spiritual worlds. L'angle's existential analysis (2015) focuses on world, life, self, and meaning. Fegg et al. (2008) identified relationships, culture/spirituality, leisure/health, and work/finances.

Westerhof et al. (2004) identified material-hedonic, self-oriented, and social meanings. Schwartz's (2012) studies identified several universal values: hedonism, achievement, power, self-direction, stimulation, social security, conformity, tradition, benevolence, universalism, spirituality, freedom, and responsibility. A relatively

similar concept is Ryff's (2014) operationalization of eudaimonia as autonomy, environmental mastery, self-acceptance, positive relations, personal growth, and purpose. Ryan and Deci's (2001) self-determination theory includes similar externally and internally oriented values. Across empirical studies, personal relationships have been found to be a central source of meaning (e.g., Debats, 1999). Finding MIL also involves transcendence from self-interest to something that is beyond ourselves (Russo-Netzer & Mishani-Uval, 2022).

Vos (2023a) conducted a systematic literature review of 107 studies in which 45,710 participants were asked what they experienced as meaningful, important, or valuable in life. Their answers were categorized into six types (a group or pattern of frequent activities or experiences giving an individual an overall sense of meaningfulness in life) and subtypes of meaning: materialistic (material conditions, professional-educational success), hedonistic (hedonistic/embodied experiences), self-oriented (resilience, self-efficacy, self-acceptance, autonomy, creative self-expression, self-care), social (social connections, belonging, conformism, altruism, children), larger (purposes, personal growth, temporality, justice/ethics, spirituality/religion), and existential-philosophical types (being alive, unique, free, grateful, responsible). Meta-analyses indicated that materialistic, hedonistic, and self-oriented meanings correlated with low psychological well-being, and social and larger meanings with high psychological well-being (Vos, 2023a), similar to previous studies (e.g., Baumeister et al., 2013; Nielsen et al., 2014). Vos (2023a) developed the Meaning Sextet Questionnaire that further validated his universal meaning sextet.

Vos and Vitali (2018) found that the more different types of meaning a therapist discusses with a client, the more the client improves their general sense of MIL and the better their psychological well-being is. Vos (2023a) recommended therapists use the Meaning Sextet Questionnaire in therapy to structure their sessions to systematically address each type of MIL; for example, therapists might ask clients for examples in the past, present, or imagined future for each type and

subtype of meaning. He compares this therapeutic approach of systematically exploring all possible types of meaning with using a broad fishing net instead of a tiny fishing rod to help clients catch anything meaningful. In line with Lukas (2014), he recommends clients identify between three and six important examples of meaning in their life (dominantly social and larger types) to shift their focus to another meaning if one becomes temporarily or permanently unattainable.

### Approaches to Meaning

Whereas sources or types of meaning refer to *what* individuals experience as meaningful, approaches to meaning address how individuals experience meaning. Vos identified three different approaches in international surveys (Vos, 2020, 2021b).

An individual with a *traditional approach* follows what other people or higher powers communicate, signify, or expect about their MIL, such as a religion, a religious calling, conforming to social expectations, or a preassigned socioeconomic–political meaning at birth. A *functionalistic approach* implies that an individual determines their own MIL in a mechanistic and conscious–rational way, often as large goals in life that they try to achieve in a linear line. In a *phenomenological approach*, an individual listens critically to their intuition; that is, they listen to the meanings that intuitively arise in their flow of experiences, for example, perceiving what is meaningful via experiential explorations and meaningful coincidences, such as synchronicity awareness (Russo-Netzer & Icekson, 2020) or mindfulness (e.g., Russo-Netzer, 2023), while using their critical thinking to differentiate the more meaningful from the less meaningful.

Overall, traditional and functionalistic approaches were found to be correlated with negative affects, low quality of life, and low life satisfaction, whereas phenomenological approaches correlated with positive affects, high quality of life, and higher life satisfaction. Functionalistic approaches were reported more frequently in Western countries, and traditional and critical–intuitive approaches more frequent in non-Western countries. Individuals seemed to move from a dominantly traditional approach in their youth

to a dominantly functionalistic approach in their midlife to a dominantly phenomenological approach in later years.

These findings seem to confirm studies indicating that traditional approaches to meaning are associated with worse well-being (e.g., Knoop & Delle Fave, 2012). Other studies also show that individuals are more satisfied about their decisions in life and experience better overall life satisfaction and well-being if they focus on their intuition and experiences (Kim et al., 2022; Remmers et al., 2015; Zander-Schellenberg et al., 2019). For example, individuals experience meaning and values as more important when these are concordant with their “true self,” even though this may be a tenuous concept (Schlegel et al., 2011). An accepting approach to our flow of experiences, instead of denial or avoidance, may benefit our sense of meaning and well-being (e.g., Cheng et al., 2014). Individuals also seem able to intuit what is “right” and “wrong” in a situation and make decisions on the basis of this intuition (Hauser, 2006; Zander-Schellenberg et al., 2019). Based on these findings, Vos (2023a) recommended helping clients reflect on their approach to meaning and use their critical intuition and experiences when exploring their sense of MIL.

These findings also seem to confirm Frankl’s hypothesis in line with Heidegger’s phenomenological method that individuals can intuitively sense a difference between what is more meaningful and what is less meaningful. In Frankl’s words, we aim at getting in touch with our inner compass, our *logos*, which is deeper than our rational thinking, or *logic* (Frankl, 1946/1985). Frankl’s logotherapy is discussed in the following section on therapeutic approaches.

### OVERVIEW OF THERAPEUTIC APPROACHES

Research into clients’ needs and goals in therapy indicates that living a meaningful life is a key therapy goal for many clients. Therefore, it has been argued that psychological therapy may be more about recovery and resilience than cure of psychopathology: “Recovery is about building

a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems” (Andresen et al., 2011, p. 2). This also means that although not all clients may recover from psychological problems, they may still be helped to live a meaningful and fulfilling life despite their challenges. Thus, explicitly addressing the topic of MIL may fulfill the clients’ needs and preferences in psychological therapies. Coupled with the health benefits previously discussed, therapists may have many direct and indirect reasons to explicitly and systematically address the topic of meaning in their work with clients.

Currently, there are about 30 schools of meaning-oriented therapies that address meaning explicitly and systematically in their sessions (Vos, 2016a, 2018; Vos & Vitali, 2018). Exhibit 9.1 gives an overview of the most common meaning-centered therapeutic schools.

