

Meaning and existential givens in the lives of cancer patients: A philosophical perspective on psycho-oncology

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ABSTRACT

Objective: Many cancer patients report changes in how they experience meaning in life and being confronted with life's limitations, understanding themselves as being vulnerable, finite, and free beings. Many would like to receive psychotherapeutic help for this. However, psychotherapy for these concerns often either focuses primarily on meaning in life (e.g., meaning-centered/logotherapy) or on existential givens (e.g., supportive–expressive therapy). The relationship between meaning in life and existential givens seems relatively unexplored, and it seems unclear how therapists can integrate them. The present article aims to explore the relationship between meaning and existential givens.

Method: Martin Heidegger was a founder of existentialism, inspiring both meaning therapies and supportive–expressive therapies. Therefore, we systematically apply his understanding of these phenomena, elucidated by four elements in his central metaphor of “the house.”

Results: (1) Walls: In everyday life, we construct ordinary meanings, like the walls of a house, to protect us from our surroundings, wind, and rain. (2) Surroundings (“existential givens”): Confronted with cancer, the meanings/walls of this house may collapse; people may start seeing their surroundings and understand that they could have built their house at a different location, that is, they understand the broad range of possibilities in life, their responsibility to choose, and the contingency of current meanings. (3) How to design, build, and dwell: People may design, build, and dwell in their house in different ways: they may lock themselves in their house of impermeable “ordinary meanings” and deny the existence of existential surroundings; they may feel overwhelmed by all possibilities and be unable to experience meaning; they may build the house as their true home, use life's possibilities, and listen to their true self by building permeable “existential meanings.” (4) Navigator: People may experience inner guidance to navigate in designing, building, and dwelling in this house.

Significance of results: Meaning in life and existential givens are intertwined. Therefore, we suggest that it is necessary for psycho-oncologists to address both. Further clinical validation is required.

KEYWORDS: Existential therapy, Martin Heidegger, Meaning in life, Meaning-centered therapy, Psycho-oncology

INTRODUCTION

I feel overwhelmed by the fact that I am dying. My challenge is to live my life as meaningful as

possible. But how can I do the impossible: accepting my inevitable death and simultaneously embracing life as much as I can?

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This quote offers a good example of how many cancer patients seem to experience cancer as a Janus head: on the one hand, it overwhelms the patient with the hard fact that life is limited, while, on the other, it

provides the opportunity to reevaluate one's life, to take stock and live life to the fullest (Breitbart et al., 2010a). The present article examines how meaning in life and existential limitations are related to each other, and how psychotherapy may support cancer patients to cope with the apparent "impossible paradox" of living life fully in the face of life's limitations. We will provide the philosophical foundations for developing such an integrative therapy.

To define the scope of this study, we will now briefly explain what "meaning" and "existential givens" are. The relevance of discussing their relationship will be shown by the frequently debated difference between two popular trends in therapies for cancer patients.

Meaning¹

In contrast with the religious use of the term "meaning," psychologists do not necessarily use this term to refer to a transcendent universal meaning, but to describe someone's subjective "sense of meaning" (cf. Breitbart, 2005). This sense of meaning encompasses motivation (purpose), cognition (understanding), responsible action (behavior), and emotional evaluation (Wong, 2012a). This multidimensional nature seems to distinguish meaning from other experiences such as happiness (cf. Steger, 2009; King & Hicks, 2012).

Meaning could be described on a more essential level, such as the *general* conviction that one is fulfilling a unique role or purpose in life, in which one is able to live to his full potential as a human being (Breitbart, 2005). However, meaning is not necess-

arily a global either/or experience ("either my life is meaningful or it is not"), but people usually experience multiple *specific* meanings from various "sources of meaning," which could be defined as "generalized and relatively stable orientations towards life (. . .) which motivate commitment, give direction to life, and increase significance" (Schnell, 2010). Individuals differ from each other regarding the specific types, numbers, and depths of the sources of meaning they experience (Reker & Wong, 1988). Examples are: engaging in the positive activities in life; creative and productive contributions to the world; positive attitude toward life's hardships, attainment of tranquility and peace, meeting the basic needs in life, leisure activities, creativity, relationships, family values, and activities, personal achievements, sociopolitical awareness, and activism; helping others, values and ideals, traditions and culture, legacy, religion, personal traits, physical integrity, personal growth, material concerns, self-expression, autonomy, and living according to one's beliefs (Frankl, 1986; 1989; 1998; Reker & Wong, 1988; Westerhof et al., 2004; Brandstatter et al., 2012; Prager et al., 2000). As these examples show, meaning is not merely an abstract phenomenon, but it starts at a very concrete level, such as "What activities do I want to do today?" It may be argued that the statement "My life is meaningful" is the result of an accumulation of many small decisions in daily life, as well as the memory of this sum (Maddi, 2012; Beike & Crone, 2012; Reker et al., 2012). Thus, meaning is experienced in concrete examples, though it is simultaneously experienced as transcending the level of concreteness (cf. Scruton, 2014).

According to Frankl (1986; 1989; 1998), everyone has an inner "will to meaning" and retains the possibility to experience meaning. One's connection with one specific source of meaning may be cut off temporarily or permanently, but his possibility to experience the same or any new source of meaning always remains. This is obvious in cancer patients: cancer and its medical treatment by definition interrupt a patient's habitual meanings in life, starting on a concrete level with time-consuming hospital visits and often a lack of energy. On a more essential level, cancer may temporarily or structurally hinder one's usual meanings in life—e.g., being a good father or employee, self-worth, integrity as a person, self-identity, values, and purpose in life (Park, 2012; Fife, 1994; Henoch & Danielson, 2009; Lee et al., 2004). Changes in meaning may include the loss of something that was meaningful in the past, the creation of something new that is meaningful, and changes in someone's perception and valuation, or reprioritizing of what is meaningful in life (Breitbart, 2005; Coward & Kahn, 2005; Lee et al., 2004). These changes may lead to

¹We use the expression "experiencing meaning." In German, there are two words for meaning: *Bedeutung* and *Sinn*. *Bedeutung* regards the ordinary meaning of the everyday world in which we live: we are simply habituated to use a table as a table, follow what other people say and do, etc. (Heidegger, 2001, p. 87). We may understand our own meaning in life from the context of this everyday world, but this may not be who we truly are. For instance, I see myself as a psychologist because other people say that I'm this, but I may be more truly myself if I'd have been a physicist. *Bedeutung* is dependent on the ordinary context and is usually understood as subjectively made by a person (although for Heidegger it is primarily embedded in the context of the surrounding world). *Sinn* relates to meaning, independent from this context, and is not *made* by someone, but it is revealed to us (see "Ways of Being (Designing, Building, and Dwelling)"). *Sinn* is existential meaning, that is, it regards who we truly are ("eigentliches Selbstsein"; Heidegger, 2001). In our metaphor, ordinary meaning implies that our house is made of stones that deliberately keep all other possibilities on the outside (e.g., the possibility that I'm not truly a psychologist despite what people say about me) and does not reveal our true self. Existential meaning (or "ultimate meaning" as Frankl [2000] would probably call it) implies that the walls of our house are like permeable membranes that allow the fresh winds of our surroundings to come inside to reveal who we truly are. *Sinn* is not ordinary or habitual—like *Bedeutung*—but revealed to us ("erschlossen"; Heidegger, 2001; Young, 2001); for this reason, we say that we "experience" meaning. When we use this expression without an adjective, it refers to the experience of meaning in general, be it ordinary or existential.

even greater well-being and less psychopathology (e.g. King et al., 2006; Steger, 2010; Taylor, 1993; Steger, 2012).

Existential Givens

Meaning can be changed, created, or found by people (Frankl, 1998), but the facts about life, existence, are given (Heidegger, 2001). For instance, all of us will die one day—we are bound to our body, and we are personally responsible for how we live our lives. Cancer confronts cancer patients with the physical limitations of their life in terms of a lack of energy and approaching mortality (Park, 2012). It may shatter the fundamental assumptions they usually have about life; they suddenly realize that being alive actually implies being vulnerable and frequently being out of control, and that the world is not necessarily understandable, benevolent, or just (Janoff-Bulman, 1992; 2004). The most important givens of existence according to Yalom (1980) are: the inescapable freedom to choose our lives, the inevitability of death, the existential social isolation, and the meaninglessness of life. There may also be other existential givens, related to our physical being (Morstyn, 2009), being an erotic being (Levinas, 1966), being born, and always keeping the hopeful possibility of new “births” in life (Sontheimer, 2005). According to Yalom’s theory, the confrontation with these givens may evoke existential anxiety that people may want to suppress and avoid.

