

Alexander Batthyany
Pninit Russo-Netzer *Editors*

Meaning in Positive and Existential Psychology

 Springer

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Foreword by Brian R. Little

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Editors

Alexander Batthyany
University of Vienna
Vienna
Austria

and

Department of Philosophy and Psychology
International Academy of Philosophy
University in the Principality
of Liechtenstein
Bendern
Liechtenstein

Pninit Russo-Netzer
Department of Counseling and Human
Development
University of Haifa
Haifa
Israel

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Foreword

The rapid rise of positive psychology and the enduring relevance of existential psychology have led to an intriguing contemporary discussion about the source and significance of meaning in our lives. This volume, *Meaning in Positive and Existential Psychology* is a timely and engaging exploration of these contrasting, but potentially reconcilable, orientations. It raises questions that have wide ranging academic, clinical, and personal significance. Before highlighting some of the emerging themes of the book I'd like to provide some historical perspective, albeit a highly personal one, that might help the reader appreciate why I believe this is an important book.

In their introduction to this volume, Alexander Batthyany and Pninit Russo-Netzer, call attention to 1964 as the year in which Crumbaugh and Maholick conjoined existentialism and empirical psychology with their article on the *Purpose in Life Test*. I remember 1964 very well. I was in my first year as a graduate student at the University of California at Berkeley. The campus was in turmoil as a result of the Free Speech Movement and in the restaurants on Telegraph Avenue the conversations were passionate and deeply personal. Among the intellectual menu items during those days were Kierkegaard, Heidegger, Camus, Sartre, Frankl, and others generally construed as being existentialist.

But new fare was also being introduced in 1964. Humanistic or third force psychology was increasingly influential in *le nouveau cuisine* and it resonated well with the spirit of rebellion that permeated the Berkeley campus. Students wanted political freedom to enroll people in civil rights causes on their campus. But their concern was broader than this. They did not want to be folded, mutilated, or bent like IBM cards (some of you might remember those?). They were searching for meaning. Many of them believed that resistance and rebellion were justified responses to what they perceived to be the constraints on their freedoms by an impersonal university. And students in psychology, many of whom were active in the movement, were casting a critical glance at the image of humans tacitly assumed in their field. Tellingly, one of our professors assigned us an essay topic on the implicit assumptions about human nature lurking in personality and motivational psychology.

With considerable excitement, I submitted my essay about how orthodox behaviorism and psychoanalysis were giving way to a new conception of human nature in which a sense of meaning and agency were pivotal. I concluded the essay with the comment, "It is not only in political life that the 'the times they are a-changing,'" written with my best impression of a Bob Dylan accent.

My professor wrote a simple comment, “Thank you for writing like this.” While the essay was certainly not noteworthy, the comment was. It reflected the times. There was an intellectual excitement about a new emerging image of the person.

Fast forward to the turn of the present century and the explosive rise of positive psychology. This was not your grandparents’ humanistic psychology, which is to say, it was not the humanistic psychology of 1964. Positive psychology espouses rigorous measurement and eschews the kind of anti-measurement bias that characterized much, but not all, of humanistic psychology in the mid-1960s. For that reason alone, a volume such as this, written by some of the most influential figures in positive psychology, is very much welcomed. But it also gives equal voice to the existentialists and this is where the volume has a distinctive strength: one editor is a distinguished Frankl scholar and practitioner and the other is a rising applied positive psychology researcher.

In reading through *Meaning in Positive and Existential Psychology* I thought how exciting it would be to have the authors meet each other to discuss and debate their research on meaning. In fact, I imagined them at tables in a restaurant, together with the ghostly images of that earlier generation of curious students. So, I won’t identify the individual chapters and authors, believing that the sense of meaning you get out of this book should be, at least in part, an act of creation. Rather, I want to scan the room in my imagination and identify six tables at which the participants are in deep conversation.

At one table, the recurring theme is the contrast between the general stances toward the human condition taken by existential and positive psychology. The existentialist stance is dark, tragic, pessimistic, and quintessentially European; the positive psychology stance is bright, redemptive, optimistic, and, in the main, American. The discussion raises fundamental questions about the sources of meaning: Can meaning only be attained through the experience of pain or can we achieve it by simply noticing its abundance in our everyday lives?

The methodologists sit at a table near the back, where they are discussing the various ways in which meaning might be assessed. Positive psychologists are comfortable with a diversity of measures ranging from the neuropsychological to the narrative, while the existentialists are more tilted to the narrative end of the assessment spectrum or open-ended dialectical interviewing. Some argue that the assessment of meaning is best achieved through the appraisals of people’s personal projects and life commitments, and, being a fellow traveler, I offer to pay for their meal. There seems room for integration with this group. It leads to a programmatic question: Can the qualitative and quantitative approaches to measuring meaning be synthesized?

There is a very busy table right in the center of the action. The conversation concerns the role of other people in the experience of a sense of meaning. Some argue that meaningful pursuit can only be achieved through the support of others; some argue that it is only in concern for others that meaning can be truly found. One voice warns that too much investment in others might put us at risk unless we have alternative sources of meaning. Though most of the participants agree that other people matter, deeply, it is not yet clear in what way. So just how do others matter in our experience of meaning? And would our answers satisfy those like

Jean-Paul, a reclusive looking man in a beret looking away from the table? He looks decidedly uncomfortable with all this social conviviality and appears to be mumbling something like “L’enfer, c’est les autres.”

In another corner, closest to the street, discussion centers on the practical consequences of having a sense of meaning in our lives. We hear about how a sense of meaning can mitigate the negative effects of stress, of sudden bereavement, of suicidal ideation and of natural disasters. Others talk about the importance of mortality salience and terror management on a compelling array of consequential outcomes, while others suggest that it is might be more meaning management than terror management. Still others provide evidence that meaningful pursuit, in itself, may be a compensatory reaction to existential uncertainty. Are there other practical implications of the function of meaning in our lives? Questions abound: Can we devise ways of delivering these insights to our communities?

The tone of the conversation at the last table is rather different—more personal, more passionate and, in a sense, more confrontational. In part, the debate is between contrasting views of the ontological status of meaning: Is a sense of meaning an act of construction or an act of discovery? It also concerns questions about whether meaning is primarily a succession of pleasant experiences that can be achieved through the rational planning of life pursuits or whether meaning can only be achieved through struggle and noetic transformation. Here is where the conversation becomes earnest—it touches on the ultimate concerns in our lives: themes of birth and death, isolation and connection, freedom and facticity. There is talk of spirituality and transcendence and very little talk of psychometrics and coefficients alpha (or omega).

I hope you see now why I found this a most stimulating book and invite you to dig into it and sample the fare. In some of the chapters, at some of the discussions, there is an excitement and passion that is quite rare in volumes like this. It takes me back to 1964 and the pervasive sense that things were changing in ways that might shake up our windows and rattle our walls. So, it is entirely appropriate for me to play forward the appreciative comments I had received fifty years ago and say to each of the authors and editors with much gratitude—“Thank *you* for writing like this.”

Cambridge, UK

Prof. Brian R. Little
Ph.D. C.Psychol. FBPsS
Distinguished Scholar
Department of Psychology and Fellow,
Well-Being Institute
Cambridge University

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Both Alexander and Pninit dedicate this book to their dear parents and especially to their spouses and children—Alexander to Juliane, Leonie and Larissa, and Pninit to Lior, Ariel, Shahaf and Shir. Thank you for your patience and support!

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Contributors

Brandy J. Baczwski Department of Psychology, The University of Mississippi, Oxford, MS, USA

Jenni Barenz Department of Psychology, Colorado State University, Fort Collins, CO, USA

Alexander Batthyany Department of Philosophy and Psychology, International Academy of Philosophy, Bendern, Liechtenstein; Cognitive Science Program, University of Vienna, Vienna, Austria

Roy F. Baumeister Department of Psychology, Florida State University, Tallahassee, FL, USA

Tyler Carey Department of Psychology, University of Victoria, Victoria, BC, Canada

William E. Davis Department of Psychology, Texas A&M University, College Station, TX, USA

Michael Robert Dennis Emporia State University, Emporia, KS, USA

Christopher F. Drescher Department of Psychology, The University of Mississippi, Oxford, MS, USA

Gordon L. Flett Department of Psychology, York University, Toronto, ON, Canada

Edwin E. Gantt Department of Psychology, Brigham Young University, Provo, UT, USA

Login S. George Department of Psychology, University of Connecticut, Storrs, CT, USA

Kirsten Graham Department of Psychology, Colorado State University, Fort Collins, CO, USA

Peter Halama Institute of Experimental Psychology, Slovak Academy of Sciences, Bratislava, Slovakia

Chad Hammond Department of Psychology, University of Saskatchewan, Saskatoon, SK, Canada

Rita Hamoline Department of Sociology, University of Saskatchewan, Saskatoon, SK, Canada

Kenneth Hart Department of Psychology, University of Windsor, Windsor, ON, Canada

Marnin J. Heisel Departments of Psychiatry and of Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, The University of Western, London, ON, Canada; Lawson Health Research Institute, London, ON, Canada; Center for the Study and Prevention of Suicide, University of Rochester Medical Center, London, ON, Canada

Joshua A. Hicks Department of Psychology, Texas A&M University, College Station, TX, USA

John Jurica Department of Psychology, Colorado State University, Fort Collins, CO, USA

Pelin Kesebir Department of Psychology, University of Colorado at Colorado Springs, Colorado Springs, CO, USA

Jinhyung Kim Department of Psychology, Texas A&M University, College Station, TX, USA

Dennis Klass Webster University, St. Louis, MO, USA

Dmitry Leontiev Higher School of Economics, Lomonosov Moscow State University, Moscow, Russia

Michael J. Mackenzie Department of Psychology, Florida State University, Tallahassee, FL, USA

Salvatore R. Maddi Department of Psychology and Social Behavior, University of California, Irvine, CA, USA

Nathan Mascaro Atlanta Veterans Affairs Medical Center, Decatur, GA, USA; Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, USA

Ian McGregor Department of Psychology, York University, Toronto, ON, Canada

Robert A. Neimeyer Department of Psychology, University of Memphis, Memphis, TN, USA

Thomas William Nielsen Faculty of Education, University of Canberra, Canberra, Australia

Crystal L. Park Department of Psychology, University of Connecticut, Storrs, CT, USA

Mike Prentice Department of Psychology, University of Missouri, Columbia, MO, USA

Tom Pyszczynski Department of Psychology, University of Colorado at Colorado Springs, Colorado Springs, CO, USA

Pninit Russo-Netzer Department of Counseling and Human Development, University of Haifa, Haifa, Israel

Stefan E. Schulenberg Department of Psychology, University of Mississippi, Oxford, MS, USA

Elizabeth Seto Department of Psychology, Texas A&M University, College Station, TX, USA

Yerin Shim Department of Psychology, Colorado State University, Fort Collins, CO 80523, USA

Michael F. Steger Department of Psychology, Colorado State University, Fort Collins, CO, USA; North-West University, Vanderbijlpark, South Africa

Orit Taubman – Ben-Ari The Louis and Gabi Weisfeld School of Social Work, Bar-Ilan University, Ramat Gan, Israel

Ulrich Teucher Department of Psychology, University of Saskatchewan, Saskatoon, SK, Canada

Jeffrey L. Thayne Department of Psychology, Brigham Young University, Provo, UT, USA

Adrian Tomer Department of Psychology, Shippensburg University, Shippensburg, PA, USA

Paul T. P. Wong Department of Psychology, Trent University, Peterborough, ON, Canada

Part I
Introduction

Chapter 1

Psychologies of Meaning

Alexander Batthyany and Pninit Russo-Netzer

How Meaning Embarked on Its Journey to Psychology

Throughout the history of mankind, people have been extensively preoccupied with existential questions, such as: Why are we here? What is my purpose? What do I stand for? What is the meaning of life? These universal questions deal with the core concern of what it means to be human and have inspired various myths, religions, arts, and philosophies, in different cultures around the world and across time and traditions. Today, in an age of knowledge explosion and an instant-success culture where “better, faster, higher” are sacred values—issues, such as the nature of meaning, its sources and expressions, emerge more forcefully.

Processes of globalization and transition to an individualistic and pluralistic world challenge existing processes of continuity, socialization, and transmission of traditional patterns (Buxant et al. 2010). The fast-paced affluent society in which we live, allegedly, everything we need to exist, and even an overabundance of choice, has turned out to be limiting rather than liberating, often leading to frustration, continuous dissatisfaction, and regret (Schwartz and Ward 2004). More than ever, hunger for meaning has intensified. In the face of the uncertainties and instabilities of our times, failing to respond to the inner voice of meaning may lead to boredom, anxiety, disengagement, and an existential vacuum (Frankl 1969). Damon (2008) described many young people

A. Batthyany (✉)
University of Vienna, Vienna, Austria
e-mail: alexander.batthyany@gmail.com

A. Batthyany
Department of Philosophy and Psychology, International Academy of Philosophy,
University in the Principality of Liechtenstein, Beldern, Liechtenstein

P. Russo-Netzer
Department of Counseling and Human Development, University of Haifa, Haifa, Israel
e-mail: pninit.russonetzer@gmail.com

today as “directionless drifters” who experience emptiness, meaninglessness, and anxiety, such that “in the long run, lack of purpose can destroy the foundations of a happy and fulfilled life” (p. 16). Albert Einstein emphasized this by noting that, “The man who regards his own life and that of his fellow creatures as meaningless is not merely unfortunate but almost disqualified for life” (Einstein 1934, pp. 13–14). And yet, though it appears as if existential needs are lying at the very core of human psychology, it took a considerable amount of time until academic psychology began to systematically address the psychology of existential concerns.

Perhaps the first visible sign that meaning would one day become a crucial part of psychological research emerged in 1964, when the *Journal of Clinical Psychology* published an article with the unusual title “An Experimental Investigation in Existentialism” (Crumbaugh and Maholick 1964).

Crumbaugh’s and Maholick’s 1964 article described one of the first attempts to investigate the “will to meaning” with the *Purpose In Life* test. Especially in the early days of empirical research into the psychology of meaning, the Purpose in Life Test was the only instrument available to psychologists and psychiatrists who wished to pursue this research; since then it has been applied in some 150 published studies.

Now, existentialism and empirical studies are rarely found in direct association with one another even today; but back in 1964, during the heyday of Skinnerian behaviorism, it must have seemed an even more curious, perhaps even frivolous combination. Puzzlement over the work of Crumbaugh and Maholick was probably not exactly diminished by the fact that these authors, in their modeling of the question of meaning and its psychological relevance, based their arguments on the theories of the Austrian psychiatrist and philosopher Viktor E. Frankl. Frankl was chiefly known to the wider public in America for his very personal account of his experiences in four concentration camps, rather than his research in the field of existential psychiatry and psychology. True, with the support of, among others, Gordon W. Allport, Alexandra Adler, and Sophie Freud, Frankl had already been appointed Visiting Professor at Harvard in 1961, 2 years after Carl Rogers voiced his opinion that Frankl’s psychological model was “one of the outstanding contributions to psychological thought in the last 50 years.” And yet Frankl’s complex philosophical, psychiatric, and psychological model of meaning-oriented psychology—going by the double name logotherapy and existential analysis—was still not nearly as well known and widespread as it is today. According to this school of thought, human psychology could not be understood solely in terms of learning history or drives, but essentially through existential concerns such as freedom, meaning, and purpose. Frankl’s model must, at the very least, have appeared suspect to an empirically oriented psychologist of those days. In his overview of the psychological significance of meaning awareness in the *Handbook of Positive Psychology*, Baumeister describes the reception of Frankl’s work in the States as follows:

Psychologists gradually have begun to study meaning in life. Frankl’s (1959/1976) early work emphasized the importance of finding value in life, and he is widely credited with

being a pioneer in the study of meaning. His work constituted a courageous rebellion against the behaviourist and psychodynamic paradigms that dominated psychological theorizing at that time. [...] Still, these works were isolated intellectually from the main work of their time (Baumeister and Vohs 2002, p. 608).

Damon, Menon and Bronk see the situation similarly in their review of the topic:

The notion that ethereal constructs such as “meaning” and “purpose” could make a difference—that they could motivate someone to do something, or even shape a person’s basic choices about how to live—seemed impossibly soft-headed and sentimental to mainstream psychologists of that time. If the behaviourist and psychoanalytic schools (the two best-known bodies of psychological work at midcentury) agreed on anything at all, it was that meaning, purpose, and other such belief systems were the products of more fundamental drives; that they were dependant on the drives for their shape, substance, and very existence; and that meaning and purpose were no more than marginal factors in behavioural development (Damon et al. 2003).

Despite the initial skepticism toward Frankl’s attempt to put existential questions at the heart of psychology (and psychotherapy and psychiatry), the enterprise pioneered by Viktor Frankl of a scientifically oriented existential psychology soon bore fruit with astonishing rapidity in the late 1960s. This development is evident not least in the huge volume of research publications concerned with the question of meaning in psychology, authored chiefly by Frankl’s students in Harvard and Vienna during these years.

What the Research Says: Studies in Meaning-Oriented Psychology

The reserved attitude with which scientific and academic psychologists first approached this question—quite apart from the psychological *Zeitgeist* of the period—is undoubtedly all the more understandable when we consider that the question of meaning is not really one question but actually represents a cipher for a vast number of further questions. And it is by no means obvious whether these questions are answerable at all; neither do we know with any certainty into which area of expertise the responsibility for answering these questions falls.

This may also be the reason why Frankl and the first wave of American and Austrian researchers in this field initially chose to follow the pragmatic path of investigating meaning orientation through the lens of motivation theory and initially left aside the link with the European tradition of phenomenological and existentially oriented psychology and philosophy of meaning and personhood (e.g., Kierkegaard, Scheler, Jaspers, Heidegger, Binswanger, and Allers).

Thus they were first of all concerned to show that Frankl’s motivation theory—that the “common man” is essentially searching for specific and concrete meaning and purposes above and beyond those relating to his immediate physical, psychological, and social needs and concerns—is coherent and has huge psychological relevance.

The central question posed here was: “What part is played by meaning as a motivator of human action?”—and, as a large number of research papers published from the 1970s onward demonstrate (for an overview of psychological meaning research from 1975 to 2005, see Batthyany and Guttman 2005; Batthyany 2011), they produced ample evidence that suggests that the will to meaning cannot be deduced from or reduced to other psychological variables, but is a motivation in its own right. Thus some research showing that Frankl’s motivation and personality theory could withstand empirical testing was already available from the early 1970s on, though until just a few years ago such studies were still conducted in the pioneering spirit of testing the basic tenets of a psychological motivation and personality theory that was not yet anywhere near entering the mainstream.

Still, once it has been established that the will to meaning is a fundamental human motivation, two further research questions arise regarding the clinical relevance of these findings. The first relates to the influence of individual meaning fulfillment on the development of, or protection against, mental health problems; and the second, in turn, consists in testing Frankl’s prediction that a renewed meaning awareness should provide crucial healing and coping resources to patients who suffer from mental health issues or the psychological impact of negative life events.

In their literature review, Batthyany and Guttman identified more than 320 studies addressing the first question. In these studies, statistically significant correlations between lack of meaning awareness and a general increase in neuroticism scores or more specific mental health problems, ranging from depressiveness, substance abuse disorders, eating disorders, anxiety and obsessive compulsive disorders, phobias, and adjustment disorders, invariably accounted for a relatively large proportion of either the causative mechanism behind these disorders or the severity of their symptomatology (cf. Batthyany and Guttman, Chaps. II.1 and 2). In fact, frustration of the will to meaning (as measured with the Purpose in Life Test) was so strong a predictor of the presence of mental health problems that in their research overview Rosenberg and Green conclude that “findings indicate the usefulness of the *Purpose in Life Test* for discriminating psychiatric patients from normals in a population” (Rosenberg and Green 1998). Strictly speaking, however, these findings do not yet support the much stronger prediction of meaning-oriented existential psychology—namely that at least to some extent psychological problems themselves are caused or exacerbated by a deficit of meaning awareness, for *prima facie*, it is equally conceivable that increased neuroticism and mental distress could bring about a reduced meaning awareness without itself having been the result of a lack of meaning awareness.

The existential perspective on the impact of a lack of meaning awareness on mental health issues was in fact not tested in greater detail until relatively recently, when a number of researchers conducted regression analyses and prospective studies on the etiological role of meaning in psychological distress. Harlow and Newcomb (1990), for instance, used latent variable and structural models and found that the experience of a lack of meaning was by far the most significant mediator between, on the one hand, subjective loss of control and depression, triggered by uncontrollable stressful life events, and, on the other hand, substance

abuse in female participants, and self-derogation and suicidal tendency in male participants (see also Harlowe et al. 1986). Using a similar test design, Kinnier et al. (1994) demonstrated that feelings of meaninglessness were the most significant mediator between depressiveness and substance abuse; in addition, poor meaning in life emerged in this study as the only significant predictor of substance abuse, and explained much of the variance in substance abuse and addiction disorders.

Shek (1998) conducted a broad-based prospective longitudinal study among Chinese adolescents and (using a multiple regression analysis) found that, out of the seven factors tested, the purpose in life scores—followed by self-esteem—were first in their significance as predictors of subsequent general psychological morbidity. In another prospective longitudinal study, Mascaro and Rosen (2005) showed that meaning in life “explained significant amounts of variance in hope and depressive symptoms two months later beyond the variance explained by baseline levels of hope/depression, neuroticism, conscientiousness, agreeableness, openness to experience, extraversion, and social desirability” (p. 985). In a follow-up study, these authors furthermore found that meaning significantly moderated the relationship between daily stress and depression, leading them to conclude that meaning acts as “a buffer against the effects of stress on well-being” (Mascaro and Rosen 2006, p. 183).

At least one other prospective study, conducted over a time span of 14 months, found that the presence of meaning awareness in older study participants was a more significant predictor of successful aging than traditional factors such as social and cognitive resources and other demographic variables (Reker 2002). Hence both mediation analyses and longitudinal studies suggest not only that there are clinically relevant correlations between an experienced lack of meaning and mental health problems; they also imply that this relationship is present not only because a lack of perceived meaning is the result of a person’s poorer mental health, but because poor meaning in life is itself a significant predictor of overall mental health.

For several years now, this causal relationship has also been researched intensively in relation to a suicidal tendencies; so intensively, indeed, that one widely used test instrument in suicide research—the *Reasons for Living Index* (RFL)—is no longer limited, as are most earlier tests, to measuring the intensity and frequency of suicidal impulses, but also includes an index for the reasons why patients do not follow their suicidal impulses (Linehan et al. 1983). The RFL has proven to be a reliable and outstandingly predictive test (Malone et al. 2000; Gutierrez et al. 2000; Britton et al. 2008), which is hardly surprising from a logotherapeutic viewpoint. In fact, Frankl used a simplified heuristic form of this test as early as in the late 1930s when he was a young medical doctor at the Psychiatric Clinic in Vienna and had to decide which of his former suicidal patients could be released:

At first, we pose the question to the respective patient as to whether he still fosters suicidal intentions. In every case [...] he will deny our first question; whereupon we submit to him a second question, which almost sounds brutal: *why* does he no longer wish to take his own life? And now it is shown with regularity, that he who genuinely does not harbor

suicidal intentions is immediately ready with a series of reasons and counterarguments that all speak against him throwing his own life away: [...] that he remains considerate of his family or must think of his professional commitments, that he still has many obligations, etc. Meanwhile, the person who has only dissimulated his suicidal intentions will be exposed by our second question, and not having an answer for it, react from a position that is characterized by embarrassment on account of the fact that he is at a loss for an argument that would speak against suicide (Frankl 1947/2010, p. 22).

With the protective and preventive influence of meaning awareness even against suicidal impulses, we have already touched upon the second group of studies on the relevance of meaning for mental health. This second group deals either with the regaining of mental health in the course of successful meaning-oriented therapeutic intervention or with its maintenance in the course of successful prevention work during stressful life events. Debats (1996, p. 503), for example, found in a large therapeutic follow-up study that “meaning in life (a) affects both positive and negative aspects of well-being, (b) that it is related to improvement during meaning-oriented psychotherapy, and (c) that it predicts the outcome of psychotherapy, independently of patients’ pretreatment levels of well-being.” Similarly, Waisberg (1994, p. 49) reports of the results of a three-month course of therapy on patients with alcoholism that “the mean Purpose in Life Test (PIL) score before treatment was significantly below the normal range and the mean PIL score at the end of in-patient treatment was within the normal range. Furthermore, the PIL score at the end of treatment was predictive of changes in health at follow-up. It was also predictive of follow-up drinking/drug use status.”

Comparable findings demonstrating the curative effect (and predictive value in longitudinal studies) of increased sense of meaning in life have also been obtained in relation to numerous other groups of disorders: Batthyany and Guttman (2005, Chap. II.1) identified 79 such studies in which meaning discovery played either a significant role or, where the study design allowed this to be identified, a probable or confirmed primary role in the recovery of patients undergoing meaning-oriented psychotherapeutic or psychiatric treatment for a variety of psychological or psychiatric disorders (for earlier reviews see Kish and Moody 1989; Zika and Chamberlain 1987, 1992).

Studies looking at the significance of meaning awareness in the processing of external stresses and traumatic life events yield similar results. Batthyany and Guttman (2005, Chap. I.2) identified more than 150 such studies addressing the role of sense of meaning and purpose in profound life crises, illness, grief, and death. Impressive as these figures are, given that the first group of studies referred to above imply that the search for meaning is in any case a deeply human motivation, the finding that the search for meaning is particularly urgent and prominent in times of personal upheaval does not come as any great surprise. Additionally, quantitative studies are of course not capable of giving due attention to the perhaps more essential and existential question as to how patients might use specific meaning-oriented resources to cope with a particular kind of suffering.

A more empirically accessible question is how people cope with extreme life situations as a function of whether they succeed in activating individual meaning resources or discovering new ones in spite of, or even because of, their current

life circumstances. And indeed, such a positive relationship has been consistently demonstrated in numerous studies; further, these studies often reveal a large magnitude of the effect of meaning awareness on coping. For instance, Bowes et al. (2002) found in a study on female patients with advanced ovarian cancer that “the consequence of finding meaning in life was a perception of well-being defined by the women as satisfaction with their lives. Conversely, an inability to find meaning in life resulted in feelings of despair,” while Lyon and Younger (2001) report that, among a group of 137 AIDS patients observed over a period of several months, “purpose in life was a stronger predictor of depressive symptoms than was HIV disease severity and [...] was more important than laboratory markers of disease progression for predicting depressive comorbidity.”

The positive effect of meaning awareness, however, is not restricted to alleviating psychological pain in the context of chronic or terminal disease. Hence, for instance, studies on chronic pain patients have shown that meaning awareness correlates not only with significantly lower levels of hopelessness, depression, anxiety, and anger, but also show that successful completion of meaning-oriented (logotherapeutic) intervention brings about significant improvements in the clinical picture in chronic pain: “A 1 year follow-up study [showed that] of 23 adults who had participated in a multimodal treatment program for chronic pain, significant decreases in pain, depression, anxiety, somatization, hostility, and analgesic ingestion were found without symptom substitution.” (Khatami 1987; for similar results see Kass et al. 1991; Nagata 2003).

Considering the cumulative evidence, then, meaning can be seen as an important psychological resource, a metaphorical lighthouse that sheds light on life events and enables people to draw strengths and insights from their positive and negative experiences, gain perspective from present situations, and point toward a worthwhile and valuable future. The pervasive contribution of meaning as a vital feature of a fulfilling and flourishing life is evident in the words of Steger (2009, p. 685) in the *Oxford Handbook of Positive Psychology*:

Eliminating the meaning people perceive in their lives would seem to dismantle the inter-connecting filament on which are hung the most savory and desirable qualities of a full life. Life without meaning would be merely a string of events that fail to coalesce into a unified, coherent whole (p. 685).

Indeed, the emerging image of meaning as a link that connects the different states, qualities, and experiences in human life into one whole, seems crucial when considering the state of research in the field; and it seems crucial also when we try to come closer to a more refined definition and understanding of the concept of meaning itself. Hence, impressive as the aforementioned studies may be—and they only represent a relatively small section of the available data—they only show that from a purely pragmatic and functional point of view the question of meaning appears to be so central to the fulfillment of human existence that, in view of this data situation, contemporary psychology, to say the least, can no longer afford to ignore it. Nor does it. Once we go so far, however, new questions arise. To two such questions we shall turn next; and with them, to the disciplinary limits of meaning-oriented psychology.

But What is Meaning, and What is it Good for?

The conceptualization of meaning has been addressed through different prisms and viewed as carrying multifaceted functions and manifestations, such as cognitive (for example, meaning-making, a sense of coherence); motivational (for example, goals, purpose); types (micro or meaning *in* life versus macro or ultimate meaning or meaning *of* life); the search for, or presence of, meaning; as well as dimensions and sources of meaning.

Various researchers have considered the different patterns of, and motivation for, meaning in life. For example, Baumeister (1991; Baumeister and Vohs 2002) suggested a model of four basic needs that guide the manner in which people make sense of their lives: purpose, values, a sense of efficacy, and self-worth that lay a significant foundation for the recognition of psychological needs and their fulfillment.

In addition to psychological needs as motivators for meaning, others have viewed existential needs for meaning within the larger context of human existence, identity, and belonging. Among other issues, the existential tradition, traced to Kierkegaard and Nietzsche, occupies itself with the question of how a person who has an existential need for meaning can find or create it in a seemingly meaningless and random universe (e.g., Yalom 1980). In a similar vein, Becker (1975) and exponents of Terror Management Theory (TMT) have viewed meaning as a fundamental ingredient that buffers (and hence, basically helps us avoid the experience of) existential anxiety and mortality salience (e.g., Grant and Wade-Benzoni 2009; Landau et al. 2011; Pyszczynski et al. 1999).

At the same time, the positive psychology movement has viewed meaning as a crucial resource for human functioning, striving, and flourishing. Recent years have seen a rapidly growing number of models and empirical studies on the construct of meaning in life (measured mostly by the *Meaning in Life Questionnaire*, MLQ; Steger et al. 2006).

The main emphasis of this field is the scientific study of happiness, flourishing life, and well-being rather than upon stress, trauma, and dysfunction (Keyes and Haidt 2003). In brief, while positive psychology focuses on human strengths and positive emotions (Seligman and Csikszentmihalyi 2000) and tends to emphasize the “brighter” side of human functioning; existential psychology traditionally tends to address the “darker” or unsettling aspects of human existence, such as guilt, suffering, and mortality.

Both disciplines have highlighted one aspect of human existence and at times tended to neglect the other. And yet, despite their different approaches, both positive and existential psychology—quite independently of each other, it seems—have come to view meaning and meaning awareness as central psychological (and philosophical) factors, relevant both for human striving and for human coping, as well as for understanding our place in the world. In order to broaden the psychological significance of meaning, a combination of both approaches may benefit each of them and embody a substantial step toward a deeper understanding of meaning and purpose.

As Oscar Wilde once said: “To live is the rarest thing in the world. Most people exist, that is all.” When do we really live, not just exist? What does it mean to truly live a full, meaningful, and authentic life? Living means the opposite of a “flat line”; it means highs and lows, losses and triumphs, joy and pain, light and shadow, triumphs and tragedies, accomplishments and adversities. A life worth living combines an integrative view of the human condition—the negative *and* the positive. We, as humans, are complex and multidimensional, thus exploring only a part of reality, only the negative or the positive, would be doing a disservice to the whole. A panoramic view affords an opportunity for integrating rather than separating. A full understanding of what it means to live, and not merely exist, requires a balanced view of the human yearning for personal meaning, interwoven in the numerous and rich conceptualizations and nuances, as well as horizons and moments in life. The fundamental human yearning to make sense of the world around us, to transcend our transient existence, to discover our unique authentic calling and to leave our mark—may manifest itself and be conceptualized differently through the prisms of positive and existential psychology but reflect a similar core essence. The different orientations, backgrounds and propositions of positive and existential psychology provide a fertile ground for a potential dialogue, based on each unique contribution to the understanding of core essences of the concept of meaning. Perhaps Frankl's logotherapy can be seen as a kind of hermeneutic bridge between existential and positive psychology, due to its inclusion of creative and experiential pathways to meaning together with suffering, and thanks to its optimistic future-oriented approach that emphasizes the unconditional meaning of life in all circumstances. The capability to acknowledge, learn, and grow from the necessities or givens of existence, as well as from the possibilities in life (Bretherton and Ørner 2004), exemplifies the significant promise concealed in gathering both unique and shared elements from existential in addition to positive perspectives in order to advance a richer understanding of the meaning concept, utilizations, and implications.

In brief, meaning and meaning motivation can, and have been, addressed from at least two pragmatic perspectives: meaning awareness helps us to function and flourish; and it helps us to cope with uncertainty, death awareness, and existential anxiety. Both perspectives are not necessarily in conflict; rather, they complement each other—and if there should be one common message to be extracted from both perspectives, it would be that meaning awareness plays a crucial role in human existence itself.

Taking Meaning Seriously

And yet the question of meaning, of course, is not simply a question of psychological functioning. If we take seriously, from existential points of view, the human striving for meaning, then the question at issue is no longer merely whether the

meaning fulfillment we at least sometimes experience achieves the purpose of equipping us with certain psychological advantages in striving and coping and defense, but also, and with equal relevance, whether human beings really genuinely strive for meaning for its own sake, or whether a simpler motive is concealed behind the striving for meaning, for which the question of meaning is only a means to an end.

What is at issue here, then, is a question that we cannot simply sidestep because it is methodologically difficult to answer, as ultimately it is a matter of conceptual clarity. In other words, if behind the striving for meaning there is merely a striving for subjective well-being, or a striving for an emotional compensation or defense against the negative feelings potentially triggered by the consciousness of, for example, our uncertainty, vulnerability, and mortality, then the concept of motivation by meaning is, strictly speaking, inappropriate for the simple reason that meaning becomes not the goal but the means of our motivation.

Of course, psychology *can* be pragmatic enough simply to ignore these conceptual questions. But it cannot at the same time stand aside and fail to confront the truly burning questions presented by the meaning problem unless it is just concerned to regard meaning fulfillment as simply one path among many toward the creation or maintenance of a subjective sense of well-being and productivity, perhaps even a positive illusion of well-being and fulfillment.

It is at this point that the problem of meaning turns ultimately also into a question of the image of the human, and it also touches on the even more complex question of whether our search for meaning could refer to some objective correlate, which is really to be found “out there” in the world and is not merely in the eye of the beholder. Sure, we cannot and will not expect a meaning-oriented psychology to solve these aspects of the nature and meaning of meaning, any more than we would expect the psychology of religion to be capable of solving the question of the existence of God. What we can expect, however, or at least hope for, is an investigation of the question of what is the true goal of meaning motivation. And—in connection with this—we can expect contributions to a serious psycho-philosophical discussion of the question of meaning to make some effort to achieve acknowledgement of the fact that in speaking of the question of meaning there is undoubtedly more at stake than simply the question of whether it feels good to believe in a meaning, irrespective of how this meaning is modeled and understood.

This, at least, is the plea made by early European existential psychology and philosophy, as developed in the wake of Kierkegaard’s existential turn by its pioneers such as Frankl, Allers, Jaspers, and Binswanger. In this philosophical and psychological tradition, focusing on the question of whether “I am happy” or “it feels good” to believe in a meaning cannot take us beyond the point at which the question of meaning chiefly concerns discovering “what I am good for.” Put more simply, this plea argues that although a feeling of happiness and meaning-filled joy in life may be an essential element of motivation by meaning, this is only a

partial description and it certainly does not represent the whole spectrum of human involvement with the question of meaning. As Frankl put it, it might well be the case that an experience is not meaningful because it comes with happiness, but rather, it comes with happiness because it is meaningful.

At least from the perspective of European existential psychology and philosophy which, among other things, has had to consider the question of meaning against the background of the massive trauma of the concentration camps, a meaning-oriented existential psychology furthermore also has to explain whether (and if so, how) humans can experience meaning even in suffering—a meaning that is not sustained because it helps us to feel and function better, but also enables us to meet life in its fullness—for good or evil—and to find an opportunity to attain inner maturity or growth that in many a situation—such as sickness, guilt, and on our deathbed—can scarcely be viewed from a purely functional perspective any longer.

And, indeed, when we consider the question of meaning in view of suffering and mortality, we are constantly confronted with findings that do not seem to make much sense if the main rationale of meaning motivation is to feel good and avoid what feels uncomfortable, and that's it. Indeed, we find that humans often not only act mainly according to that which brings them a direct physiological or psychological advantage, but that they engage in the actions that they carry out because it appears more meaningful to them to carry them out than not to do so, even if the psychological price may be high and costly. As European existential psychology understands it, then, a fair proportion of our existential concerns are directed not solely toward a functional and pragmatic purpose inasmuch as they are good for us—but are striven for because they are recognized as good in themselves, that is, because they have a value rather than a function and as such are meaningful:

What kind of interest do we have that the last tigers in Russia, which we would never get to see anyway, should not be killed off? What kind of interest causes an artist, without regard for his or her strength or time of life, to labour to improve a work that probably hardly anyone will ever see? [...] Or what kind of interest makes a person want to know a distressing truth rather than be comforted with a kindly lie, even if the deception takes place at the deathbed and is therefore inconsequential? (Spaemann 1996, p. 234).

As previously mentioned, these are questions that appear to prohibit any oversimplified, exclusively pragmatic perspective on the question of meaning in psychology. At least they should prohibit such a perspective if psychology not only intends to consider the meaning question from the point of view of its psychological expediency but also takes into account the object of this question, that is, meaning itself.

Perhaps it was precisely against this background that, alongside the popularity gained in the field, recent responses have been made toward positive 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 that core questions regarding the human condition cannot be fully addressed through a positive-only approach (e.g., Lazarus 2003; Wong et al. 2006).

Additionally, although they share significant links as contributors to full human life, happiness, and meaningfulness are not necessarily the same; whereas life can be meaningful but not happy, it is much less likely that the reverse is the case (Baumeister 1991). Some scholars have explicitly distinguished between meaning, happiness, pleasure, and joy (Peterson et al. 2005). For example, Wong (2011) broke down the distinction between hedonic and eudemonic motivations into two mindsets, and equated meaning orientation with eudemonia versus hedonic happiness orientation. McGregor and Little (1998) emphasized the distinction between happiness and meaning, which is echoed in Baumeister's (1991) illustration of the "parenthood paradox" where, while parental happiness decreases, parental meaning rises (Baumeister 1991, p. 161). Specifically, McGregor and Little show that goal efficacy ("doing well") is associated with happiness while goal integrity ("knowing yourself") is associated with meaning. This distinction is also expressed by Emmons (2003), summarizing research on personal goals and strivings: "happiness is most often a by-product of participating in worth while projects and activities that do not have as their primary focus the attainment of happiness" (p. 106). Likewise, Frankl (1967) also states that happiness can be attained as a result of meaningful living and not when pursued directly as an end. Graber (2004) quotes Helen Keller who testifies this stance in her words: "Many persons have a wrong idea of what constitutes true happiness. It is not attained through self-gratification, but through fidelity to a worthy purpose" (p. 67). These accounts emphasize the importance of joining forces in both application and theory. Integrating measures of positive affect (King et al. 2006) and satisfaction (e.g., Diener et al. 1985), as well as meaningful indicators, such as purpose, goals, and generativity have the potential to contribute to a richer and more complete picture of what it means to be psychologically well (McGregor and Little 1998) and existentially mature (Frankl 2010).

Of Trembling and Coping: Death, Meaning, and Our Minds

An interesting new trend within social psychology seems to have taken the idea to also address the less positive sides of human experience seriously enough to attempt to connect the question of human suffering and mortality and the question of which coping mechanisms humans activate in view of their vulnerability and mortality. This has recently been much discussed in the context of Terror Management Theory. And yet, here again, the potential drawbacks of the pragmatic and functional approach to meaning as a coping mechanism soon emerge if viewed against the background of the early European existential approaches. For, according to the majority of the early European existential philosophers and psychologists, the question of meaning in view of our mortality is not necessarily primarily nourished by the attempt to avoid the conscious experience of the conflict between the survival instinct and our knowledge that our eventual death and decay is unavoidable (as suggested by the proponents of Terror Management Theory). For it

is also possible, at least if for the sake of argument we assume for a moment that the question of meaning addresses a genuinely existential dilemma, that the fear of death is interrelated with existential uncertainty, for example, the fact that we have no clear knowledge of who we might or should become before we die.

Hence, according to early existential theorists, although grappling with our mortality is accompanied by anxiety and potential terror, the avoidance of these affective states is not necessarily the ultimate concern, let alone the first concern, of the question of meaning vis-a-vis our own mortality. For the anxiety may as well be the effect of the truly virulent question of meaning, the core of which is meaning itself and the question whether our death will eventually eliminate and nullify the meaning and significance of our deeds and experiences. This is, of course, a very existential and predominantly philosophical question and much more complex compared to the study of its purely psychological consequences (and ensuing defense mechanisms).

Thus, if we take the concern about the meaning of mortality and death itself less seriously than the feelings coming with reminders of our inevitable mortality—feelings that are, of course, empirically much easier to capture, the pragmatic logic behind such a model of the search for meaning as a mere functional defense strategy is, at least at first sight, temptingly simple. Perhaps, though, it is too simple.

For then, the affirmation of meaning once again is not really the outcome of an engagement with the question of meaning in, through, or despite of mortality, but represents simply yet another way of affect regulation. The concepts used in such strategies may sound existential (i.e., death and meaning); but given that they are mere means to a rather unexistential end, namely affect regulation, it may be questioned to what degree these approaches may still be said to be concerned with meaning or other existential issues. In brief, the question is whether we really consider existential meaning as meaning for its own sake or, on the other hand, treat it as a psychological panacea for successful living and as a tranquilizer against existential uncertainty.

Naturally, the pioneers of the question of meaning in psychology were neither able nor willing to make it so easy for themselves, insofar as their concern, after all, was to show that the question of meaning, as a legitimate field of research, is not just another means to an end, merely in the service of inner equilibrium, or terror management, or of finding an impetus for a striving and successful life. For then, the question still remains open not so much how we make the most of our lives, but *why* we should do so at all—and this, after all, is the very question which lies at the heart of the will to meaning.

To illustrate how both the striving and the coping aspects of meaning can be utilized in clinical practice while taking meaning seriously enough to refrain from using it as a mere subjective coping or activation device, let us briefly look at the following case treated in the tradition of Franklian thought. It concerned a young woman who, as she stated, attempted suicide on account of a fundamental disappointment in life, but was saved at the last second. For the patient, there was no specific trigger, just a profound feeling of absolute despair about what she termed

her “failing life” and her difficult marriage, which had not, as she had hoped, brought a change and a greater depth to her life. As there was no specific problem at issue here, but rather a general idea in the mind of the woman that she was leading a disappointing life, there was scarcely any alternative other than to make the patient conscious of the “appeal” that was implicit in her own questions about the meaning of her life:

The patient’s suicide attempt was evidently the result of deep despair. Despair about what? First, the superficial strata are processed. The distress her husband had caused her. Gradually we move on to deeper strata. The joys that her life has denied her. The dreams that never came true. Finally, the most profound honesty is shown. Despair at herself. What she could have made of herself and didn’t. The woman she did not become. “I wanted to kill myself out of disappointment with myself,” the patient spontaneously confesses. Her case is not unusual. “Disappointment with oneself” is one of commonest motives for suicide and at the same time one of the absurdest, since a self that denies itself all future opportunities only increases its disappointment. “You wanted to perpetuate a disappointing self for all time?” I ask cautiously. “No, I wanted to destroy it for all time!” the patient objects. “The truth cannot be destroyed,” I argue. “The self with which you leave this world remains your true and final self; nothing and no one can correct it after your death.” The patient’s elemental desire is stirred, and we speak about the self as which she would prefer to enter eternal truth. It is an open-minded self full of imagination and aesthetic awareness. “I shall need some time to grow into this self,” she declares at the end of our conversation [...]. “Oh yes,” I reply, “and that is exactly what has been graciously granted to you in spite of your act of desperation: some time...” (Lukas 1993, p. 212)

Some time, yet not an unlimited amount; flourishing, and not for its own sake, but because life and death and meaning are interwoven into the fabric of existence itself. Hence here, the “appeal” or “summons” of mortality salience is not about finding a way of managing one’s own dissatisfaction by creating mere well-being and feelings of self-worth or by denying mortality. Rather, mortality calls upon this patient (and in fact, according to Frankl, Kierkegaard, and Heidegger, upon each of us) to become the person we could and should have been, that is, to accept responsibility for our own being in the face of transience and to shape it in such a way that we not only experience feelings of self-worth and meaning but also create grounds for recognizing our own worth by acting meaningfully (i.e., flourishing). This does not demand much theoretical and philosophical understanding from the individual: it merely leads away from the preoccupation with how one feels toward an existential view on what one may become and what one is good for. In brief, from a more traditional existential viewpoint, our mortality can be an invitation to honestly and positively deal with existential concerns rather than just an activating stimulus to create a subjective feeling of meaning as a buffer against being forced to grapple with the problem of death. In the first case, maturity, meaning, and perhaps even happiness are possible not because we deny death, but precisely because we accept its invitation to a life filled with meaning; in the latter, peace of mind is the result of denying mortality.

The latter is, therefore, questionable from the existential point of view for, as has already been pointed out, the question remains unanswered as to whether motivation by meaning really signifies meaning, or indeed, whether any such thing as meaning exists that is worthy of the name, or whether, on the other hand, it is a meaning only

because it has a psychological function. True, this question, as we have stated, is not the main concern of psychology. And yet, it cannot be ignored either. After all, it also shapes our implicit premises of what to expect from a psychology of meaning.

Transcending (some of) the Frontiers in Meaning Research Through Dialogue

If, therefore, the insight that we gain from the epistemological and existential boundaries of meaning-oriented psychology should be that the existential entanglement of the human being is too great and too complex for any one scientific discipline to be able to claim for itself the privilege of offering an explanation, then that in itself is already a valuable piece of knowledge, which could perhaps also provide help to guard against oversimplification.

But this complex entanglement does not, of course, give anyone a *carte blanche* to speculate at will, free from empirical restraints, on the grounds that there can be no empirical answers to the central existential questions of meaning with which we are actually concerned—such as: Is there anything objectively meaningful? What is the meaning of meaning? Is meaning epistemologically accessible anyway? And, as Irish philosopher and logotherapist Stephen J. Costello put it, “is meaning wanting or just waiting?” (Costello 2013).

We do not expect answers to these questions anytime soon—in fact, we do not even know who should be able to provide such answers; and yet, we as editors felt that we owe it to the field of research both of us have been dedicated to for many years to point out that, despite all the progress in our field, these core questions of the problem of meaning in psychology are still open and are perhaps destined to remain open for a long time. It is at least as crucial to understand what we cannot understand as it is crucial to understand what we may understand one day. The different approaches to these philosophical questions may, after all, also be one of the reasons why there appears to be a very constrained dialogue between the two research traditions included in this book: positive and existential psychology. While both traditions make ample reference to meaning, there seems to be a surprisingly small overlap between the empirical and theoretical work of both fields; and yet, both traditions uncover important aspects of the still incomplete understanding of meaning itself and its role in human psychology.

It is therefore perhaps one of the great failings of the dialogue between existential and positive psychology that these questions have hitherto rarely been explicitly stated, discussed, investigated, or integrated. In fact, some 50 years after the appearance of Crumbaugh’s and Maholick’s empirical investigation, this is precisely where that very field of tension in which a meaning-oriented psychology will probably always find itself open up once more. Simply stated, some existentially oriented and philosophically inclined psychologists may view with suspicion all those positive psychologists and experimental existential social psychologists, who, for the last few years, have either been disseminating a highly optimistic

message about the “thriving” human being who thrives with and through the experience of meaning. Then again, no doubt positive psychologists view with similar suspicion the way in which existential psychologists further complicate the already complex background of this topic with fundamental philosophical questions about death, dying, and vulnerability. It is quite likely that both parties, for rather different reasons, take a blinkered view of the extent and the limitations of their own side and that of the other party. It would certainly not be the first time in the history of ideas that supposedly opposing fronts turn out to be in reality only two aspects of one and the same rather more comprehensive model that unites both “fronts” in an indivisible whole—a dialectical synthesis.

In short, a dialogue is needed here, for so much important empirical and theoretical work has now been done on the psychology of the question of meaning on both sides—positive and existential psychology—and, at the same time, there is still a certain lack of understanding on both sides of what the other side is doing, what its aims are, and, even more importantly, where there are “docking stations” for productive cooperation. Especially in view of the inherent intricacies of the meaning question, it seems all the more important that those of its aspects that *are* accessible to empirical and theoretical research are viewed in the larger context of crossdisciplinary, cooperative and creative research.

Against this background, the editors of this book have come together to map out this field of tension as it is today. Evidence for corresponding and even overlapping conceptualizations from both ends that reflect different human aspects—personal, as well as transpersonal and interpersonal, psychological as well as spiritual—suggests that “Consensus is emerging on what can be considered to be a taxonomy of meaning” (Emmons, 2003; p. 108). Identified by three independent researchers through varied procedures and conceptualizations in miscellaneous samples, a holistic account of human existential and psychological needs for meaning begins to emerge. From the positive psychology field, Emmons (1999) identified five such factors: personal strivings, achievement, intimacy, religion/spirituality, and generativity. At the more existential level, Wong and Ebersole respectively pointed to somewhat similar factors: a personal meaning profile, achievement, relationships, religion, and self-transcendence (Wong 1998); and life narratives, life work, relationships, religious beliefs, and service (Ebersole 1998). This may imply a consolidating and shared (even universal) language of meaning, where narratives of personal meaning, achievements, relationships, a transcendent or higher purpose—are themes that are often viewed as pillars for human well-being—for example, in the PERMA model (Seligman 2011)—and may serve as indicators for well-being. The cumulative efforts from both sides, positive and existential psychology, reveal the complex, somewhat elusive, and multifaceted nature of the notion of meaning in the context of a holistic view of human nature and of life as a whole—a view which, incidentally, once again begins to resemble the models proposed by the early European exponents of existential philosophy and psychology.

These perspectives roughly represent different and complementary aspects of the search for, as well as the function of, meaning, as a resource for coping with pain, stress, and suffering (e.g., Frankl 1963; Park 2010), in addition to one that

is linked with positive experiences (e.g., Hicks and King 2007). The rather scattered and independent enterprises raise the challenge of bridging what has been achieved so far, as well as current trends and topics in the field, to enable an integrative overview of the question of meaning both theoretically and empirically.

In accordance with recent calls for “Existential Positive Psychology” (Wong 2009), we see these perspectives as complementary to each other, and thus wish to offer a balanced and integrative bridge between these two significant views on the notion of meaning as a rich, complex, and multifaceted structure.

An integrative, balanced, and holistic view—that takes into account controversies and disagreements, as well as strengths and points of agreement—can provide a broader and fuller understanding of the question of meaning. This “collage” or “montage” of ideas, perspectives, and conceptualizations is also manifested in the multicultural landscape and contributions from both fields, in order to present a comprehensive and rich view on the issues discussed. What makes life worth living, in spite of the transient nature of human existence, is a critical question that has to be explored through different and complementary angles, taking advantage of the strengths inherent in both existential and positive psychology. Addressing the full range of human conditions, emotions, and concerns, as they are manifested in human motivations of fear of death, alongside the love of life, can deepen our understanding of positive human functioning, flourishing, growth, and mental health and portray “the life worth living” as a whole.

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Part II

Conceptualizations of Meaning

The complexity and multidimensionality of meaning are reflected through its numerous conceptualizations, utilizations, and functions across fields and disciplines. These fundamental chapters provide in-depth perspectives on diverse definitional, theoretical, and philosophical questions of meaning.

The first chapter, “Meaning in Life: The Nature, Needs, and Myths” by Michael J. MacKenzie and Roy F. Baumeister, presents valuable conceptualizations for the study of meaning as a psychological concept. The authors carefully outline central characteristics, features, functions, and myths of meaning, while laying the foundations for potential integration between positive and existential psychology perspectives on meaning.

In the second chapter, “Existential Mattering: Bringing Attention to a Neglected but Central Aspect of Meaning?,” Login S. George and Crystal L. Park introduce the concept of *Existential Mattering* (EM) as a reflection of personal evaluation of overall values of existence. The authors examine theoretical conceptions and definitions as well as empirical constructs and measures of meaning, suggesting existential mattering as an important thread that may integrate and complement the rather varied and inconsistent attempts at definitions in the literature on meaning.

Next, Pelin Kesebir and Tom Pyszczynski, in their chapter “Meaning as a Buffer for Existential Anxiety” present theoretical as well as empirical conceptualizations of the function of meaning as an existential anxiety buffer, from the existential perspective of *Terror Management Theory* (TMT). More specifically, the authors cast light on the centrality of meaning as defense against the terror-inducing awareness of mortality at both micro (“small-m-meaning”) and macro (“capital-M-meaning”) levels, manifested in a vast range of spheres and dimensions of human life.

Adrian Tomer, in his chapter, “Meaning in Terror Management Theory,” takes these conceptualizations of TMT a step further and calls attention to the need to provide an integrative framework to address various views of death multiple meanings, anxiety, and acceptance and their relations to meaning in life. Tomer discusses core meaning-related processes and death attitudes within the context of

TMT and offers a modified view of meaning as an expression of growth and development and not just a defensive mechanism, corresponding with Wong's meaning management theory as a complementary approach to that of TMT.

The last contribution to the first part, "Finding the keys to meaningful happiness: Beyond being happy or sad is to love" by Thomas William Nielsen, outlines a broad perspective of meaningful living as a pervasive aspect of life and as a deep source of happiness and self-actualization. Nielsen pays special attention to giving as reflecting the uniquely human capability to self-transcend and discusses how such broad state of mind constitutes a key contributor to meaningful happiness and authentic well-being, both individually and collectively, in theory and in practice.

Chapter 2

Meaning in Life: Nature, Needs, and Myths

Michael J. MacKenzie and Roy F. Baumeister

Introduction

Living a meaningful and purposeful life has been shown to be one of the central factors associated with psychological well-being (Ryff and Singer 1998). Conversely, a lack of meaning in life is associated with a variety of negative outcomes (e.g., Mascaro and Rosen 2005, 2006). Given the importance of living a meaningful life, it would not be an overstatement to suggest that people need meaning in life. Viktor Frankl was one of the first thinkers to suggest that people do have a need for meaning in life. Frankl is widely regarded as a pioneer in the study of meaning. His early work (1959/2006) stressed the importance of value as part of living a meaningful life. Later, thinkers and researchers have also acknowledged the need to find meaning in life (e.g., Baumesiter 1991; Heine et al. 2006; Maslow 1968). Meaning pervades human life and is an important feature in a range of life experiences.

In this chapter we discuss some important features of meaning in life and highlight specific areas where the existential and positive psychology perspectives on meaning could be integrated. We begin by providing an outline of important characteristics of meaning including definitions, main functions of meaning, and the dynamics between different levels of meaning. Next, we discuss the need for meaning and review four basic needs for meaning as proposed by Baumesiter (1991). Last, some inherent deceptions and distortions associated with living a meaningful life are addressed and their relationships to existential and positive psychology are briefly discussed.

M. J. MacKenzie (✉) · R. F. Baumeister
Department of Psychology, Florida State University, Tallahassee, FL 32306, USA
e-mail: Mackenzie@psy.fsu.edu

R. F. Baumeister
e-mail: baumeister@psy.fsu.edu

Nature of Meaning

Meaning is that which connects ideas and objects to each other in a predictable and relatively stable way. The term meaning will be used in its conventional, everyday sense, as when one discusses the meaning of a poem or a sentence. At the most basic level, meaning is about the shared association and distinctions of particular pieces of information. One definition could be that meaning is a shared mental representation of possible relationships among things, relationships, and events. Thus, meaning is the basis of a collective, organized network of concepts. A good example of this shared network of meaning is language, which requires at least two people who use and understand a common meaning for a given word or sentence.

Meanings of life are not completely different to the meaning of a sentences, although there are some distinctions, in that the only purpose and function of a sentence is to convey meaning, and in this way a sentence could not exist without meaning, whereas life can exist without meaning. Meanings of life have the same kind of meaning as the meaning of a sentence in a few important ways: the parts fit together in a coherent pattern and into a broader context and both are capable of being understood by others and invoke shared assumptions. A meaning of life is a special usage of meaning that superimposes meaning onto one's life.

Meaning is fundamentally social and cultural. It is primarily acquired via interactions and relationships with other people in the context of culture. Culture offers an assortment of meanings of life from which an individual can choose. Ideologies are prominent types of meaning systems presented by cultures, and a given culture can subsume an array of different ideologies. An ideology is a system of values and beliefs that inform people in how to think about, interpret, and evaluate various life events. Some cultures force a particular ideology more strongly than others. Modern western cultures are typically less forceful in that they provide a selection of ideologies. Ultimately, individuals do not create their own meaning; rather, they select and use any floating bits and pieces of meaning, and/or preassembled frameworks of meaning (e.g., ideologies) that society and culture have to offer.

Relationships with others are a necessary and central aspect of human existence and well-being (Baumeister and Leary 1995). Given this, it would make sense that interpersonal relationships can provide a great deal of meaning in life (Zadro et al. 2004). Recent empirical research has provided strong evidence for a close tie between meaning in life and interpersonal relationships. Data suggests that social relationships are the most frequently reported source of meaning in life (Debats 1999). Lambert et al. (2010) asked study participants to rank the most important sources of meaning in their lives, and found that 68 % ranked family as their primary source of meaning in life and another 14 % ranked friends as the primary source, so that for 82 % of participants, personal relationships were the primary source of meaning. Williams (2002) has suggested that social rejection can thwart several psychological needs including the need for meaning in life, and several studies have provided evidence to support this claim (van Beest and Williams 2006; Zadro et al. 2006). Another study by Stillman et al.

(2009) found that those led to believe they were not wanted as social partners were more likely to believe that life was meaningless compared to those who believed they were wanted as social partners. It has also been found that those with more meaning in life, were rated as more desirable social interactants, more likable, and better potential friends at zero acquaintance by others, compared to those with less meaning in life (Stillman et al. 2011). This influence of meaning in life went beyond other positive variables such as self-esteem, extraversion, and happiness. In short, close relationships provide a substantial amount of meaning in life, and the lack of such relationships can produce deficits in meaning.

Functions of Meaning

Meanings of life may serve several different functions for different individuals, but we suggest that they can be reduced to three main broad functions or adaptations. The first function of meaning is to help people recognize and discern signals and patterns in the environment. From an evolutionary perspective, having the ability to discern patterns in the environment by association and distinction of information should be beneficial. For example, if people are able to recognize certain weather patterns, it helps them deal with upcoming weather (e.g., seek shelter if a storm is coming, or prepare to hunt if weather will be mild). When a creature has this ability, a particular state of weather takes on meaning in some crude sense. Using language also requires one to discern and understand a variety of different patterns and be aware of subtle contextual nuances. Beyond simply aiding in exploitation of the physical environment, discerning patterns also extends to the social environment. An intelligent organism can retrieve meaningful information about other members of its species by detecting patterns of behavior or discerning how certain individuals react to certain things.

A second function is communication. People use meaning actively to share information and coordinate their actions. Knowledge can be stored in the group rather than being confined to individual minds.

The third main function of meaning involves controlling oneself. This includes regulating one's behavior and affect. Meaning enables one to consider possibilities, refer to cultural standards, and think about long-range goals. Without meaning, an individual's actions would be based on impulsive and instinctual factors. With the ability to regulate behavior in this way, an organism transcends the present moment, and is now able to reminisce and plan, which permits behavior to be guided by factors beyond the immediate situation. The two-factor theory of emotion (Schachter and Singer 1962), states that people search for relevant environmental cues in order to label and interpret a state of arousal. Once a state of arousal is labeled it becomes an emotion. Without such a label, and without the meaning attached to that label, emotions would be diminished simply to pleasant or unpleasant physiological states. Thus, meaning obtained from culture can greatly enrich the intrapersonal dynamics of an individual. If a species has the capability to use a

complex, interconnected web of meaning for their internal states, it allows them to go beyond living for the simple avoidance of physical pain and seeking of pleasure. Emotional states and the meaning attached to them can work with cultural or ideological values and override the more primitive, impulsive modes of living. Thus, behavior can be guided by regulating one's emotions. A person may eat only one cookie instead of seven, not because this is more pleasurable, but because one may feel shame if seven are eaten or if losing weight is a long-term goal.

The first broad function of meaning helps people to discern patterns in their environment. The second function is communication. The third function of meaning involves enhancing the ability for self-control: people can use meaning to help guide their actions, make decisions, and regulate their emotion.

Levels of Meaning

Another important facet of meaning is that it has multiple levels. Vallacher and Wegner (1985, 1987) discussed how behavior and experiences are altered by shifting levels of meaning. High levels of meaning typically involve complex and abstract relationships along with relatively long time frames. Lower levels of meaning are concrete and involve the immediate time frame. Most situations have multiple levels of meaning embedded within them. Cooking to create a meal to celebrate an anniversary is a good example. At a lower level of meaning, this can be interpreted as merely following instructions, measuring, and using the proper ingredients. The higher level of meaning would be the recognition and celebration of the cultural institution of marriage. Often, the higher level of meaning puts the lower level components of meaning in a particular context. However, several lower level pieces of meaning do not necessarily combine to form a higher level of meaning.

Movement between different levels of meaning is also possible (Vallacher and Wegner 1985, 1987). Shifting from a low to a high level of meaning is often a significant and positive experience: one is making connections, broadening one's perspective, and thus increasing and enhancing meaning in life. Downward shifts, and moving from high to low levels of meaning, deconstruct the broad, complex meanings involved with the high levels. This deconstruction strips the components of the particular high level meaning construct of their context, isolates them, and thus reduces their meaning. Downward shifts in meaning can, in some situations, serve a defensive function. Particularly, situations wherein one behaves immorally can provide reasons to shift meaning and deconstruct that behavior to make it seem like an isolated, meaningless event. Shifting levels of meaning can also serve as a useful way to regulate emotion. As mentioned earlier, emotions involve meaningful labels and contexts, and by shifting to a lower level of meaning one can avoid feeling aversion emotions (Baumeister 1990).

Different levels of meaning and the dynamics between them may be a topic on which existential and positive psychology can offer different perspectives. Positive psychology is more likely to focus on the upward shifts in meaning that engender

positive, pleasant, and enjoyable experiences. The existential perspective, on the other hand, tends to deconstruct meaning as a way to demonstrate that life ultimately has no objective meaning. These two viewpoints are not necessarily wrong, but each only focuses on one side of the issue. This particular topic is one in which existential psychology and positive psychology may complement each other. Constructing meaning by shifting to higher levels and deconstructing meaning by shifting to lower levels are both important for understanding meaning in life and how it operates.

Summary on Nature of Meaning

Meaning, then, is essentially about ideas that connect things together. Meaning starts with the basic association and distinction of events in the environment. With intelligent species like humans, the possibilities for meaning become much more complex and robust compared to less intelligent species. Meaning can involve vast networks of relationships with several different contexts and multiple levels. Meaning most likely developed to serve three main functions. The first one is learning by association and distinction: using meaning helps people learn about, and distinguish between, vast numbers of possible patterns. Second, people use meaning to share information and organize their actions. The third function is facilitation of self-control: using meaning assists people in regulating their emotions and behaviors. Meaning can exist on multiple levels. High levels of meaning usually involve complex and abstract relationships that span across long time frames. Low levels of meaning are in the moment, isolated pieces of meaning. Movement between levels of meaning has significant implications for human life. Downward shifts in meaning are deconstructive: they strip meaningful contents of their contexts. Upward shifts are constructive: they build and enhance meaning by increasing connections between ideas and relationships.

Four Needs for Meaning

The first and most prominent thinker to suggest that people have a drive to find meaning in life was Frankl (1959/2006, 1969) and he referred to this motivation as the will to meaning. Several subsequent thinkers also suggest that people have a need to find meaning in life (Baumesiter 1991; Berger 1967; Heine et al. 2006; Klinger 2012; Maslow 1968). Our analysis and interpretation of the need for meaning in life will primarily be based on Baumeister's (1991) empirically driven work on meaning.

In the strictest sense, a need is considered something required to survive physically. Food and water are prime examples of this type of need. A need for meaning, however, should be distinguished from this strict interpretation. A need for

meaning broadly refers to a motivation to find answers and explanations for life events. It is a desire for life to make sense of things and to have a purpose. One will not necessarily cease living if meaning is continuously missing, but one will be in an aversive state. Prior research has indicated that increased meaning in life is associated with lower levels of a variety of distressful or unhealthy variables such as, thoughts of suicide (Harlow et al. 1986; Heisel and Flett 2004), loneliness (Stillman et al. 2009), smoking cigarettes (Konkoly Thege et al. 2009), using alcohol (Waisberg and Porter 1994), depressive symptoms (Mascaro and Rosen 2005), and stress (Mascaro and Rosen 2006). Overall, research has consistently demonstrated that perceiving life to be meaningful is positively related to well-being (Reker et al. 1987; Ryff and Singer 1998; Zika and Chamberlain 1992).

Following Baumeister's (1991) review of empirical findings on a broad range of topics related to meaning in life, we suggest that the general need for meaning in life can be broken down into four basic needs: purpose, values, efficacy, and self-worth. These four needs can be characterized as different motivational patterns that help people make sense of and find meaning in life. Each need is unique in its own way, but there can be some overlap and certain sources of meaning can satisfy more than one of the needs. Together, the four needs, when satisfied, cover a sufficient amount of conceptual territory to engender a sense of meaning in life. If one or more of the needs goes unsatisfied, it will be experienced as a problem for the individual. Therefore, the person will be motivated to adjust their life in such a way as to ensure that all four needs are fulfilled.

Purpose

The first need is for purpose. The nature of this need involves an individual's perception that current life activities are related and connected to future events. Purposes can be divided into two broad categories: goals and fulfillments. Goals are ideas of desired, potential future situations. If one is living with a sense of purpose, present activities are organized and engaged in so as to ultimately reach a goal. The activities themselves are not necessarily enjoyable just because they are purposeful. If the goal is to lose weight, exercising may still be an unpleasant activity. It is still meaningful, however, because it is a purpose toward accomplishing a goal. Goals can range from long-term to short-term. Major long-term goals can serve as a significant framework and offer guidance to help someone live a meaningful life. They can provide a great amount of direction in life. Often, long-term goals can be broken down into a series of short-term goals. This is typically the most practical and often the most ideal way to achieve a long-term goal. Those who have only one major long-term goal often become frustrated, discouraged, or end up failing (Bandura and Schunk 1981).

The other kind of purpose is fulfillment. A fulfillment is an idea of some desired, present, or possibly future subjective state. Fulfillments are difficult to define, but they usually consist of a feeling of positive affect as well as an attainment of some

goal. People believe that when they become fulfilled, they will be happier than they are now. Thus, fulfillment is an abstract idea about some idealized future subjective state that may one day be achieved if a particular goal is reached. Goals and fulfillments are two types of purpose. A person can be guided by one or both to satisfy the need for purpose. It also should be mentioned that it is not necessary to ultimately achieve a goal or feel the sense of fulfillment for purposes to be meaningful. What is most important is that the current activities involved with one's life are related and connected to possible future events, outcomes, and subjective states.

Value (Justification)

The second need is for values. Frankl (1959/2006), in his important work on meaning, placed primary emphasis on values as a source of meaning. The need for value, we suggest, refers to people's motivation to feel that their thoughts and behaviors are good, right, and justifiable.

Values are typically structured in a hierarchical fashion. A particular action is deemed right or wrong by appealing to some more general rule, which in turn is based in some broader system of principles and so on. This ends at some point where there is no further need for justification and the value is good in and of itself. Religion offers a good example of this by appealing to god's word as the ultimate truth. We refer to these as value bases. A value base can justify things without itself needing to be justified. Culture and society are the ultimate providers of value and value bases. Humans probably have a disposition to acquire value and morality rather easily; however, they are still dependent upon their culture to provide them with the choices. No one is born knowing the doctrines of a particular religion, or knowing the legal circumstances that permit killing others. As mentioned earlier, cultures typically offer a selection of ideologies, and ideologies usually provide particular values. A solid value base is an important aspect of ideologies; without a strong value base, an ideology becomes weaker and less effective. Values allow people to decide whether certain acts are right or wrong. By using values to guide their actions, people can justify those actions in such a way as to increase positive feeling about the self and decrease distressing feelings such as guilt or anxiety.

Efficacy

The third need is for a sense of efficacy. People need to feel that they have some control over events. This often takes form as a need to believe that one is making a difference. Finding meaning in life is more than just having a purpose and values, people must also feel that they have the ability to reach such goals and realize such values.

The sense of efficacy is commonly experienced by meeting challenges and reaching somewhat difficult goals. If a task is too easy, there is little satisfaction involved, but if it is too difficult it may only lead to frustration and failure. Research into peak experiences provides a similar point. It suggests that people must find a middle area between tasks that are too easy and produce boredom, and those which are too difficult and produce anxiety (Csikszentmihalyi 1990; Nakamura and Csikszentmihalyi 2009). When this middle ground is reached, the probability of entering a state of flow is greatly increased. In this state a great deal of efficacy and meaningfulness can be experienced.