### Logotherapy and Existential Analysis

The most comprehensive and deeply rooted meaning-oriented therapy is logotherapy and existential analysis. The Austrian neurologist, psychiatrist, and Holocaust survivor Viktor Frankl (1905–1997) pioneered logotherapy during the 1930s. It is generally defined as an empirically based meaning-centered approach to psychotherapy. Frankl (1969) envisioned logotherapy as an undogmatic system of therapy, open to its own evolution as well as collaboration with other psychotherapeutic orientations. It has been called the “third Viennese School of Psychotherapy” (the first being Freud’s psychoanalysis and the second Adler’s individual psychology).

According to logotherapy, human psychology cannot be understood solely in terms of learning history or drives but essentially through existential concerns such as freedom, meaning, and purpose. Frankl based his model on the notion of non-reductionism as a heuristic principle, implying that each aspect or dimension of a human being—the physiological, the psychological, and the noetic (or spiritual)—represents a layer of properties and functions that interact with each other but

## EXHIBIT 9.1

### Overview of Common Meaning-Centered Therapeutic Schools

#### Therapies with meaning as main topic

Classical logotherapy, general meaning-centered therapies and loganalysis (e.g., Frankl, Lukas, Fabry, Marshall, Hutzell and Crumbaugh)

Existential analysis (Längle)

Meaning-centered counselling or meaning therapy (Wong)

Meaning-centered psychotherapy (Breitbart)

Meaning-making interventions (Lee)

Meaning-based group counselling for bereavement (Milman, Neimeyer)

Meaning-centered marital and family therapy (Lantz)

Meaning therapy via the use of photography (Steger)

Optimal sense-making (Russo-Netzer & Ameli)

Mindfulness-based meaning (Russo-Netzer & Ivztan)

#### Therapies with meaning as one of multiple important topics

Meaning-centered cognitive behavior therapy (Vos)

Structured life review and guided autobiography (Bohlmeijer)

Dignity therapy in palliative care (Chochinov)

Positive psychological interventions

Salutogenic therapy

Goal management intervention (Arends)

Acceptance and commitment therapy (Hayes)

Schema therapy (Young, Klosko)

Hope therapy (Weis)

Motivational interviewing (Lundahl)

Jungian analysis

Spiritual interventions

Psychosynthesis

Humanistic, person-centered, and existential therapies

nonetheless are ontologically separate and independent of each other (Frankl, 1970). Each of these is an aspect of what constitutes a human person and therefore none can be discarded or ignored in our quest to truly align psychology with what it means to be human (see Russo-Netzer et al., 2016).

For example, love is not only an expression of biological instincts (i.e., the physiological dimension) or social arrangements (i.e., the psychological dimension), it mainly represents the human longing for transcendence beyond the self, for connection and unity. In this sense, Frankl makes a distinction between the physiological and psychological dimensions that aim at self-gratification, actualization, or satisfaction, and the noetic or spiritual dimension, which

is oriented at self-transcendence. The noetic dimension is considered the healthy core and includes qualities such as self-distancing, self-transcendence, humor, values, imagination, love, and gratitude. In contrast with the first two dimensions where our reactions are often automatic, in the third dimension, we can choose how to behave (Lukas, 1998).

According to the three-dimensional ontology in logotherapy, a symptom and its origin are examined with reference to their physiological, psychological, and noetic/spiritual aspects, where in the third aspect, the cause of the symptom refers to existential frustration and the cure is finding a unique meaning in life. Each symptom presents a complex reality, as it involves the three components together. For example, depression can be viewed through its physical component, which involves a person's genetics, but there is also a psychological aspect that involves the individual's developmental history, and there may also be associated spiritual components (their philosophical or spiritual position toward life in general).

Therefore, logotherapy suggests that instead of using specific terminology that emphasizes the salience of one of these dimensions over the others in approaching the essence of the symptom, it is important to adopt terminology that emphasizes the person's point of view (Russo-Netzer & Maoz-Israel, 2021). A logotherapist, as Frankl explains, is more like an eye doctor than a painter: "A painter tries to convey the world as he sees it, an eye specialist tries to enable us to see the world as it is" (Frankl, 1970). In other words, logotherapists aim at getting closer to the reality of the client, as they experience it uniquely and dynamically. Thus, the goal of the logotherapist is to tap into the unique human capacities of intentionality, responsibility, and freedom of choice and to broaden clients' perspectives to discover and actualize the meaning potentials in their lives (Ameli, 2016).

The three fundamental tenets of logotherapy include freedom of will, will to meaning, and meaning in life (Frankl, 1970). Freedom of will emphasizes that human beings have the freedom to choose their response within the limits of

given possibilities under all life circumstances. Will to meaning refers to the idea that the main motivation of human beings is to search for the meaning and purpose in their lives. Meaning in life stresses that life has meaning under all circumstances, even in unavoidable suffering.

According to logotherapy, we can discover meaning in life via three pathways known as the categorical values: creative values, experiential values, and attitudinal values (Frankl, 1946/1984). The creative values consist of what we give to the world, like accomplishing a task, creating a work, or doing a good deed. The experiential values are what we take from the world, like the experience of truth, beauty, and love toward another human being. The attitudinal values reflect the stand we take toward an unchangeable situation or unavoidable suffering (Frankl, 1946/1984). Tragic optimism (Frankl, 1946/1984) refers to remaining optimistic through hope, faith, and love in spite of the tragic triad of pain, guilt, and death. This is based on the principle that life is meaningful under all circumstance and that humans are capable of creatively turning negative aspects into constructive ones (Frankl, 1946/1984; Lukas, 1998). Research confirms the importance of optimism, hope, and resilience in situations of tragedy (e.g., Gallagher et al., 2020; Prati & Pietrantonio, 2009).

The most frequently used methods in logotherapy include *paradoxical intention* (i.e., using self-distancing through humor to counteract anticipatory anxiety), *dereflection* (i.e., shifting the focus of attention toward meaning through self-transcendence), *attitude modification* (i.e., challenging a negative attitude by activating the will to meaning and helping the client to become aware of alternatives for realizing their values even in the face of loss through the attitudes they choose to take), and *Socratic dialogue* (Fabry, 1994; Lukas, 1979/1995). Research has directly shown the effectiveness of paradoxical intention (Jansson-Fröjmark et al., 2022; Shoham-Salomon & Rosenthal, 1987) and Socratic dialogue (e.g., Overholser, 2018), and indirectly the effectiveness of dereflection and attitude modification (Vos, 2018).