Thus, cancer is associated with both changes in meaning and with a confrontation with the givens of existence. More specifically, it has been said that cancer may confront individuals with the fact that meaning is not a *pre-given* fact of existence: we are not given at birth a manual telling us what our “ultimate meaning” will be. Instead, meaning seems to be “discovered” (Frankl, 1986) or “unconcealed” (Young, 2002) during the developmental *process* of our lives. However, this lack of an ultimate *pre-given* meaning does not exclude the possibility that individuals can *experience* their life as meaningful, as several studies show that individuals experience meaningfulness and meaninglessness as separate dimensions (cf. O’Conner & Chamberlain, 2000; Steger et al., 2009). Thus, the confrontation with cancer could increase an awareness of duality in patients. On the one hand, they may experience a fundamental lack of a *pre-given* meaning in life. On the other hand, they may be aware of their need to experience meaning in life. It is still unclear how cancer patients can cope constructively with this duality.

How could psychotherapists develop “anthropotechnics” to support cancer patients in balancing like a tightrope walker between meaning and exist-

tential givens (Sloterdijk, 2009)? Of course, many psychotherapists employ person-centered and pluralistic techniques, and will therefore most likely automatically discuss *both* meaning in life and confrontation with life’s givens. However, the literature sometimes gives a more dichotomous view. Articles about manualized psychotherapeutic interventions often focus either on meaning in life or on existential givens, but not explicitly on both or on their interrelationship. The fundamental conceptual models of these interventions seem to differ significantly from each other.

For instance, meaning therapy/logotherapy aims to help clients establish meaning and purpose in their lives (Wong, 2010). Of course, existential givens are explicitly addressed and their acceptance is stimulated, but attention is focused on finding meaning despite life’s limitations. In contrast, the existential–humanistic approach (May, 1958; Schneider, 2008; Yalom, 1980) helps clients face the ultimate givens of life—particularly mortality, freedom, isolation, and meaninglessness (Yalom, 1980). In particular, supportive–expressive group psychotherapy, which emerged from the existential–humanistic approach, aims to help cancer patients face and adjust to their existential concerns, express and manage disease-related emotions, increase social support, enhance relationships, and improve their sense of control (Classen, 2001; Spiegel et al., 1989). Of course, meaning in life is discussed, but it is not an independent focus of the intervention as in meaning therapy. As Wong wrote, “traditional existential therapy focuses on reducing anxieties, especially death anxiety (. . .), pursu[ing] meaning in life in order to reduce death anxiety; we [meaning therapists] pursue meaning in life for its own sake, even when such pursuit increases the likelihood of untimely death” (Wong, 2012b, p. 14).

The different aims of both types of intervention seem to lead to different therapeutic methods. Meaning therapies are often direct or even to some extent directive in their approach and employ a range of didactic techniques, such as Socratic dialogue (Frankl, 1986) and structured group exercises (Breitbart et al., 2010b; Wong, 2012b). Existential–humanistic therapies tend to be more exploratory, emotion-based, and less directive than meaning therapies. Both meaning therapies and supportive–expressive therapies have been shown to be effective in alleviating distress, though meaning therapies appear to be more effective (Vos et al., in press). It could be hypothesized that larger effects could be achieved if psychotherapies explicitly address *both* meaning in life and existential givens such as life’s finitude. This is also clinically relevant, as cancer patients have emotional concerns about both topics. However,

it is still unclear how meaning and existential givens *precisely* relate to each other. Therefore, the present article examines this relationship and tries to lay the philosophical foundation for the development of an integrative existential intervention for cancer patients.

Developing these integrated philosophical foundations seems to be timely given recent changes in psycho-oncological models. That is, due to the longer life expectancies of cancer patients, the relationship between meaning in life and existential concerns seem to have become more important in the psychological care of cancer patients. In the past, the psychological care of cancer patients focused mainly on palliative/terminal care. This is shifting nowadays toward helping patients experience meaningful ways of continuing their lives, despite their physical limitations, anxieties, and uncertainties. Associated with this shift is the development of a bio-psycho-socio-spiritual model, which addresses both existential and spiritual concerns (Breitbart & Alici, 2009). The present article elaborates the philosophical foundations for such a model.

METHOD

We will explore the relationship between meaning and existential givens in the philosophy of Martin Heidegger. We discuss his work, because he is one of the main founders of existentialism, on whose work both meaning-focused and supportive–expressive interventions are based (Cooper, 2003). He has also extensively studied the relationship between meaning and existence. In line with Heidegger's own hermeneutic method, we will focus on a good intuitive understanding instead of a detailed explanation (Heidegger, 2001). As Heidegger's philosophy is complex and abstract in nature, we will explain it by using a central metaphor in Heidegger's later works (cf. 2000*a,b*). This approach of explaining complex philosophical foundations with a metaphor has been frequently utilized by other psychologists (e.g., Gentner & Grudin, 1985). Its therapeutic relevance will be shown by examples from psycho-oncological research and by therapeutic implications examined in the Discussion section.

RESULTS

Metaphor: An Overview

Heidegger once wrote, “to be a human being means to dwell, that is, to remain in a place, in a building” (1996, p. 145). A house is always located somewhere—in surroundings. People may not only stay inside their house, but they may start wandering in

the darkness of these surroundings (Heidegger, 2000*b*). In the present article, we will compare meaning in life with this house and show that we need to protect ourselves against the winds and rains that come from outside: “Dwelling means to be at peace, to be brought to peace, to remain in peace (. . .), preserved from harm and danger, safeguarded” (Heidegger, 1996, p. 22). Our house is standing in *the surroundings of the existential givens*. How do people relate to this meaning (house) and these givens (surroundings), or, metaphorically formulated, how do they design, build, and dwell in these houses? First, they may be stuck in their house and defend their *ordinary meanings in life* like impermeable walls. Second, they may explore the possibilities that the surroundings offer to build their house at a different location and get lost there. Third, the ordinary meanings may be overwhelmed by *existential meanings*—like permeable membranes instead of stone bricks—by letting the fresh air of the surroundings come inside. This may reveal what is truly meaningful to them, that is, how they can be truly themselves. People do not randomly design, build, and live in this house, according to Heidegger, because they may experience some inner guidance that shows them how to existentially design, where to build, and how to dwell in the house. The following paragraphs will explain each element of this metaphor.

Meaning (House)

In confrontation with cancer—and its association with death—people may start asking questions about life—for example, what does it mean for a human *being* to be? Heidegger (2001) writes that being is always somewhere situated: being is being *there*, being *in the world*. Usually, when we describe our world, we focus on our daily lives, work, family, doctors, medical treatment, and so forth. This is usually our “house of being” (Heidegger, 2000*a,b*; 1996).

We could also formulate our world in a more fundamental way, such as where we experience meaning in life, our values, purposes, etc. Meaning in life is like the walls of our house, which determine how we experience objects, events, others, and ourselves (“walls” is our metaphorical extension of what Heidegger calls the “transcendental horizon of experience” (2000*b*; 1996). Within this house, everything that we experience—objects, events, ourselves—is meaningful *to us* because we accommodate it within our house. For instance, being a psychological author makes my life meaningful—that is my wall—and I interpret writing this text as helping me to fulfill this meaning; this text is meaningful *because I place* this within my house that has this wall or meaning.

The meanings that I experience in life may differ from yours, because you may have built your house in a different place with different walls. Thus, meanings are personal, and we are responsible for ascribing meaning, to every situation in our lives, even when negative life events occur. For instance, in their daily lives, many individuals seem to assume that they are to some extent invulnerable, or at least they try not to give too much attention to their real vulnerability (Janoff-Bulman, 1992; 2004), and possibly therefore in confrontation with a cancer diagnosis many individuals seem to interpret their disease as “survivable” because of this belief in invulnerability (Kruglanski & Webster, 1996; Vos et al., 2011).

Heidegger criticizes how people usually discuss meaning in life and differentiates these “ordinary meanings” from “authentic meanings.” That is, people create ordinary meanings like *impermeable stone walls* that set them aside from the rest of their surroundings. By this habitual way of experiencing meaning, people stay anxiously inside their house and experience their meanings not as their home but as a mere impersonal building, because it is a narrow vision of life, which does not seem to do justice to their full potential (Heidegger, 1996). Heidegger criticizes our ordinary way of experiencing meaning in five different ways.

First, people may think that their meaning in life is *absolute*, that is, unchangeable and universally true. This absolutization drives out every new possibility (Heidegger, 1962). For instance, I believe that I can only build my house at this location, and there are no other locations at all where I could build it) (cf. “verfallen”; Heidegger, 2001).

Second, there is a tendency to isolate the phenomenon of meaning: we reflect upon it, make a mental image or theory about it, and put it into categories. This means that we are not only “simply” experiencing meaning while we are living our lives, but we transform this lived experience of meaning into an *objective* meaning that we can discuss and study scientifically (“objektivieren,” “thematisieren,” “vorstellen”; Heidegger, 2001). For instance, Frankl distinguishes different categories of meanings (Frankl, 1986; 1989; 1998), but at the same time he warns psychotherapists about not envisioning these categories like concrete objects and randomly picking one meaning (Frankl, 2000), as if from the shelves in a shop. When we would envision and pick meanings in such a manner, we would deny our lived experience that some specific meanings appeal more to us or let us be more truly ourselves than others (see later explanation).