Efficacy has some conceptual overlap with control. Controlling the environment is an important way of securing oneself with a sense of efficacy. A notable distinction between efficacy and control, however, is that efficacy refers to a subjective perception, whereas control has more objective connotations. Efficacy is the belief that one has control. It is possible for people to believe they have control when really they do not and still feel a sense of efficacy.

Self-worth

The final need is for self-worth. This can be described as a desire to feel positive, through finding a basis for that positive self-worth. This can typically take the form of a motivation to find ways that one is superior to others. One effective strategy used by individuals to increase self-worth is downward social comparison (Wills 1981). Downward social comparison entails comparing oneself to others who are worse off in some way, and this increases one's feeling of superiority. Another effective and pervasive strategy that helps people secure a sense of self-worth is the self-serving bias (Bradley 1978). This is a general tendency for people to take credit for their successes and blame external circumstances for failures, regardless of the actual factors responsible. A meta-analysis by Campbell and Sedikides (1999) found that when self-concept was strongly threatened, people engage in self-serving bias significantly more than those under a low threat to their self-concept. In other words, when people feel less positive about themselves, they are more likely to use a self-serving mode of thinking. Thus, the self-serving bias helps maintain or restore the sense that one is a good person and it increases positive feelings about the self.

Summary of Four Needs for Meaning

This section argues that there are four basic needs people must fulfill in order for life to make sense and be meaningful. The first need is for purpose. Purpose enables people to find meaning in present events from their relationship to possible future events. The two main types of purpose are goals and fulfillments. The

second need is for values, or justification for one's actions. People want to justify their past, present, and future actions and values offer a way to do this. A particular value is usually connected to a broader, more fundamental value base. Value bases are perceived as good in and of themselves and do not require any further justification. The third need is for efficacy. Efficacy gives people a sense of being in control and being capable of making a difference. The fourth and final need is a basis for self-worth. People generally like to feel that they are good and worthwhile and this is commonly accomplished by feeling superior to others. The four needs for meaning provide a framework for understanding how people make sense of their lives, and how the meaning of life can be examined.

The Expectation of Meaningfulness

This section will discuss another important idea for understanding meaning in life: that people typically have unrealistic assumptions and expectations about the extent to which life will be meaningful, make sense, and thus be orderly and stable. Camus (1955) suggested that there is a powerful drive to perceive all of one's life as a cohesive, unified framework of meaningful relationships. Baumeister (1991) articulated a similar idea and referred to it as the myth of higher meaning. That is, the assumption or expectation that everything in the world ultimately makes sense and has a reason, or at least a logical explanation.

The two central components of the myth of higher meaning, borrowed from symbolic logic, are completeness and consistency. Completeness refers to the assumption that everything makes sense, that every question has an answer, and every problem can be resolved. It is not that people believe that they themselves can answer every question or resolve any issue, but merely that they believe the answers are out there somewhere and can in principle be found. This occurs in both religious and scientific frameworks: the master plan could be natural law or divine providence. Consistency refers to a desire to believe that there are no contradictions in the world or within oneself. The idea is that it is possible to explain everything in the universe without these different explanations contradicting each other. People typically do not like conflicting feelings, or contradictions between their attitudes, values, and behavior (see Festinger 1957). Any discrepancies or inconsistencies that do turn up are swiftly dealt with. With regard to meaning in life, inconsistency (or the avoidance or denial of it) can appear when people construe their life stories. For example, some research has shown that when people alter their opinions they somehow manage to forget the initial opinion they had, and in effect believe they had the final opinion all along (Bem and McConnell 1970). People are motivated to maintain their belief in completeness and consistency, and they are apprehensive about accepting the possibility that some issues have no solutions and that life has some contradictions.

Another aspect of the myth of higher meaning is stability: people tend to expect rules, patterns, and relationships to remain stable and constant. Using meaning

is about putting ideas together to make sense of life. But ideas do not always match with reality as such; some ideas are generalizations, idealizations, or illusions. Therefore, ideas tend to inflate the stability of the phenomena to which they refer. Meaning in this way exhibits false permanence. Life is a process of continual change at the biological, environmental, and social levels. Meaning, on the other hand, imposes stable ideas and concepts onto these constantly changing phenomena. Although life involves constant changes, living things want stability and constancy. People generally want stable interpersonal relationships and stable, reliable sources of food, shelter, money, and sex. Marriage is a good example of the conflict between stable meanings and changing reality. Marriage is symbolic of a permanent, fixed, and unconditionally loving relationship. But the reality of relationships and mating are quite different, they consist of growth, evolution, and a complex dynamic of positive and negative feelings and experiences. Marriage is thus the imposition of stable and permanent ideas onto continually changing phenomena. In short, people desire stability, and meaning as a useful tool for imposing stability and permanence onto life's events.

The final piece of the myth of higher meaning is the myth of fulfillment. This refers to the concept that some people have about fulfillment: that to be fulfilled will result in feeling good all the time and never feeling bad. The myth of fulfillment in this regard tends to offer an unrealistic but appealing promise of permanence. Love is an example that is prevalent in popular culture. Romantic love is often presented in media as a blissful, eternal, unchanging state. In reality, love and intimate relationships are never quite so simple. The passion of intimate love is of limited duration, and although some manage to live fairly contently most of the time, no one really ever lives as happily ever after (Sternberg 1986), as an idealized fulfillment myth would suggest. A similar argument can be made for the desire to become rich. Some people believe that becoming rich would solve all their problems. Research on lottery winners shows that they do not live in never ending bliss but soon encounter new types of problems (Brickman et al. 1978). There is conflict between what people believe fulfillment entails and what it actually entails in practice. Adaptation-level theory (Helson 1964) suggests that a person's subjective judgments about a particular, current situation are made in reference to a recent prior situation. However, in time they become acquainted with and adapted to the new situation, and if the current situation remains stable it gradually becomes the new reference point. Therefore, lottery winners, passionate lovers, and newly promoted bosses will probably experience a great sense of excitement and joy at first, but with time, the new exciting situation becomes commonplace. Fulfillment, then, is a myth in the sense that when it is attained the results are not as everlasting as one may think.

Overall, the myth of higher meaning is a general belief that everything either does or will make sense. It is a hope or expectation that one's life is or will be meaningful. Completeness and consistency are important features of the myth of higher meaning. They involve a belief that everything can be answered and contradictions or inconsistencies are but temporary blips that are easily solvable or never acknowledged in the first place. Life involves interminable change but living

organisms desire stability. Meaning can impose a sense of stability and permanence onto things which are inherently unstable and ephemeral. Thus, meaning can provide a reliable sense of stability, but not necessarily a valid one.

Conclusion

Humans have a need for life to make sense and be meaningful. Meaning is, in essence, a shared mental web of connections between ideas, objects, and relationships. The need for meaning can best be understood in terms of a subset of four unique but sometimes partially overlapping needs: purpose, values, efficacy, and self-worth. When all four needs are satisfied, a sense of meaningfulness in life will be experienced. However, if one or more of the needs remains unsatisfied it will be experienced as a problem or deficit. The person will be motivated to find a new source of meaning or, perhaps more commonly to enhance previously existing meaning to fill the meaning vacuum in their life. The quest for a meaningful life extends beyond just a desire to quell some inner drive. Meaning has several practical applications as well: it helps people discern patterns in the environment, it greatly enhances communication, and facilitates self-control. Indeed, it seems clear why such an inner drive for meaning would be evolutionarily adaptive and naturally selected.

Psychological research has clearly demonstrated that human thinking is full of various types of biases, deceptions, and distortions (for a review see Taylor and Brown 1988). The better-than-average effect (Alicke 1985; Brown 1986) is one example of such a bias. Most people believe they are more intelligent, more honest, and more competent than other people (Brown 2007, 2012). We argued in the section on the myth of fulfillment that meaning is, to some extent, inherently a distorted view of reality. People engage in distorted and illusory thinking as a way to make life seem stable and to make themselves feel better. People also have unrealistic hope about the future and about the joy they will experience upon accomplishing long-term goals. Furthermore, individuals with moderate depression or low self-esteem typically lack such self-enhancing biases and positive illusions about the future (Taylor and Brown 1988).

These issues offer another opportunity for existential and positive psychology to integrate. Should we encourage people to live by what makes them happy and promotes stability and solidarity—even if it is partially based on illusory and distorted thinking? Positive psychology is likely to focus on searching for meaning and the positive aspects associated with unrealistic and biased thinking; so long as such biases and illusions help one become happy, motivated to succeed, and have loving relationships. The existential perspective seems more focused on the notion that meanings in life are no more than biased subjective constructions. An important future step may be integrating these two viewpoints in a way that brings about a recognition of the biases and subjectivity inherent in the meanings of life and also emphasizes the vital importance and benefits of living a meaningful life.

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Chapter 3

Existential Mattering: Bringing Attention to a Neglected but Central Aspect of Meaning?

Login S. George and Crystal L. Park

“Does your life matter?,” is a rather silly and awkward question, and it may very well make people feel uneasy. But if people were pressed to answer this question, one would expect them to respond, “Yes, my life matters!” At the least, one would expect people not to respond to the question, with an emphatic, “No, my life absolutely does not matter!” In fact, in clinical settings, not only would such a response be unexpected, but it would raise red flags—is this person suicidal or depressed? Furthermore, we would expect optimally functioning individuals to feel that their lives and their existence matter a great deal. Intuitively, life seems empty without the sense that it matters.

In this chapter, we explore the concept of Existential Mattering (EM) and the roles that it may play in individuals’ lives. We define EM as the degree to which individuals feel that their existence is of significance and value; to feel a sense of EM is to feel that one’s existence is important and relevant. A sense of EM is the result of a global evaluation regarding the value of one’s existence rather than simply an evaluation of oneself in specific domains of life such as interpersonal relationships. EM refers to an evaluation of the worth of one’s life when examining life from an existential or spiritual level.

The idea that individuals need to feel that their lives and their existence are of importance and value is not a new concept; in fact, it is a basic assumption in existential psychology and the literature on meaning in life (e.g., Becker 1973/1997; Frankl 1959/2006; Yalom 1980). Existential psychology deals with how humans respond to the givens of existence such as death and meaning (Koole et al. 2006; Yalom 1980), and the problem of EM is inherently tied to such givens: if we all inevitably die, do our lives matter? Although the concept of EM is implicitly and frequently a part of many scholarly works within the meaning literature, no work

L. S. George (✉) · C. L. Park

Department of Psychology, University of Connecticut,
406 Babbidge Road Unit 1020, Storrs, CT 06269-1020, USA
e-mail: login.george@uconn.edu

C. L. Park
e-mail: crystal.park@uconn.edu

to date has focused explicitly and in-depth on EM. In this chapter, we focus at length on EM and on individuals' inclination to perceive their lives as mattering. Our goal is to tie together and highlight a common but implicit thread that exists within different perspectives on meaning.

Existential Mattering: Just a New Name for an Old Concept?

Isn't the concept of EM conveyed by the terms "meaning" or "purpose"? Is it not an inherent part of the meaning literature? How is it useful to add a new term, EM, to a literature that is already bogged down by definitional and semantic issues (Park and George 2013; White 2004)? In explicating the concept of EM, our goal is to bring clarity to some of the definitional and semantic issues present in the meaning literature. Currently, a number of different constructs are conveyed by the terms meaning and purpose (Brandstätter et al. 2012). For example, different works focus on varied aspects such as a sense of goals (Ryff 1989), life aim (McKnight and Kashdan 2009), fulfilment (Debats 1998), engagement in valued activities (Scheier et al. 2006), and making sense of life (Baumeister 1991). Often times, research studies and measures of meaning use the term meaning to refer to a combination or blend of these aspects (and sometimes EM is also a part of this blend). However, such an approach hinders the literature, as the implications of such studies are unclear; such approaches, which assess blends of these different aspects, make it difficult to draw definitive conclusions regarding specific aspects of meaning. As the field progresses, we are likely to develop more precise and parsimonious ways of naming and explicating various aspects of meaning; we are likely to refine the construct of meaning and outline aspects of meaning that are conceptually distinct and that offer the most utility in regards to understanding human behavior. We feel that the concept of EM is helpful in this regard—it serves to specifically focus attention on the human inclination to feel that one's existence is of significance and relevance without conflating it with other related constructs or aspects of meaning. We start by discussing theoretical perspectives that offer support for the idea that EM is an important variable in individuals' lives. Then, we discuss EM as it currently exists in the empirical literature. We conclude with directions for future research.

Theoretical Perspectives on EM

Viktor Frankl

Frankl (1959/2006) argued that individuals have a "will to meaning," a motivation to find "concrete meaning" in their lives. Frankl used the term meaning to refer both to a sense of goals/aims in life and to the ability to make sense of life circumstances. In regards to goals, he wrote, "what man actually needs is not a tensionless state but rather the striving and struggling for a worthwhile goal, a

freely chosen task” (Frankl 1959/2006, p. 105). Frankl asserted that individuals are inclined to see their lives as serving certain goals and to dedicate their lives to specific ends. In regards to making sense of life, he asserted that individuals must be able to make sense of their life conditions, especially in regards to suffering. In Frankl’s perspective, for individuals to be functioning healthily, they must have satisfied their will to meaning—that is, they must have found compelling reasons for living and must be able to make sense of their lives and life circumstances.

What is important to the discussion in this chapter is what Frankl referred to as “existential frustration.” He posited that when the will to meaning is hindered, existential frustration develops, and individuals may start to question and wonder about the worthwhileness of life—that is, issues of EM arise (Frankl 1959/2006, pp. 100–102). Thus, to Frankl, healthy functioning individuals are able to find reasons for living and make sense of life conditions; and for such individuals, questions of whether life matters do not arise. In contrast, individuals who are unable to find reasons for living and make sense of life experience issues pertaining to EM—they start to wonder whether their lives matter. Thus, the concept of EM is a key part of Frankl’s perspective on meaning. To him, will to meaning is a primary motive for people, and the frustration of this motive leads to issues of EM.

Roy Baumeister

Baumeister (1991) defined meaning as “ideas that connect things together” (p. 27). He posited that as individuals examine their lives as a whole, it is difficult to see all aspects of life as fitting together into a coherent, consistent, and integrated life story or perspective. Despite this, individuals are inclined to believe that there is some life story or perspective that would make sense of their lives as a whole. Baumeister refers to this as the “myth of higher meaning.” He argues that although individuals might not be explicitly trying to work out such a perspective that would make sense of their lives, they operate on the assumption that there is such a perspective. According to Baumeister, this assumption is important to people, and people find it quite aversive to have this assumption questioned or violated. “The myth of higher meaning can thus be cast in general terms as the expectation that everything and every event can be understood in the context of broad, integrative, high-level meanings and patterns ... People may not always be looking for these broad meanings, but they tend to assume that they are there. It is quite disturbing to have this assumption questioned” (Baumeister 1991, p. 62).

Baumeister describes as banal those things that do not fit into individuals’ life story or perspective. According to Baumeister, people can tolerate some amount of feelings of banality, but would find it threatening and aversive to feel that life as a whole is banal—it would be unsettling to think that one’s life as a whole does not fit into any higher level story or grand theme. To Baumeister, individuals’ assumption that their lives fit into such grand themes helps them gain a sense of EM; the belief that their lives fit into grand themes offers individuals the sense that their lives matter and are of value. He writes:

People are clearly reluctant to accept their lives as thoroughly banal. They are loath to think that their lives are no more meaningful than the life of an insect. The needs for meaning reflect the desire to construct some interpretation of one's life that makes sense beyond the daily grind and hustle. A person wants his or her life to make an interesting or inspiring story, to exemplify a high theme or lesson, or to be part of grand and important developments. Interest in the deeper mysteries of life may simply reflect the idle hope that all of this has some profound, lasting importance—the hope that it can be understood and, what's more, that it is worth taking the trouble to figure it out (Baumeister 1991, p. 61).

Thus, to Baumeister, individuals want to feel a sense of EM—they want to feel that their lives are of worth and value—and this feeling is provided by the assumption that their lives fit into some grand and important themes or stories. It is not enough to make sense of life in just any fashion; rather, it is important to make sense of life—to view life as fitting into a story—in a way in which individuals feel that their lives have profound and lasting importance.

Ernest Becker

Among the four theorists discussed here, Becker's (1973/1997) perspective is perhaps the most relevant to EM. Becker argued that being human is inherently anxiety provoking: The world is terrifying because death and decay are guaranteed outcomes in life and human beings are aware of such outcomes. To Becker, the dilemma of existence is that of "the mortal animal who at the same time is conscious of his mortality" (Becker 1973/1997, p. 268). Despite their mortal condition, humans ache for "cosmic specialness," the feeling that they are of primary value in the world. To not feel a sense of cosmic specialness is to feel "creaturely"—to feel that we are just another animal bound to die!. Becker's concept of cosmic specialness is akin to EM. Cosmic specialness refers to the inclination to see our lives as mattering in the "eyes of the cosmos;" that there is some value to our lives in the universe; that we are not just another living organism and that our existence means *something more*.

Becker asserted that to deal with the human need for cosmic specialness, cultures provide individuals with avenues to feeling a sense of primary value in the world. Roles, standards, and values are prescribed to help individuals feel that their lives matter and have lasting importance. He writes:

It doesn't matter whether the cultural hero-system is frankly magical, religious, and primitive or secular, scientific, and civilized. It is still a mythical hero-system in which people serve in order to earn a feeling of primary value, of cosmic specialness, of ultimate usefulness to creation, of unshakable meaning. They earn this feeling by carving out a place in nature, by building an edifice that reflects human value: a temple, a cathedral, a totem pole, a skyscraper, a family that spans three generations. The hope and belief is that the things that man creates in society are of lasting worth and meaning, that they outlive or outshine death and decay, that man and his products count (Becker 1973/1997, p. 5).

Thus, a fundamental part of Becker's perspective on death and meaning is EM. To Becker, the motivation behind many human pursuits—regardless of whether they are religious or secular—is the need for EM.

Irvin Yalom

The idea that EM is not necessarily captured by perspectives on meaning is clear-cut in Yalom's (1980) perspective. Yalom considers EM as distinct from meaning; moreover, he sees a fundamentally different motivation behind each of them.

Yalom discussed two types of meaning: cosmic meaning and terrestrial meaning. Cosmic meaning concerns "whether life in general or at least human life fits into some overall coherent pattern" (Yalom 1980, p. 423). It is the answer to the question, "What is the meaning of life?" To Yalom, cosmic meaning invariably implies some religious or spiritual connotations, as it suggests that there is some divine plan—that there exists something more than the pure physical and the material. According to Yalom, we are greatly comforted by the idea of a cosmic meaning. In contrast to cosmic meaning, terrestrial meaning is the answer to the question, "What is the meaning of my life?" Terrestrial meaning refers to having a sense of direction in one's own life and having goals to which to apply oneself (Yalom 1980, p. 423). Terrestrial meaning may be entirely secular and can be based on those things that individuals find intrinsically valuable such as creativity and altruistic activities. To Yalom, individuals' needs for cosmic and terrestrial meaning have two common motives: (1) to feel a sense of coherence in their lives and be able to make sense of their lives, and (2) to have some guiding values or principles that would tell them how to live their lives (Yalom 1980, pp. 462–464).

In contrast to the need to feel cosmic and terrestrial meaning, Yalom suggests that the need for EM is motivated by death anxiety. He argues that although the term meaning is sometimes used to mean EM, EM is distinct from the need to make sense our lives. To him, the inclination to think of our lives as mattering and having value, stems from a desire not to die. "Meaning, used in the sense of one's life having made a difference, of one's having mattered, of one's having left part of oneself for posterity, seems derivative of the wish not to perish" (Yalom 1980, p. 465). It is important to note here that Yalom's assertion that EM is motivated by death anxiety does not undermine the role of EM in individuals' lives. To Yalom, the awareness of death is ever-present in individuals' lives: "The terror of death is ubiquitous and of such magnitude that a considerable portion of one's life energy is consumed in the denial of death" (Yalom 1980, p. 41). Thus, from Yalom's perspective, the pursuit of EM is a defense against death anxiety.

Summary

The perspectives of the above four theorists support the idea that individuals are strongly inclined to see their lives as mattering and as having value and significance in the world. To Becker (1973/1997), individuals are inclined to feel a sense of "cosmic specialness"—a feeling that they are of primary value in the world—and this feeling is provided by standards, roles, and values of the respective cultures in which they live. To Baumeister (1991), there exists a "myth of higher

meaning,” the assumption that there must be some perspective or life story that can make sense of all of life. However, individuals do not want just any life story, but a story that makes their lives part of important and inspiring themes; they want a story that makes them feel that their lives are important and valuable.

The perspectives of these theorists also suggest that although EM may be closely related to some other aspects of meaning such as making sense of life and having overarching goals in life, it may nevertheless be distinct. Yalom (1980) explicitly states that EM and the motivation behind EM are distinct from other aspects of meaning such as a sense of direction and the perception of life as making sense. To Frankl (1959/2006), issues pertaining to EM arise when individuals are unable to find reasons for living or to make sense of life circumstances.

It is important to note here that the perspective presented in this chapter is not merely about the semantics associated with meaning: the point here is not to argue about whether we call a construct EM or meaning. The important point here is that while there may be multiple aspects associated with the construct of meaning that are of use in understanding human behavior, EM is one such important aspect that has not received adequate and focused attention. This aspect, although likely to be closely tied to other aspects of meaning such as a sense of life goals and the perception of life as making sense, may nevertheless have different patterns of relations with relevant constructs such as death anxiety, spirituality, resilience, and well-being. We believe that having a precise conceptualization such as EM allows for the possibility of exploring differential relationships and may offer additional explanatory power in understanding human experience.

Empirical Research on EM

In this section, we outline the current empirical literature on EM as it exists in the meaning literature and other related bodies of literature.

The Meaning Literature and EM

As we mentioned earlier, although there is a substantial body of research on meaning (e.g., Reker and Chamberlain 2000; Wong 2012), such studies vary widely in regards to the specific aspects of meaning upon which they focus. A variety of constructs have been conveyed by the term meaning (Brandstätter et al. 2012) and empirical studies and measures of meaning often conceptualize meaning to be a unique blend of these aspects (and sometimes this blend includes EM). As of now, we are not aware of any work that specifically target EM.

Table 3.1 (adapted from Park and George 2013) lists several meaning measures, the ways in which those measures conceptualize meaning, and the measures' corresponding subscales. As is clear from the table, most measures focus on

Table 3.1 Measures of meaning, definitions of constructs assessed, and subscales (adapted from Park & George 2013)

Measure	Construct definition	Subscales
Life Attitude Profile Revised—Personal Meaning Index (Reker 1992)	“Having life goals, having a mission in life, having a sense of direction, and having a logically integrated and consistent understanding of self, others, and life in general” (Reker 2000, p. 48)	Purpose; coherence
Life Engagement Test (Scheier et al. 2006)	“The extent to which a person engages in activities that are personally valued” (Scheier et al. 2006, p. 291)	No subscales
Life Regard Index-Revised (Debats 1998)	The degree to which individuals can envision their lives within some perspective or context, derive a set of life-goals or purpose from this perspective, and see themselves as fulfilling or as being in the process of fulfilling such life goals	Framework; fulfillment
Meaning in Life Questionnaire (Steger et al. 2006)	Meaning defined as “the sense made of, and significance felt regarding the nature of one’s being and existence” (Steger et al. 2006, p. 81)	Presence of meaning Search for meaning
Psychological Well-Being Scales—Purpose subscale (Ryff 1989)	Individuals who have purpose are described as having goals, a sense of directedness, and aims and objectives for living	No subscales
Purpose in Life Test (Crumbaugh and Maholick 1964)	Based on Frankl’s (1959/2006) concept of meaning and noogenic neurosis (a state characterized by boredom and apathy). Construct defined as “the ontological significance of life from the point of view of the experiencing individual” (Crumbaugh and Maholick 1964, p. 201). However, it also contains items assessing boredom, excitement, goals, despair, and control	No subscales
Spiritual Meaning Scale (Mascaro et al. 2004)	“The extent to which an individual believes that life or some force of which life is a function has a purpose, will, or way in which individuals participate” (Mascaro et al. 2004, p. 847)	No subscales

aspects distinct from EM and none focus specifically on EM. The measures tap many aspects, such as having a framework of goals and direction in life (Debats 1998; Ryff 1989), engaging in personally valued activities (Scheier et al. 2006), and having a consistent understanding or perspective regarding life (Debats 1998; Reker 2000). Our goal here is not to criticize comprehensive approaches to assessing multiple aspects of meaning. Such general measures have the advantage of quickly and comprehensively assessing multiple aspects of meaning. Rather, what is important to our discussion is that such assessments, although useful in tapping multiple aspects of meaning simultaneously, do not allow us to make targeted and specific inferences regarding EM. Questions such as, “Does the sense that life matters relate to well-being or resilience?” cannot be decisively answered through studies and measures that lump together multiple aspects of meaning.

In the past few decades, a vast array of studies has been conducted that links meaning with well-being. In reviewing this body of research, Steger (2012) writes that it is “...safe to conclude that people who say they lead meaningful lives are also fairly happy, are satisfied with their lives and self, and experience lower levels of psychological distress...” (p. 176). Although the literature has been successful in identifying associations with well-being variables, we are far from a well-developed theoretical understanding of how meaning may or may not contribute to well-being. The amorphous nature in which the construct of meaning has been operationally defined has hindered meaning research. It is imperative for the progress of the meaning literature that we are able to test nuanced hypotheses regarding various aspects of meaning and how they relate to well-being. The development of good measures that can specifically and precisely parse out important aspects of meaning such as EM is crucial in this regard.

Terror Management Theory and Existential Mattering

Another body of research where the concept of EM is implicit is Terror Management Theory (TMT) (TMT; Greenberg et al. 1986). Although TMT studies do not typically manipulate or measure EM—or even meaning for that matter—the concept of EM is embedded in the underlying theory. TMT is based on the work of Becker (1973/1997), one of the aforementioned theorists. We discuss the basic tenets of TMT below.

According to TMT (Greenberg et al. 1986), as individuals are aware of their own mortality, they are faced with anxiety. Individuals deal with this anxiety through their cultural worldviews, which provide a conception of reality that is ordered, coherent, predictable, and permanent. When individuals live up to the standards of such worldviews, they feel a sense of personal value and feel that they are valued members of a coherent and permanent reality. Worldviews thus provide individuals with the sense that they are valuable contributors to a reality that “imbues them with enduring meaning and value” (Pyszczynski et al. 2012, p. 380).

According to TMT, worldviews assuage fear of death via literal or symbolic immortality. Literal immortality comes from belief in an afterlife; such beliefs

neutralize the problem of death, as death is no longer seen as the endpoint. In contrast, symbolic immortality is gained by feeling that we are a valued part of a reality that is permanent and endures beyond our death. Symbolic immortality can be derived from “cultural institutions and achievements that enable people to feel part of something larger, more significant, and more enduring than their own individual lives, such as families, nations, professions, or ideological groups” (Pyszczynski et al. 2012, p. 380).

Note that the tenets of TMT presented so far share much in common with the perspective presented in this chapter. This chapter has focused on how individuals are motivated to feel a sense of EM, the sense that their lives are of importance and value in the world. Similarly, TMT is built on the assertion that individuals are motivated to maintain a sense of symbolic immortality, the feeling that they are valued members of a reality that transcends death. However, the perspective of this chapter diverges from TMT in the role that TMT grants self-esteem.

Under the TMT framework, self-esteem represents symbolic immortality; self-esteem represents the feeling that we are valued members of a reality that transcends death. Self-esteem is gained from maintaining faith in a meaningful conception of reality and prescribing to the standards of that conception. Greenberg et al. (1986) write, “From this perspective, self-esteem is an anxiety-buffering sense of personal value (or heroism, as Becker refers to it) that consists of two components: first, faith in a particular cultural drama that portrays human life as meaningful, important, and enduring; and second, belief that one plays a significant part in that drama” (p. 198). Thus for TMT, self-esteem represents individuals’ sense that they are valued members of a reality that is of importance and everlasting value.

Briefly, we propose that culture reduces the terror engendered by awareness of our vulnerability and mortality by providing a shared symbolic conception of reality that imputes order, predictability, significance, and permanence to our lives. This cultural drama provides the possibility of leading a meaningful and enduring existence; equanimity is attained only when a person believes that she or he is a valued participant in such a cultural drama. This attitude, which is referred to as self-esteem, serves the essentially defensive anxiety-buffering function of imbedding the individual within a transcendent cultural drama (Greenberg et al. 1986, p. 206).

Contrary to this TMT perspective, we feel that self-esteem is an inadequate way to conceptualize and measure individuals’ sense that their lives matter and are of significance; to us, EM more accurately captures this critical construct.

A consideration of the measurement of self-esteem within TMT studies highlights the between the TMT conceptualization of self-esteem and EM as outlined here. Studies of TMT (e.g., Greenberg et al. 1993; Harmon-Jones et al. 1997; Mikulincer and Florian 2000) often measure self-esteem with the Rosenberg Self-Esteem Scale (Rosenberg 1965), which contains items such as “I am able to do things as well as most other people” and “I feel that I am a person of worth, at least on equal basis with others.” This construct, although overlapping with EM, is distinct from EM in that the former is an evaluation of one’s worth at a lower level (i.e., within domains of one’s life) and involves social comparisons, whereas the latter refers to a global evaluation from a spiritual or existential level; EM is about evaluating the worth of one’s life as a whole.

Despite the criticism that we pose here, an impressive array of studies has supported the tenets of TMT (for reviews, see Pyszczynski et al. 2004; Greenberg et al. 2008). Most existing TMT studies focus on relationships between self-esteem, worldviews, and death anxiety (Solomon et al. 2004). Studies have shown that manipulations of self-esteem lead to changes in death anxiety, and increasing thoughts about death lead to increased self-esteem striving. Thus, it is clear that self-esteem is related to death anxiety. However, from our perspective, an investigation of the role of EM in the context of TMT may lead to further insights regarding how deeper levels of mattering may influence management of existential terror.

Interpersonal Mattering

Another small body of research that is related to EM is the literature on interpersonal mattering. Rosenberg and McCullough (1981)—interestingly, the same Rosenberg who developed the self-esteem scale often used in TMT research—explicated a construct that they referred to as “mattering.” They defined it as the degree to which we feel we matter to others—our inferred significance in the eyes of others. According to Rosenberg and McCullough, mattering to others is based on the feeling that we are the object of others’ attention, that we are important to them, and that they depend on us. The authors argued that a sense of mattering to others is an important factor in mental health. They write, “existence loses its point and savor when one no longer makes a difference” (Rosenberg and McCullough 1981, p. 180). Recent research has also identified links between interpersonal mattering and well-being (e.g., Dixon et al. 2009; Raque-Bogdan et al. 2011).

Although the construct of mattering to others is similar to EM, it is qualitatively different from EM. As mentioned already, EM taps the evaluations we make regarding the relevance and value of life at an existential level; it is the inferred significance of our lives in the world. Interpersonal mattering differs from EM in that it pertains to mattering at the interpersonal level.

Future Directions for Research

In order for the research on EM to flourish, it is imperative to have measures that assess EM in a conceptually distinct manner, without conflating it with other aspects of meaning. As discussed earlier, we are not aware of any such current measures. However, we are currently in the process of remedying this lack by creating a new measure that explicitly assesses mattering. Once this measure is validated, it will open the door for a new line of research on EM.

One of the most basic empirical questions that is yet to be answered is regarding the explanatory power of the EM concept. Does EM account for variance

in relevant variables over and beyond what is accounted for by other aspects of meaning, or is it merely redundant with commonly assessed aspects of meaning such as a sense of cohesion or life aims?

Relationships between EM and relevant variables have yet to be empirically demonstrated as well. How does EM relate to variables such as religiosity/spirituality, death anxiety, well-being, and highly stressful experiences? Do more religious and spiritual beliefs relate to a higher sense of EM? Does EM enable people to face the prospect of death and dying with more resolve and less defensiveness? Can near-death experiences or other highly stressful experiences threaten and alter individuals' sense of EM? In general, what is it like for individuals to think about whether their life matters—does it make them uncomfortable or anxious?

Another line of research questions concerns where a sense of EM comes from. What helps people achieve and maintain a sense of EM? One possibility is religious/spiritual beliefs. How do other life experiences—such as early attachment experiences, traumatic experiences, and experiences of loss—relate to a sense of EM?

Finally, it is important to investigate the clinical implications of EM. How does it relate to functioning and well-being? Can a sense of EM be a resource for certain clinical populations? For example, among the terminally ill, could the sense that one's life matters help patients function better and maintain positive feelings? Perhaps it might even be the case that EM is better thought of as the outcome variable in some of these settings; for example, among terminally ill patients, maintaining the sense that one's remaining life matters—despite one's impending death—may be a worthy goal in and of itself!

Conclusion

EM refers to the evaluations individuals make at an existential level regarding the worth and value of their lives in the world. This chapter explored the idea that individuals are inclined to feel a sense of EM and they operate on the assumption that their lives matter. EM is often an implicit part of the empirical literature on meaning. However, as it has not been conceptualized and operationalized as separate from other related aspects of meaning, it remains unclear as to how EM relates to relevant variables such as spirituality, death anxiety, and well-being.

This volume on existential and positive psychology provides many explorations into the existential realities of life such as death, meaning, and transience; it also provides many explorations into the strengths and positive aspects of human lives. The human inclination to feel that their lives matter despite many existential givens like death and transience is a crucial strength. Many inevitable negative life experiences such as loss, aging, and dying may be perceived as threats to the sense that life matters. Despite this, individuals are able to maintain a sense of EM and carry on with their lives. EM is truly an important phenomenon, and one that warrants further investigation.

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Chapter 4

Meaning as a Buffer for Existential Anxiety

Pelin Kesebir and Tom Pyszczynski

Human life is spent in a densely woven web of meanings—meanings big and small. It is virtually impossible for us to imagine life without meaning, and when we do, it tends to resemble either utter chaos or vast emptiness. We need and want meaning. Although meaning does a variety of things for people, this chapter will focus on the function of meaning as an existential anxiety buffer. We will argue that the relentless human search for meaning is motivated, to a significant extent, by awareness of mortality, and that meaning can assuage the potential terror born from this awareness. We start with a discussion of what meaning is, after which we examine how meaning at different levels of abstraction helps people deal with the unsettling knowledge of their own mortality.

The Different Meanings of Meaning

At the core of the definition of meaning is that it connects things (Baumeister 1991; Baumeister and Vohs 2002). It is important to distinguish between two types of meaning, both of which entail the idea of connection, albeit at different levels of abstraction. One revolves around the notion of comprehensibility—around detecting and expecting certain patterns, associations, and invariants. This is the kind of meaning where we know and expect rain to be wet, Sunday to follow Saturday, or the word “no” to indicate negation in English. Meaning, in this

P. Kesebir (✉) · T. Pyszczynski
Department of Psychology, University of Colorado at Colorado Springs, Colorado Springs,
CO 80918, USA
e-mail: kesebir@gmail.com

T. Pyszczynski
e-mail: tpyszczynski@uccs.edu

micro sense, is “ubiquitous and effortless” (King 2012)—our everyday lives are filled with such simple, local meanings, and things automatically make sense to us most of the time. This is as it should be, because in order to be able to move effectively through life we need ways to understand how things are related to each other in space and time, and most importantly, in terms of cause and effect (Heider 1958). Our brain and senses seem to be evolutionarily wired for expecting and enjoying patterns. The experience that stimuli make sense elicits mild positive affect (Topolinski et al. 2009; Winkielman and Cacioppo 2001). Even 5 month old infants look longer at events that do not make sense from a physical point of view (Baillargeon et al. 1985), presumably in an attempt to better comprehend them. The desire to ‘connect the dots’ and create meaning is so strong that it can lead people to see meaningful patterns in meaningless noise (Shermer 2011). Perceptions of expected associations that have been violated, in contrast, prompt attempts to restore meaning through a wide array of compensatory strategies (Heine et al. 2006).

The second type of meaning, often known as “capital-M-meaning” (e.g., Mascaro et al. 2004), involves questions of significance and worth, and explorations of how something fits with larger systems of value and meaning. When people contemplate the meaning of life in general and their life in particular, or why a bad event happened to them, it is this broader type of meaning that is in question. A long tradition of existentially and humanistically oriented writers—ranging from Camus (1955) to Sartre (1964), from Frankl (1963) to Yalom (1980a, b)—have pondered the question of meaning at this macro level. They wrote about the predicament of an inherently meaning-seeking animal being thrown into a universe that does not come furnished with preordained meanings, and emphasized the necessity for each individual to construct their own meaning system. Failure to construct such a meaning system—living without goals, values, or ideals—is associated with considerable distress (Frankl 1963; Yalom 1980a, b), whereas the presence of meaning in life is associated with psychological well-being and a plethora of desirable qualities (e.g., Zika and Chamberlain 1992), including longevity. A recent study found that among community-dwelling older people, a high sense of purpose in life was associated with a 57 % decrease in mortality risk across 5 years (Boyle et al. 2009).

Going back to the theme that the essence of meaning is connection, in small-m-meaning, connections are made between simpler, lower-level, relatively more concrete entities (e.g., between a word and its referent), whereas in capital-M-meaning, connections are between the more complex, higher-level, abstract entities (e.g., between the self and the universe). Daily life is abundant with small-m-meaning, whereas capital-M-meaning is something that is sought after rather than something that is readily confirmed. Culture and its attendant phenomena, such as language, institutions, and norms, serve as repositories of meaning, in the small as well as grand sense of the word (Chao and Kesebir, 2012). Meaning, at both levels, is closely intertwined with an awareness of mortality and

serves to buffer people from death anxiety. Before starting to elaborate on this core argument of our chapter, we review the often underappreciated role of death anxiety in motivating the human psyche.

Terror Management Theory

Self-awareness is a tremendously adaptive cognitive capacity that expands the self's options of how to behave and affords greater regulatory control over one's actions (Carver and Scheier 1981; Duval and Wicklund 1972). Combined with other uniquely human capacities such as language, causal thinking, and imagination, reflexive self-awareness has been of critical importance to the foundation of human culture as we know it today. Yet self-awareness is not an unmitigated blessing. Although it creates lots of new opportunities for the self, it also leads to an inevitable recognition of one's limits, vulnerability, and ultimate mortality. In a number of influential writings, cultural anthropologist Becker (1971, 1973, 1975) argued that the prospect of death was unbearable to a self-aware animal and that the terror born from this knowledge was a mainspring of human activity. Accordingly, a key function of individual character and cultural institutions is to deny one's mortality and avert this terror. By participating in and contributing to a cultural system that imbues existence with order, purpose, and permanence, the individual obtains a sense of value and unshakable meaning, which is a primary defense against the terror-inducing awareness of mortality.

Terror management theory (TMT; Greenberg et al. 1986, 1997) draws largely from Becker and posits that awareness of mortality, when combined with the biologically rooted desire for life, creates a potential for paralyzing terror. To function effectively in the world, people need to ward off this terror in some way. According to TMT, this much needed protection is provided by an existential anxiety buffer, the key components of which are self-esteem, faith in one's cultural worldview, and close interpersonal relations. Since it was first introduced, hundreds of studies conducted in different parts of the world have tested and supported hypotheses derived from TMT. They show that reminders of mortality amplify the striving to maintain, bolster, and defend one's cultural worldview, self-esteem, and close relationships (Burke et al. 2010). Threats to these things, on the other hand, increase the accessibility of death-related cognition (Hayes et al. 2010). As a whole, the TMT body of research points to death anxiety as a singularly important motivating force, playing a role in domains as varied as religion and spirituality, human sexuality, legal decision-making, consumer behavior, and psychopathology (see Kesebir and Pyszczynski 2012).

The TMT literature has revealed that sense of meaning is a crucial ingredient of the existential anxiety buffer (for recent overviews of the topic, see Arndt et al. [in press](#); Vess [in press](#)). At both micro and macro levels, meaning is profoundly comforting for the psyche and helps to keep death anxiety at bay. We now turn to an examination of this existentially protective function of meaning.

Mortality Awareness and Lower Levels of Meaning

As we noted above, at a micro level, meaning involves the idea of comprehensibility—a perceived match between what is given and what is expected. People rely on well-learned knowledge structures while navigating life, because these provide an epistemic basis for confident action. As a result, we desire the elements of life to be orderly and predictable, to conform to our existing mental templates, and not be incoherent or confusing. That is why departures from familiar meaning structures (e.g., exposure to absurdist literature, art, or comedy) can be unsettling and elicit defensive responses aimed at reconstructing a sense of meaning (Proulx et al. 2010). This strong desire we harbor for things to make sense is clearly rooted in evolution and has indispensable adaptive functions for human kind. We argue, however, that meaning at this micro level also serves existential functions and helps people cope with the potentially terror-inducing awareness of their mortality. We need small-m-meaning, among other things, because its violation shakes the foundation of reality as we know it, taking away our sense of control and threatening our capacity for behavior that enhances self-esteem, which ultimately causes anxiety to leak through the psychological armor. A world where things do not make sense is an entirely dangerous place where death feels much closer.

In line with this reasoning, a number of TMT studies reveal that reminders of mortality increase people's preference for familiar meaning structures and attract them to clarity, order, and consistency. Attesting to the notion that concerns about death amplify the need for consistency, Friedman and Arndt (2005) demonstrated that participants who wrote counter-attitudinal statements without sufficient justification tried harder to reduce dissonance when they were reminded of their mortality, compared to a control condition. Other research found that mortality salience reduced appreciation for seemingly meaningless works of modern art, unless the paintings were accompanied by a title or frame of reference that imbued them with meaning (Landau et al. 2006). Importantly, this effect was especially pronounced among individuals with a strong need for structure.

Personal need for structure (Neuberg and Newsom 1993) and need for closure (Webster and Kruglanski 1994) refer to a preference for cognitive simplicity and structure. People who score high on these variables tend to dislike complexity, ambiguity and inconsistency, and are drawn to simpler, more clean-cut interpretations of reality. It is these kinds of people for whom existential security should be most dependent on well-defined meaning structures, and for whom reminders of death should elicit the strongest attempts to restore meaning. A multitude of studies lend support to this idea. For instance, whereas mortality salience leads to an increased preference for stereotype-consistent individuals and decreased liking for stereotype-inconsistent individuals, this effect is stronger for people with a strong need for closure (Schimel et al. 1999). Similarly, in a series of studies, Landau and colleagues (2004) demonstrated that mortality salience led to an exaggerated desire to see the social world as well-ordered and benign, but only among people with a strong personal need for structure. After reminders of their mortality, people

with a strong personal need for structure also displayed a decreased preference for a dispositionally ambiguous target person, increased preference for balanced rather than imbalanced interpersonal relationships, and an increased desire for a just, benevolent world. As a whole, these studies indicate that existential anxiety can motivate a need to rely on existing, benign meaning structures, especially for people who are drawn to simple and unambiguous interpretations of the world.

Mortality Awareness and Higher Levels of Meaning

Higher levels of meaning are characterized by complex, far-reaching connections that transcend the immediate situation and can even reach timeless or eternal perspectives (Baumeister 1991). It is well-established that time horizon is closely associated with level of meaning: low levels of meaning are about the short-term, and high levels of meaning are about the long term (Trope and Liberman 2003; Vallacher and Wegner 1985). Thoughts about death tend to invoke a desire for higher levels of meaning and the consideration of more expansive time horizons. In support of this notion, Landau et al. (2011) have shown that being exposed to an existential threat led people to imbue mundane actions with more abstract and temporally expansive meaning: following mortality salience, they viewed their everyday actions (e.g., locking a door, tooth brushing) more in terms of why they were performed than how they were performed, they drew more connections between their current actions and their personally significant future goals, and perceived past actions as particularly consequential in molding their current self.

There is also evidence that mortality thoughts fuel teleological attributions—beliefs that things exist and happen for a reason, that there is a purpose to everything. Such beliefs seem to effectively soothe death anxiety. For instance, Davis et al. (2011) found that experimentally induced teleological beliefs about the natural world (e.g., “Bees carry pollen in order to help flowers reproduce”) decreased the accessibility of death thoughts, whereas mortality reminders increased belief in a purposeful world and in scientifically unwarranted teleological statements (e.g., “Forest fires occur in order to clean up the forest”). Similarly, Bassett and Going (2012) reported that mortality salience manipulation increased study participants’ endorsements that a negative, life-altering event “happened as part of a grand purpose even if those involved don’t realize it.” They also found that mortality salience made participants less likely to think that occurrences were due to chance or luck, especially when these occurrences had significant consequences.

The capacity for self-consciousness and self-transcendence, for stepping back and “viewing ourselves from a perspective broader than we can occupy in the flesh” (Nagel 1971, p. 725), is the crowning achievement of the symbolic animal. Yet, as we have noted, these most advanced, most precious traits of humankind come with a price: they invite profoundly disturbing insights. The brevity of our lives and the minuteness of our existence in the vastness of the universe become all too apparent when we look at ourselves from the perspective of the eternal.

“The meaning of it all” becomes an inevitable question. Yalom (1980a, b) differentiated between two types of such higher-level meaning. He wrote that “What is the meaning of life?” is an inquiry about cosmic meaning, “about whether life in general or at least human life fits into some overall coherent pattern” (p. 423). This type of meaning usually implies a grand design—some supernatural, spiritual, or divine ordering of the universe. The inquiry into “what is the meaning of my life”, on the other hand, is about terrestrial meaning. Terrestrial meaning is related to having a purpose and overriding goals in life—the sense that one has reasons to get out of bed every morning, a function to fulfill in life. TMT argues that the desire to supply life with meaning, be it of cosmic or terrestrial nature, is partly motivated by an awareness of our existence as fragile and finite on the cosmic scale of time and space. Our knowledge of the inescapability of death gives rise to a potential for paralyzing existential terror, and one effective way to cope with this terror is to imbue life with meaning.

Mortality and Cosmic Meaning

Cosmic meaning entails the notion that the universe and human existence fit into some overall coherent “master plan.” Believing that there is a superordinate design to life and that each person has a role to play in this design can be an extraordinary source of security and comfort in the face of death anxiety. For most people, no human institution is in a better position to provide this sense of meaning than religion, which probably helps to explain its enduring popularity in various forms across time and space. Religions typically supply the individual with a comprehensive meaning schema, according to which the world and human life are part of a divinely ordained plan. This plan includes explanations about the “whence and whither” of humankind, and theodicies to understand why suffering exists. This broad, overarching framework of meaning, together with the promise of afterlife offered by the vast majority of religions, offer an effective antidote to death anxiety.

Empirical evidence for the terror management function of religions is robust. For example, Batson et al. (1993) reported that intrinsic, genuinely held religious beliefs are associated with lessened death anxiety and heightened existential well-being. Jonas and Fischer (2006) found that people high in intrinsic religiousness displayed lower death-thought accessibility following mortality salience if they were given a chance to affirm their religious beliefs. Norenzayan and Hansen (2006) demonstrated that after the activation of death thoughts, participants, and particularly those who were religiously affiliated, reported stronger belief in God and divine intervention, even showing greater belief in spiritual entities associated with religious faiths other than their own. These and other studies reveal the link between mortality concerns and religious inclination (for a comprehensive review see Vail et al. 2010) and emphasize the importance of religion as a uniquely potent provider of cosmic meaning in shielding people from death anxiety.

Mortality and Terrestrial Meaning

The past few centuries and especially decades have witnessed the decline of religious worldviews in the developed world, indicating a potential decline in cosmic meaning. Having a sense of cosmic meaning surely helps to assuage existential anxiety, yet at the same time, many people seem to be fine without it. Having terrestrial meaning in one's life—a solid answer to the question “what is the meaning of my life?”—on the other hand, might be more indispensable to psychological well-being. Awareness of the transience and finiteness of life inevitably prompts questions about the meaning of life. For example, Tolstoy, at the age of 50 and on the verge of suicide, voiced his own questions in this way: “What will come from what I am doing now, and may do tomorrow? What will come from my whole life? Otherwise expressed—Why should I live? Why should I wish for anything? Why should I do anything? Again, in other words, is there any meaning in my life which will not be destroyed by the inevitable death awaiting me?” (1929, p. 20).

The claim that death robs life of its meaning, echoed by Tolstoy, is somewhat ironic however. Try for a moment to imagine life without death. Does it strike you as a particularly desirable idea? Does an infinite life necessarily promise more meaning than a finite life? This is doubtful. On the contrary, as many philosophers have noted, what gives life its depth, meaning, and intensity is mostly that it is finite, that it is transient. Of course, regardless of what such rational analyses suggest, the reality of mortality is instinctively abhorrent and almost automatically provokes questions about meaning in life. The idea of death and meaning in life are so intimately related that thinking about meaning in life increases the accessibility of death thoughts (Taubman-Ben-Ari 2011). It thus seems virtually impossible to think about the meaning of life without arousing thoughts about death. In direct support of the hypothesis that meaning in life protects against death anxiety, Routledge and Juhl (2010) document that mortality salience increases death anxiety but only for those who reported a low sense of meaning in life.

How do people go about securing the terrestrial meaning that we argue is so critical to existential well-being? Above everything else, they try to achieve some sort of identity and significance in the world, to leave their print in the sands of time—thereby rendering annihilation through death a less unbearable prospect. In Ernest Yalom's words, “meaning, used in the sense of one's life having made a difference, of one's having mattered, of one's having left part of oneself for posterity, seems derivative of the wish not to perish” (1980, p. 465). In order not to “perish”, people seek meaning in endeavors that promise some sort of continuance across time and space. In keeping with the notion that connection is the essence of meaning, meaning in life involves connection to entities larger and longer-lasting than oneself—those that offer the hope of transcending transience and somehow enduring in the world, those that provide people with symbolic immortality. Symbolic immortality refers to the sense that one is a valuable part of something larger, more significant, and longer lasting than one's individual existence—something so vast and meaningful that it will not be shattered by one's personal death (Lifton

1979). People seek symbolic immortality through the family, nation, religion, science, art, or other aspects of their cultural worldviews. By expanding themselves in and merging with such causes of lasting worth, they not only attain a sense of enduring self-significance and meaning, but simultaneously shield themselves against existential anxiety (Florian and Mikulincer 1998).

Self-esteem and meaning in life are closely associated (e.g., Baumeister 1991; Heine et al. 2006). We view self-esteem as a gauge of how well one's project of symbolic immortality is progressing, which would explain the positive correlation between self-esteem and meaning in life. Participating in grand causes that are not doomed to a mortal human fate and living up to one's values and ideals can be a wellspring of both self-esteem and meaning in life. Self-esteem is a major component of the existential anxiety buffer and an avalanche of TMT studies has documented its role in moderating responses to death reminders (e.g., Greenberg et al. 1992; Harmon-Jones et al. 1997). Although a detailed overview of this body of work is beyond the scope of this chapter (for recent overviews see Arndt 2012; Pyszczynski and Kesebir 2013), it should be noted that, to the extent that self-esteem and meaning in life are overlapping constructs, studies into the existential functions of self-esteem also testify to the role of personal meaning as an existential anxiety buffer. Further underscoring the interdependence of self-esteem and meaning in life, research finds that mortality salience increases perceptions of meaning in life for those high in self-esteem, but decreases it for people with low self-esteem (Routledge et al. 2010; Taubman-Ben-Ari 2011). Presumably, death cognitions intensify the need to find meaning in one's existence, and for those who are feeling good about themselves and their symbolic immortality project, this leads to an increased perception of meaning in life. In contrast, for those who feel they are not faring well in their existence project, thoughts of mortality result in views of their life as less meaningful.

It is important to emphasize that all the striving to transcend death and insignificance plays out in culture. Spheres of life in which people typically seek and find meaning—be it religion, politics, science, or art—are uniquely human, uniquely cultural. Cultures thus serve as the critical source for the higher contexts and larger schemes that are evocative of infinity, thereby fulfilling important existential functions (Becker 1973; Kesebir 2011). Accordingly, cultural worldviews are an essential component of the existential anxiety buffer and mortality reminders intensify the need to hold on to one's worldview and defend it against rival worldviews (Greenberg et al. 1990). People derive ultimate meaning and value from their cultural worldviews, and that is what makes them such effective shields against existential anxiety. On the flip side, because they are imbued with such extraordinary, and at times sacred, meaning, people are willing to go to extreme lengths to protect themselves against perceived attacks, especially when existential concerns are elevated, resulting in intractable intergroup conflict and violence (for overviews of the topic, see Greenberg et al. 2009; Kesebir and Pyszczynski 2011; Niesta et al. 2008).

When people are asked what gives meaning to their lives, the majority indicate their relationships with other people as the most important source of this meaning (Emmons 2003; Steger 2009). Close relationships with others constitute a vital

part of the existential anxiety buffer (Hart et al. 2005; Mikulincer et al. 2003), and we argue that, as with self-esteem and faith in cultural worldviews, part of their existentially soothing function lies in the sense of meaning they provide.

A number of scholars have suggested that the self is a poor place to find meaning, and that any enduring source of meaning in life should involve devotion to something larger (e.g., Baumeister 1991; Seligman 2002; Reker and Wong 1988). We share this contention—only endeavors in domains which transcend the self (e.g., work, relationships, dedication to a political cause, religion, science) and contain “a glimpse of eternity” (Emmons 2003, p. 113) can shield people from fears of meaninglessness and insignificance.

Conclusion

In this chapter, we approached the need for meaning from an existential perspective, and argued that meaning at both micro and macro levels is crucial to ward off the fear accompanying awareness of mortality. At a micro level, we need things to make sense and fit the knowledge schemas with which we are familiar, or at least comfortable. Particularly for people who have a stronger need for order, structure, and clarity, securing this type of meaning can play an essential role in buffering death anxiety. At a macro level, perceptions of life as meaningful are vital to keep death anxiety at bay. Becker wrote that “man cannot endure his own littleness unless he can translate it into meaningfulness on the largest possible level” (1973, p. 196), and indeed people everywhere seek personal meaning in domains that could allow them to transcend their corporal and temporal limitations. Sources of meaning in life and the components of the existential anxiety buffer as delineated by TMT (e.g., symbolic immortality, self-esteem, faith in cultural worldviews, and close personal relationships) overlap remarkably, highlighting once more the centrality of meaning to any endeavor aimed at symbolically defying death.

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Chapter 5

Meaning in Terror Management Theory

Adrian Tomer

This chapter includes a discussion of the concept of meaning and meaning-finding processes in TMT. Although TMT theorists recognize the importance of growth processes, meaning striving is treated in TMT as a defensive mechanism, intimately connected to the social-cultural context that is designed to offer protection against the existential fear of death by strengthening an individual's sense of self-worth. Beliefs in symbolic immortality, and even literal immortality, are also treated from the same defensive posture. In contrast, we argue that a growth perspective should consider the ways meaning construction may profoundly affect the way life and death are viewed. By doing so, the need for existential defenses may be drastically modified and possibly reduced.

Introduction—The Management of Death Anxiety

Meaning, the search for it, and the construction of it are at the core of the TMT (see for example Pyszczynski et al. 2004a; Solomon et al. 2004). The role played by meaning, and by culture as a system of meanings, is described in many publications dealing with empirical investigations or theoretical presentations of TMT. In particular, the issue of meaning is discussed at length in a relatively popular source (Pyszczynski et al. 2003a, b). To quote from it: “In this way, cultural world views set up the path to immortality, to transcendence of one's own death. By being valued contributors to such a meaningful world, we become permanent constituents of an eternal symbolic reality, instead of just corporeal beings in a wholly material reality” (p. 19). On the other hand, the role played by meaning in TMT was met by some uneasiness and resistance on the part of the psychological community. This uneasiness is clear when one reads, for example, the reactions to TMT and to the comprehensive presentation

A. Tomer (✉)

Department of Psychology, Shippensburg University, Shippensburg, PA 17257, USA
e-mail: adtome@ship.edu

of it by Pyszczynski et al. (2004a) on the pages of the 2004 Psychological Bulletin (in particular Crocker and Nuer 2004; Ryan and Deci 2004) or Wong's proposal and articulation of a meaning management theory instead of a TMT (Wong 2008; Wong and Tomer 2011). This type of opposition to TMT persisted in spite of the impressive empirical support that accumulated over time and in spite of the fact that terror management theorists published several thoughtful pieces that included a clear recognition of the fact that TMT is a limited theory that "provides an incomplete picture of the human condition" (Pyszczynski et al. 2003a, p. 322) and in spite of their very plausible attempt (Greenberg et al. 1995; Pyszczynski et al. 2003a, b) to construct a dual motive model that integrates the defensive perspective that is dominant in TMT with a growth perspective emphasized in other theories, in particular in Self-Determination Theory (SDT, see for example Deci and Ryan 2000). In this chapter we shall analyze the role played by meaning and meaning integration in TMT and the limitations of TMT in dealing with meaning-related processes (for a more general discussion of meaning as related to death attitudes see Tomer 2012).

Meaning in TMT

To be able to understand the source of this uneasiness and resistance toward TMT and to evaluate the appropriateness of the response to the critique we need to appreciate the exact role played by meaning in TMT. The main psychological construct that serves in TMT as a protective defense against the deep existential anxiety associated with death awareness is the construct of self-esteem. By finding meaning, individuals build their self-esteem, which then serves as a main buffer against death anxiety. To quote again from Pyszczynski et al. (2003, p. 22), "individuals must perceive themselves as valuable and significant participants in the cultural drama to which they subscribe in order to qualify for the security-providing sense of death transcendence. Accordingly, all cultures have social roles with prescriptions of appropriate conduct; those who meet or exceed those standards obtain self-esteem: the belief that one is a person of value in a world of meaning. The primary function of self-esteem, then, is to buffer anxiety, especially anxiety associated with vulnerability and death." Thus TMT, departing from the premise of the universality and potentially paralyzing effect of the fear of death (the "terror"), postulates that a main role for human cultures is to allow people born in those cultures to attain, via the integration of cultural meanings, a sense of self-esteem that will protect them against the terror and will allow them to function smoothly in the society. Consequently, meaning is not a primary goal but rather a means toward attaining self-esteem.

The Anxiety-Buffering Function of Self-Esteem

But why does self-esteem serve an anxiety-buffering function? TMT developers borrowed this assumption from Becker (1962) and the empirical work they and others have conducted to test the anxiety buffer hypothesis has been largely

supportive. A high self-esteem seems to allow people to be less death avoidant (i.e., Greenberg et al. 1993). To understand better the meaning of self-esteem we have to go back to the attainment of meaning that was the basis for the sense of self-esteem and the sense of “primary value” or “cosmic specialness” (Becker 1973, p. 5) that comes with it. This attainment of meaning is in fact considered by the TMT theorists to be an attainment of “symbolic immortality” (Dechesne et al. 2003). We can say that self-esteem is protective since symbolic immortality is being achieved, and symbolic immortality functions in a way similar to real or literal immortality. TMT proponents have indeed suggested the existence of such a similarity (Dechesne et al. 2003). Other important corollaries of the assumption that self-esteem plays a defensive role and is anchored in one’s cultural system of beliefs and values deal with the consequences of one’s mortality becoming more salient. These consequences are of two kinds: an increased need to defend one’s system of reference (the mortality salience world view defense hypothesis) and an increased effort to strengthen one’s self-esteem (the self-esteem as anxiety buffer hypothesis), for example by increasing identification with positive qualities of oneself or one’s in-group (e.g., Pyszczynski et al. 2003a, b, 2004a; Solomon et al. 2004). From a perspective of meaning, the first outcome seems to be the most important, since it involves the need to defend the system that provides meaning to life. The bulk of TMT studies have been devoted to showing that a mortality salience manipulation makes one less tolerant vis-à-vis hypothetical others who challenge the system and more enthusiastic vis-à-vis anybody who embodies or validates one’s world view.

TMT, The Reaction to Meaninglessness, and the Need for Meaning

TMT researchers have conducted several creative studies that applied TMT to the tendency to react negatively to “meaninglessness” that can be found in modern art (Landau et al. 2006). In these studies by Landau and colleagues a typical mortality salience manipulation (involving a description of emotions that the thought of one’s own death arouses) was followed (after a delay) by a task that involved looking at two abstract pictures and deciding how attractive those pictures were. As hypothesized, the participants exposed to the mortality salience manipulation found the pictures less attractive than those in the control group. Subsequent experiments qualified the result and limited it to individuals who had a high personal need for structure (order, certainty, and definite knowledge). The studies also raise the question of the tendency to avoid meaninglessness, versus the tendency to prevent or manage death anxiety, as the primary motivation (Landau et al. 2006). We’ll return later to this question. For now we can remark that the need to avoid death anxiety, and the desire to live meaningfully, are entirely consistent and can complement one another without one being more “fundamental” than the other. Living meaningfully might change the concept of death itself. On the other hand, the salience of death might strengthen an existent (primary) drive to achieve meaning.

The increased need for meaning following a mortality salience manipulation was demonstrated by Florian et al. (2002) in the context of close, romantic relationships. In one of the studies, making mortality more salient made the participants in the experimental group display more intense romantic commitment toward their partner. On the other hand, in another study by Florian and colleagues (Florian et al. 2002), asking people to think about their commitment reduced or canceled the effect that mortality salience had on severity ratings of moral transgressions. From a strict TMT perspective, relationship commitment should be connected to the self-esteem buffer so that, for example, thinking about a romantic commitment should result in strengthening one's self-esteem. However, it seems equally possible, if not more plausible, that making life more meaningful via close relationships changes the way both life and death are conceptualized. Meaning, in the form of a close relationship, can constitute a "fundamental anxiety buffer" (Florian et al. 2002, p. 538) that is distinct from the self-esteem anxiety buffer. In fact, it is possible to go even further and suggest close relationships that infuse meaning in one's life may obviate or reduce the need for defenses against death awareness.

Two Types of Meaning-Related Processes—Terror Management vs. Meaning Management

It is worth remarking that in Becker (1973) there are, in fact, two types of meaning-related processes. One process assumes identification with societal norms (p. 170). This is the type of process incorporated in TMT. The other process involves a more active construction of meaning through "personal heroism" and it is therefore more "meaning making" than "meaning finding." Becker is in fact aware that both types of meaning-related processes are at work in all individuals who are governed by the "two basic ontological motives of the human creature" (p. 152)—the need to merge with the rest of nature (Agape) and the need to expand, be unique (Eros). It is, though, fair to say (see also Wong and Tomer 2011) that meaning has been approached within TMT from a defensive perspective. Meaning finding or meaning making are considered not as an expression of a fundamental need to create and experience meaning but rather as a way to improve one's self-esteem to increase one's defenses against death. In contrast, in Meaning Management Theory (MMT) Wong (2008, 2012) emphasizes meaning-seeking as a primary motivation. According to MMT, death is meaningful and the problem belongs to the individual to fully understand its meaning. We start realizing the meaning of death when we start realizing that it is the awareness of a finite, limited life that urges us to realize as much meaning as possible. Moreover, the person who is focused on life and meaning will approach death itself with hope and faith.

As such, Wong's approach is growth-oriented and it does not necessarily contradict the TMT that deals with defense against the terror of death. In fact, as mentioned above, the urge for self-expansion or for growth has been recognized by TMT exponents (e.g., Pyszczynski et al. 2003a, b). Although there is no formal contradiction between the two views, it is plausible that existential anxiety may make growth

very difficult or impossible (e.g., Pyszczynski et al. 2003a, b) and therefore it has to be taken care of first for expansion and growth to be possible. On the other hand, growth, which is by definition accompanied by unpredictability, may undermine the security offered by identification with one's world view. The TMT theorists propose therefore a "dialectic spiral of meaning and value construction, threatened by explanation, and then requiring further internal revisions, which allow further expansions, and so forth" (Pyszczynski et al. 2003a, p. 329). This is a very plausible proposition. However, what seems to be ignored or slighted is the possibility that growth-related processes are sometimes processes that expand and strengthen meaning rather than undermining it. Moreover, by changing the way people view themselves, view their life and eventually their death and the world around them, these processes might reduce the necessity for defense. The previous example of romantic relationships may be of this type. In the next section we'll discuss a simple example which is based on the ability of people to imagine themselves living a meaningful life and ending this life in a meaningful way.

The Concept of Death: The Good (Meaningful) Death

Instead of using meaning for defensive purposes it is possible to use meaning in a transformational way, one that in fact changes the way death might be considered and feared or approached. An important step in this direction was taken by Rogers (2011). The researcher makes a distinction between different types of death or dying. A meaningful death may be one that takes place when one is surrounded by family members and that is not premature in the sense that the person has accomplished his or her important life goals. In fact, participants in this study, in the meaningful mortality salience manipulation, were allowed to define a meaningful or ideal death for themselves and many provided a description similar to the one mentioned above. In this condition, the tendency among the Christian undergraduate students who participated in the study to evaluate a Jewish target more negatively than a Christian target disappeared. In contrast, a typical mortality salience manipulation involving a description of the emotions that the thought of personal death arouses resulted in significantly more negative ratings of the Jewish target. Apparently, the modification of the mortality salience manipulation obtained by emphasizing the meaningful character of death canceled the need for defense and made the participant react to the target in a way that was not different from the way displayed by the participants in the control group who were not subjected to any mortality salience manipulation.

The Concept of Death: The Epicurean and the Neo-Epicurean View

Paradoxically, a different approach to meaning promises to rescue humans from the terror of death by denying its presumed meaning—the idea that death is something terrible. There is no need for fear since, to cite Epicurus, "death is nothing

to us. It concerns neither the living nor the dead, since for former it is not, and the latter are no more” (Epicurus 1925, in letter to Monoeceus). The terrorized individual is one that imagines oneself dead. Then, surreptitiously, he or she looks at this state of nonexistence or annihilation from outside. But there is no outside and, as a consequence, according to the Epicurean view there should be no fear. The Epicurean position was criticized since, taken seriously, it implies not just an indifference toward one’s own death but also a complete indifference toward life or extension of life (Luper 2004). But, as cogently argued by Luper, one cannot be indifferent toward life and one cannot abstain from shaping and pursuing goals. Instead, Luper proposes the idea of a neo-Epicureanism based on the concept of formulating goals and/or desires in a way that makes it likely that, under normal circumstances (e.g., a normal lifespan), we should be able to achieve or satisfy them. Luper’s philosophical treatment here is consistent with the reframing of time, the increased emphasis on short-term goals, in particular on emotion-related goals, that happens in older age according to Socioemotional Selectivity Theory (e.g., Carstensen 1991, 1992; Carstensen et al. 1999, 2003).

One could say, as suggested by Luper, that people who perceive their time as limited tend to epicureanize their desires. Moreover, this idea is also consistent with the Comprehensive Model of Death Anxiety formulated by Tomer and Eliason (1996, 2000a, b) that suggests that regrets of different kinds are directly related to death anxiety. Formulating achievable, realistic goals for the limited time that is left (thus reducing potential “future-related regrets”) can reduce death anxiety. In addition, minimizing “past-related regrets” as much as possible, for example by conducting a life review that will put to rest past mistakes and infuse as much meaning as possible into one’s life (e.g., Erikson 1980; Frankl 1986), will also affect death anxiety in a salutary way. Finally, it is possible to understand Epicurus and the Epicurean perspective as an attempt at moving away from the idea that a future world that does not include me is, by necessity, a terrible condition. Seen in this way, the realization of nothingness may be seen as liberating. The individual who engages in this kind of intellectual exercise might feel that he or she is allowed to live fully and to take upon himself/herself all the risks that living fully might involve.

The Multiple Meanings of Death—Victor Florian’s View

Victor Florian has been one of the strongest proponents of a multidimensional approach to the study of death anxiety and its diverse meanings (for a presentation of his work in this area see Mikulincer and Florian 2008). Together with his colleagues (e.g., Florian and Kravetz 1983; Florian et al. 1984), Florian put forward and supported empirically a tridimensional model of fear of personal death that distinguished between three main aspects of meaning: the intrapersonal (concerning one’s major life goals), the interpersonal (concerning the effect of death on close relationships), and the transpersonal meaning (concerning fear

regarding the hereafter). Different individuals might emphasize different meanings. Correspondingly, making death salient might threaten the meaning that the individual tends to emphasize. As a result, the individual might judge more severely hypothetical transgressions that are particularly relevant to the emphasized meaning (Florian and Mikulincer 1997). For example, a person who cares more about death in the context of family relationships might judge more severely a hypothetical, negligent physician who wreaks havoc in one's family due to a faulty diagnosis. Results consistent with this hypothesis were reported by Florian and Mikulincer (1997). These results show that the activation of defenses depends on the meaning given to death by the individual (see on this point Mikulincer and Florian 2008). This is an important qualification for TMT.