Socratic dialogue is considered the most often-used logotherapy technique, in which the therapist serves as a “midwife” and asks questions to identify “logo clues” and insights, using the patient’s own words to promote self-discovery and become aware of their noetic unconsciousness, values, inner hidden strengths, and potentials, as well as previous achievements (Russo-Netzer & Maoz-Israel, 2021). In other words, the therapist focuses both on the client’s “current positives” (assets and strengths) and “future potentials” or possibilities for expansion (Lukas, 1998). Additional techniques include the “logo-anchor” (Graber, 1993), “logoanalysis” (Crumbaugh, 1973), the “Mountain Range Exercise” (Ernzen, 1990; Schulenberg, 2003), and others (see Schulenberg et al., 2008). Overall, these logotherapeutic techniques and methods are integrated to support four overarching steps following a diagnostic step (i.e., existential analysis): distancing from symptoms, attitude modification, reduction of symptoms, followed by an orientation toward values, meaningful activities, and experiences (Lukas, 1986).

For instance, a young woman came to therapy for her anxieties around personal appearance, which impacted her well-being and led her to avoid leaving the house. She shared her sense of neurotic guilt around the unrealistic expectation of being perfect in various aspects of her life, which made her feel an inner emptiness and meaningless. Through Socratic dialogue, she was gradually capable of reconnecting to her defiant power against the destructive impulses, learned their origins, and took a stand through the use of paradoxical intention by “trying her best to be as imperfect as she can.”

As will be elaborated in the next section, several clinical trials indicate the effectiveness of logotherapeutic treatment and logotherapy-inspired interventions (Vos & Vitali, 2018). For example, logotherapy has been found to be valuable with situations such as depression, anxiety, alcohol/drug addiction, psychosis, grief, and despair associated with incurable disease (Marshall & Marshall, 2017; Schulenberg et al., 2008). A large number of research studies have

been conducted to validate the main concepts, constructs, and methods used in logotherapy (e.g., Batthyány & Guttman, 2006), yet more research is still needed to empirically support logotherapeutic concepts and interventions (Schulenberg et al., 2008; Thir & Batthyány, 2016; Vos, 2016a, 2016b, 2018).

### **Meaning-Centered Therapies After Frankl**

Twenty-seven post-Franklian meaning-centered schools of therapy ensued, of which the following are the most important (Vos & Vitali, 2018).

**Längle’s existential analysis.** This school elaborated on the logotherapeutic theory with a more phenomenological, client-directed, and dialogical approach. Existential analysts aim to help clients develop an authentic and responsible attitude toward their world, life, self, and meaning. This helps clients to experience themselves freely and “say yes” with an inner consent to the world (feeling we exist), life (feeling life is good and valuable), self (feeling and showing authentic uniqueness), and meaning. Existential analysis helps clients to say: “Yes, I exist, my life is good, I can be myself, and I can achieve my goals” (Längle, 2015, p. 23). There are some initial patient satisfaction studies but no clinical trials on this yet, and some concepts have been criticized for being unvalidated.

**Meaning-centered counseling or meaning therapy.** Paul Wong (2013) developed a short (not yet validated) action-oriented therapeutic approach. Meaning therapy consists of specific exercises, based on Wong’s theoretical ABCDE model, helping clients to accept events in life, believe in strengths and the possibility of change, commit to actions, discover hidden meanings, and evaluate change and progress.

**Meaning-centered psychotherapy.** William Breitbart and Shannon Poppito (2014) developed brief meaning-centered psychotherapy (MCP) for individuals and groups of cancer patients, inspired by Frankl’s logotherapy, and which has shown to be effective in several countries. The semistructured manualized group focuses

on specific self-reflection exercises to create a sense of coherence between life before and after cancer (legacy that was given, legacy that one lives, legacy that one gives), grieving over how the disease challenges meaning, and explaining and experientially connecting with Frankl's main pathways to meaning. Such meaning and other narrative interventions help clients review their lives and chronologically embed their cancer experience in the wider context of their life story, including themes such as self-worth, control, justice, coping, and life priorities; there is some initial evidence for its effects.

**Meaning-based group counseling for bereavement.** This brief group counseling helps individuals to reconstruct meaning during grief over the loss of a loved one; there are some initial positive research findings (MacKinnon et al., 2013). Amongst others, this intervention integrates research on grief therapy, narrative-constructivist and existential therapies, and meaning-centered psychotherapy. It is focused on the dual process model of coping with loss which states that individuals often oscillate between a loss orientation (a focus on processing the loss) and restoration orientation (a focus on new reconstructive skills).

**Integrative approaches.** Many other meaning applications can be found in various settings and populations (e.g., Breitbart & Masterson, 2016; Southwick et al., 2016; Weathers et al., 2016), as well as in other contexts, such as prevention of mental health problems like burnout (Riethof & Bob, 2019). Meaning-centered therapies also have often been integrated with other approaches such as, for example, rational emotive behavior therapy (e.g., Russo-Netzer & Ameli, 2021), family therapy (Dukes et al., 2022), music therapy (Pfeifer, 2021), and mindfulness (Maria Michael & Reyes, 2023).

### Meaning in Other Existential and Humanistic Therapies

Logotherapy and post-Franklian meaning-oriented therapies are often described under the broad umbrella of “existential therapies” or even more

broadly as “humanistic therapies.” However, many post-Franklian meaning-oriented therapies seem to have grown beyond these existential and humanistic schools, as will be explained in the sections that follow.

Although existential texts have existed in many cultures and religions for thousands of years (Hoffman et al., 2009; Vail & Routledge, 2020), existential thinking became particularly popular during the surge of individualism, secularization, and romanticism in the 19th century Continental Europe with novelists such as Dostoevsky and Tolstoy and philosophers such as Kierkegaard and Nietzsche. The methodological cornerstone of existential philosophy—phenomenology—was developed by Brentano, Husserl, Heidegger, and Merleau-Ponty. It is a systematic approach to exploring existential topics in their totality and in the immediacy of our individual subjective experiences without imposing any preconceptions or assumed hierarchies (Davidov & Russo-Netzer, 2022; Vos, 2018). Whereas many phenomenological philosophers seemed to remain relatively abstract and theoretical, later existential philosophers, such as Sartre, Camus, and de Beauvoir, elaborated on existential themes in individual and social life. The relational nature of human existence was particularly highlighted by the philosophers Buber and Levinas, who inspired therapists to combine existential and relational approaches in their client work. Other critical theorists, such as Franz Fanon, combined these existential ideas with theories and practices around social justice, empowerment, and political activism (Gordon, 1996; Hoffman et al., 2009).