Third, meaning in life is frequently described in a *technical and instrumental* way, that is, as a means

to reach a goal (Visser, 2002). Although the terms “purpose,” “goal,” and “meaning” are often used together, they have different connotations (Coward, 2000). For instance, some authors write that cancer can make one’s goals and destiny in life unattainable (Frankl, 1986; Schroevers et al., 2008), and others discuss meaning as a technique to experience peace and purpose in the face of death (Breitbart et al., 2010a,b). In this way, meaning is described as a means to reach the higher goal of psychological well-being (Heidegger, 1962; Visser, 2014). This technical approach only shows meaning as a goal/result and not as a process (Fromm, 1941), but this may not necessarily resonate with who we truly and totally are (Visser, 2008; “*eigentliches Selbstsein*” in Heidegger, 2001). As we will discuss later, what it means to live a meaningful life entails much more than being a functional machine, setting goals, and creating means for ends. Besides, goals only describe a small subset of all our possible sources of meaning, as described at the beginning of this article.

Fourth, people frequently demand from life that it provides a specific meaning and that they can be *in control* of the process of experiencing meaning (“*herausforderndes Stellen*”; Heidegger, 1962). For instance, several therapists speak about “*meaning-making* interventions,” which assumes control over the meaning process (Lee et al., 2006). In that case, the content of meaning seems to be irrelevant to these therapists: we simply replace one meaning for another. When someone faces the loss of meaning—e.g., someone is physically unable to continue his profession—he should simply “make” another meaning in his life.

However, we may not be able to simply change our profession, because that may be derived from who we truly are. We do not randomly select meaning. We experience intuitively that some specific meanings are more appealing to us than other meanings (see section on “Ways of Being (Designing, Building, and Dwelling”).

There is a pre-given hierarchy in our preferences that we cannot control.² Meaning is already “revealed.” We only have to open ourselves for this revelation of our true being (Heidegger, 2001; Young, 2002). In our era, people frequently forget the

²Of course, the experience of this pre-given hierarchy is primarily subjective, and one may try to explain this hierarchy scientifically: for instance, the hierarchy may result from genes, life events, decisions, life experiences, etc. (e.g., “I’m a psychologist, because of the social reinforcements by my parents”); some may also have easier access to this experience of hierarchy than others, due to, for example, their psychological attachments, personality, and life experiences. However, this scientific explanation does not change the *fact* that we may experience a pre-given hierarchy.

existence of such hierarchies, according to Heidegger, and we act as if we can randomly *make* meanings, and by doing so we are denying that meaning is *revealed* to us (see section on “Givens of Existence (Surroundings)”); Heidegger, 1996; Young, 2002). Similarly, Frankl (2000) states that we cannot *make* meaning, but we *find* it and have to (*re*)connect with it, and therefore a technical-manipulative approach will not work. So we cannot fundamentally control what we experience as meaningful; on the other hand, we are to some extent in control, as we are able to either open or close ourselves to our experience of hierarchy. That is, either we make inauthentic meanings that prevent us—like impermeable stone walls—from being who we truly are, or we may follow the revealed meanings that make us truly ourselves (see below).

Fifth, when people demand absolute goal-oriented meaning in life, the type of meanings that they create are “*ready-made meanings*” (“auf der Stelle zur Stelle stehen”; Heidegger, 1962). For instance, people simply follow what “they are expected to do”—the mass media and popular culture (“das Gerede”; Heidegger, 2001)—but the question is whether these goals also reflect their authentic self.

In sum, we are living our life—our house—in which everything seems uniquely meaningful *to us*. The walls of our house are like a horizon that determines what is meaningful to us. Usually, we actively make ordinary meanings in life by demanding absolute goal-oriented ready-made meanings, which may not reflect our deepest being. Heidegger (1996) writes that this way of making meaning is our “habitat,” and we are “habituated” to it. Therefore, “dishabituation”—that is, letting our habit/habitat go—is difficult for us: we usually don’t dare look behind the walls of our habitat (cf. “Wohnung”–“Gewohnen”; Heidegger, 2000b).

Instead of our habitual experience of ordinary meanings, Heidegger suggests that we start focusing on who we truly are (cf. Ott et al., 2006; Smith et al., 2005). However, we may not experience our true being when we stay inside our impermeable house of ordinary meanings. We may have to let other possibilities from outside enter our house, that is, the existential surroundings of our life. For instance, a cancer patient has to start thinking about himself in terms other than merely being a cancer patient, but also as being a friend, an employee, and so forth. This implies that we step outside our habitual meanings to explore our surroundings and transform the stone walls into *permeable membranes* that allow the fresh air of new possibilities to flow inside, and listen to what is truly meaningful to us, that is, to who we truly are. This is the difference between *ordinary* meanings—which we make when we stay inside our stone walls—and

existential meanings—which may be revealed to us when we open ourselves to our surroundings.

Givens of Existence (Surroundings)

In daily life, we are not aware that our house stands within a much broader situation. Something may force us to go outside of our house “into the darkness of the surroundings” (Heidegger, 2000b). Or our walls may collapse under the heaviness of the stones, or from the faulty construction. There are many of such “boundary situations” (Jaspers, 1925), but according to Heidegger (2001), the “highest authority” is the confrontation with death, for instance when receiving a cancer diagnosis. In that situation, we have to dis-habituate, that is, break our habit, to take comfort in the goal-oriented ready-made meanings of everyday life (Heidegger, 2000b). For instance, in confrontation with cancer we have to give up our illusory assumption in daily life that we are invulnerable.

There is a paradox here. Our house always stands in these surroundings. But in daily life we do not experience these surroundings because we build impermeable stone walls that separate us from those surroundings. The surroundings are already opened up (“Seins-Entschlossenheit”; Heidegger, 2001), but our ordinary meanings close us off from them. Therefore, we have to be forced to go outside or destroy our habitual way of experiencing meaning (cf. Wrathall, 2011). For instance, the confrontation with cancer forces cancer patients to see that they usually believe in invulnerability, and that this is merely an assumption and not necessarily the truth. Thus, being outside involves an awareness that in daily life we are restricted to the wall of the house, but this wall is actually merely *one’s own* wall and not an absolute truth.

What are these surroundings that are given to me, but not made by me? First, surroundings are the physical and social world to which I belong: I’m born into this family, with these genes, this attachment style, external life events, etc. This also includes my body, to which I am always connected and from which I cannot disconnect, even though I would like to do so when it fails—for instance, when it develops cancer. These givens constitute the limits of my house of meanings. Second, the surroundings regard the fact that being there is being-in-possibilities. Because when I leave the house and go into the surroundings, this may not merely imply a loss of one specific meaning (which I may solve by searching for a new meaning), but it makes me aware that I could have built my *complete* house somewhere *totally* elsewhere. When we speak about surroundings, we do not speak about a sum of houses but about the fundamental possibility to build the walls of my house at this

location, or there. So, I'm not speaking about meanings (walls) in life but about the fact that meanings *are possible in life*, that is, potentiality, openness, changeability, contingency. Third, surroundings also include the ultimate possibility of not being there at all—death. Our confrontation with this ultimate possibility may awaken our understanding of our nature as fundamentally being possible.

Being there is dialectical: we have endless possibilities in life, but we can actualize only a finite number of them. Thus, we have to choose. This means that on the level of the surroundings we are always free: we always have the *possibility* of realizing meaning. There is not one specific ready-made meaning out there that we simply have to grasp; there is a multitude of different possibilities, of which we actualize one or several at one particular moment. In line with Heidegger, Frankl (1986) said that we always have the pre-given *possibility* of experiencing meaning, regardless of our number of practical restrictions: even a dying individual can find meaning, albeit in his inner attitude toward dying. Frankl writes, "This paradox points up the dialectical quality of man, with his eternal incompleteness and his freedom of choice—his reality is a potentiality: what he is, he is not yet, but ought to be and should become. (. . .) There is a multitude of different possibilities in his being, of which he actualizes only a single one and in so doing determines his existence as such" (pp. 123–124).

This freedom also comes with a responsibility, according to Heidegger and Frankl: "During no moment of his life does man escape the mandate to choose among possibilities. Being human is being responsible because it is being free. Yet he can pretend to act 'as if' he had no choice and no freedom of decision" (Frankl, 1986, p. 76). We are responsible for using this ever-present possibility of meaning, even when the walls of our house collapse and we are not able to realize the usual meanings in our life. Even a dying cancer patient is free, albeit in his inner attitude toward his suffering (Frankl, 1998). The consequence of neglected responsibility is guilt: we may feel guilty for not having used certain possibilities in our life (Tillich, 1952), or for being fundamentally unable to fulfill all possibilities in life, or understanding that we are only able to experience meaning (our house) thanks to the possibilities that life (surroundings) offers us (Heidegger, 2001; 1962).