Death Anxiety in Old Age and TMT

Paradoxically, older adults do not appear to fear death more than younger adults (e.g., Neimeyer et al. 2004), although their life expectancy is lower and in fact is reduced to just one digit number as the person is approaching 80. The increase in death salience is indeed accompanied by an increase in thinking about death (e.g., Kalish 1977), but not by an increase in death anxiety. Moreover, it seems that sources of self-esteem are dwindling in older age. For example, older adults might feel less connected to the cultural system when they retire and when they find themselves in a society that is very different from the one they have been used to living in (McCoy et al. 2000). In spite of these changes, older adults maintain relatively high levels of self-esteem, at least to the age of 80 or so (Orth et al. 2012). According to TMT, we should have expected a decline in self-esteem and an increased sensitivity of older adults to death salience. Although there is a decline in self-esteem following a peak in middle age, levels of self-esteem remain at a reasonably high level for a few more decades. Moreover, there is no evidence for an increased sensitivity to mortality salience other than an increased likelihood to think about the end of life. TMT theorists have considered a number of possible mechanisms that hypothetically may be used by the older adult to defend their "old" world views. For example, they may adjust downwards their standards of value and might reset values to make them compatible with present capabilities (McCoy et al. 2000). A few other suggested processes are particularly important in the present context since they are connected to meaning. One is a hypothetical process of individualization of one's world view by creating an "idiosyncratic conception of self and the world" (p. 52). By doing this, the older individual might become less reliant on social consensus, less in need of external validation, and less vulnerable to threat. The authors suggest that the increase in the importance of intrinsic religiosity and spirituality that we see in older age may be an expression of this process of individualization. Another meaning-related process that is proposed by McCoy and colleagues is life review (Erikson 1980). The process is designed to find the meaning of one's life by examining the past. Instead of deriving self-esteem from present accomplishments the

older individual derives it from past experiences and accomplishments. In fact, in addition to the increasing reliance on the past, (and as mentioned before in connection to the Socioemotional Selectivity Theory—Carstensen 1991, 1992), older adults increasingly rely on the present, on short-term goals, in particular emotion-related goals that can be accomplished with a relatively small number of close and trusted friends and relatives. Such a restructuring of the time perspective, and of life goals and desires, will make one less dependent on societal approval. Thus, from a TMT perspective, it can be argued that all these meaning-related processes have the effect of maintaining self-esteem and protecting against death anxiety, in spite of the relative lack of external validation.

McCoy et al. (2000) point also to other processes that have the potential to modify the self-concept perhaps even more fundamentally. Thus, middle-aged and older individuals see an increase in generativity that is conceptualized as an investment in the younger generation (Erikson 1980; McAdams et al. 1993). Generativity can be seen as an expression of self-transcendence. By broadening the self one can escape the predicament of death and attain death transcendence (Lifton 1979; McCoy et al. 2000). Similarly, Tomer and Eliason (2000a, b) pointed to life-review and life-planning processes as performing a self-transcending function. The concept of cosmic gerotranscendence proposed and empirically demonstrated by Tornstam (1994, 1997), and defined as a state in which the individual feels a connection to the universe, is also consistent and supportive of such a view.

It is arguable that such a reconstruction of the concept of self implies a reconceptualization of the concept of death itself. Personal death is the cessation of the narrow self. Such a cessation is, however, compatible with the survival of the broad, encompassing self. At this point TMT, based as it is on the postulate of universality and depth of existential terror, does not apply any more. We can also remark that the concept of self-esteem defined as the worth of the narrowly constructed self does not seem particularly relevant. It might be helpful to look at the situation from the perspective of the Model of Death Anxiety put forward by Tomer and Eliason (2000a, b). In addition to the two types of regret mentioned above, death anxiety depends on the “meaningfulness” of death, i.e., on the way death is conceptualized. Moreover, the way death is being perceived is in part a result of basic beliefs about the self. The attainment of a broad self should translate into a new view of death and of “post-death time”. The post-death time remains a meaningful time, in spite of the personal death and the annihilation of the narrowly defined self.

Death Acceptance Versus Fear of Death and Symbolic Versus Real Immortality

Further limitations of TMT are clear when we consider other death attitudes than death anxiety, in particular death acceptance. The challenge here is to provide an account of death acceptance that is different “enough” from the account for death anxiety. Indeed Wong et al. (1994) developed the death attitude profile (DAP-R)—a

tool for the measuring of a variety of death attitudes—based in part on the assumption that there is an inverse relationship between fear of death and the ability to find meaning in life while there is a direct relationship between the degree of meaningfulness in one's life and this person's ability to accept death. Consistent with this view, fear of death and death acceptance were only moderately correlated ($r = -.40$) in a sample of diverse age categories, while an even lower correlation ($r = -.20$) was found between approach acceptance of death and death avoidance. Other studies have found virtually no or low or moderate correlations between measures of death anxiety and measures of death acceptance (for a short review see Tomer 2012). A major ensuing conclusion seems to be a reaffirmation of the original position of Wong and colleagues (Wong et al. 1994) according to which fear and acceptance of death should not be considered as two poles of one dimension but rather as separate dimensions. Consistent with this, there is evidence for seeing positive and negative emotions as expressions of distinct motivational and physiological systems, a point indicated by Pyszczynski et al. (2003a, b) as part of their argument for considering a theory of growth as complementary to TMT.

In view of the aforementioned arguments it is possible to look at Meaning Management Theory as a theory relevant to death acceptance versus TMT which is a theory of (defense against) death anxiety. To reiterate, viewed in this way, the two theories are not competitive but rather complement one another. There are reasons, however, to suspect that death attitudes, although distinct and only slightly or moderately correlated, may influence one another. Moreover, acceptance of death in an individual may influence how this individual will react to death salience. This point is made by Wong (2008). For example, making death more salient for a person high on escape acceptance (i.e., for a person who wants to escape the misery of life) or for a person high on neutral acceptance of death (i.e., a person who accepts death as natural and as an integral part of life) might have a lesser effect than it might have on a person low on this dimension. Consistent with this view, Tomer and Eliason (2000a, b) provided evidence for the plausibility of a model that assumes that approach dimensions may influence death anxiety (in addition to death salience and other beliefs about the self and the world). In particular, they reported negative path coefficients, in both young and old individuals, for a path leading from neutral acceptance to fear of nonbeing. Such a finding is also consistent with the Comprehensive Model of Death Anxiety (Tomer and Eliason 2000a, b), assuming that we interpret neutral acceptance of death as reflective of the way death is conceptualized (i.e., the “meaning of death”—see on this topic Tomer 2012; Tomer and Eliason 2008).

Other forms of acceptance can modify the fear of death or, at least, the reaction to mortality salience. Thus, Dechesne et al. (2003) have shown that encouraging participants to believe in an afterlife virtually eliminated the effectiveness of the mortality salience manipulation as expressed, for example, in the inclination to punish hypothetical social transgressors or in the need to reaffirm that one possesses positive personality traits. The authors interpreted the result as indicating the functional similarity of the belief in a literal immortality (the belief in an afterlife), on the one hand, and symbolic immortality that is typically attained by an increase in self-esteem as a result of identification with one's world view, on the other. In

other words, a belief in literal immortality is presumed—in a Freudian tradition (Freud 1927)—to be completely irrational and explainable on defensive grounds. While the author here is sympathetic to such a perspective, it is worth remarking that strengthening the belief in an afterlife and in the existence of literal immortality means modifying the way death is conceptualized, increasing the approach acceptance of death and possibly decreasing the fear of death. The situation seems similar to the result obtained by Rogers (2011) by encouraging his participants to think about a “good death” such as a death surrounded by close, caring people. The meaning of death is being transformed in both cases in a way that makes TMT not applicable any more—precisely because there is nothing to defend against. In this light we can understand better the finding of reduced fear of death in older age that we discussed above. As older adults broaden the self-concept, minimize regrets (e.g., Tomer and Eliason 2000a, b), and deepen their spirituality, they decrease fear of death and increase approach acceptance and neutral acceptance of death. The question of whether the changes in the self-concept and in the death concept are defensive, or reflect growth or both, cannot be approached from a strict TMT perspective that is essentially committed to a defensive explanation. Moreover, we can see again that a more complete theory is necessary and such a theory should consider simultaneously multiple (at least dual) motivational systems, multiple death attitudes, and/or cognitive dimensions of death, in addition to the self-esteem construct. While the dual motive approach introduced by TMT theorists (e.g., Pyszczynski et al. 2003a, b) is an important step in this direction, this step does not suffice since it does not deal in fact with the ways the concepts of self, life, and death are constructed, interact one with another, and may reduce (or may enhance) the need for defense as a result of these new ways of conceptualization.

To further elaborate on this point, it is instructive to contrast the concept of symbolic immortality used in TMT with the concept of symbolic immortality as developed by Lifton (1979). In TMT, symbolic immortality is attained by finding meaning in the universe via a process of assimilation and integration of basic cultural norms, roles, and values. Lifton, on the other hand, distinguishes between no fewer than five levels of symbolic immortality including the creative mode and the biological mode. Those modes are more reflective of the growth motivation. They may be antidotes to death anxiety (see Liechty 1995), not because they are defenses, but rather because they modify the concept of self, the world, and, with them, the concept of death itself. We might not transcend death in the literal sense of an external afterlife. We may transcend death symbolically or imaginatively and by doing this we modify the concept of personal death. While the new concept of personal death may retain the character of the annihilation of the (narrowly defined) self, it may add the dimension of continuity of the (broadly defined self) through biological connectedness or through creation and generativity. Moreover, while eternity, as limitless time, might not be possible for an individual (and probably not even for a whole species or for the whole universe), eternity is possible in the form of experiences that put us in contact with long-lasting meanings. Also, as frequently remarked (see, for example, Frankl 1986; Yalom 1980), the stringent limits of our existence and the painful awareness of these limits make us more

likely to live our life more powerfully and authentically by allowing us to be more in contact with the everlasting meanings.

We can reach a similar conclusion by considering, instead of Meaning Management Theory, the Self-Determination Theory (SDT; Deci and Ryan 2000), which is the theory selected by TMT theorists as complementary to TMT (or as promising for integration purposes). In SDT there is a basic distinction between two different types of life goals: extrinsic and intrinsic. The intrinsic goals (for example to create something of value) are a reflection of individuals' growth motivation while the extrinsic goals (for example to be rich) reflect the dependency on others for approval and a sense of self-worth. From an SDT perspective it is plausible to hypothesize that formulation and realization of intrinsic goals are conducive to death acceptance and protect against fear of death. Thus, while this realization may increase a sense of value or worth, the defense against death awareness and terror does not constitute the primary motivation for pursuing the intrinsic goals. Some supportive findings were reported by Van Hiel and Vansteenkiste (2009) in a sample of older individuals. In both studies reported by these authors, high intrinsic goal achievement was predictive of more death acceptance and of less death anxiety. On the other hand, extrinsic goal attainment predicted less death acceptance and more intense death anxiety in the participants who emphasized the achievement of those goals. Thus, from an SDT perspective, the need for defensiveness should be largely relegated to the extrinsically motivated individual, while from a TMT perspective a self-esteem that is based on intrinsic motivation constitutes a solid buffer that will free people to pursue other self-determined aspirations (2004). What is still not appreciated in TMT seems to be the importance of meaning-related processes and experiences as constituting an expression of growth and development (rather than being an expression of always having a defensive motivation) and as being able to change the way life and death are conceptualized. The growing individual may be less afraid of death because of the accomplishments of authentic and self-determined goals and the corresponding lack of life regrets. In this context, we would like to refer the reader again to the presentation of the Comprehensive Model of Death Anxiety by Tomer and Eliason (2000a, b) and the emphasis in this model on the concepts of regret and on the way death is constructed by individuals. Victor Florian's tridimensional model of fear of personal death (e.g., Florian et al. 1984) that distinguishes between different aspects of meaning related to death (presented succinctly in a previous section) is also consistent with this view.

Conclusions

Meaning-related processes are at the heart of TMT. TMT theorists have been consistent in describing the process of meaning search, or meaning striving, as one of self-esteem striving. The latter process is essential in TMT, since self-esteem serves as a buffer against the awareness of one's mortality. This view inextricably links the meaning-related processes to the social-cultural context that provides, in fact, "the

meaning” or, at least, the ability to achieve some sense of meaningfulness. In this chapter we tried to provide evidence for a somewhat modified view that relates meaning striving to growth motivation and not only to defensive motivation. We have argued that such a view is, in fact, consistent with Becker’s description of the “twin ontological motives” (Becker 1973, p. 159) as well as with his description of the drive to immortality as “a reaching out by one’s whole being toward life” (p. 152). Therefore, the drive to immortality is not just “a simple reflex of death anxiety.” This description of immortality striving by Becker stands in contrast with the standard description of symbolic immortality in TMT (and, in fact, with the description of literal immortality, as well) that, as we have seen, is typically attained by an increase in self-esteem as a result of identification with one’s world view. Corresponding to a modified view about meaning-related processes and death attitudes, and consistent with some of the critique (Deci and Ryan 2000; Wong 2008; Wong and Tomer 2011), we are putting forward several propositions: (1) The search for meaning and meaning construction are often directly related to the growth motivation. (2) The construction of meaning may play a role in modifying death attitudes, such as fear of death and death acceptance, via processes that are different from the self-esteem enhancement processes. In this chapter we have provided evidence for some of these processes. Thus, we have seen that focusing on the concept of an ideal death (Rogers 2011) allows the elimination of the mortality salience manipulation effects. Similarly, focusing on meaning-providing close relationships cancelled the effects of the mortality salience manipulation (Florian et al. 2002). These effects are also contingent on the type of concept of death somebody possesses (Florian and Mikulincer 1997; Mikulincer and Florian 2008; Tomer and Eliason 2000a, b). Moreover, broadening of the concept of self via generativity (a form of symbolic immortality), particularly in older age (e.g., McCoy et al. 2000; Tomer and Eliason 2000a, b) allows people to attain a sense of equanimity and death acceptance, and to have a reduced fear of death. (3) Meaning-related processes should also be connected to a fundamental desire for meaning that is evident in humans (and probably in other species as well). Some experimental results by TMT researchers (e.g., Landau et al. 2006) can be naturally understood in this way. It is indeed difficult to separate the fear of death as annihilation of the self (and of the self’s ability to experience meaning) from the fear of meaninglessness and the desire for meaning. However, as a study such as that of Rogers demonstrates, it is not impossible. It was frequently emphasized that an increased awareness of death may translate into an increased desire to focus on what matters, while this is still possible—in the present. The awareness of death makes one more aware of the importance of meaning and more fearful of its potential “disappearance.” On the other hand, it increases the basic drive to attain meaning while alive (on this point see Cicirelli 2011).

An operative conclusion from this discussion is the necessity to construct an integrated model or theory that deals with a variety of death attitudes that include, in addition to anxiety, avoidance, and different types of acceptance. TMT researchers have taken important steps in this direction but these steps have to be pursued and developed. We have tried to delineate here a few lines along which such an expansion may be possible.

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Chapter 6

Finding the Keys to Meaningful Happiness: Beyond Being Happy or Sad is to Love

Thomas William Nielsen

Introduction

Working in education and pre-service teacher training, I often encounter adolescents who do not seem terribly happy. In reality, there is a disconnect between what most of us think will make us happier and what research indicates will actually make us happier. Most of us believe that material or monetary increases will improve our happiness the most (Dunn et al. 2008). In contrast, positive psychology and health research (e.g., Post 2011; Post and Neimark 2007; Seligman 2002) in particular, show that the deepest and most stable levels of happiness come from having meaning in our lives.

But what exactly does it mean to have meaning in our lives? Positive psychology (with its focus on generating positive emotions) and existentialism (with its focus on philosophically reconciling ourselves to the tragedies of life) provide useful counterpoints for exploring the spectrum of happy and sorrowful emotions in which, we, humans search for meaning and self-actualization—counterpoints that also provide the creative tension in this book. The conceptualization of happiness and wellbeing that I offer in this chapter, however, goes beyond the question of being happy or sad. I will—from an academic viewpoint, at least—provide a relatively novel definition of happiness, arguing that genuine happiness, wellbeing, and meaningful living are inherently inter-related concepts that cannot be separated from one another. It is also proposed that individual meaning-making might not be so subjective an exercise as existentialism generally would suggest, and that the major religions might have been right all along with regard to one core message at least—namely, that happiness and meaning in our lives come from serving others.

T. W. Nielsen (✉)

Faculty of Education, Science Technology and Mathematics, University of Canberra,
Canberra, ACT, 2601, Australia
e-mail: Thomas.nielsen@canberra.edu.au

Searching for Happiness Where the Light Is

When I look back, I am astonished by the contrasting outlooks on life that I have held at various times. Why is it that sometimes I have felt so happy, and at other times I have dreaded another day on this planet? Certainly, there have been episodes and events in my life that have contributed to my happiness, or lack thereof, but on the whole, I have felt that my ‘inner’ happiness has always been tied up with something much deeper and more meaningful within my own psyche, rather than arising from outer circumstance. My personal experience is supported by a considerable amount of research, showing that as long as we have enough to eat and a roof over our head, life circumstances contribute very little to our happiness—approximately 10 %, according to some researchers (Lyubomirsky 2008). Notwithstanding the theory that genes and upbringing account for our strong predispositions (Lykken and Tellegen 1996; Weiss et al. 2008), what seems to contribute the most to our happiness are indeed the deep, inner feelings that our lives are meaningful (Veenhoven 2012; Post 2011; Post and Neimark 2007; Seligman 2002).

My experience of happiness being tied up with something deep and meaningful within me, rather than with outer circumstance, is not common, however. Research reveals that the majority of us think that outer circumstances are the most influential to our happiness (Dunn et al. 2008); that is, if we had a bigger house, a better car, that salary increase, and so on, we would be happier. Why is there a stark disconnect between what most of us think will make us happier and what research shows will actually make us happier? And what is it exactly that gives us a sense of wholeness and meaningfulness in our lives? Conversely, what is it that sometimes makes us feel as if the universe is a scary, haphazard place of chance, in which solar flares or an unnoticed bus can annihilate us at any moment?

One thing is for sure: we live in a time where the message that ‘more stuff’ will make us happier is being beamed at us from more angles than ever before in our entire human history (Lasch 1991; De Graaf et al. 2005). Depression and suicide rates have risen steadily in Western countries since the end of World War II, while at the same time these countries have at least doubled their spending power (Diener and Biswas-Diener 2002; Seligman 2002; World Health Organization 2012). Television and internet advertisements repeatedly tell us that we need the latest iPad or Nike shoes to be happy, ‘in’, or ‘cool’—and many of us believe it. Feeling unsatisfied and unhappy in our ‘existential vacuum’, as Frankl (1984) put it, we work longer hours so we can buy more ‘stuff’ to quell the ‘mass neurotic triad’ of depression, addiction, and aggression. It is a self-perpetuating cycle that will surely never lead to a sense of wellbeing, let alone a sustainable and equitable world.

There is a joke I sometimes tell my undergraduate students (in Olsen and Nielsen 2006, pp. vii–viii):

It was late one black autumn night, and there was a drunk on his hands and knees rummaging in the dead leaves beneath a street light. After a while a woman came by, and after watching the drunk for some time, innocently asked, “Have you lost something?”

“Quiche,” slurred the drunk without looking up. “I’ve lost my quiche.”

“The poor man must be starving, to be searching for food in such a filthy place!” thought the woman. But after watching the drunk scraping tracks through the leaves for another minute or so the woman understood. “Keys!” she said out loud.

“Thash what I shed,” said the drunk, still continuing with his search.

Wanting to be helpful, the woman tried to re-engage the drunk. “So you dropped your keys somewhere under this street light!”

For the first time since the woman’s arrival the drunk stopped his foraging and fixed her with an unsteady gaze from one bloodshot eye. “Although it is none of your bishnish, for your info-mayshun, I lost my keys over there!” With that the drunk raised an unsteady hand and, pointed to the other side of the street, which was in complete darkness.

As the drunk resumed his search the woman pondered the situation. However, failing to make sense out of it she asked, “But if you lost your keys over there, why are you looking for them over here?”

Visibly annoyed, the drunk said condescendingly, but with surprising clarity: “I am searching over here because the light is better over here. Nobody would be able to find anything over there, because it is too dark!” “So if you don’t mind, I cannot waste any more time answering your childish questions. I still have to find my quiche.”

Then, as he once again plunged snout first into the illuminated pile of dead leaves, the drunk mumbled to himself, “and after that I’ve got to find my damn car!”

This old joke illustrates something about human behavior. On the one hand, we sympathize with the woman’s logical approach; on the other hand we see something undeniably human in the drunk’s behavior. Most of us know exactly what it feels like to be engaged in a totally irrational pursuit and to be resentful of the intrusions of others, however well-meaning and potentially helpful these might be. Unlike this person’s search for his car keys, however, our collective wellbeing is something that must concern us all. We need to be willing, and brave enough, to examine where the ‘keys’ are to be found, rather than search only where the barrage of advertisement and consumerism tell us to look, which is mainly under the ‘artificial light’.

The Importance of Meaningful Happiness

What will make us healthier and happier is, in fact, no longer completely unilluminated. Positive psychology and health research, in particular, has helped us understand what makes for greater happiness and wellbeing: it is having meaning in our lives (Post 2011; Post and Neimark 2007; Seligman 2002). Personal pleasure and engagement are not to be dismissed, but it is having meaning in our lives that accounts for the highest and most stable type of happiness. When we have meaningful happiness in our lives, we not only have higher levels of happiness, but we also have more resistance to adverse experience and we recuperate more quickly from traumatic experiences (Seligman 2002). But what exactly does it mean to have ‘meaning’ in our lives? Isn’t what’s meaningful to one person often something completely different to another? Or put another way, isn’t meaning-making inherently an existential, subjective exercise?

If one looks at the research into happiness and meaningful living (e.g., Veenhoven 2012; Post 2011; Post and Neimark 2007; Seligman 2002), it turns out that there is one common denominator in what people, across cultures, races, and religions

report as meaningful in their lives: it is that of ‘being something’ for someone or something other than themselves. What is defined as meaningful across the world is indeed varied and culture specific at times, but what all definitions share is an element of feeling interconnected with someone or something other than oneself, and as importantly, feeling that one is able to contribute to those connections. Whether it is contributing to one’s family, loved ones, the community, the environment, or a cause, what we humans describe as meaningful in our lives always seem to contain an element of having the opportunity to give of ourselves to someone or something beyond ourselves.

If we think of the concept more broadly, we realize that meaning is a pervasive aspect of our daily lives. I remember a university lecturer of mine, who came into a lecture with an overhead of two people standing in an elevator. He then read aloud their conversation, which was about how nice the weather was! The importance wasn’t clear until he explained that the lecture was on socio-emotional relations, and how small conversations about the weather are very meaningful acts of social interaction because they have the ability to make us feel safe and comfortable with each other, especially in enclosed spaces, such as elevators.

If we further stop to think about it, we realize that we seek and communicate meaning constantly in our daily lives. As Steiner (1974) pointed out, if we are cooking a pea soup and somebody comes along and asks us what we are doing, we don’t say that we are cooking 275 peas; we say that we are cooking a pea soup. If we are walking towards a forest, we notice the forest before we take note of the single trees. Children love to tear toys apart to discover what makes up their whole. We are constantly contracting and expanding information, to ourselves and to others, for the purposes of relating our experiences to meaning-making.

My main point is this: if meaning is so important in our lives in general, why would we ever think that meaning is of any less importance when it comes to our happiness? As I have indicated already, it is probably not our unwillingness to obtain deeper levels of happiness that is the problem, so much as it is our collective ignorance of what nourishes and sustains such happiness, and that we, as a society, seem to be searching a lot in the ‘artificial light’ of consumerism and materialism. I would argue that if we synthesize the research evidence available to us, it is quite clear that what nourishes and sustains deep and meaningful levels of happiness in us, always contain the element of being something for other people—of giving.

Giving Is Receiving: Literally!

The scientific research on giving and volunteerism is remarkable, showing that when we give to others we experience an incredible array of physical, emotional, and mental health benefits (e.g., Post 2011; Csikszentmihalyi 2002; Dillon et al. 2003; Oman et al. 1999; Oman 2007; Piliavin and Siegl 2007; Scales et al. 2006). In fact, giving seems to be the highest predictor of increasing our physical health; there is only one higher predictor—giving up smoking (Post and Neimark 2007).

However, it is not really appropriate to include this category, because this group is a subset of the population; moreover, giving up smoking is only so dramatically 'healthy' because smoking is so detrimental to our health in the first place. Thus, if we don't want to compare apples and oranges, giving seems to be the highest predictor of improving our physical health.

Several studies have even found that giving is strongly associated with reduced mortality (e.g., Ironson 2007; Sullivan and Sullivan 1997; Rodin and Langer 1976; Oman et al. 1999). For example, Oman et al. (1999) followed almost 2,000 individuals over the age of 55 for 5 years, and those who volunteered for two or more organizations had a 44 % lower likelihood of dying within the period of the study—14 % lower than those who exercised four times a week. Correlation does of course not equal causation, but if we combine the findings of such studies with those of studies which demonstrate that giving produces positive emotions (e.g., Lyubomirsky 2008; Fredrickson 2003), and that negative emotions cause illness over time, just as positive emotions and happiness cause better health (e.g., Lawler et al. 2003; Sternberg 2001; McCarty et al. 1998), it seems safe to conclude that giving prolongs our longevity.

As is obvious from the studies showing the intimate links between our immune systems and our emotional and mental states, giving is not just good for our physical health and longevity, but for our psychological and emotional health as well. Thoits and Hewitt (2001) found that volunteer work (or giving) enhanced happiness, life satisfaction, self-esteem, a sense of control over life, physical health, and lowered depression, in a sample of 2,681 individuals. Indeed, helping others, or giving rather than receiving, is associated with higher levels of mental health in general (Schwartz et al. 2003). Several studies confirm that giving has a significant impact on teenage mental health, increasing their happiness, hopefulness, and social effectiveness (e.g., Billig 2000, 2007; Csikszentmihalyi 2002; Scales et al. 2006).

In schools, giving is a strong predictor of increased mental and physical health in adulthood and reduced adolescent depression and suicide risk (Dillon et al. 2003). It is also noteworthy that even when giving is 'mandatory', as is often the case with service learning in schools, the health benefits remain; additionally, students who are exposed to service learning ultimately continue to volunteer (Post and Neimark 2007). Studies into altruism support this finding by showing that facilitating the opportunity for generous action will generate generosity in participants (e.g., Anik et al. 2009; Seligman 2002). As such, giving is healthy not only to our personal health on all levels—physically, emotionally, and cognitively—but to our entire social fabric.

For this reason, I have in earlier work (e.g., Nielsen 2010) conceptualized giving as a way of being, rather than any overt action. For example, just 5 min of gratitude will cause a shift in the nervous system to a calm state, called 'parasympathetic dominance', which is where heart, breathing, blood pressure, and brain rhythm are synchronized (McCraty and Childre 2004). In another study, after a month of practicing appreciation for 15 min a day, 30 individuals experienced a 100 % increase in the beneficial hormone dehydroepiandrosterone, as well as a 30 % reduction in the stress hormone cortisol (McCraty et al. 1998). Gratitude, in other words, as an

example of more subtle and internal ways of ‘giving’, produces very similar health benefits to overt giving.

Giving, then, may be seen, like love (in its broadest sense and not confined to romantic relationships), to be a state of mind (and heart) rather than simply a practice as such. Theoretically, we could be giving every day—indeed, every second—of our lives. Fredrickson (2011) and Post’s (2011) work show that love is a driving force in our lives, and the recent movements of positive psychology, positive education, wellbeing education, and service learning seem to signal a growing recognition of the power of love (Post and Neimark 2007). In this line of thinking, giving, or loving, emerges as a living principle that could underpin our educational practices, not just because we want children to do better at school, but also because we want them to live better. The fact that generosity and prosocial behavior are strongly associated with academic success (Lovat et al. 2009) also highlights the fact that most governments around the world seem to be putting the cart in front of the horse by overemphasizing quantitative testing of literacy and numeracy, thus inadvertently forcing teachers and schools to teach to the test, rather than focus on what really matters. What really matters is a whole-learner approach to creating individual and collective wellbeing, in which academic success—however important this is—becomes the by-product of such an approach.

Be that as it may, giving seems to have exponential benefits, which raises the question of why giving seems to be such health tonic in our lives. In truth, it is a question to which we don’t have any evidence-based answers. What we can say, however, is that knowing why it works seems secondary to knowing that it does work. Buddha once said, that if one is hit by an arrow, the most useful thing, probably, is not to start pondering from whence that arrow came—much better is to get the arrow out and attend to the wound! Similarly, we might say that it does not matter so much that we don’t know exactly why giving gives us more meaningful happiness and wellbeing, as long as we know that it does. Many point to an epidemic of narcissism, depression, and suicide in our younger generations (Seligman 2008; Twenge 2006). Giving seems to be a most potent antidote to these problems and our human suffering in general—even though we don’t know from whence it came.

To Be or Not to Be: That Is Not the Question

Realizing that giving provides us with wellbeing and that it can act as a community builder, we also realize that, apart from a few profound thinkers throughout history (e.g., Socrates, Aristotle, Gandhi), this very simple, yet powerful insight often seems to have been a ‘missing link’ in many attempts to answer some of our most profound questions, such as, ‘what is the meaning of existence’, ‘what is the meaning of life’, ‘what is a good life’, etc. For example, inherited largely from Soeren Kierkegaard and Friedrich Nietzsche respectively, existentialists have often argued that either religious faith or self-determined goals are the means by which we achieve meaning in our lives. When it comes to creating individual and

collective wellbeing, however, both positions, in and of themselves, ultimately depend on an underlying philosophy of ‘being-good-to-each-other’, as it is only when this dimension is applied that the other two seem able to reach their full potential—from a humanistic and social concern and perspective, at least. ‘Faith’ and ‘self-determined goals’ can easily be fundamentalist or self-serving, unless they are situated in a genuine social concern for the whole.

Popular films, such as *Fight Club* (1999), in which bored men take up fist fighting as a way of feeling alive, are examples of ‘existentialism’ in which the need for self-actualization is fulfilled through a sense of personal power rather than the power of togetherness, wholeness, and social concern. It is not that ‘fighting’ necessarily always contradicts social concern; true martial arts are practiced to cultivate respect for others and self-discipline, ‘conquering’ oneself first and foremost. In contrast, the fighting in *Fight Club* is an example of a polar-swing from a sense of meaningless existence to self-gratifying and violent ‘self-expression’. Likewise, we have seen many ‘faiths’ throughout history that have been self-serving and violent towards minorities, thus highlighting the need for both faith and self-determined goals to be situated in a ‘being-good-to-each-other’ philosophy, if they are to be of ultimate value to collective and individual wellbeing.

Seeing meaningful happiness, altruism, and goodness-to-each-other as the foundation for true wellbeing seems to be a synthesizing ‘glue’ for other dichotomies as well. For example, there has been a long-standing debate in education as to whether the development of self-esteem or skills are more important in serving as a basis for the other. Is self-esteem the basis upon which skills develop more rapidly, or are skills the foundation stone upon which genuine self-esteem is able to develop more naturally? A movement that started in California has long claimed that building self-esteem is a key to developing skills (see especially Nathaniel Branden’s work) and more recently proponents of positive psychology (e.g., Seligman 2002) have suggested that it is really the other way around. We might represent this dichotomy visually as follows:

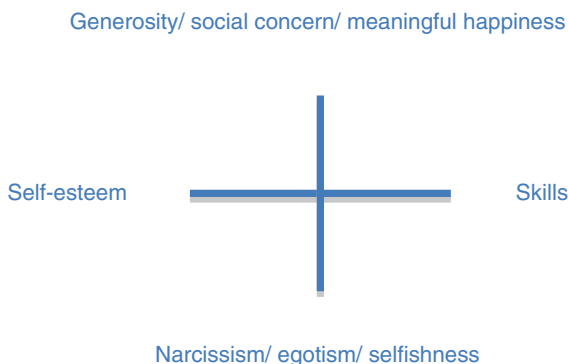
Self-esteem  Skills

What seems to have been missing in this and many other dichotomized debates is the important ingredient of ‘being something for others’, or a social concern-wellbeing philosophy. If we add this dimension, we realize that one can have all the skills and self-esteem in the world and still be a bully. Self-esteem and skills, in themselves, cannot achieve a satisfactory support of each other, because they both depend on being situated in a psychology of human wellbeing—if they are to be of benefit to human wellbeing.

This in turn explains why bullies can have both high and low self-esteem, whereas people who stand up for victims of bullying overwhelmingly have high self-esteem (Craig 2006). The data on self-esteem and skills, on its own, is conflicting, as people with high self-esteem and high skill sets still appear to be susceptible to becoming bullies, alcoholics, drug users, and depressed (Emler 2001). In contrast, the data on generosity and altruism is consistently linked to wellbeing and prosocial behavior (see especially Post 2011).

Indeed, self-compassion—the ability to show empathy towards oneself—is much more predictive of positive affect and wellbeing than self-esteem (Neff and Vonk 2009; Neff et al. 2007), a realization that in earlier work (Nielsen 2011) led me to develop four domains of giving (to self, others, communities, and life), arguing that we must learn to give to ourselves in order to be able to give to others effectively. Post (2011) has also highlighted that we do have a threshold of giving, after which the positive effects of giving starts to wear off, and the way I would explain this phenomenon is by pointing to the fact that giving to others doesn't mean that we should not give to ourselves. My main point at this juncture, however, is that self-esteem is not just self-esteem, just as skills are not just skills—they both depend on another dimension in order for their value to human living to be properly understood and measured.

If we add this social concern-wellbeing dimension to our diagram, we get the following:



When we add this ‘values’ dimension to our diagram, we also notice that instead of a dichotomy, or duality, self-esteem, and skills become part of a triad—either a triad that connects to generosity, social concern, and meaningful living, or one that connects with the opposite:



Thus we see pictorially why one can have all the skills and self-esteem in the world and still be of little worth to individual or collective wellbeing. Hitler was a great orator, and he also thought he was the messiah, the light of the world; in

other words, he had skills and plenty of self-esteem. As we know in hindsight, however, he epitomized the bottom triangle of the above diagram, and thus was of little use to humanity as a whole, nor to mention himself, since we now know that generosity and positive emotions produce health-giving hormones, and that negative thoughts and feelings about others significantly increase the risk of illness and mortality (Lawler et al. 2003; Sternberg 2001; McCarty et al. 1998).

We could add other educational ‘dichotomies’—e.g., the basics versus life skills, classical versus vocational education, etc.—to our diagram, and we would find that, in most cases, it isn’t useful to set up either/or questions. What seems more useful is to ask how well we can strike a balance between apparent opposites by situating them in a wellbeing philosophy and pedagogy of giving. Given that suicide and depression rates have risen steadily since the end of World War II, suffice to say that the conception of a wellbeing philosophy and pedagogy seems crucial to the education of future generations, more so than deciding which aspects of learning to elevate at the expense of others.

Returning to our initial question, we can now also say that to be religious or not (faith element), to create your own story of your life or not (self-determined goals element), to be skillful or not, to have high self-esteem or not—all of these questions, and many more, no doubt, are not the most central question we can ask if what we want is healthier, happier, and more meaningful lives. To give or not to give—that seems to be the question. Positive psychology tends to focus on creating positive emotions, hence its emphasis on developing personal strengths (related to developing skills). Existentialism often deals with the things that make us unhappy in life (grief, guilt, tragedy), trying to reconcile these with the feeling that life is worth living in the first place (related to self-concept, self-efficacy, and self-esteem). Both are important in order to examine the spectrum of human emotions and living. Yet, beyond being ‘happy’ or ‘sad’, it seems, is to give. Only through giving to one another and being generous, the research indicates, will we achieve our full human potential for individual and collective wellbeing.

If we define love, in its broadest sense, as an act of giving, then the major religions the major religions may have been right all along in their core assertions, such as, ‘love thy neighbor’ (Christianity), ‘show compassion for all living things’ (Buddhism), and ‘love is the most direct way to human perfection’ (Islam). However, in the light of this discussion at least, it is the value of such core assertions that is of importance to human living, rather than the religious practices attached to them per se, especially as these core assertions can be expressed similarly in a non-religious sense. For example, Frankl (1984) noted that self-actualization is possible only as a side effect of self-transcendence. In other words, becoming the most we can become is possible only when we go beyond ourselves, when we transcend—when we give off ourselves to someone or something outside of ourselves. It is possible that the original core message at the heart of most religions exists beyond religion—to become self-actualized through loving and giving of oneself to others. If we prefer a less romanticized way of saying this, Post (2011) in his comprehensive literature review on giving and altruism concludes: the science of giving “... is not news in the sense that it echoes perennial moral and spiritual wisdom” (p. 826).

Toward a Theory and Practice of Giving

I present here a simple yet potentially significant idea: that giving is the key for achieving meaningful happiness and wellbeing, individually, and collectively. Positive psychology research and existentialism form useful counterpoints for examining the spectrum of happy and sorrowful emotions in which we humans search for meaning and actualization in life, but genuine meaning and self-actualization comes about by being something for others, rather than in a focus on creating happy emotions or philosophically reconciling ourselves with the tragedies of life. Exponents of both positive psychology and existentialism have portrayed elements of this idea at times, but there seems to be a need to develop a fully-fledged theory and practice of giving and loving. For example, how many teachers around the world are trained to ask themselves every day: ‘How can I arrange for my students to give today, as well as to practice the times tables?’

If the answer to a meaningful, healthy, and fulfilling life is to give and to love, it seems obvious to ask why we live in a world where greed and hatred is creating much suffering and environmental crises when this appears to be such a simple and straightforward proposal. In other words, if love is such a powerful healer, why don’t we always want to be healed? Again, we don’t have an evidence-base with which to answer such philosophical questions about human nature and evolution; but I do think that the information I have presented here points to something significant with regards to what we can do with this information. We humans are irrational, confused, indifferent, and even cruel in our behavior at times. We do not always search for fulfillment where the keys are to be found. Formulating and teaching a theory and practice of giving to our young in particular, however, could be an antidote to many of the problems associated with a lack of individual and collective wellbeing—not because we understand ‘from whence it came’, but because the practice of it transforms us positively.

As I have shown in this chapter, this assertion is supported, in particular, by educational research (Dillon et al. 2003; Spratt et al. 2006; Lovat et al. 2009). If we combine quality teaching with practical ways of getting students to give on a daily basis, it can have a profound influence not only on prosocial behavior and wellbeing, but also on students’ academic success. This seems to be the revolution that is needed in education and society at large—rather than the one in which every student has a tablet, laptop, or smart phone. What really matters is that the teaching of numeracy and literacy is embedded in a practical and explicit wellbeing philosophy and pedagogy, in which students become healthy and generous members of society, and in the process, also become, as Bertrand Russell, put it, the highest we can be as humans.

As such, giving, or love, might forge a relationship between the authenticity that existentialists have often advocated as the means to acquire meaning in life, and that of the moral and rational thinking that they often have denounced in the process. That is, if love, giving, or genuine social concern—whatever we call it—is the most valuable dimension with which we measure meaning in our lives,

we suddenly realize that rationality or any moral constructs, in themselves, have insufficient explanatory power, when it comes to understanding meaningful and happy living. As argued, moral ideologies, unless grounded in a social concern for all, can be detrimental to individual and collective wellbeing. Likewise, ‘rationality’ can be very cruel without a truly human dimension, as seen in the very ‘efficient’ German machine that created World War II.

Being human in the truest sense of the word, that is, showing genuine social concern for all, might therefore be the most authentic ‘essence’ of our being, as opposed to being anything we ‘choose to be’, which is another measure of meaning sometimes applied by existentialists. Conversely, in this line of thinking, the link between existential absurdity (I choose to be a horse) and irrational and unhuman like behavior also becomes stronger. If love, and not man, as Protagoras would have it, is the ‘measure of all things’, it certainly challenges us to research and investigate love in a much more systematic and scientific way than has so far been the case. Anecdotally, I have become accustomed to using the term ‘unconditional positive regard’, instead of ‘love’, whenever I speak within the Academy, because I so often feel that the word ‘love’ is treated with skepticism and ridicule. As such, we may need to be brave enough to search for the keys to happiness in what might be, as Frankl (1984) put it, our truest ‘essence’ and ‘resource’ as humans—our humanity—even though this essence and resource belong to the invisible world to a large extent, and even though we don’t know exactly from whence it came.

One thing is certain: situating altruism and generous behavior in an evidence-based theory and practice, rather than solely in ideology and religion, seems perfectly suited to forming neutral ground on which different ideologies and religions could find shared purpose and productive coexistence. As such, a philosophy and pedagogy of giving could become an important bridge-builder not only between positive psychology and existentialism, but also between fanatic and fundamentalist views and practices, still so present in our world today.

The best way to find yourself is to lose yourself in the service of others.

-Mahatma Gandhi

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Part III

A Dialogue Between Positive and Existential Psychology: Exploring Connections

The growing scientific attention to the construction of meaning within the psychological landscape, and especially within the two significant frameworks of positive and existential psychology, provides a fertile ground for a fruitful dialogue. Based on each unique contribution to the understanding of core essences of meaning, the following chapters explore potential tensions, relationships, and connections. Such conceptual bridge may enrich and contribute to a more comprehensive and meaningful discussion of meaning.

The first chapter “Extending the contexts of existence: Benefits of meaning-guided living” by Dmitry Leontiev, delves into the complexity and uniqueness of meaning as a pivotal dimension in psychological explanation, while bridging theoretical insights from existential (as well as humanistic) psychology with empirical ones from positive psychology. Attending to the notion of context as central, Leontiev demonstrates the essence of meaning as a reference to broader superordinate contexts. Leontiev further discusses his multiregulation personality model to demonstrate that the distinctiveness of meaning as guiding principal for human behavior lies in the freedom and choice it provides.

In their chapter, “Ultimate concerns from existential and positive psychological perspectives,” John Jurica, Jenni Barenz, Yerin Shim, Kirsten Graham, and Michael F. Steger bring together the two perspectives, epistemological and empirical, to address existential questions of being-in-the-world. By exploring unique contributions as well as points of encounter, differences as well as similarities, the authors show how positive and existential psychology can complement each other and facilitate mutual learning in attempts to address human ultimate concerns of life: meaning and meaninglessness, freedom and responsibility, relationships and isolation, and death and suffering.

Next, the chapter “Narrative coherence and disruption: Negotiating between positive and existential psychology” by Chad Hammond, Ulrich Teucher, and Rita Hamoline, reviews the approaches of positive and existential psychology from the viewpoint of life narratives, suggesting that each perspective typically normalizes an essentially different set of life narratives. Positive psychology emphasizes stories of “redemption,” thus presenting a “neater” and more stable notion of

meaning, whereas existential psychology tends to foster stories of “tragedy” and articulate a disrupted or unsettled notion of meaning. The authors call for an integrated view that takes into account the various and complex human life narratives and contexts from both perspectives to further enrich and broaden the notion of meaning; a claim demonstrated through a case study analysis.

Paul T. P. Wong’s chapter, “Viktor Frankl’s meaning-seeking model and positive psychology” presents a comprehensive attempt to bridge positive psychology and humanistic-existential psychology, especially logotherapy, to benefit future in-depth exploration and application of meaning as central to human existence. Specifically, Wong explores major differences between the two perspectives and illuminates how basic premises of logotherapy can be adopted to create a testable meaning-seeking model. The model, which takes into account philosophical insights together with rigorous scientific research, is presented as part of an overall design to develop a general meaning management theory of integration between different conceptualizations of meaning.

In their chapter, “Positive psychology, existential psychology, and the presumption of egoism,” Edwin E. Gantt and Jeffrey L. Thayne provide an in-depth consideration of the underlying premises in positive and existential psychology. Following an exploration of some central tensions between the two approaches, the authors proceed to show that beneath such conceptual and practical differences, both approaches also manifest deep similarity in placing the autonomous self as the primary focus of study and explanation, thus displaying a commitment to an egoistic depiction of human nature.

The chapter, “Anxiety and the approach of idealistic meaning,” by Mike Prentice and Ian McGregor advocates the integration of methodological pluralism to explore human meaning as a whole. The chapter explores historical, methodological, and epistemological differences between the fields of humanistic-existential and positive psychology, suggesting that integrative rapprochement is possible through scientific method that benefits from both “existential” richness and diverse “objective” empirical methods. To illustrate such integrative endeavor, the authors discuss their own research on Reactive Approach Motivation (RAM) model of anxiety and meaning using multiple empirical and experimental methods.

The chapter, “Positive and existential psychological approaches to the experience of Meaning in Life” by Jinhyung Kim, Elizabeth Seto, William E. Davis and Joshua A. Hicks, explores central divergence between the two perspectives of positive and experimental existential psychology as they distinctively attempt to address fundamental questions of meaning. Carefully examining variables that contribute to a sense of meaninglessness (promoted by existential psychologists) as well as variables that augment meaningfulness (promoted by positive psychologists), the authors draw attention to the different and complementary aspects of meaning held by the two perspectives.

Chapter 7

Extending the Contexts of Existence: Benefits of Meaning-Guided Living

Dmitry Leontiev

Nothing have you to hope for if yours is the misfortune of being blind to that light which emanates not from things, but from the meaning of things. De Saint-Exupery. The Wisdom of the Sands (Citadelle) (1979, p. 284).

In the last quarter of the twentieth century, the worldwide trend toward unification and formalization of academic standards in psychology pushed the fuzzy concept of meaning out to the margins of the academic field. However, today the problem of personal meaning is again becoming a “hot” topic. The comparison of the numbers of journal publications on some topics from the PsychInfo database in 1900–1980, 1981–1990, 1991–2000, and 2001–2010 made by Schnell (2012) evidences what she calls an existential turn in the psychological science of our days. The total number of publications provides a very flat, slightly ascending curve, just speeding up a little in the last decade. Publications on spirituality and morality reveal a more pointed dynamic, but only in the last decade, with an increase of several times over. Sharper still is the growth of the curve of publications on death and on meaning in life; publications on death grew steadily before a jump in the last decade, and publications on meaning jumped twice, first in the 1980s and again in the 2000s.

It is necessary to give due to the emerging positive psychology (PP) movement, which made the problem of meaning academically legitimate again in the new millennium and stressed its importance. Though meaning remained an important topic for prominent scholars like Csikszentmihalyi (1990) or Ryff (1989), it became especially influential when M. Seligman, in his introductory keynote speech at the first international summit on PP in Washington in 2002 and in his program book (Seligman 2002), announced meaningful living as one of the three key aspects of positive living.

D. Leontiev (✉)

National Research University Higher School of Economics, Moscow, Russia
e-mail: dleon@smysl.ru

D. Leontiev

Psychology Dept, Lomonosov Moscow State University, Moscow, Russia

Although there has been no breakthrough in understanding meaning in psychology since then, it seems to be taken more and more seriously, not only by practicing counselors and therapists but also by many rigorous scholars. On the other hand, meaning is a nonclassical concept that does not fit well into the conceptual system and psychological thesaurus rooted in W. Stern's paradigm of individual differences and Aristotle's idea of immanent essences predicting actual appearances of bodies. An existential world view in general, and the concept of personal meaning in particular, challenge these classical assumptions (see Leontiev 2013, for more details) and offer some new ways less traveled to make sense of human positive functioning.

The aim of this chapter is to explicate the added value of the concept of meaning for the scientific psychology of our days, bridging theoretical insights of existential psychology (EP) and other nonclassical alternatives with methodological resources of positive psychology. Meaning is a psychological variable of a very special nature; better to say, it cannot be reduced to a single measurable variable, but rather opens a new dimension in psychological explanation.

I shall start with discussing the relationships between existential and positive psychologies, which is hardly possible without consideration of the third member, humanistic psychology (HP).

Historical Lessons: Humanistic, Existential, and Positive Psychologies

The relationships between EP and PP are complicated and nonlinear. The issue of meaning is one of the subject domains where these relationships are especially important. Indeed, meaning was and is one of the central concepts of EP, especially in logotherapy, one of the main schools in EP.

Existential psychology is an approach in psychology, the origins of which can be traced to the first relevant papers by Ludwig Binswanger in the early 1930s. It has strong philosophical foundations and a very high degree of coherence between its different branches or schools; it has never been very influential in the academic community (unlike in the lay audience), but nevertheless has successfully survived to this day.

Existential psychology is sometimes confused with HP, with which PP is often compared. Humanistic psychology was a broad social movement in the USA, a project that reached its peak in the 1960s, successfully fulfilled its major aims by 1970 and seems to have been slowly declining ever since, though the postmodern revolution has given HP some new impulses (Krippner 2001). Neither HP nor PP are schools of thought or approaches: both are movements that proposed new agendas rather than the ways of solving problems; both embrace many competing and coexisting diverse views, sharing only general values. The PP movement, like that of HP, unites quite a number of different approaches sharing common values, but nothing like a commonly accepted theory. A further similarity between HP and PP is in the emphasis on the best and highest in human being. One difference between

HP and PP is in methodological attitudes (Seligman and Csikszentmihalyi 2000)—the rejection of much of traditional scientific methodology and a striving to elaborate an alternative methodology in HP *versus* complete acceptance of the scientific guidelines in PP. Another difference seems to be their attitude to the philosophy of human being, to the human image. Humanistic Psychology was the first movement in psychology that has articulated a positive philosophical position: human being is essentially good rather than bad, god-like rather than rat-like. On the one hand, being a kind of self-fulfilling prophecy, this position helped to reveal much of positive human potential. On the other hand, having stated this positive human image as an axiom, HP treated everyone as if they factually corresponded to this ideal image and underestimated the effort one had to apply in order to fit to it. It was the uncritical exaggerated faith and confidence in human being that subjected HP to intensive and justified criticism. The error of mainstream HP was being too sure and optimistic about human nature, while its opponents, behaviorism, and psychoanalysis, were just as sure, but pessimistic. Being optimistic is, however, as biased as being pessimistic. Positive psychology tries to avoid philosophical statements about human nature; a human person can be more or less positive in his/her different manifestations. The point is to show the ways that would help one to move toward the positive pole of every scale. Recently, the movement of PP seems to be transforming to the field of PP (King 2011).

Existential Psychology in the USA was a part of the HP movement (in Europe HP did not exist and EP developed as a self-sufficient school of thought) through the 1950s–1970s, but the awareness of its differences from the person-centered mainstream has resulted in a better awareness of its separate identity since the 1980s. Existential Psychology shows the road away from the person-centered idealization fallacy of HP, as well as from the skeptical reductionism of the mainstream psychology; it treats human being as neither good nor bad, neither saved nor damned, but rather open to different possibilities to choose and to follow, taking personal responsibility for the choice. Both biological (bodily) and social (cultural) givens bring inequality to different possibilities, making some of them easier to become aware of and to follow than others and some more attractive than others, but do not determine the choice: human being often, but not always, follows the easiest and the most attractive ways. The existentialist message says that your actual choices determine your development. No working elevator of “personal growth” is available—walk up yourself; there are no conditions that would automatically produce a desired result, nor factors that would explain and predict behavior (“It is a mistake to assume that behavior is a dependent variable. For the subject, it is an independent variable”—Kelly 1969, p.33).

Quite often, traditional deterministic explanations work perfectly, and an existential view seems redundant. The point is that human being may function at different levels—either at a subhuman level(s), when everything may be precisely deduced from the constellation of internal and external independent variables (dispositions, drives, stimuli, social expectations, reinforcements, etc.), or at a human level where one mediates the influences through the “pause” (May 1981)—and fills this pause with new types of self-created determinants.

In fact, human being is both determined and self-determined—at different levels and in different moments. Traditional psychology describes human being as determined being—and that turns out to be true for 95 % of the population in 95 % of the cases—when the conditions are stable, and the individual is satisfied with what (s)he has and does not strive to anything beyond successful adjustment. But there are at least two kinds of situations where this kind of explanation just does not work. First: the moments of crises, losses, disasters, when the life-world is suddenly crushed and no “factors” can rule the decisions—the individual is face-to-face with the world. And the world today is becoming less stable and predictable than ever; this presents a new challenge and a new demand for the existential way of thought. September 11, 2001 has become a sad lesson of existentialism, showing again that any stability is relative, and unpredictability is ultimate. Second: when the individual is not satisfied with the successful adjustment and well-being, and strives for more beyond any apparent necessity.

Existential psychology gives an adequate account of human being as self-determined being and thus complements traditional psychology, which deals with human being as determined being. Thus, EP may be treated as the psychology of self-determination, that becomes possible as soon as we start mediating our behavior by our reflective consciousness (Vygotsky 1983), by symbolization, imagination, and judgment (Maddi 1971), by our relations to the life-world at large. Self-determination is a special level of human functioning, qualitatively distinct from the level of determined functioning, of “escape from freedom” (Fromm 1941), or “diminished humanness” (Maslow 1976). An analysis of basic human motivations (Leontiev 2012a) brings the conclusion that self-determination—that is, creating and proceeding on one’s own personal life trajectory—can be viewed as the anthropological requirement underlying all the existential needs (including meaning, identity, love, transcendence, etc.).

HP and PP thus highlight the ideals, the meaningful goals, and perspectives to strive, one of them mostly on a philosophical basis, the other mostly on an empirical basis. Existential psychology sweeps away the illusions of self-sustained “growth” and prepares us for the long, hard way with plenty of dangers and seductions.

The recent attempts to present the unifying concepts of humanistic positive psychology (Schneider 2011) and existential positive psychology (Wong 2009, 2010a , b) thus seem quite logical and meaningful. The only reservation is that within the large field of PP there are views and approaches both compatible with EP and opposing it, that is stressing the complete consistency and predictability of human actions. And the varied views on meaning reflect these different streams within PP, both existentialist and anti-existentialist ones.

Meaning and the Human Dimension

Existential psychology is relevant for the study of meaning just because it deals with the specifically humane aspects of human living that coexist with more primitive, subhuman ones, perfectly described by the straightforward rigorous

approaches of traditional psychology; the most important and truly fascinating problem is, in our view, the interplay of both (human and subhuman) systems of psychological functioning in actual living processes. The concept of meaning is extremely important for the existential explanation of the processes occurring in this uniquely human dimension, and cannot be reasonably conceptualized without considering this dimension.

Indeed, we speak of meaning only in the context of human psychology. Mainstream psychology in the twentieth century had problems with the concept of meaning (see Leontiev 2013) just because its key concepts and approaches have been elaborated to account for the commonalities in both animal and human behavior. Nature and nurture discourse, heredity, and environment, $b = f(P \times S)$ (Lewin 1935) are things equally applicable to both. The same is true about traits and states; both can be studied in both animals and humans. The problems of meaning stayed marginal for so long just because this concept would not fit into this discourse. It is neither a state nor a trait, neither inherited nor imprinted.

The concept of meaning is absolutely irrelevant and redundant if we stay within this individual-environment framework; however, it becomes central if we view a human person in the context of life-world rather than in the context of environment. “Meaning allows people to represent possibilities and circumstances beyond their immediate surroundings” (Baumeister 2005, p.65). The human being is the only creature who lives in the world; all the other creatures live in the environment. “An animal is not a person, because it cannot rise above itself, oppose itself. Hence for an animal there is no world that opposes a person; for an animal, there is only environment” (Frankl 1982, p.116). Quite a number of other thinkers (C. Marx, W. Dilthey, C. Gelb, M. Buber, H.-G. Gadamer) have independently articulated essentially the same idea. All animals cannot help living in the context of here and now, governed by inner impulses and external stimuli; for human persons there is, at least eventually, a broader context of the world, spreading far beyond the actual situation, beyond the inner impulses and external stimuli that determine the behavior of an animal wholly and fully.

All animals have minds—more or less complicated systems of processing input signals to provide orientation for the individual in the dynamic environment and successful adjustment to its challenges. Humans are no exceptions; however, human consciousness is more than even an extremely complicated mind, human functioning is more than adjustment and humans live in the world rather than in the environment. The mind is perfect for an individual living in a programmed way in line with preset imperatives and causal connections. It is, however, not enough for a person residing in the world. Unlike environment, the world spreads far beyond “here and now,” beyond the borders of immediate experience and individual life, beyond facticity to the realms of desirability and possibility. Constructing the world according to our beliefs of what is real, we can also create fictional, alternative worlds, possible or ideal worlds. All this makes multiple contexts that give us extra degrees of freedom in managing our being-in-the-world, by virtue of meaning dispatching mechanisms. The anthropological fact that makes the concept of meaning so important is that depending on the context human behavior may change its properties.

We act meaningfully, or are regulated in a meaningful or human way, if our action (however local it may be) takes into account the whole life-world of ourselves, spreading far beyond the actual situation. Behaving according to the personal life-world, or according to the principle of meaning, means taking into account all of the multitude of personal contexts that matter, rather than only the “here and now” urges and demands.

It follows from the above that understanding and studying meaning in psychology strongly depends on purely philosophical positions on the distinctions between human and animal conduct. If, following behaviorism, we refuse to see any essential difference and apply the same basic methodology to both, we can describe only the aspects of human behavior that are common for them, but the aspects that apply to human behavior alone and do not apply to animal behavior (meaning among them) escape our view. The theoretical conceptualization of meaning must precede its empirical operationalization; attempts to operationalize it in a standard way like other variables cannot be successful (see Leontiev 2013).

Context Matters

Back in the 1980s–1990s, working on two dissertations, I made an attempt to collect and classify all psychological views on meaning that would go beyond purely semantic contexts and treated meaning as a psychological structure influencing one’s behavior and cognition (Leontiev 1996, 1999). I classified them along with two dimensions. One dimension of classification was the functional level ascribed to meaning: either as *the meaning*, the single, ultimately integrative reference point inside the person, or as *a meaning* representing an element of ever-present mechanisms of the ongoing regulation of behavior and cognition. The ontological nature of meaning made another dimension; meaning could be interpreted as objective reality, as subjective reality, or as conversational reality (see Leontiev 1996, for details). It may be something to construe, to discover in the world, to interpret, to sense, to share, to understand, etc. The reasons to prefer some of these definitions over other ones were difficult to justify.

However, there were two universal characteristics, explicitly or implicitly common for varied views that could serve as a point of departure: (a) an object, event, or action has some meaning only within a definite context; in different contexts the same object has different meanings; (b) for personal meaning this context always refers to some intention, goal, reason, necessity, including desired or supposed consequences, or instrumental utility. In short, defining the meaning of something means placing it into some intentional context.

The role of context in the regulation of human behavior has been proven in many studies. K. Lewin, in his famous study of reward and punishment, came to the conclusion that both forms of reinforcement have their drawbacks. The only psychologically healthy strategy of modifying the child’s behavior in a desirable

way is imbedding it into the corresponding context, relating it to something else that the child likes; “the meaning, and together with it the valence, of the task, completely changes” (Lewin 1935, p.168).

Indeed, meaning can be treated as a form of subjective experience, heavily loaded by positive emotions, but the key difference between meaning and other similar experiences is not in the experience itself—both phenomenologically and psychometrically meaning is hard to distinguish from other positive emotions—but rather in the superordinate contexts that produce the sense of meaning. To put it briefly, meaning is a reference to a superordinate meaning-making context (see Leontiev 1999, 2013). Similar views have been articulated more than once; e.g., Baumeister (1991) defines meaning as “shared mental representations of possible relationships among things, events, and relationships” (P. 15), proposing a metaphorical image of a web (I prefer a more precise one of a mycelium—Leontiev 1999, 2013). McGregor and Little (1998) operationalized meaning in terms of integrity, feelings of connectedness, purpose, and growth. The definition by Mackay (2003)—“The meaning of something is the salience of that something to the person, specifically motives, and is objective” (p. 380)—narrows the context from life-world to motives, but stresses the objective nature of meaning as experiential rather than symbolic. Few of the assessment tools referring to meaning consider the context: the Life Regard Index by Debats (1990) contains the Framework scale, The Sources of Meaning inventory (Schnell 2009) also deals with meaning-making contexts, and the Ultimate Meanings Technique (Leontiev 2007) offers a procedure of stepwise reconstruction of still higher meaning-making contexts for everyday activities.

The referential context-related view on the nature of meaning is a common denominator of both the semantic/symbolic understanding of meaning as a conceptual structure and experiential understanding of meaning as a living process occurring in one’s life rather than in one’s mind. Leo Tolstoy was probably the first thinker who introduced this opposition in his autobiographical “*Confessions*”, an essay dedicated to his search for the way out of a deep existential crisis when he could not find the meaning of his truly flourishing living. After some failed attempts to find out what is the meaning of life in wise books, religious practices, and talks with enlightened persons, Tolstoy came to the insight that can be called, using V. Frankl’s analogy, a Copernican turn. “I understood that in order to understand life it is first of all necessary that life is not evil and meaningless, and then one may use reason in order to elucidate it.” (Tolstoy 1882/1983, p. 147). A. Adler’s theory of meaning is based on a similar premise: the meaning of life is the matter of its actual direction rather than of its mental reflection (Adler 1932/1980). A new life to this distinction has been added by A. Maslow, who criticized the traditional view of meaning as something that “integrates, coordinates, classifies, and organizes the chaos, the multiple, and the meaningless many. It is a gestalting, holistic activity, the creation of a whole” (1966, p. 84). In addition to this “abstractness meaning” Maslow points at immediately experienced “suchness meaning.” “What is the meaning of a leaf, a fugue, a sunset, a flower, a person? They “mean” themselves, explain themselves, and prove themselves” (ibid., p. 89). You can’t make sense of many basic experiences in life. “You can’t be rational about them; they just are. About all

you can do with them is simply to recognize their existence, to accept them, and, whenever possible, to enjoy them in their richness and mystery, at the same time realizing that they constitute much of the answer to the question ‘What is the meaning of life?’” (ibid., p. 91). Still later, Mackay (2003) reminded us that meaning is experiential par excellence, and this view finds empirical support in the recent works of Heintzelman and King (Heintzelman et al. 2013; Heintzelman and King 2013).

To summarize, the essence of meaning is linking the immediate givens (objects, actions, ideas, images) to some broader contexts and finding their place and role in these contexts. Meanings can be common for different individuals within a culture (like linguistic or symbolic meanings) or even cross-culturally (like meanings of basic elements of life) or idiosyncratic (like many experiential meanings), depending on whether the corresponding contexts are shared or unique. We deal with meanings in psychological research inasmuch as we reach beyond the immediately given phenomena, assessed as they are, towards superordinate contexts which add to the functional role of the objects something invisible for an outside observer.

An illustration is a well-known tale, often reproduced in philosophy textbooks: A traveler approached a big building site with many workers busy with their duties. “What are you doing here?”, he asked a worker, carrying a hod with bricks. “Carrying bricks,” answered the latter. “What are you doing here?,” he asked another worker with a similar hod. “Making my living, feeding my family,” answered the worker. Then the traveler asked a third worker the same question. “Building the cathedral,” answered the third. From the behaviorist viewpoint all three were behaving identically, but in fact they were doing different things. Carrying bricks had different meaning for each of them, because the contexts of this activity were different for all three. The behavior of the first worker could be fully described in behaviorist terms: following the supervisor’s commands in order to get reinforcement in the evening. The behavior of the second one was more complicated, and the behavior of the third one cannot be understood without penetrating into his life-world, motivations and values, personal identity and worldview. Human beings are so different.

Meaning as a Regulating Principle

I tried to conceptualize these differences in terms of the multiregulation personality model (Leontiev 1999, 2012b). Its elements are specified by possible answers to the question “Why people do what they do.” The finite variety of possible answers reflects different principles of behavior regulation, or different logics of human behavior.

- A. *The logic of drive gratification* produces the answer: “Because I want (need, strive for) something.” In many simple cases such an explanation seems rather evident, but in more complicated ones it is at least insufficient. This logic is dealt with mostly by psychodynamic psychology.

- B. *The logic of responding to stimuli* produces the answer: “Because something or someone provoked or teased me.” Such an explanation plays an important part in personal strategies of denying responsibility for one’s actions. The main problem with humans, however, lies in interindividual variety of responses to many stimuli.
- C. *The logic of learned habits and dispositions* produces the answer “Because I always behave this way.” Quite a number of psychological problems are embraced by this logic, including skills acquisition, attitude formation and change, character, and individual style, etc.

All of the three aforementioned logics are common for humans and animals. All animal behavior (logics A, B, and C) is tied to the immediate environment and to internal impulses—in other words, to the “here and now” situation; all the sources of its determination lie within the (external + internal) situation. We find no factors influencing animal behavior besides the actual external stimuli and the actual internal urges (drives and programs).

- D. *The logic of social norms and expectations.* The relevant answer: “Because this is the way one should behave and most people behave in this situation.” This logic is determined by the distinctively human phenomenon of society, mediated by the collective culture. The manifestations of the social logic D, though distinctively human, characterize an impersonal hyper-socialized individual, “social animal” or *das Man*, rather than personality. An individual in this case is a battlefield of macro-social forces and regularities, rather than an autonomous agent.
- E. *The logic of life-world or the logic of life necessity.* The relevant answer: “Because this is necessary (important) for me.” Unlike animals, humans are able to measure their activity up to their entire *life-world* far beyond the actual situation; their activity is determined by the world at large, rather than by the environment. It is not a purely rational logic, based on a purely cognitive, abstract capacity, though cognitive schemes play an important role in the regulation processes based on this logic. It is the logic of personal meaning.

The model describes two still higher levels that can be found in some mature humans.

- F. *The logic of possibilities* produces the answer in the form of a new question: “Why not?” This logic transcends the logic of life necessity. Making a person able to transcend any given situation and to adjust to his/her life-world at large, meaning-related regulation ties a person to the facticity of this life-world. The ability to transcend this facticity, that is to transcend the determination of behavior by the life-world, inherent in mature personality, is described in terms of human freedom (see May, 1981), or in terms of one’s way of following the law of one’s own (see Jung 1934/1954).

Still rarer is *G. The logic of ultimate understanding*. The relevant answer: because this corresponds to the way the things are. This is the type of regulation usually associated with enlightened, extremely wise persons like saints or sages. It is the level of mission, the level of understanding some kind of ultimate truth beyond the scope of everyday understanding.

The level of meaning-based regulation (E) seems to be the most important one, because it refers to distinctively human and at the same time to universally human regulatory mechanisms. Meaning-based regulation allows human being to transcend the narrow frame of the actual demands of the current situation “here and now” into a broader context of the life-world. The meaning of any object or action, like a piece of a hologram, contains the whole of one’s relations to the world. This means that a human person, inasmuch as he/she is guided by meanings, would not do something that would bring him/her short-term benefits but produce long-term negative consequences.

Unfortunately, the multiregulation personality model says not all human actions are guided by meanings, i.e., regulated at E level. Quite a number of regressive dynamic mechanisms and cognitive limitations exist that decrease the level of regulation of our actions. John Locke, for example, explained why humans often make bad decisions while striving for the good: immediate (usually beneficial) consequences are mentally represented much more clearly than more distant (usually sad) ones, which is why we overestimate the perspectives and do things we later regret.

Indeed, special mechanisms and regulatory systems seem to exist underlying all the logics depicted above, including the meaning-based one. The seven above principles may be treated as seven dimensions of human behavior. Every action can be split into seven vectors, with each of the vectors representing a projection of the whole action to the dimension of this or that logic. These logics, however, are rarely present in pure forms. As a rule, they are combined and intertwined even in relatively simple behavioral acts and successions; taken together, they make human behavior multicontrolled and provide the basis for individual differences in regulation.

Keeping this model in mind, we may, first, see *considerable individual differences* in the manifestations of all seven principles. There are people more or less acting out their actual urges; more or less easily responding to external stimuli; more or less automatically applying standard schemes and habits; more or less sensitive to social expectations and pressures; more or less considering (either consciously or intuitively) multidimensionality and distant consequences of their actions; more or less able or unable at all to transcend the given determinants of their action and to make a free choice.

Second, there are *developmental trends and successions* with respect to all of the logical principles mentioned. Logics A, B, and C start developing at birth (at least) in a parallel way; logics D and E are taught from a very early age but hardly ever function before the age of 1 year, and only after 3 do they take a considerable place in the spectrum of human logics of behavior. The critical period for logic F is adolescence; the essence of adolescent crisis is the conflict between the striving for autonomy and development of psychological mechanisms of autonomous behavior regulation.

Third, clinical psychology provides enough evidences for separate types of *distortions* of these regulatory systems; in particular, *anorexia nervosa* gives an example of the disability of need satisfaction system; autism of the disability of responding to stimuli system; psychopathy presents the distortion of meaning-based regulation that results in behavior totally determined by momentary urges, etc. The task of psychotherapy may be articulated as restoring the balance of all the regulation systems.

The ability of self-management, characteristic of a psychologically healthy person, presupposes the balanced development of, at least, the first five regulatory systems; the dominant role should belong to the highest, distinctively human ones. The dominance of E level or higher levels over subordinate ones makes the regulatory basis of personality as the distinctively human way of being (Leontiev 1999). Daniel Elkonin, a prominent Russian developmental psychologist, put it the following way (personal communication, February 1984): “You say personality is regulation? Just the contrary, it is overcoming all sort of regulations.” To be sure, to overcome some regulations one should introduce other ones that impose new, higher laws and regularities on the whole system of behavior regulation, which prevail over lower ones; the latter, however, are in no way totally disabled but just controlled.

It follows from the above considerations that *human beings may act along with different regulating principles, or logic, some of which are inherited from the animal world, and some of which relate to being distinctly human*. Indeed, “circumstances and motives dominate human being inasmuch as (s)he allows them to do so” (Hegel 1927, p.45). Relationships between subhuman and human potentialities of behavior within an individual are ones of competition, rather than of fighting or even submission. Both possibilities are open for us in many diverging points of bifurcation: the ability to act as any other animal would do, or to act as only humans are able to. In particular, the *meaning-based regulation* gives one the possibility of transcending behavior determination both by internal impulses and learned programs, and by actual external stimulation. In other words, *meaning offers a person a higher degree of freedom*.