With the increased popularity of existentialism in the 1950s, psychological therapists also started working with existential themes in their practices. Several schools emerged, with distinct characteristics as well as mutual influences (Correia et al., 2014, 2015, 2018; see also Cooper, 2016; van Deurzen et al., 2019).

Daseinsanalysis evolved from Heidegger's work and aims to help clients open up to the totality of their being, live more authentically, and develop an attitude of *let-it-be-ness* (Holzhey-Kunz, 2014). This includes phenomenological and sometimes

other therapeutic competencies such as free association, dream analysis, and attention for existential themes. Daseinsanalysts stimulate clients in a nondirective way to develop a phenomenological/critical–intuitive approach to their sense of meaning, but it may not always systematically thematize the topic of meaning.

Humanistic–existential therapies evolved in the United States, influenced by humanistic psychologists such as May and Maslow. Key figures include Yalom, Bugental, and Schneider. Existential–humanistic therapists aim to help clients develop the courage to overcome their (often unconscious) resistances and anxieties and to become more present and more fully and subjectively alive (Schneider & Krug, 2010). Clients are invited to face their resistances and tolerate difficult feelings so that they can learn to embrace their full range of experiences, including a sense of awe and seeing their full human potential. Amongst other influences, this school has been influenced by the large body of empirical research on coping with our mortality and existential defense mechanisms (e.g., Ernest Becker; later, terror management theory), which shows how existentially challenging situations—such as mortality salience—may trigger existential emotions such as fear of death that individuals may subsequently try to deny or avoid.

Research indicates that long-term and structural denial has negative effects on mental and physical health and coping (Burke et al., 2010). Consequently, therapists help clients to face and tolerate their feelings, via techniques such as experiential processing, free association, self-expression, visualization, and fostering trust in the ability to bear negative emotions. These techniques seem to effectively help clients to embrace their flow experiences, including their authentic feelings of meaning that may have been hidden behind existential defense mechanisms (Vos, 2018). This school highlights the human potential to live a meaningful life in spite of life's challenges, via a dual attitude (Vos, 2015): “Courage is not the absence of despair, it is, rather, the capacity to move ahead in spite of despair” (May, 1994, p. 12). Several other approaches have

evolved within this school, including existential-integrative approaches and existential-experiential and multicultural-existential therapies. For example, Schneider's research indicates how a sense of awe can be an important source of meaning in life. Several clinical trials on specific humanistic–existential therapies have been conducted, indicating small effects (Vos et al., 2015).

Phenomenological–existential therapies (“British School”) originated in the United Kingdom, inspired by Ronnie Laing and Hans Cohn and developed by therapists such as Spinelli (2005) and van Deurzen (2014). It uses phenomenological and relational methods to help clients describe and clarify their experiences and sedimented worldviews and open themselves to all the worlds in which they live, including life's paradoxes and complex emotions. Some phenomenological-existential therapists phenomenologically bracket or completely reject essentialist labels such as “meaning” and preconceived models and research on meaning, as they want to let what is meaningful unfold naturally in the therapy process (Vos, 2013). van Deurzen (2014) explores the client's physical, personal, social, and spiritual worlds, although not in a comprehensive/systematic way as does Vos (2023a). There is much research on the importance of the therapeutic relationship (Norcross & Lambert, 2019), but despite many qualitative studies, there are no clinical trials for this school.

Correia et al. (2015, 2018) found in an international survey across all existential-therapeutic schools that despite their theoretical differences, most existential therapists use similar competencies: phenomenological and relational skills, explicating existential themes, and therapeutic-school-specific competencies. Vos (2021a) elaborated and empirically validated these key existential therapeutic competencies in the evidence-based existential therapeutic competencies framework, which consists of generic, meta, assessment, phenomenological, relational, explicating, and school-specific existential competencies. Meta-analyses suggest that some types of existential therapies may be helpful,

particularly post-Franklian meaning-centered therapies (Vos et al., 2015), as well as many humanistic therapies (Elliott, 2002).

Many existential therapists seem inspired by some meaning-related ideas in other humanistic therapies. For example, the person-centered concept of congruence may involve a sense of meaning aligned with one's authentic or true self. Via empathy, unconditional positive regard, and the therapist's own congruence, the therapist offers the client the necessary and sufficient conditions to become more congruent, become their true self, and realize their potential in life. Rogers (1995) believed that individuals have a basically positive direction in life and that they move forward through the pursuit of self-actualization, i.e., realizing and expressing one's capabilities and creativity. Although person-centered therapists may not primarily focus on meaning in life, their relational approach may facilitate clients to explore their experiences in a more open and authentic way (Norcross & Lambert, 2019), and individuals seem to benefit from focusing on meanings in line with their experience of true self (Schlegel et al., 2011). Research in 96 client–therapist dyads showed that meaning in life indeed mediates between the therapeutic relationship and therapy outcome, thus placing meaning at the very core of person-centered and experiential therapies (Fortems et al., 2022). This finding also seems to support the idea that the therapeutic bond might foster clients to develop a sense of meaning, which may subsequently lead to better mental health outcomes.

Many existential therapists also seem inspired by experiential–humanistic therapeutic approaches whereby therapists help clients to accept, explore, and express their flow of experiencing or felt sense (Greenberg et al., 1994). Several recent studies indicate that accepting one's experiences may improve one's sense of meaning (Vanhooren et al., 2022) and that individuals may benefit from an experiential approach to discover a sense of meaning (Kim, 2022).

Whereas most psychoanalytic/psychodynamic therapists did not seem to highlight the topic of

meaning, Carl Gustav Jung did. Like Frankl, he believed that people cannot stand a meaningless life. He wrote:

There is a considerable number of clients who came to see me not because they were suffering from a neurosis but because they could find no meaning in their lives or were torturing themselves with questions which neither our philosophy nor our religion could answer. (Jung, 2014, p. 514)

Jung criticized both rigid traditional and religious approaches as well as the contemporary Western functionalistic focus on materialistic, hedonistic, and self-oriented types of meaning, which, he argued, seem to appeal particularly to extraverted individuals. Instead of using the confidence of their rational mind, Jung stimulated his clients to learn to turn inward and examine their conscious and unconscious embodied processes, including their imagination and dreams. He prompted clients to develop a sensitivity for what is essential and to listen critically to what their intuitions or inner compass tell them about meaning in life. He particularly seemed to focus on meanings transcending ourselves (e.g., social, larger, or existential-philosophical types of meaning). Jung wrote that this intuitive process requires courage to face a host of negative feelings, including desperation, defeat, loneliness, and solitude. These existential feelings may serve as a “fertile ground for future success” as they may call up an “intensive investment of psychic energy,” through which we may become more aware of and appreciate our self to a larger extent. By facing our shadow, in the “swamplands of the soul,” we may “encounter purpose and life's deepest meaning” (Hollis, 1996, p. 65).