Heidegger describes the experience of "being in the surroundings" as "being not at home" (*unzu-hause; unheimlich*) (Heidegger, 2001). This evokes existential *Angst*, and for several reasons. First, we start to see how limited our ordinary meanings are, because we learn that they are surrounded by a broad range of other possibilities. Second, the surroundings

offer us the possibility that we can change our life. As such, the surroundings are a dynamic pressure—rain and wind—endangering our habitual meanings. Third, our ordinary meanings are no longer there to provide us with certainty: the only remaining certainties are our physical limits and mortality (Heidegger, 2001). This does not only involve the experience of a temporal lack of one specific meaning that may be solved by simply making a new meaning. This involves looking at ourselves from the perspective of the surroundings and experiencing the temporality, nihility, triviality, or contingency of our being. From this existential perspective, our ordinary meanings dissolve into a fundamental experience of meaninglessness—nothingness.

We may also become anxious because we experience that we are not in control but dependent on the revelation of meanings. In other words, the possibilities that we have in life are not all equally exchangeable, because we may experience a pre-given hierarchy in meanings (see section on "Meaning (House)"). Heidegger says metaphorically that the surroundings are not merely flat; essential to these is the quartet of earth and sky, divinities and mortals (Heidegger, 1996), dimensions that open themselves and come into play when we are capable of experiencing ourselves as the mortal being that we are. For instance, I cannot simply exchange being a psychologist for becoming a physicist: being a psychologist feels important—"heavenish"—to me because that is who I truly have to be. I feel intuitively that I belong here, at this place at this time—"earthly"—(cf. "die Weite und Weil des Sich-gehorens"; Heidegger, 2000b; Young, 2002; see section below about "Inner Guidance (Inner Navigator)"). I can either open myself for this fourfold construct or close myself to this possibility. Frankl seems to say the same when he discusses our dialectal nature. On the one hand, we have "a multitude of different possibilities" from which we can choose in our life; on the other, when we examine all our possibilities more closely, we see that we can only actualize "a single Possibility"—with a capital P. Either we choose for the possibility of making meaning like impermeable stone walls, which protects our true self inside our house, or we choose to create permeable membranes that allow our true self to reveal itself in our house, that is, experiencing what is truly meaningful to us (Frankl, 1986). Thus, the surroundings offer us limitless potentiality/freedom, which includes the possibility of affirming this freedom, and the possibility of running away from this freedom and hiding ourselves in our house with brick stones, like people often do (Fromm, 1941).

In summary, being in the surroundings means being free to choose our lives, and understanding that the ordinary meanings in life are limited

meanings that we have created. When we are in the surroundings, this does not necessarily mean that old meanings are lost or new meanings are found (cf. section about “Meaning”), but it implies that we are confronted with the givens of existence: being free to choose our life, the eventual isolation of our house, and the constant possibility of the meaninglessness of life (Yalom, 1980). We experience that we are responsible for either using or denying the possibilities provided by life (surroundings) to design, build, and live a better life (house). We can either choose for the possibilities that make us “truly ourselves” or those that do not.

Ways of Being (Designing, Building, and Dwelling)

We have already answered the questions about what is there, and where we are: there is a house in its surroundings. The next question is about who is there. People are there, living inside the house and/or walking around in the surroundings. In my terms, they are the designers and builders of the house, and the dwellers (cf. “Entwurf”: Heidegger, 2001; “bauen”: Heidegger, 1962; 1996; “bewohnen”; Heidegger, 2000b). The uniqueness of human species is that they cannot only answer the question “What and where are you?” but also “How are you?” (Heidegger, 2001). That is: *how*—in which way—are they designing, building, and living there? Heidegger writes that people may have different “ways of being” (“Seinsweise”; Heidegger, 2001; Visser, 1998), which seems similar to the psychological term “attitude,” which we do not only use to refer to someone’s posture/positioning regarding one object, but to refer to one’s general posture in life. In this line, therapists like Frankl (1989) state that psychotherapy should focus on “the patient’s attitude in life,” especially regarding experiencing meaning in the context of physical suffering like cancer patients.

In this metaphor, we can distinguish three attitudes. First, people may stay inside their house and make meanings like impermeable stone walls, which do not reveal who they truly are (Heidegger, 1996). These people are stuck in their habitual way of making controllable goal-oriented ready-made meanings (see section about “Meaning”): they cannot escape from this, and/or they do not dare to face the possibility of other truths (surroundings). For instance, a cancer patient may try continuing working and doing what other people—“*they*” (“Das Man”: Heidegger, 1927)—expect from him, although this may not be his truest self, and it is just a way of avoiding the experience of its meaninglessness and the possibility of change.

Second, people may get lost in the surroundings with its endless possibilities, and may not be able to

see their own house anymore. For instance, a cancer patient may be overwhelmed by the feeling of meaninglessness. This experience seems similar to Jaspers’s concept of “Wahnstimmung” in psychosis, where an individual seems unable to return to the ordinary meanings and experiences of daily life (Jaspers, 1973).

Third, people may design their house while looking around thoroughly: where is the most suitable place to build my house? How can I live my life in such a way—which meanings can I create—so that I can truly be myself? The designer and builder may creatively use the possibilities that the surroundings offer: the soil in this part of the surroundings is stronger here than there on the beach, and the hills over there may be used to give a nice view when one looks outside the window, etc. The dweller may try to make his house like his home, a place that he likes to live in. This is a *dual attitude* (cf. Wilson et al., 2000), that is, people design, build, and live in their house in such a way that the possibilities of the surroundings are used optimally so that they become truly themselves (some call this “authenticity”) (Heidegger, 2001). He is not only free from limitations that have previously been restricting him (negative freedom), but he is now free to follow his true self (positive freedom) (Fromm, 1941). For instance, a cancer patient learns to see that his family is more important to him than he has ever thought; he becomes more authentic in relationships with friends and understands now that he cannot truly develop himself in his current job and should find another employer. Thus, he has learned to see how his habitual life was narrow-minded, and he starts to choose the best possibilities to become truly himself. After having explored new possibilities in life, he may also choose to continue his old life because he may have discovered that his old life is the best of all possibilities.

Thus, a dual attitude implies that an individual has opened himself to the existence of cancer, the confrontation with the existential givens, and the revelation of his true self, which provides him with an understanding of what is truly meaningful to him in life. According to Heidegger, this duality is the core of authentic being,³ which he calls “existence”: etymology tells us

³*Motivation of translation.* Heidegger uses the term “eigentliches Selbstsein,” which can be translated as “authenticity.” However, authenticity often seems to be explained in psychology as something that we can absolutely demand as a ready-made goal, which we criticized before (see the section on “Meaning”). This narrow perspective on authenticity seems to be the result of modern Western society (Berman, 2009). In contrast to this culturally/historically bound understanding, Heidegger’s term “eigentliches Selbst” refers to the most fundamental understanding of the self (both “eigentlich” and “authentic” refer etymologically to the self: “Eigen” in German, “Authos” in Greek). This is not the average everyday self that is often influenced by what “one thinks and does” in popular culture and mass media—that is, “inauthentic” or “false self”—but this is the “true self” (“wahres Selbst”). This

that the word “existence” was derived from *ex-sistere*, which means “standing outside” (Heidegger, 1969; 2000a). We are standing in our meaningful daily lives (house), but *at the same time* we are living outside in the unlimited truth of being that reveals itself (surroundings) (Young, 2002). This is the seeming contradiction that we must fully commit to (house), and simultaneously be aware of other possibilities, such as being wrong (surroundings) (May, 1975).

Heidegger does not seem to assume that we can always have a dual attitude: we are primarily and frequently simply living our habitual daily life (“ver-fallen”; Heidegger, 2001). Being there means constantly moving from not truly being ourselves—that is, being locked up in our house—to truly being ourselves—affirming the surroundings in designing, building, and living in our house—and back again. In psychological terms, being there implies “spiritual elasticity” (Frankl, 1986), attitudinal flexibility (Kashdan & Rottenberg, 2010), simultaneous commitment to daily life, and acceptance of existential givens (Hayes et al., 1999), which may be alternating like the foreground and background in our attention (Wilson et al., 2000). The flexible dual integration of house and surroundings seems to be at the core of living our daily life meaningfully in the face of cancer and its associated existential givens (Archer, 2006; Benner, 1994; Kavanagh & Broom, 1998; Langford, 2002; Svenaeus, 2000a,b). For instance, healthy people may not be aware of their body—they are “simply living their body”—but cancer patients may be inclined to reflect on their body, or experience their body as a mere physical thing “that is not me” (Heidegger, 2001; Svenaeus, 2000a,b). Cancer patients may have to learn a dual attitude, which implies that they feel at home in their own body again and at the same time acknowledge their physical limitations and mortality. Another example is that some cancer patients may one-sidedly demand a medical solution from physicians to regain control over their body (Heidegger, 1962); a dual attitude may involve

term “true self” includes the term *truth*, which refers to Heidegger’s understanding of truth as *aletheia*, unconcealedness, the pre-given hierarchy (cf. Winnicott, who uses this term referring to the self developed in relationships, primarily with the mother; Mils, 1997). The true self is not isolated from its everyday world, but remains *in* the world, be it with a changed way of being (*Seinsweise*) (Heidegger, 2001). Thus, when we speak about “true self,” this is meant in a dual way: we are experiencing meanings and selves in our everyday world, but at the same time we are aware of the contingency of these meanings and selves; that is, we are aware that it is a self that is a dynamic part of the existential surroundings. This concept of “true self” rejects the idea of the self as an absolute, unchangeable, reifiable entity that can be differentiated from its context. It also rejects the too relativistic ideas that we cannot have a sense of a meaningful self at all and that all meanings are equally important to us (see the section on “Inner Guidance,” which introduces Heidegger’s idea that we can have an intuitive understanding of the hierarchies in our surroundings).

asking for medical help and at the same time accepting the limits of medical technology (Vos, 2011).