Meaning, Possibility, and Freedom

Adler was probably the first scholar who paid attention to the liberating role of meaning. In his later works he emphasized: “Human beings live in the realm of *meanings*... We experience reality always through the meaning we give it” (Adler 1932/1980, p.3). More than this: “We are *self-determined* by the meaning we give to our experiences; and there is probably something of a mistake always involved when we take particular experiences as the basis for our future life. Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations” (ibid., p. 14).

This view, being probably the first mention of self-determination in psychology, puts forward what seems to be the most important in the concept of meaning: its unique role in taking in hand one’s own behavior. We cannot deliberately create

the meanings of our obstacles and our actions; however, we can find and even construe the contexts that give new meanings to our actions.

The meaning of anything depends on the context in which we place it. Quite often the contexts are culturally preset, and many things seem self-evident. To see them in a new context and discover their new meaning, one has to transcend the self-evident scheme of things and to take distance from them. Self-transcendence and self-detachment, postulated by Frankl (1969) as two key anthropological capacities, are truly highly important for the human way of existence because they provide the possibility to get free from the imposed contexts and interpretations, to change one's position and one's view. This is why, as Frankl (1967) reasonably stated, meaning can be found in any apparently hopeless situation. Human consciousness and imagination allow us to create new fictional contexts that may one day come true—like in Frankl's example about his imagining himself in a lecture hall after the end of the war, giving a lecture about his residence in a concentration camp, while actually he was dragging his feet with other inmates on the way back to the camp after a day of hard work. This capacity to take an attitude to the obstacles you cannot change is cognitively based on putting them into another context you can create.

Existential meaning thus is not an imperative, it is a valuable option, "a possibility against the background of reality" (Frankl 1985, p.260). It is due to this optional status that meaning is a resource of human freedom. Frankl (1987) showed that causal necessity and the possibility of freedom are located at different levels of the human person: necessity belongs to the bodily and psychological (mental) levels, and freedom belongs to the noetic level, the level of meanings. Due to this topology a person may take an attitude to forces located at the lower levels, mediate them or say "No" to them.

Creating or imposing contexts, however, may serve manipulation and enslavement as well as liberation. The most powerful tool of all kinds of manipulations, from trivial frauds to destructive cults and political dictatorship, is artificial restriction of meaning-making contexts, imposing ideologically "right" schemes of things so that people could hardly put it into question. French writer Louis Aragon argued: "The freedom of art always consisted in giving meaning to the work, and the enslavement of art originated from the intervention of alien forces that tried in this or that way to restrict the field of our observation and to establish control over the meaning the artist invests into these observations" (Aragon 1986, p. 122). The point is that this happens not only in art, but in everyday living, in human minds. All kinds of authorities—familiar, intellectual, political, etc.—try to establish contexts for people's meaning-making, and the struggle against this enslavement consists in extending the contexts of meaning-making that would allow us to reveal new meanings, thus making our actions more variable and deliberate.

This is best exemplified by the following historical anecdote: A number of active members of nobility in the opposition movement in Russia, the so-called Decembrists, had openly revolted against Czar Nikolaus I in December, 1825. Ultimately they lost, and were arrested and finally banished to a penal colony in Siberia. A colony officer strongly disliked them, and, wishing to destroy the young men morally, made them carry heavy stones from one place to another, then back,

again and again, etc. They were about to lose their minds and their spirit with this meaningless labor, but then the solution was invented. They found the meaning to their predicament: They started carrying the stones quickly, with accurate precision, in order to infuriate the officer and to make *him* lose his spirit. In the end they were the more successful.

This suggests that context-determined meaning can be a mechanism of both freedom and coercion, depending on whether it is a flexible, living process (existential meaning, in terms of Längle 1994), or something firmly established (ontological meaning). Indeed, the highest measure of meaning and purpose in religious fundamentalists does not make them free; they are obsessed by a compulsive ontological meaning that makes them blind to any other possible contexts, and makes their behavior unidimensional, predictable, and manageable. Living (existential) meaning does not claim for monopolistic explanation and regulation, but rather maintains the potential for switching between contexts and interplay between them. Dead (ontological) meaning is exclusive in the sense that it excludes all the other possible contexts and meanings; it narrows the mind, while granting it vital energy. Hence, this energy, narrowly focused, may become a lethal weapon.

An example of the impact of varying contexts is the technique of priming, widely used in psychological research. The essence of priming seems to be just imposing a definite meaning-making context for the subsequent tasks that change the meaning of this task beyond the participant's awareness. Depending on the primed context, these effects may be either beneficial, mind-broadening (like the experimental proof of the old philosophical idea that the reminder of death promotes the sense of meaning and value of life—King et al. 2009), or harmful, life-narrowing (the reminder of money makes the subsequent behavior more ego-centric and alienated—Vohs et al. 2006).

Meaning as an Antidote to Helplessness

The role of meaning in action control was highlighted by Kuhl and Beckmann (1994) who strived to check some assumptions of V. Frankl's theory. They experimentally induced in their participants the state of boredom by a monotonous task; then the participants were invited to wait for the next task in a special room with a TV set on. A very boring black and white show was being displayed; there was, however, an option to switch on a more interesting travel channel. As predicted, about 60 % of the state-oriented participants and about 20 % of the action-oriented ones stuck with the dull show without an attempt to look for something more attractive; when the experimenters, however, provided a meaningful explanation of the previous boring activity as an attention test, the percentages of those who passively stuck with what was offered decreased to 35 and 15 % respectively. It suggests that a lack of meaning, especially combined with state-orientation in action control, make a person situation-dependent, while a sense of meaning tends to restore agency and personal control.

In a recent study (Leontiev and Smirnov 2010), we modified this experimental design to find out how the variables related to meaning-based regulation influence behavior in an unstructured situation. We also hypothesized that the more meaning-oriented the participant, the less is his/her behavior dependent on situational stimulation. Thirty six students at a tourism and sports college were invited to participate in individual experiments. Every participant was invited into a small room with lots of furniture and things around (books, magazines, a television tuned into a boring channel, etc.) and asked to wait until the experimenter brought test materials from another building. The participant was left alone for exactly 10 min; his behavior was covertly recorded on video. After 10 min he was taken to another room where he answered some questions, filled in several personality inventories and was debriefed. We used Russian versions of the measures of Action versus State Orientation (HAKEMP, J. Kuhl), Toleration for Ambiguity (M-STAT, D. McLein), Alienation (S. Maddi, S. Kobasa, M. Hoover), Meaning (PIL; J. Crumbeau and L. Maholick; Meaning in Life, P. Ebersole), and Time Attitudes (J. Nuttin). In addition, we considered the participants' subjective evaluation of the time spent alone, their behavior during this period, etc.

The most interesting results referred to the general strategy of behavior in the situation when there were no hints on what to do. We found four different patterns of behavior. (1) Passively watching a dull TV show without an attempt to switch channels (labeled as passive field-dependent). (2) Watching TV, switching channels in search of something more attractive (active field-dependent). (3) Investigating the room, looking through magazines, etc. (exploratory). (4) Ignoring the environment and doing something of their own (field-independent).

Some personality variables clearly predicted the choice of one of these patterns, especially the level of meaning in life. Passive field-dependent and exploratory participants were equally low on PIL, active field-dependent ones significantly higher and field-independent ones significantly higher still. This supports Kuhl and Beckmann's conclusions and our main hypothesis: meaning deficit is an obstacle to overcoming an imposed boring situation, and the presence of meaning serves as a resource for this. Active field-dependent participants take an intermediate compromise position, accepting the imposed situation as a whole but trying to improve it in details.

Other psychological peculiarities of the passive field-dependent participants, the ideal TV audience, besides low meaning scores, include extremely low action control (state orientation) in planning and very high scores on the powerlessness scale of the Alienation test that reflects the loss of faith in one's capacity to influence one's life situations without devaluating their significance.

The active field-dependent behavior pattern is also a rather favorable one. The participants classified in this group had the highest scores on the Value of the future and Control over the future scales of Time Attitude Test; and the highest number of life meanings retrieved in response to the qualitative Life Meaning Study by P. Ebersole.

The small sample does not allow for far-reaching conclusions from this study, but the role of meaning as an antidote to alienation and external control of behavior looks very salient. Indeed, the situation of expectation in a given environment

requires self-orientation, and participants are not equally capable of this. Meaning-oriented and action-oriented participants can impose a structure of their own to the indefinite situation, defining it themselves according to their motivation and life contexts; those with weak meaning orientation and action control present the perfect illustration of a behaviorist model of human being passively driven by external stimuli. It makes no sense today to argue whether a human being is a proactive or reactive creature; both can be true. The point is, what personal and situational factors account for proactive or reactive manifestations. Living in the world context, rather than in the environment context, and being guided by meanings rather than by inner impulses, input stimuli, learned stereotypes, and social expectations are attributes of distinctively human being, different from other animal species not only by anatomy, but by the way of living.

If meaning connects us with superordinate contexts, then meaninglessness is disconnection, alienation. The theoretical analysis of the relationships between alienation and meaninglessness (see Osin and Leontiev 2013) revealed that the unifying content is the break of meaning connections; alienation means that actual connections with the world are devoid of positive meaning and incapable of serving an energizing and meaning-making foundation for full-range acting-in-the-world. This can take one of two main forms: coercion or void. Being unable to build his/her living on meaningful grounds, a person is building it on simplified, regressive grounds; one's relations to the world are guided by biological and social programs rather than human meanings (cf. Maddi 1971). Meaninglessness thus appears as a subjective experience of ontological alienation, one's disconnectedness from the meaning-making contexts and sources.

Conclusion

In this chapter, I have tried to bridge existential insights on meaning with academic studies, in particular in the field of positive psychology. This is not an easy task, not just because of the variety of views and definitions and fuzziness of the concept, but also because academic studies in their attempts to find reliable ways to measure meaning, clean away what makes its core—references, or connections to broader contexts. There is no meaning in any object, image, or action *per se*—meaning emerges only when we put it into some context.

The main message of this chapter is, however, different—I claim that orientation to meaning as the guiding principle of behavior regulation is a distinctively human property that gives our behavior a new quality, in particular it provides an unprecedented degree of freedom to choose and to change, to extend and replace contexts and to switch from one context to another, thus altering the meaning of our actions. Not all human behavior is guided by meaning. The multiregulation personality model describes the variety of human regulations and the competition of meaning-based regulation with other alternative regulatory principles that suggest different behavioral outcomes. Meaningful action does not come about

automatically, it is something to be chosen and implemented upon the background of meaning-irrelevant pressures and temptations.

I have paid special attention to the notion of context. Psychologists rarely use it, because, like the notion of meaning, it does not fit into the paradigm of individual differences that prevailed in the last century. In fact, however, a meaning-making context is implicitly present (just not identified by name) in many research schemes, either as an object of experimental manipulation, or as the field of authorship, creative constriction, and self-orientation.

Some empirical data presented in the last section display the alternative to meaning. This alternative is alienation, powerlessness, passivity, and external control that accompany the regression to lower activity regulation principles. Meaning regulation is thus not obligatory; there are alternatives, but how attractive are they? Ok, it is a matter of taste.

It can be concluded that we are just beginning to understand the role of meaning in psychology, not only in existential and positive psychology. I believe that for this century the concept of meaning will be more relevant, demanded, and fruitful.

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Chapter 8

Ultimate Concerns from Existential and Positive Psychological Perspectives

**John Jurica, Jenni Barenz, Yerin Shim, Kirsten Graham
and Michael F. Steger**

People exhibit a nearly infinite variability in how they live their lives. Myriad preferences, choices, values, memories, physical features, life events, illnesses, opportunities, and quirks combine to create the impression that no two people have ever had the same life. The variability of each human life has, in modern times, fostered the notion that each of us must confront the ultimate facts of our existence. Because of this variability, no one can truly say what is best to suffer for, connect with, choose, and believe. Each individual is left alone to confront these ultimate concerns of life. Yet the uniqueness of human lives may obscure the more vast similarities of the human condition. Although we are each singular in the combination of our experiences, those experiences and what we make of them are drawn from a common reservoir. In this chapter we explore how two different traditions have examined the ultimate concerns of life. We will evaluate how the existential perspective and the positive psychology perspective have probed the interplay between the uniqueness and the commonality of human lives.

A primary tenet of existential psychology holds that every person must come to terms with a series of ultimate concerns while actively choosing to realize their individual potential in order to achieve psychological well-being. These ultimate concerns include a lack of inherent purpose or meaning in life, the anxiety associated with freedom and responsibility, the loneliness that comes from isolation, and the inevitability of suffering and death. In contrast, positive psychology relies more on epistemological priorities than tenets, emerging in an effort to rectify a

J. Jurica (✉) · J. Barenz · Y. Shim · K. Graham · M. F. Steger
Department of Psychology, Colorado State University, 1876 Campus Delivery,
Fort Collins, CO 80523-1876, USA
e-mail: juricaj@rams.colostate.edu

M. F. Steger
North-West University, Vanderbijlpark, South Africa
e-mail: michael_f_steger@yahoo.com

perceived overemphasis within psychology on human suffering, maladies, flaws, and mistakes. Experts proposed positive psychology to expand what we know about human joy, excellence, strength, and accomplishment using rigorous scientific methods. Whereas existential psychology may be said to prioritize individual experience, positive psychology prioritizes the accumulation of knowledge through positivistic and empirical evidence. Despite this divergence, both perspectives are interested in learning about how people navigate their encounters with humanity's ultimate concerns. Our exploration of these two traditions will focus on meaning and meaninglessness, freedom and responsibility, relationships and isolation, and death and suffering.

Meaning and Meaninglessness

Does the world around us have a consistent meaning? Is there any purpose to existence? Is there a point to life? Does my life matter? These questions are, in many ways, the heart of humanity's ultimate concerns. They are all questions about meaning and meaninglessness.

Existential Perspective

Existentialism argues that people cannot obtain objective truth, which means there is no inherent meaning in life. Existential thought came partly as a reaction to the emphasis on science and the hegemony of rational objective thought in European cultures (Solomon 2005). The earliest existential philosophers, Kierkegaard (1843) and Nietzsche (1968), argued that we cannot remove our subjective concerns and selves from the perception of the truth because we are part of our analysis of truth. This is a common theme in existentialism, and later existentialists make the subjectivity of truth a foundational element of their thought, though there are some differences in their respective interpretations (Flynn 2006). Camus (1946) describes the human condition using a concept known as "the absurd," in which individuals balance consciousness and freedom of choice on the one hand with an uncaring and inherently meaningless universe on the other. People are capable of asking questions about the purpose of life, what happens after death, and individuals have the power to make decisions. However, nothing can definitively prove the veracity of any attempts to answer the questions generated by consideration of these ultimate concerns. Because of the lack of objective truth, the only meaning people can aspire to is the subjective meaning that we must create for ourselves. Therefore, religious beliefs, societal conventions, and even laws do not hold inherent truth or meaning because they have been arbitrarily created to provide meaning (Flynn 2006). The meaninglessness of the universe and the subjective and arbitrary meaning of human institutions

are perceived as starting points of the human condition. Existential Psychology focuses on understanding and assisting individuals as they confront difficulties associated with meaninglessness.

Positive Psychological Perspective

Positive psychology does not promote any particular stance regarding the intrinsic meaningfulness of life. Similar to existential perspectives, though, positive psychology prioritizes the ability of each person to establish meaning. Positive psychology grants substantial agency to people and their abilities to experience meaning in life.

Batistta and Almond (1973) define meaning through one's positive regard of his or her life. They stressed the importance of people's commitment to the set of beliefs that give their lives meaning rather than the content of those beliefs. That is, while there may be numerous types of beliefs that provide meaning, what is important is that one commits to a framework regardless of what is built into that framework. This basic assumption that finding meaning in life is an inherently subjective judgment has become a cornerstone of modern meaning in life research (e.g., Hicks and King 2009). These perspectives allow the individual to be freed up to perceive their life as meaningful, if they wish. The most widely used measure of meaning in life, the Meaning in Life Questionnaire (hereafter, MLQ; Steger et al. 2006), also leaves the definition of meaning in life and the right to evaluate individually whether one's life is meaningful or not.

In positive psychology, individuals are given a substantial role in developing meaning. However, positive psychology generally turns to empirical data to arbitrate questions about how people might find meaning. To bolster the idea that personal agency and meaning are linked, several empirical studies have examined the relation between meaning in life and a range of agency-related variables. For example, meaning in life has been associated with internal locus of control (Ryff 1989), autonomy and environmental mastery (Ryff 1989; Steger et al. 2008a, b), perceived sense of control among adolescents (Newcomb and Harlow, 1986), and life control and will to meaning among women (Reker et al. 1987). These results support the understanding that when people find meaning in their lives, they are more likely to feel that they are agents of life rather than controlled by life conditions. The positive psychology perspective thus assumes that every person can find meaning in life and the related positive outcomes in life as well.

Freedom and Responsibility

Both the existential perspective and the positive psychology perspective place the individual in the center of finding meaning in life. People can choose whether to pursue meaning or whether to abdicate that task. While existentialism emphasizes

that the freedom to pursue meaning includes the responsibility to pursue meaning, Positive psychology focuses on the beneficial outcomes associated with a sense of meaning.

Existential Perspective

A main theme of existential thought is that existence precedes essence (Flynn 2006; Heidegger 1996; Kierkegaard 1992), which means that individuals are characterized by their actions rather than their attributes. For beings which may lack consciousness, their behaviors are determined by their essence, or their innate, static qualities. Unlike such beings, humans are defined by their freedom to choose and among the most important choices we make are the behaviors we choose to enact. Thus for humans, existence consists of our chosen actions which build our essences, or our stable characteristics. Essence is not fixed, however, because people can always choose different behaviors, altering their future potential through their present actions (Heidegger 1996). This position advocates for human agency by arguing against the idea that behaviors are determined by biology.

Although existentialists recognize that freedom can be limited, they emphasize and moralize freedom of choice. Sartre (1956) acknowledges that impulses and environmental influences limit the choices individuals can make, which he refers to as “facticity.” Beings without choice have only facticity to determine their behavior. Heidegger (1996), Kierkegaard (1992), and Merleau-Ponty (1962) also argue that individuals cannot completely escape the impact of the environment on their behavior because no one can escape from being in the world. Sartre argues that, through the exercise of consciousness, individuals are ultimately able to navigate actively rather than passively through the world; a process he refers to as “transcendence” (Blackham 1972; Flynn 2006). Because we are free to transcend facticity and determine our essence, the responsibility to be who we are is ours alone. Existentialists argue that to satisfy this responsibility, we must act in an authentic fashion true to our nature and in full recognition of the enormity of our responsibility (Solomon 2005). Individuals must accept, embrace, and utilize the freedom that they have to lead a moral life.

Authenticity is different for each person, based on that particular individual’s choices and situation. When one realizes that one acts freely and not as a puppet of events, feelings, or people, one also recognizes responsibility for his or her decisions. Without others to blame, the weight of freedom becomes too much for some to bear. This type of anxiety presents itself in a number of self-defeating manifestations: avoidance of responsibility, feeling compelled to do things, displacing responsibility, denying that one ever had responsibility (the “victim” mentality), defying responsibility by losing control, and excessive anxiety over choice (Yalom 1980). The therapist’s work with clients is often to identify and label where the fear of responsibility is coming from, helping the client to take responsibility in the here and now (i.e., in the therapeutic relationship) and helping the client to process and manage guilt from decisions made in the past.

Positive Psychological Perspective

Positive psychology has explored issues of freedom and responsibility mainly through the lens of authenticity. For example, research has shown that when people feel they are acting in accordance with their true selves, they experience greater meaning in life (e.g., Schlegel et al. 2011). A more elaborate approach to authenticity within positive psychology has been articulated under the monikers eudaimonic well-being (e.g., Ryan and Deci 2001) or psychological well-being (Ryff and Singer 1998). In these models of well-being, emphasis is placed on people achieving their full potential and acting in accordance with their inner-nature (e.g., Waterman 1993, 2013). Because of the strong empirical links between meaning in life and these approaches to well-being, meaning in life has been called a flagship indicator of eudaimonic well-being (Steger et al. 2013b). Positive psychology has not explicitly addressed whether meaning in life is related to feeling a sense of freedom or whether people high in meaning are more responsible than others. The assertion that people who find meaning in their lives also explore their freedom and embrace the responsibility for creating their own lives is nevertheless consistent with the positioning of meaning as a premier indicator that someone is fulfilling his or her potential.

Isolation and Personal Relationships

Aloneness is an issue confronted by existentialism and positive psychology, though there are difference between the two perspectives. While existentialists tend to argue that individuals cannot avoid isolation and loneliness, positive psychologists advocate that social support and personal relationships are essential to a healthy and meaningful life.

Existential Perspective

In the act of self-creation, there is deep loneliness; it might be said that as the author of one's story, one is alone. Fromm (1956) posited that isolation is the primary cause of anxiety: "[t]he awareness of his aloneness and separateness, of his helplessness before the forces of nature and of society, all this makes his separate disunited existence an unbearable prison" (p. 357). Existential philosophers acknowledge that we are ultimately alone in the world, and that making meaning is a personal venture. One individual cannot truly possess or know another because each individual is distinct. For example, Nietzsche argues that those who have risen above the herd to improve society through their individualism are lonely and often misunderstood (Flynn 2006).

Rather than avoiding or denying existential loneliness, existential philosophers believe that individuals should face it with firm resolve and not diminish isolation.

Additionally, people should attempt to understand themselves independently from societal influences to better understand their identity. One of the ways in which people may strive to understand themselves is through interactions with other people. From the perspective of Sartre (1956), trying to gain self-understanding from the people around us is ultimately futile. He explains that loving another person is an attempt to possess the consciousness of another person in order to acquire a more objective view of the self. This attempt to possess another individual ultimately leads to a power struggle because both individuals are trying to learn about themselves by possessing the other. As a result, relationships are often fraught with conflict. In addition, Sartre argues that it is impossible to completely know another person, both because the extent of people's cognition and emotion is too vast and because others are motivated to present specific images of themselves. Because we can never truly know another person, each individual is significantly and ultimately alone.

In contrast to Sartre's view that relationships are useless for alleviating our isolation, others have argued that relationships can be a useful tool for understanding ourselves. Heidegger explained that because individuals cannot separate themselves from their relationships to other objects in the world, existence is constituted by everything in an individual's environment, including other people (Blackham 1972). According to this analysis, individuals primarily view objects or other individuals as tools with which to address their own concerns and preoccupations. For example, a hammer is useful to an individual driving a nail into a wall to hang a picture. The hammer is also seen in relation to a tool manufacturer, a nail, a house, and everything else that stands in relation to the hammer. The existence of the hammer implies the existence of these other objects. This reliance on other objects, and people, to define ourselves underscores the social interdependence of individual experience. Individuals cannot escape from their reliance on other individuals to help make sense of the world and thus are connected to one another.

In making sense of the world, existentialists acknowledge the importance and power of society, though they do not advocate acquiescence to the pressures of society. Unreflective adherence to cultural norms allows an individual to achieve a sense of meaning and purpose both through the reassurance of other individuals and by fading into the masses (Flynn 2006). Choice, which is a source of discomfort, is reduced because individuals are able to find indicators of what they should do from other members of society (Sartre 1956). Though existentialists recognize the power of personal relationships in reducing the unavoidable fears and preoccupations of human existing, they do not recommend sacrificing personal choice for the comfort of the masses. Existentialists also argue that individuals can never completely avoid this impersonal element of being because it is part of the environment through which we exist in the world.

When applied to psychotherapy, existentialism focuses on helping people confront the realization that they are ultimately alone in the world but that the avoidance of, rather than the apprehension of this truth leads to adverse outcomes. Frequent topics in psychotherapy include: relationship issues, feelings of loneliness, the desire for belonging and community, and various other interpersonal concerns. As Yalom (1980) writes, interpersonal isolation is a product of a variety

of life circumstances including isolation caused by location, past social conflicts, deficits in social skills, and problematic personality style.

Although existentialists argue that deep division and isolation exist within an individual's relationship to oneself and to others, the idea of existential isolation is a more basic concept. Existential isolation is the idea that one cannot, no matter the amount of effort or avoidance, truly diminish the separation between oneself and any other human being. Regardless of the relationship, individuals are isolated within their own unique experience of the world. Mostly we are unaware of this feeling or unwilling to experience it, but when one feels that sense of isolation it is often panic inducing. Because it is hard to define, some people may mistake feelings of existential isolation as being indicators of other problems, personal faults, or flaws in their relationships or communities. Confronting this existential truth is often a difficult endeavor. According to existentialists, it horrifies us as we recognize the truth that, try as we might, we are only rattling around in our own cages. And while we can press up against the bars of the cages of our communities, family, friends, or lovers, we cannot merge with them just as we cannot know them or enable them to know us truly.

Part of helping clients through the existential perspective is helping them to delve straight into the feelings of being lost and lonely. As opposed to avoidance of the issue, existential psychotherapists help clients to realize what they cannot get from others by increasing their self awareness. Existentialists hold to the idea that isolation must be experienced before it can be transcended. Part of learning to be alone involves experiencing forced or unforced isolation without distraction (Camus 2000). Some might achieve the experience of isolation through structured means such as meditation. For others, merely grappling with the idea of isolation in therapy helps them to better understand from where their fear stems. Therefore, existential psychotherapists place a high value on the relationship between the therapist and the client. Existential psychotherapists call for critical incidents, or incidents in which the therapist reaches out in a profoundly human way rather than a manualized, or contrived, way. Yalom (1980) notes that therapists often overestimate their cognitive contributions and underestimate the small human touches that really matter to clients. In other words, Yalom points to the authentic human relationship between therapist and client as the primary agent of change rather than cognitive or behavioral interventions.

Positive Psychological Perspective

Positive psychology does not adopt the existential stance that people are objectively unknowable or objectively isolated. Instead, the subtext of much of the research in positive psychology is that deep, authentic relationships are a cornerstone both of meaning and of a life worth living. In his positive psychology textbook, the eminent positive psychologist Christopher Peterson provided a three-word-summary of positive psychology: "Other people matter" (Peterson 2006, p. 249). This is true

for most of us—in fact, the most frequently and consistently reported source of meaning across studies is relationships (Steger et al. 2013a). Perhaps forming and maintaining close relationships with other people is one of the most common and accessible ways to create meaning in life, or, at the same time, to lose meaning as well in its absence. In this way, positive psychology is much more like Yalom’s existential psychotherapy than existential philosophy.

Several other studies from the positive psychology perspective support the inter-relatedness of interpersonal relationships and meaning in life. Across numerous research projects, people with more meaning in their lives report more positive relationships (O’Donnell et al. *in press*). Not only do the qualitative studies on sources of meaning like Debats (1999) report that relationships are a fundamental source of meaning in one’s life, quantitative studies reveal as well that relationships absolutely bring meaning to an individual. Experimental research has focused on the types of information people draw on when they make judgments about their lives’ meaning. Although it seems straightforward that people would be fairly consistent in their judgments of meaning in life—after all, the entirety of their lives does not change dramatically from moment to moment—people appear to be influenced by the extent to which they are feeling positive emotions (King et al. 2006). When people were prompted to think about their relationships, their perceived relationship quality was a more significant predictor of their judgments regarding meaning in life than was positive affect, which was measured by ratings of mood adjectives such as “joyful” and “happy” (Hicks and King 2007). Although it may seem obvious, one explanation of why relationships may contribute to meaning in life is that they may reflect an ability to understand how one fits with the world (Steger 2012).

Yet merely having a relationship with someone does not necessarily give meaning to one’s life. Krause (2007) stresses that it is important to consider both positive and negative influences of social support on one’s meaning in life. As shown in the previous studies, positive social interaction can bring meaning whereas negative social interaction can deprive one of meaning. Experimental research has shown that when people are excluded from social activities, it diminishes their perceptions of life’s meaning even if the social activities were taking place on a computer and not face-to-face (Stillman et al. 2009). Another study showed that when people were forgotten by others, they perceived their life as less meaningful (King and Geise 2011). One interesting result of these studies is that social acceptance and being remembered by others did not increase one’s meaning in life (Stillman et al. 2009; King and Geise 2011). Thus despite posing a threat to meaning when relationships are negative, they appear intrinsically linked to meaning even if positive relationships do not necessarily boost meaning in life.

It is not clear from current research which aspects of interpersonal relationships contribute to enhancing meaning in one’s life. Future research should begin to examine whether having more available relationship sources or increasing the depth of a single relationship source is more important to increasing meaning. One study on the relationship between threats to social relatedness and meaning in life judgments showed that when people feel lonely, they turn to other sources of meaning (i.e., positive affect) in order to perceive their life as meaningful (Hicks et al. 2010).

Relationships are not the only source of meaning and considering the potential damage to one's meaning in life when experiencing negative social interactions, it may be important for an individual to have alternate sources of meaning. After all, it is those who give us the most meaning who may hurt us the most deeply.

Death and Suffering

Relationships prosper when people commit themselves to them. When people choose some degree of intimacy with others, they may assuage the existential isolation inherent in existence. However, the very act of committing to a relationship creates vulnerability. Loving others reminds us of the temporary, transient nature of all relationships. Inevitably, all relationships end and we are ultimately separated from our loved ones by death. At the core of life is death and at the core of meaning is fragility. Existentialism examines the meaning of death and suffering while positive psychology focuses on the benefits of a meaningful life in the alleviation of suffering.

Existential Perspective

Although several early existentialist philosophers lived during the nineteenth century, many prominent existentialists lived and worked during the period of the World Wars when the beliefs of humanity were challenged by the unspeakable horror engendered by these conflicts. As a result, existentialist thought is permeated with suffering; particularly suffering that comes from uncertainty, doubt, and apparent pointlessness (Solomon 2005). Although existentialists have divergent methods of coping with this suffering, recognition of the suffering inherent in the human condition is a theme of existentialism. Death, which is the extinguishing of possibility that creates existence, creates its own form of inevitable suffering (Blackham 1972).

Humans recognize that they are vulnerable to death, leading to questions about what happens after death. As with the other questions that confront people in the existential perspective, there is no certainty because nothing can definitively prove the veracity of any attempts to answer these questions. According to Camus, our very existence is without certain justification; we might exist for any number of reasons or for no reason at all. Similarly, he recognizes that our lives might stand for good things, bad things, or nothing. This is difficult for many people and can be the basis for great suffering. According to Camus, suicide is a primarily philosophical concern that many individuals are faced with during their lives: if existence is arbitrary, meaningless, isolated, and painful, then why persist (Camus 2000)? This existential dilemma has been addressed differently by philosophers and theorists. One of the most notable differences in existentialism is between philosophers such as Kierkegaard, Jaspers, and Marcel, who respond to meaninglessness through faith in god, and philosophers such as Nietzsche, Sartre, and Camus, who respond with atheism and incessant striving (Flynn 2006).

According to the existentialists, freedom, uncertainty, loneliness, and mortality are causes of suffering. Suffering is frequently encountered in psychotherapeutic contexts, and existential psychologists have developed an additional perspective on the existential problems clients face. Frankl (1963) spoke of surmounting the existential crisis as an imperative for many of his patients. When a lack of meaning ensues, it leads to existential stress, suffering, and paralysis in life. At the same time, Frankl also argued that the magnitude of existential concerns often prompted people to numb themselves to matters of meaning, creating an enormous vacuum of meaning in modern life. Salvatore Maddi (1967, 1970) agreed with this depiction, describing “existential sickness” as “the comprehensive failure in the search for meaning in life.” Yalom (1980) has referred to the “psychopathology of meaninglessness,” a specific psychopathology of disengagement, apathy, and depression which emerges when people find themselves lacking meaning.

Existential psychotherapists are not necessarily interested in procuring an answer to these problems of meaninglessness; rather, they are interested in being conscious of and engaged in the search for meaning with their clients. While the therapist may act as a guide to the client, he or she is not responsible for answering the problem of meaninglessness for clients. Indeed, inherent in the search for meaning are the questions, “Is there meaning to the universe? Is there a grand design or plan?” Existential psychotherapists are acutely aware of this tension: while humans seem to need meaning or purpose to live full, satisfying lives, often there is no clear answer to finding that meaning (Yalom 1980). Existential psychotherapists proceed from the assumption that, regardless of any higher meaning or meaninglessness of the universe or cosmos, individuals can still craft lives of personal meaningfulness.

When an event threatens one’s existing schema of the “way things are,” one may feel helpless and more actively search for an explanation to make sense of one’s existence. Frankl (1963) believed that meaning is not constructed subjectively but discovered in the world around us, as revealed in the pattern and design of life. Although seeking out this pattern and attempting to understand its implications for our lives is difficult, it is still worth pursuing and is even vital to human flourishing. The idea of “constructive suffering” in existential psychotherapy captures the notion that struggling with weighty issues can be beneficial in the long run. According to Frankl, clients may initially resist constructive suffering or fail to see a reason for it because they came to therapy to “feel better.” However, as the psychotherapist clarifies links between present distress and the failure to resolve existential crises, the difficult work of working with these ultimate concerns becomes apparent. Thus clients are able to endure suffering in therapy because they see a larger purpose in it all.

Positive Psychological Perspective

In contrast to Frankl (1963), who argued that suffering serves as an ingredient of creating meaning in one’s life, positive psychologists emphasize the “positive” function of meaning: how it alleviates pain to increase happiness and well-being in people’s

lives. Empirical studies have shown that meaning in life is related to many positive criterion variables like psychological adjustment, positive affect, happiness, and life satisfaction, which often indicate the absence of suffering or pain (Steger 2012). This association between positive constructs and meaning in life is mirrored by studies that show the inverse relationship with negative criterion variables such as psychological distress and negative affect (e.g., Debats 1996; Zika and Chamberlain 1992).

Although the outcomes of meaning in life may ultimately be positive from a positive psychology perspective, several positive psychologists emphasize that meaning in life is not necessarily pain-avoidant. Finding meaning in life is definitely a pleasurable experience, which has been demonstrated in many empirical studies linking meaning in life and positive affect (e.g., Hicks and King 2007; King et al. 2006). However, meaning in life is also understood as an indicator of eudaimonic well-being (i.e., Ryff 1989; Steger et al. 2013b), which refers to the extent to which an individual's life fully realizes his or her own potential and virtues (Waterman 1993). Some positive psychologists even distinguish pleasure, happiness, and meaning as different orientations to life, emphasizing that meaning in life is a mainly eudaimonic construct (Peterson et al. 2005; Wong 2011).

This eudaimonic perspective is more similar to Frankl's view (1963), which emphasizes the experience of "deeper" fulfillment that often accompanies overcoming agony. Park's meaning-making model in the context of stress and coping also supports the notion that meaning acts a buffer to survive through a painful experience (Park 2010; Park and Folkman 1997). In this model, meaning is made through several processes which aim, in a stressful situation, to reduce the discrepancy between one's appraised meaning and global meaning (Park 2010). This framework views efforts to reestablish meaning as a natural reaction to a stressful event. This is consistent with the distinction Steger (2009) makes about positive affect from other components of meaning, including the cognitive and motivational components, understanding it as an outcome variable or an aftereffect rather than a necessary factor that composes the experience. From a positive psychological perspective, meaning is relevant and vital both as a resource during suffering and struggle and also as the architecture of a life well-lived.

In sum, the process of finding meaning in one's life may not always be pleasurable or easy, and may contain passing through a stressful and painful moment. However, the meaningful life pays its price; it allows the person to not only experience positive emotions, but also a deeper sense of satisfaction in their lives by transforming the negative to a positive light. Thus the ultimate goal of pursuing meaning in a positive psychology perspective remains striving for the "good."

Conclusion

The existential perspective highlights the tentative nature of existence: we are fragile in our mortality; fragile in our legacy; and fragile in our beliefs about the world. We cannot mindlessly draw upon universal truths nor build the assumptions

of our lives on a solid and unimpeachable foundation of knowledge. According to existentialism, we must forge our own path in the arbitrary, senseless, and often cruel world. A central challenge for each of us is to confront such realizations, acknowledge that only we have the ability to create our own identities, choices, and lives. No one can create our path for us, and in fact, no one can truly share with us the path we choose. Nonetheless, existentialists advocate embracing the fragility of existence and our enormous responsibility to create an authentic meaningful life. The positive psychology perspective does not necessarily disagree with this emphasis on the freedom and responsibility of individuals, and it also prizes the forging of meaning as a cornerstone of a life worth living. However, positive psychology seeks to establish empirically those factors that help people find meaning. This empirical quest to document facets of the meaningful life has revealed that individual agency is an important component, but so too are genuine, intimate relationships, positive emotions, and a sense of expressing one's true self. In a sense, the positive psychology perspective provides a hopeful, data-driven view on how people can answer the pressing questions central to our existence.

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Chapter 9

Narrative Coherence and Disruption: Negotiating Between Positive and Existential Psychology

Chad Hammond, Ulrich Teucher and Rita Hamoline

One must still have chaos within oneself, to give birth to a dancing star.

- Friedrich Nietzsche, *Thus Spoke Zarathustra* (1985).

Introduction

There is a common danger involved in psychological research: in describing life experiences and events in a certain way, psychologists sometimes perpetuate an expected storyline, or what is often called a “master narrative” (Randall and McKim 2008, p. 54), which can tacitly normalize certain life stories while concealing or marginalizing others.¹ Though our disciplinary discourses are necessary

¹ Some philosophers from the phenomenological tradition have argued that all academic disciplines harbor “preunderstandings” (Gadamer 1989; Heidegger 1962; Derrida 1993) that direct them to certain biased conclusions about their subjects of study. Our attention is primarily on psychology; however, in a Gadamerian move we propose bringing multiple disciplines into conversation with psychology in order to explore and broaden the discipline’s preunderstandings.

C. Hammond (✉)

Department of Psychology, University of Saskatchewan, Saskatoon, SK, Canada
e-mail: chad.hammond@usask.ca

U. Teucher

Department of Psychology, University of Saskatchewan, 9 Campus Drive, Saskatoon, SK
S7N 5A5, Canada
e-mail: ulrich.teucher@usask.ca

R. Hamoline

Department of Sociology, University of Saskatchewan, Room 1019, 9 Campus Drive,
Saskatoon, SK S7N 5A5, Canada
e-mail: rita.hamoline@usask.ca

to even begin talking about and making sense of human life, they put us at risk of funneling our vision of others' lives and ignoring contradictory narratives. As psychologist Ed Diener (2003) recognized, psychologists are not value-neutral spectators but are "players" in broader social and political negotiations of morality and reality. Though we cannot ever avoid this involvement, we can work toward expanding the boundaries of our biases.

In this chapter, we apply this overarching problem of our discipline to the all too often opposing perspectives of positive and existential psychology. To begin with, we look at the ways positive psychology and existential psychology, for better and for worse, normalize certain life narratives. We argue that positive psychology typically bolsters support for narratives that involve "cheating chaos" (Csikszentmihalyi 1990) and have what are often referred to as restitutive or redemptive endings (see, e.g., Frank 1995; McAdams 2006); stories of *transcendence* tend to take moral precedence here, in which narrators overcome their suffering through a proclaimed sense of newfound coherence. On the other hand, existential psychology often appears to foster what could be called stories of *tragedy*, which involve "disrupted lives," (Becker 1997) "chaos narratives," (Frank 1995) and lifeworlds in the midst of being unmade (Scarry 1985). To put it another way, positive psychology carries with it a rather 'neat' notion of meaning as something completed and stable, while existential psychology articulates a relatively "untidy" notion of meaning as something continually unsettled and sometimes even absent. Each respective orientation searches for the overall expression of these notions of meaning within narratives of suffering.

Without denying the value of these different orientations, we seek to challenge the following parallel dualisms produced by such conceptualizations of meaning: divisions between stories of transcendence and tragedy; distinguishing narrative coherence from incoherence; and problematic assumptions that coherence carries with it inherently remedial effects, while incoherence leads ultimately to despair. We argue, in response, that such distinctions demand a rigidity of thought that is eluded by more complex narrative forms. As anthropologists Matthew Engelke and colleagues (2006) have argued, some stories are more coherent than others due to the meaning being "a process and potential fraught with uncertainty and contestation" (p. 2). Perhaps, the radiating star of coherence is not so far away from the shaded silhouette of chaos, and perhaps, at least some of the time, people find more consolation and freedom in the cooling shade than in the blinding sun.

We conclude that through a dialogue between positive and existential psychology, and larger conversations with other social sciences and humanities, we may question the normalizations produced by our limited horizons of understanding. As "players" within the political "game" of legitimizing certain narratives, we believe such a "polylogue" may widen the sphere of legitimized life narratives within psychology. Normalization is perhaps unavoidable in our field but it is not a futile effort to work toward a broader inclusion of narrative forms.

By way of demonstration, we apply this understanding of meaning to our area of research: narratives of illness. We provide the case study of Mary,² an older woman who relayed her experiences of having cervical cancer, losing her common-law partner of almost 30 years, and beginning to date again. We chose this interview because tensions between tragic and transcendent experiences may be particularly evident in narratives of chronic illness (where many health disruptions and recoveries may occur over time) and of relationships in widowhood (where traces of past grief may intermingle with new love and excitement). Mary's story fluctuates from periods of loss to moments of restoration, signifying not only the "dual process" of coping often discussed in contemporary grief theory (e.g., Stroebe and Schut 1999), but more generally the ebb and flow of meaning throughout life. The way she seems to negotiate these tensions illustrates how positive and existential psychology could come into closer quarters and benefit from the insights offered by one another.

A Review of Positive and Existential Psychology

The positive psychology movement, as espoused by Seligman and Csikzentmihalyi (2000), attempts to revamp what is said to be the dominant orientation that psychologists take toward life narratives. Positive psychologists see much of psychology pushing to pathologize common human experiences, intentionally seeking flaws, biases, and tragedies among life narratives that could otherwise be seen as inspiring, authentic, or triumphant stories. The predominant skepticism within psychology, as Seligman and Csikzentmihalyi (2000) describe it, may in philosophical discourse be called a "hermeneutics of suspicion" (Ricoeur 1970, p. 32), a method of interpretation that deliberately combs through people's narratives in search of underlying failures and deceptions. Psychologists Harvey and Pauwels (2003) eloquently summarized this attitude as a "disdain for the intuitive: If people think it is so, it certainly must not be" (p. 127).

By contrast to "psychology as usual" (Seligman and Pawelski 2003, p. 159), which purportedly studies and diagnoses people's weaknesses and problems (e.g., failing to make meaning of and, in turn, cope with an experience), positive psychologists claim to attend to and nurture people's strengths and solutions (e.g., discovering meanings that help to transcend suffering). Seligman and Csikzentmihalyi (2000) call forth a refrain from disdain, and what could be called a more benevolent "hermeneutics of understanding" (Ricoeur 1970, pp. 28–31) that recognizes and legitimizes human flourishing when it appears. Whatever suffering and limitations may be expressed in life stories, they hold that psychologists should attend to the overarching themes of transcendence and

² Pseudonyms are used for all persons referred to in this narrative.

resilience. Instead of anxiety, meaninglessness, loss, and depression, the focal points of a positive study of human life would be tranquility, meaningfulness, growth, and happiness.

There is an exceptional amount of controversy surrounding positive psychology. The movement has been repeatedly accused of trying to replace one alleged injustice with another, founded upon a straw man argument. By imagining—some-what unjustly—a disciplinary split between strictly pessimistic and optimistic readings of people’s lives, and giving priority to the latter, positive psychologists are said to give credibility only to uplifting stories that appear to have no hint of lingering suffering or uncertainty (e.g. Lazarus 2003; Wilson 2008).

Many years before positive psychology was named as such, psychologist Richard Lazarus (1983/1998) expressed concern that modern medicine is dominated by recovery narratives that silence expressions of distress. These master narratives, according to Lazarus (1983/1998), “downplay the negative and accentuate the positive,” which “trivializes distress by undermining its legitimacy and challenging the reality of the circumstances that generate it... Implicit in such trivialization is that distress is treated as a condition that is unworthy and even pathological” (p. 251). According to Lazarus, this discourse that only acknowledges stories of when things are going right inadvertently marginalizes stories of times when things are going wrong.

Cultural analyst Eric G. Wilson (2008) extended Lazarus’ observation to many North American cultural discourses, as part of an emerging “science of happiness” (p. 5). He put the stakes much higher, fearing that by closing the shutters to more “melancholic” experiences, we are “eradicating a major cultural force, a serious inspiration to invention, the muse behind much art and poetry and music” (p. 4). These criticisms defend narratives of suffering as crucial and, dare we say, therapeutic expressions of the proverbial bumpy road of life.

Positive psychology is in danger of participating in these dominant discourses of transcendence and, in an ironic twist, pathologizing by way of silencing stories with mixed or more tragic portrayals of human life (Harvey and Pauwels 2003; Held 2002; Lazarus 2003; Wong 2009). Sociologist Matti Hyvarinen and colleagues (2010) argued that “the imperative of coherence,” of which it seems positive psychology is a part, “works to legitimize certain narratives while excluding or marginalizing others” (p. 7). For example, narrative psychologist Dan McAdams (2006) contrasts allegedly remedial “redemptive plots” with ostensibly regressive “contaminated plots”: “Efforts to move forward in life...are frequently stymied by contamination sequences and the repetition of traumatic, frustrating, or conflicted scenes. The very plots of the stories seem to stagnate. Unproductive, self-absorbed, and loath to expect too much from the future, protagonists go around and around in circles” (p. 221). McAdams is providing a normative assessment here, portraying stories that seem Sisyphean in their circular structure as an impediment to more “productive” stories, as corrupted efforts to move one’s life story ahead in some linear fashion—as though upwards and onwards is in some way the ideal trajectory of life narratives.

In their introductory article on the subdiscipline, Seligman and Csikszentmihalyi (2000) claimed that, “psychologists know very little about how

normal people flourish under more benign conditions” (p. 5; our emphasis). Who are these “normal” people who have not experienced some form of personal suffering or distress? Are Seligman and Csikszentmihalyi implying that life need not involve so-called “negative” emotions and events? What of those who, like German poet Kurt Marti (2010), say that people have not lived unless they have experienced anger? Or of more somber experiences that are, as Eric Wilson (2008) wrote, catalysts for “numerous ideas and visions, multitudinous innovations and meditations” (p. 4)?

By trying to define themselves against what they claim to be “psychology as usual,” Seligman and his colleagues seem to be seeking impossibly lofty stories in which no physical pains or personal difficulties, no moral quandaries or social struggles, no relationships of power or economic inequalities, remain as a significant part of the overall plot. Even if suspicion dominates psychology, it does no service to positive psychology to presume the existence of earthly utopias. Harsh though this challenge may be, we see promise in shifting the discourse away from the rhetorically driven dualism between positive psychology and the rest of the discipline, and toward engagement with other perspectives that are presently seen as diametrically opposed.

Existential psychology is often considered one of those contradictory positions to positive psychology, attending strictly to narratives with predominantly tragic themes. Existentialism across different disciplines is typically portrayed as a discourse on human drama, life’s limitations, and the inherent meaninglessness of human existence. Well-known existentialist philosopher Jean-Paul Sartre (1957/2012) spoke of the accepted view thus: “the basic charge against us is that we put the emphasis on the dark side of human life” (p. 1). And at first glance who could argue when, for instance, existentialist author Albert Camus began his novel *The Stranger* (1946) with the protagonist Meursault thinking aloud, “Mother died today. Or, maybe, yesterday; I can’t be sure” (p. 4). Nothing could articulate an inherent hopelessness and gloom to human life better than beginning a story with the ending of a life and a truncated, emotionless response from the next of kin. In some ways, existential psychology has perpetuated this dominant representation of the subdiscipline, with psychotherapist Irvin Yalom (1980), for example, defining three out of four “givens” of human existence according to what is lacking in life: isolation (bereft of social and cosmic connection), death (the inevitable end of life and loss of others), and meaninglessness (absence of coherence or greater significance to one’s life and actions).

Despite its popular aura as a discourse of despair, existentialism can also be a life-affirming perspective. Sartre (1984) often referred to the inescapable “facticity” of our lives (e.g., our social positions, cultural backgrounds, and personal circumstances) (pp. 127–133) alongside our creative “freedom” to interpret and act on our life situations (pp. 619–622). Near the end of *The Stranger* (1946), Meursault returns his thoughts to his mother, and bespeaks a sense of rejuvenation: “With death so near, Mother must have felt like someone on the brink of freedom, ready to start life all over again. No one, no one in the world had any right to weep for her” (p. 75). The “freedom” Meursault is describing is Yalom’s (1980)

fourth, more hopeful aspect to our existence: the freedom to respond creatively to the givens of our existence, thereby transforming our despair into vigor.

Even those existentialist scholars (in philosophy and psychology) who are more modest in their claims talk about their orientation as a form of anti-essentialism and anti-fatalism, in which credit is given to both human limitations and possibilities for transcending them (Macquarrie 1972; Wrathall and Dreyfus 2006; Valle 1989; van Kaam 1966). They argue that the human condition, in sum, is marked by a “situated freedom” (Valle 1988, p. 275) of creativity and meaningfulness within restrictive social and historical contexts. In this way, although existential psychology is often organized around certain distinctive themes of loss and despair (Yalom 1980), it still has a place for remaking destroyed lifeworlds and creating coherent narratives. Perhaps one advantage to existential psychology over positive psychology is this more complex, amorphous understanding of human experience and meaning, possibly born out of cross-disciplinary engagements with existentialist literature and philosophy.

Existential psychology holds much potential for interpreting diverse narratives of suffering, but carries its own limitations. Its pervasive assumption is that “anxiety [is] generated by basic features of human existence such as freedom and responsibility, death, contingency, and aloneness” (Hanscomb 2006). Our basic attitude toward the world, it is said, is an anxiety that emerges from the inherent lack of life coherence, the enduring tragedy of the human condition. Anyone who speaks of coherence, for example, cancer patients’ claims of recovery and a return to normalcy posttreatment, may be seen as acting inauthentically or in “bad faith” (Sartre 1943/1984), for they are surely refusing to acknowledge their anxiety toward meaninglessness.

Herein lies the suspicious interpretations with which positive psychologists struggle, in which a sense of meaning is largely seen as self-deception. Just as positive psychology may sometimes take credibility away from narrative themes of disruption, existential psychology may undercut narrative themes of coherence. In addition, existential psychology recapitulates a larger ideological assumption, found also in positive psychological discourses: coherence leads to solace and well-being, while incoherence evokes a never-ending state of distress. Despite existential and positive psychology sharing this presupposition, they disagree about whether coherence or incoherence dominates people’s lives.

Our brief review of positive and existential psychology shows that there may be certain recognizable tensions between them, but they share certain binaries regarding meaning and well-being in the face of suffering. We challenge these taken-for-granted assumptions about the healing power of narrative coherence. Following philosopher Paul Ricoeur (1984), we argue that narratives are forms of meaning construction in which all kinds of more or less “concordant” and “discordant” experiences are brought together into an image of the narrator’s worlds of experience (pp. 65–73). Narration serves what psychologist Mark Freeman (2010b) called a “binding” function that “prevent[s] the utter dispersion of experience, its evaporation into nothingness” (p. 171). The synthesis of diverse life events into a “plot” produces a meaningful story about one’s life (Ricoeur 1984, pp. 65–67), but “meaningful” does not imply a singular or stable meaning. Ricoeur wrote, “*emplotment is never the simple triumph of ‘order’*” (p. 73); life narratives are configured along a spectrum,

varying in the extent to which concordance and discordance are accentuated, and however they are plotted on this spectrum they construct personal understandings of the human condition. In this chapter, we demonstrate this variation within a single narrative, revolving around 3 years in the life of Mary Alstad.

Narrating Cancer, Loss, and Dating in Later Life

Mary Alstad was a 67-year-old Northern European woman living in the Canadian Prairies at the time of our interview. We recruited her to our research study on making sense of cancer and aging. Her life, by her own admission, had been a “roller coaster for three years now.” There were three major landmark changes that she said made up this turbulent ride: first, experiencing cancer while aging; second, the death of her common-law partner Eric from cancer; and third, a new intimate relationship she had recently begun with a man named James. Our analyses below focus on each of these biographical events, organized into two narrative sequences: cancer while aging and dating during widowhood. This temporal structure is somewhat artificial, as Mary did not always tell these stories in a neat sequential or separated way. While our portrayal of Mary’s stories may place a false sense of structure to it, we make an extended effort to show when and how her stories intermingled.

Living with Cancer While Aging

Mary’s narratives of illness and aging were marked by brief but disruptive challenges to her body-image, sense of dignity, and memory. Our interview guide had a specific focus on cancer and aging, however, it quickly became clear that her narrative of illness was interconnected with stories of her family’s history of illness and the still unfolding story of her current relationship with James. In our attempts to understand the structures of Mary’s narratives, we found that many aspects of her world were “polysemantic” (Ricoeur 1984), expressing moments of concordance and discordance that often led to one another—an entanglement of transcendent and tragic experiences.

Mary’s diagnosis of cancer began the tumultuous “roller coaster” ride of 3 years. This narrative sequence encompassed three emotionally charged experiences in turn: denial of the possibility of cancer; humiliating pain, and horror from her radiation treatment; and her resolve to never allow treatment to create such chaos in her life again. She said started to experience symptoms shortly after a vacation trip she went on with Eric. She initially ignored the symptoms and did not act on them. Despite Eric being diagnosed with lung cancer at the same time Mary had bleeding, neither of them wanted to talk about it.

M: I had post-menopausal bleeding and I refused to accept it. I thought maybe it was just something that was happening, he also noticed at the time that he had a brown spot under

his right breast. A spot that had changed, so he went to the doctor before I did, and still trying to pretend it was not happening ... So we come home in June, and July he had an operation so finally, actually, my mother was doing our laundry and finally my mother said to me, Mary, I don't mean to be nosey but is there something wrong with your body? And said well I think there is Mom, but I haven't done anything and she said I think you better do something about this Mary, so I went to my GP.

In this vignette and its developments below, Mary described how her symptoms came to be legitimized over time. It is unclear whether Eric knew about the bleeding when it began, but they avoided talking about cancer altogether after Eric's operation. Such silence permitted Mary to dismiss her bleeding for a while. It took the challenge raised by her mother, who was living with them at the time, to create a plot point in Mary's narrative of her bleeding, a reversal of circumstance in which one dominant reality was transformed into another.

This new reality, of "something wrong," was solidified by medical professionals: "[In] August Eric had another operation, I quickly had an ultrasound, I very quickly went to a gynecologist, she took a sampling out of me and she said, 'This does not look good.'" Her eventual diagnosis and treatment was for cervical cancer, and though it provided an answer to her symptoms, the treatment itself offered no consoling certainty. The breakdown of her denial did open discussion between her and Eric, at least regarding the hopeful prognosis she had. She then had to face a painful treatment regime. At this point, she described feeling tortured and horrified:

M: It was cancer of the lining of the uterus and so we went and we knew that I was not of high risk because it was contained in one area, so on our 26th anniversary of being together I went in for a full hysterectomy ... Then I had 4 weeks of, radiation, then I had to come into the cancer clinic then I had to have a rod shoved up my vagina for a full shot of direct radiation for a full 24 hours.

I: Oh no! So you were, essentially, impaled.

M: Yes, yes I was. I was, I was in physical pain, emotional pain, the horror, it is so horrible, it's like medieval times, it really is.

The extent to which people experience a "biographical disruption" (Bury 1982) during chronic illness has recently been disputed, with some research suggesting that cancer can sometimes leave a person's sense of identity and meaning unscathed, as revealed in predominantly concordant cancer narratives.³ For Mary, this was not the case. The borders of her (sexualized) body seemed to be breached by her particularly invasive treatment. She used imagery of aggressive sexual violation ("shoved up my vagina"), and of brutality and horror to liken radiation treatment to the torture devices of "medieval times."⁴

³ For examples of research on older cancer patients who talk about little or no sense of disruption, see Gagliese 2009; Sinding and Wiernekowski 2008; Towsley et al. 2007.

⁴ Mary's medieval times imagery probably entered her narrative through her exchange with the interviewer, whose use of the word "impaled" carried such historical references (e.g. most notably of the medieval Prince of Wallachia, Vlad the Impaler). Thus, not only did the characters within her narrative (e.g., her mother) serve as participants in its shaping, the audience/interlocutor was also implicated in the meanings Mary produced.

The brutality of her radiation therapy experience left her worried about her sexual performance, and this endured beyond her former relationship with Eric to her present one with James. She said, “I thought I’d never have an intimate relationship again ... I’ve got nothing down there, everything else is gone, nothing but a channel.” Yet, “the doctor says, ‘There is elasticity there,’ and I say, ‘Is there?’ But apparently there is!” Later sexual encounters with James led to disputes between them about her sexual status:

M: I didn’t know what kind of feeling I was going to have down there... once [James] touched me down there and nothing was happening, I started to cry and I thought god damn it did they take that clitoris?...And James said, ‘Well, you had an orgasm [earlier] with petting, so you must have it’ ... but, I haven’t had one since.

Mary described several discordant experiences, all competing for interpretive authority on her sexuality: surgery appearing to strip her of vaginal feeling and sexual integrity; her doctor’s insistence and her doubt about her level of skin elasticity; and her inconsistent experiences of pleasure with James. Her addition, “but, I haven’t had one since,” ends this part of her narrative with much uncertainty and doubt about which reality may define her sexual identity.

Though the verdict was still out on the enduring significance of her cancer treatment, she spoke with resolution that no matter the consequences of a relapse, she would refuse to be treated. Through discordance in suffering she found concordance in future action: “I said after that, if I get cancer again I will not take any treatments. I will not. I don’t care where it is, I am not taking it again. I don’t care what is happening in my life, I said I am not doing it again.” We may say that, for Mary at that time, the cessation of her narrative in death would have been preferable to a derailed narrative that would continue on with life. Severe pain and fear can have the effect of “unmaking” the structure of one’s everyday world, becoming a “mock death” that dissolves language and self (Scarry 1990). For Mary, it seemed, such a radical disruption was too much to go through twice.

While Mary’s metaphor of torture and commitment to preserve her integrity offered some grasp of what cancer treatment meant for her, her view of aging was somewhat more elusive. Her first responses to a question about aging served more to explore than to relay the meaning of aging for her:

I: So first I will ask you about aging, so what’s going on there?

M: What’s going here, well, I am 67 years old, um, (pause), aging, aging, I am just trying to think how I am aging, um, I believe I look younger than I am, I um don’t exercise properly like I should, you know I know I should be out walking every day, I am not overweight, umm, I am still fairly active.

Mary’s responses seemed to be in tension with each other. First, she shared her age in years, which is a cultural marker of aging and carries with it certain indices of where she was in life: she was recently retired, she had been through menopause, and so on. However, she immediately destabilized the meaning of that number. Her second answer was, “I am just trying to think how I am aging.” Did she mean that she had not reflected that much on her aging (and was currently reflecting through narrating)? Or, was she somewhat reluctant to say that she was

actually aging? Both of our interpretations may have merit; she appeared to struggle with giving an account of her aging, and yet when she next spoke, she listed several (purportedly unpleasant) signs of aging that she believed she had so far eluded: the “look” of old age, weight gain, and inactivity. Though here she met the question with skepticism that she was aging, later on the word ‘aging’ took on different meanings that were more concordant with her sense of self:

I: Do you have an image, when you see yourself aging, what image do you see?

M: When I see myself aging? Oh that is a good question. I look in the mirror and I say, ‘You know what kid, you look pretty good. You have a good haircut, you’ve got nice clothes, nice shoes, you wear jewelry, you present yourself well.’ I am proud. I am proud, I have always been proud to age and I have never shied away from age.

Features of herself that Mary earlier saw as indications she was not yet aging were reframed as aspects of aging that she was “proud” to experience. With this shift in meaning, she could speak of getting older (as the cultural marker that ‘67-years-old’ signifies) yet also speak of continuity. As with her narrative of cancer, concordance emerged out of (or alongside) her sense of discordance.

One aspect of Mary’s experiences that shed a less-than-favorable light on later life was her memory. Her mother was living with Alzheimer’s, and Mary anticipated that, due to her lineage, she had the “potential” to follow in her mother’s footsteps. In her narrative of aging she read certain episodes of forgetfulness as symptoms of Alzheimer’s, or at least as foreshadows thereof. She was particularly concerned about remembering names, especially that of her new spouse. The interviewer initiated this discussion with the following question:

I: You mentioned the Alzheimer’s, and that is in my family too, so now for you, are you worried that this is like a genetic thing?

M: Yes.

I: And are you paying attention to what is going on and what are you feeling?

M: Oh well, you know I’ve noticed lately, since I’ve been going out with James, this last five weeks, the names of people are not coming to me quick and fast, and I am so nervous of, you know, caring for this person.

The interviewer then gently pressed her on this subject: “Do you think this is just nerves, or?” It may have been the way the question was asked, or the difficulty in diagnosing poor memory as Alzheimer’s, or perhaps a bit of both. In any case, Mary’s response showed more ambiguity in how she understood her recent memory loss:

M: It’s two things. Nerves, yes, and a little bit of the memory because when I worked I knew everybody’s names. I could walk down the hallway, and I...

I: You had to.

M: And I knew it. And I am finding now, especially I believe, since both Eric and I have had both cancer and death, I have lost some of my quickness of mind, of my names and of my words are not coming as quickly, not quite as right, so I don’t know if it’s, I am saying its part of the aging process and it’s also the nervousness of trying to establish a new life, again for myself.

Although Mary seemed to be coming to some conclusion about her memory problems, we see four competing realities within this brief excerpt: memory loss

as, first, a possible sign of Alzheimer's; second, as a part of aging itself; third, as traumatic aftereffects of experiencing cancer and death; and/or, finally, as nervous excitement over her new relationship. While the interviewer may have corroborated the first and last interpretations with her questions, Mary introduced—at the very least—the other two possibilities. We see here an impasse of meaning. When Mary began to say, “I don't know if it's...” and then switched directions, she seemed to be stopping herself from opening more doors of possibility. Memory was one aspect of aging (though, due to her family history, one of tremendous importance) that remained discordant, in the senses that it had no coherent meaning and it did not fit with her other experiences of aging.

This section on Mary's experience of cancer and aging was intended to show that narrative, as a form of meaning construction, is both a product and process of interpretation. More specifically, life narratives contain, with varying prevalence of the two, both concordant experiences (which present a sense of static, 'neat' meanings) and discordant experiences (which present more fluid, 'untidy' meanings). In Mary's case, radiation treatment disrupted her sense of sexual identity, yet it created a resolution to resist any future attempts to place life over bodily integrity. With regard to aging, her initial resistance to offering an unpleasant narrative of aging was transformed into a narrative of aging “well,” yet her sense of memory loss—though less dominant than her sense of continuity—lingered as a source of ongoing ambiguity. Had we overlooked the connections between Mary's neat and her untidy interpretations, we may have favored and, in turn, normalized one over the other.

Dating During Widowhood

In this second narrative sequence, Mary talked about the death of her spouse over a year and a half ago, as well as an intimate relationship she began in widowhood. The first part of this sequence, centralized around Eric's death, negotiated discord and concord within Mary's perceptions of herself, the life course, and illness; her relationship to Eric in and beyond 'this' life; and her Norwegian cultural traditions of Christian and pagan spirituality.

Mary's cervical cancer was harshly, though effectively, treated; she had been in remission for two years at the time of the interview. Eric's lung cancer was not so receptive to treatment. It metastasized to his brain shortly after, and he was in a terminal stage within a year and a half of his first diagnosis. Mary said she suffered a great deal during this time, while both of them confronted his impending death. She recalled a particularly significant moment in which, lying in his bed, he turned and asked her, “Where do we go from here?.” There are many ways she could have interpreted this question: where does their relationship go in death, what will she do once he is gone, or where does the soul go when the body dies? She understood him to mean the latter, more spiritual question, and in response she told him he was “going to heaven” and that she “would follow.” She later

elaborated on her understanding of spirituality, and she described it “as being like a Viking boat that carries the dead down the river or out to sea.”

In this mixture of Christian and Viking imagery, life and afterlife are in some ways connected (e.g., the soul carries on) and in others disconnected (e.g., death marks a departure from one to the other). However, the negotiation between continuity and discontinuity expressed here goes beyond that of life and afterlife to the interrelated concerns at stake in Mary’s narrative. A second negotiation was between self and other; in saying that she “would follow” Eric, Mary reaffirmed that, as bereavement scholar Dennis Klass (1988) argued, death does not end a relationship but does change its nature. Though Eric was “leaving,” this separation (or long distance relationship) was necessary in order for them to be reunited again. A third negotiation was across history. Eric and Mary were both Northern European, and shared an historical connection to Christian and Viking rituals and symbols. Her image of the Viking boat being sent off to sea restored connections between their Scandinavian traditions and their personal histories, in the midst of losing those connections in Eric’s death.

Eric died a few weeks after posing his question to Mary. In the interview, Mary was asked to provide a metaphor of her cancer, to serve as a “kernel” or shorthand account of her illness experience (Teucher 2003). She said she could not separate her image of cancer from her image of Eric’s death, not only because Eric died of a disease they both had but also because the events happened so close together. Mary spoke of “two dry brown twigs twined together, like people, like lovers, like legs, in love and in death.” Entangled in this metaphor was a variety of meanings, some already alluded to; in some ways, this metaphor is a kernel of the entire narrative told within the interview, demonstrating the difficulties of separating and structuring narrative meanings. One may see a commentary on aging and find tensions in its meaning; though the twigs may be on the brink of death, they lived a long life of growth, of finding one another, and by desire slowly tightening bonds that now keep them composed, fortified.

That the twigs were dry and without leaves also suggests they were dead or dying, and yet they were tied together—a repetition on the theme of souls and relationships transformed by, but outlasting death. This theme included cancer as a harbinger of death. Cancer was, in addition, symbolically related to sexuality: the destruction of Mary’s sexual organs and sexual image, as well as the transcending passion and love that had endured well beyond her “medieval” treatments. Mary’s metaphor of two twigs, in brief but strikingly potent description, demonstrates the quite complicated process of recognizing and representing both discordant and concordant experiences within a narrative structure.

Approximately 5 weeks before the interview, Mary’s life took a radically different direction when she began dating James. This life event tested and reformulated much of the other circumstances she found important in her life: her body-image and sexuality after cancer, her “proud” experience of aging, her love of and commitment to Eric, and her relationships within her community.

At any point in our lives, certain life plots appear closed while others seem to remain open, and still others are just beginning to blossom. Mark Freeman (2010a)

refers to life plots that are perceived to be no longer possible as “narrative foreclosure,” which is “related more generally to the reification of cultural storylines” (p. 126). That is, master narratives influence people to see some life stories as possible and/or legitimate, while others are perceived as impossible and/or unacceptable. Dating after Eric was one major life plot that Mary saw as foreclosed; at that point in her life, widowhood meant celibacy.

Throughout the interview, she provided two primary reasons why she initially thought a new spouse was not in her future. The first was her shyness and discomfort about exposing her body to another man: “I said after Eric died there is no way that I am going to show my body off, I am not.” Later, she said: “Eric as a man was very gentle, and he was very caring and I was afraid that if, maybe if ever I went to bed with another man that he would not be that kind and gentle with me and my body.” She feared that a potential partner would be repulsed by her body, or would be indelicate to her sensitive skin. Even after she had begun to allow dating as a possibility for her life story, she maintained certain restrictions, for example, she said “I want[ed] no man with an active penis” because of her vaginal complications and her commitment to celibacy.

After a couple of weeks with James, Mary started to experience what she described as a “feeling of freedom” in regards to her body-image: “I have gone through cancer, I have gone through death with Eric, I just put my cat down just 2 days ago after 13 years, two of us had cancer, I have come through this and I feel free. I do, I have no responsibility, but I feel free. I like my body, I feel damn good about it.” She went on to say:

M: I thought you know what Mary, you’re beginning to like your body again, like I walked, and this is very simple, I walked from the bathroom to the bedroom without a towel on and I haven’t done that in my own home. So that is telling me that I am starting to like my own body again and if I start to like my body then I am willing to share my body with somebody else.

Here Mary is narrating another discovery: if she could see her body in this invigorating way then other people may also see it that way. In any case, “you’ve got your self-confidence...you know what you want, you understand your body better, because you’ve learned to listen to your body.” Mary’s body-image took a sharp turn from appearing frail and depleted to feeling sexy and liberated. We have seen this new narrative of her body in the previous narrative sequence, when she talked about signs of decline in aging that she did not see in herself.

Mary’s second stated reason for not wanting a new spouse was her desire and responsibility to honor Eric’s memory: “Long before Eric and I both got cancer, I asked Eric, ‘If we should ever divorce, or if one should die first, there is only one thing I ask of you Eric’, and he was a soft man, and he looked at me, and I said, ‘Would you please wait twelve months before you bring another woman into this house?’” This pact meant that each would show appreciation for the longevity and intimacy of their relationship. Mary followed through on their agreement when Eric died, but expected it to last much longer than “one and three-quarter years.”

Though she reported a powerful feeling of excitement and adventure in this new relationship with James, she noted a similar palpable sense of caution. Mary

had already raised this concern to James: "I said, 'You know what James, we've come out of here pretty fast.' I said, 'Look at what we've done and, I mean, the pinnacles that we've reached, I mean, it's just five weeks of dating I mean this is scary stuff.'"