Overall, both existential and humanistic therapists highlight the role of accepting our dark side and following our experiences and intuitions and the inevitable suffering inherent to the human condition. By embracing their experiences in all their complexities and paradoxes, individuals may develop the ability to

live a meaningful life in spite of everything, as Frankl's idea of tragic optimism suggests. This seems to assume that individuals develop a dual attitude of both accepting life's givens, such as our mortality, suffering, and limitations, and realizing our human desire or will to experience meaning (Vos, 2015). In this spirit of addressing both the upsides and downsides of life (Kashdan & Biswas-Diener, 2014; Russo-Netzer, 2018), in recent years therapists aimed to integrate existential and positive therapies, such as existential positive psychology (Van Tongeren & Showalter Van Tongeren, 2021) and second wave positive psychology (PP 2.0; Lomas & Ivtzan, 2016; Wong, 2010).

### Meaning in Positive Psychology Research and Interventions

The positive psychology (PP) movement has viewed meaning as a crucial resource for human functioning and flourishing. The main emphasis of the field is the scientific study of happiness, flourishing in life, and well-being rather than of stress, trauma, and dysfunction (Keyes & Haidt, 2003), aiming to encourage the integration of diverse perspectives toward a greater understanding of human potential (Linley et al., 2006). Within this framework, recent years have seen a rapidly growing number of models and empirical studies on the construct of meaning in life, especially as an important indicator for human flourishing. Meaning has been viewed as one of the essential pillars for well-being, as constructed by one of PP's founding fathers, Seligman (2012), in the PERMA model: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishments/Achievements.

Positive psychology initially faced criticism for being viewed as mostly focused on a hedonic approach to psychology, arguing that more depth and a greater existential-humanistic perspective should be taken into consideration (e.g., Schneider et al., 2001; Taylor, 2001), and for failing to recognize the value of negative emotions and their role in personal growth and development (e.g., Lazarus, 2003). Critiques and dialogues with existential and humanistic psychologists

(e.g., Robbins, 2008), as well as the advancements in empirical research indicating that seeking pleasure and avoiding pain is a weak predictor of well-being whereas being engaged in meaningful projects and finding purpose in one's life are much stronger predictors (e.g., Peterson et al., 2005), have contributed to the rise of eudaimonic approaches in positive psychology.

Current conceptualizations of well-being discuss the distinction between hedonic and eudaimonic well-being (e.g., Ryan & Deci, 2001; Ryff & Singer, 2008; Waterman, 1993). Hedonia involves pursuing happiness, positive affect, life satisfaction, and reduced negative affect (Huta & Waterman, 2014; Ryan et al., 2008). Eudaimonia supports the idea that well-being is achieved when individuals live in accordance with their "true selves," which includes experiencing self-actualization, meaning, virtuous purpose, and growth at the individual level (Ryan & Deci, 2001; Schlegel et al., 2016; Waterman, 1993), as well as commitment to shared goals and values at the social level (Massimini & Delle Fave, 2000). Although distinct, both theoretically and empirically (e.g., Huta & Ryan, 2010), they are considered to have complementary functions, and both are required for well-being and happiness (Huta, 2016).

Eudaimonic well-being can be achieved by pursuing activities that are in congruence with the individual's personal values (Waterman, 1993); therefore, an individual will experience meaning and will thrive when they pursue activities that are intrinsically meaningful and important in comparison to pursuing activities motivated by external concerns (i.e., the hedonic approach). In line with the purported centrality of eudaimonia to well-being, extensive research has provided evidence that the presence of meaning is beneficial and central to various aspects of well-being and happiness (e.g., Park et al., 2010; Ryff, 2014; Steger, 2012; Steger et al., 2008). Other models include the meaning maintenance model (Heine et al., 2006), which refers to meaning as "the expected relationships or associations that human beings construct and impose on their world" (Heine et al., 2006, p. 90)

and highlights the importance of coherence and making sense.

Interest in meaning in life within the PP field also involves the development of interventions and practices to cultivate meaning in life, such as reflecting on self-concordant goals (Locke & Schippers, 2018), job crafting (e.g., Wrzesniewski & Dutton, 2001), and life crafting (Schippers & Ziegler, 2019), to name a few. Yet, interventions designed to cultivate meaning per se have received only scant research attention (Shin & Steger, 2014; Steger et al., 2012). Along these lines, several criticisms have emerged from Shin and Steger's (2014) review of existing interventions, arguing that they do not focus specifically on meaning and purpose but rather on overall happiness or well-being. These include, for example, practicing gratitude (Emmons & McCullough, 2003), forgiveness (McCullough et al., 2000), and thoughtful self-reflection (King, 2001; Lyubomirsky et al., 2006). They also argued that such PP interventions address mainly recuperative and protective aspects of meaning rather than aspects of its wider normative developmental process.

In accordance with this, recent meaning-oriented interventions include complementary, creative, nonverbal approaches (Steger et al., 2013, 2014) such as the use of photography (Steger et al., 2014) and metaphors to explore meaning-related concepts such as *ikigai* (Russo-Netzer, 2021), as well as more experiential holistic approaches (e.g., Steger & Russo-Netzer, 2022).

It can be suggested that meaning can take on quite diverse properties and roles, each connected to the different research traditions of meaning-oriented psychologies. Thus, PP focuses on human strengths and positive emotions (Seligman & Csikszentmihalyi, 2000) and tends to emphasize the “brighter” aspects of human functioning, while existential psychology traditionally tends to address the “darker” or unsettling aspects of human existence, such as guilt, suffering, and mortality. Despite their different focus, both perspectives view meaning and meaning awareness as a central psychological factor and shed light on the complex and multifaceted notion of

meaning in the context of a holistic view of human nature (see Batthyány & Russo-Netzer, 2014; Russo-Netzer et al., 2016).