Inner Guidance (Inner Navigator)

The meanings that we create (house) are staying within the broader surroundings of the endless possibilities that we have in life. Some possibilities are more concordant with who we truly are than other meanings, and we cannot control what is truly meaningful to us: our true self can only be *revealed* to us. The only active role we can play is that we can either build meanings as impermeable meanings to protect us from new possibilities and consequently from our true self (non-dual attitude), or we may be open to new possibilities and for our true self (dual attitude). But how can we open ourselves to our true self? How do we learn to develop a dual attitude?

Despite the overwhelming possibilities that we have in life, we may experience some guidance according to Heidegger: “Now that I am more and more released [from the ordinary meanings of my house], I trust in the dark and small guidance which takes us by the hand” (“Immer geloster vertraue ich dem unscheinbaren Geleit, das uns an die Hand nimmt”; Heidegger, 2000b, p. 32). Human beings are always directed (Frankl, 2000): outside our house; something directs or moves us (“richten,” “bewegen”) (Heidegger, 2000), something that cannot be identified with a specific meaning. It is like the call of my conscience: something in me calls myself in the direction of my true self, like hearing the “aria” of my authentic self beyond the “noisy” interference of what other people—“*They*” (“das Man”)—sing (Heidegger, 2001); that is, in the direction of my existential nature (Caputo, 1978): my true self reveals itself to me. To extend our metaphor of the house in the surroundings, we may call this existential guidance or revealing our “inner navigator,” which helps us navigate in the endless surroundings and which tells us how to design, where to build, and how to dwell in our house as our true home (Helen Battler, personal communication). The inner navigator shows us our true place, where to be, so that we may say, “This is where I have to be now in my life” (Heidegger, 2000b). Like the example in the section on “Meaning (House),” I can experience a pre-given hierarchy in my preferences: I’m more truly a psychologist than a physicist. I don’t know why being a psychologist appeals, and I cannot control this; I can only let this hierarchy be. This subjective hierarchy can be experienced in each situation of life, even when lying in a hospital bed (i.e., contrasting Maslow’s pyramid of needs, in which self-actualization seems only possible after fulfilling several conditions; Maslow, 1970).

Heidegger (2001) and Frankl (1989) call this guidance “conscience,” which is a confusing term because of its moral/religious connotation. In everyday English, we may call this “intuition” (“Anschauung”: Heidegger, 2010), a fundamental inner receptivity toward our true being. This intuition is not merely an analytic heuristic skill, but an affective, holistic intuition (Pretz & Sentman Totz, 2007) that involves unconscious processes (Jung, 1994) and creativity. This intuition is primarily affective in nature, that is, it is opened in an existential mood, such as existential loneliness, guilt, etc. (cf. givens of existence, i.e. surroundings, in Heidegger, 2001). It is like a sculptor who can “see” the sculpture being there in the stone even before he has started to cut and shape; his art involves un-concealing what is already there (Heidegger, 1962; Wrathall, 2011). This artistic intuition is not an object, goal, or ready-made and controllable meaning; it is merely a general understanding of where we have to go and where we belong. We cannot create our inner navigator but we can prepare it, by “deconstructing” the habitual stone walls of our house that block our understanding, like our habit to make ready-made controllable goal-oriented meanings (Heidegger, 1987). We should become permeable, “open ourselves,” “trust the guidance,” “let it be,” and let it tell us how to navigate in life (“Gelassenheit”; Heidegger, 2000b; Visser, 2008). This assumes that we affirm the *nothingness* or *meaninglessness* that we experience from the perspective of the surroundings. We need “the courage to be” despite our existential anxieties (Tillich, 1952), and we need to trust that our house will not be overblown by the surroundings.

This inner navigator should not simply be identified with someone’s faith or religion, because it is not reducible to specific skills, religious experiences, dogmas, or assertions about life; however, someone’s faith may include a feeling of direction and could thus make someone aware of life’s hierarchies, the difference between true and false selves (Breitbart, 2005; Cole & Pargament, 1999). Learning to trust one’s inner navigator seems to help cancer patients to flexibly adjust to cancer, to experience meanings in life, and at the same time affirm existential givens. This process seems to increase the well-being of cancer patients (Helen Battler, personal communication).

DISCUSSION

Summary

When someone is diagnosed and treated for cancer, his ordinary meanings and roles in life may not be completely realizable any longer due to his physical

limitations or his changed perception of self. Metaphorically speaking, some of his walls may have collapsed, and he may react with distress over the loss of specific meanings. He may stay in his house and try to rebuild old walls. But he may also start exploring what is behind these ordinary meanings. He may understand that life offers him a multitude of possibilities from which he can choose in his surroundings; he could extend his house there, build it at a totally different location, or see that his house is already standing in the best possible location. He may subsequently begin to understand the existential givens of these surroundings, such as the fact that he is primarily free and responsible to find the right location. He is free in how he designs, builds, and dwells in the house—that is, he is free and responsible to determine his attitude regarding meaning in life and existential givens. So he could deny one or both dimensions—locking himself up in his house or getting lost outside—or he could try to flexibly integrate both by using a dual attitude. Such an integration is only possible by the affirmation (“the letting be”) of the nothingness in the heart of the surroundings. It may be frightening to a cancer patient to let his habitual meanings in life go; however, it is possible to let it go thanks to his intuition, which tells him how to navigate in life. (See Table 1 for a diagrammatic overview of the present article.)

Implications

Much research suggests that cancer patients have questions regarding both meaning in life (house) and facing existential givens (surroundings) (e.g., Breitbart, 2005; Moadel et al., 1999; Sothill et al., 2001). However, psychotherapies frequently seem to primarily focus on either one, albeit more in the theory of therapies than in their practices, which frequently seem eclectic. For instance, the theoretical foundations of Franklian meaning therapy seem to mainly focus on rebuilding the house (Frankl, 1986; 1989; 1998), and the theoretical foundations of Yalomian existential therapy hone in on facing these surroundings (Yalom, 1980) and “staring at the sun” instead of staying inside the house (Yalom, 2008). Heidegger suggested that there is no such dichotomy: both meaning and existential givens are related. However, this does not mean that both are actually the same phenomenon, like several authors seem to assume that the loss of meaning is similar to a confrontation with existential givens (e.g., Kissane et al., 2009).

Heidegger showed that someone’s experience of meaning in life (house) is different from and at the same time goes hand in hand with the confrontation with existential givens (surroundings). Individuals

Table 1. Overview of the article

Metaphor	Meaning	Subthemes	Psycho-Oncology Example
House (habitat)	Meaning	<ul style="list-style-type: none"> — We become habituated to our ordinary meanings. — Our habitual way of experiencing meaning: <ol style="list-style-type: none"> 1. see meaning as absolute 2. see meaning as isolated 3. see meaning as a goal 4. demand control over meaning 5. following ready-made meanings. 	We usually are not really aware of our vulnerability; this unawareness is undermined after a cancer diagnosis.
Surroundings	Existential givens	<p>Being there implies having a broad range of possibilities in life, from which we can only realize a small range; i.e., we have one house but have many other possible locations for our house in these surroundings. We are free and responsible for using these possibilities. This may evoke existential angst, loneliness, guilt, boredom, etc. Close examination of all possibilities from which we could choose shows two fundamental choices: we could choose for possibilities that make us truly ourselves or for ones that which do not truly make us ourselves.</p> <p>Three possible ways of being:</p> <ol style="list-style-type: none"> 1. stay inside the house like a prison 2. get lost in the surroundings 3. dual attitude: build, design, and dwell in the house while optimally using the possibilities in life so that we can be truly ourselves, i.e., as our true home. 	After cancer, a person may have other priorities in life, may be more authentic in relationships with others, etc. So he is using new possibilities and sees the inauthenticity of his old meanings.
Designing, building, and dwelling	Ways of being: <i>how</i> do we experience meaning and existential givens?	<p>Three possible ways of being:</p> <ol style="list-style-type: none"> 1. stay inside the house like a prison 2. get lost in the surroundings 3. dual attitude: build, design, and dwell in the house while optimally using the possibilities in life so that we can be truly ourselves, i.e., as our true home. 	A patient without a dual attitude may deny the responsibility to take control of her life, or she may get overwhelmed by existential givens, such as her mortality.
Inner navigator	Intuitive experience or guidance	<ul style="list-style-type: none"> — This intuition tells us where we have to be when we want to be our true selves. Our true self reveals itself. — Intuition is not religious or objectifiable. — We cannot control the inner navigator, but we can “let it be.” 	A patient trusts that she will be able to remain her true self, despite all physical and emotional changes due to cancer.