Mary's and Eric's local communities overlapped to some extent; Mary had known Eric's family for about a decade before they started dating. They were both widowed, and their community's memory and love of their former spouses was still strongly felt. Mary believed that whatever this new relationship meant, it would not and could not escape being partially defined by their former relationships. To pretend it was an isolated relationship would have been perceived as a hurtful gesture toward the deceased, the community that lives on, and their own continuing grief. Mary was very aware of the moral responsibilities that came with dating James: "We are still in the early stages of grieving, a lot can happen, and I said, 'James, you have to remember, you have very young children, so we have to be careful. This is not going to be a sleazy relationship.'" Mary and James had talked about their obligations to all of those affected by their spouses' deaths. Together they decided, "We both very strongly believe that we will do nothing to dishonor our previous spouses, and we will do nothing to dishonor ourselves and what we choose to do is our business, but it must be respectable."

She described being faced with an impromptu rite of passage, in which her sense of caution and respect were tested. A grandchild of James poses a question to Mary that nobody else seemed quite prepared for:

M: We are sitting around and he says to his mom, "Do you think I can call Mary Grandma?" And she [his mother] kind of goes like this over his mouth [covers it] and she said, "Well, I guess Kyle, I guess you're going to have to ask Mary that question."

A lot was at stake for Mary in this simple question: a perceived hasty or careless response would have given James' family the impression she held little regard for her and James' former spouses, as well as for her precarious status within the family. On the other hand, if she expressed too much hesitation, they may have felt she was not willing to be a part of the family and take on the responsibilities of a member. When the young boy asked her, she said, "I would be very honored to be your Grandma." She talked with James later that day to see if she had violated their moral agreements or his family's expectations: "He was happy with that. Once I was given permission to be Grandma I was in. He said he was so proud that his family are thinking that direction." Receiving corroboration from James and some of his family members helped to make Mary's life with James a social reality.

Taking into account Mary's acceptance within James' family and her new-found sense of confidence in her body, it may appear that her narrative of widowhood (and posttreatment for cancer) was one of transcending many trials and tribulations. However, it would be misleading to tell her story as one of simply finding love and integration after loss. Mary continued to confront many challenges and uncertainties across the two narrative sequences. Though she believed she was "in" after receiving permission to be called grandma, she did not know

where her relationship with James was heading: “We have no idea how long this will last, and we have to be open about that. And I wouldn’t make a commitment for a year from now.” She also had kept quiet about her relationship; for example, she admitted, “I still haven’t told my family yet.” Mary was clearly trepidacious about allowing herself to date in the wake of Eric’s death. None of the renewed excitement and joy of Mary’s last five weeks can be considered without everything that has led up to, and partially defined, them: the disruptive emotional and bodily effects of her cancer treatment; the ambiguous state of her aging experience; her enduring grief of and sense of responsibility to Eric; and her constant worry that her new relationship may still be met with criticism and reprimand by members of her community.

Discussion

Mary’s stories of cancer, aging, widowhood, and her relationship with James all carried with them dominant themes of transcendence as well as tragedy. With regard to cancer and aging, while the present and future status of her sexuality and memory was uncertain, she spoke of three unities of meaning, namely, her resolve to protect her dignity over her life, her emerging love of her body and self, and her feelings of freedom. In speaking of Eric’s death, Mary engaged her European Christian spirituality in order to express discontinuities and continuities between life and death, self and other, present and past. While her relationship with James brought what she called a “teenager” experience of new love and an emerging integration into James’ family, she expressed an enduring ambivalence toward what the relationship meant in relation to her future and her past with Eric. Tensions abound between discordance and concordance in Mary’s narrative.

Can Mary’s narrative be classified as either a narrative of transcendence or a narrative of tragedy? Given our analyses, perhaps it is not all that helpful to think of stories in such a binary way. Too often, positive and existential psychologists engage in what psychologist Mufid Hannush (2007) called a “cultural tilt,” where instead of seeing the larger dialectics of life processes, such as the making and unmaking of meaning, the common practice is to generalize one event or static point in the process—in this case, made or unmade meaning. Mary’s sexual status repeatedly changed and stabilized over time, with many gains and losses along the way. By asserting the primacy of the gains over the losses, or vice versa, we lose sight of how they are narratively connected, that is, the ways in which experiences and events within a person’s life stories are “bound” together (Freeman 2010a).

Furthermore, both perspectives are guided by the “imperative of coherence” (Hyvarinen et al. 2010), that stories must maintain an overall logos, meaning, or unity in order to be healing. In our analyses of Mary’s narrative, we showed that such correlations are heavily simplified in psychological discourses, and lose sight of the complex, paradoxical, and diverse ways that people make sense of and cope with experiences of suffering. More coherent aspects of Mary’s experiences

were often tempered through acts of “subjunctivizing reality” (Good 1994)—that is, “exploring the indeterminacy of reality and stimulating such exploration in the reader” (p. 153). Mary’s engagements with the subjunctive or the possible, especially the unfavorably possible (e.g., the onset of Alzheimer’s), made it difficult to interpret her narrative as coming to a neat resolution.

Subjunctivization served more functions than just articulating fearful uncertainty. Among the possible was discovery of vitality and love during aging, a time of life that is often portrayed as antithetical to such experiences (Friedan 1994; Gullette 2004). Contrary to the prevailing assumption that a certainty of meaning can provide consolation, in this case it was her flight from certainty that allowed Mary to imagine more hopeful futures. Catalyzed by the star of coherence flickering out, Mary’s exploration of the subjunctive was a reflective activity Wilson (2008) believed can lead to an “active questioning of the status quo, a perpetual longing to create new ways of being and seeing” (p. 8).

So, then, how are we to understand transcendence and tragedy, or well-being and distress, in relation to narrative coherence? What we may see as tragic in some narratives, according to literary theorist Terry Eagleton (2007), is not necessarily a lack of meaning—as narratives always carry a multitude of meanings—but a lack of direction in the face of many competing, discordant meanings that take no authority one over another (pp. 36–7; pp. 58–9): “There is often enough no answer to why individual lives are crushed and mutilated beyond endurance ... Or rather, the only answer lies in the resilience with which these issues are confronted, the depth and artistry with which they are framed” (p. 12). In such cases, hope is maintained in our resolve against webs of second, third, fourth guesses, much as Mary decided she would refuse treatment if her cancer returned.

Yet, perhaps narrative coherence does not always bravely overcome suffering, but instead shuffles anxiously around it. In certain instances, according to Freeman (2010b), the tragedy is “too-coherent narratives” that need to be freed from their overly restrictive and fatalistic meanings by “a good dose of difference” (pp. 167–168). Obscuring the meaning of her memory loss may have been a therapeutic way for Mary to imagine hopeful beginnings and endings. Psychologists need to be receptive to the spectrum of effects narrative coherence may have, ranging from remediation to suffocation. With positive psychology attending to continuous/concordant experiences and existential psychology to disruptive/discordant experiences, each may bring a valuable perspective to studying narratives, but their normalizations do not adequately capture the complex polysemantics and polytherapeutics of narratives.

We offer two ways in which positive and existential psychologists may advance their concepts of meaning. First and foremost, whatever distance has been assumed needs to be bridged by an invitation to dialogue. According to counseling psychologist Paul Wong (2010), positive and existential psychology can converse with one another notwithstanding their distinct flares of gleaming on the ‘bright side’ and dwelling on the ‘dark side’ of life. For him, they share interest in the “courage and responsibility of confronting existential anxieties and living

an authentic life” (p. 1). Furthermore, their respective advantages in interpreting different narrative forms may lead, in dialogue as well as in conflict, to a much richer and informative image of people’s lives. We need such a dialogic and dialectic perspective if for no other reason than to recognize the variety of narrative forms: familiar narratives, counter-narratives, coherent narratives, chaotic narratives, restored narratives, broken narratives, and so on.

Our second suggestion is to explore the various social and cultural contexts within which people narrate their experiences. People’s narratives are intersubjectively shaped through the reception, as well as the stories, of others (Charon 2006; Good 1994; Ricoeur 1984). In this chapter, we showed several examples of this social construction of meaning: the meaning of Mary’s postmenopause bleeding changed depending on who she talked to; she took certain cues from the interviewer on how to interpret her cancer and aging; her sense of sexuality was tested and transformed by her intimate experiences with James; her moral status as a grieving widow was evaluated by her and James’ communities; and so on. Thus, some of the tensions expressed within Mary’s narrative can indicate negotiations with others directly involved in her story (either as characters or as listeners). Mary’s story also interacted with surrounding “narrative environments” (Randall and McKim 2008, pp. 51–52) in which narrative genres, storylines, and plot points are given varying levels of credibility, legitimacy, and salience. Psychological discourses, as we have shown, participate in the (in)validation of certain narratives. In both explicit and implicit ways, people negotiate with various cultural forms of storying life in their efforts toward self-understanding (Freeman 2010a, pp. 96–112). The cultural forms underlying Mary’s narrative include master narratives about illness, loss, and aging. At times Mary recapitulated what have been called master “narratives of progress” common in the fields of gerontology and oncology (Friedan 1994; Gullette 2004; Hammond et al. 2012; Lazarus 1998; Sinding and Gray 2005), which enable people to talk about recovery from disruption and even posttraumatic growth (e.g., finding new love for oneself and others). However, at other times Mary repeated more common, and more familiar, storylines of cancer and aging through the use of “narratives of decline,” espousing loss of functioning, life purpose, and social connection (Friedan 1994; Gullette 2004; Hammond et al. 2012; Sinding and Gray 2005). This tension demonstrates that master narratives can sometimes take on interpretive authority over Mary’s experiences while at other times she expressly resists them (e.g., challenging the notion that youth, sex, and love cannot be experienced while aging).

When we talk about meaning, we cannot ignore these local worlds within which meaning is contested and produced, and which call for a “contextualist” approach to meaning (e.g. Bruner 1990; Sarbin 1986; Turner 1981; Williams 2004). Such a project requires interdisciplinary exploration into narratives, not only in the humanities—as existential psychology has often done with philosophy and literature—but also in the other social sciences such as sociology and anthropology. Crossing these borders may produce a “polylogue” that broadens our understanding of meaning in psychology to meet the rich contingencies in our human lives.

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Chapter 10

Viktor Frankl's Meaning-Seeking Model and Positive Psychology

Paul T. P. Wong

Introduction

In recent years, there has been growing interest in meaning research. In addition to the numerous journal articles on meaning (e.g., Reker and Woo 2011; Steger et al. 2009), there are several books related to the topic of meaning (Batthyany 2011; Hicks and Routledge 2013; Markman et al. 2013; Shaver and Mikuliner 2012; Wong 2012a; Wong et al. 2013). Regardless of one's theoretical stripes, there is consensus that meaning matters for well-being.

However, in spite of the central role of meaning, we still do not have a comprehensive theoretical framework that is capable of incorporating most of the empirical findings on meaning research and logotherapy (Frankl 1985, 1986). There are already two edited volumes by Alexander Batthyany and Associates (2005, 2009) on research relevant to logotherapy, but these publications have received scant attention from positive psychology researchers. My own research on meaning, inspired by Viktor Frankl, has demonstrated that meaning is necessary for healing (Wong 2010a), resilience (Wong and Wong 2012), optimism (Wong 2009a), and well-being (Wong 2013), thus demonstrating the feasibility of connecting logotherapy with mainstream psychology. This chapter represents a more systematic and comprehensive way to translate Viktor Frankl's key assumptions and constructs into testable hypotheses.

Although both logotherapy and positive psychology are concerned with how to live a meaningful life, they seem to function in parallel universes, divided by vast differences in language, worldviews and values. Such a divide makes integration between logotherapy and positive psychology a daunting task. Though positive

P. T. P. Wong (✉)

Department of Psychology, Trent University, Peterborough, ON, Canada
e-mail: drpaulwong@gmail.com

P. T. P. Wong

13 Ballyconnor Court, Toronto, ON M2M 4C5, Canada

psychologists do make an occasional reference to Frankl in connection with meaning research (e.g., Steger et al. 2013), they rarely bother to find out exactly what Frankl has to say or what research has been done on logotherapy. I believe that positive psychology's research on meaning can be greatly enriched and broadened by a deep understanding of Frankl's logotherapy and profound insights. Likewise, logotherapists can benefit from learning more about the empirical findings of positive psychology research on meaning.

I emphasize Viktor Frankl's approach for three reasons. First, he was the first significant pioneer in restoring spirituality and meaning to psychotherapy. This is particularly important in an increasingly dehumanized, technological culture. Second, he was the first psychotherapist who made the will to meaning, self-transcendence and responsibility the primary therapeutic objectives, which have been largely ignored by mainstream psychotherapists. Third, I believe that his positive message will complement positive psychology in restoring hope and purpose to all those who are struggling in the negative territories of life.

Frankl's logotherapy deserves special attention, because he has shown that the uniquely human motivation of "will to meaning" is not only a promising antidote to many mental health issues, such as depression, violence and addiction, but also provides a complete blueprint for living and dying well. According to Frankl, a clear sense of meaning and purpose can add something positive and significant to one's life regardless of one's circumstances and health conditions—a claim that has already received considerable empirical support (e.g., Wong 1998, 2012a).

The Sociopolitical Milieu of Frankl's Logotherapy

Viktor Frankl was part of the first wave of positive psychologists, along with Maslow, Rogers, and May, who believed in the human potential for personal growth. Frankl was unique in that he developed a lofty and noble view of what is right and good with human beings in spite of his immense suffering in Nazi concentration camps. His personal experiences lent credence to the basic tenets of logotherapy, which were tested and found valid even amid all the dark forces in human existence. The nature of his approach differs from positive psychology because Frankl embraced both the bright and dark sides of human existence and believed that inevitable human suffering could contribute to human achievement and meaning in life (Frankl 1985). Positive psychology, on the other hand, initially shunned suffering as a legitimate topic; more recently, however, Kashdan and Ciarrochi (2013) began to address the inevitability of suffering as part of the human experience. The most amazing aspect of Viktor Frankl's logotherapy is that he was able to descend into hell, confront the dark abyss and come out victorious and proclaiming the glorious and noble vision of a meaning-based fulfilling life. He exemplified the hero's journey as described by Joseph Campbell (1949/2008).

It is also noteworthy that Viktor Frankl's logotherapy was first developed before the 1930s, after the devastating First World War and the collapse of the monarchy.

While he was still a medical student, he applied logotherapy to help high school students struggling with suicidal ideation in Vienna, because of the high suicide rate of this demographic. At the time of his medical school graduation, he had been able to reduce this suicide rate to zero, thus he was able to establish a reputation for his work in Vienna (Batthyany 2005).

Another contributing factor was the concept of the “man machine,” which had been prevalent since the industrial revolution. The dehumanization of individuals as machines resulted in many psychological and social problems such as boredom, alienation, addiction and abuse. Viktor Frankl's recognition of freedom of will and the human spirit reflects his philosophical position that human beings, unlike animals or machines, have the capacity to rise above the macro social forces of industrialization and freely pursue their own interests and dreams in order to endow their lives with significance and purpose (E. Marshall, personal communication, February 21, 2013).

Frankl was able to put the basic tenets of logotherapy to empirical test through his experiences at the Nazi concentration camps. Frankl experienced firsthand the absurdity, randomness, and meaninglessness of life; he knew firsthand that fate can intervene with one's normal life and horrible tragedies can strike without reason or warning. Through his personal struggle in four Nazi concentration camps, he discovered that he could still say “Yes” to life no matter what. Logotherapy became widely accepted during an era of meaning crisis caused by the Second World War and the collapse of traditional values (Fabry 1994; Graber 2004).

According to Frankl, to survive the dehumanization of industrialization and the Nazi concentration camps required a defiant human spirit. An example of such defiance was demonstrated in the Polish rebellion and the French resistance, in which many freedom fighters gave their lives. Although they did not survive physically, their moral courage and defiant human spirit had the survival value of empowering others to rise above suffering and pursue a cause greater than themselves. They exercised their freedom of will; they chose to stand up and fight rather than be slaughtered like helpless animals. They had found something worth fighting and dying for; in so doing, they filled their lives with meaning.

A better understanding of the sociopolitical milieu in which logotherapy was first developed and tested allows one to better appreciate Frankl's genius of transforming terrible experiences of suffering into powerful concepts that ennoble the human spirit and empower people to survive. In a strange way, Frankl's message seems relevant again in the twenty-first century, when many people are struggling with such problems as international terrorism, random acts of violence, depression, addiction and the dehumanization of an increasingly technological culture. We may benefit by paying more attention to Frankl's logotherapy, which represents his attempt to re-humanize psychotherapy. He provides us with a spiritually oriented blueprint for a better future for humanity.

It is difficult to do laboratory experiments to test Frankl's ideas because no research ethics board would ever approve research projects that subject people to the horrible deprivations and suffering required to prove that only those who are motivated by the will to meaning will survive and flourish. However, Frankl's

detailed autobiographical description of his own experience in Nazi camps provides empirical support for the basic ideas of logotherapy, especially the importance of self-transcendence. Such empirical support, although historical and phenomenological in nature, is no less valid than a typical, artificial experimental manipulation in social psychology research. Furthermore, his basic ideas resonate with the age-old wisdoms of Taoism and Stoicism. Given the increasing evidence of the lack of replicability of some social psychology findings (e.g., Bartlett 2013), it may be wise to place more trust in time-tested wisdoms and values, as suggested by Frankl. In spite of this cautionary note, there is still value in rigorous research that is based on well-developed measurement instruments and clearly defined and valid constructs. The meaning-seeking model that I have developed here is intended to facilitate such empirical research. To the extent that this model is based on my understanding and interpretation of Frankl's will to meaning, this model may also be referred to as Frankl-Wong's Meaning-seeking model.

The Positive Bias of Positive Psychology

In contrast to logotherapy, contemporary positive psychology, launched in 1998 by Martin Seligman, was developed during a time of peace and prosperity. Positive psychology initially focused only on the bright side of human existence; I called it positive psychology 1.0 (Kashdan and Ciarrochi 2013; Wong 2011). Recently, I and others (Sheldon et al. 2011; Wong 2011) have been emphasizing that a balanced positive psychology 2.0 will confront life in its totality, considering both the positive potential of negatives as well as the negative potential of positives. The current stance of positive psychology 2.0 corrects the initial positive bias, but still maintains a positive focus even in negative situations.

The ability to take negativity in stride and roll with the punches can reduce a great deal of the stress that is so prevalent in modern life. Furthermore, the uniquely human characteristics of meaning seeking and meaning making enable people to transform toxic viruses of the mind into virtues. For most clinicians, one of the major challenges is how to equip clients to face the storms of life with equanimity and hope and how to transform negatives into positives. Frankl's meaning-seeking model provides a theoretical framework for such a balanced positive psychology.

Although Frankl's logotherapy emerged from discovering meaning in suffering, his basic concepts and his overall positive vision of humanity are very much concerned with the existential challenges of how to become fully human through self-transcendence. In various writings, I have attempted to clarify and expand Frankl's logotherapy and incorporate positive psychology research. I have branded this integrative approach Existential Positive Psychology (Wong 2009b, 2010b) and meaning-centered therapy (e.g., Wong 2010a, 2012b). This paper represents my continued effort to bridge Frankl's logotherapy and positive psychology, with respect to the vital role of meaning in well-being.

Positive Psychology Research on Meaning

Recently, mainstream psychology research has paid increasing attention to the role of meaning. This research has connected meaning to life satisfaction and positive affect (Chamberlain and Zika 1988; King et al. 2006; Ryff 1989; Zika and Chamberlain 1992) as well as other measures and indicators of well-being and mental health (Debats 1998; Mascaro 2006; Mascaro and Rosen 2008; Steger 2012; Steger et al. 2006). Meaning also contributes to stress reduction through functional attributions (Seligman 1990; Weiner 1985; Wong and Weiner 1981) and existential coping strategies (Wong et al. 2006). Meaning is related to factors associated with post-traumatic stress adaptation (Janoff-Bulman 2004; Steger et al. 2008a, b, c). My two edited volumes have summarized a great deal of the mainstream psychology research on meaning (Wong 2012a; Wong and Fry 1998). This year alone brought us four new books devoted to meaning (i.e., Dik et al. 2013; Hicks and Routledge 2013; Markman et al. 2013; Wong et al. 2013).

The Positive Psychology of Meaningful Living

Contemporary positive psychology has identified meaning as a major research topic. Meaning is one of the key components in Seligman's theory of Authentic Happiness (2002). A meaningful life is more important than a pleasant life in relating to well-being and the "heart virtues" (Peterson et al. 2007). Meaning is also included in Seligman's (2011) latest five-component model of well-being, PERMA: positive emotion, engagement, relationship, meaning, and accomplishment. Peterson (2013) considered meaningful work, love, play, and service to be the major domains of the good life.

Though these models recognize that meaning is important, their happiness-oriented conception of meaning prevents us from understanding that the pursuit of meaning might clash with the pursuit of happiness (e.g., Baumeister et al. 2013). A clear example of this clash is that parenting can result in less subjective life satisfaction, but higher meaning (e.g., Rizzo et al. 2012). There are several research findings that indicate that the search for meaning is negatively correlated with well-being but positively correlated with depression and anxiety (e.g., Schulenberg 2004; Wong 2012a). To define meaning as serving something bigger than oneself (Seligman 2002, 2011) implies that a meaningful life inescapably entails transcending self-interest in order to serve a greater cause. Interestingly, most positive psychologists do not realize that to make the pursuit of happiness and well-being one's basic life orientation seems at odds with the basic orientation of meaning and self-transcendence. Positive psychology models of well-being have a limited view of meaning, which actually hinders a fuller understanding of the pervasive role of meaning in human affairs.

The Positive Psychology of Meaning Seeking

Steger (2012) et al. (e.g., 2005, 2008, 2009) have been most active in conducting research on search for meaning. Steger's Meaning in Life Questionnaire (MLQ; Steger et al. 2006) measures both the presence of meaning and the search for meaning in two separate subscales. The presence of meaning refers to the perceived presence of meaning and purpose in one's life, while the search for meaning refers to the process of seeking meaning and purpose. MLQ has become the standard instrument to use in meaning research. However, a main limitation of MLQ is that it measures meaning as an abstract concept without considering the context of what constitutes presence of meaning and what kind of search for meaning is being measured.

The lack of content and context in Steger's Search for Meaning subscale presents some problems. It makes a big difference whether people are searching for something self-transcending or whether they are searching for pleasure and success as their life goals. Just searching for purpose does not differentiate between these two very basic life orientations. It is also unclear what a low rating score for Search for Meaning indicates, because it has three potential meanings: (1) it is due to being existentially indifferent (Schnell 2009, 2010), (2) one has just begun to search for one's own path, or (3) one has already found one's calling and mission in life and therefore has stopped the search (Wong 2012c).

This lack of content may explain why, based on available research on the MLQ, the relationship between Search for Meaning and well-being is all over the map, ranging from negative correlations to positive correlations to no relationship (e.g., Wong 2012a). Recent research by Park et al. (2010) helped clarify the picture somewhat in their findings that only people who score high in Presence of Meaning enjoy a positive relationship between Search for Meaning and well-being. One possible interpretation is that those who have already found meaning in life may continue to seek a deeper understanding of life, whereas people without the presence of meaning may be struggling with their existential frustration in finding a life goal or purpose; their search for meaning, therefore, may be negatively related to well-being.

The above research clearly demonstrates the importance of meaning in well-being. However, most of the research on the positive psychology of meaning lacks a coherent and comprehensive theoretical framework. Additionally, most of the research measures meaning and well-being in the abstract. Most recently, Peterson (2012) recognized that we need to pay more attention to the content and origins of meaning—what really matters in people's lives. I propose that in order to advance meaning research and applications, we need to have a deeper understanding of both the nature of meaning and meaning seeking based on Viktor Frankl's profound insights on meaning seeking.

According to Metz (2013), most philosophers these days think of meaning as a matter of rational pursuit of the good, the true and the beautiful. However, a rational approach would have some difficulty explaining the irrational behaviour

of suffering and dying for these ideals. For example, the brave individuals who sacrificially devoted their lives to such pursuits, such as Van Gogh and Gandhi, were considered by their contemporaries to be out of their mind, irrational. From a spiritual perspective, Frankl maintains that, whether one believes in God or a higher power, all people are endowed with a spiritual nature that yearns for beauty, goodness, truth, and self-transcendence. The differences between rational and theistic explanations of self-transcendence can only be settled through conceptual analysis and empirical research.

The Spirituality Hypothesis of Meaning

We cannot understand Frankl's logotherapy without understanding his hypothesis about the noetic or spiritual dimension; this dimension is key to logotherapy. "The term [noetic] is taken from the Greek *noös* or mind. But Frankl uses the term to include everything that is specifically human" (Fabry 1994, p. 18).

This noetic dimension is Frankl's way of capturing what is right about people and what is distinct about human beings. This noetic dimension goes beyond the meaning perspective of spirituality and religion proposed by Park (e.g., Park 2005, 2007), Emmons (e.g., 2005) and Pargament (e.g., 1997) and Associates (e.g., 2005). Frankl emphasized that spirituality is the part of human nature that separates us from other animals. Spirituality is expressed in the human propensity toward self-transcendence and seeking understanding of the big questions. In other words, humans are by nature meaning focused—motivated by the desire to understand the world in which we live and to search for something out there that demands our devotion.

The noetic dimension represents the common denominator of spiritual traditions and people's natural tendencies to cry out to the Ultimate Rescuer or pray for God's help. There was an old saying during the First World War that there are no atheists in fox holes. In traditional China, people used to cry out to heaven (the sky god) for help when they were in desperate situations. Frankl's emphasis on spirituality as an inherent part of human nature also has a long and venerable tradition in psychology; it goes back to William James (1902/1997). His book, *The Varieties of Religious Experiences*, continues to impact psychology. In philosophy, interest in spirituality can be traced back even earlier (e.g., Kierkegaard, Pascal).

Frankl often quotes Nietzsche's statement, "He who has a why to live can bear almost any how." Frankl's meaning-seeking model reinforces Nietzsche's idea that meaning is essential for resilience, but he also explains why this is so. The following summarizes Frankl's teachings on the importance of beliefs in meaning, as an effective way of coping with suffering.

- (1) *Believing that human beings have a spiritual core with an innate need for meaning.* In other words, the innermost core of the "self" is spiritual. It is this spiritual dimension of human beings, not just their need for information

and understanding, that is the primary source of meaning seeking. It is this spiritual and motivational emphasis on meaning seeking that makes us truly human. We seek meaning because we are spiritual beings. The will to meaning is another way of saying that we have the spiritual need to seek self-transcendence.

- (2) *Believing that there is coherence and order in the world.* Seeking to gain a better understanding of ultimate meaning helps us to understand both the spiritual dimension of who we are as human beings as well as the responsible action/reaction in each situation. According to Frankl, comprehension goes beyond understanding everyday situations; it involves our attempt to grasp the big picture as well as our social responsibility.
- (3) *Believing that there is meaning potential in each situation.* The meaning demand of each situation is that we respond to it with the right attitude or action, according to enduring values, intuitive conscience and our partial knowledge of the ultimate meaning (according to Frankl, the ultimate meaning can only be approximated but never fully known).

Understanding these assumptions about the spiritual core (noetic dimension) is essential to fully understanding the extensive presence of meaning seeking in human beings according to Frankl. Others may accept spirituality as one of the positive psychology resources (Fredrickson 2001; Luthans et al. 2007; Taylor et al. 2000; Wong 2006). In contrast, Frankl believes the positive psychology resources are rooted in a spiritual core. He provides a spiritual explanation for them, as in the following quotation:

The noetic (spiritual, specifically human) dimension contains such qualities as our will to meaning, our goal orientation, ideas and ideals, creativity, imagination, faith, love that goes beyond the physical, a conscience beyond the superego, self-transcendence, commitments, responsibility, a sense of humor, and the freedom of choice making. The human dimension is the medicine chest of the logotherapist. Patients are made aware that they have these rich resources of health within (Fabry 1994, pp. 18–19).

Thus, according to Frankl, what is right and good about human beings is their spiritual nature as reflected in these qualities. This provocative assumption is open for psychologists and neuroscientists to examine. Meaning is universal in terms of its spiritual origin, but the expression and experience of meaning are culturally based (Baumeister 2005; Baumeister et al. 2013). To the extent that religion and spirituality are universal among all cultures, spirituality may be hardwired. The recent book on why God does not go away (D'Aquili et al. 2002) and other books (e.g., Newberg and Waldman 2007) by neuroscientists provide further evidence that spirituality is part of human nature.

Park (2007) regards religion and spirituality as meaning systems. In contrast, Frankl considers meaning seeking as stemming from one's spiritual nature. According to Frankl, meaning, compassion and other positive psychological resources belong to the spiritual dimension. This hypothesis has important research and application implications. For example, this hypothesis suggests that the best way to bring out these spiritual qualities and facilitate personal transformation is

through spiritual lessons or meaning-oriented therapies rather than simple positive activities (e.g., Lyubomirsky and Layous 2013) or strength-enhancing activities (e.g., Peterson and Seligman 2004). According to this hypothesis, we can also predict that those who are spiritually oriented or attuned will score high in positive psychological resources compared to those who are spiritually disinterested.

To Frankl, spirituality is inherently connected with body and mind in the search and discovery of meaning through creative, experiential, and attitudinal values. It is an embodied spirituality, which involves body sensations, movements, and creative activities.

I now proceed to reformulate Frankl's basic assumptions into testable hypotheses to facilitate scientific research. The three basic assumptions of logotherapy are: the will to meaning, meaning of life and freedom of choice.

The Will to Meaning

Distinguished from Freud's will to pleasure and Nietzsche and Adler's will to power, the will to meaning is perhaps the most important contribution of Viktor Frankl. This concept is nothing short of revolutionary in terms of its scope and depth. Although Ernest Becker (1962) in his book, *The Birth and Death of Meaning*, expresses similar ideas, only Frankl makes the will to meaning the main thrust of .

First of all, Frankl recognizes the will to meaning as a primary and universal human motivation. He also recognizes that this primary motivation may lie latent in the unconscious. When people are preoccupied with the pursuit of happiness and success as substitutes for meaning and spirituality, their noetic needs are pushed to the unconscious until they encounter a meaning crisis (e.g., Schnell 2010). Erich Fromm, an existential psychoanalyst, also recognizes the human being's deep-seated quest for existential meaning: "All passions and strivings of man are attempts to find an answer to his existence" (Fromm 1956, p. 27).

The will to meaning represents the most important noetic need. "In logotherapy the pursuit of meaning is more than an inalienable right—it is the essence of humanness. If we repress it, we open up in ourselves the infernal pit of the existential vacuum" (Fabry 1994, p. 79). The *Unheard Cry for Meaning* (Frankl 1978/2011), which may come from the unconscious mind, represents a fundamental spiritual yearning.

The Self-Transcendence Hypothesis

According to the spirituality hypothesis above (Sect. 1.6), the uniquely human need for self-transcendence is spiritually rooted. We have the spiritual need to seek self-transcendence. Only by responding to this spiritual need can we live as fully

functioning human beings. The self-transcendence hypothesis simply predicts that only when we redirect our focus from self-interest to something bigger than and beyond ourselves can we experience meaning in life. Almost all positive psychology researchers would agree on the importance of stepping beyond ourselves to serve something bigger, if we are to experience meaningfulness. Frankl is unique in pinpointing self-transcendence as the hallmark of the spiritual nature and as the end state of becoming fully human: “Only when we lift ourselves into the dimension of spirit do we become fully human” (Fabry 1994, p. 19).

Furthermore, Frankl emphasizes the altruistic and selfless nature of self-transcendence: “Meaning comes from commitments that transcend personal interests; it comes, as Frankl puts it, from ‘reaching beyond the self toward causes to serve or people to love’” (Fabry 1994, p. xix). Thus, Frankl elevates commitment to the spiritual act of serving a higher purpose for the greater good.

According to Maslow’s revised need hierarchy (Hoffman 1996; Koltko-Rivera 2006), self-transcendence sits at the top and follows self-actualization. Different from Maslow, Frankl insists that only in fulfilling the spiritual need for self-transcendence can we find self-actualization. In other words, self-actualization is a by-product of fulfilling our calling to serve the greater good. If we do not switch from self-focus to meaning-focus, we will have difficulty in self-actualization. Frankl’s view flows from his emphasis on the noetic dimension of human nature.

When positive psychologists consider the pursuit of something larger than oneself to be instrumental to achieving authentic happiness (Seligman 2002), they demonstrate a fundamental misunderstanding of the true nature of self-transcendence; doing things for the sake of personal happiness is contrary to the essence of self-transcendence, according to Frankl. Furthermore, recent research by Baumeister et al. (2013) has shown that the pursuit of meaningful living may, in the short run, be related to distress and unhappiness. In other words, the will to pursue self-transcendent goals demands the courage and willingness to sacrifice personal happiness and well-being in order to achieve those higher and noble life goals. However, such selfless service, in turn, may bring about greater subjective happiness as an unintended by-product.

According to the current self-transcendence hypothesis, the pursuit of something greater than oneself is a terminal value, while the positive psychologists treat it as an instrumental value. Even Seligman’s latest (2012) theory of well-being, PERMA, still considers personal well-being and flourishing to be the final end. Future research needs to explore the differences between these two views of self-transcendence, with respect to meaningfulness, vocational calling and virtues.

Recent research on self-transcendence has demonstrated that it is related to well-being (e.g., Coward 1996; Ellermann and Reed 2001; Runquist and Reed 2007) and spirituality (e.g., Emmons 2005, 2006; Grouzet et al. 2005), especially for the elderly and patients with terminal illnesses (e.g., Burr et al. 2011; Coward and Reed 1996; Haugan et al. 2013; Iwamoto et al. 2011; Matthews and Cook 2008; McCarthy and Bockweb 2013; Reker and Woo 2011). Self-transcendence has become an important topic for spiritual care, especially for the old-old (e.g., Coward and Reed 1996; Nygren et al. 2005; Reed 1991).

According to Frankl's meaning-seeking model, the will to meaning and self-transcendence provide the best possible future, not only for individuals, but also for humanity. It predicts that spiritual pathways (e.g., spiritual care, self-transcendence) will enhance meaning in life and well-being, even when other pathways to well-being are not available. It appears that there might be developmental differences; for example, for the old-old and terminal cancer patients, Frankl's concept of self-transcendence gains increasing importance for well-being as their world shrinks (Coward and Reed 1996).

The Will to Meaning and Individuals' Unique Calling

Central to Frankl's logotherapy, the will to meaning means that each individual is motivated to discover his or her unique life calling. Jung (1954/1981) expressed a similar idea in his book *The Development of Personality*. Calling is not just about work and career—it is also about how one responds to life and various situations. One's life is meaningful to the extent that it is rooted in the belief that one needs to discover one's purpose in life or *raison d'être* based on one's talents and perceived life's calling. The self-transcendence hypothesis considers vocational calling a major aspect of one's lifelong calling to serve others.

Dik and Duffy (2009) define calling as:

A transcendent summons, originating beyond the self, to approach a particular life role in a manner oriented toward demonstrating or deriving a sense of purpose or meaningfulness and that holds other-oriented values and goals as primary motivation (p. 427).

This definition echoes Frankl's emphasis on self-transcendence. A general sense of calling, regardless of one's occupation, is the call to devote one's life to serving others and to improving oneself in order to fulfill one's potential. A specific sense of calling is to discover a special niche or life role that makes use of one's unique talents, temperament, and experiences. This calling may change according to an individual's stage of development, station in life and the demands of each situation. For example, during the Second World War, many Chinese students and intellectuals gave up their pens to pick up guns in response to the patriotic calling to serve their homeland. This change in calling is triggered by the demand of changing times and situations.

Finding one's life calling or vocational calling is not an easy task. It may take many trials and errors to discover one's unique calling, but even the search for it gives one hope and purpose in life. A sense of calling endows one's life with a sense of meaning, responsibility, and dignity. Calling necessarily needs to entail some sense of societal contribution above and beyond personal happiness and success. There is near-consensus that calling is linked to meaning and purpose as well as the betterment of society (Bellah et al. 1985; Dik et al. 2013; Dik and Duffy 2009; Hardy 1990).

To separate personal meaning from social responsibility is to make one's life less meaningful. Even monks in monasteries or scientists in basic research, who

appear to live their lives in seclusion, would most likely say that their solitary pursuits are an inherent part of their vision for a better world through prayer, singing, and serving together as brothers and sisters.

Both Alfred Adler's (1931/1958) emphasis on social interest and the present growing literature on environmental psychology are examples of the importance of civil responsibility as a main thread of meaningful living. Implicit in Frankl's meaning-seeking model is the assumption that the person is embedded in a larger context of relationships to other human beings, to the world and to some higher power; personal responsibility includes civil responsibility.

More recent research by Duffy and Associates (2013) emphasizes the importance of living out a calling as compared to simply perceiving a calling in promoting life satisfaction and well-being. This research reinforces Frankl's emphasis on self-transcendence as a way of life. Positive psychology research provides evidence that one experiences life as meaningful when one's calling is to serve some greater good (Hunter et al. 2010; Seligman 2002; Steger et al. 2008b). This empirical finding can also be understood by the self-transcendence hypothesis.

Research has also shown that a sense of calling in work is related to optimal outcome (Bellah et al. 1985; Dik et al. 2009; Hall and Chandler 2005). It seems logical to suggest that a sense of calling in one's life beyond the work context is also related to life satisfaction and optimal functioning (Frankl 1985; Seligman and Csikszentmihalyi 2000).

Personal meaning is often linked to a sense of mission and pursuit of calling (Baumeister 1991; Dobrow 2006; Hall and Chandler 2005; Novak 1996; Wrzesniewski and Dutton 2001; Wrzesniewski et al. 1997). Calling is an integral part of one's self-identity (Dik and Duffy 2009; Dobrow 2006; Hardy 1990; Wrzesniewski et al.); this self-knowledge and self-identity—knowing who one is and what one's life is all about—is necessary for one's sense of meaningful living. Conversely, Frankl's concept of will to meaning implies the global belief that one's life fits into an orderly and coherent larger scheme of things. Developing such a meaning-mindset may therefore be an effective intervention in increasing sense of calling and meaningfulness. This might sound a bit circular, but it actually refers to a more fundamental intervention of changing people's mindsets from an orientation toward personal success to one of self-transcendence, from self-focus to meaning-focus.

The Intrinsic Motivation of Personal Growth

Most people do not realize that Frankl's self-transcendence hypothesis implies intrinsic motivation for personal growth and self-expansion. One is motivated not only to transcend self-interest, but also to transcend the time and space that defines the physical self. The paradoxical truth is that if we continue to expand our interest beyond ourselves to include an ever growing circle of influence, we will eventually lose our "small selves" in finding our "larger selves."

A little-known logic related to self-transcendence is that it demands continual self-improvement if we are to fulfill our full potential. There is no limit to personal growth, at least in the spiritual realm. Therefore, when one is motivated to transcend both external and internal limitations and realize one's full potential, one is expressing self-transcendence. The vast literature on self-efficacy, competence, and the growth mindset can all be reinterpreted in terms of the basic human motivation for self-transcendence.

According to Frankl, every life has intrinsic value for two reasons. First, every person has a unique calling. Second, every person has the innate tendency to develop their full human potential, regardless of their circumstances. Whether one is in old age or in the terminal stage of cancer, individuals can still grow spiritually, in terms of meaning, faith, courage, compassion and altruism. Frankl and other logotherapists have provided various examples of those who grew in these areas in spite of their handicaps and suffering (Frankl 1985, 1986; Marshall and Marshall 2012). Future research can explore how a growth orientation will enhance meaningfulness and well-being in cancer patients (e.g., Appelbaum et al. 2012; Breitbart et al. 2010; Coward and Kahn 2005).

Self-transcendence is Intrinsically Relational

Self-transcendence is, by definition, intrinsically relational. Vertically, self-transcendence reaches beyond the limits of time and space, to connect with the transcendental realm or to worship and serve the Creator. Throughout his writing, Frankl has made it very clear that his concept of self-transcendence or the Suprameaning transcends specific religious views and resides in the spiritual nature of being human.

Horizontally, self-transcendence transcends ego-concerns and self-interest to serve others. It is intrinsically compassionate and altruistic, given its spiritual nature. In self-transcendence, other people matter in their own right, because of their intrinsic value. Loving our neighbours is its own reward. Showing kindness to strangers is its own reward. We engage in deeds of compassion and kindness because we are simply expressing our spiritual nature. This is fundamentally different from using other people as instruments for our own advancement and happiness.

There are basically two fundamentally different perspectives on self-transcendence. Most philosophers in the naturalist camp (e.g., Levy 2005; Metz 2011) believe that self-transcendence, along with the pursuit of beauty, truth, and goodness, can be explained in rational terms without reference to God. In contrast, the supernatural camp (e.g., Cottingham 2003, 2008; Frankl 1985) believes that self-transcendence reflects our spiritual nature to yearn for oneness with God and oneness with others. Frankl is open to both camps. The rational or naturalist approach can explain readily the horizontal relational aspect of self-transcendence but has some difficulty explaining the vertical relational aspect. The advantage of

logotherapy is that it hypothesizes a single motivation of self-transcendence based on the spiritual nature of human beings.

In sum, the will to meaning flows from the spiritual nature of human beings and represents the most noble and humanistic aspects of the human condition. The will to meaning is a powerful human motive of both push and pull. To be fully human, according to this existential perspective, is to become aware of and fully engaged in pursuing the lifelong goal of self-transcendence, in serving something larger than oneself. Marshall Lewis (personal communication, February 19, 2013) suggested that “While Frankl would go so far as to posit the existence of a transpersonal agent that stands in relation to transcendence, we will expand on this by considering transcendence both vertically and horizontally. Vertically, we may say, self-transcendence reaches beyond the limits to time and space....” The assumption of the spiritual nature of self-transcendence has important implications. According to this perspective, any teaching or training that makes people more spiritually inclined should lead to better relationships with people as well as with a Higher Power. Meaning seeking, in this sense, is a never-ending process because it is simply an expression of our spiritual yearning.

Meaning of Life

Meaning of life is the second of Frankl’s basic assumptions. If you hypothesize that people have an innate need for the will to meaning, logically, you also have to hypothesize that meaning can be found to meet that need, even when life seems totally cruel and absurd, as in the Nazi concentration camps or war-ravaged countries. Simply clinging to the belief that life has intrinsic meaning no matter what can be very helpful in coping with trauma. Frankl recognizes both the search for ultimate meaning and the search for situational meaning. While Frankl acknowledged that ultimate meaning is beyond human comprehension and unknowable, the global belief that there is ultimate meaning and purpose in life, in spite of all the chaos and absurdity, predisposes people to discover the meaning potential in every passing moment.

The Hypothesis of Ultimate Meaning

Belief in the ultimate meaning of life is inherently related to the belief that life has intrinsic meaning and value, regardless of circumstances. Therefore, life is worth living because of this belief. It reminds us of William James’ affirmative statement: “Be not afraid of life. Believe that life is worth living and your belief will help create the fact” (James 1896, Sect. IX). William James understood, as Frankl did, the functional benefits of belief in the meaning and value of life.

Ultimate meaning is related to such issues as the meaning of suffering, the meaning of self-identity, the meaning of life as a whole and the nature of

existence. "The grandiose order, I believe, is what Frankl understands by *logos*, ultimate meaning. We can never hope to "find" it in its totality, we can only pursue it to the best of our abilities" (Fabry 1994, p. 35). Self-identity, differing from ultimate meaning, is knowable to a certain extent. However, when we push the concept of self-identity to its limit and ask such questions as, "Where did I come from? Where do I go after death? What is God's unique calling for my life," we are venturing into the realm of ultimate meaning. At this level, our search for ultimate meaning is an ongoing process.

In a sense, ultimate meaning belongs to the spiritual and transcendental realm. From time to time, we are given a glimpse of the glorious possibility that there is ultimate meaning and purpose in life. However, as we go through different stages of life and different experiences, our understanding evolves. This unending quest for ultimate meaning is simultaneously both uplifting and trying, and it has been at the centre of the human search for meaning since antiquity.

Belief in ultimate meaning is a double-edged sword. In most situations, such a global belief is functional and increases people's sense of hope and purpose. However, in traumatic situations, when this belief is challenged by the bleak reality, these individuals may suffer from shattered assumptions (e.g., Janoff-Bulman 1992; Park 2010; Proulx and Inzlicht 2012; Wong and McDonald 2002). Once these individuals are able to accommodate the traumatic events and reconstruct their global beliefs, they will adapt better than people who do not believe in ultimate meaning. To the extent that ultimate meaning is located in the noetic dimension, we can also predict that individuals who believe in ultimate meaning will demonstrate the same psychological characteristics of individuals who score high on spirituality or religiosity measures, to the extent that they measure global beliefs rather than specific religious practices.

The Hypothesis of Meaning Potential of the Moment

This hypothesis can be derived from the ultimate meaning hypothesis. On a more concrete level, we can fulfill our need for meaning and our existential vacuum by discovering the meaning of each unique situation and moment. "Every situation, every unrepeatable moment, offers a specific meaning potential. To respond to these meaning offerings of the moment is to lead a meaningful life" (Fabry 1994, p. 37). About this meaning potential, however, "Frankl cautions that we cannot invent meanings arbitrarily; we can only discover the meaning inherent in the situation" (Fabry, p. xvi). We cannot simply make up some meaning for a given situation. Nor can we fully understand the meaning potential by intuition. We need to draw upon our experiences, knowledge, intuitive conscience and courage to relate to the situation in a responsible manner. More importantly, belief in ultimate meaning facilitates the discovery of meaning of the moment.

Meaning requires a responsible response to the situation. For example, the lack of responsible action in the bystander phenomenon (e.g., Latane and Darley 1970)

suggests that most people do not respond to help someone in dire need. To reach out and help others demands that we listen to the voice of self-transcendence and intuitive conscience. In other words, to act altruistically in a potentially dangerous situation demonstrates the heuristic of fast thinking based on empathy and compassion (Seppala 2013; Yaniger 2013). It may be interesting to test whether the bystander effect can be reduced in people who have been awakened or trained in being attuned to the meaning potential of the situation.

The idea that meaning seeking entails hard work may seem contrary to the more recent research by Laura King (2012). According to King, meaning is everywhere and easy to discover. However, her research is focused on the intuitive/cognitive understanding of associative meaning in artificial laboratory situations rather than the significance and meaning potential of everyday situations. Furthermore, the university students that serve as her participants are educated with the scientific worldview that natural phenomena are normally orderly and make sense.

In contrast, Frankl focuses on our existential understanding of both the ultimate meaning and situational meaning. Each situation and each moment has potential meaning—a potential emotional, relational and moral significance. It demands not just a rational and intellectual understanding of associative or causal factors, but entails a full-bodied response to the situation—physical, emotional, relational, and personal. A case in point is that my wife and I went to a Chinese restaurant together to celebrate Chinese New Year. Consistent with the Chinese tradition, I ordered sesame rice balls in rice wine paste for dessert. As I placed a rice ball in my mouth, it brought back so many happy memories of family New Year's dinners with lots of laughter and love around the dinner table. Now that my parents and both older brothers are gone, I wish that I had appreciated the significance of this tradition when I was much younger.

The key to discovering the meaning potential of the moment is to appreciate the moment before it becomes a memory. This emphasis on being attuned to meaning potential is similar to my emphasis on mindful awareness (e.g., Wong 2012b) and the current popularity of mindfulness in positive psychology (e.g., Kashdan and Ciarrochi 2013). This hypothesis predicts that the more meaningful moments we have experienced, the greater the level of perceived meaningfulness and life-satisfaction.

Life Review, Perceived Meaningfulness and the Will to Live

Situational meaning is influenced by global meaning, according to Park (2010). Similarly, according to Frankl, belief in ultimate meaning facilitates the discovery of situational meaning. Here, we also talk about the uniquely human ability to review our lives and assess the meaning contents of our life as a whole (Frankl 1996, as cited by Marshall and Marshall 2012). This level of meaning reflects people's overall assessment of their life meaning, in terms of their degrees of understanding of ultimate meaning, fulfilling their unique callings and the number of

meaningful moments. This level is more concrete than ultimate meaning, but also more abstract than the meaning of each situation. It is this global self-assessment of meaning that is measured by Steger's MLQ Presence subscale (Steger et al. 2006) as well as Wong's Personal Meaning Profile (PMP; Wong 1998). Future research will need to measure the three types of meaning separately—ultimate meaning, situational meaning, and overall meaning in life—and investigate their different psychological correlates.

Remember the heart-warming movie *It's a Wonderful Life*? The protagonist did not take his own life at Christmas, as the angel reminded him of all the good things he had done and the individual lives he had touched. Also recall all the lives Frankl was able to save from suicide as a result of his clinical work and writings. What can we say to those who are contemplating suicide? We would predict that the best way to prevent suicide is to appeal to ultimate meaning, situational meaning and future meaning to be fulfilled. This hypothesis is based on the common sense notion that individuals would not take their lives if they recognized they had a reason for living. The potential power of meaning in preventing suicide is worthy of further research.

Similarly, for those who are recuperating from major surgery, suffering from terminal illness, or recovering from a major trauma, we can facilitate the healing process through strengthening their will to live through meaning.

The Meaning Mindset Hypothesis

One of Viktor Frankl's most important contributions to the psychology of meaning is his idea that the will to meaning requires a shift of focus from the pursuit of success to the pursuit of meaning fulfillment. To make the pursuit of meaning one's primary life value is to embrace a meaning mindset (Wong 2012d). Unfortunately, the significance of this mind-shift has not yet caught the attention of researchers and psychotherapists; it has the potential to transform positive psychology and positive education. I have captured the relationship between Frankl's ideas of the meaning fulfillment and success dimensions in the following figure (Fig. 10.1).

The ideal life is characterized by the successful pursuit of one's ideals and mission. However, even in situations where one is unable to realize one's vision—because of sickness or external circumstances—one may still feel that one has lived a worthy life because of one's personal sacrifice for a worthy cause. Society would be better off if we educate children to pursue meaningful contributions toward humanity, rather than pursuing personal happiness and success. All the great humanitarians, such as Albert Schweitzer, Maya Angelou, Oskar Schindler, and Mahatma Gandhi, devoted their lives to a noble mission. In contrast, those who pursue money, power, and wealth can achieve only a shallow life at best; when they fail in their egotistic goals, they are more likely to become bitter, angry, and depressed than those who failed in pursuing a meaningful life (Christensen 2012; Huffington 2013; Lyubomirsky's 2013). Such a shallow life is a wasted life,

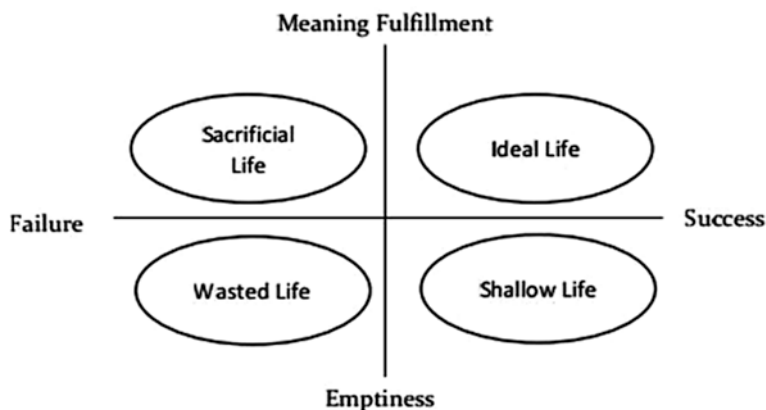


Fig. 10.1 Meaning mindset versus success mindset

because it has squandered the opportunities for personal growth and contribution to humanity. Thus, considering all four quadrants, having a meaning mindset has important implications for personal and communal well-being.

The aim of logotherapy is to reorient people's basic life values from the pursuit of success and happiness to the pursuit of meaning fulfillment and self-transcendence. The former is natural and self-focused, whereas the latter is spiritual and meaning-focused. Often our spiritual need for meaning and self-transcendence is pushed to the unconscious because of our preoccupation with the ego and the flesh. Meaning Therapy is uniquely suited to rescuing individuals from a life of frustration, despair and stress in their often futile attempts to pursue money and power.

The practical implications for this meaning fulfillment dimension are both significant and wide ranging. This hypothesis suggests that it is possible for individuals and society to be transformed; meaningless strife may be turned into harmony, compassion and well-being.

Measurement of the Meaning Mindset

Recently, I developed the Life Orientation Scale (LOS) to measure the meaning mindset as a basic life orientation (Wong 2012d). At present, no meaning measures are adequate to measure the scope of the will to meaning as conceptualized in the meaning mindset. Crumbaugh and Maholick's (1964) Purpose in Life (PIL) scale measures the presence of purpose as well as its positive outcomes. More recent research by Morgan and Farsides (2007) as well as Schulenberg and Melton (2010) confirms a two-factor structure of the PIL: exciting life and purposeful life. Crumbaugh (1977) developed the Seeking of Noetic Goals (SONG) inventory as

a complement to the PIL as a measure of meaning seeking. The latest research by Schulenberg et al. ([in press](#)) confirms that the SONG also has two factors. The first factor seems to measure dissatisfaction with one's place in the world and the need for life direction; the second factor seems to measure an existential perspective regarding future achievement. The SONG is clearly future-oriented, primarily measuring the search for ultimate meaning as well as one's life calling and mission. Steger and Associates' (2006) Meaning in MLQ Search sub-scale has been criticized earlier in this chapter for its lack of content. As such, the SONG is not an ideal measure of the quest for meaning and purpose.

What is needed is a meaning-seeking instrument that captures the three key concepts of Frankl's meaning-seeking model: (1) understanding the mystery of ultimate meaning; (2) one's role in the world and one's motivation or need for realizing one's unique calling of achieving something significant and transcending self-interest; (3) one's sense of responsibility to do what is right in response to situational demands. These three subscales would measure both the cognitive and motivational emphases of Frankl's meaning-seeking model.

I believe that my LOS can adequately measure the first two aspects of meaning seeking according to Frankl's logotherapy. The LOS should correlate with SONG scores because they both measure (a) belief in ultimate meaning and (b) the motivation to realize the will to meaning through self-transcendence. The LOS can also be used as a measure of Park's concept of global meaning. The LOS should predict both High Presence and High Search scores in Steger's MLQ. We can also predict that scores on the LOS will be positively correlated with measures of compassion, altruism, humanitarianism, universalism, spirituality and the "heart virtues" because they are all from the spiritual core of the human person. The LOS, to the extent that it measures a spiritually oriented value orientation, should also be correlated with spiritual well-being (e.g., Paloutzian and Ellison 1982) and other indices of spirituality.

Freedom of Will Hypothesis

Frankl's hypotheses of will to meaning and meaning in life are predicated on the assumption that people have the innate capacity of freedom of will, which includes freedom to adopt certain attitudes. This is Frankl's third basic assumption. This hypothesis is closely related to self-determination theory (Deci and Ryan 1985; Ryan and Deci 2000). Frankl's hypothesis is that one experiences meaning in life not just because of the will to meaning and the belief of intrinsic meaning in life, but also because one has the capacity of choice to respond to life in a responsible and self-transcendent manner.

Frankl's hypothesis of freedom of will has two important aspects: (a) One always has the freedom of choice, at least in attitude if not in action. Frankl (1985) writes: "everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose

one's own way" (p. 86); (b) Such freedom does not automatically entitle one to act or respond in an arbitrary, irresponsible way. "We are free if we see ourselves as part of an order and response-able to it. We are unfree if we reject any order" (Fabry 1994, p. 114).

Fabry (1994) also states, "In our surge toward unlimited freedom everything has become possible because everything is permitted and the result is anxiety and emptiness" (p. 112). Current research has shown that increasing the number of free choices beyond a certain point reduces well-being and increases anxiety (Schwartz 2012). Therefore, consistent with existential thinking, too much choice can cause anxiety.

The self-determination theory emphasizes relatedness, efficacy, and autonomy. Frankl's freedom of will hypothesis would add the additional ethical component of responsibility. Frankl (1969/1981) warns that "freedom will degenerate into arbitrariness unless it is lived in terms of responsibility" (p. 49). You are free to respond in any way you want in a free society, but only when you choose to respond in a responsible and self-transcendent way will you experience meaning. It is not a matter of how many free choices you have, but what kind of choice you make. "Our freedom of choice, even in prisons, may lead to either a meaningful or an empty life. To be meaningful... life must be lived freely and responsibly" (Fabry 1994, p. 120). To clarify Frankl's concept of responsibility, Fabry (1994) wrote: "Responsibility is imposed from the outside; responsibility is freely chosen." (p. 120).

In his emphasis on responsibility and responsibility, Frankl seems like a lone voice in the wilderness. In the positive psychology circle, some coaches question the usefulness of the concept of right and wrong; they believe that the important question is whether it works for you or makes you happy. Even positive psychology research has not taken responsibility as an essential component of meaningful living. For example, Kashdan and Ciarrochi (2013) define meaning in terms of purpose and comprehension. Based on ACT (Acceptance and commitment therapy), they also emphasize the importance of the value-action unit in meaningful living.

In contrast, Wong's PURE model (Wong 2010a) defines meaning as purpose, understanding, responsible action and enjoyment or evaluation. In accordance with logotherapy, which puts a premium on responsible action, Wong emphasizes value-driven and situation-specific, *responsible* action. If everything goes well, Wong's purpose-understanding-action unit should result in enjoyment. If not, it will lead to evaluation of this unit. Therefore, PURE appears to be a more complete description of the structure and function of meaning and a more comprehensive meaning-based positive intervention. According to Frankl and Wong, purpose is value laden because it is based on self-transcendence and other enduring values; understanding is based on our comprehension of both ultimate and situational meanings; and response is based on values, conscience and wisdom. Please see Fig. 10.2 for a schematic presentation of the ACT and Meaning Therapy models. Frankl's main contribution is his insistence on responsibility and values.

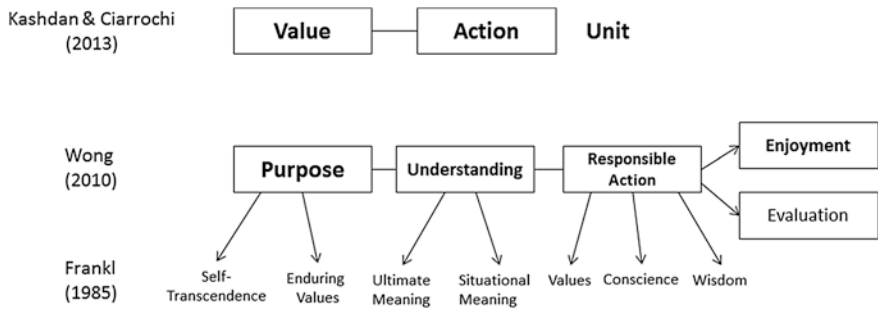


Fig. 10.2 ACT versus meaning therapy

The Value Hypothesis of Discovering Meaning

Frankl took pains to reiterate the point that meaning is discovered rather than made. This reflects his painful experience at the hands of Nazi Germany. If meaning can be made arbitrarily, simply by pursuing a project bigger than oneself, then Hitler could qualify as living a meaningful life. Such a notion would certainly be very offensive to Frankl. At a time when traditional values were crumbling and people could no longer live by the meaning given by traditional authorities such as the church and the culture, they had to discover their own meaning to live by.

How could they freely choose their meaning without being purely arbitrary in their choice? In other words, how can we reconcile subjective meaning with objective criteria? Frankl resolved this dilemma by hypothesizing that, while one is free to choose one’s own meaning, it is only when one’s choice is consistent with time-proven values, in a self-transcendent way, that one can experience meaning in life. Therefore, Frankl was able to provide some objective criteria or signposts for one’s search for subjective meaning. His three enduring values—creative, experiential, and attitudinal—essentially capture the three pathways to the discovery of meaningfulness in life. The importance of these values is also emphasized by Fabry (1994): “... in each case that meaning could have been found with the help of values, those time-tested rules of behavior” (p. 55).

Creative Value

The creative value captures the importance of doing something in the service of others. This value is not just a matter of doing what one is best at or doing what one loves, as emphasized by our contemporary positive psychologists; our motive matters. Consistent with our prior discussion on calling, we experience meaning only when we make use of our gifts and fulfill our unique calling in contributing to society. Frankl’s concept of the will to meaning emphasizes that

“self-actualization, a popular goal in affluent societies, is fulfilling only when it is oriented toward meaning, not pleasure, power, and riches. Logotherapy maintains that meaning comes from self-transcendence (to reach out beyond oneself and do things for the sake of others), not from self-actualization” (Fabry 1995, p. 9).

Experiential Value

The experiential value focuses on relationships—relating to other people, life and nature with openness and appreciation. This is consistent with the existential theme of being free and open in relating to the world around us. We can find meaning through experiencing beauty, truth, and love, if we are spiritually attuned and meaning minded. The experiential value is consistent with the current emphasis on mindfulness (e.g., Kashdan and Ciarrochi 2013), in how we relate to our daily experiences. To experience meaning means more than making sense of what happens around us and to us—it also means being appreciative and grateful.

Attitudinal Value

The third way of finding meaning is attitudinal. This value applies to finding meaning in times of suffering. We can relate to suffering in a positive way by (1) taking a defiant attitude to confront it; (2) finding some important lesson or positive meaning in the negative experience; (3) revising our life goals and global beliefs; (4) making the most of life in spite of suffering; (5) transforming suffering into an opportunity for being a heroic example to others; or (6) transcending suffering by cultivating spirituality.

In other words, logotherapy is not designed to teach us how to overcome or escape from suffering; rather it emphasizes a broad range of positive attitudes for relating to unrelievable pain in a courageous manner. Viktor Frankl’s tragic optimism focuses on (a) affirmation of the meaning and value of life, regardless of circumstances; (b) acceptance of what cannot be changed; (c) self-transcendence in serving a higher purpose; (d) faith or trust in God and others; and (e) courage to face adversity (Wong 2009a). Forsyth (2003) summarizes Frankl’s three values very succinctly: “Work, love and suffering are seen then as the three basic ways of actualizing meaning in a self-transcending way and for Frankl this is a conclusion based on phenomenological analysis rather than moral or philosophical principles” (p. 231).

The Imperative of Values

Logotherapy is value-laden. Frankl’s meaning-seeking model emphasizes meaning as both a terminal and instrumental value, an important distinction first made by Rokeach (1973). The will to meaning, self-transcendence and the meaning

mindset all emphasize meaningfulness as a terminal value in contrast to the egotistic pursuit of happiness and success as terminal values.

The three values of finding meaning are instrumental values. The creative value refers to the personal responsibility of pursuing and practicing the value of self-transcendence and serving the greater good; this encompasses the enduring value of contributing to society, which is shared by philosophical and religious traditions. The experiential value refers to appreciating the truth, kindness and beauty in the world in which we live, especially the relational and natural world; this is similar to Buddhist mindfulness teaching. The attitudinal value refers to finding a positive way to relate to various sources of suffering; this value is also advocated by Stoicism and Taoism among others.

In other words, these three time-proven values show us how to discover meaning in our daily lives in a way that makes us more fully human and agents of positive change. Implicit in logotherapy is the belief that other people matter, an area of particular interest to the positive psychologist, Christopher Peterson (e.g., Peterson 2013). It is worth noting that “other people matter” can mean two different things. First, other people can matter as instruments for our own happiness and well-being. Second, they can matter because we are relational and spiritual by nature and caring for others is simply an expression of our humanity. This is a difference of extrinsic versus intrinsic motivation. This subtle distinction reflects the clash of two fundamentally different value systems: Western society's secular, individualistic and materialistic values versus the more traditional spiritual, collectivistic and humanistic values. These two different worldviews or value systems have important implications for both research and psychotherapy. Most of the current positive psychology research is predicated on the Western individualistic worldview.

Most positive psychologists consider virtues and values to be a smorgasbord from which individuals decide their personal preferences. In contrast, Viktor Frankl considers the responsible use of freedom and self-transcendence to be fundamental values, essential for personal and communal well-being. In short, Frankl proposed a different positive vision for humanity and a different pathway to achieving it. Only future research can decide whether Frankl-Wong's meaning-seeking model is equal to or better than the prevailing PERMA model (Seligman 2012) in achieving flourishing, especially in developing countries and among the suffering masses.

General Discussions

Frankl's meaning-seeking model represents my attempt to systematically translate the basic assumptions of Frankl's logotherapy into testable hypotheses. This paper emphasizes how meaning seeking is related to personal growth and well-being in both positive and negative situations. It provides a comprehensive conceptual framework for both enhancing one's well-being and protecting one from the threat and harm of various negative forces in life.

Meaning Versus Happiness

Much research has been done on the difference and relationship between meaning and happiness (e.g., Baumeister et al. 2013; King et al. 2006). Frankl's meaning-seeking model offers a unique perspective on happiness. More specifically, Frankl's meaning-seeking model offers the following hypotheses: (1) The kind of happiness constitutive of meaning is eudaemonic (Waterman 2008, 2013a) rather than hedonic (Kahneman et al. 2003). (2) To pursue happiness directly may be counterproductive because authentic happiness will ensue only when we pursue and live a meaningful life. (3) The major difference between pursuing happiness as an end state and pursuing meaning reflects a fundamental difference in worldview, as I have discussed earlier. The pursuit of meaning may entail personal sacrifice and suffering for a worthy cause; however, in terms of the larger picture, such a pursuit yields a greater good and a higher level of satisfaction.

Doing Versus Being

The contemporary positive psychology of meaning, strength, virtue, and well-being focuses on components of the good life that can be achieved through engaging in the proper activities (e.g., strengths-enhancing or happiness-inducing activities). In contrast to the cognitive behavioral focus of positive psychology, Viktor Frankl's spiritual approach emphasizes being rather than doing. Although Frankl focuses on concrete action in concrete situations as a way of experiencing meaningfulness, he also emphasizes that our actions need to be consistent with *logos* or with the will to meaning that is situated in our spiritual core (the noetic dimension). Without any reference to the spiritual dimension of being human, the concrete world of action can still be meaningless. In taking a holistic and meaning-centered approach, we can avoid the issue of whether one character strength is better than another or whether the combination of two character strengths is better than one; to be a responsible and fully functioning human, one needs to develop all the virtues related to the spiritual core. Following this line of thought, we can predict that a positive education that focuses on developing personal responsibility, self-transcendence and the classical ideals of goodness, beauty and truth will produce better citizens than a strengths-based and happiness-oriented positive education.

The existential perspective focuses on a particular way of being in a world that is full both of good things as well as suffering. Frankl puts less emphasis on doing certain things in order to live the good life, but more emphasis on fulfilling the will to meaning. In other words, he wants us to live out our spiritual nature of human beings by living a life of self-transcendence and responsibility—the touchstones of a spiritual being. Positive psychology emphasizes instrumental action as the best way to bring about positive change, whereas logotherapy emphasizes inner transformation and belief-based and spiritually oriented action as the most efficacious way.

Intrinsic Worth and Meaning

Park's (2010) meaning-making model focuses on the global belief in justice, benevolence, and meaning. Janoff-Bulman (1989, 1992) focuses on the worldview of believing in justice, benevolence, self-worth, control and meaning. In order to experience post-traumatic growth, one has to restore a sense of meaning and comprehensibility as well as a sense of personal significance (Janoff-Bulman 2004).

In contrast, Frankl hypothesized a set of global beliefs that can accommodate the worst kinds of tragic situations. One key belief is his affirmation of the intrinsic value and meaning of life. This affirmation provides a foundation for hope in even the most devastating situations. It is also important to note his belief that each life has intrinsic value because of the individual's inherent singularity, unique calling in life and potential for growth; this belief provides the basis for a positive self-concept, regardless of setbacks and failures. Thus, Frankl's assumption of the intrinsic meaning and value of life, in spite of the presence of injustice and maleficence, represents a balanced global belief, which readily accommodates the reality of suffering and evil. Such a belief makes it less likely to be shattered by traumas.

Meaning Seeking Versus Meaning Making

Contemporary meaning-making models (e.g., Park 2010) focus almost exclusively on the cognitive function of making sense of the world in negative situations. In contrast, Frankl's meaning-seeking model focuses more on meaning seeking, in terms of how to live with courage, freedom and responsibility. Meaning seeking is primarily about how to live a life of significance and purpose, in addition to making sense of life and feeling happy.

Park's (2010) meaningfulness as part of global beliefs is the subjective sense of the meaning of one's activity toward a desired goal. Thus, sense of meaning is not only an outcome measure, but also a part of global beliefs. In Frankl's model, the global belief of meaningfulness is rooted in the presuppositions that life has inherent meaning and that one's life has unique meaningful goals, in addition to the life experience of engaging in the pursuit of meaning.

A comprehensive theory of meaning, such as Wong's Meaning Management Theory (2008), needs to include both meaning seeking and meaning making, with respect to both cognitive meaning and existential meaning. The constructivist view of meaning (Raskin et al. 2010) represents another comprehensive framework of meaning seeking and meaning making. Ultimately, we need to arrive at some kind of general theory of meaning that integrates all three approaches: the cognitive behavioural approach, the existential approach and the constructivist approach. The International Meaning Conferences (see www.meaning.ca) have held global summits on meaning, trying to achieve this kind of integration. We have not had much success in integrating different schools of thought, but that does not mean we should not continue the effort.