### **Systematic Meaning-Centered Psychotherapy**

Based on a series of systematic literature reviews and meta-analyses on meaning and meaning-oriented therapies (Vos, 2016a, 2016b, 2018, 2020, 2021c; Vos & Vitali, 2018), the evidence-based aspects of meaning-centered therapies were used to develop a new meaning-oriented treatment manual for clients. The 10-session systematic meaning-centered psychotherapy (SMCP) treatment aims to help individuals live a meaningful and satisfying life despite life's challenges (Vos, 2018); examine the relevance of meaning and historical resilience; systematically reflect on the therapy's previously discussed universal types and subtypes of meaning in life; and help make decisions, set goals, and change daily life. Clients are stimulated to develop a critical-intuitive/phenomenological approach to life instead of a traditional or functionalistic approach. Therapists are trained to use assessment, meaning-oriented, relational, experiential/phenomenological, and existential-therapeutic competencies.

### **Meaning in Cognitive Behavior Therapy**

As previously discussed, the first wave of cognitive behavior therapy (CBT) and behavior therapists seemed to regard meaning in life and existential topics as relatively irrelevant for therapy, although that changed some in recent years (Van Bruggen et al., 2013). The second wave of CBT paid more attention to meaning with clear examples of similarities between logotherapy and rational emotive behavior therapy (REBT). Ellis (2013) referred to Frankl to discuss values and question the rationality and helpfulness of a client's philosophy of life. However, only in recent years has there been more explicit attention to meaning in second-wave CBT.

For example, Hutchinson and Chapman (2005), Ameli (2016), and Russo-Netzer and Ameli (2021) made proposals for integrating

REBT and logotherapy, as cognitive and meaning-centered techniques may augment each other. The concept of meaning may help clients to tolerate negative emotions inherent to meaning, and CBT techniques may counteract secondary disturbances such as rumination, constant self-evaluation, and excessive reflection. In integrative logotherapy/REBT, clients may learn to identify the rationality, helpfulness, and realism of their beliefs about meaning, challenge unhelpful/unrealistic ones, and replace them with more helpful/realistic ones. Beliefs that are both rational and meaningful may facilitate self-transcendence and benefit clients.

This may be described as optimal sense-making, combining rationality and meaning, as well as the role of self-transcendence and healthy negative emotions, enabling a more holistic view, wherein,

On the one hand generating rational thinking by promoting flexibility, relativism, frustration tolerance, and unconditional acceptance (of self, others, and life) enables reduced distress and may facilitate the meaning discovery process. On the other hand, meaning discovery could act as a buffer against irrational beliefs by increasing well-being and facilitating self-acceptance. . . . Optimal sense-making may be defined as an intentional process of evaluating an adversity through both the lenses of rationality and meaning in order to motivate an individual in a given context to realize optimal decisions, choices and actions in accord to reason and his/her personally meaningful values, enabling him/her to tolerate the inevitable negative consequences, within a responsible, meaning-oriented and self-transcending frame. (Russo-Netzer & Ameli, 2021, p. 4)

This model was supported by several case studies and models, such as the Beck and colleagues (2020) recovery-oriented cognitive

therapy (CT-R), which is a strength-based model facilitating recovery and resilience, highlighting the client's values, aspirations, and meaningful activities.

Another approach is Vos's (2023c) meaning-centered cognitive behavior therapy (MC-CBT), which argues that some traditional CBT therapists may be limited by a dominantly functionalistic approach and a focus on a limited range of meaning in life. REBT is based on the ABCDE model: an Antecedent situation (A) triggers Beliefs (B), which can have behavioral and emotional Consequences (C), which can be Disputed (D), and these disputations can be Evaluated (E). MC-CBT extends the REBT model with three components in which the Antecedent situation is embedded: the existential condition (EC; e.g., age, mortality, physical limitations), meaning in life (M; e.g., number, types, and approach to meaning), and power/resources (P; e.g., social and political powers, threats, and injustice). This extended model can help therapists understand better how clients can develop unhelpful or irrational beliefs due to their underlying struggles with power/resources, meanings, and existential conditions, and develop psychological interventions that not only dispute irrational and unhelpful beliefs but also systematically address the underlying conditions.

Several approaches in third-wave CBT have implicitly or explicitly given attention to topics of values and meaning, particularly influenced by PP. For example, schema therapy examines client's schemas, which are fundamental repeated patterns of thinking, behaving, and feeling. Individuals seem to develop these schemas in response to their basic needs in life, such as safety, autonomy, play, spontaneity, self-worth, and attachment. In recent years, other meta-needs have been identified, such as meaning in life, purpose, and authenticity. Early-life schemas seem to explain what individuals later experience as meaningful in life (Orang et al., 2017). By examining how individuals developed schemas and by overcoming maladaptive schemas, the therapist helps clients to become freer to explore

meanings that they had not considered before (Ottens & Hanna, 1998; Worrell, 2022).

Mindfulness-based cognitive therapy (MBCT) integrates mindfulness skills involved with experiential, phenomenological, and intuitive focus in existential therapies, such as focusing (Greenberg et al., 1994). In the same spirit, acceptance and commitment therapy (ACT) promotes being present and a radical acceptance of one's inner thoughts and feelings without trying to change them. This includes cognitive defusion, whereby individuals separate themselves from their experiences and see thoughts just as thoughts. ACT, unlike MBCT, pays explicit attention to values and translates them into committed action. There seems to be a large variation between ACT practitioners in the methods they use to explore values in life, and many seem to address this nonsystematically (Matheus Rahal & Caserta Gon, 2020; Reilly et al., 2019). ACT interventions about values mainly include psychoeducation, exploring experiences in a mindful way, filling in questionnaires about values, and sometimes goal-setting. ACT experts agree that the valuing process in ACT is oversimplified (Barney et al., 2019); for example, the questionnaires used seem to only cover a small incomplete range of meanings in life, and the therapeutic model does not seem to be grounded in systematic empirical research on meaning in life as described in this chapter. The large effects of ACT on mental and existential well-being seem to indicate the benefits of this approach, but more research is needed into the specific role of meaning (e.g., Öst, 2014).

### RESEARCH-BASED EVIDENCE ON THE EFFECTIVENESS OF MEANING-ORIENTED THERAPIES

The previous sections gave an overview of the main therapeutic approaches that explicitly address meaning in life. However, how effective are these approaches? There is a large body of qualitative studies on the experiences of the processes and outcomes of meaning-centered therapies. Many of these are theory-building

and ideal type case studies, which have helped to develop insight into the experiences and mechanisms of change. Due to space limitations, however, we focus here on quantitative outcome studies.