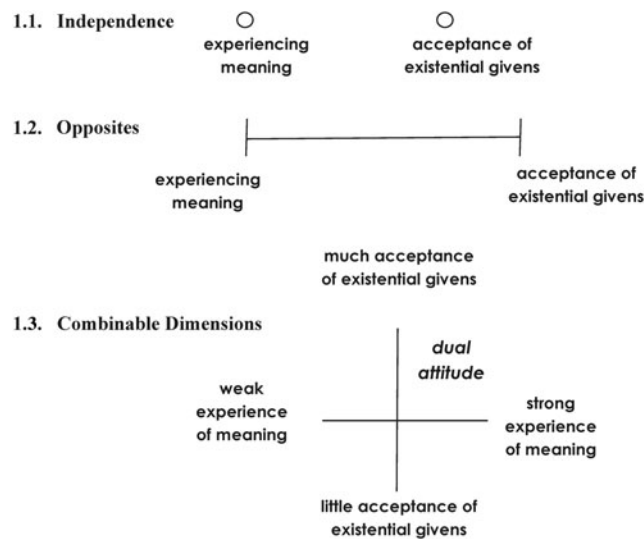


Fig. 1. Symbolic expression of three possible relationships between meaning and existential givens: independence, opposites, and two separate dimensions that could be combined into a dual attitude.

can cope with negative life events like cancer by building new ready-made meanings, without a deliberate exploration of other possibilities in the surroundings. This is understandable, because we need a house against the winds and cold of the surroundings, but at the same time we are only able to build the house optimally thanks to the surroundings that offer us our location. Thus, Heidegger's model suggests that meaning and existential givens are neither two independent phenomena (Figure 1.1) nor two opposites of the same dimension (Figure 1.2); they are two different dimensions that may both need explicit independent attention (Figure 1.3). A large number of cognitive laboratory experiments seems to empirically confirm that existential givens and meaning are different from each other but are often associated: in reaction to existentially threatening situations, individuals seem to clasp onto meaningful experiences in life (Greenberg et al., 2004).

In line with Heidegger, a psychotherapist would not help a cancer patient would not benefit from a therapist who would focus on making ordinary meanings in life, like building stone walls protecting the patient from the existential givens. The patient would only benefit from a therapist who would stimulate the patient to open him/herself to what is truly meaningful for him/her, and to remain open in the future. Thus, the therapist's task is to guide the existential process of the individual, like Socrates regarded his task to make ordinary meanings in life like stone walls to protect him from the existential givens. He would help the client to open himself to

what is truly meaningful to him, and to remain open in the future. The therapist's task is to guide while revealing the client's true self, like Socrates regarded his task to be a midwife, *maieutica* (Plato, 2001).

Thus, a psychotherapeutic intervention would explicitly focus on both meaning and existential givens, and aim at flexibly integrating both, that is, creating a dual attitude. It has been suggested that it is especially important for cancer patients to learn such a dual focus (Archer, 2006) and to trust their intuition. One may argue that all existing therapies already do this, albeit implicitly, like a common factor in psychotherapy. For instance, acceptance and commitment therapy "tries to open the window and let a little (nonverbal) air in" (Hayes et al., 1999), for instance, helping the patients live flexibly with their meanings in life. However, Heidegger does not merely posit opening a window for the surroundings to get in, but he *explicitly* suggests going into the surroundings, and integrating this experience into designing, building, and dwelling in the house. Thus, one could also hypothesize that therapies differ from each other in the extent to which both meaning and existential issues are explicitly discussed. Therapies *without* an explicit focus on the dual attitude may be less effective than therapies in which clients are explicitly helped with flexibly experiencing meaning in everyday life while affirming the existence of cancer and its associated confrontation with the existential givens. New therapies have to be created and tested in randomized controlled trials. We recommend that such studies not only focus on measuring the effects of psychotherapy but also on the underlying processes, such as a patient's improved skills to create a dual attitude, measured via new psychometric instruments.

One of the reasons for providing psychotherapy to cancer patients is the possibility that they can experience a so-called existential, spiritual, or demoralization crisis (Agrimson & Taft, 2009; Kissane et al., 2009; Yang et al., 2010). People usually feel secure inside their house—and they may be for a long time in their lives—but when confronted with cancer they may start to wonder how they could ever take so much for granted. They fall into an existential crisis because they have little or no deep inner security (van Deurzen, 2008), that is, they have never developed skills to deal with building a house in these surroundings and trusting their skills. Or they may realize that they are not quite what or who they thought they were, or, at least, that what they were does not definitely apply in the same way anymore. This crisis is frequently defined as the loss of specific meaning (Kissane et al., 2009) or the confrontation with existential givens (e.g., Yalom, 1980), but all

metaphorical elements may actually be involved. In a crisis, patients have difficulties designing and building their daily lives and feeling at home in their lives; they feel lost in the existential surroundings, don't know how to flexibly integrate these surroundings in their house, and don't trust their ability to design and build anything in these surroundings and feel at home in life ever again. Otherwise formulated, in a crisis, people feel a loss of specific meanings, feel confronted with existential givens (e.g., freedom, meaninglessness, and responsibility), lack the flexibility to experience meaning in this existential situation, and feel hopeless or helpless without trusting any inner navigation. Crisis intervention should focus on all these dimensions, probably starting by helping them to create trust in their skills to experience meaning, which may help them develop a dual attitude that consists of accepting the existential givens and simultaneously designing, building, and living in their lives as their home: "and/and" instead of "either/or."

Some psycho-oncological interventions may be interpreted as avoiding avoidance by directly "staring at the sun" (Yalom, 1980). From a Heideggerian perspective, denial and avoidance can be differentiated in different dimensions. Psychological denial/avoidance usually regards the facts of the diagnosis, the impact, or feelings (Vos & de Haes, 2007). There are two types of existential denial, that is, two non-dual attitudes: denial of existential givens (surroundings) (e.g., denial of death [Becker, 1997] and freedom), and denial of meaning (house)—for instance, people who deny that the meanings in their lives have been changed or are collapsing due to cancer. Denial can either be caused by an undeliberated inability to create a dual attitude, or it can be a deliberate choice. For example, "I know that my meanings are changing and that I have many other possibilities, but I want to clasp onto this specific meaning." Obviously, deliberated denial is psychologically more adequate than undeliberated denial (cf. Vos & de Haes, 2007).

When Heidegger speaks about experiencing meaning, he suggests staying simultaneously aware of all possibilities that we have in life. Of course, meaning therapists in line with Frankl (Breitbart et al., 2010a; Kang et al., 2009; Kimble & Ellor, 2000; Lee, 2006; Lukas, 2000; Schulenberg, 2008) help their clients to become aware of their possibilities in life by exploring several sources of meaning. However, clients may be inclined to focus on controllable ready-made goal-oriented meanings (Heidegger, 1962), and they may start excluding other possibilities before having explored these seriously. Thus, they may not really affirm their possibilities and existential givens. This tendency may be strengthened when the therapist fo-

cuses on already-fulfilled meanings in the past—one's legacy. Therefore, therapists may explicitly stimulate their clients to broaden their focus, for instance, by asking about their dreams, hopes, wishes, and fantasies. Dreams and wishes may be an important source of meaning for cancer survivors (Breitbart, 2005; Clayton et al., 2008), which explicitly bridges meaning (house) with the potentiality of one's life (surroundings). Dreaming may help one become aware of one's potentiality in a non-frightening manner—may foster creative experiences of meaning (May, 1975). The tension with reality may be a motivational source (Frankl, 1989) and lead to concrete willing and decision making (May, 1969). Moreover, dreaming itself may be considered a meaningful act (May, 1969).

An example. A patient asks her psychologist for help because she is totally focused on her pain. She is metaphorically locked up in the pain room of her house. The psychologist may start showing her that there are other rooms in her ordinary house: you are not only a patient, but also a mother, an employee, etc. Try to feel that again! The psychologist may ask her to explore when in the past she felt most at home in her house—for instance, as being a mother. At the same time, the patient may be helped to mourn over lost meanings and unused possibilities, instead of immediately creating new meaning. This is reminiscent of the Stoic philosophers, who recommended differentiating "accepting the things in life I cannot change" from "having the courage to change the things I can" and "having the wisdom to know the difference between these two." The therapist may explain that there is always a possibility of meaning despite of physical suffering. For instance, the client may ask herself what else is possible in life—for instance, by dreaming about what she may do after hospital release. The patient may be stimulated to explore what gave her trust and guidance in previous difficult situations, and how she could also trust her intuition/inner navigator now. The psychologist may employ didactics and teach her how to consciously move the focus of her attention from the room (pain) to the house (ordinary meanings in life), to the surroundings (new possibilities), back to the house, the room, and so forth.