Spirituality as the Basis of Meaningful Living

Current research on spirituality favours the perspective of conceptualizing religiosity and spirituality as a system of meaning (Park 2005, 2007; Wortmann and Park 2009). This perspective is consistent with Frankl's idea that situational meaning cannot be separated from ultimate meaning because global beliefs, especially religious/spiritual beliefs, guide the appraisal of situational meaning (Park 2010; Wortmann and Park).

The main difference is that, for Frankl, spirituality is not just part of one's global beliefs; it is rooted in human nature as created by a Super-meaning or God. More specifically, he emphasizes that the spiritual or the noetic dimension is the basis of the global beliefs in ultimate meaning and self-transcendence. It is not meaningfulness that makes one spiritual; it is one's spirituality that motivates one to seek and realize meaning.

"The will to meaning" is probably Frankl's most influential theoretical contribution to psychology. It is his way to speak to the deepest yearning of the human spirit and opens the gateway to the exploration of spirituality and the transcendental realm. According to Frankl, this spiritual desire cannot be fully satisfied by pleasure, power and material acquisitions; it can only be satisfied by losing ourselves to serving a higher purpose and a greater good.

Conclusion

In sum, Frankl's meaning-seeking model opens up new frontiers for positive psychology research and psychotherapy. This chapter highlights the value of combining philosophical insights with scientific rigor. This chapter is part of my overall plan to develop a general meaning-management theory that is comprised of meaning seeking, meaning making and meaning reconstruction.

The twenty-first century, in some way, also experiences a meaning crisis similar to Frankl's era. The increasing rates of random violence, depression and addiction form a neurotic triad that, according to logotherapy, is due to the existential vacuum or meaninglessness. Public education of the importance of meaning seeking, meaning making, and personal responsibility can serve the dual objectives of preventing or healing mental illness and promoting well-being and flourishing.

A meaning perspective shifts the focus away from the egotistic pursuit of happiness and success to a compassionate and spiritual worldview of serving a greater good. This shift to the meaning-mindset provides a better foundation for community mental health than the prevalent success-happiness mindset, which encourages cut-throat competition for personal happiness and success. Such pursuits inevitably will lead to discouragement, frustration and aggression. That being said, only systematic research can determine the benefits and limitations of Frankl's meaning-seeking model.

The latest incarnation of positive psychology (Kashdan and Ciarrochi 2013), which attempts to integrate positive psychology and Acceptance and Commitment Therapy (ACT), gives me some hope about the future of dialogue between positive psychology

and humanistic-existential psychology, even though recently Waterman (2013b) concluded otherwise. This chapter is my latest attempt at such a dialogue, in addition to my earlier endeavours (e.g., Wong 2009b, 2010b; Wong and Gingras 2010).

It is also worth noting that positive psychology represents the Western liberal idealism that is confident in the triumphant march of history toward a utopian vision of flourishing through scientific progress. It is optimistic that all the personal and social ills will fade away when we focus on strengths-enhancing and happiness-inducing activities to promote flourishing.

Logotherapy, on the other hand, represents the Judeo-Christian idealism that is confident in the realization of a better world through an increase in personal responsibility, brotherly love and service to others. This idealism, however, is tempered by a dosage of the realism that comes from Frankl's personal experiences of the horrors of the Holocaust. Frankl is less sanguine about the dark side of human nature than many positive psychologists. He insisted that if we do not believe in the intrinsic value of life and if we do not have the courage to stand up for what is right, there will always be the possibility of another Hitler.

There are practical implications for these two different ideologies and idealisms. Positive psychology is more appealing to people in Western democracies, whereas logotherapy is more attractive to people who are struggling for freedom and justice, such as Martin Luther King Junior, in his civil rights movement and Nelson Mandela, in his fight against apartheid in South Africa.

I believe that, in spite of the great divide in terms of assumptions and world-views (see Table 1 for a summary), positive psychology can still benefit greatly from Frankl's deep insights about human nature and human existence and logotherapy can also benefit from positive psychology's rigorous research on meaning. It is easy to work with variables that can be easily quantified and measured within a simple conceptual model. But it is more rewarding and challenging to do research on constructs that are complex and do not readily lend themselves to experimentation and quantification. These methodological difficulties should not deter us from doing research on the hypotheses outlined earlier.

I do not claim that Frankl is correct in all his assumptions, but I believe that his positive vision, as described in this chapter, has the heuristic value of generating interesting and important research. Only recently have we begun to see serious attempts to integrate logotherapy with positive psychology's meaning research (e.g., Joshi et al. 2013; Schulenberg et al. *in press*).

The enduring appeal of Viktor Frankl, according to my assessment, consists of the passion of his conviction, the courage of his defiant spirit and his optimistic beliefs in the eventual triumph of love over hate, meaning over despair and good over evil. He makes the compelling case that, just as the stars cannot shine brightly without the darkness of the night, we cannot fully realize what is right about us without overcoming what is wrong with us. Another important implication of logotherapy is that we can make sense of all aspects of life only when we see ourselves as a part of the big picture, a grand narrative of creation, dehumanization, transformation and logo-actualization (meaning fulfillment). He has created a spiritually oriented positive psychology that transcends the tragedies of human

Table 10.1 A summary of main differences between positive psychology and logotherapy

Logotherapy	Positive psychology
<p>First developed in an era of war, social tumult, and the depression in Vienna Primarily addresses the meaning of suffering, but also brings people from negative to positive territories</p>	<p>First developed in an era of peace and prosperity in the United States Brings people from “zero to positive eight” (Gable and Haidt 2005, p. 103)</p>
<p>Favors a spiritual-existential perspective (the spiritual self) Personal or holistic approach to well-being</p>	<p>Favors a cognitive-behavioral perspective (the natural self) Elementary or componential approach to well-being</p>
<p>Based on religion, philosophy, and science</p>	<p>Based on science</p>
<p>Personal growth and self-transcendence as terminal values or end states</p>	<p>Personal happiness and well-being as terminal values</p>
<p>Truth claims based on experiential/phenomenological data as well as empirical findings</p>	<p>Truth claims based on the positivist approach</p>
<p>Meaning seeking (the will to meaning) is a spiritual human motivation toward self-transcendence</p>	<p>Meaning seeking is primarily a cognitive process of seeking understanding and life purpose</p>
<p>Self-transcendence is the essence of being fully human and an end in itself</p>	<p>Self-transcendence is an instrument for meaningfulness and personal well-being</p>
<p>The Will to meaning will to meaning, freedom of will and meaning of life as the blueprint for changing the world</p>	<p>PERMA as the blueprint for changing the world</p>

existence and shows us a promising way to achieve the full potential of meaning-centered living and flourishing.

Several years ago, I referred to Frankl as the “Prophet of Hope” (Wong 2009a). Today, more than ever before, I still firmly believe that Frankl has offered us a bold vision of meaning and hope against a backdrop of chaos, uncertainty and dehumanization in a consumer society. His meaning-making model challenges us to new territories of research and interventions.

To conclude this chapter, I want to quote one paragraph from Frankl’s (1985) *Man’s Search for Meaning* that indicates that decades ago he already realized that the domain of meaning in life was much broader in scope than most positive psychologists acknowledge.

Long ago we had passed the stage of asking what was the meaning of life, a naïve query which understands life as the attaining of some aim through the active creation of something of value. For us, the meaning of life embraced the wider cycles of life and death, of suffering and of dying. (p. 99)

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Appendix

The Life Orientation Scale (LOS)

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Please indicate how much you agree or disagree with each of the following statements by circling a number on the 5-point scale that best corresponds to your personal belief and attitude.

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I can find something meaningful or significant in everyday events.	1 2 3 4 5			
2. There is a reason for everything that happens to me.	1 2 3 4 5			
3. There is no ultimate meaning and purpose in life.	1 2 3 4 5			
4. There is no point in searching for meaning in life.	1 2 3 4 5			
5. No matter how painful the situation, life is still worth living.	1 2 3 4 5			
6. The meaning of life is to “eat, drink and be happy.”	1 2 3 4 5			
7. What really matters to me is to pursue a higher purpose or calling regardless of personal cost.	1 2 3 4 5			
8. I would rather be a happy pig than a sad saint.	1 2 3 4 5			
9. I am willing to sacrifice personal interests for the greater good.	1 2 3 4 5			
10. Personal happiness and success are more important to me than achieving inner goodness and moral excellence.	1 2 3 4 5			

Items 3, 4, 6, 8 and 10 are worded in the negative direction. The higher the total score is, the greater the meaning mindset.

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Chapter 11

Positive Psychology, Existential Psychology, and the Presumption of Egoism

Edwin E. Gantt and Jeffrey L. Thayne

Positive psychology and existential psychology are commonly thought to reflect radically different perspectives on the deep questions of the nature of human nature, what constitutes legitimate psychological inquiry, and the meaning of the good life. Indeed, in the view of many commentators, these two approaches not only reflect significantly different schools of psychological thought, but each denies certain key tenets and founding assumptions of the other. Nonetheless, there have been some attempts to identify some common philosophical ground that these two traditions might share (see, e.g., Bretherton and Ørner 2003; Resnick et al. 2001; Wong 2010). For example, positive psychology's emphasis on human beings as self-determining agents (Deci and Vansteenkiste 2004; Ryan and Deci 2000) can be seen as similar in some ways to the existentialist claim that human beings are fundamentally autonomous agents who are by their very nature "condemned to be free" (Sartre 1956). Often, however, attempts to establish conceptual commonality between positive psychology and existential (and other humanistic) approaches have been greeted with suspicion by those who see such attempts as amounting to a sort of "papering-over" of important philosophical and practical differences (see, e.g., Friedman 2008; Held 2004; Peterson 2006; Slife and Richardson 2008; Taylor 2001). Although the debate over these issues continues, there can be little doubt that the perception that these two schools of thought embody rival intellectual visions with conflicting aims persists in the minds of many psychologists.

E. E. Gantt (✉) · J. L. Thayne
1086 SWKT, Department of Psychology, Brigham Young University, Provo,
UT 84602, USA
e-mail: ed_gantt@byu.edu

J. L. Thayne
e-mail: ed_gantt@byu.edu

J. L. Thayne
264 W 1395 S, Logan, UT 84621, USA

In the analysis that follows, we will identify and discuss three important ways in which positive psychology and existential psychology seem to differ. In particular, we will examine positive psychology's commitment to studying the conditions of happiness, its heavy reliance on traditional methods of empirical research, and its advocacy of a scientifically grounded "calculus of well-being" (Seligman and Csikszentmihalyi 2000, p. 11) whose prescriptive purpose is to actively bring about a greater measure of happiness and flourishing in people's lives. In contrast, we will examine existential psychology's notion that suffering has a central role in a life of genuine significance, its deep skepticism of the ability of traditional scientific approaches to adequately capture human subjectivity and meaning, and its rejection of any utopic vision of human flourishing that is grounded in hedonism and its ethical precepts.

We will also argue, however, that beneath these significant conceptual and practical differences, both positive and existential psychologies share a thorough-going commitment to an egoistic depiction of human nature. That is, both approaches focus their conceptual efforts *inward*, looking to the *self* as the center of human action and relationships. In short, we will argue that positive psychology and existential psychology have a crucial and often overlooked commonality at their core that is *not* merely a "papering-over" of essential differences, nor an attempt to superficially reconcile two radically different intellectual traditions. As such, both traditions are fundamentally inadequate for addressing human relationships in terms that do not reduce the relevance and value of others to an instrumental value to the self.

A Brief Look at Positive Psychology

Although positive psychology has historical roots that stretch back at least to the work of William James (Gable and Haidt 2005), the contemporary positive psychology movement is of relatively recent origin and was primarily initiated (and named) by Seligman (1999) in his role as president of the American Psychological Association. As Seligman tells it, a few months after being elected president of the APA he came to the realization that, for various reasons, and at least since the conclusion of World War II, psychology had been neglecting two of its three major disciplinary missions: curing mental illness, making the lives of all people more productive and fulfilling, and identifying and nurturing high talent (Seligman and Csikszentmihalyi 2000). A great deal of disciplinary effort in the post-World War II years had been expended on the diagnosis, treatment, and scientific study of mental illness, and significant strides were being made toward curing (or at least effectively managing) the human psychological and emotional suffering brought on by mental illness. However, "the other two fundamental missions of psychology—making the lives of all people better and nurturing genius—were all but forgotten" (Seligman and Csikszentmihalyi 2000, p. 6).

In response to such neglect, Seligman (1999) called for “the creation of a new science of positive psychology” that would serve as a sort of “‘Manhattan Project’ for the social sciences” (p. 562). This new project would, Seligman (1999) claimed, be directed not only at finding ways to prevent serious mental illness, but also hold “the potential to create, as a direct effect, an understanding and a scientifically informed practice of the pursuit of the best things in life and of family and civic virtue” (p. 562). In short, Seligman sought nothing less than “launching a science and a profession whose aim is the building of what makes life most worth living” (p. 562). The aim of positive psychology is, therefore, to “begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities” (Seligman and Csikszentmihalyi 2000, p. 5). From such inspirational beginnings, the modern positive psychology movement was initiated and has, with quite astonishing speed, become a serious intellectual force in contemporary psychology and psychotherapy, one that is not only achieving considerable influence throughout the social sciences but also in fields as diverse as business management, organizational leadership, education, and even health care (e.g., Gilman et al. 2009; Houston 2006; Linley et al. 2010; Lopez and Snyder 2009).

Identifying the Conditions of Happiness

If painted with a very broad brushstroke, positive psychology is simply the study of the conditions of happiness and well-being in order to better understand the nature of what Seligman (2003) has called “the pleasant life” (p. 127). It is, as Gable and Haidt (2005) put it, “the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions” (p. 104). Providing an even more specific definition, one that identifies three distinct but interlocking levels of analysis, Seligman and Csikszentmihalyi (2000) suggest the following:

The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. (p. 5)

And, in the words of Sheldon and King (2001), positive psychology is “nothing more than the scientific study of ordinary human strengths and virtues,” and, thus, “positive psychology revisits ‘the average person,’ with an interest in finding out what works, what is right, and what is improving” (p. 216).

Ultimately, a scientific enterprise of this sort is geared toward the accumulation of “knowledge of what makes life worth living” (Seligman and Csikszentmihalyi 2000, p. 5). As Peterson (2006) has described it, “positive psychology is the

scientific study of what goes right in life, from birth to death and at all stops in between ... It is the study of what we are doing when we are frittering life away” (p. 4). As such, positive psychologists direct much of their research effort to elucidating both the sources of and obstacles to the individual’s widest possible experience of positive emotions and experiences. In so doing, the positive psychology movement reflects an overall commitment to the “study of the relations among enabling conditions, individual strengths, institutions, and outcomes” in order to develop an “empirical matrix” for describing “what enabling conditions lead to what kind of outcomes” (Seligman and Csikszentmihalyi 2000, pp. 11–12).

Interestingly, though perhaps not surprisingly, especially given the sweeping nature of Seligman’s call-to-arms, it often seems that anyone who is doing empirical research on a subject not directly related to negative emotions or psychopathology considers themselves part of the positive psychology movement, and quite disparate figures with widely varying theoretical backgrounds do not hesitate to present themselves as part of a unified new approach to psychological study. Thus, one often sees evolutionary and social and humanistic psychologists, all of whom typically espouse widely different conceptions of what it means to be human, nonetheless adopting the label of positive psychology for what they do, simply because they focus their research on the question of human happiness, and despite their differing conceptions of what happiness actually is and why it is important. A probable reason for this curious coalition of effort may be that, while approaching the study of human flourishing and the good life from quite divergent theoretical perspectives, these researchers are nonetheless united by a prior, and in many ways far deeper, epistemological commitment to the methods, assumptions, and practices of traditional experimental psychology.

Reliance on Empirical Methods

Although the overarching vision of positive psychology demands that contemporary psychology carefully reflects on its most basic disciplinary goals and radically adjusts its all-too-narrow and overly negative research focus, this re-visioning of the discipline “does not demand a fundamental paradigm shift in psychology” (Jørgensen and Naftstad 2004, p. 29). That is to say, “when it comes to doing specific research, positive psychology connects to mainstream psychology” and, therefore, the project of positive psychology does not require any fundamental epistemological or methodological changes to be made (Jørgensen and Naftstad 2004, p. 29). Indeed, despite their call for a systematic re-thinking of the principles and aims of contemporary psychology, Seligman and Csikszentmihalyi (2000) nonetheless clearly state:

Such a science will not need to start afresh. It requires for the most part just a redirecting of scientific energy. ... These same methods and in many cases the same laboratories and the next generation of scientists, with a slight shift of emphasis and funding, will be used to measure, understand, and build those characteristics that make life most worth living. (p. 13)

Positive psychology's call, then, is not so much to re-invent the methodological wheel of mainstream psychology, but to employ the same empirical methods to answer different questions—questions about human happiness and flourishing rather than mental illness and dysfunction.

Thus, from the outset, advocates of positive psychology have “striven to ensure that positive psychology is a discipline characterized by good empirical science” (Joseph and Linley 2006, p. 36). And, although there is occasionally a passing mention of some of the epistemological limitations of an empirical (i.e., experimental) approach to psychological investigation, most positive psychologists would no doubt “fully agree that scientific pedigree should be a hallmark of positive psychology research and practice” (Joseph and Linley 2006, p. 36; see also, Ong and van Dulmen 2007). For example, while Seligman and Csikszentmihalyi (2001) acknowledge that the call to focus on human happiness is at least partly indebted to the work of the humanistic psychologist Abraham Maslow—who declared that “the science of psychology has been far more successful on the negative than the positive side” (Maslow 1954, p. 354) and invited psychologists to refocus themselves onto questions of human happiness—they distance positive psychology from its humanistic roots because, they explain, although the “generous humanistic vision had a strong effect on the culture at large and held enormous promise ... humanistic psychology did not attract much of a cumulative empirical base” (p. 7).

Thus, although the vision of positive psychology reflects certain humanistic or existentialist influences (Taylor 2001), it has nonetheless distinguished itself through its firm commitment to a natural scientific and experimental approach to addressing questions of the nature of happiness and human flourishing. As Seligman and Csikszentmihalyi (2001) emphatically responded to early skepticism about their vision for positive psychology, “We are, unblushingly, scientists first. The work we seek to support and encourage must be nothing less than replicable, cumulative, and objective” (p. 89). Similarly, Snyder et al. (2011) echo this sentiment when they write that “the greatest good can come from a positive psychology that is based on the latest and most stringent research methods” and “an enduring positive psychology must be built upon scientific principles” (p. 6).

A central assumption of the positive psychology movement is that careful empirical observation and precise measurement of behavior are necessary to ensure an objective and unbiased account of human psychological functioning and the conditions that produce human flourishing (see, e.g., Kahneman et al. 1999). Indeed, as Peterson (2006) has stated:

The goals of positive psychology are description and explanation as opposed to prescription. The underlying premise of positive psychology is prescriptive in that it says that certain topics *should* be studied: positive experiences, positive traits, and enabling institutions. But once the study begins, it needs to be hard-headed and dispassionate. The routes to the good life are an empirical matter. (p. 15; italics in the original)

Presumably, then, positive psychology's principle contribution to the world's millennia-long intellectual discussion about what exactly it is that constitutes the good life, and how such a life might best be achieved, is the application of the

rigorous methods of science and objective measurement to the study of human action and psychological life (see, e.g., Diener et al. 2009).

The Calculus of Well-being

Interestingly, it is at this point that the goals of positive psychology begin to turn in a more prescriptive direction. Many positive psychologists are committed to employing the techniques and methods of empirical science so as to actively bring about a greater measure of happiness and flourishing in people's lives. As Sheldon (2011) notes, positive psychology is not only the scientific study of optimal human functioning, "it aims to discover and *promote* the factors that allow individuals and communities to thrive" (p. 427; italics added). Likewise, Seligman and Csikszentmihalyi (2000) suggested that someday "positive psychology might become a prescriptive discipline like clinical psychology, in which the paths out of depression, for example, are not only described, but also held to be desirable" (p. 12). Indeed, according to Peterson (2006), "The task for positive psychology is to provide the most objective facts possible about the phenomena it studies so that everyday people and society as a whole can make an informed decision about what goals to pursue in what circumstances" (p. 16). Of course, Peterson recognizes that not all the facts that objective science is likely to discover will be pleasant ones, but nonetheless the process "will be of value precisely because it provides an appropriately nuanced view of the good life" (p. 16).

At first glance, it may seem that Seligman and Csikszentmihalyi's (2000) stated hope that in time "positive psychology might become a prescriptive discipline" (p. 12) is in conflict with its own methodological commitment to objective description and measurement. Such conflict is, perhaps, more apparent than real. That is, positive psychologists would likely argue that once the objective facts of human flourishing have been properly documented via rigorous experimental investigation, then—and only then—will it become possible to legitimately (i.e., rationally) formulate and implement the sorts of positive interventions that Seligman and Csikszentmihalyi might envision. In the end, then, the necessary foundation for all positive psychological practice that would facilitate human flourishing can only be that which is first laid down by means of careful measurement and the rigorous application of objective methods of scientific inquiry. Indeed, as Peterson (2006) also points out, "whether what seems positive is always desirable is also an empirical question" (p. 15). Presumably, once the empirical questions have been adequately answered, positive psychology can take up its prescriptive purpose in full earnest and begin assisting psychology in more adequately fulfilling its two, as of yet, unfinished disciplinary missions: making the lives of all people more fulfilling and nurturing genius. It would seem, then, that the legitimacy of positive psychology's prescriptive prospects hinges on establishing its credentials as an objective psychological science first.

A Brief (Contrastive) Look at Existential Psychology

In contrast to positive psychology's intellectual indebtedness to modern science and experimentalism, existential psychology traces its conceptual and practical roots to the rich philosophical traditions of European existentialism, hermeneutics, and phenomenology. The Danish thinker Søren Kierkegaard (1813–1855) is usually cited as the founder of existential philosophy, although Friedrich Nietzsche and Fyodor Dostoyevsky are also credited as important nineteenth century sources. Responding to what he regarded as the intellectual aloofness of Enlightenment rationalism, particularly as found in the work of Kant and Hegel, Kierkegaard argued that philosophy—indeed, all of Western culture and religion—had lost sight of the concrete individual who is continuously grappling with the question of meaning and purpose. According to Kierkegaard, in its unrelenting pursuit of rational detachment and scientific objectivity, the modern world has become one in which as individual persons are relegated to being little more than cogs in the grand machine of nature, inexorably caught up in the grand sweep of history and progress, pushed along by powerful forces beyond their understanding and outside of their control. Both Kierkegaard and Nietzsche speak of the “leveling” of the modern world, wherein the individual is first seduced to and then subsumed by “the crowd” (Kierkegaard's term), goaded along by the “herd instinct” and living according to the pale and lifeless dictates of the “herd morality” (Nietzsche's terms). To counter the leveling tendencies of modernity, Kierkegaard felt that “it was imperative that philosophy address itself to the concrete existence of the individual person and attempt to elucidate the fundamental themes with which human beings invariably struggle” (Valle et al. 1989, p. 6).

This same concern for modernity's diminishment of the individual *as* individual is also present in the work of one of the twentieth century's most important influences on existential thought, the German philosopher Martin Heidegger. In his magnum opus, *Being and Time*, as well as elsewhere, Heidegger wrote at length on the dangers of “inauthenticity” and “the they-self” or *Das Man* (1996, see, e.g., pp. 107–168). In a way that is clearly reminiscent of Kierkegaard and Nietzsche, Heidegger “describes how we get caught up in the “they” (*Das Man*), thereby forgetting our own individuality as we follow the dictates and ‘common sense’ of anonymous ‘authorities’” (Halling and Dearborn Nill 1995, p. 10). Heidegger intricately describes the way in which we so easily, even naturally, fall prey to the intricate system of daily living (i.e., society), fascinated by and entertaining ourselves with a variety of transient matters (e.g., careerism, gossip, celebrity watching, unreflectively participating in social rituals, etc.) in such a way that we lose sight of our own possibilities for meaningful (authentic) living. Similarly, Sartre (1956), perhaps the most widely recognized of the existential philosophers, wrote extensively about the pitfalls of what he called “bad faith” (see, e.g., Part One, Chapter Two). For Sartre, bad faith is a kind of project of self-deception in which, in order to provide ourselves with excuses to absolve ourselves of our fundamental responsibility for the choices we make, we take a third-person stance (i.e., an external,

presumably objective and detached, or scientific perspective) toward ourselves. In this third-person stance, we choose (ironically) to regard ourselves as essentially passive objects, the helpless victims of impersonal circumstance, rather than as the active, meaning-making agents that we in fact are.

The existential perspectives of these and other philosophers first began to exert a significant influence on contemporary psychology, especially in the United States, with the appearance of the writings of such psychologists and therapists as Frankl (1963, 1965), Boss (1963), Binswanger (1962), May (1960, 1969), Laing (1959), and van Kaam (1966) in the 1950s and 1960s. In particular, May et al. (1958) landmark volume, *Existence: A New Dimension in Psychiatry and Psychology*, launched existential psychology as a prominent and important branch of the larger humanistic, or third-force movement, in psychology. Indeed, it was the publication of this book, and its unexpected popularity, that led to many further translations of works by European psychologists and philosophers that had to that point been available almost exclusively in the original German or French editions. A further sign of increasing interest in the existential perspective in psychology was the founding of a doctoral program in Existential-Phenomenological Psychology at Duquesne University in Pittsburgh, Pennsylvania in 1962.

Perhaps the most recent and influential figure in existential psychotherapy is Irvin Yalom, whose text *Existential Psychotherapy* (1980), along with numerous other best-selling works over the past few decades, articulates a form of dynamic psychotherapy that emphasizes the “conflict that flows from the individual’s confrontation with the givens of existence” (p. 8). By the phrase “givens of existence,” Yalom (1980) means to draw attention to the fact that each of us, simply because we are human beings, operates within and must face certain “ultimate concerns, certain intrinsic properties that are a part, and an inescapable part, of the human being’s existence in the world” (p. 8). The ultimate concerns to which Yalom devotes his attention are death, freedom, responsibility, anxiety, isolation, and meaninglessness. Each of us, Yalom (1980) contends, “craves perdurance, groundedness, community, and pattern; and yet we must all face inevitable death, groundlessness, isolation, and meaninglessness” (p. 485). He argues that because of these givens of existence, “existential therapy is based on a model of psychopathology which posits that anxiety and its maladaptive consequences are responses to these four ultimate concerns” (p. 485). Thus, the existential psychotherapist’s principle task is “to help the patient face and reconcile his or her longing for immortality, security, belonging, and ultimate purpose with the hard realities of the human condition” (Halling and Dearborn Nill 1995, p. 32).

Embracing Suffering

Existential psychologists are often critical of positive psychology for what they take to be its systemic failure to acknowledge the centrality of suffering in human existence and the possibility that suffering holds for the creation of a life

of genuine meaning (see, e.g., Jacobsen 2007; van Deurzen 2009; see also Frankl 1965). In turn, positive psychologists sometimes decry what they see as the existentialist's obsessive celebration of suffering, claiming that it is just one more example—like that other dismal European psychology, Freudianism—of a privileging of the dreary, the negative, and the “rotten-to-the-core view” that pervades so much of modern psychology (Seligman 2003, p. 126). Such critique, however, ignores the fact that existential psychologists readily admit that “every human being fosters ideas of happiness and entertains hopes for a happy life” (Jacobsen 2007, p. 23), and so deem the study of the experience and conditions of happiness an important one. Still, existentialists are quick to note a difference in how happiness is understood from their perspective. That is, existential psychologists believe that positive psychologists (like other humanistic psychologists) “tend to disregard the reality of suffering and its importance for their concept of happiness, whereas existential psychologists tend to incorporate suffering in their concept of happiness” (Jacobsen 2007, p. 28). For the existential psychologist, rather than just finding ways to minimize suffering by maximizing possibilities for, and quantities of, happiness, “what is important for our everyday life quality and life satisfaction is how we *relate* to the unavoidable amount of suffering that permeates our lives in numerous ways” (Jacobsen 2007, p. 30; italics in the original).

Some existentialists have proposed a distinction between two very different kinds of happiness: bliss and deep happiness. The concept of bliss, as Jacobsen (2007) defines it, refers to “a state of mind during which the individual feels that all essential needs have been fulfilled and that all essential goals have been reached. The individual feels fulfilled and in some cases even merged with the surroundings or nature itself” (p. 37). Such an experience is not unlike that which Csikszentmihalyi (1991) has described as “optimal experience” or “flow,” wherein we become totally absorbed in what we are doing, enjoying fully the sense of peace and harmony that accompanies high levels of performance. Indeed, according to Nakamura and Csikszentmihalyi (2002), “viewed through the experiential lens of flow, *a good life is one that is characterized by complete absorption in what one does*” (p. 89; italics in the original).

For the existential psychologist, however, this sort of understanding reflects not only an overly narrow conception of what genuine happiness really is but also a profound misunderstanding of what the good life really means. Thus, in contrast, the existentialist sees genuine or “deep happiness” as a “prolonged state of balance between the individual's wishes, goals, and needs on the one hand, and the surroundings or the world on the other” (Jacobsen 2007, p. 37). That is, deep happiness reflects the “ability to integrate the joy and the suffering of your life into a long and enduring relationship with the world marked by composed, joyous serenity” (Jacobsen 2007, p. 40). Although, at first glance, suffering may seem the very negation of happiness, from the existentialist perspective “‘happiness’ without suffering does not make room for living in the deepest sense of the word, real living” (Jacobsen 2007, p. 36). Thus, in the words of Frankl (1965), “*human life can be fulfilled not only in creating and enjoying, but also in suffering*” and “*life can reach nobility even as it founders on the rocks*” (p. 106; italics in the original).

Skepticism of Traditional Objectivist Methods

Clearly, studying the conditions and meaning of human flourishing, happiness, and suffering from an existentialist perspective requires a far greater willingness to entertain and legitimize an explicitly philosophical outlook and approach than is commonly the case in mainstream psychology. Indeed, one of the principle ways in which existential psychology and positive psychology differ is in their respective appraisals of and commitment to traditional empirical methods of psychological research and explanation. Existentialism has long been noted for its skepticism of natural science methods and assumptions in psychology (see, e.g., Valle 1998). Denunciations of naïve scientism, and its attendant uncritical application of empirical methods to the study of human beings, are a common feature of much existentially themed work in psychology (e.g., Burston and Frie 2006; Hanscomb 2006; Hoeller 1994; Schneider and May 1995; Valle 1998; Valle and Halling 1989). For example, although usually located in the phenomenological tradition, the French philosopher Merleau-Ponty (1962) (nonetheless captured nicely the perspective shared by most existential psychologists when he wrote:

Scientific points of view, according to which my existence is a moment of the world's, are always both naïve and at the same time dishonest, because they take for granted, without explicitly mentioning it, the other point of view, namely that of consciousness, through which from the outset a world forms itself round me and begins to exist for me. (p. ix)

The point here is that whereas existentialism begins by affirming the fundamentally inescapable first-person nature of all experience—and, thus, the primacy of the subjective for any viable understanding of what it means to be human—mainstream psychology seeks to understand human action in a very different manner—i.e., from the objectivist standpoint. That is, in much of contemporary psychology, human beings are taken to be little more than the lawfully governed products of a vast causal network, explicable primarily (perhaps even exhaustively) in terms of the impersonal interactions of variables existing in some detectable quantities within the natural world (Hanscomb 2006).

From the existentialist perspective, such an approach is not only problematic because it reduces the fundamental reality of creative subjectivity to a set of objectively measureable behaviors, attitudes, or cognitive capacities, but also dangerous because it ultimately robs us of the most important feature of our subjectivity: free will. By adopting the methods and assumptions of the natural sciences as the primary tool for studying human beings, scientific psychology ironically cuts itself off from the fundamentally dynamic and meaningful core of human existence that it is necessary to understand in order to truly illuminate who and how human beings are. The irony here, especially for a positive psychology that trumpets the central importance of human self-determination (see, e.g., Deci and Vansteenkiste 2004; Linley and Joseph 2004; Ryan and Deci 2000), is that in hitching their investigative wagon to the objectivist methods of traditional science (and the implicit deterministic assumptions of such methods), positive psychologists endorse a fundamentally incoherent intellectual

position. That is, in spite of claiming to study an active and self-directing entity, once traditional scientific methods of investigation and interpretation have been adopted, this entity can only be understood in the context of a research paradigm firmly grounded in the language of passivity and efficient causality characteristic of a science of natural objects.

This commitment to a language of passivity and efficient causality can be readily seen in the way that so much of the research focus of positive psychology is aimed at identifying the essentially causal conditions that produce human flourishing, subjective well-being, and competence. Indeed, teasing apart the causal contributions of the various variables that happen to be in play is taken to be one of the primary reasons for employing experimental methods in the first place. Thus, insofar as positive psychology clings to the methods and assumptions of traditional experimental science, it must release its grip on the idea that human beings are proactive and self-determining agents capable of genuinely choosing particular ways of living and relating. In seeking to secure an objective account of human behavior, scientific psychology—of which positive psychology is but one example—both reduce the primacy of subjectivity and overlook its fundamental contributions to all human action. Further, by approaching the active human subject as a passive natural object governed by impersonal and mechanical laws and principles, scientific psychology relegates persons to an ontological category of “things that are acted upon,” and which are, as such, continually at the mercy of powerful natural and social forces of which they are seldom if ever truly aware (Martin et al. 2003).

In contrast to this view, the existential psychologist affirms the primacy of human subjectivity and the inescapable nature of freedom of choice, not only for a proper psychological understanding of human nature but also for the possibility of living a properly human life. Indeed, “Man’s particular nature,” the noted existentialist Tillich (1990) wrote, “is his power to create himself” and “the power of deciding makes men human” (pp. 40 and 44). In the existentialist view, then, the clearest freedom we possess is the freedom to choose, to act or not act, to adopt or reject particular attitudes and desires as we navigate the ups and downs of daily living, inevitably confronting both our own mortality and the uniqueness of our situation in the world. Just as profound as our capacity to choose in the moment of the here and now particular goals, purposes, and meanings for the future, is our capacity to “separate from others, to transcend our past, and to become distinct, unique, and heroic” (Schneider and Krug 2010, p. 14).

Ultimately, what this means for the existentialist perspective is that any psychology that does not take sufficient account of the reality of human freedom in its theories, its methods, and its therapeutic practices, will be a psychology that fundamentally misunderstands the nature of its own object of study. To avoid such consequences, existential psychology would maintain that what is required is an ontologically sophisticated reconsideration of not only the basic nature of human subjectivity but also a careful re-examination of the objectivistic methods of scientific psychology itself. In the end, existential psychologists would argue that unless such basic ontological and epistemological reflection is done, and a more viable

understanding of human nature and experience is formulated to guide psychological study, we run the very real risk of not knowing what it really is that we are very busy measuring (Jacobsen 2007).

Rejecting the Calculus of Well-being

Finally, as noted earlier, positive psychology not only positions itself as the scientific study of optimal human functioning, but also “aims to discover and *promote* the factors that allow individuals and communities to thrive” (Sheldon 2011, p. 427; italics added). Here too, however, the existential perspective stands in stark contrast to that of positive psychology, especially insofar as existentialism calls into question the common assumption that human rationality—particularly in the guise of objectivist science—can provide a sure guide to a life of meaning. While existential psychologists do not shy away from the prescriptive nature of the psychological and psychotherapeutic enterprise, they nonetheless firmly reject the notion that scientific reason can be the final arbiter of what might constitute the good life and the means for achieving it. Indeed, against the commonly accepted claim—at least among positive psychologists—that scientific psychology can provide us with not only the facts of existence but an objective map of what is best in life and guidance on how exactly to obtain it, existential psychology counters that no such objectivity is possible. The so-called “facts” of human life, existentialism maintains, are intrinsically value-laden expressions of meaning that we generate for ourselves to suit certain specific purposes we have chosen. For the existentialist, then, the question of the good life and the meaning of human flourishing must always remain a deeply personal one, inherently philosophical and spiritual in nature.

Further, existential psychologists would argue that adherents of the positive psychology movement have not been sufficiently reflective regarding their own founding values and philosophical assumptions. Because of this, they have adopted both an objectifying research paradigm that obscures the reality of human freedom and an interpretive framework wherein human behavior is explicable primarily (if not solely) in terms of the drive to maximize personal satisfaction and minimize pain. Indeed, because of this seldom questioned interpretive framework, most positive psychologists assume it to be an objective fact (revealed by the data of scientific research) that the good life of human flourishing is simply the life in which personal satisfaction is facilitated and maximized even as suffering and frustration are abated.

Here, however, the existentialist would point out that because of the pervasiveness of the pre-investigatory commitment to hedonistic explanation, positive psychology’s presumably objective scientific findings regarding the undeniable desirability of the “pleasant life” (Seligman 2003, p. 127), the conditions of human flourishing, and nature of the good life, are not quite so objective after all. Indeed, the existentialist would likely argue that as a fundamentally philosophical

and ethical doctrine the truth of hedonism is not the sort of thing one can discover empirically, it is not the sort of thing that falls on the retinae of one's eyes, so to speak. Rather, it reflects a particular values stance rather than an objective fact of the world. Thus, existential psychology greets positive psychology's "data-driven" and presumably "objective" claims about what constitutes the good life and how it is to best be attained with deep suspicion, regarding the whole project as a sort of naïve and instrumentalist form of utopianism—and, thus, not at all the sort of science it purports to be.

Egoism: Conceptual Common Ground

Despite the often wide intellectual gulf that seems to separate positive psychology and existential psychology on many conceptual and practical issues, there is nevertheless at least one basic philosophical feature both traditions have in common: egoism. That is, both positive and existentialist psychologies manifest it as a deep and abiding commitment to a fundamentally egoistic depiction of human nature insofar as both approaches focus their adherents *inward*, looking to the *self* as the fundamental starting point for research, understanding, and meaning. Although both these schools of psychology differ in exactly how they characterize the nature of the self and how it is to be nurtured therapeutically, both traditions firmly assert the primacy of the individual self in the origins, purposes, and meanings of behavior. Thus, while we are clearly dealing with two different schools of psychological thought that have spawned two very different sets of therapeutic practices, each nonetheless derives its basic conceptions of the nature of human nature from the philosophy of egoism.

To begin with, however, it is important to be clear that we are not using "egoism" here as a synonym for either hedonism or psychological egoism. Strictly speaking, hedonism is the "view that pleasure (including the absence of pain) is the sole intrinsic good in life" (Audi 1999, p. 364). And, while most positive psychologists would likely agree with such a claim, even as most existentialists would reject it, we believe that hedonism is ultimately a secondary matter, and one that only arises in light of a deeper and prior commitment to a belief in the ontological primacy of the self. Further, egoism as we intend the term is not to be confused with the concept of psychological egoism, which is chiefly a "view about people's motives, inclinations, or dispositions" that postulates, as a matter of fact, that "people always do what they believe is in their self-interest and, human nature being what it is, they cannot do otherwise" (Audi 1999, p. 255). While, again, there is likely to be a theoretical split (along more or less clear "party lines") between positive psychologists and existentialists as to whether the claim of psychological egoism is in fact the case, we do not wish to address the question of motivation and self-interest here. Rather, we wish to draw attention to the way in which both schools of thought, in their respective accounts of human nature and purpose, privilege the individual ego or self.

In addition to making clear the distinction between egoism, on the one hand, and hedonism and psychological egoism, on the other, it is also important to head off one other possible avenue of misunderstanding. In arguing that both positive psychology and existential psychology offer accounts of human beings that privilege the self, we are *not* suggesting that all adherents to these perspectives necessarily advocate taking a self-absorbed and manipulative approach to human relationships in order to achieve the good life. While an instrumentalist ethic may well be an inescapable feature of both positive and existential psychology—and insightful analyses by both Slife and Richardson (2008) and Guignon (1993), among others, strongly suggest such to be the case—this does not mean that proponents of these schools are suggesting that either optimal experience or deep happiness comes about by selfishly treating other people as objects, mere means to our own ends. Indeed, many scholars identified with the two movements have taken pains to argue just the opposite (see, e.g., May 1969; Myers 2004; Seligman 2002; Yalom 2002).

Nonetheless, despite the confident assurances of such authors, coming to see others and our relationships with them as essentially the instrumental tools or means by which we are able to accomplish our own deepest desires for individual fulfillment, self-realization, or authenticity is difficult to avoid—if not impossible—given the hedonic tone of positive psychological theory or the individualistic bent of much existential psychology. For example, David G. Myers (2004), writing in *Positive Psychology in Practice*, remarked that “*when individualism is taken to an extreme, individual well-being can become its ironic casualty*” (p. 650; italics in the original). That is to say, living one’s life selfishly and manipulatively, *as though* the only person who really matters is oneself, will almost surely result in frustration, alienation, and emptiness. A more enlightened—but no less instrumental—approach to individual fulfillment and well-being, Myers and others suggest, is to treat the people around us with kindness, respect, courtesy, and compassion. Otherwise, those people are bound to respond to us in ways that will sabotage our efforts toward fulfillment and self-realization. In other words, because our own well-being can be placed in jeopardy by not attending to the needs or concerns of others we are best served by attending to those needs. In the end, concern for others is instrumentally central to achieving our own ends.

For present purposes, however, the question is not so much whether hedonism is present or psychological egoism is assumed in either positive psychology or existential psychology. Rather, the central issue at the moment is the way in which both traditions ground their accounts of personhood and the good life—whether it is one of optimal performance, subjective well-being, or existential authenticity—in the fundamental individuality of the self.

From the perspective of positive psychology, the central unit of analysis is the *individual self*, variously understood as a self-determining organism, a nexus of causal influences in the environment and in biology, and a seeker of optimal functioning who is intrinsically capable of such functioning. From this perspective, the object of study, the target of social or therapeutic interventions, and the aim of living are all the same thing: individual, subjective well-being, and flourishing. Against this backdrop, the moral and social context of community, family,

friends, culture, and history are of secondary importance and play only subsidiary roles. That is, such things are of interest primarily insofar as they either facilitate or inhibit the well-being of the individual. The social, historical, moral, and physical world in which we find ourselves is, in the positive psychological view, to be understood almost entirely as a set of “conditions” (most often causal in nature) that either serve to constrain or promote the individual’s achievement of a state of optimal functioning and well-being. Conversely, the individual self is seen as (somewhat confusingly) both the site at which certain environmental, biological, social, and cognitive forces play themselves out and produce contentment and flourishing for the individual *and* the originative source of decision-making in the setting of goals and the pursuit of happiness.

Similarly, in existential psychology, with the notable exception of the logotherapeutic perspective of Frankl (1960, 1965), the individual is usually taken to be the structural starting point for philosophical analysis, therapeutic engagement, and the conceptualization of authentic meaning and experience. The individual self as a fundamentally isolated being who, though alone and alienated in a chaotic world, and threatened at every turn with the death of meaning, is nonetheless at every moment freely choosing from myriads of self-generated possibilities, captures the ontological heart of the existentialist perspective. We have been thrust, Schneider and Krug (2010) state, into “a world of dazzling incomprehensibility” (p. 14) where our only recourse is to accept our capacity for free choice, and, thereby, authentically engage in the process that ultimately gives our life its unique meaning (Schneider and Krug 2010). Because we are fundamentally free and isolated beings, responsibility for our miseries and joys, boredoms and excitements, sufferings and salvations rests solely and inexorably on our own shoulders as the willing individuals who created them. While the external world of others and things may place some constraints on the particular characteristics or style of the expression of one’s will, the fact of ultimate freedom and responsibility are the inescapable bedrock of the existential psychological worldview.

Thus, in the end, although it is clear that the theoretical (and ethical) visions, as well as practices, of positive psychology and existential psychology differ in a number of important ways, the two traditions nonetheless share a very basic and pervasive commitment to egoism. Because of this foundational philosophical commitment, each perspective regards the individual self—and its needs and desires – to be of primary investigatory, explanatory, therapeutic, and moral importance. Consequently, that which is exterior to the self—e.g., other people, the natural world, communities, religious and political traditions, families, etc. – is regarded as being of ancillary value or significance, their importance determined primarily in terms of their relevance to the aims and projects of the self. While this does not necessarily imply that the individual’s relationship with others must always be an overtly manipulative or exploitative one, it does imply that the individual self comes first in the overall scheme of things—and, insofar as that is the case, whether overly manipulative or not, all relationships into which the self might enter must be characterized by their instrumental nature. Thus, while the needs and concerns of others might well be important matters for the individual

to consider at any given moment in any given relationship, the “calculus” of those considerations can only be understood in terms of the primacy of the ego and the achievement of its desires and aims.

Further, genuine intimacy, companionship, and community are rendered in principle impossible because both traditions begin their respective analyses, not with a genuinely social and relational self, but with isolated subjectivities. In positive psychology, as we have seen, the person is often taken to be *both* an individual organism that is capable of self-determination and purposive action *and* the site at which powerful determinative forces meet to produce feelings of well-being, competence, and fulfillment. While not the site at which externally located causal forces intersect to produce various sorts of behaviors, as conceived in existentialist psychology, the person is forthrightly understood to be first and foremost a private, isolated, and powerfully autonomous being, capable of freely choosing to be happy, competent, and fulfilled, or not.

The role that other persons might play in all of this—whether from the perspective of positive psychology or existential psychology—is, as we have shown above, ancillary and derivative. That is, as isolated egos, who have either been set adrift in a chaotic and inherently meaningless world (existentialism) or who are in some important ways passively shaped and conditioned by it (positive psychology), we engage in relationships with others from a position of fundamental separation, never fully capable of bridging the ontological gap that exists between us. At best, perhaps, we can hope to facilitate a sort of nestled proximity with others, a gathering of like-minded egos bent on engaging in activities of mutual benefit, but who must, at the end of the day, retreat back into the bleak isolation of individual existence. In the end, then, not only does such a perspective end up alienating us from one another by relegating us to the confines of our own individual worlds, it also reduces the meaning of our relationships with one another to mere events of instrumental expediency in service of the self.

It is worth briefly noting here that while much of contemporary existential psychology seems to share in positive psychology’s commitment to egoism and its privileging of the individual self, and its needs, and desires, not all existential psychologists have been comfortable with such thinking. Frankl (2010), for example, was an early critic of not only the egoistic conception of the self as radically individual in nature, but also of the notion that meaning is to be found in either the pursuit of happiness by means of a reduction of tension or in “the fulfillment of the greatest number of immanent possibilities” (p. 103). “Only as man withdraws from himself,” Frankl (1960) writes, “in the sense of releasing self-centered interest and attention will he gain an authentic mode of existence” (p. 99). Likewise, he states that “the potentialities of life are not indifferent possibilities, but must be seen in the light of meaning and values” (p. 100). Unfortunately, this is a vital lesson that seems to have been lost on far too many subsequent psychologists, whether they have been working in the tradition of positive psychology or that of existentialism. Only by grounding selfhood in a genuinely social and moral world of responsibilities—as well as possibilities—can the many problematic implications of an egoistic psychology be avoided.

Conclusion

In conclusion, it often seems as though the vast differences between positive psychology and existential psychology make the two traditions irreconcilable. Positive psychologists focus on human happiness and flourishing, often at the expense of acknowledging the crucial role of suffering in human existence, while existential psychologists insist that suffering is one of the givens of existence through which individuals find meaning and purpose. Positive psychologists strive to legitimize their approach through a reliance on strictly empirical methods, while existential psychologists question the ability of those methods to capture human beings as they really are, actively creating a life of meaning and significance. Positive psychologists ultimately hope to unlock the secrets of human happiness and invent a “calculus of well-being” that will help them respond to and alleviate suffering and improve human existence, while existential psychologists reject such a project as being inherently hedonistic. Attempts to bridge these radical differences often seem to dismiss them, and ignore the fundamentally different paradigms to which the two traditions adhere.

However, while many attempts to reconcile positive psychology and existential psychology are indeed superficial and dismiss important, crucial differences between the two approaches, there is a deep conceptual commonality between them that is far from superficial. Both traditions place the *self* as the primary focus of study and explanation, and as such, both traditions assume a form of *egoism*. Both approaches assume that individuals are isolated egos, and that others are important only insofar as they are relevant to the projects, goals, and desires of the self. In the case of positive psychology, the environment of the individual is important insofar as it constitutes causal conditions of personal happiness or unhappiness. The individual self is primary to analysis, and all else is secondary. In the case of existential psychology, the self is the locus of meaning and freedom, and the significance and relevance of others is decided solely by the self. Again, the individual self is primary to the analysis, and all else is secondary.

If psychologists wish to explore the possibility of genuine intimacy, companionship, and community (which are not merely instrumental in nature), they need to reconsider this central assumption of egoism that undergirds both positive psychology and existential psychology. Genuine intimacy and companionship require an approach that assumes the reality and relevance of others as a fundamental (rather than ancillary) given of existence, which is something that egoism—and any intellectual tradition based on egoism, including both positive psychology and existential psychology—cannot provide. For this reason, positive psychology and existential psychology are equally inadequate in accounting for human relationships in ways that do not reduce others to instruments of the self, or in addressing difficulties in those relationships in ways that do not direct attention to the primacy of the self.

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Chapter 12

Anxiety and the Approach of Idealistic Meaning

Mike Prentice and Ian McGregor

In this chapter, we review our research on meaning-related motivational processes. Specifically, we outline our Reactive Approach Motivation theory of anxiety and meaning regulation. Along the way we highlight some of our methodological approaches. Our research draws on humanistic-existential thought and sympathizes with some of the initial resistance to mainstream quantitative methodologies. However, we are also sympathetic to the promises of mainstream scientific method and propose that multimethod research, inspired by humanistic premises, can help to capture and understand human experiential processes and provide a way forward for a mutually satisfying future of humanistic-existential and positive psychological fields. We recommend that positive and humanistic psychologies can continue to advance our knowledge of meaning by forging new methodologies that may bridge gaps toward a more consilient science of human meaning, a recommendation we largely echo from a common ancestor of both humanistic and positive psychology, Rogers (1969; see also Greenwald 2012).

Historical Background

Existential and positive psychology are often compared and contrasted in oversimplified terms. Positive psychological commentators have long criticized existential thinkers for “harping on dread, on anguish, on despair, and the like” (Maslow 1969, p. 57),

M. Prentice (✉)

Department of Psychology Sciences, University of Missouri, 210 McAlester Hall,
Columbia, MO 65201, USA

e-mail: mptg2@mail.missouri.edu; mprent08@gmail.com

I. McGregor

Department of Psychology, York University, 240 BSB, 4700 Keele Street,
Toronto, ON M3J 1P3, Canada

e-mail: ianmc@yorku.ca

and criticism in the other direction has accused the positive psychology movement of being too “Pollyanna” and “succumbing to our culture’s tyranny of the positive attitude” (Robbins 2008, p. 101). While these overly general criticisms obscure legitimate similarities, simply pointing to the broad, shared goal of promoting well-adjusted and happy people (May 1969; Seligman 2002) glosses over legitimate differences and implicit assumptions. We can gain a better understanding of the divide by examining the historical, methodological, and epistemological differences between the fields.

Humanistic-Existential Psychology

The humanistic-existential movement in the North America proceeded on the shoulders of practicing clinical psychologists and humanists during the late 1950s and early 1960s (May 1969). At that time psychoanalysis had lost favor, the cognitive revolution had barely begun, and behaviorism was popular in part because of its attempt to identify psychology as a more systematic, objective science not to be bogged down in metaphor and empirically dubious constructs. The rejection of unwieldy psychoanalytic theory and behaviorism’s dismissal of anything experiential left clinicians with the practical problem of having few tools in the toolbox to help thinking and experiencing persons. Many began to agree that the “present dominant images of man in psychology and psychiatry are inadequate and do not give us the foundation we need for our psychotherapy and research” (May 1969, p. 7). Humanistically oriented psychologists wanted a non-reductionistic framework that focused on personal experiences relevant to people in therapy (May 1969). They saw this as necessary to address uniquely human and personal anxieties over choices, identities, and values.

With its emphasis on the whole person, the “third force” (Bugental 1964) humanistic-existential movement chided mainstream psychological science for its aggregation-based, reductionistic approach to scientific progress with the reticence that this mode risked “taking the wonderful richness and complexity of concrete human lives and reducing their meanings to oversimplified formulas” (Robbins 2008, p. 106; cf. May 1969¹). Humanistic-existential psychology accordingly placed a priority on case studies, phenomenology, and qualitative data. During this formative time, leading figures of humanistic thought in North America, such as Rogers and Maslow, did not advocate wholly abandoning the “objective” methods germane to the quantitative orientation for “existential” methods (Rogers 1969; distinguishing terms are Rogers’ originals²). However, the humanistic-existential

¹ This reticence is often well-founded when it comes to developing a personalistic understanding of individual lives (Lamiell 2013); however, it is also not necessarily impossible to understand individual-level processes from aggregated approaches (Molenaar and Campbell 2009).

² We use the objective versus existential, quantitative versus qualitative, aggregated versus person-centered dichotomies interchangeably throughout as they all point to the same underlying distinction in orientation that drives fields apart (i.e. “hardness”, see Simonton 2011).

field has since tended to lean away from strictly quantitative approaches to data and inference (Friedman 2008).

Positive Psychology

Positive psychology arose around four decades after the humanistic-existential psychology movement with the goal of balancing the over-focus on psychopathology that had long dominated psychological science. Like the humanistic-existential movement before it, the positive psychology movement saw its approach “prepar[ing] the way (for the first time) for a *psychology of mankind*” (Allport 1969, p. 94) by appreciating a broader swath of human existence and functioning (Seligman and Csikszentmihalyi 2000). Thus, positive psychology, like humanistic-existential psychology, sought to establish a new field for a more ennobled view of humans. Where positive psychology differs markedly, however, is that it seeks this richer view via those mainstream quantitative methodologies humanistic-existential psychology had previously found inadequate. Thus, positive psychology makes “no claim of originality” in terms of its research questions, but it largely dismisses humanistically oriented research methods as unable to generate a scientific body of knowledge (Seligman and Csikszentmihalyi 2000).

Moving Forward

The positions staked out by the fields reflect a commonplace division in psychology whereby quantitative and qualitative orientations are taken to be antithetical (Simonton 2011; see also Waterman 2013). Territories are marked, each group sees itself as that of the *truly True* scientist of the phenomena, and progress is stymied by conflict and a lack of cooperation. Despite these intergroup dynamics (Tajfel and Turner 1979), some humanistic psychologists have expressed gratitude for positive psychology playing a “Trojan horse” and sneaking humanistic concerns back into the front door of mainstream psychology (Robbins 2008). This reconciliation process recalls the one that Rogers (1969, p. 88) had attempted 40 years prior when he suggested that “scientific method itself provides a basis for rapprochement” between objective and existential approaches. This integrative way forward is exemplified by the emerging field of experimental existential psychology (Greenberg et al. 2004), which probes existential questions with an emphasis on experimental methods. This kind of approach narrows the divide between the fields with a willingness to appreciate both the richness of humanistic-existential ideas and the power of diverse empirical and experimental methods to capture that richness. We have taken this approach in our own research on motivational mechanics of human meaning. We begin with a deep appreciation for existential humanistic ideas and their absorption in experiential-cultural narratives.

We then use diverse empirical methods to probe and better understand the richness of those ideas.

Reactive Approach Motivation Perspective on Meaning and Anxiety

Human Meaning

For as far back as historical records of human culture reach, the problem of meaning is a central concern. Indeed, a core focus of the world's religious and spiritual traditions is on meaning and meaninglessness. From mighty Gilgamesh's despair about becoming like mud, to King Solomon's lament about the folly of life, the question of meaning is a perennial human concern. More recently, psychotherapist Frankl (1959) placed the discovery of one's own meaning in life as the core task of contemporary humans. His work was both a continuation of humanity's philosophical-religious traditions of meaning and a formative moment for the humanistic-existential movement. Frankl's efforts both reflected and helped to drive a trend for the human quest for comprehending meaning to reach out of the humanities and into the social sciences.

Since Frankl's emphasis, correlational and qualitative research alike has demonstrated empirical links between lacking meaning and psychological ill-being (Crumbaugh and Maholick 1964; Yalom 1980) and between the experience of meaning and positive circumstances such as positive affect (King et al. 2006), need satisfaction (Prentice 2013), and coherence among self elements (McGregor and Little 1998; Sheldon and Kasser 1995). It is also higher after rising to challenging circumstances (Joseph and Linley 2005) and lower with national affluence (Oishi and Diener 2013).

In our own research, we build on these research trends and proceed from a social-ecological perspective (see Little 1983) that views humans as goal-seekers for both concrete and abstract goals (e.g., values and ideals). We use multiple methods (idiographic and normative correlational, experimental, and biological) to capture motivational processes of human meaning-making in a way that we hope might make humanistic-existential theorists wince less than they have at past, more myopic empirical approaches.

Our approach to meaning places a heavy emphasis on the importance of meaning for action. This approach to meaning differs from many researchers and theorists who often consider meaning primarily to be the outcome of some (potentially effortful) process, an assumption embedded, for example, in the term "meaning making." Although we do not deny that people can undertake certain actions in the attempt to cultivate a meaningful life or restore meaning (in fact, we approach these processes as well), what has proven particularly useful for us is to consider meaning as required for acting effectively in the first place, rather than as a goal per se.

Part of why we have focused on meaning in this way draws on a tradition of defining meaning as a feeling that arises from a kind of holistic coherence. This notion is based on understandings of meaning as the connectedness and continuity of one's self and experience, "the interlocking of life-links" (Simmel 1919; see also Dilthey 1910/2002). Following this line of thinking, we and our colleagues have defined meaning as a kind of cognitive coherence, as "mental representations of relationships between committed propositions" (Proulx and Heine 2010, p. 8; cf. Festinger 1957), or as a kind of self-elemental coherence, as "consonance among the temporally extended and contextually distributed elements of the self" (McGregor and Little 1998, p. 496). We have most recently defined meaning as "coherence between beliefs, salient goals, and perceptions of the environment that provides a foundation for our interactions with the world" (Tullett et al. 2013, p. 402). As a foundation for action, meaningful coherence facilitates optimal functioning, and the lack of it produces a worrisome signal about the status of one's pursuits. Further, under this view meaning becomes more of a by-product of putting the self together and moving effectively toward desired ends than an end per se.

Meaning Arises from the Pursuit of Approach-Motivated Ideals

William James suggested that "inner meaning can be *complete* and *valid*... only when the inner joy, courage, and endurance are joined with an ideal" (James 2010/1899, p. 177). Reactive approach motivation (RAM) theory echoes this contention that approach-related processes (i.e., joy and endurance) will confer their greatest benefit to our sense of meaning when they are in the service of idealistic goals. Approach motivation initiates or guides behavior toward desirable possibilities and events (Elliot 1999). We have recently provided evidence for propositions that support aspects of James' claim. Specifically, we have shown that idealistic goals are typically approach motivated, that both approach motivation and idealism surrounding goals facilitate meaning in life, and, further, that idealistic pursuit can both ward off and allay anxiety and existential malaise.

Support for the link between approach motivation and idealistic goal pursuit comes from a number of directions. One common measure of dispositional approach motivation is the Promotion Focus scale (Lockwood et al. 2002). Its items emphasize attentiveness to information related to moving toward personal ideals, e.g., "I typically strive to accomplish my ideals." It has been theoretically and empirically linked to approach motivation (Higgins 1997; Summerville and Roese 2008), and we have found that it is significantly correlated with various facets of approach motivation. Notably, it is more strongly related to persistence in pursuing desired goals than seeking fun (McGregor 2012). Why is it that a common measure of approach motivation focuses on approaching ideals and correlate least strongly with the approach of fun? Hedonic fun may be an unreliable lever of approach motivation because it is so easily frustrated, or because

hedonic fun appeals more to satisfaction upon consummation than the appetitive component of incentive motivation (Berridge 2004). The kinds of incentives that best maintain vigorous pursuit and meaning may therefore be the more idealistic kind because they can best energize and sustain approach. Further supporting the link between goal approach and idealism, in a recent study (McGregor 2012, Study 1) participants listed their four most salient personal goals in life, and then rated each on eight dimensions, four related to Idealistic Integrity and four related to Approach Motivation. Thus, this study employed an ideographic/nomothetic approach whereby participants are able to define their goals with their own meanings, and then rate them according to researcher-generated dimensions. The Idealistic Integrity dimensions were related to value congruence, conviction, self-identity, and idealism, which were all intercorrelated at 0.5 or greater. The Approach Motivation dimensions related to approaching incentives, determination to overcome obstacles, confidence in success, and perceived competence, and were also all intercorrelated at 0.5 or greater. Idealistic Integrity ($\alpha = 0.87$) and Approach ($\alpha = 0.86$) composites comprised of the averages of the four relevant dimensions correlated at $r = 0.71$, and they cohered in a single factor in a principal components analysis. Further evidence that the idealistic integrity of personal projects is approach motivated comes from other studies showing that participants' self-ratings of the extent to which personal projects have idealistic integrity are highly correlated with self-ratings of the extent to which they are approach motivated (McGregor et al. 2007, Study 3; McGregor et al. 2010a, Study 3; McGregor et al., 2013, Study 2). Together, these results support the notion that approach motivation and idealism are intimately linked in people's goal pursuit.

Research has also pointed to the important role of approach-motivation for inspired goal pursuit and meaning. In one study, we found that six dispositions related to approach motivation (Approach Motivation, Reward Sensitivity, Drive, Fun Seeking, Power, and Action Control) predicted Hope with an average $r = 0.41$. In two other studies three of four of approach-motivation-related variables (Approach Motivation, Reward Sensitivity, and Drive) predicted Presence of Meaning in life with an average $r = 0.22$ (McGregor 2012). As with Idealistic Integrity, the only aspect of Approach Motivation that did not significantly predict Presence of Meaning was Fun Seeking. The difficulty of fun in sustaining meaning is consistent with Klinger's (1977) view of concrete incentives as being vulnerable to frustration and habituation. Repeated hedonic pleasures are notorious for becoming boring after the repetition makes people blasé. People still seem to gravitate toward them, however, perhaps due to difficulties in affective forecasting beyond the first blush of excitement (cf., Sheldon et al. 2010), or perhaps because of the closer association of fun with "liking" upon consummation rather than "wanting" in appetitive pursuit (Berridge 2004), as mentioned above. Whatever the case, it is clear that approach-motivation is generally associated with confident goal pursuit and feelings of meaning.

Approach motivation constrains attention to incentive-relevant perceptions (E. Harmon-Jones and Gable 2009) and downregulates anxiety (Corr 2008; Nash et al. 2012). It is also associated with relative left-hemispheric and dopaminergic

activity characterized by feelings of vitality and confidence (Coan and Allen 2004; Harmon-Jones and Allen 1997; Pizzagalli et al. 2005). Together, the motivational clarity and freedom from anxious uncertainty can support a vivid, resonant sense of vigor (cf., Biswas-Diener et al. 2009; Kashdan et al. 2008). People label these coherent approach motivated experiences as meaningful (and not just merely happy) because, upon reflection, the vigorous goal engagement feels supported by the (selective) subset of clear perceptions, purposes, and justifications.

These studies underline the important role of approach motivation in feeling meaning, and research has also lent support to James' claim that meaning derived from approach-motivated pursuit is more complete and inspired when joined with ideals. McGregor and Little (1998) drew on Dilthey's (1910/2002) theorizing that people will experience meaning in life provided their goals have idealistic integrity across time and context. In two studies, McGregor and Little demonstrated that the extent to which people rated their self-generated personal projects (Little 1983) as being important, something they were committed to, and reflecting their guiding values and own identity was positively associated with meaning in life.

Meaningful Ideals and Anxiety

Part of why idealistic approach to goals confers its benefit to feeling that one has a meaningful life may be due to the fact that it is antithetical to the experience of anxiety. Studies have demonstrated that everyday idealistic convictions are dispositionally associated with neural indices of reduced anxiety (i.e., amplitude of event related negativity in the anterior cingulate cortex; Inzlicht et al. 2009). Moreover, we directly tested whether idealistic religious devotion or concrete incentive motivation would be more strongly associated with reduced anxiety, as indexed by muted activity in the Anterior Cingulate Cortex. Participants were pre-selected based on their equally high scores for professed love of God and of chocolate. They were then confronted with an anxiety induction, followed by a randomly assigned chance to express and elaborate on their love of God, love of chocolate, or a mundane control-condition experience that was not related to God or chocolate. Results indicated that, compared to participants in the control condition, those in the chocolate condition had significantly lower scores on the neural measure of anxiety. Participants in the God condition, however, had significantly lower scores than participants in the chocolate condition (McGregor et al. 2012a). These results are consistent with the idea that although engagement with concrete incentives can activate approach motivated processes and relieve anxiety, engagement with idealistic incentives may do so more powerfully.

Perhaps the most compelling evidence for the view that idealistically approach-motivated goals defend against meaning-draining anxiety comes from research on compensatory conviction and reactive approach motivation. Experimentally manipulated anxious uncertainties, such as personal relationship insecurities or threats to personal competence, cause surges in idealistic conviction that mediate

the engagement of approach motivation (McGregor et al. 2007, 2010a, Studies 3 and 4; Nash et al. 2011). These same and related anxious uncertainty manipulations lead people to report more meaning in personal goals and identities, and also to report a more active search for meaning in life (McGregor et al. 2001, 2009; see also Landau et al. 2006, 2009a, b; Vess et al. 2009). Indeed, the tendency to spontaneously defend against anxious experiences with defensively idealistic and meaningful thoughts and actions has been woven in various ways into most of the prominent theories of threat and defense in social psychology (e.g., most recently, the Meaning Maintenance Model, Heine et al. 2006; see also Proulx et al. 2012).

From the RAM perspective, idealistic commitment is a lever for activating approach motivated states that shield people from the anxiety of everyday life and frequent existential reflection. The idealism, approach motivation, and absence of anxiety create a rewardingly meaningful cognitive and motivational state, and thereby become negatively reinforced and habitual in anxious circumstances. In sum, just as people escape from anxiety by engaging concrete and immediate incentives and experiences (Baumeister 1991), we propose that they can also use ideals to effectively transcend anxiety, and often to better effect. In both cases, approach-motivation processes are engaged, attention becomes constrained to the domain of the incentive, and unrelated anxieties recede. In sum, our research suggests idealistic meanings may be an essential element of human self-regulation that shields people from torment over conflicts, uncertainties, and insecurities of the human condition.

BIS Activation, Anxiety, and Meaninglessness

Temporal goals can be frustrating. Day-to-day social situations and environments often present conflicts and uncertainties. Further, research and theory inspired by humanistic thought suggests that the feeling that one's behavior is not self-initiated creates another source of frustration. These conflicts, whatever their source, can all lead to malaise and psychopathology. In contrast, optimal being is characterized by unconflicted pursuit of basic need satisfaction with self-concordant goals (e.g., Baumann et al. 2005; Horney 1950; Omodei, and Wearing 1990; Sheldon 2002; Sheldon and Elliot 1999; Sheldon and Schüler 2011).

Under the RAM view, various uncertainties activate the anxious arousal of the Behavioral Inhibition System. The BIS is a vertebrate goal regulation system that highlights the emotional salience of discordant and conflicting perceptions (Gray and McNaughton 2000). The direct goal inhibition and anxiously aroused vigilance of BIS activation facilitates a dilatory awareness and readiness for action conducive to switching to flight should flight become necessary. This BIS-regulated state is also conducive to finding viable alternative goals to pursue. The anxious vigilance of BIS activation is generally adaptive because it helps prevent perseverance on dangerous or unpromising goals. However, this process also involves the generalized inhibition of *all* ambient goals, so BIS activation

makes current goals feel dull (Gray and McNaughton 2000). Experientially then, the combination of anxious vigilance and inhibition of BIS activation is liable to leave people feeling empty and restless. Brain activity associated with BIS activation is also negatively correlated with brain activity related to approach motivation (Boureau and Dayan 2011; Nash et al. 2012, 2013). Thus BIS activation is opposed to the goal-shielded perceptual and emotional clarity afforded by approach motivation. The amotivated angst makes all imaginable horizons seem uninspiring, all action wearisome. We propose, therefore, that meaninglessness is an experiential label for BIS activation.

Evidence for the link between the BIS and feelings of both meaninglessness and restlessness comes from a study in which the seven dispositional variables related to the BIS (Stress, Attachment Anxiety, Neuroticism, Avoidance Motivation, BIS, Rumination, Uncertainty Aversion) all negatively predicted Hope with an average $r = -0.38$ (McGregor et al. 2012b). In two subsequent studies, four BIS-related variables (Avoidance Motivation, BIS, Rumination, Uncertainty Aversion) negatively correlated with the Presence of Meaning on average at $r = -0.19$ and positively correlated with the Search for Meaning on average at $r = 0.26$. These relations illustrate the dynamics outlined above: BIS activation blunts meaning and makes one vigilant to find it.