Vos, Craig, and Cooper (2015) conducted a meta-analysis of 21 clinical trials on existential therapies. The six meaning-centered therapies that were included showed large effects on perceived meaningfulness of life and moderate effects on psychopathology and self-efficacy. Other types of existential therapies only had small or no significant effects (e.g., supportive–expressive, experiential–existential, and cognitive–existential therapies). As strict inclusion criteria of studies were used in this meta-analysis, Vos and Vitali (2018) conducted a comprehensive multilingual literature review of all clinical trials on meaning-centered therapies. Meta-analysis of 60 trials on 3,713 individuals showed that clients experienced large improvements from pretreatment to immediate posttreatment and follow-up on quality of life and psychological stress. Furthermore, meta-regression analyses showed that increases in meaning in life predicted decreases in psychological stress, confirming the meaning-centered therapeutic mechanisms that are assumed to create change in clients. Clinical trials and meta-analyses on other therapeutic approaches addressing meaning in life were discussed in previous sections.

To understand which therapeutic competencies contributed to the effectiveness in the trials included in Vos and Vitali's meta-analyses, the treatment manuals/descriptions were examined, and five groups of therapeutic competencies were identified across the meaning-centered schools: assessment competencies; meaning-specific competencies; existential skills; relational competencies; and phenomenological, experiential, and mindfulness competencies (Vos, 2018). The more explicitly these competencies were described in a treatment manual, the larger were their therapy outcomes in clinical trials (Vos & Vitali, 2018). To further validate the competencies, additional empirical studies were sought (see Vos, 2023d).

## Assessment Competencies

Many therapists assessed their client's life situation, needs, preferences, and capacities about meaning in life, although therapists differed in how systematic their assessment was. This assessment helps in the joint development of a specific meaning-centered therapy plan. Assessment, case formulations, and goal-setting have been found to support the increase of therapy effectiveness (Tryon & Winograd, 2011; van Rijn, 2014).

## Meaning-Specific Competencies

These competencies regard the various ways in which meaning-centered therapists specifically addressed the topic of meaning in life. For example, they used techniques known to be effective in other therapies: psychoeducation, highlighting meaning in the stories of clients, offering guided reflective or experiential exercises to explore examples of meaning in life, and in general connecting the topic of therapy, namely meaning, with specific situations in everyday life. Other competencies included offering unconditional positive regard and hope about the possibility of finding meaning (Farber & Doolin, 2011), reviewing life (Westerhof et al., 2010), shifting the focus from short-term gratification and pleasure to long-term meaning (Wong, 2013), and setting, evaluating, and adjusting goals in daily life (Nair, 2003). Many therapists seemed to describe meaning as an autonomous self-discovery process in a realistic and balanced way in connection with their unique social context.

## Existential Skills

In line with other existential therapeutic schools, many meaning-centered therapists address the inevitability of crises, challenges, and a confrontation with life's givens and the human condition, such as facing our finitude, illness, suffering, pain, loneliness, responsibility, and freedom of decision. They may have, for example, named these existential experiences, highlighting examples in their client's stories and providing psychoeducation.

Being confronted with such existential givens may give rise to a range of existential concerns,

such as death anxiety, guilt, anguish, absurdity, boredom, and outrage (e.g., Davidov & Russo-Netzer, 2022; Vos, 2015). For example, research on terror management theory shows that when we are reminded of our mortality, we may experience existential anxiety, which we may try to fend off with proximate or distal existential defense mechanisms, such as shifting our attention, denial, and avoidance of reminders of existential givens, or by focusing on defending and conserving our meaning in life (Burke et al., 2010; see also Volume 1, Chapter 5, this handbook; Volume 1, Chapter 18, this handbook).

Although fending off our existential moods may give short-term relief of our stress, in the long-term it may lead to lower meaning and life satisfaction. On the one hand, individuals seem to benefit in the long-term from learning to face their existential givens and to tolerate existential moods instead of suppressing them. On the other hand, if clients are only confronted with the hard facts of life, without being allowed to examine how to respond, for example by daily life steps to optimally use their remaining time in life, they may feel more hopeless, demoralized, suicidal, or psychotic. This may be particularly the case if they have limited life experience or a weak ego structure. Therefore, it has been recommended that therapists address existential topics such as freedom, loneliness, limitations, and mortality simultaneously with meaning in life (Vos, 2018; Vos et al., 2015) and stimulate clients to develop a dual attitude of living a meaningful daily life while realistically recognizing life's limitations and ontological meaninglessness and absurdity, for example via flexible coping styles (Cheng et al., 2014) and meaning-oriented coping (Park & Folkman, 1997). In line with these studies, existential therapists often explicitly address existential themes and existential defense mechanisms and foster the development of a dual attitude, which can improve therapy outcomes (Vos, 2018; Vos & Vitali, 2018).

## Relational Competencies

These refer to deep therapeutic relationships, in line with Rogers's concepts of empathy and

congruence. A good therapeutic relationship seems to improve the client's sense of meaning in life, which may subsequently improve their well-being (Fortems et al., 2022). Studies confirm the importance of “establishing an in-depth, authentic therapeutic relationship, along with reflection on and analysis of the relational encounter and combined with a phenomenological exploration of the client's experiences” (Vos, 2016, p. 49; see also Norcross & Lambert, 2019).

### Phenomenological, Experiential, and Mindfulness Competencies

Clients seem to benefit from developing a critical-intuitive approach and exploring their flow of experiences to develop a sense of what they find more meaningful and less meaningful (Kim et al., 2016; Vanhooren et al., 2022). These competencies include helping clients to accept, explore, express, and deepen their phenomenological flow of experiences. Many existential therapists also use phenomenological skills. For example, together with their client, therapists may temporarily set aside their preconceptions, assumptions, and biases (rule of *epoché*), describe the phenomena neutrally (rule of description), avoid any assumptions about priorities or hierarchies of meaning (rule of equalization), and finally perceive a deeper sense of meaning that may arise in this process (eidetic reduction; e.g., Spinelli, 2005). For example, after describing the external facts of the situation, existential analysts use phenomenological analysis for an in-depth exploration of their client's experiences; this is followed by inner positioning, which means that clients evaluate their inner attitude and values and reflect on any performance (act) they want to do (Längle, 2015).