Heidegger has been criticized for assuming that we can all face life heroically (Irigaray, 1999), like the archetypical hero who leaves the security of his home to venture into the dark surroundings (Campbell, 1949). In contrast, he has also been criticized for not being radical enough, because he does not dare face the surroundings without totally destroying houses (Wagner, 1995). Actually, Heidegger speaks about continuous movement between authentic and inauthentic ways of designing, building, and dwelling (Young, 2002), between facing the

surroundings and staying inside our house (Heidegger, 2001). So cancer patients may experience periods of heroic coping and periods when they are not able to face their situation heroically. Therefore, listening to the inner navigator is not only heroic but involves an inner dialogue in which all elements—house, surroundings, ways of being—are included. Heroism also does not necessarily imply decisions on the most intellectual and fundamental level, but implies practical decisions as well, such as “Will I get out of bed, or will I stay in today?” We recommend that therapists assess the needs and skills of their clients: who is able to create a dual attitude in life, and on which level of intellectual abstraction? Moreover, how can people trust, develop, and utilize their inner navigator? More studies are needed to answer these questions.

This article has shown how Heidegger’s legacy can be used in psycho-oncology to bridge the differences between meaning in life and existential givens, and simultaneously to bridge the differences between meaning therapies and supportive–expressive therapies. Moreover, it demonstrated how complex and how intertwined psychology, psychiatry, philosophy, and theology are.

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REFERENCES

- Agrimson, L.B. & Taft, L.B. (2009). Spiritual crisis: A concept analysis. *Journal of Advanced Nursing*, 65(2), 454–461.
- Archer, R. (2006). *Dual realities, the search for meaning: Psychodynamic therapy with physically ill people*. London: Karnac.
- Becker, E. (1997). *The denial of death*. New York: Free Press Paperbacks.
- Beike, D.R. & Crone, T.S. (2012). Autobiographical memory and personal meaning: Stable versus flexible meanings of remembered life experiences. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong et al. (eds), pp. 315–334. New York: Routledge.
- Benner, P.E. (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage Publications.
- Berman, M. (2009). *The politics of authenticity: radical individualism and the emergence of modern society*. New York: Verso Books.
- Brandstatter, M., Baumann, U., Borasio, G.D., et al. (2012). Systematic review of meaning in life assessment instruments. *Psycho-Oncology*, 21(10), 1034–1052.
- Breitbart, W. (2005). Balancing life and death: Hope and despair. *Palliative & Supportive Care*, 3, 57–58.
- Breitbart, W.S. & Alici, Y. (2009). Psycho-oncology. *Harvard Review of Psychiatry*, 17(6), 361–376.
- Breitbart, W., Rosenfeld, B., Gibson, C., et al. (2010a). Meaning-centered group psychotherapy for patients with advanced cancer: A pilot randomized controlled trial. *Psycho-Oncology*, 19(1), 21–28.
- Breitbart, W., Rosenfeld, B., Gibson, C., et al. (2010b). Meaning-centered group psychotherapy for patients with advanced cancer: A pilot randomized controlled trial. *Psycho-Oncology*, 19(1), 21–28.
- Campbell, J. (1949). *The hero with a thousand faces*. New York: Pantheon Books.
- Caputo, J.D. (1978). *The mystical element in Heidegger’s thought*. New York: Fordham University Press.
- Classen, C., Butler, L.D., Koopman, C., et al. (2001). Supportive–expressive group therapy and distress in patients with metastatic breast cancer: A randomized clinical intervention trial. *Archives of General Psychiatry*, 58(5), 494–501.
- Clayton, J.M., Hancock, K., Parker, S., et al. (2008). Sustaining hope when communicating with terminally ill patients and their families: A systematic review. *Psycho-Oncology*, 17, 18.
- Cole, B. & Pargament, K. (1999). Re-creating your life: A spiritual/psychotherapeutic intervention for people diagnosed with cancer. *Psycho-Oncology*, 8(5), 395–407.
- Cooper, M. (2003). *Existential therapies*. London: Sage Publications.
- Coward, D.D. (2000). Making meaning within the experience of life-threatening illness. In *Exploring existential meaning. Optimizing human development across the lifespan*. Ed. G.T. Reker & K. Chamberlain (eds.), pp. 157–170. Thousand Oaks, CA: Sage Publications.
- Coward, D.D. & Kahn, D.L. (2005). Transcending breast cancer: Making meaning from diagnosis and treatment. *Journal of Holistic Nursing*, 23, 264–283.
- Fife, B.L. (1994). The conceptualization of meaning in illness. *Social Science & Medicine*, 38(2), 309–316.
- Frankl, V. (1986). *The doctor and the soul: From psychotherapy to logotherapy*. London: Vintage.
- Frankl, V. (1989). *The will to meaning: foundations and applications of logotherapy*. New York: Plume.
- Frankl, V. (1998). *Man’s search for meaning: An introduction to logotherapy*. London: Random House.
- Frankl, V. (2000). *Man’s search for ultimate meaning*. New York: Basic Books.
- Fromm, E. (1941). *Escape from freedom*. New York: Rinehart.
- Gentner, D. & Grudin, J. (1985). The evolution of mental metaphors in psychology: A 90-year retrospective. *American Psychologist*, 40(2), 11.
- Greenberg, J., Koole, S.L. & Pyszczynski, T. (2004). *Handbook of experimental existential psychology*. New York: Guilford Press.
- Hayes, S., Strosahl, K. & Wilson, K. (1999). *Acceptance and commitment therapy. An experiential approach to behaviour change*. New York: Guilford Press.
- Heidegger, M. (1962). *Die frage nach der technik*. In *Die technik und die kehre*. Stuttgart: Verlag Gunther Neske.