Anxious Uncertainty and Meaning Striving

Many theories related to meaning and human action contain propositions similar to RAM theory's that the source of meaninglessness lies in some form of frustration. Freud's drive theory is a prime example. Freud (1962) maintained that the libido was the wellspring for human action and that frustrating libidinal expression would lead to compensatory thoughts and behaviors to restore meaning. Many theories since have maintained some notion of a depleted resource inspiring meaning seeking, whether it be certainty (Van den Bos 2009), self-image (Steele 1988), meaning (Heine et al. 2006), control (Kay et al. 2008), or symbolic immortality (Greenberg et al. 2008). However, we argue for a relinquishing of the resource assumption in favor of understanding compensatory meaning seeking as a motivational process guided by the experience of goal frustration and anxiety (McGregor et al. 2012b). Specifically, we propose that a threat to the progress of any important goal will generate anxiety, and people mount idealistic reactions because doing so is a particularly effective way to relieve the anxiety. That is, there is no particular resource that is being threatened nor regulated through meaning-related defenses. Rather, our model understands people to be goal-driven organisms that have a useful signal about the status of their pursuits in anxiety (Gray and McNaughton 2000). Anxiety is useful because it feels bad, and "drives" activity to get rid of the aversive feeling toward a renewed, sanguine approach to goals. We think this very simple process can account for phenomena that past models of threat and compensation have not, specifically when defenses seem disparately

connected to a threat, if at all. Though it is sensible to expect that a threat to self-image would motivate activity to restore self-image, and this does indeed happen (Steele 1988), often people mount defenses that would seem to do nothing for a resource targeted by a particular threat, like when people respond to a relationship threat with risk-taking (Cavallo et al. 2009; Nash et al. 2013), for example. To account for this, we propose that threats are threatening due to their poignancy for ongoing goals, the potential interruption of ongoing goals leads to anxiety, and people mount idealistic defenses that relieve them of this anxiety. This way of conceptualizing the threat and defense process allows for the placement of an intervening variable that can both handle multiple inputs and generate novel predictions about behaviors that follow from the intervening variable, the hallmark of any useful motivational concept (Berridge 2004).

Thus, we propose that the best way for getting rid of the anxiety aroused by threatened goals is by reigniting approach motivation that goal impedances interrupt. This is because approach motivated states are characterized by a quality of attention and emotional experience that is constrained primarily to goal-relevant information and an absence of anxiety (Harmon-Jones et al. 2012; McGregor et al. 2012b). In this way RAM theory echoes Yalom's conclusion from his clinical case-based, humanistic-existential approach that when facing meaninglessness, that "One must immerse oneself in the river of life and let the question [of meaning] drift away" (Yalom 1980, p. 483).

Finally, a key proposition of RAM theory is that all goals are not created equal when it comes to "jumping back in the river" and providing a lever for approach motivation and meaning. Although it may be that one can easily approach concrete incentives like the jar of ice cream in the freezer when life becomes stressful, abstract ideals have a number of qualities that make them excellent levers for approach motivation. Specifically, ideals pull the person out of the temporal, "sodden routine" that is the realm of frustration; they are attended by a feeling of intellectual uplift; they provide a renewable sense of novel pursuit (James 2010/1899); and, most importantly for coherence, ideals help to organize goal and self-elemental hierarchies (cf. Carver and Scheier 1998). Stated simply, ideals feel good and alleviate the potential for anxiety because they activate approach motivation and maintain the sense that the self is moving forward as a whole. In support of this, idealistic thinking has been linked to similar patterns of brain activity that are seen in the pursuit of concrete incentives (Amodio et al. 2004; Fox and Davidson 1986) and feelings of happiness (Urry et al. 2004). The added benefit of ideals that concrete incentives lack, though, is that they resist habituation and can be privately promoted without frustration (Klinger 1977). As such, they provide a motivational and emotional oasis for reliable engagement of approach motivation processes.

We suggest that the various existentially-relevant threats in the experimental threat and defense literature, such as mortality salience, failure, isolation, and uncertainty, exhibit their effects because they are essentially goal conflicts that activate the BIS and thus a feeling of anxious uncertainty. People then seek to get rid of this aversive feeling by engaging in reactions that induce approach motivation. A number of studies support this view. Most importantly, we have generated

goal conflicts experimentally and shown that these conflicts cause people to adhere with more tenacity to their meaningful commitments (i.e., values, ideals, relationships, and worldviews). In these studies, we first primed people to pursue a goal (see Bargh et al. 2001) and then administered a threat in the same goal domain as the prime goal (e.g., achievement goal prime followed by an experimentally manipulated achievement failure). We have found that people become particularly idealistic and approach-motivated for personal projects (Nash et al. 2011, Study 2) when threat manipulations match a previously primed goal. They also become more idealistically opinionated and religiously extreme (McGregor et al., in press, Study 1). We extended our goal conflict interpretation to consider mortality salience, reasoning, like Ecclesiastes, that mortality salience would make *all* goals seem futile, and found that people primed with a goal before mortality salience were more reactively approach-motivated for their personal projects than participants who did not receive a goal prime (McGregor et al., in press, Study 3).

There is also evidence to support the notion that BIS-regulated anxiety mediates goal conflict and defensive responding. Under the same prime/threat experimental paradigm reviewed above, goal conflicted participants reported that the threat manipulation made them feel more *anxious*, *uncertain*, and *frustrated* (Nash et al. 2011, Study 1) than participants who did not receive a threat in the same domain as a goal prime, and we have recently replicated these effects of goal threats on anxiety in a series of other studies (Nash et al. 2013). Further underlining anxiety's generative role in defensive responding to goal conflict, allowing participants to misattribute their anxiety to completing online research, rather than the manipulated threat, prevented defensive responses (Nash et al. 2011, Study 4). Together our research suggests that a) what is threatening about threats is their capacity to generate goal conflict, and b) that this goal conflict arouses anxious uncertainty that drives idealistic reactions that facilitate the activation of approach-motivated states.

Integrative Perspectives

We are indebted to humanistic-existential theorists like Yalom and Frankl and advocates of the value of phenomenological approaches like James and Rogers in deriving some of the fundamental propositions of RAM theory. And in exploring meaning we are necessarily attempting to understand how a whole person confronts the everyday anxieties that life arouses. This is especially true given that we define meaning as a feeling that arise from coherence within the person that provides a basis for that person's coordinated actions. Our approach to providing evidence for these propositions relies heavily on taking it one piece at a time via statistical hypothesis testing on the aggregate, as this is what we are best equipped to do with our training. However, we remain optimistic that by describing basic motivational processes that attend meaning that resonate with conclusions from both other mainstream psychological research and from case studies (e.g., Yalom 1980) that our findings may provide some insight into processes at both the group

and individual levels. We think that keeping an eye toward generalizing *back down* to the individual can provide one of the key means for the “objective” researcher to remain “existential.” On the other hand, the “existential” researcher that remains open to this possibility within “objective” approaches is also a step forward.

There may be more concrete ways to integrate in terms of methodological pluralism as well. As we note above, our research has often applied mixed ideographic/nomothetic methodologies, as well as both explicit self-report and psychophysiological approaches. Perhaps most importantly, we have demonstrated that reactive approach-motivation processes hold across nomothetic (e.g., religious extremism; McGregor et al. 2010a, b) and ideothetic measures of approach (e.g., personal projects; McGregor et al. 2012b). Further, and encouragingly, we have shown the same essential relations predicted by RAM theory between approach, idealism, presence of meaning, and anxious uncertainty with mixed ideographic/nomothetic techniques and with self-report or psychophysiological indices (McGregor and Little 1998; McGregor 2012; Nash et al. 2013). We think the humanistic critiques of mainstream and positivistic psychology methods are warranted when attacking anemic and methodologically singular approaches that cannot include a representative range of human experience. We propose, however, that rigorous, multimethod approaches to the study of human experience, including correlational and experimental, self-report and neural, idiographic and nomothetic, etc., especially if guided by holistic humanistic ideas, might not be as objectionable as the kind of simple positivism that originally repulsed humanistic theorists. Other researchers have taken a similar position and examined humanistically-inspired motivational processes by testing humanistic propositions with mixed methodologies. In a 2001 review article in the *Journal of Humanistic Psychology*, Sheldon and Kasser (2001, p. 34) outlined “some mixed idiographic/nomothetic methodologies that we believe can successfully quantify subtle but important humanistic concepts, without sacrificing the life meanings of individual participants,” and research programs that used them. Research that continues to develop new methodologies to test theory is the best way forward to new understandings and theoretical reconciliations (Greenwald 2012). Further, recent developments in quantitative methodologies has started to take seriously the potential inferential problems of generalizing from group to person and echoes in statistical terms (Molenaar and Campbell 2009) the concerns expressed by qualitative researchers about obscuring the person-level processes through aggregation. Taking these trends together, it seems the integrative rapprochement via scientific method that Rogers (1969) articulated is continuing to unfold, albeit perhaps at a much slower pace than originally envisioned.

Conclusion

In this chapter, we have outlined our goal-regulation account of anxiety and meaning. We suggest that the slings and arrows of life exhibit their effects because they create motivational conflict, which leads to anxious uncertainty. Approach

motivation provides an antidote to this anxiety, and we can understand the search for meaning as a generalized, approach-motivated response to anxious uncertainty. Though both concrete and idealistic pursuits can provide avenues for approach motivation, we argue that idealistic ones are more reliable and more potent levers of approach. We submit that this basic motivational model provides insight into the perennial human striving for idealistic meaning.

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Chapter 13

Positive and Existential Psychological Approaches to the Experience of Meaning in Life

Jinhyung Kim, Elizabeth Seto, William E. Davis
and Joshua A. Hicks

For more than a century, theorists have argued that the experience of meaning lies at the heart of human existence. In the psychological sciences, researchers have primarily focused on the purpose and importance of experiencing meaning in one's life. While scholars often take different perspectives, a central theme in many of their arguments is that the feeling or belief that one's life is meaningful is essential for healthy human functioning (e.g., Baumeister 1991; Ryff 1998; Yalom 1980). Empirically, this viewpoint is supported by findings showing that the belief that one's life is meaningful is associated with important outcomes such as depression, suicide ideation, vitality, and general life satisfaction (Steger 2012).

In the past 20 years, the positive psychology and experimental existential psychology movements have greatly advanced our understanding of the variables that augment and detract from the personal experience of meaning in life. While both perspectives have helped launch the "meaning revolution," they often focus on different aspects of this elusive construct. In the present chapter, we explore a few of these differences. From our perspective, experimental existential psychologists have primarily examined variables that contribute to a sense of *meaninglessness* (e.g., Yalom 1980), whereas positive psychologists often place more emphasis on variables that *augment* a person's belief that their life is meaningful (e.g., Emmons 2003).

In our chapter, we examine these two approaches by describing variables that contribute to meaninglessness and meaningfulness. Specifically, we argue that a lack of personal freedom, social isolation, and self-alienation are three fundamental threats to meaning that, if experienced, evoke a sense of meaninglessness,

J. Kim (✉) · E. Seto · W. E. Davis · J. A. Hicks
Department of Psychology, Texas A&M University, 4235 TAMU Psychology Building,
College Station, TX 77843, USA
e-mail: jhkim92@tamu.edu

J. A. Hicks
e-mail: Joshua.hicks@gmail.com

whereas personal goals and a grand sense of purpose help augment the feeling that life is meaningful. While this is by no means an exhaustive list of variables that bear on personal feelings of meaning, we believe that each is theoretically or empirically linked to meaning(lessness) in life, and can help illuminate important distinctions between these two variables. We begin by describing the concept of meaninglessness.

The Meaning of “Meaninglessness”

Life has no meaning a priori... It is up to you to give it a meaning, and value is nothing but the meaning that you choose.—Jean-Paul Sartre

Existential philosophy and modern science hold a similar position on the meaning of life: there is no preordained, given, meaning in human life. Recognizing the inevitable meaninglessness of life, existentialists such as Sartre concluded that people must create meaning and impose it onto their life. This “meaning-creation” viewpoint resonates well with psychological perspectives on people’s needs for meaning (e.g., Baumeister 1991). According to empirical research into meaning in life, people have a general tendency to view their lives as meaningful and are motivated to reinstate meaning in response to threats to meaning (e.g., Heine et al. 2006). For example, when people are reminded of their unavoidable mortality, the ultimate threat to meaning, they unconsciously attempt to protect their sense of coherence and meaning by clinging to cultural worldviews, which are the manifestation of the meaning system (Rosenblatt et al. 1989).

Despite a pervasive sense of meaning in many people’s lives, people sometimes report that their lives are indeed *meaningless*. What do people mean when they say their lives are meaningless? Although conceptually defining meaning (and meaninglessness) has proven difficult, meaning in life is commonly described as having two motivational aspects, purpose and personal significance, and one cognitive aspect, coherence (King et al. 2006; Leontiev 2005; Yalom 1980). Thus, from the motivational perspective, people would judge their life as meaningless if they feel a complete absence of purpose and significance in life. In a related vein, Frankl (1963) refers to a state of meaninglessness as the *existential vacuum*, a phenomenon characterized by the subjective states of boredom, apathy, and emptiness. As this crisis of meaninglessness unfolds, people develop a cynical view of life, experiences a lack of direction, and questions the point of their activities. Similarly, Wolman defines an existential crisis as a “Failure to find meaning in life, the feeling that one has nothing to live for, nothing to struggle for, nothing to hope for, and is unable to find any goal or direction in life” (1975, p. 157). Without a sense of purpose or personal significance to provide motivation and guidance in one’s life pursuits, it is perhaps unsurprising that these people view life as meaningless.

From a cognitive perspective, a life is experienced as meaningless when an individual has no sense of coherence in their life (Reker and Wong 1988). Baumeister (1991) defined meaning as shared mental representations that connect

various things, events, and relationships (e.g., Baumeister and Vohs 2002). This cognitive facet of meaning in life is also consistent with Yalom's (1980) conception of *cosmic meaning*, which focuses on life fitting into an overall coherent pattern, such as that of the universe. According to this perspective, a life may be seen as meaningless when it loses its connections or coherence, shattering a person's worldview and basic understanding of the world (Heintzelman et al. 2013).

In sum, meaninglessness in life results from a combination of the absence of purpose, personal significance, and coherence in life. Thus, people are most likely to feel a sense of meaninglessness when they perceive life as incoherent, do not detect any personal value or significance in life, or lack a sense of purpose or direction.

It is important to note that, although feelings of meaningfulness and meaninglessness are often placed at opposite extremes on a one-dimensional spectrum of human function, a feeling that meaning is lacking in life doesn't necessarily imply that life is viewed as meaningless (e.g., Schnell 2010). Accordingly, some variables may help augment a sense of meaning (e.g., pursuing an important goal may increase the perception that life is meaningful), but not necessarily lead to a sense of meaninglessness if absent. In contrast, other variables may be so inextricably connected to the basic need for meaning that, if thwarted, they may lead to feelings of meaninglessness.

Next, we examine three variables that may be uniquely linked to this sense of meaninglessness: lack of personal autonomy, social isolation, and self-alienation.

Lack of Autonomy

When our behaviors feel freely chosen and enacted through the full endorsement of inner values, we typically feel a great degree of satisfaction. Self-determination theory (SDT; Deci and Ryan 1985; Ryan and Deci 2000) directly addresses the importance of this sense of freedom by regarding autonomy as one of the most fundamental human needs. According to SDT, autonomy concerns the extent to which behavioral engagement is in accord with authentic internal values, interests, and needs. When behavior is self-organized, congruent with own values, and originates from intrinsic motivation, action is experienced as autonomous. SDT further posits that because autonomy is a basic motivation and yields intrinsic rewards, the satisfaction of this need is crucial for optimal human functioning, enabling one to experience well-being and to have a sense of meaning in life (Weinstein et al. 2012).

If the experience of autonomy is blocked by evaluative pressures, extrinsic rewards, or external constraints, individuals may experience various forms of clinical and behavioral problems (Ryan et al. 1995; Shapiro 1981). As a result of autonomy's central role in the experience of optimal human functioning, deprivation of autonomy is very likely to lead to meaninglessness. For example, according to SDT, in a state of *amotivation* where internalization of motives and social values is completely absent, a person often loses both passion and competence, lacks

purpose and intent, and experiences helplessness (Ryan et al. 2006). This perspective is also consistent with existentialist views about crises of meaninglessness such as the existential vacuum (Frankl 1963) and the experience of vegetativeness (Maddi 1970).

A lack of autonomy can also shatter a person's sense of meaning by influencing their cognitive perception of actions. When an action is perceived as a mere consequence of an external force, the locus of causality is outside the self (deCharms 1968). In these cases, people experience a lack of control and do not expect change from their voluntary actions. If individuals are continuously exposed to such frustrating environments, they will develop a perception that their actions do not matter to the world and thus have no significance, eventually leading to a state of learned helplessness (Seligman 1975). Under these extreme situations, individuals may experience an *absence* of meaning, rather a lack of meaning, because the basic human desire to function as a causal agent would be compromised (deCharms 1968; Weinstein et al. 2012).

To summarize, while perceived autonomy is associated with optimal human functioning, a lack of autonomy may be uniquely related to feelings of meaninglessness via both motivational and cognitive processes. Failure to act in accordance with authentic values leads to a loss of intrinsic motivation, purpose, and direction. Chronically engaging actions that are externally determined can develop a cognitive perception that a person's actions do not bring about any change in life and have thus no significance or meaning.

Social Isolation

As with autonomy, many theorists agree the feeling that one is physically or psychologically connected to others leads to a sense of meaning in life. As social beings, people need frequent contact, social support, and a general sense of connectedness in order to feel that their lives are significant and worthwhile. Baumeister and Leary (1995) argue that the need to belong is a fundamental human motivation. Social isolation threatens this basic component of meaning in life.

In the ostracism literature, Case and Williams (2004) equate ostracism with the experience of death. Research supports this assertion by showing that the simple act of excluding others in internet or Cyberball ostracism (Williams 1997; Williams and Jarvis 2006) or through the silent treatment (Williams et al. 1998) reduces feelings of a meaningful existence. Social isolation has the same negative consequences of ostracism in that need-fortifying behaviors become heightened in physical or psychological separation. Meaning in life declines when people lack interpersonal relationships that bolster their sense of self-worth. In fact, exposure to long-term ostracism also resigns people to feelings of helplessness and worthlessness (Williams 2009, 2012).

Social isolation also amplifies life's meaninglessness through feelings of loneliness. Generally speaking, social isolation precedes loneliness (Gambrell 1996).

Stillman et al. (2009) found that loneliness predicted reduced meaning in life, and this effect was mediated by the feelings of purpose, efficacy, value, and self-worth argued to be essential for leading a meaningful life (see Baumeister 1991). In addition, Mellor et al. (2008) found that loneliness mediated the relationship between an unmet need for belonging and life satisfaction. Taken together, these findings suggest that when people feel lonely and socially isolated, they are cut off from people and experiences that contribute to their sense of importance and meaning in the world. Feeling cut off from communication and connection with others contributes to the feelings of emptiness and aimlessness experienced by those who feel their life to be meaningless.

When socially isolated, individuals lack important relationships from which to derive sources of meaning. In five studies, Lambert et al. (2010) found that family relationships serve as an important source of meaning for young adults. Similarly, Baum and Stewart (1990) found that commitments to romantic relationships were especially important in the first half of the lifespan and lead to more meaningful lives. Conversely, in the second half of life, the loss of a spouse can cause significant feelings of social isolation (Van Selm and Dittmann-Kohli 1998). Without access to social relationships as a source of meaning in life, individuals may be especially susceptible to experiencing life as meaningless. In extreme cases, the negative affect and depression associated with social isolation might even lead to suicide (Baumeister 1990).

It is important to note that, although social isolation contributes to one's sense of meaninglessness, an isolated life doesn't have to be permanently bleak. Yalom (1980) argues that isolation promotes personal growth and that people need to experience isolation and loneliness before reaching self-transcendence, suggesting that for some people social isolation can help restore one's sense of purpose. Nevertheless, in order to live a meaningful existence, the maintenance of meaningful relationships and connection with others would seem to be a fundamental need that must be satisfied.

Self-alienation

As we strive to successfully navigate our lives, our self-concept enables us to situate ourselves in the surrounding world. As described by Markus and Wurf (1987), self-concept "interprets and organizes self-relevant actions and experiences; it has motivational consequences, providing the incentives, standards, plans, rules, and scripts for behavior; and it adjusts in response to challenges from the social environment." (p. 299–300) The importance of self-concept is clear for many aspects of meaning in life, including setting and pursuing goals that provide purpose, attributing personal significance, and maintaining a sense of coherence (in self-relevant contexts). In modern society, providing individuals with a sense of meaning is a considerable burden we place on the self (Baumeister 1991). Given its significant role in enabling feelings of meaning in life, it is important to consider the potential consequences of feeling disconnected from self.

Self-alienation refers to a sense of being detached from and out of touch with one's true self and identity (Rokach 1988; Wood et al. 2008). Individuals describe this disconnection with the self in terms such as "It felt like I lost my identity," "I felt as if I was a different person looking at myself," and "It felt like body and mind were in two different places," (Rokach 1988). Although they are aware of their behavior and who they appear to be, self-alienated individuals do not identify with this now foreign sense of self. In addition to these feelings of detachment, self-alienated individuals also report a sense of emptiness and inner void, described in terms such as "I had a feeling of deep nothingness and non-being," (Rokach 1988). As described by Wood and colleagues (Wood et al. 2008), psychodynamic perspectives (e.g., Horney 1951; Winnicott 1965) and existential perspectives (May 1981; Yalom 1980) both suggest that self-alienation leads to psychopathology. If these accounts are any indication, it is clear that an acute sense of self-alienation threatens an individual's worldview in a very fundamental way.

Supporting the negative effects of self-alienation on meaning, research has demonstrated that feeling out of touch with one's true self predicts lower levels of meaning in life (Schlegel et al. 2009, 2011). Notably, in these studies, feeling in touch with one's true self predicted meaning in life over and above feeling in touch with one's actual self, closely aligning these findings with the concept of self-alienation and suggesting that the *true* self-concept may be especially important in supporting perceptions of meaning in life. Pursuing personal projects that reflect core aspects of one's self also predicts meaning in life (McGregor and Little 1998). Finally, people are less satisfied with their major life decisions when they feel out of touch with their true self (Schlegel et al. 2013) and have difficulty justifying their life decisions without referencing the self (Bellah et al. 1985), further suggesting that the self plays a key role in shaping how people make sense of their lives and experiences.

It seems evident that self-alienation can lead to a sense of meaning in life that is deeply compromised, but could this experience lead to a more general sense of meaninglessness? Given the fundamental nature of the self-concept in human existence, it would seem that an acute and overarching sense of self-alienation has the potential to result in perceptions of meaninglessness. Without having a clear sense of self to help us make sense of our experiences, find purpose, and attribute personal significance, our sense of meaning may be threatened in a very basic way. Even when self-alienated individuals maintain some basic sense of meaning or coherence derived from experiences or concepts that are not self-relevant, this is not the same sense of meaning in life that people typically describe and pursue.

Augmenting the Experience of Meaning

Whereas meaninglessness refers to an absence of meaning, research on meaningfulness typically focuses on variables that enhance a sense of meaning in life. Most people, most of the time, feel that their lives are meaningful. For example,

in almost all studies examining meaning in life, the average “meaning in life” scores are well above the midpoint. Clearly, most people do not believe that their lives are meaningless. Still, there is great variability in the extent to which people feel that their lives are replete with personal meaning. In contrast to the variables discussed earlier, which may lead to a sense of meaninglessness (i.e., lack of autonomy, social isolation, and self-alienation), we now turn to variables that represent what may be the lesser fundamental components of the experience of meaning in life. We discuss the way perceptions of meaning in life can be influenced (and bolstered) through the goals individuals pursue: both everyday goals and more overarching feelings of a “grand” purpose in life. While everyday goals or a grand sense of purpose can certainly contribute to feelings of meaning in life, an individual may not necessarily experience life as meaningless without them.

Everyday Goals and Meaning in Life

Everyday goals boost meaning in life by providing individuals with specific feelings of purpose and direction. Alfred Adler, the founder of Individual Psychology, contends that human behavior is directed at goal pursuit and is intrinsically purposeful (Capuzzi and Gross 2011). Goals naturally develop as people move through different stages in life and are inherently tied to their past, present, and future experiences (Griffith and Graham 2004). How meaning is derived from everyday goals stems from the type of goals we pursue and how these goals meet our needs and expectations.

Dan McAdams (2013) contends that people begin life as social actors concerned with effectively performing their given roles. In mid-to-late childhood, people transition into motivated agents driven by goals and aspirations that will grant fulfillment and augment meaning in life if achieved. He argues that individuals usually freely choose the types of goals to pursue, and that life is meaningful on the condition that progress is made toward attaining these goals. Wheeler et al. (1990) found that differences between high and low levels of well-being could be attributed to individual perceptions of purpose, progress, and commitment to goals. Pursuing everyday goals and recognizing how everyday actions contribute to a greater end should augment meaning in life. Furthermore, McAdams asserts that, in emerging adulthood, people become autobiographical authors who find meaning in their identity and life stories. Supporting this idea, Morgan and Robertson (in press) found that intrinsic aspirations were more strongly associated with personal meaning for midlife and older adults. As people move through adulthood, they distinguish between more trivial goals and goals that provide them with a greater sense of purpose and fulfillment. Everyday goals are examined and revised in accord with the changing pace of life.

The types of everyday goals people strive for greatly imbue life with meaning. For example, intrinsic goals involving intimacy, spirituality, and generativity tend to elevate meaning and purpose (see Emmons 2003). Everyday goals such as fostering closer relationships with friends, family, and god or engaging in charitable

causes augment meaning by providing a sense of connectedness with others and the environment. Extrinsic goals (e.g., pursuing fame), on the other hand, can be detrimental to well-being (Kasser and Ryan 1996). Greater meaning has also been ascribed to personal goals directed toward family and the self (Nurmi et al. 2009). Similarly, personal projects consistent with a person's values, commitments, and other important aspects of their identity promote meaning (McGregor and Little 1998). This suggests that some goals are more important than others, and everyday goals that work toward self-actualization and instill passion in our lives will inevitably strengthen meaning.

Finding meaning in life is not necessarily an end state, but rather the product of daily goal pursuits (Ryff and Singer 1998). King (1998) argues that everyday goals are tied to images of our possible selves and the culmination of lifelong dreams. Having clear goals, specifically more intrinsic goals, enhances meaning in life by providing individuals with a broader framework to work toward. Moreover, daily goals that contribute to ultimate life goals also confer benefits to subjective well-being (King et al. 1998). Everyday goals are instrumental in constructing a meaningful and purposeful life. The events and experiences of everyday goal pursuit lead individuals to a better understanding of the world and greater fulfillment. Importantly, when our daily goals are tied to a greater purpose, we may find even greater meaning in life and more clearly understand our direction in life. We now turn to this possibility.

Grand Sense of Purpose and Meaning

Frankl (1963) discussed the idea that people have a need to possess a higher level purpose in life—an innate “will to meaning.” In his writings, Frankl argued that people need to find an overarching, chronically accessible source of meaning in life that provides them with a clear guide for their existence. Similarly, Yalom (1980) proposed that people's understanding of the meaningfulness of their lives is often derived from cosmic and/or terrestrial sources of meaning. Yalom describes cosmic meaning as a preexisting design that is superior to the individual (e.g., “God's plan”), and five different types of terrestrial sources of meaning including altruism, dedication to an important cause, creativity, self-actualization, and what he referred to as the hedonic solution. Regardless of whether meaning is derived from cosmic or terrestrial domains, the sources of meaning that Yalom described provide the individual with a definitive answer as to why their life is meaningful. This form of meaning, that provides a broad sense of purpose and coherence to one's life, has also been conceptualized as *global* meaning, as opposed to *situational* meaning through which individuals make sense of and attach personal significance to specific experiences in life (Reker and Wong 1988; Reker and Wong 2012). Although it may be possible to lead a meaningful life without a grand sense of purpose and meaning, it is clear that acquiring such meaning contributes greatly to a meaningful existence.

When considering potential candidates for such an overarching sense of meaning in life, religious beliefs stand out as one of the best examples. Religion has long been recognized as a central source of meaning in life that provides individuals with core beliefs, expectations, and goals, and places the individual's life into a larger context (Batson and Stocks 2004; Emmons 2003; Fletcher 2004; Fry 2000). Accordingly, researchers have suggested that religion should be conceptualized as a meaning system (Park 2005; Silberman 2005) or schema (McIntosh 1995) that frequently shapes how people understand themselves and the world around them. This understanding is reflected in the inclusion of religious beliefs as a basic category of meaning across research programs (Emmons 2003), including Wong's (1998) research using the Personal Meaning Profile, Emmons' (1999) research on personal strivings, and Ebersole's (1998) examination of life narratives. According to Baumeister (1991), religion serves as "the ultimate value base" (p. 196) that supplies an authoritative account of what is right and good, provides a deep sense of purpose and direction to life through the promise of salvation, and enables the belief that every event happens for a reason as a result of god's divine plan. Given the many functions religion can serve to support meaning, it is no surprise that it lies at the foundation of a feeling of meaning in life for many individuals.

Many studies have demonstrated that religious faith is associated with self-reported meaning in life (e.g., George et al. 2002; Steger and Frazier 2005). Religious conversion has been shown to relate to enhanced meaning in life (Paloutzian 1981). Religious individuals may find it easier to achieve and maintain meaning in life than their nonreligious counterparts (Baumeister 1991), but that is not to say that nonreligious individuals cannot also lead meaningful lives. As Yalom (1980) described, individuals may effectively find meaning through terrestrial sources such as altruism or dedication to an important cause without the need for religion. One may not need such an overarching and definitive source of meaning to maintain a basic sense of purpose and understanding, but it undoubtedly provides a powerful way to bolster one's sense of personal meaning.

Sources of Meaning (and Meaninglessness) Revisited

A basic premise of this chapter is that researchers who study meaninglessness typically focus on variables that lead to the absence of meaning, while researchers who study meaningfulness typically try to identify variables that augment an existing sense that life is meaningful. We argue that acute feelings of meaninglessness are typically triggered by an individual's perception that they lack personal autonomy, adequate social bonds, or when they feel alienated from self. The pursuit of important goals, on the other hand, is argued to help augment one's sense of personal meaning. We certainly do not suggest that these are the only variables that influence perceptions of meaning. However, based on current findings in the experimental existential and positive psychology literature, we believe that each of these variables represents a fundamental contribution to perceptions of meaning (lessness) in life.

It is important to note that these variables are not *exclusively* associated with either perceptions of meaninglessness or meaningfulness. For example, a person who believes their life is meaningful, may feel *even more* confident about this belief after a conversation with a close friend or after realizing that they know their “true self” well (e.g., Lambert et al. 2013; Schlegel et al. 2011). Moreover, personal goals or grand purposes are not solely aligned with the concept of meaningfulness. For instance, the belief that one has an important purpose in life may help people transcend abhorrent situations which might otherwise facilitate the belief that one’s life has no meaning (e.g., Frankl 1963). Given these intriguing possibilities, it will be worthwhile for future studies to examine the interactive effects of variables that contribute to both these constructs.

For more than a century, theorists have provided rich, theoretical accounts of the experience of meaning in life (e.g., Hicks and Routledge 2013; Wong 2012). Although many of these ideas have been corroborated by correlational findings (Steger 2012), many psychologists have largely neglected this construct until recently. Fortunately, in the past few years there has been a renewed interest in meaning in life as a subject of psychological inquiry (e.g., this volume). Psychologists from both existential and positive psychological perspectives have made great contributions in helping us understand this important construct. This brief chapter represents an initial step to help differentiate these two complementary perspectives.

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Part IV

Empirical and Applied Perspectives

Human life by its nature is comprised of both negative and positive experiences, emotions, victories and failures, crises and hopes, pain and joy, potentials and challenges. The following chapters introduce research studies and empirical findings illuminating the practical and applied value of having a sense of meaning to coping, healing, and growth in the context of current trends in the clinical/behavioral sciences.

Clinical Utilizations of Meaning

The first chapter “Meaning in life and coping: Sense of meaning as a buffer against stress” by Peter Halama discusses the significance of meaning as a central factor in facilitating coping processes with traumas and challenging life situations, as well as daily problems. Reviewing a series of central theories and empirical studies, Halama summarizes three main channels through which meaning contributes to constructive psychological adjustment and coping: individual resources of meaning, high life meaningfulness, and meaning-based coping.

Next, the chapter “Perceived meaning and disaster mental health: A role for logotherapy in clinical-disaster psychology” by Stefan E. Schulenberg, Christopher F. Drescher, and Brandy J. Baczwaski, discusses the importance and relevance of incorporating principles and insights from logotherapy, as meaning-focused therapy, into clinical-disaster psychology to advance healthy development and growth among survivors. Exploring empirical findings accompanied by illustrations from personal experiences, the authors demonstrate the importance of addressing perceived personal meaning as a protective factor within various clinical disaster psychology theory, practice, and intervention endeavors.

Extending the discussion of clinical applications of meaning further, Nathan Mascaro, in his chapter “Meaning sensitive psychotherapy: Binding clinical, existential, and positive psychological perspectives” offers an approach for psychotherapeutic assessment and practice that draws upon and benefits from clinical, existential, and positive psychological perspectives. Mascaro examines integral theoretical and empirical concepts from each of these three frameworks to develop an overarching

model of meaning-sensitive psychotherapy to psychological well-being, which integrates categories of personal, implicit, and spiritual meaning, sense of purpose and coherence, search versus presence of meaning, and meaning fulfillment.

Special Issues and Challenging Life Events

Salvatore R. Maddi, in his chapter “Hardiness leads to meaningful growth through what is learned when resolving stressful circumstances,” proposes the concept of *hardiness* as a resource for turning stress and adversity into growth opportunities. Maddi discusses conceptualizations, empirical assessment, and developments of hardiness. Summarizing extensive research attempts of the past 35 years, the chapter discusses evidence-based implications of hardiness as a beneficial contributor to meaningfulness, health, and performance.

In their chapter, “Do meaning in life and purpose in life protect against suicide ideation among community-residing older adults?”, Marnin J. Heisel and Gordon L. Flett examine the roles of *Meaning in life* (MIL) and *Purpose in life* (PIL) as potential protective factor against suicide ideation among community-residing older adults, while introducing a new multidimensional measure of experienced meaning in life (EMIL). Specifically, the presented model and findings relating to the recognition of meaning in life as a key resiliency factor suggest that PIL might be subsumed by MIL, a broader existential variable. Addressing the conceptual differences between MIL and PIL as well as providing evidence for EMIL, the chapter highlights implications of the beneficial role of meaning for theory, research, and practice with at-risk older adults.

The chapter, “Mourning, meaning and memory: Individual, communal and cultural narration of grief” by Robert A. Neimeyer, Dennis Klass, and Michael R. Dennis, reflects on the construction of meaning in grief and mourning as a multilevel phenomenon. The authors argue that rather than a private intrapsychic process, the meaning-making process of grief is a situated interpretive and communicative activity, described through three main empirical and conceptual venues: individual self-narratives of grief, public narratives, and cultural contexts in which grief expressions are policed.

Kenneth Hart and Tyler Carey, in their chapter “Ebb and flow in the sense of meaningful purpose: A lifespan perspective on alcohol and other drug involvement,” provide a systematic in-depth review of English-speaking world's empirical research literature that has reported statistical findings to test the connection between *Alcohol and Other Drug* (AOD) involvement and the *MIL-PIL* construct. Adopting a lifespan perspective, the authors carefully examine 76 studies with an aggregate total number of 35,686 participants from various ages and stages of change to identify key features from each study and synthesize data to contribute to the integration of meaningful purpose in research and practice of AOD involvement.

To add to the wide spectrum of challenging life events discussed, Orit Taubman—Ben Ari, in her chapter “Well-being and personal growth in emerging

motherhood—and what about meaning?,” addresses a more positive life event, parenthood, from the framework of positive psychology. The chapter provides a comprehensive review of literature concerning the experience of motherhood, both in normative and unique circumstances, to contribute to the study of psychological coping and growth following challenging life events. Taubman-Ben Ari explores the outcomes, resources, and meanings of such life event through prisms of well-being, personal growth, and meaning, and makes a case for the importance of a broadened and an integrated perspective on the complex and multilayered human experience of parenting.

Chapter 14

Meaning in Life and Coping. Sense of Meaning as a Buffer Against Stress

Peter Halama

The mutual relationship of meaning in life and the impact of stress on a person or their coping processes is one of the most discussed topics concerning life meaningfulness. Frankl (1996, 1998) frequently stated that meaning in life has a positive effect on the ability to cope with difficult life situations. His most prominent example was his own experience in a concentration camp. There he learned that those who maintained their reason for living, and who, despite the hardships and suffering, managed to set some goals and values, could better cope with the everyday hardships they were faced with in the concentration camp. On the contrary, those who lost their reason for living, also lost their mental strength and deteriorated physically and mentally. Frankl described the course of this deterioration as something sudden, as a sort of crisis that is demonstrated by apathy, passivity, dullness, and absolute loss of interest in their surroundings. Following such moments, the burden of inhuman conditions will sooner or later result in death. Frankl uses the story of inmate F., who told him about a dream he'd had, as a demonstration of how such a mental state and succumbing to depression and despair is related to resistance. The dream prophesied that the liberation of the camp and of the prisoners, thus the end of their suffering, would take place on March 30. The prisoner was hopeful and believed the voice in his dream held the truth, so he eagerly awaited his liberation. The day of the prophecy approached rapidly but there were no signs of the awaited liberation, on the contrary, news from the war front said that it was highly unlikely that the front would arrive in such a short time. Then the following happened—on March 29, F. fell suddenly ill and developed high fever. On March 30, on the day of the expected liberation, he became delirious and died on March 31. Although Frankl's inmate died of typhoid fever, Frankl suggested that his immune system failed as a result of the

P. Halama (✉)

Institute of Experimental Psychology, Slovak Academy of Sciences, Dubravská cesta 9,
814 04 Bratislava, Slovakia
e-mail: peter.halama@savba.sk

strong disappointment when liberation did not occur on the prophesied day. His reason for living and hope for the future were broken and his body succumbed to the illness. Frankl also described prisoners dying by dozens in the week between Christmas 1944 and New Year 1945. He believed the cause was not the hard work, problems with nutrition or a change in conditions, but the fact that many prisoners were naively hoping to be home for Christmas. The general hopelessness and disappointment which followed when these assumptions failed were demonstrated in decreased immunity, resulting in mass deaths in that time period. This led Frankl to suggest that the inner strength to survive is related to being oriented towards a meaning that he defined as a goal for the future.

Experiences such as this led Frankl and his followers to further discussions about the relationship of meaning in life and the ability to cope. Meaning in life, or life meaningfulness, is incorporated in several theories that focus on solving the problems of coping with load and stress.

Meaningfulness in the Salutogenic Approach of A. Antonovsky

The best known theoretical approach considering life meaningfulness is the *salutogenic approach* of Antonovsky (1987). According to the salutogenic approach, stressors and stressful situations can have a positive (salutary), neutral or pathogenic effect on a person, depending on how that person is able to cope with the tension that is the result of the stressor. Antonovsky distinguishes two groups of resources in his search for factors enabling people to reduce the load. The first group, *generalized resistance resources*, comprises all general resources for coping arising from the external social but also physical environment, and leads to a full and active adaptation to conditions of stress. These include, for instance, social support, cultural background, or finances: factors leading to a person's resistance to stressful influences and to positive coping with stress. The second group comprises internal resources of personality for coping. Antonovsky introduces here the concept of the new psychological variable *Sense of Coherence* (SOC). This variable is perceived as a general means of observing the world, as an overall orientation of personality stabilized since early adulthood. SOC is a disposition encased into an individual's personality structure, but also characteristic of the subculture, or historic environment where the individual lives. Life experience that molds and represents this disposition plays a dominant role.

SOC comprises three mutually related components: comprehensibility, manageability, and meaningfulness. *Comprehensibility* is defined as the degree to which an individual perceives impulses as arranged, predictable, and in possession of cognitive meaning. The more consistent early personal experiences, the stronger their sense of comprehensibility. Consistent and predictable experience helps people expect and understand what events may occur in a given situation and how to better adapt to the situation. *Manageability* is defined as the degree to which a

person believes they own the personal and social resources required to confront and cope with stress demands. This is formed mainly of life experience, characterized by a balance between overload and underload. An individual can learn to cope successfully with different degrees of load and it is the previously successful coping that principally affects personal level of manageability. The third SOC component—*meaningfulness* is related to the degree to which an individual perceives the demands with which they are confronted as worthy of their energy and commitment. People who lack this component suffer, in general, from insufficient meaning in life. The strong meaningfulness component is formed mainly through experiences where a person can freely choose their own goals and values and by thus controlling the results of their own activity, they can shape their own life through their own decisions.

The third factor—meaningfulness—is for Antonovsky the most important component of SOC. Without it, the other two components are only temporary; they cannot have a lasting positive effect on the use of general coping resources. A strong sense of meaningfulness is the motivation not only for an individual to find order and meaning in a situation, but also to transform their coping resources from potential requirements to current use. Thus, as Antonovsky says, meaningfulness plays the leading role in SOC and manages its other components.

Concept of Hardiness

Maddi and Kobas proposed the concept of *hardiness* as a psychological construct that influences the effect of stressful conditions and events on human health. Maddi's (1998) explanation of this construct indicates his existential background. First, he speaks about the ontological anxiety that grows from flux and unexpected life situations, and from the necessity of making decisions about the future. Next to the older existential-philosophical concepts of courage (P. Tillich) and faith (S. Kierkegaard) which propose ways to cope with this anxiety, Maddi puts the psychological construct of hardiness. This concept comprises three components of a person's beliefs about their interaction with the world. Persons with strong *commitment* believe that their active engagement in all events will help them find that which is interesting and valuable for them. Persons with strong *control* believe that they can change the way everything happens if they only try. *Challenge* concerns the belief that all experiences, positive and negative, are a chance for personal growth. Although Maddi does not directly use the term meaningfulness, commitment in particular is very closely related to the concept of meaning in life. In a similar way to Antonovsky, Maddi perceives hardiness as a personality trait and assigns it a key position that softens the effects of stress and protects health. In his system, Maddi emphasizes that this trait leads to transformation coping. This coping includes mental and action orientation. Mental orientation searches for a wider perspective on, and deeper understanding of stressful conditions, thus making them less stressful. Action orientation comprises the decisions and planning

that incorporate stressful conditions into the complete life plan. Simply put, stressful conditions are given a definite meaning by including them in the cognitive and motivational sphere of one's meaning in life.

Theories Based on Congruence and Meaning in Life Reconstruction

Several theories confirming the important role of a meaning in life in the coping process are based on the idea of the congruence of internal coping resources and external circumstances or situational demands. One of them is the *resource-congruence model* (Wong 1993) that, contrary to the salutogenic approach or concept of hardiness, focuses more on the subject matter of meaning in life. This concept recognizes several resources for stress, and successful coping is based on correct identification of these resources. One of these is the intrapersonal stress related to demands and pressure arising from a person's own mind, including their mutual internal conflicts, and existential conflicts which lead to a feeling of life meaninglessness. Wong's model postulates that effective coping and stress resistance are then dependent on the presence of the internal resources available to a person and their appropriate (congruent) use. Like Antonovsky, Wong also emphasizes the appraisal process in selection of a congruent coping resource. The process has two stages. During primary appraisal the person evaluates the stressful situation, its demands, and their own available resources. In order to later choose an appropriate internal coping resource, the appraisal must objectively show the real demands and individual possibilities in congruence with reality. During the stage of secondary appraisal the character of the stressful situation is assessed and suitable strategies are chosen according to an individual's available resources. Congruence is again necessary when a suitable coping strategy (e.g., restructuring attitude problems, existential coping with philosophical problems, etc.) must be found for a particular stressor. According to Wong, strong and properly applicable resources for stress resistance include optimism and a belief in the ability to control events, but also the meaning in life, which has a significant position among internal resources. One way to increase internal resources is to build own meaning in life; to work on personal life history, or to replace irrational beliefs with adaptive schemes.

Appraisal and congruence also play a central role in the model created by Park (Park and Folkman 1997; Park and Blumberg 2002; Park and Ai 2006). She distinguishes between two types of meaning. *Global meaning* refers to the main goals and basic beliefs of a particular person about the world and themselves. *Situational meaning* assigns meaning to a particular life situation, its demands and consequences. In this theory the coping process comprises two parts: meaning-appraisal and meaning-making. In real life a person first appraises the meaning in a particular situation and compares whether the global and situational meaning are congruent. If they are, the stress demands of the situation rapidly decrease. On the other hand, incongruence and dissonance lead to discomfort and distress,

and thus to attempts to remove it. Dissonance may especially be caused by traumatic events, grave disease, and loss, which significantly disturb basic beliefs and impede a person's main goals. In such a situation the process of meaning-making is started, which basically requires a reappraisal and change of the situational or global meaning (or both) until their congruence is achieved. If the global meaning is firm and stable, a person tries to change the situational meaning, which includes reinterpretation and further explanation of the situation in the context of global meaning, e.g., its causality (what and who caused it), finding positive aspects and benefits in the given situation, etc. Changes in the global meaning especially occur following grave loss and negative events when it is not possible to change the situational meaning in order to be congruent with global meaning. The instability and superficiality of the global meaning is often the cause of these changes, as global meaning cannot mediate a positive interpretation of life events. Changes of global meaning lead to a revision of basic beliefs, value systems, and rebuilding the hierarchy of life goals.

Folkman and Moskowitz (2000, 2007), Folkman (2008) later formulated the idea of meaning-based or meaning-focused coping, which is appraisal-based coping in which the person draws on their beliefs (e.g., religious, spiritual, or beliefs about justice), values (e.g., "mattering"), and existential goals (e.g., purpose in life or guiding principles) to motivate and sustain coping and well-being during a difficult time. She distinguishes meaning-based coping from problem-based coping (focused on problem solving) and emotion-based coping (focused on emotion regulation). She also defines five categories of meaning-based coping, which include: benefit finding, benefit reminding, adaptive goal processes, reordering priorities, and infusing ordinary events with positive meaning.

Similarly, Thompson and Janigian's (1988) concept of life schemes takes traumatic life events into account. Personal *life schemes* are cognitive representations of own life that provide interpretations of life events, and include the goals that people achieve and wish to achieve. A life scheme has two functions: it organizes events into a coherent scheme for their understanding in a wider context, provides context for expectations of what will probably happen or the causality of events by comprising a representation of goals, plans, and a person's aims, and contributes to the understanding of a life objective. Finding meaning in life occurs when a person's life scheme is unable to provide a sense of order, objective, or both, which may be the result of a traumatic life event that disturbs the original perception of order and world view, and prevents important goals being met. A person experiences meaninglessness and loss of life purpose, but simultaneously experiences a need to find those things. As in Park's theory, this theory introduces two ways to achieve this and thus cope with the event. The first is change of life scheme—i.e., change of assumptions about the world and oneself as well as a change in life goals. The second is change in the perception of a given situation, e.g., finding positive aspects.

A detailed account of how difficult life situations and traumas affect human life, and especially life meaningfulness, is given in the works of Janoff-Bulman (Janoff-Bulman and Frantz 1997; Janoff-Bulman 1999). The author assumes that

people create certain models of thinking and reasoning that serve as the guiding principles of an individual's interaction with the world in their inner universe, in the deepest foundation of their *cognitive-emotional system*. Among these models are fundamental assumptions about self, about the world, and about their mutual relationship. These assumptions mostly involve predictability, comprehensibility, and the meaningfulness of the world, i.e., events, especially negative events, are not accidental but a result of certain things in a person's life. Assumptions that a person can actively influence their own circumstances are important. Tragic life events and traumas (accidents, grave illness, rape, the death of relatives, and the like) question these assumptions and the affected persons often experience vulnerability, meaninglessness, and chaos of the world. A frequent question asked by the affected, surviving persons is, according to Janoff-Bulman, "Why me?", "Why them?", which is an expression of the effort of maintaining these assumptions. Finding an answer often leads to blaming oneself and feeling the involvement of oneself or other affected persons in the event (e.g., insufficient safety measures, bad life style, immoral or irresponsible actions, etc.). Temporarily, life meaningfulness may be maintained, but it cannot solve the basic questions arising from the situation. According to Janoff-Bulman, the primary role of people affected by such trauma is not to maintain the notion of predictability, the meaningfulness of the world and that events in it make sense, but rather to achieve awareness of the meaningfulness and value of their own life. A person has to reevaluate their own life, values, and goals, and find and recognize a new meaning in everyday life. This change is crucial in recovering from trauma. However, as Janoff-Bulman says, there may still be traumatic victimization. Nevertheless, it may become a resource of new goals and values that the affected person tries to find and set, and thus becomes part of a new meaning in life. In this regard, Janoff-Bulman mentions various self-help groups (e.g., for Vietnam war veterans, mothers whose sons died in car crashes), members of which help others suffering from trauma similar to that which they have experienced themselves, or they engage in relieving the aftermath of similar situations, or in public discussions and the passing of relevant laws related to the given topic. These are examples of how victims can find new fulfillment and meaning in life by accepting and including trauma in their new life theory.

Empirical Evidence for the Relationship Between Meaning in Life and Coping

Empirical support for the relationship between meaning in life and different aspects of coping can be found in both qualitative and quantitative research. Qualitative research has focused mainly on the content of meaning. Debats, Drost, and Hansen (1995) asked people about situations or periods in their lives when they were intensely experiencing a feeling that their life has meaning, and also when they felt their life did not. Several people mentioned experiencing

meaningfulness in relation to a crisis or difficult situation. The authors introduced the variable “meaning in managing a crisis” for categorizing the responses. 10.7 % of the research sample found meaning in life due to coping with a crisis. The authors presented several examples of responses that described experiences related to death, contemplation of suicide, or mental problems such as anorexia. Moreover, the research showed that people with the present variable “meaning in managing a crisis” had higher life meaningfulness, measured by questionnaires, than people who did not refer to such experience. The authors deduced that people who had experienced positive coping with a crisis in the past and were able to find meaning in it, later experienced higher life meaningfulness. In another qualitative study, Davis and Nolen-Hoeksem (2001) focused on the process of finding meaning in the process of coping with the loss of somebody close. Their research led to diverse results, e.g., that participants usually attributed meaning to the situation of loss in the context of their present world view (e.g., religious or spiritual interpretation). This research also suggested that if a mourner did not restore meaning for six months after the loss, it was highly unlikely to happen at all. Case studies were used by Solomon (2004) to uncover the process of meaning-making in a situation of experienced trauma. He presents two case studies that refer to, for example, the way metaphorical thinking and narration lead to the expression of negative feelings but also to a restoration of one’s world view.

Most quantitative studies have been based on the correlation design. Several studies confirmed a negative relationship between sense of meaning and stress experience. Zika and Chamberlain (1987) found that the degree of stress experienced daily was in negative correlation with life meaningfulness and these results were in agreement with those of Ryland and Greenfeld (1991) who measured meaningfulness by means of Antonovsky’s Life Orientation Questionnaire. In a sample of university lecturers the authors found that the degree of perceived work stress correlated negatively with SOC.

Another research objective was to discover the relationship between meaning in life and coping strategies. Ficková and Ruiselová (1999) studied the relationship between Antonovsky’s SOC and the preference for coping strategies on a sample of adolescents. The authors found a positive correlation between the dimension of meaningfulness and positive coping characteristics such as positive interpretation and growth (COPE questionnaire), or an active focus on problem solving (CISS questionnaire) in both genders. On the other hand, the dimension of meaningfulness correlated negatively with denial, or behavioral strain. Correlation studies in Slovakia (Halama and Ficková 2003; Ficková and Halama 2004) have also focused on the relationship between life meaningfulness and coping strategies measured by the COPE questionnaire. Their findings revealed a positive correlation between life meaningfulness and active and problem-oriented coping strategies (active coping, planning, positive reinterpretation), and a negative correlation with unconstructive coping (denial, mental and behavioral strain, alcohol and drug abuse). Van Rans and Marcoen (2000) studied the relationship between individual components of meaning in life (cognitive, motivational, and affective component) and coping strategies in older age. According to their results, persons with

a strong consciousness of meaning in life (cognitive component) reported a variety of coping strategies (excluding negative emotional coping), which the authors believe are due to the supporting role of meaningfulness in the coping process. The authors claim that a belief in the meaning of life in older age also results in mobilizing all available coping mechanisms. Similarly, persons with strong feelings of fulfillment (the affective component) reported less frequent use of negative emotional coping. Persons with a low affective component (low life satisfaction, depressiveness, anxiety) used, in turn, existential and active strategies less frequently, but negative emotional coping strategies and strategies to reduce anxiety more frequently. Park et al. (2008) focused on patients with congestive heart failure (CHF) and the way how they coped with their health problem. They found that their level of meaning in life was related to specific coping strategies such as acceptance/positive reinterpretation, and religious coping. Even more, this kind of coping was not only related to meaning in life, but a follow-up analysis showed that it predicted an increase of meaning over time. The authors suggested that this increase of meaning in life may be considered an aspect of posttraumatic growth, as this type of coping is adaptive in low-control circumstances such as those faced by individuals with CHF. Halama (2000) addressed the relationship between the dimensions of meaning in life (degree of life meaningfulness, width, and depth) and coping strategies in adolescence. To assess the strategies used for coping with stressful situations, the modified Rosenzweig Picture-Frustration Study was used. This test comprises eight images depicting two persons in a situation where some activity is blocked, or in a situation of accusation (one person blocks, or accuses the other). The respondent's task was to write what they thought the blocked person in the picture would say. In order to discern the coping strategies used in frustrating situations, the responses were classified into four categories: constructive, aggressive, escape, and problem confirming. The results found a weak but significant positive relationship between the degree of existential frustration and the number of aggressive responses to the stressful frustrating situation. A depth of meaning in life appeared as the strongest predictor of coping. These results indicate that persons who prefer values in the higher degrees of depth categorization (self-realization, self-transcendence) prefer more constructive and less aggressive coping than people who focus instead on values of self-satisfaction.

Several studies dealt directly with meaning-based coping as defined in Folkman's (2008) approach. Danhauer et al. (2005) focused on a sample of cognitively intact nursing home residents who reported poor physical health. They measured variables such as meaning-based coping, physical health, distress, and psychological well-being. They found that meaning-based coping predicted better psychological functioning, as expressed through well-being variables. On the other hand, it did not predict distress, which was better predicted by physical health. Two studies focused on people stressed by fertility problems. Schmidt et al. (2005) measured different kinds of coping, including meaning-based. They found that meaning-based coping predicted lower infertility-related stress, but only in women. Similarly, Petersen et al. (2009) found that meaning-based coping

strategies were related to decreases in a women's individual fertility distress and partner's marital distress.

Other studies focused on meaning and coping with trauma. Emmons, Colby, and Kaiser (1998) studied life goals and coping with trauma. Their findings show that religious life goals help in recovery from trauma. Negative predictors of recovery included life goals, focusing on eliminating discomfort, on maintaining mental health, or on high self-esteem. Another research objective was the impact of experienced trauma on the life goals of the studied persons. Sixty percent of them reported a change in their life goals. However, the changes mostly concerned the intensity with which they were trying to meet their goals, and only the changes concerned with a transformation of the goal objective in a few cases. Thus, as a result of trauma, people made less effort to meet personally relevant goals and more to meet other goals without changing them. Positive coping with the death of a close person was also studied by Edmonds and Hooker (1992), and Ulmer et al. (1991). Their results, in agreement, revealed that high life meaningfulness is related to better coping with such life loss.

Meaning as a Buffer Against Stress

As previous results and theories have suggested, more meaning in life can serve as a source for the recognition of a stress situation as challenging and worthy of investment. Strong and stable meaning can also contribute to positive reinterpretation of stress situations through different cognitive processes, and in this way can serve as a buffer against the negative consequences of stress. Several studies dealt with this problem, especially through moderation analysis. Newcomb and Harlow (1986) studied factors that affect the relationship between uncontrollable stress situation occurrence and alcohol or drug addiction in adolescents. Results confirmed that persons lacking life meaningfulness reacted to stressful life situations with alcohol or drug abuse to a greater extent. Life meaningfulness as a buffer against the negative consequences of stress was also considered in the study of Mascaro and Rosen (2006). Their research was conducted on an ethnically diverse sample of university students and the results obtained suggested a positive relationship between the degree of daily stress and depression. While looking for variables moderating this relationship they found that in persons with higher meaningfulness this relationship was significantly lower, i.e., meaningfulness can to some extent protect a person against the negative effects of daily stress. Halama and Bakošová (2009) focused specifically on the question of whether the level of meaning in life acts as a moderator in the relationship between perceived stress and coping. On a sample of university students in Slovakia three clusters were identified: adaptive, avoidance, and emotion-based coping. Meaning in life was found as a moderator between perceived stress and avoiding coping but not emotion-based coping. The authors suggested that meaning in life can serve as a

buffer against the negative consequences of stress on the ability to cope, especially through cognitive transformation of stress situations in the process of appraisal.

Conclusion

All these concepts and results suggest that meaning in life may be considered an important factor in coping. As previously shown, the processes related to the meaning in life are significant in coping with difficult life situations and traumas, and also in managing regular daily problems. In summary, the conclusion is that meaning in life has the following effect on the coping process:

Individual *resources of meaning* act mainly as resources for coping with stress, i.e., own beliefs, values, goals can provide for, or function as, the basis for selecting and carrying out suitable strategies;

High life meaningfulness can act as a regulator of abilities for coping with stress, i.e., as a buffer against the negative consequences of stress. This is mainly due to high meaningfulness decreasing the degree of situations perceived as stressful, and also due to its positive support for the mobilization of various coping resources.

Meaning-based coping (positive reinterpretation, benefit findings) can contribute to better psychological adjustment during or after an experience of stress or a stressful event.

Thus, a better understanding of coping processes related to making meaning in life, and possible interventions based on this understanding, can on a practical level help to facilitate constructive coping and contribute to the better adjustment of people facing stress.

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Chapter 15

Perceived Meaning and Disaster Mental Health: A Role for Logotherapy in Clinical-Disaster Psychology

Stefan E. Schulenberg, Christopher F. Drescher and Brandy J. Baczwaski

Introduction: Clinical-Disaster Psychology

There are many terms, often used interchangeably, to describe the rapidly growing “specialized domain of training, research, and service provision applied to or with individuals, communities, and nations exposed to a disaster” (Yutrzenka and Naifeh 2008, p. 97). These terms include *disaster psychology*, *disaster mental health*, *psychosocial support*, and *refugee mental health*. In the present chapter, we have chosen primarily to use the term *clinical-disaster psychology* to emphasize theoretical, empirical, and applied knowledge in assisting survivors of disasters. Disasters run a wide range, such as natural or man-made, and also include acts of terrorism, armed conflict, and genocide.

Although humans have always had to cope with the potentially devastating effects of disasters, it was not until the 1990s that mental health, specifically the field of psychology, began to take a prominent role in the disaster landscape (Reyes 2006a). This is not to say that disasters did not play some role within psychology before this period, Viktor Frankl’s logotherapy and the Holocaust being a case in point. While logotherapy was developed during Frankl’s early years, well prior to the Holocaust, the Holocaust is often seen as a validation of the theory’s significance. Logotherapy focuses on the importance of perceived meaning and purpose in life to the human condition, and Frankl’s most well-known

S. E. Schulenberg (✉) · C. F. Drescher · B. J. Baczwaski
Department of Psychology, University of Mississippi, 207 Peabody Building, Oxford,
MS 38677, USA
e-mail: sschulen@olemiss.edu

C. F. Drescher
e-mail: cfdrescher@gmail.com

B. J. Baczwaski
e-mail: bbaczwas@go.olemiss.edu

work, *Man's Search for Meaning* (Frankl 1959/2006; see also Hutzell 2006 and Klingberg 2001), which relates his life experiences in the concentration camps during World War II, is replete with anecdotal accounts supportive of logotherapy's potential utility in a range of disaster-related circumstances. Frankl's views support disaster survivors' capacity to overcome disaster-related adversity, perceive meaning in the events that have unfolded, and stimulate posttraumatic growth (Halpern and Tramontin 2007; Schulenberg 2003; Schulenberg et al. 2008b). In short, logotherapy generally, and meaning in life in particular, has relevance to the growing field of clinical-disaster psychology.

Moving beyond logotherapy, much of the broader field of trauma psychology, and posttraumatic stress disorder (PTSD) research is relevant to disaster psychology (Reyes 2006a). A distinct subfield of clinical-disaster psychology has emerged over the past 20 years, marked by networks of mental health professionals (e.g., the American Psychological Association's Disaster Response Network), specialized graduate training and research programs (see, for example, Schulenberg et al. 2008a; Yutrzenka and Naifeh 2008 for related discussions), and comprehensive handbooks and texts (e.g., Halpern and Tramontin 2007; Housley and Beutler 2007; Kilmer et al. 2010; Neria et al. 2009; Norris et al. 2006; Reyes and Jacobs 2006; Ritchie et al. 2006). Work in such areas has led to important empirical, theoretical, and applied advances. Clinical psychologists who practice in this specialty area may work with people in the immediate context of a disaster event, perhaps working in the field in collaboration with relief agencies such as the American Red Cross, or they may work with people in an ongoing therapeutic relationship, perhaps in an outpatient clinic (Schulenberg et al. 2008a). Research psychologists conduct studies to better understand the effects of disasters on well-being. Most recently, psychological research and intervention has occurred in response to a number of disasters, including the 9/11 terrorist attacks (e.g., Adams and Boscarino 2005), Hurricane Katrina (e.g., Hirschel and Schulenberg 2009; Schulenberg et al. 2008a), and the Gulf Oil Spill (e.g., Drescher et al. 2012, *in press*; Osofsky et al. 2011), to name a few examples.

While many survivors of disasters will be able to cope successfully with the stress on their own, or with the aid of friends and loved ones (Bonanno et al. 2010), many will also experience a range of mental and physical health issues associated with the event. In a large review of the available research, Norris et al. (2002b) elucidated a wide array of negative effects that can be caused by disasters, including specific psychological disorders (e.g., posttraumatic stress disorder—PTSD, depression, generalized anxiety), nonspecific distress (i.e., psychological stress), health concerns (e.g., sleep problems, substance abuse), chronic problems in living (e.g., social problems), psychosocial resource loss (e.g., loss of self-efficacy), and problems specific to youth (e.g., disruptive classroom behavior). Most commonly disasters result in moderate impairment due to prolonged stress, although more severe impairment is evident after some disasters (Norris et al. 2002a, b). However, the specific impairment experienced is the result not only of the disaster per se, but also of risk, protective, and demographic factors (Norris et al. 2002a, b). In response to these findings, Norris et al. (2002a) proposed a series

of recommendations for helping professionals following disasters, highlighting the need for early intervention and interagency coordination to combat the negative effects of disasters.

A community psychology approach is critical (Dodge 2006; Schulenberg et al. 2008a). Psychologists trained in clinical-disaster psychology and agencies must work hand in hand to increase efficiency and ensure that disaster survivors have access to necessary resources. In many cases psychologists may be deployed by relief agencies to assist disaster survivors in the location where the disaster occurred. While this is a reactive approach, psychologists should also work with relief agencies in anticipation of the next disaster in a proactive capacity. Another disaster will occur at some point in the future, begging the question: What are we doing now, in the present moment, to prepare for this future event? It is essential that psychologists refer to previous experience as well as research findings to better assist them in preparing for future disaster work.

Within clinical-disaster psychology there has also been a growing recognition that, while some disaster survivors experience serious psychological distress, others display an incredibly resilient postdisaster trajectory (Bonanno et al. 2010). For example, in a review of the empirical research on disasters, Bonanno and colleagues found that severe psychological problems were rarely evident in over one-third of disaster survivors after a given disaster. Furthermore, Bonanno et al. noted that a large number of disaster survivors experience only passing distress and continue to live healthy, functional lives.

Clinical-disaster psychology investigators have also noted that even though disasters are potentially traumatic, they also often set the stage for the development of perceived meaning and growth. As Reyes (2006a) noted, “that which once threatened annihilation becomes instead a source of hope and lends meaning to existence” (p. 5). This line of thinking is consistent with empirical literature examining *posttraumatic growth* following a range of potentially traumatic experiences (Tedeschi et al. 1998) and the philosophical foundations of logotherapy.

Meaning and Disaster Mental Health: Logotherapy and Clinical-Disaster Psychology

A primary aim of logotherapy is to help people “see beyond the misery of the situation to the potential for discovering a meaning behind it ... to *turn an apparently meaningless suffering into a genuine human achievement*” (Frankl 1997, p. 53). Logotherapy, translated from the Greek, connotes healing through meaning. Logotherapy’s basic tenets have been described by Frankl and others in a number of articles, chapters, and/or books (see Schulenberg et al. 2008b for a recent review of logotherapy, including its relationship to other therapies and positive psychology, applicability to mental health problems, logotherapeutic strategies, psychometric assessment of meaning, empirical support, and future research needs). Among them, human life is meaningful, people want to experience life

as being meaningful, and there exists the potential to experience life as meaningful regardless of the circumstances. Meaning can be experienced through what is given to the environment (*creative values*), what is received from the environment (*experiential values*), and the attitudinal stance taken toward life circumstances (*attitudinal values*).

Logotherapy is values focused. Values are derived from those around us and are influenced by culture. Values afford opportunities to develop goals and derive meaning. Are people living their lives (pursuing goals and making decisions) in accordance with their values? If so, theoretically they would perceive life as being meaningful. People may experience problems in meaning if they are uncertain of their values, if they pursue goals or make decisions inconsistent with their values, or if values conflict with one another (Schulenberg et al. 2008b). Psychologists such as James C. Crumbaugh and Robert R. Hutzell have done much work in this area with respect to meaning and value-goal congruence (see, for example, Crumbaugh 1973; Hutzell 1983, 2002; Hutzell and Eggert 1989; Hutzell and Jerkins 1995).

There has been much research conducted supporting meaning's relationship to well-being. Some of this literature is specifically related to logotherapy, while other studies were conducted on meaning as operationally defined by other meaning-based therapies or philosophies. There is currently a growing body of literature studying meaning as it relates to the positive psychology movement in the field of psychology. Meaning contributes to a sense of identity and values, health-promoting behaviors (such as motivation to follow through), stress inoculation, stable mood, less psychological distress (less depression, less anxiety), proactive and sociable behavior, favorable attitudes toward life, favorable attitudes toward the self, life satisfaction, happiness, empowerment, resilience, and so on (Melton and Schulenberg 2008 and Schulenberg et al. 2008b provide reviews along these lines; see also *The Human Quest for Meaning*, edited by Paul T. P. Wong 2012, with ample material advancing theoretical, empirical, and application work related to meaning).

In *Man's Search for Meaning* (Frankl 1959/2006), Frankl not only recognized the devastating effects that disasters can have on human lives, but also noticed the incredible power that perceived meaning in life could have in helping disaster survivors endure unthinkable tragedy. Schulenberg (2003) discussed the potential utility of incorporating logotherapy into the clinical-disaster psychology framework. Likewise, Halpern and Tramontin (2007) stated that "elements from Frankl's theories can be used to help disaster survivors find meaning in their experiences and to possibly use suffering as a touchstone for posttraumatic growth" (p. 63). Schulenberg et al. (2008b) expanded upon these suggestions, indicating that logotherapy may be useful in the treatment of PTSD and the administration of Psychological First Aid. Psychological First Aid is a component in the training of mental health disaster responders, and includes focus on hope, self-reliance, strengths, problem solving, and being proactive (Brymer et al. 2006; Jacobs and Meyer 2006; Reyes 2006b; Schulenberg et al. 2008a; Simonsen and Reyes 2003; Vernberg and Varela 2005). Evident in these resources, Psychological First Aid

is not therapy per se, but rather a basic skill set whereby psychologists and other trained mental health professionals can assist disaster survivors in learning how to access their internal resources. Such a strengths-based approach shares similarities with logotherapy, and thus psychologists who are trained in clinical-disaster response will likely find the two areas synergistic.

Other scholars have also explored the incorporation of logotherapy into the treatment of PTSD. Southwick and colleagues (Gilmartin and Southwick 2004; Southwick et al. 2006) reported a series of case studies detailing the use of logotherapy as an adjunct to services for PTSD in combat veterans. Additionally, Schiraldi (2000) suggested several exercises to increase perceived meaning in life in persons with PTSD.

With regard to systematic research, recent studies have begun to assess the role of perceived meaning in life following disasters. Steger et al. (2008) examined perceived meaning in life among American and Spanish college students following terrorist attacks in each country. They found that perceived meaning in life was associated with less PTSD symptomology and greater posttraumatic growth in both the American and Spanish samples.

Looking directly at individuals seeking clinical services in the aftermath of the Gulf Oil Spill, we also investigated the importance of perceived meaning in life in the wake of disasters (see Drescher et al. 2012). Within our sample ($N = 361$), we found that perceived meaning in life (as well as self-efficacy) predicted life satisfaction following the spill. Related to this research, in a larger sample of over 1,100 adults receiving mental health services following the Gulf Oil Spill, Drescher et al. (in press) noted that 26.9 % of their sample reported experiencing severe or extremely severe levels of depression symptoms, 31.6 % reported experiencing severe or extremely severe levels of anxiety symptoms, and 24.9 % reported experiencing severe or extremely severe levels of stress symptoms. Moreover, 39 % of the sample reported experiencing clinically significant levels of posttraumatic stress symptoms as a result of the disaster. We are in the process of further analyzing the data set and investigating how variables such as meaning, resilience, and life satisfaction are related to variables such as stress, depression, anxiety, and posttraumatic stress specifically.