Using phenomenological-therapeutic techniques without using other therapeutic competencies, such as meaning-centered competencies, seems relatively ineffective (Vos et al., 2015). Several therapeutic techniques associated with phenomenology have been shown to help clients, such as Socratic dialogue (e.g., Overholser, 2018), mindfulness (Hofmann et al., 2010), art, drama, poetry, and drawing. These varied effective

therapeutic techniques seem to have in common that they foster experiential acceptance, such as accepting our world (e.g., accept that we are embedded in a socioeconomic and political situation), life (e.g., accept our own experiences), and self (e.g., accept our true authentic self).

In sum, meaning-centered therapists seem to help clients to live a meaningful and satisfying life despite life's challenges thanks to systematically using these evidence-based assessment, meaning-specific, existential, relational, and phenomenological, experiential, and mindfulness therapeutic competencies. Meaning-centered therapies have large effects on psychological well-being and quality of life, equivalent to other humanistic and other psychological therapies. Although the meta-analysis did not show differential effects for different populations, it may be logical to assume that meaning-centered therapies may be the most relevant for clients with a lack of life satisfaction, who ask explicit questions about life, or who are in a boundary situation in life, such as a sudden confrontation with suffering, loss, or a life-threatening or chronic disease.

### REFLECTIONS WITH AN EYE TO THE FUTURE

Despite the burgeoning research and emerging understanding of the concept of meaning in life, its sources, and its contribution to human functioning, knowledge is still, to a large extent, focused on the individual from a psychological point of view. Yet the experience of meaning and its manifestations may evoke different understandings in different cultures, and sources and processes of meaning are probably moderated by culture (Steger et al., 2008). Culture plays a pivotal role in determining individuals' assumptions, values, and needs (Markus & Kitayama, 1991), influencing them through language, norms, symbols, rituals, schemas, beliefs, and more. In line with this, when exploring the concepts associated with the meaning of life, some concerns have been raised about their abstract nature due to the absence of specific context and content defining what presence and search for meaning

actually entail (e.g., Wong, 2014). They are subject to intuitive judgments regarding what they mean on a personal level and how they align with individuals' lives (George & Park, 2016).

Along these lines, empirical research has started to examine cultural differences related to meaning in life. For example, while the search for meaning was found to be negatively related to the presence of meaning among U.S. participants, it was positively related to the presence of meaning among Japanese individuals (Steger et al., 2008) and Israelis (e.g., Abu-Raiya et al., 2021; Russo-Netzer, 2019). This suggests that the presence of and search for meaning may evoke different understandings in different cultures (Steger et al., 2008). Given that the vast majority of research in the field has been conducted mainly in North America and Europe, it is important to extend knowledge beyond specific cultural backgrounds (WEIRD: Western, educated, industrialized, rich, and democratic; Henrich et al., 2010; Robustelli & Whisman, 2018) and to include more international and diverse samples. More replication research is needed to understand cultural variations and to validate the psychometric properties of the instruments measuring meaning in life constructs.

This also underscores the importance of considering the social power of meaning beyond cultural and subcultural differences in how individuals perceive and experience meaning in life in order to explore social justice issues. Another area of importance is the need for a more integrative perspective on the exploration and facilitation of meaning interventions in various populations, including ethnic minority groups, individuals with low socioeconomic status, and LGBTQI+ communities.

The recent outbreak of COVID-19 has triggered a wide variety of psychological crises worldwide. As with the previously reported meaning-centered responses to crisis, the pandemic seemed to shatter many individuals' fundamental assumptions, for example about the safety and benevolence of the world and the expectation that good things happen to good people and bad things to bad people (Gunaydin et al., 2022; Szcześniak et al.,

2022). The existential threat of the COVID-19 virus seemed to trigger existential anxiety and reduce some people's will to live (Kira et al., 2022), although others tried to deny the existential threat (e.g., Scrima et al., 2022). With their routines disrupted, individuals started reflecting on their priorities in life, and many seemed to ask questions about meaning in life (de Vries et al., 2022). After the initial stage of disruption of their sense of meaning, most individuals developed stability in their new sense of meaning (Baños et al., 2022). Individuals with a strong sense of meaning seemed to cope in a more flexible and realistic way with the pandemic and experienced fewer mental health problems (Arslan & Allen, 2021; Kansakar, 2022; Kim, 2022). Some individuals even experienced positive life changes and posttraumatic growth (Feingold et al., 2022; Pino et al., 2022; Samios et al., 2022; Ulset & von Soest, 2022).

Given the increased separation, fragmentation, and isolation (Crescioni & Baumeister, 2013), it is understandable that individuals seemed to particularly benefit from finding meaning in social relationships and contributing to their community (e.g., Samios et al., 2022). Several therapists offered meaning-centered and existential therapies specifically for individuals affected by the pandemic, suggesting positive outcomes (e.g., Alizadeh et al., 2021; Liu et al., 2021; Vos, 2021a). These studies highlight the relevance and importance of developing a more in-depth understanding of individuals' subjective and complex understanding of meaning in their life in particular and in life in general.

Finally, given that language can shape and form the way individuals experience their reality (e.g., Gergen, 1985; Potter, 1996) and reflect layers of experience that are inaccessible to people who are unfamiliar with a specific language (Lomas, 2018), the use of nonverbal methods to explore human experience may facilitate a better glimpse into individuals' ways of being in the world independent from any specific context or culturally accepted verbal definitions. The use of nonverbal methods also allows more flexibility to express a broad and unique integration of various dialectics and dynamic movement between worlds, rather

than a single or narrow verbal definition. For example, the growing development of visual methods in the social sciences (e.g., Hamilton, 2006; Mitchell, 2011; Spencer, 2011) has been suggested to reflect a rising significance of visual images in contemporary social and cultural tradition (Rose, 2014).

In sum, this chapter has shown that there is a long history of research and practice into the topic of meaning in life, indicating the relevance of meaning for people's mental, physical, and social well-being. Meaning has become an invaluable topic in the practices of therapists, counsellors, coaches, educators, organizations, and many other disciplines. Although our understanding has significantly increased in the last decades, particularly via empirical research, there are still many areas for future research and development. Back to the opening quote by Dostoevsky, as we face the challenges of a world characterized by post-truth, relativism, technology, high intensity, mental health crisis, climate change, and increasing demands, it is all the more vital to continue exploring and discovering that which makes people's lives meaningful and worth living.

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