- Heidegger, M. (1969). *Vom wesen der wahrheit*. Tübingen: Max Niemeyer Verlag.
- Heidegger, M. (1987). *Einführung in die metaphysik*. Tübingen: Max Niemeyer Verlag.
- Heidegger, M. (2000a). *Brief über den Humanismus*. Stuttgart: Verlag Günther Neske.
- Heidegger, M. (2000b). *Gelassenheit*. Stuttgart: Verlag Günther Neske.
- Heidegger, M. (2001). *Sein und zeit*. Tübingen: Max Niemeyer Verlag.
- Heidegger, M. (2010). *Phenomenology of intuition and expression*. London: Continuum International Publishing Group.
- Heidegger, M. & Hofstadter, A. (transl.) (1996). Building dwelling thinking. In *Poetry, language, thought*. New York: Harper Colophon Books. Available at <http://mysite.pratt.edu/~arch543p/readings/Heidegger.html>.
- Henoch, I. & Danielson, E. (2009). Existential concerns among patients with cancer and interventions to meet them: An integrative literature review. *Psycho-Oncology*, 18(3), 225–236.
- Irigaray, L. (1999). *The forgetting of air in Martin Heidegger*. Austin: University of Texas Press.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: The Free Press.
- Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry*, 15(1), 30–34.
- Jaspers, K. (1925). *Psychologie der weltanschauungen*. Tübingen: Max Niemeyer Verlag.
- Jaspers, K. (1973). *Allgemeine psychopathologie*. Berlin: Springer.
- Jung, C.G. (1994). *Psychologische typen*. Olten: Walter Verlag.
- Kang, K.A., Im, J.L., Kim, H.S., et al. (2009). The effect of logotherapy on the suffering, finding meaning, and spiritual well-being of adolescents with terminal cancer. *Journal of the Korean Academy of Child Health Nursing*, 15(2), 136–144.
- Kashdan, T.B. & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30, 865–878.
- Kavanagh, A.M. & Broom, D.H. (1998). Embodied risk: My body, myself? *Social Science & Medicine*, 46(3), 437–444.
- Kimble, M.A. & Ellor, J.W. (2000). Logotherapy: An overview. *Journal of Religious Gerontology*, 11(3), 9–24.
- King, L.A. & Hicks, J.A. (2012). Positive affect and meaning in life: The intersection of hedonism and eudaimonia. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 125–142. New York: Routledge.
- King, L.A., Hicks, J.A., Krull, J.L., et al. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology*, 90, 179–196.
- Kissane, D.W., Treece, C., Breitbart, W., et al. (2009). Dignity, meaning and demoralization: Emerging paradigms in end-of-life care. In *Handbook of psychiatry in palliative medicine*. H.M. Chochinov & W. Breitbart (eds.), pp. 324–340. New York: Oxford University Press.
- Kruglanski, A.W. & Webster, D.M. (1996). Motivated closing of the mind: “Seizing” and “Freezing.” *Psychological Review*, 103(2), 263–283.
- Langford, I.H. (2002). An existential approach to risk perception. *Risk Analysis*, 22(1), 101–120.
- Lee, C.H. (2006). Effects of logotherapy with exercise on meaning of life, ego integrity and IADL in the elderly [summary only]. *Tae-han Kanho Hakhoe Chi*, 36(5), 701–709.
- Lee, V., Cohen, S.R., Edgar, L., et al. (2004). Clarifying “meaning” in the context of cancer research: A systematic literature review. *Palliative & Supportive Care*, 2(3), 291–303.
- Lee, V., Cohen, S.R., Edgar, L., et al. (2006). Meaning-making intervention during breast or colorectal cancer treatment improves self-esteem, optimism, and self-efficacy. *Social Science & Medicine*, 62(12), 3133–3145.
- Levinas, E. (1966). *Totalité et infini: Essai sur l’extériorité*. The Hague: Nijhoff.
- Lukas, E. (2000). *Logotherapy textbook: Meaning-centered therapy*. Toronto: Li berty Press.
- Maddi, S.R. (2012). Creating meaning through making decisions. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 3–26. New York: Routledge.
- Maslow, A.H. (1970). *Motivation and personality*. New York: Harper & Row.
- May, R. (1958). *Existence: A new dimension in psychiatry and psychology*. New York: Basic Books.
- May, R. (1969). *Love & will*. New York: Norton.
- May, R. (1975). *The courage to create*. New York: Norton.
- Mils, J. (1997). The false *dasein*: From Heidegger to Sartre and psychoanalysis. *Journal of Phenomenological Psychology* 28(1), 10.
- Moadel, A., Morgan, C., Fatone, A., et al. (1999). Seeking meaning and hope: Self-reported spiritual and existential needs among an ethnically diverse cancer patient population. *Psycho-Oncology*, 8(5), 378–385.
- Morstyn, R. (2009). Merleau-Ponty and me: Some phenomenological reflections upon my recent bone marrow transplant. *Australasian Psychiatry*, 17(3), 237–239.
- O’Connor, K. & Chamberlain, K. (2000). Dimensions and discourses of meaning in life: Approaching meaning from qualitative perspectives. In *Exploring existential meaning. Optimizing human development across the lifespan*. Ed. G.T. Reker & K. Chamberlain (eds.), pp. 75–92. Thousand Oaks, CA: Sage Publications.
- Ott, M.J., Norris, J. & Bauer-Wu, S. (2006). Mindfulness meditation for oncology patients: A discussion and critical review. *Integrative Cancer Therapies*, 5(2), 98–109.
- Park, C.L. (2012). Meaning and meaning making in cancer survivorship. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 521–538. New York: Routledge.
- Plato (2001). *The collected dialogues of Plato*. E. Hamilton & H. Cairns (eds.). Princeton, NJ: Princeton University Press.
- Prager, E., Savaya, R. & Bar-Tur, Liora (2000). The development of a culturally sensitive measure of sources of life meaning. In *Exploring existential meaning. Optimizing human development across the lifespan*. Ed. G.T. Reker & K. Chamberlain (eds.), pp. 123–138. Thousand Oaks, CA: Sage Publications.
- Pretz, J.E. & Sentman Totz, K. (2007). Measuring individual differences in affective, heuristic and holistic intuition. *Personality and Individual Differences*, 43, 10.
- Reker, G.T. & Chamberlain, K. (eds.) (2000). *Exploring existential meaning. Optimizing human development across the lifespan*. Thousand Oaks, CA: Sage Publications.
- Reker, G.T. & Wong, P.T.P. (1988). Aging as an individual process: Toward a theory of personal meaning. In *Emergent theories of aging*. J.E. Birren & V.L. Bengston (eds.), pp. 214–246. New York: Springer.

- Reker, G.T., Birren, J.E. & Svensson, C.M. (2012). Restoring, maintaining, and enhancing personal meaning in life through autobiographical methods. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 430–455. New York: Routledge.
- Schneider, K.J. (2008). *Existential-integrative psychotherapy*. New York: Routledge.
- Schnell, T. (2010). Existential indifference: Another quality of meaning in life. *Journal of Humanistic Psychology*, 50(3), 351–373.
- Schroevers, M., Kraaij, V. & Garnefski, N. (2008). How do cancer patients manage unattainable personal goals and regulate their emotions? *British Journal of Health Psychology*, 13, 551–562.
- Schulenberg, S.E. (2008). Logotherapy for clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 45(4), 447.
- Scruton, R. (2014). *The soul of the world*. Princeton: Princeton University Press.
- Sloterdijk, P. (2009). *Du musst dein leben andern*. Frankfurt: Suhrkamp.
- Smith, J.E., Richardson, J., Hoffman, C., et al. (2005). Mindfulness-based stress reduction as supportive therapy in cancer care: systematic review. *Journal of Advanced Nursing*, 52(3), 315–327.
- Sontheimer, K. (2005). *Hannah Arendt: Der weg ein gross denkerin*. München: Piper Verlag.
- Soothill, K., Morris, S.M., Harman, J., et al. (2001). The significant unmet needs of cancer patients: Probing psychosocial concerns. *Supportive Care in Cancer*, 9(8), 597–605.
- Spiegel, D., Bloom, J.R., Kraemer, H., et al. (1989). The beneficial effect of psychosocial treatment on survival of metastatic breast cancer patients: A randomized prospective outcome study. *Lancet*, 240, 888–891.
- Steger, M.F. (2009). Meaning in life. In *Handbook of positive psychology*, 2nd ed. S.J. Lopez (ed.), pp. 679–687. Oxford: Oxford University Press.
- Steger, M. F. (2010). Experiencing meaning in life: Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In *The human quest for meaning*, 2nd ed. P.T.P. Wong (ed.), pp. 212–231. New York: Routledge.
- Steger, M.F. (2012). Experiencing meaning in life: Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 212–231. New York: Routledge.
- Svenaesus, F. (2000a). The body uncanny: Further steps towards a phenomenology of illness. *Medicine, Health Care, and Philosophy*, 3(2), 125–137.
- Svenaesus, F. (2000b). Das unheimliche: Towards a phenomenology of illness. *Medicine, Health Care, and Philosophy*, 3(1), 3–16.
- Taylor, S.E. (1993). Factors associated with meaning in life among people with recurrent cancer. *Oncology Nursing Forum*, 20, 1399–1407.
- Tillich, P. (1952). *The courage to be*. New Haven: Yale University Press.
- van Deurzen, E. (2008). *Existential counseling and psychotherapy in practice*. Los Angeles: Sage.
- Visser, G. (1998). *De druk van de beleving: Filosofie en kunst in een domein van overgang en ondergang*. Amsterdam: SUN.
- Visser, G. (2002). De vraag naar de zin van het leven. *Wapenveld*, 52(2), 15.
- Visser, G. (2008). *Gelatenheid: Gemoed en hart bij Meister Eckhart*. Amsterdam: SUN.
- Visser, G. (2014). Heidegger's vraag naar de techniek. Nijmegen: Van Tilt.
- Vos, J. (2011). *Opening the psychological black box in genetic counseling: A counselee-oriented, integrative approach on the impact of DNA-testing for breast and ovarian cancer on the lives of counselees*. Ph.D. dissertation. Leiden: Leiden University.
- Vos, M.S. & de Haes, J.C.J.M. (2007). Denial in cancer patients, an explorative review. *Psycho-Oncology*, 16, 13.
- Vos, J., Craig, M. & Cooper, M. (in press). Existential therapies: meta-analyses of psychological outcomes. *Journal of Consulting and Clinical Psychology*. In press.
- Wagner, J. (1995). *Meditationen über gelassenheit: Der zugang des menschen zu seinem wesen im anschluss an Martin Heidegger und Meister Eckhart*. Hamburg: Verlag Dr. Kovac.
- Westerhof, G.J., Bohlmeijer, E. & Valenkamp, M.W. (2004). In search of meaning: A reminiscence program for older persons. *Educational Gerontology*, 30(9), 751–766.
- Wilson, T.D., Lindsey, S. & Schooler, T.Y. (2000). A model of dual attitudes. *Psychological Review*, 107(1), 101–126.
- Wong, P.T.P. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85–93.
- Wong, P.T.P. (2012a). Toward a dual systems model of what makes life worth living. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 50–69. New York: Routledge.
- Wong, P.T.P. (2012b). From logotherapy to meaning-centered counseling and therapy. In *The human quest for meaning: Theories, research, and applications*, 2nd ed. P.T.P. Wong (ed.), pp. 666–695. New York: Routledge.
- Wrathall, M.A. (2011). *Heidegger and unconcealment: Truth, language, and history*. New York: Cambridge University Press.
- Yalom, I. D. (1980). *Existential psychotherapy*, Vol. 1. New York: Basic Books.
- Yalom, I. D. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco: Jossey-Bass.
- Yang, W., Staps, T. & Hijmans, E. (2010). Existential crisis and the awareness of dying: The role of meaning and spirituality. *Omega: Journal of Death and Dying*, 61(1), 53–69.
- Young, J. (2002). *Heidegger's later philosophy*. Cambridge: Cambridge University Press.