In previous papers (Schulenberg 2003; Schulenberg et al. 2008b), and in this chapter, we make the case that logotherapy in general, and meaning in life specifically, should have a major role as relates to the field of clinical-disaster psychology, as a protective factor, in terms of coping, and in terms of applied interventions by trained mental health professionals. There is theoretical and anecdotal support, as well as growing empirical evidence, of meaning's potential utility. Although the literature reviewed above provides some support, particularly as relates to the significance of perceived meaning in clinical-disaster psychology and related areas, controlled studies are necessary to provide further evidence of therapeutic effects. We advocate a continued emphasis on research, the need to advance a systematic and stringent research approach in order to strengthen the bridge between clinical-disaster psychology and logotherapy. Logotherapy is strongest at the place where theory, practice, and research meet (Schulenberg et al. 2012).

Although further empirical work will be invaluable in pursuit of this goal, it is also meaningful to share personal experiences that display how psychologists trained in logotherapy and related theories can work in this area throughout their training and careers. To this end, I (Schulenberg) wish to share my experience as a clinical psychologist working within the field of clinical-disaster psychology.¹

Logotherapy and Clinical-Disaster Psychology: A Personal Journey

In August of 1996, I began the doctoral program in clinical psychology at the University of South Dakota. I completed a variety of courses across a wide range of domains (e.g., assessment, statistics/research design, personality theories, theories of therapy, community psychology, etc.), learning how to become a theorist, a researcher, and a practitioner (individual, family, and group therapy). I worked in a variety of placement settings while at the university, culminating in an internship at the William S. Hall Psychiatric Institute in Columbia, South Carolina in 2000–2001.

During my time in South Dakota, I also began taking additional coursework, and working on related research, through the university's Disaster Mental Health Institute. Focus was placed on such areas as cognitive-behavioral interventions and disaster-related psychopathology, vulnerability and resilience, working with diverse and at-risk populations, working with various agencies in response to disasters and in preparation for future disasters, and the examination of specific disasters as cases in point. Similarly to the larger, clinical training program of which it was a part, training was both didactic and applied, coupled with clinical supervision. It was during the time in South Dakota that I learned much with respect to how to function as a clinical psychologist, and how to work as a clinician in the field of clinical-disaster psychology. The integration of theory, research, and practice was emphasized, in addition to learning how to work with relief agencies such as the American Red Cross.

While a student at the University of South Dakota, I began pursuing Logotherapy Associate curriculum courses through the United States' Viktor Frankl Institute of Logotherapy. Courses afforded a deeper introduction to logotherapy (beyond having read *Man's Search for Meaning* as an undergraduate student at the University of Houston some years before), as well as specific areas such as attitudinal change, meaning-centered interventions, and the theory and therapy of mental disorders from a logotherapy perspective. I was reading a variety of books, chapters, and articles on logotherapy and the importance of

¹ The views throughout this chapter reflect the views of the author(s), and do not necessarily reflect the views of the agencies, organizations, and institutions that are mentioned herein. "I" is used to reference Schulenberg's experiences, while "we" is used to refer to the authors collectively.

perceived meaning at around the same time that I was pursuing doctoral training in clinical psychology and specialized training in clinical-disaster psychology. Intently studying these areas around the same time period, it made intuitive sense how they could fit together, and how theory, research, and practice intersected and are critically important to informing one another.

Graduating from the University of South Dakota in December of 2001, I received a Ph.D. in Clinical Psychology and was an early graduate of the university's Disaster Mental Health Institute (Clinical-Disaster Specialty Track). I had finished the Viktor Frankl Institute's coursework necessary for the Associate's credential in October of 2000 (eventually completing the institute's Diplomate-Clinician credential in 2005). Arriving as a member of the faculty of the University of Mississippi's Ph.D. Clinical Psychology Training Program in August of 2002 (Oxford, Mississippi), I was pulled by the idea of "paying it forward." In other words, being grateful for the training and education I had received, how could I best honor and respect the contributions of so many people and institutions? How to put the training and education received to good use in the community where I was now living and working?

Over a period of years, I developed a working relationship with the local American Red Cross in order to better understand the community and how the American Red Cross functioned in Oxford and related areas. I also wanted to educate people on the importance of mental health related to disasters. Education of the community was, and continues to be, an essential part of being a psychologist working in the clinical-disaster context. I became a volunteer in the local American Red Cross as a mental health responder, and I secured their required training necessary for the opportunity to be deployed nationally, and for extended periods of time, as a mental health responder in times of disaster (relationships and roles emphasized during the doctoral clinical training received as a graduate student in South Dakota). Working with relief agencies in anticipation of future disasters is key as a volunteer psychologist, helping to establish one's credibility and familiarity, as well as assisting organizations in coordinating mental health resources (Schulenberg et al. 2008a).

Clinical-Disaster Psychology: Logotherapy in Action

Hurricane Katrina: A Large-Scale Natural Disaster

Frankl has many quotes that I have found to be inspiring, not only personally, but professionally. One of these is that "[h]uman behavior is not dictated by the conditions in which we find ourselves, but by decisions we make about them" (Frankl 1994, p. 107). In August of 2005, Hurricane Katrina impacted the Gulf Coast of Mississippi. It was one of the deadliest hurricanes in U.S. history, with the third highest casualty rate (over 1,500) and over \$81 billion in damages (Blake et al.

2007; Hirschel and Schulenberg 2009). The following was initially reported in Schulenberg et al. (2008a) as a means of informing psychologists of potential roles in response to disaster when it was not possible to assist directly on site for whatever reason.

In the case of large-scale disasters, there are many ways psychologists may provide assistance. For example, Oxford, Mississippi is located about 300 miles from the Gulf Coast. Thousands of evacuees fled from the coast, arriving in Oxford and requesting services at a local American Red Cross Resource Center (Schulenberg et al. 2008a). Many different services were provided at this center in addition to mental health, such as food and water; medical care; a place to rest; financial aid; and information regarding jobs, shelter, and education. With respect to mental health assistance, I was involved in preparing clinical graduate students and faculty to assist in staffing the American Red Cross Resource Center, as needed, and I also assisted by preparing individuals for seeing survivors of the disaster in our department's Psychological Services Center. The focus was on providing services for those individuals who may specifically seek out services, but at the same time to afford a presence in the community where individuals would know that services are available if they want them. When working in a center such as the one provided by the American Red Cross, it is important that the psychologist is visible, but that he or she also "floats," offering help on an as-needed basis, and creating opportunities for people to tell of their experiences and to process what has happened to them (while at the same time not pressuring them to do so as this can be potentially harmful; Schulenberg et al. 2008a). Thus, in addition to working with survivors on site, psychologists can also assist those in their communities who are evacuating from a disaster. In addition to assisting evacuees, psychologists may also contribute via a variety of other roles, among them enhancing research efforts. We briefly discuss research efforts following Hurricane Katrina (Schulenberg et al. 2008a) as an illustration of the roles that psychologists may fill, prior to discussing the Gulf Oil Spill (2010) and the tornado outbreak of 2011, specifically as it affected North Mississippi.

About four months following Hurricane Katrina, I became involved with a group of interdisciplinary researchers as a consulting psychologist (Schulenberg et al. 2008a). The research team was studying the impact of social networks on post hurricane recovery, focusing on the Harrison and Hancock county areas of Mississippi (areas that were hit especially hard). My roles involved survey development, research design, and providing training for the members of the research team (see Schulenberg et al. 2008a for additional details). With respect to survey development, consultation involved input on measures relating to social networks and relief and recovery. Because of the multidisciplinary nature of the research team, individual items were developed, and questionnaires included, to assess demographics, attitudes (political, social, socioeconomic), and mental health (PTSD, self-efficacy). While it would have been of potential utility in the understanding of meaning as relates to post hurricane recovery, there was not enough room in the survey to include a measure of meaning. At the time the study was conducted, most measures of meaning were 20 items or so, which is

a high number if a comprehensive survey is being developed to assess many relevant variables. This became an additional reason as to why, in subsequent years, I worked with students and colleagues to develop the four-item Purpose in Life test—Short Form, based on the original work of Crumbaugh and Maholick (1964; see Schulenberg and Melton 2010; Schulenberg et al. 2011).

Training of the team included what to expect in the field—the range of reactions potentially experienced by disaster survivors, as well as their own potential reactions to conducting research in the field in a disaster context. In addition, the training involved many aspects, including things to do and not do relating to data collection/survey fieldwork, the complexities of working in the field, the complexities of working in a disaster context, referral information for survey respondents, and the importance of self-care when working in a stressful environment. The article goes on to discuss the intricacies inherent in working with a disaster-affected population in an ethical and professional manner.²

From a meaning standpoint, the work was important to me for a variety of reasons. It was a way to honor previous training, it was a means of providing referral information for those who may benefit from mental health services, it served as a way of training graduate students in clinical-disaster psychology, and it was a means to contribute to the clinical-disaster psychology literature (e.g., Schulenberg et al. 2008a; Hirschel and Schulenberg 2009, 2010).

The Gulf Oil Spill: A Large-Scale Man-Made Disaster

On April 20, 2010 the Deepwater Horizon oil platform (operated by BP p.l.c.) exploded, killing 11 oil rig workers and initiating a flow of oil into the Gulf of Mexico. Oil continued to flow into the Gulf of Mexico for the next several months, eventually releasing approximately five million barrels of oil into the water, making it the largest oil spill in U.S. history. The spill negatively affected the Gulf Coast states by harming wildlife, hurting the fishing industry, and decimating natural resources. In addition to the effect on the environment, there is evidence that the oil spill negatively affected the mental health of coastal residents (Gill et al. 2012; Grattan et al. 2011; Osofsky et al. 2011).

² Research and clinical work should only be conducted by those appropriately and thoroughly trained, and through appropriate channels. For example, the research described throughout this chapter, as related to my personal experience, was performed by those trained in the research process, either experienced professionals or graduate students working under supervision, with procedures approved by the relevant Institutional Review Board. Clinical work referenced throughout this chapter, as related to personal experience, was conducted either by a licensed psychologist, or clinical graduate students working under clinical supervision. It is of paramount importance when conducting research or clinical work to ensure professional and ethical competence and integrity at all times.

In response to the spill, BP distributed funds to the departments of mental health in the Gulf Coast states, the Mississippi Department of Mental Health (MS DMH) being among them. MS DMH then distributed funds to community programs for disaster survivors via a grant program. They decided to hire a research consultant with training and experience in clinical-disaster psychology to develop a program to assess the funded grants. I was contracted to fill this role, duties that became a part of my day-to-day functions in the Department of Psychology at the University of Mississippi. As part of the contract with MS DMH, I brought in two additional Psychology Department faculty members, and assembled a team of doctoral clinical psychology graduate students (the coauthors of the present chapter among them) to support our evaluation program. Eventually the project grew to include assessing 19 sites (tracking therapy, training, and outreach services). We developed an assessment tool that consisted of demographic items and items measuring the impact of the Gulf Oil Spill on physical and mental health, as well as occupational and social functioning. We also utilized a battery of measures to assess positive variables (e.g., perceived meaning, life satisfaction, self-efficacy), and psychological distress (e.g., stress, anxiety, depression, PTSD). We translated a variety of psychological measures [including the Purpose in Life test—Short Form (PIL-SF); Schulenberg and Melton 2010; Schulenberg et al. 2011] into Spanish and Vietnamese; and managed an online data collection system.

This project was personally meaningful to those involved in a number of ways. First and foremost, the project helped identify the needs of coastal Mississippi residents affected by the Gulf Oil Spill and monitor the services that they were receiving. This work may prove invaluable as governmental and community agencies continue to seek funding for the services necessary for individuals affected by the spill. Furthermore, research into their experiences can improve the type and quality of services being provided for survivors of other disasters.

Additionally, this contract allowed the opportunity to mentor a team of graduate students in the field of clinical-disaster psychology. In many ways, this is a way to honor the training I received in graduate school and subsequently in this field. The effects of such training can prove exponential as graduate students go on to incorporate the principles of clinical-disaster psychology in a variety of careers. In addition to working one on one with community organizations and working as a team in collaboration with MS DMH, students were able to take leadership roles, contributing to their own development and the advancement of the field, by presenting posters (e.g., Baczwaski et al. 2012; Campbell et al. 2011; Hadden et al. 2012), participating in symposiums (e.g., Drescher 2012; Flegle 2012; Walters 2012), and publishing in peer-reviewed journals (e.g., Drescher et al. 2012; Walters *in press*).

Finally, this project allows for further contributions to the empirical base of logotherapy, in general and with specific regard to meaning's importance in clinical-disaster psychology. Including a brief measure of perceived meaning in life (i.e., the PIL-SF) within this research opens the door for perceived meaning to be examined in comparison to a variety of other psychological constructs within a

unique population. Notably, the first published study to come out of this project, Drescher et al. (2012), evaluated the association of perceived meaning in life to life satisfaction following the spill.

The 2011 North Mississippi Tornadoes

In April of 2011, there was an outbreak of tornadoes in the United States. Among the damaged areas were major portions of Mississippi and Alabama. Near Oxford, Mississippi, where our doctoral clinical training program is located, the Pine Flat and Yocona areas were especially impacted. As a mental health disaster responder in the American Red Cross and Mississippi's Disaster Response Network, I became increasingly involved as other American Red Cross disaster mental health personnel and disaster responders were deployed to this area (in response to the level of devastation, many responders were deployed throughout the state of Mississippi, as well as other affected states). To provide a sense of perspective on the nature of these tornadoes and the associated damage to the affected communities, the interested reader is referred to *Witness: Tornado Swarm 2011*, a documentary available on DVD and as shown on the National Geographic Channel (www.nationalgeographic.com/channel).

My role as a mental health disaster responder was to assist in coordinating the mental health response in North Mississippi, which consisted of local American Red Cross volunteers as well as individuals deployed from other areas of the country. We worked together as a team, visiting with residents of the affected areas, talking with them about their experiences, referring to appropriate medical and mental health services, as needed, and providing education about available resources. Efforts were coordinated with immediacy in mind (what services are needed and available at the present time), as well as the long-term (what resources exist locally and would be of assistance to disaster survivors once the immediate disaster response was over). In working with disaster survivors, it is imperative that physical needs are met (e.g., food, water, shelter, electricity), as well as emotional needs (e.g., who can I talk to when I need to?). Opportunities are created for disaster survivors to tell their stories, and to process what has happened. Thus, the questions for the survivor often become: Now that this has happened, what can I do about it? What resources do I have available? Of the choices that I have, how do I best respond? These are practical questions, but they are also questions consistent with meaning-based frameworks such as logotherapy. If circumstances cannot be changed, such as in the case of a natural or man-made disaster, one can still choose one's attitude toward circumstances and how to address them (*attitudinal values*). This is an application of logotherapeutic thinking in the disaster context. The focus is shifted to what can be done, what resources are available, and this is consistent with dereflection (a shift in attitudes from the negative toward the positive), which is a commonly used logotherapeutic technique.

The University of Mississippi Clinical-Disaster Research Center (UM-CDRC)

The culmination of all of this theoretical, empirical, and applied work, over a period of years, has resulted in the development of the University of Mississippi Clinical-Disaster Research Center (UM-CDRC; <http://cdrc.olemiss.edu/>), and is consistent with the idea that “[e]very situation emits a call to which we have to listen” (Frankl 1994, p. 107). The UM-CDRC was inspired by a growing field and training from the Disaster Mental Health Institute at the University of South Dakota. The UM-CDRC is a team of professors and graduate students from the Department of Psychology at the University of Mississippi. The center works in the areas of research, teaching, and service as related to clinical-disaster and positive psychology.

The UM-CDRC was initially formed in 2010 during work on the Gulf Oil Spill research contract (referenced above). Therefore, the first tasks the center was involved in were research and assessment of clinical-disaster services provided in response to the Gulf Oil Spill and which were funded via a grant program by the Mississippi Department of Mental Health through funds received from BP p.l.c. (see Weir 2012). Research conducted by the UM-CDRC focuses on clinical-disaster psychology broadly, with a specific focus in various related areas, including positive psychology (e.g., perceived meaning in life, resilience, life satisfaction, social support, self-efficacy); psychopathology associated with disasters, such as depression, anxiety, and posttraumatic stress; multicultural/cross-cultural psychology; community psychology (education, prevention, and intervention efforts); social psychology; environmental psychology; and survey design and assessment strategies. Because the members of the UM-CDRC represent a diverse range of interests within psychology, the center conducts work in a number of fields and strives to foster a healthy exchange of interdisciplinary ideas.

With respect to teaching/training, I work with the American Red Cross, teaching courses from its curriculum, including the “Fulfilling our Mission,” “Psychological First Aid,” and “Foundations of Disaster Mental Health” courses, to community members, graduate students and faculty of the university, and local mental health professionals (depending on participants meeting the eligibility requirements for particular courses).

As for university-based courses in clinical-disaster psychology, I have developed a course for students in the Department of Psychology at the University of Mississippi: PSY 417, Disasters and Mental Health. The course is geared toward the senior, undergraduate level, with a companion graduate-level seminar in development. PSY 417 was taught for the first time in the spring of 2013. The course focuses on the roles of clinical psychologists who work in the field of clinical-disaster psychology, with course content centered on psychopathology after disasters, risk and protective factors (vulnerability, resilience, perceived meaning), at-risk populations (children, the elderly), disaster-related mental health interventions, disasters as cases in point, the importance of volunteer work (consistent with the

logotherapy concept of self-transcendence, moving beyond one's own needs/wants to reach for another person, or a cause), and aiming to heighten awareness of relief agencies such as the American Red Cross.

In the future, the UM-CDRC hopes to continue to provide these types of educational opportunities, as well as expanding its offerings. We are currently in the process of working with the American Red Cross to train graduate students to teach some of the curriculum courses, contingent on qualifications and course requirements. We are working now to train future trainers so that the material can reach greater numbers of people. In this way we are preparing for the next disaster.

In addition to the aforementioned training efforts, the UM-CDRC is also developing new training materials which are tailored to meet unique community needs and include areas that are not currently covered in various disaster mental health curricula (e.g., perceiving meaning from one's circumstances). The idea behind any training/educational effort is ultimately to conduct research to understand when and how information can be transmitted and retained most effectively, and in terms of service work, when and how interventions provided would be most effective and efficacious. Research is a foundation not only for training and education, but for service work as well (Schulenberg and Florez 2013).

The role of service within the daily workings of the UM-CDRC should continue to increase over the coming years. Because the location of the University of Mississippi is in close proximity to areas that regularly endure tornadoes and flooding, as well as being within driving distance of areas affected by hurricanes and other disasters, it is a certitude that UM-CDRC team members will be in a position to assist in recovery efforts following future large-scale disasters. By becoming trained in the disaster response protocol of organizations such as the American Red Cross, it is hoped that UM-CDRC team members will be of valuable assistance to disaster response teams. Additionally, because the majority of UM-CDRC team members specialize in the area of clinical psychology, they are able to provide long-term therapeutic services for local disaster survivors who are experiencing prolonged psychological distress through the University of Mississippi's Psychological Services Center. Furthermore, UM-CDRC members can work to help increase community disaster preparedness before disasters strike and help coordinate the community mental health response when they do occur.

The areas of research, training, and service are central to the mission of the UM-CDRC. However, the UM-CDRC is more than simply a hub for clinical-disaster and positive psychology work. A key value of the UM-CDRC, one emphasized to all team members, is self-transcendence. Frankl (1975) referred to self-transcendence as movement toward "something, or someone, other than itself" (p. 78), and Crumbaugh described the importance of having "a personal identity, a meaning for existence, a place in life, a worthwhile cause" (1973, p. ix). Through working within an organization with the goal of positively impacting disaster survivors, the UM-CDRC aims to offer a measure of transcendence for all who are involved, transcendence not only on an individual level, but an organizational level as well, working for the benefit of those adversely affected in times of disaster.

Conclusions

Clinical-disaster psychology has become an increasingly important area of investigation. While a focus on the negative mental health effects of disaster (e.g., PTSD, depression) is needed to assess for areas of change and treatment implementation, a strengths-based approach is also warranted. Specifically, enhancing positive psychological variables should be an integral element of preparedness and treatment. Logotherapy, with its emphasis on perceived meaning in life, is potentially useful in assisting disaster survivors in a myriad of ways, such as in terms of coping and in stimulating posttraumatic growth. Continued disaster research on the mental health effects of the event, with an emphasis on the importance of perceived personal meaning, will better inform and prepare psychologists to offer aid when disasters occur in the future.

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Chapter 16

Meaning Sensitive Psychotherapy: Binding Clinical, Existential, and Positive Psychological Perspectives

Nathan Mascaro

Meaning in life, defined as a sense of coherence and purpose that has personal, spiritual/self-transcendent, and implicit/normative-ethical components, plays an integral role in promoting psychological health, whether viewed from a clinical, existential, or positive psychological perspective. Clinical research focuses on the impact that one's ability to make meaningful assumptions about self and world has on levels of anxiety, particularly posttraumatic stress disorder (PTSD) symptoms, as well as the link between alleviation of depressive symptoms and a sense of purpose motivating activation of meaningful behaviors. Positive psychological research emphasizes the resiliency against psychopathology and positive emotions experienced by individuals with a strong sense of meaning in life. The existential tradition deals with the intrinsic value in facing the tension between absurdity and malevolence we encounter in the world and the pervasiveness and intricacy of our encounters with coherence and virtue. Insofar as the concept of meaning in life winds its way from symptom focused, clinical concerns, through aspects of resiliency and positive emotions, and finally to concerns that transcend the dichotomy between positive and negative states, sensitivity to this concept results in a well-rounded and farsighted framework for the conduct of psychotherapy. This framework promotes the alleviation of acute distress, remediation of vulnerabilities for such distress, enhancement of positive well-being beyond the mere absence of or resiliency against psychopathology, and contact with frequently unnoticed or avoided aspects of existence that stir self-transcendent motivation and emotion. This chapter reviews research findings

N. Mascaro (✉)

Atlanta Veterans Affairs Medical Center, Decatur, GA 30033, USA
e-mail: Nathan.mascaro@va.gov

N. Mascaro

Department of Psychiatry and Behavioral Sciences,
Emory University School of Medicine, Atlanta, GA 30322, USA

N. Mascaro

2149 Skytop Drive, Stone Mountain, GA 30087, USA

and theory informing a meaning sensitive approach to psychological well-being, details a framework for applying these findings in the practice of psychotherapy, and, where appropriate, suggests useful research directions.

Sensitivity to Meaning

Because the construct of meaning in life, or existential meaning, is appropriately conceptualized as outcome (e.g., Kashdan and Steger 2007), mediator of outcome (e.g., Janoff-Bulman and Frantz 1997), and moderator of outcome (e.g. Owens et al. 2009), and because it is addressed explicitly from clinical (Currier et al. 2011), existential (Frankl 1988, 1992), and positive (Steger 2009) psychological perspectives, sensitivity to the construct can result in a framework for the conduct of psychotherapy with significant depth and range. There are of course the standard reasons mental health professionals should take the perception of meaning in life seriously, including the frequency with which individuals presenting for psychotherapy report a desire for greater meaning in life (12–22 %) (Yalom 1980), the intuitive appeal of dealing with existential concerns when one's mission is to help individuals move toward happier, more valued living, and findings that enhanced existential meaning predicts increased hope and decreased depression (Mascaro and Rosen 2005, 2008), moderates psychotherapy outcome (Debats 1996), and likely mediates a variety of other outcomes (Chamberlain and Zika 1988a; Debats 1990; Debats et al. 1993; Harris and Standard 2001; Scannell et al. 2002; Steger *in press*; Wong 1998; Zika and Chamberlain 1992). Beyond this, our notions of existential meaning involve ultimate concerns, or the bottom line truths for which we live, die, and suffer, which lift us beyond the work-a-day obsession with comfort, reduction of pathology, or accumulation of pleasure, and into a world that becomes increasingly vital as we accurately orient ourselves along dimensions bounded by coherence and chaos, birth and death, virtue and evil, freedom and limitation, communion and isolation. Thus, issues of life meaning turn out to be both the impetus motivating individuals to seek psychotherapeutic assistance as well as the nuts and bolts which can be manipulated to mediate successful psychotherapy outcomes even when the presenting complaint is not overtly a crisis of meaning.

Due to the multidimensional nature of existential meaning, a familiarity with the construct can allow clinicians to shift smoothly between clinical, positive, and existential psychological frameworks and focus, respectively, on symptoms of psychopathology, optimization of strengths and virtues, and appreciation for ultimate concerns. That is, meaning sensitive psychotherapy (and meaning sensitivity in general) is a well-rounded approach to well-being that benefits from the precision and focus on symptoms that is a virtue of the clinical approach, the broader and longer term considerations addressed through a positive psychological lens, and the ultimately reframing viewpoint of existential psychology. As such, meaning sensitive psychotherapy promotes the alleviation of acute distress, remediation of vulnerabilities for such distress (or the flip-side, facilitation of resiliency), and growth, beyond the mere absence of, or resiliency against, psychopathology. What

follows is a review of clinical, existential, and positive psychological theory and research relevant to a meaning sensitive approach to well-being, and a summary of one basic structure for applying these findings in the practice of psychotherapy.

The Meaning of Meaning

Shifting in a useful way between clinical, existential, and positive psychological perspectives of meaning requires first understanding the nature of the concept, grasping the actual definition of *meaning in life* as well as the nuances implied by people when they employ the term. Regarding the basic definition, theorists focus on the twin concepts of (1) coherence, comprehension, or framing of one's experience; and (2) a sense of significant purpose or function to fulfill, (Mascaro and Rosen 2008; Reker 2000; Steger 2009, *in press*; Yalom 1980). Thus, Reker (2000) defines existential meaning as "cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment" (p. 41), Steger (2009) as "the extent to which people comprehend, make sense of, or see significance in their lives, accompanied by the degree to which they perceive themselves to have a purpose, mission, or overarching aim in life" (p. 682), and Mascaro and Rosen (2008) as "possession of a coherent framework for viewing life that provides a sense of purpose or direction, which, if lived with in accord, can bring about a sense of fulfillment" (p. 578). What has not been sufficiently empirically explored is how distinct the factors of coherence and purpose are from one another or the differential consequences of these two aspects of meaning. Steger (*in press*) astutely points out that comprehension of experience, labeled here as coherence, functions as a cognitive and purpose as a motivational component of meaning. One would expect that individuals lacking coherence would feel unsure of themselves, mistrustful, disoriented, and generally anxious while reduced levels of meaning's motive component, purpose, might predict lethargy, anhedonia, and related symptoms of depressive disorder.

Of course, when people use the word "meaning" they have nuances in mind that are not captured by the core features of coherence and purpose. This is one reason why researchers have begun distinguishing among meaning subconstructs, the most central of which are personal, spiritual, and implicit (Mascaro and Rosen, 2008). Of these three, personal meaning is captured by the generic definitions noted above, focused on a general perception of purpose and coherence in one's life, regardless of the source of that coherence and purpose (Battista and Almond 1973; Klinger 1998; Reker 2000; Yalom 1980). In fact, one's sense of personal meaning could derive from a hedonic commitment to maximizing the attainment of pleasure (purpose) and an awareness of those factors allowing one to predict and control such attainment (coherence). However, this does not capture the richness implied by most people's use of the term meaning, as most people envision something more significant and self-sacrificing. For instance, Frankl (1992) found meaning by uncovering not "... what we expected from life, but rather what life expected from us" (p. 85), highlighting something more noble than a self-serving

accumulation of pleasure or power. By focusing on the self-transcendent, Frankl moved into the realm of the spiritual—or if one fears the “S” word, feel free to call it the transpersonal—which is not conceptualized as a mere construct of the individual but as Meaning with a capital “M”. Spiritual Meaning is defined as *belief that life or some force of which life is a function has a purpose, will, or way in which individuals participate* (Mascaro and Rosen 2006; Mascaro et al. 2004), and the degree to which one perceives themselves as participating in a transcendent force is therefore the degree to which they possess a sense of spiritual meaning.

We normally have particular attitudes and behavior in mind when we characterize another’s life as meaningful, and we usually consider the embodiments of such attitudes and behavior to be individuals like Gandhi or Mother Theresa as opposed to Hitler or Stalin, regardless of how highly the latter two may have scored on self-report measures of personal or spiritual meaning. This is why a thorough conceptualization of someone’s level of meaning includes their engagement in the type of behaviors that others would deem meaningful. To help specify this construct, Wong (1998) utilized qualitative and then factor analytic methods to identify seven factors that tend to be viewed as characteristic of someone with the “ideally meaningful life.” These factors are achievement, social adeptness, religion or spirituality, self-transcendence or altruism, self-acceptance or humility, emotional intimacy, and fair treatment or justice. The extent to which individuals embody these characteristics in their lives constitutes their level of implicit meaning.

This rational unpacking of the meaning construct corresponds to correlational and factor analytic findings, which suggest that personal, spiritual, and implicit meanings tap into an overarching existential meaning construct (Mascaro and Rosen 2008) but have unique relations with well-being and psychopathology (Mascaro et al. 2004). Thus, when determining a presenting patient’s degree of meaning in life, it is important to assess all three meaning subtypes, particularly levels of involvement in the areas of implicit meaning uncovered by Wong, as hypo-engagement in specific meaning-relevant areas (e.g., lack of emotional intimacy or self-transcendent cogitation) might be a rather direct source of a more explicitly felt absence of meaning and related mental health issues.

A somewhat curious oversight in the explication of the meaning construct has been the absence until recently of an assessment of the tendency to search for meaning, and most emphasis has been on gauging meaning’s presence/absence (Steger et al. 2008a, b). Interestingly, whether or not one perceives life as meaningful is relatively independent, and if anything inversely related, to the tendency to search for meaning, with patterns of correlation suggesting that those who lack a sense of purpose or coherence do tend to search for it, but conscious searching does not appear to lead to its presence (Steger et al. 2008a, b). Although, consistent with existential (Yalom 1980) and acceptance-based theory (Hayes 2004), an overly focused search for meaning may be counterproductive, the following sections highlight factors that do promote the presence of meaning in life.

A final noteworthy aspect of meaning is that purpose does appear to have both an understanding component and an actualization component. Factor analytic research on the Life Regard Index (LRI) (Battista and Almond 1973), one

of the more thoroughly psychometrically investigated meaning measures, which contains item content focused on both framework for and fulfillment of purpose, supports the distinctness of these two elements of meaning (Debats 1998). In theory, one would expect actualization of purpose to be just as relevant to well-being as awareness of one's purpose, with actualization perhaps depending on the interaction between awareness and efficacy. One would also expect that those with a strong sense that they are fulfilling their *raison d'être* would be less depressed and experience more positive emotions.

Positive Psychology and the Promotion of Meaning

Why Promote Meaning?

Positive psychology concerns itself with resiliency factors and human virtues pursued as ends in themselves (Seligman and Csikszentmihalyi 2000), and because a global sense of meaning in life satisfies both of these criteria, much useful research on the promotion of meaning comes from the arena of positive psychology. Meaning has been found to predict lowered levels of depressive symptoms longitudinally and not vice versa (Mascaro and Rosen 2005, 2008); specifically spiritual meaning appears to buffer against stress reactive depressive symptoms (Mascaro and Rosen 2006) and buffer genetic susceptibility to depressive symptoms in medical school students undergoing significant life stressors (Rosen et al. 2010). Meaning also relates to varied positive states including life satisfaction (Chamberlain and Zika 1988b; Zika and Chamberlain 1992), happiness (Debats 1990, 1996; Debats et al. 1993; Scannell et al. 2002), elation (Debats 1990); spiritual well-being (Harris and Standard 2001; Scannell et al. 2002), hope (Mascaro et al. 2004), love, joy, and vitality (Steger et al. 2006), and better psychotherapy outcome (Debats 1996). Such factors in combination with meaning's intrinsic value highlight the importance of identifying the lifestyle factors that promote it. Although there has been a conspicuous gap for some time between meaning's clear relevance to well-being and the amount of data specifying factors that optimize it, the positive psychological literature has begun to rapidly address this inadequacy through both qualitative and quantitative data.

Qualitative Research: Sources of Meaning

One way to identify sources of meaning is to ask people what makes life meaningful. As mentioned above, when Wong (1998) asked people what factors comprise the ideally meaningful life, he identified factors of achievement, sociality, spirituality, self-transcendence, self-acceptance, intimacy, and fair treatment. Other research highlights factors including work, love and marriage, childbirth, and engagement in independent, avocational activities (Baum and Stewart 1990);

spirituality, career concerns, romantic relationships, friendship relationships, familial relationships, physical exercise, and creative expression (Ali and Toner 2001; Ali et al. 2002); as well as career, self-indulgence, spirituality, romantic partners, family and friends, helping others, and leisure (Heiland et al. 2002). Thus, the common sources of meaning threading through various populations appear to be spirituality or religiosity; interpersonal relations such as friendships, romantic relationships, and familial relationships; altruism or self-transcendence; career or achievement related activities; and avocational or artistic activities. Assuming one's career is experienced more as a calling than a means to an end, the common factor among these categories is that they are generally thought of as ends in themselves, or intrinsically motivated activities, suggesting that two powerful pathways to meaning are identification of intrinsically motivated activities and development of the ability to connect with the intrinsic value in everyday experiences typically cast as only extrinsically rewarding. This latter potential pathway to meaning highlights the likely importance of mindfulness to the perception of meaning in life. Far beyond this chapter's scope, see Kabat-Zinn (1994), Nhat Hanh (1976, 1990), or Hayes (2003, 2004) for more detailed discussion of how mindfulness recontextualizes initially extrinsically motivated behavior and daily stressors.

Quantitative Research

Qualitative research highlights various sources of meaning, but what domains of living are reported to be most meaningful? We should not be surprised that Aristotle lights the way. His *Nicomachean Ethics* (Aristotle 1980) distinguishes amusement based, or hedonic, from eudaimonic connotations of happiness, with the latter, less ephemeral concept hinging on the continuous refinement of virtue. Eudaimonic activities are those involving actualization of virtuous potential and are distinguished from activities aimed solely at deriving pleasure, labeled as hedonic. Individuals who report engaging in more eudaimonic activities in one day subsequently report increased meaning (Steger et al. 2008a, b).

Although eudaimonic behavior has a stronger relationship to meaning and well-being than hedonic behavior, there is certainly value in pleasure, and the eudaimonic and hedonic are not mutually exclusive (Steger et al. 2008a, b). For instance, the experience of positive affect enhances the perception of meaning in life (King et al. 2006). Interestingly, King et al. (2006) found this enhancement does not appear to be a function of positive affect leading to positive bias or viewing the world through rose-colored glasses, as people experiencing a positive mood were actually more likely to consider objectively meaningless activities to be meaningless. Indeed, rather than biasing cognition, positive affect appears to broaden it. In introducing the broaden-and-build theory of positive emotions, Fredrickson (2001) summarizes evidence that positive affect facilitates open, flexible cognition, and broadens thought-action repertoires, further suggesting that these factors might promote the ability to detect meaning. Consistent with speculation that more broadly reflective cognition promotes meaning, individuals with

greater trait curiosity tend to have higher and more sustained levels of meaning, particularly when they engage in activities in which they can exercise that curiosity (Kashdan and Steger 2007).

Although individuals with a strong tendency to search for meaning are more satisfied when they do achieve a heightened presence of meaning (Steger et al. [in press](#)), a comment is warranted on the fact that searching for meaning and experiencing the presence of meaning are inversely related (Steger et al. 2008a, b). A possible explanation for the inverse relation of search to presence is that those low in meaning are motivated to search for it. Of course, if searching actually did lead to meaning, then longitudinal data would indicate that searching predicts subsequent presence. No longitudinal tracking of searchers and nonsearchers has been reported, and thus far more remains to be understood about dispositional searching for meaning and the variables with which this interacts to predict increased or decreased presence of meaning. As for speculation, given the likelihood that meaning is facilitated through cognitive flexibility and a broadened perspective, the idea of searching for it sounds overly narrow, particularly if the search is motivated by a desire to reduce distress. It is perhaps instructive to reflect on one's own sources of meaning and consider whether these entered one's life as part of a search for meaning or whether they emerged more incidentally than this. There is theoretical reason to believe that searching actually inhibits finding, whereas switching into a nonproblem-focused, or mindful, mode of cognition may facilitate it. A broadly curious mind that is not aimed at finding meaning might be most likely to stumble upon it.

Clinical Perspective: The Loss of Meaning and Its Clinical Consequences

Whereas positive psychology deals with the overall conceptualization of meaning and the variables that promote it, the clinical perspective, particularly that of a cognitive-behavioral orientation, emphasizes the processes by which individuals negotiate discrepancies between particular life events or situations and the pre-conscious assumptions constituting their global meaning framework, with pathological negotiation processes presumably resulting in either lost or maladaptive meaning and psychopathology (Janoff-Bulman 1992; Park 2010; Park and Ai 2006). Most attention has been given to the role played by violated assumptions of a benevolent, just, predictable world and competent self in mediating the link between trauma and posttraumatic distress (Foa et al. 1999; Janoff-Bulman 1992; Resick and Schnicke 1992). Although most people appear resilient against the shattering of global, meaning-related beliefs, even in response to extremely negative life events (Park 2010), for those whose meaningful assumptions are damaged by loss or trauma, recovery of meaning appears contingent on participation in activities embodying personally relevant values, particularly those that are self-transcendent or altruistic in nature (Emmons et al. 1998). However, because the violation of fundamental assumptions about goodness/safety of the

world and the worth/competence of the self tends to leave one anxious, avoidant, depressed, and withdrawn, affected individuals avoid the very experiences that could re-establish for them a healthy sense of coherence and purpose. For this reason, significant, negative life event(s) require confrontation and processing so that meaningful assumptions can be re-established in more nuanced and realistic form (Foa et al. 1989; Janoff-Bulman 1992; Park and Ai 2010; Resick and Schnicke 1992). A guiding principle for this process is that an individual must be able to answer fundamental questions (i.e., generate attributions) about the significant event(s) in ways that promote efficacy, purpose, value, and self-worth (Baumeister 1991), specifically answering questions regarding how the event happened, how it happened to the person to whom it happened, how it could be controlled or influenced, to what end (in a teleological sense) it occurred, and what could be gleaned from it for optimizing the individual's purpose in life (Park and Folkman 1997).

Thus, when events disconfirm integral assumptions within a person's meaning framework, recovery of meaning in the form of a more mature and flexible framework can occur through analysis of the factors that led to the event's occurrence, reasons it happened to the person to whom it happened, things that might be done to control similar future events, reasons it may have occurred in a teleological sense, and the wisdom that can be gleaned from it and employed in the pursuit of valued life goals. When this is not done, or when a negatively biased sense of coherence is established that overaccommodates the trauma, then recovery from PTSD is presumably blocked (Resick and Schnicke 1992) along with recovery from the depression, addiction, or other comorbid conditions that frequently arise from PTSD (Brown et al. 2000; Solomon and Davidson 1997).

Two of the more well-supported psychotherapy protocols for treatment of PTSD, prolonged exposure therapy (PE) (Foa et al. 2007; Karlin et al. 2010; Powers et al. 2010) and cognitive processing therapy (CPT) (Resick and Schnicke 1992; Karlin et al. 2010), involve confronting traumatic memories so as to integrate them, as accurately as possible, with global, meaning-related beliefs. PE and CPT also contain present-centered exercises (in vivo exposure and challenging of overaccommodated stuck points, respectively) that modify rigid beliefs biased toward interpretations of world malevolence and self-incompetence. Such processes result in the establishment of basic assumptions about self and the world that accommodate trauma without being negatively biased by it. Because these forms of psychotherapy are aimed primarily at PTSD, their impact on global measures of meaning has not been determined. However, given the correlation between PTSD symptom level and perceptions of meaning (Owens et al. 2009), as well as the fact that these therapies are aimed at optimizing core meaning relevant beliefs, one would expect individual levels of meaning to improve as a function of these forms of psychotherapy.

The link between depressive symptoms and meaning has received less attention than PTSD, but there is both empirical and theoretical reason to believe that there are important relations. Low global sense of meaning does predict

increased depressive symptoms longitudinally, but depressive symptoms do not longitudinally predict meaning (Mascaro and Rosen 2005, 2008a, b), suggesting a unidirectional impact of meaninglessness upon depression. Consistent with these data, one key ingredient to Acceptance and Commitment Therapy (ACT), an empirically supported treatment for multiple problems including depression (Hayes et al. 2006), is exploration of meaning and actualization thereof in daily life. Doing so increases engagement with positively reinforcing and intrinsically motivated activities and, in combination with the practice of mindfulness/acceptance skills, appears to subvert the overly symptom-focused thinking that exacerbates depression-reinforcing rumination and related cognitive entanglement. It is thus likely that ACT helps reduce depression by orienting individuals away from distress reduction and toward more meaningful living. Whether this actually enhances an individual's sense of existential meaning awaits demonstration.

Existential Psychology and Awareness of Ultimate Concerns

Basic Responses to Existential Anxiety

Existential psychology deals with our interaction with the boundaries of existence, or ultimate concerns. Yalom (1980) discusses how humans variously wrestle with and avoid acknowledging the ultimate concerns of freedom, existential isolation, death, and meaning. These are dimensional constructs defined by opposing poles between which lie our experiences: that is, presumably every human situation in the real world is bounded by birth and death, freedom and facticity (i.e. limitation), coherence and absurdity, isolation and communion. The overall thrust of the existential literature is that a robust meaning system acknowledges the ambiguity between these poles, avoiding the dichotomous thinking that would have one extreme swallow the other, which would yield either a Pollyanna-ish or a nihilistic obtuseness, one perhaps more hip than the other depending on one's group of friends, but both equally inaccurate, unhealthy, and invalidating of human experience. For example, the individual who maintains that all the outcomes in their life derive entirely from their freely made choices and self-determination suffers hubris that awaits a great fall, whereas the individual who maintains that all their life's outcomes are mere consequence of "social forces from without ... or biological forces from within" that leave no room for value-based decisions aims in vain to avoid the responsibility (or degree of freedom) to which we are, for better and worse, condemned (Maddi 1967 p. 315). As this example illustrates, the existential framework analyzes the way humans respond to their unique awareness of ultimate concerns. Resulting from this awareness are two distinct responses that relate to meaning: defensiveness and self-transcendence.

Defensive Meaning

The four ultimate concerns Yalom discusses, when confronted, can induce existential anxiety and related defensiveness functioning in order to fend off that anxiety, with the ultimate concern of death probably being most acknowledged as motivating terror and defensiveness. Supporting this contention and shedding light on the dynamics underlying it is a research paradigm derived from Terror Management Theory, which holds that we inflate aspects of our cultural worldview, which informs the sense of meaning in life for many, as a way to buffer against terror such as that connected to the awareness of our own mortality (Greenberg et al. 1997). The paradigm aimed at testing this theory involves differentially exposing individuals to existentially threatening stimuli (such as reminders of their mortality or criticisms of their worldview) and comparing subsequent levels of worldview defense (or critique of those opposing one's worldview) and reported meaning in life. Such studies indicate that those with lower levels of meaning in life report increased death anxiety in response to reminders of their mortality (Routledge and Juhl 2010), that people inflate their reported sense of meaning in life and are more defensive of their worldview when exposed to existentially threatening stimuli such as reminders of their own mortality or statements from those with opposing values to themselves, and that this defensive tendency appears more common in those with increased depressive symptoms, which are of course correlated with decreased levels of meaning in life (Davis and McKearney 2003; Simon et al. 1998).

Now it might be supposed that such illusory meaning, even if defensive, can be healthy and that there are no consequences to an overly positive meaning framework. There are theoretical, empirical, and ethical reasons why this is not the case. The ethical argument is simple. There is no reason why the valuation of honesty should be less than that of distress reduction. Empirically, such illusory meaning appears fickle and unhealthy. For instance, even though people report increased meaning in response to mortality reminders, this inflation is erased if the mortality reminder is followed by even an immature criticism of an aspect of their worldview, and the inflated sense of meaning then returns if one is given an opportunity to criticize the critique of that worldview (Davis and McKearney 2003). This is true despite the fact that the outcome is reversed if threats to the worldview are not accompanied by a mortality reminder (i.e., in which case those without the opportunity to defend their worldview report more meaning than those who did get an opportunity to criticize the critique of their worldview). It should be recalled that such tendencies are exaggerated in individuals with more depressive symptoms (Simon et al. 1998), and presumably those with less initial sense of meaning in life, suggesting that inflating and deflating one's reported sense of meaning depending on the blowing of the existential wind leads merely to the short-term alleviation of anxiety that does not allow for emergence of a realistic, nuanced, and resilient meaning framework that can guide stable functioning. A mature and healthy sense of meaning should have enough awareness of the givens of existence to be able to assimilate mortality reminders and similarly existentially threatening stimuli, rather than reacting defensively against them.

A theoretical reason why defensive meaning is probably not healthy hinges on the likely utility of an existential understanding that can look whatever nastiness life could possibly offer in the eye, and remain engaged. Insofar as this life appears as the gray area between yin and yang, heaven and hell, order and chaos, (whatever your preferred conceptual system), a sense of coherence that can only acknowledge yin or yang but not both simply does not accord with reality and is at risk of crumbling in despair when confronted with realities to which it refuses to accommodate but can neither deny nor assimilate. This would be consistent with data discussed earlier suggesting that variables related to open, flexible cognition (i.e. curiosity and positive affect) lead to a heightened and sustained experience of meaning, as well as findings that individuals whose core beliefs have been nontraumatically challenged prior to traumatic exposure, presumably leading to a more nuanced and accepting meaning framework, are less susceptible to posttraumatic symptoms due to the shattering of an overly brittle meaning framework (Janoff-Bulman 1992).

Existential theory and research thus suggest that an optimal sense of coherence accurately designates experiences along existential dimensions so that there is minimal discrepancy between perception and reality when it comes to how, for example, freely chosen versus dictated, malevolent versus benevolent, predictable versus random, relatable versus un-relatable, situations are. This realistic integration or balancing of opposites would, for example, facilitate some realistic form of growth in response to tragedy that includes actual changes in goals and goal pursuit (i.e., legitimate posttraumatic growth) as opposed to the illusory, “it was for the best” type of benefit finding which appears to be either irrelevant to or inversely related to sustained well-being (Davis and Nolen-Hoeksema 2009; Zoellner and Maercker 2006).

A notable implication of the current discussion is that an optimal meaning framework is actually enhanced by affirming meaning’s counterpart, absurdity, at least insofar as the dissonance created by one’s awareness of the randomness and malevolence of certain realities fuels a sense of purpose. That is, dissonance created by awareness of the tension between how we think the world should be and how we find it generates a motivation to change that is frequently so intense and purposeful that we label it “destiny”—rightly so, as reality is frequently so paradoxical that destiny and randomness can be affirmed in the same event. For instance, disease has wreaked more havoc in terms of mortality than war, and its malevolent absurdity—not its Panglossian “for-the-best-ness”—has also likely handed intrinsically motivated medicine men, healers, doctors, etc., their purpose for millennia.

Self-Transcendence, Acceptance, and the Emergence of Resilient Meaning

If the pain averse and pleasure mad ego is responsible for defensiveness that impedes the growth of a flexible and resilient meaning framework, then centering one’s identity in values and motives that transcend this selfish self might facilitate

such resilience and flexibility. As such, “there is concordance around the idea that meaning is most fully achieved when people actively engage in pursuits that transcend their own immediate interests” (Steger 2009, p. 683). Beginning most explicitly with Frankl (1966, 1992), the existential position extols the virtues of the human capacity for self-transcendence, which involves: (1) identifying with values beyond the accumulation of pleasure and avoidance of pain for the individual self, and (2) manifesting the freedom to choose one’s attitude with respect to unavoidable suffering. This capacity for self-transcendence produces an ultimately resilient meaning framework that stands up to absurdity and death. This is obviously easier said than done, but one key to doing so is acceptance of suffering.

The relevance of self-transcendence to meaning is supported theoretically (Frankl 1966) and empirically (Emmons et al. 1998), and self-transcendence is promoted through accepting one of the givens of existence: that suffering is inevitable. Nonacceptance of individual suffering involves not just denial of an important aspect of reality, thus resulting in a meaning framework that cannot assimilate many experiences, it also entails continuous change efforts that pull attention away from the eudaimonic behaviors that are the wellsprings of meaning. Thus, through acceptance, the energy and attention that was bound up in overzealously fending off displeasure and seeking comfort can be devoted to manifesting the values linked to one’s ultimate concerns in daily living. A prototypical example of this would be, as opposed to “drowning one’s sorrows” in alcohol in response to painful loss of a loved one, feeling the pain of loss unadulterated and contacting related primary emotions that move one towards greater intimacy with the living and appropriately transformed relations with the now deceased. Making this switch in orientation results in an enhanced sense of freedom, for once one turns away from the dogged pursuit of distress reduction, one becomes aware of a myriad of meaningful paths (which frankly tend to be distress reducing anyway). Such self-transcendent engagement not only leads to positive affect, of which the relevance to meaning has been discussed, it further broadens awareness and conceptual dimensions through which a complex and resilient framework of coherence can evolve.

Meaning comes to those who allow it to emerge by remaining engaged in intrinsically motivated activities, with such engagement likely producing positive affect, which itself enhances meaning. Acceptance can further facilitate meaning by, particularly during eudaimonic activity, disentangling one from the mental gymnastics required by the overzealous pursuit of distress reduction, analogous to the way that acceptance reduces depressive symptoms by disengaging the distress focused ruminations that actually distract from experiencing pleasure during positive activities (Hayes 2004). This process of accepting distress while pursuing ends that are in many ways irrelevant to the distress/pleasure dimension is evident in existentially informed psychotherapies from logotherapy (Frankl 1988, 1992) to ACT (Hayes 2004; Hayes and Smith 2005; Hayes et al. 2006; Luoma et al. 2007; Wilson and Murrell 2004). Their basic prescription involves exercising acceptance of distress, the reduction of which has too long been a primary aim, while using the freed attentional capacity to pursue eudaimonic aims. This means not just engaging in activities that might be considered self-transcendent, such as altruistic

service or spirituality/religion, but interacting with the world through a mindful mode of cognition that subverts self-focused cognition and broadens the categories through which coherence is typically attained, ideally transcending the notion of category itself.

Promoting Meaning in Psychotherapy

Promoting Coherence

The theory and research herein reviewed yield straightforward guidelines for conducting meaning sensitive psychotherapy. These can be categorized in terms of the promotion of coherence, promotion of purpose, modifying the search for meaning, promoting actualization of purpose, and case conceptualization. Understanding a person's sense of coherence requires learning of their beliefs about domains, as expounded in the cognitive-behavioral clinical literature, such as benevolence and control/predictability of the world and worth/competence of the self, as well as existential domains such as freedom, death, existential isolation, and the inevitability of suffering. An optimal coherence framework would be one that allows for tension between benevolence and malevolence, birth and death, control/predictability and randomness, humility and competence, freedom/choice and limitation, isolation and relation, and joy and suffering. In cases of significant loss or traumatic distress, it would be particularly important to determine how meaning-violating events have disrupted the establishment of such an optimal sense of coherence. In such cases, as mentioned previously, Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE) are brief psychotherapy protocols with sufficient flexibility for dealing with these aspects of coherence. (See the PE and CPT literature (Foa et al. 2007; Resick and Schnicke 1992) for details on how coherence is recovered through processing trauma).

Even in cases that do not involve trauma, benefit can be had from examining and modifying coherence-related beliefs. By analyzing experiences that are ruminated upon or obsessed about in relation to where they fall on coherence relevant dimensions, individuals can arrive not only at a realistic, enduring, and useful sense of coherence, but a sense of striving is created that enhances purpose.

One factor that ought to have profound impact on the perception of coherence, but which suffers from a dearth of scientific data, is the ability to understand one's individual life as fitting within a more universal narrative in the Jungian (Jung 1961) or Campbell (1968) sense of a personal myth corresponding to a broader, collective myth. More research is needed on whether and how, consistent with tenets of Jungian analysis (Jung 1928; Rosen 2002), coherence, self-transcendent purpose, and individuation are fostered through an individual's relating of their own experience to that of the countless others, both historical and mythic, who have endured experiences similarly tragic or triumphant.

Promoting Purpose

Dealing with purpose requires an appreciation of the distinct values of the transcendent and the personal. A healthy and robust sense of purpose should be linked to a force or cause beyond the individual if it is to be resilient and not socially parasitic, yet it must be integrated into specific goals and daily strivings if it is to have a significant impact on the relevant affective outcomes. This implies that a substantial component of treatment for those with an underdeveloped sense of personal meaning would be helping them to specify behavioral goals that they can link explicitly to the values that would be considered core to their sense of spiritual meaning. In cases of an underdeveloped sense of self-transcendence, in which goals are narrowly focused on the hedonic as opposed to the eudaimonic, then personal meaning (and thus motivation) will lack resilience, waxing and waning defensively according to whether situations meet or violate expectation. Transcending hedonic preoccupation is not as much a matter of asking patients to be less selfish as helping them subvert nonacceptance of suffering, perhaps through the practice of mindfulness à la ACT or Mindfulness Based Stress Reduction (Kabat-Zinn 1994), thus allowing for emergence in awareness of self-transcendent sources of purpose that will serve as more enduring and less defensive sources of motivation. (See Hayes (2004) or Luoma et al. (2007) for unpacking how mindfulness training leads to acceptance.)

The Search for Meaning

One possible explanation for the inverse relationship between presence and search for meaning is that a narrowly focused and urgent search for meaning interferes with the evolution of a multifaceted and balanced sense purpose. In contrast to the utility of cognitive flexibility, acceptance, and self-transcendence in promoting meaning, a narrow-minded and urgent search for meaning is a poor indicator, and patients deeply involved in such a search, (such as Yalom's (1980) crusaders, who latch on to crusade after crusade, identity after identity), would perhaps benefit more from giving up the search and developing mindfulness skills that aid in maintenance of nonconceptual, nonproblem-focused awareness to the continuous flow of experience. This would promote a relinquishing of the change efforts that too often merely distract individuals from their own values and the actual blossoming of meaning. An open, curious, nonproblem-focused approach to experience transforms yesterday's means into today's ends, yesterday's extrinsic into today's intrinsic motivation, and thus what was obstacle and hassle yesterday becomes end in itself today. In contrast, searching doggedly for "that one thing" that will fill the emptiness or "scratch the itch" will rarely lead to it, for this mode of experiencing life narrows the vision too much. (See Hayes 2004; Hayes and Smith 2005; Kabat-Zinn 1994; or Nhat Hanh 1976, 1990 for further explication of the relation between mindfulness and more vital living).

Manifestation of Purpose

When individuals present for psychotherapy lacking a sense of actualizing the purpose that they understand for themselves, or feeling alienated from the coherent world they perceive outside of themselves, work will likely focus on self-efficacy and mindfulness skills, which would respectively increase physical contact with eudaimonic life domains and decrease efforts at distress reduction that reduce psychological contact with eudaimonic experiences in which one might already be physically engaged. Two routes come to mind for accomplishing these aims, (1) a behavioral route, that is, behavioral activation focused on increasing engagement in activities tied to an individual's sense of purpose, and (2) a cognitive route focused on reducing the impact of irrational, automatic thoughts that interfere with tolerating distress for the sake of the activation of meaningful behavior. Reducing the impact of these automatic thoughts could be accomplished through Socratic dialogue disputing such thoughts, a mainstay of cognitive therapy, or through the mindfulness-based defusion techniques that are a mainstay of ACT.

Meaning Sensitive Case Conceptualization

Regarding initial assessment and treatment formulation, meaning is relevant to cases involving depression, hopelessness, issues of mortality and death, coping with major life events and trauma, and certainly any reported sense of meaninglessness or existential vacuum. When such symptoms or situations are present, thoroughly grasping a person's sense of meaning would involve assessing their personal sense of coherence and purpose, the extent to which this is grounded in some understanding of a self-transcendent reality, their level of involvement in life domains from which meaning typically arises (such as spirituality, interpersonal relations, altruism, achievement, or career activities, and avocations or hobbies), the extent to which the individual thinks they are fulfilling the purpose they perceive for themselves, and the urgency with which they are searching for meaning. Currently, measures of personal, spiritual, and implicit meaning, as well as the LRI's framework and fulfillment subscales are used solely for research, have not been normed, and therefore do not provide useful gauges of whether an individual is experiencing optimal levels of meaning. Norming these instruments would obviously be a useful research endeavor, but until this is done, ascertaining whether an individual has a well-developed sense of personal meaning informed by self-transcendence and being sufficiently actualized is a matter of clinical judgment. Even when self-report measures are normed, an individual's experience of meaning in life might be more accurately gauged by their pattern of behavior, goal pursuit, and response to stress than through self-report.

The categories of personal, implicit, and spiritual meaning, sense of purpose and coherence, search versus presence of meaning, and meaning fulfillment are

frankly not topics that need to be addressed independently from most areas covered in a typical initial assessment such as presenting complaint, reporting symptoms, social support and functioning, physical functioning, drug/alcohol use, vocational functioning, leisure activities, priorities/values, spirituality, etc. Rather, meaning-related categories can serve as principles for organizing data from a clinical interview in a way that creates direction for psychotherapy. In fact, for purposes of illustrating this point and concretely summarizing how meaning sensitive psychotherapy integrates concepts integral to clinical, existential, and positive psychological perspectives, consider the following case.

A divorced, 63-year-old man with two grown children from whom he is relatively distant presents for treatment with a primary complaint of anxiety and anger reactivity, complaining "I just want to feel some peace and relaxation." A clinical interview indicates he has PTSD related to his service as a combat medic during the Vietnam War, during which time he was exposed to a variety of stressors involving gruesome injury or death, frequently of those he knew and with whom he had close relationships. He currently has nightmares of being overrun by the enemy while not having any ammunition in his M-16 with which to defend himself. He also suffers anxiety, irritability, and thoughts themed with inefficacy when reminded of traumatic experiences he endured and also when exposed to situations involving both superficial and intimate social engagement, which trigger trauma-related hypervigilance, mistrust, and a tendency to either avoid the trigger situations or maintain excessive levels of control and caution in those situations. When he avoids these trigger situations he imposes alienation on himself and when he exercises excessive control in order to feel more comfortable, others react negatively to him, which generates further imposed alienation. The alienation and lack of rewarding engagement with the world have led to a major depressive episode. To cope with his anxiety, anger, depression, and loneliness, he smokes marijuana several times per week, which has led to lower and lower levels of distress tolerance over the years and he now becomes verbally explosive when he must cope with various triggers with no marijuana on hand. This has led to his being forced prematurely into retirement from his job, which has exacerbated his depression due to the loss of this final source of meaningful engagement with the world.

A meaning sensitive conceptualization of this patient's data would highlight the implied inaccuracies in his sense of coherence, such as an exaggerated sense of the malevolence of both superficial and intimate social engagement; the excessive equating of safety with control and avoidance; a related, one-sided interpretation of his experiences with traumatic loss as revealing mostly human fragility—an interpretation which reinforces defensive emotions and hypervigilance—as opposed to interpretations emphasizing human preciousness or worth, which induces softer primary emotions and motivates intimate relating; and finally an ironic but typical combination of prediction of impending death contingent upon lowered vigilance (as evinced by, among other things, chronic dreams of being overrun and being without ammunition) with nonacceptance of death's inevitability and unpredictability (as evinced by tailoring his life around vigilance and prevention of vulnerability). Further, there is an overly narrow and self-focused sense of personal meaning, with a sense of purpose aimed solely at the hedonic

value of “peace and relaxation” and the prevention of literal and emotional assault. With his sense of personal meaning being so preoccupied with feeling comfortable and avoiding death, and tainted by unrealistic coherence-related assumptions including those of other malevolence, of loss as indicating human fragility as opposed to human preciousness, and of excessive estimation of his ability to predict and control random events through vigilance, the patient’s volition is bound up in trying to move the immobile rather than fueling engagement in eudaimonic activity. Shifting his focus from self-preservation and relaxation to more meaningful ends would require him to accept distress and risk for the sake of growth and contact with growth inducing emotions related to a less narrow interpretation of his traumatic experiences. The longer such a growth focused and risk accepting orientation is maintained, the more its related pursuit behaviors (as opposed to his current avoidance behaviors) will be reinforced and rewarded, thus leading to reduced depressive distress, and the more information he will accrue about the low probability that death will overrun him the second he lowers his guard, thus alleviating the anxiety he currently associates with nonmaximal vigilance.

Therapeutic work for such a patient would involve correcting trauma-related errors in his unrealistic sense of coherence—perhaps through CPT or PE—which would result in a refined sense of coherence, acceptance of and habituation to horrific aspects of the traumas he endured, and accessing trauma-related primary emotions that fuel a broader, more socially engaged, and more inspiring sense of purpose. Work would also require building his ability to accept the inevitability of suffering (including anxiety, sadness, and irritation) and death—perhaps through a limited number of ACT exercises—in the interest of turning attention more toward activation of eudaimonic behaviors. This would lead to a sense of coherence more consistent with reality, with less energy wasted on denial, a more resilient sense of personal meaning insofar as it is informed by values other than just self-invulnerability and relaxation, a heightened level of engagement in meaningful activities, and all the antidepressant, anxiolytic, and alienation subverting effects these entail.

It might be noticed at this point that meaning sensitive psychotherapy is not a distinct theory of psychotherapy for particular disorders as much as an awareness intended to inform the practice of empirically supported psychotherapy, regardless of one’s orientation. So, for instance, a meaning sensitive therapist addressing PTSD with a patient through CPT should recognize that existential issues of freedom and acceptance of suffering can be addressed during the CPT control/power module, or if engaged in PE similar themes could be processed during the processing period after each imaginal exposure period. Similarly, a meaning sensitive therapist would notice that ACT is founded on exactly the principles expounded in this chapter, those of subverting nonacceptance of suffering while promoting reflection on ego transcendent values and committed action. Thus, meaning sensitive psychotherapy is not a standalone treatment or protocol but rather an attitude that can frame or be folded into most psychotherapy protocols. However, the choice to initiate any psychotherapy protocol should be a function of thorough case conceptualization, and a sensitivity to meaning, defined as awareness of the myriad factors herein reviewed, should (for the myriad reasons herein reviewed) saturate that conceptualization.

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Chapter 17

Hardiness Leads to Meaningful Growth Through What is Learned When Resolving Stressful Circumstances

Salvatore R. Maddi

Life is, by its nature, stressful, and this emphasizes the importance of hardiness, which is the pattern of attitudes and skills that enables people to turn the stress of potential disasters into growth opportunities. This chapter summarizes the conceptualization, research, assessment, training, and practice of hardiness. This summary in turn shows that hardiness is positively related to a sense of meaningfulness, and enhances performance and health. Hardiness is also negatively related to depression and anxiety.

A number of contributors to the field of existential psychology have suggested that life is by its nature stressful (Kierkegaard 1954; Frankl 1963; Maddi 2002, 2006; May et al. 1967; Sartre 1956). A large part of this position is influenced by the developmental process we all go through. This starts when we are born, which Rank (1929) called the birth trauma. We are pushed out of our mother's womb and slapped on the back by a physician, so that we can begin breathing and eventually eating on our own. There are all sorts of noises and bright lights that we have never had to experience before. No sooner than we learn a little about communication, language, and how to remain comfortable, we are old enough to have to leave what has become our safe-house, in order to begin going to school. There, we encounter peers and teachers who require all sorts of things that we have never considered. Each grade in school requires us to learn more and perform better. Before we know it, we are in high school, trying to decide whether to go to college, what our career might be, and with whom and how we may transcend our family of origin by forming our own family of reference. In this process, we work on finding a spouse and a good marriage, and as we have children, we become concerned with how we can help them develop well. As if all this were not stressful enough, we gradually age, and begin having to face the sickness or death of those around us, and of ourselves.

S. R. Maddi (✉)

Department of Psychology and Social Behavior, University of California, Irvine, CA, USA
e-mail: srmaddi@uci.edu

S. R. Maddi

461 Alta Vista Way, Laguna Beach, CA 92651, USA

Added to these developmental stressors, megatrends of social and environmental change that are beyond anyone's control are also imposed on us. Examples we are currently experiencing include the breathtakingly rapid transition into the computer and internet age, the related globalization of societies, dramatic decreases in job security, unpredictable economic downturns, and related societal recessions.

With all these life stressors, it is not sufficient merely to try to minimize them, and hope to remain happy by denying and avoiding other dramatic changes that are being imposed on us. This inadequate response will remove us from the process of growth going on around us, and leave us feeling alone in what seems like a meaningless life. Instead, since there is no way of avoiding life's stressors, it is best if we face them openly, try to figure out what the future might hold, and try to resolve the tension by taking the directions that seem called for by what we are learning. This process is what the existentialists call "choosing the future" (Kierkegaard 1954). They view everything in life as requiring a decision that either leads us into the future or keeps us in the past. To keep choosing the future, rather than denying and avoiding it by choosing the past, we need the existential courage that will facilitate doing the hard work of turning the stressors from potential disasters into growth opportunities (Maddi 2004a, b).

For the last 35 years, I have worked with my colleagues and students on the idea of hardiness as a pattern of attitudes and skills that help in this important process of turning stressors to our advantage (Maddi 2002, 2006). The Hardy Attitudes are the 3Cs of challenge, commitment, and control. If we are strong in challenge, we believe that stressors are normal in life, and provide an opportunity for us to learn and develop through interacting actively with them. If we are strong in commitment, we believe that however bad things get, we want to stay involved with the people and organizations around us, rather than sink into alienation. If we are strong in control, we believe that no matter how bad things get, we want to keep trying to have an effect on the outcomes around us. Together, these Hardy Attitudes provide the courage and motivation to do the difficult work of turning stressors to our advantage. The difficult work of the Hardy Skills are problem-solving (rather than denial and avoidance) coping, having socially supportive (rather than conflictful) interactions with others, including with organizations, and beneficial (rather than undermining) self-care. Problem-solving coping involves us in the ongoing change process by making whatever changes in ourselves that appear valuable according to what is happening. Socially supportive interactions involve techniques to keep us involved with, and appreciative of the people and institutions around us, even though there may be conflicts, and everything may be changing. Examples of beneficial self-care would be refusing to let the stresses lead us to overeating sweet and fatty foods, and/or abusing alcohol or drugs.

The Illinois Bell Study

With the hardiness conceptualization in mind, we engaged in an important, 12-year natural experiment at Illinois Bell Telephone (IBT), in Chicago (Maddi and Kobasa 1984). As a psychological consultant for this company in the 1970s,

I knew that the US government was considering deregulating the telephone industry. The federal regulation had been put in place years before, in order to facilitate a reliable and cheap telephone service. In the mid-1970s, our government thought that deregulation was becoming necessary, in order to facilitate competition among companies, and believed this might have a positive effect on the rapid and full development of the newly emerging telecommunications industry. With the agreement of the IBT decision makers, in 1975, we began collecting psychological, performance, and health data on 450 managers. We tested them comprehensively (both psychologically and medically) every year, awaiting the impending deregulation, which took place six years later, in 1981. Following the deregulation, we continued collecting the annual data for another six years.

Deregulation was a massive, stressful upheaval for everyone in the company. Two-thirds of the managers in our sample showed significant deterioration, including stress-related physical symptoms, depression and anxiety, violence in the workplace, and poor performance. The other third, however, actually performed and felt better, whether or not they remained in the company or were downsized out and had to find other jobs. When we compared these two groups with regard to their functioning before the upheaval, we found considerable evidence that the ones who performed better and had better health after the upheaval had been showing higher levels of hardiness all along. Specifically, they showed higher levels of both Hardy Attitudes and Hardy Skills (Maddi and Kobasa 1984).

Our Hardiness model, shown in Fig.1, emerged from this IBT project, and has been supported by many subsequent studies (Maddi 2002, 2004a, b, 2006). Specifically, the sinister line in the Hardiness model indicates that as stress (which is a combination of acute and chronic circumstances) mounts, so too does strain (which is our psychophysical arousal level). When strain is strong and continues, it eventually depletes the body and mind sufficiently to result in deteriorated performance and health. The other bad news is the box at the top of the model, which indicates that if there is deterioration in health and performance, the symptoms will likely follow the lines of any genetic weaknesses Fig. 17.1.

The good news in the Hardiness model involves the remaining boxes. Specifically, the higher the Hardy Attitudes, the greater the likelihood of expressing the Hardy Skills of problem-solving (rather than regressive) coping, socially supportive (rather than conflictful) interactions, and beneficial (rather than undermining) self-care. The model also indicates that beneficial self-care has a protective effect by decreasing strain, and in that sense, minimizes loss in performance and health. But, problem-solving coping has an even greater and lasting positive effect on performance and health, because it decreases strain by resolving the stressors that cause it.

Subsequent Hardiness Research

Similar results to the Illinois Bell findings, showing that hardiness facilitates performance, have been reported for people in other occupations, such as bus drivers (Bartone 1989), lawyers (Kobasa 1982), firefighters (Maddi et al. 2007), military

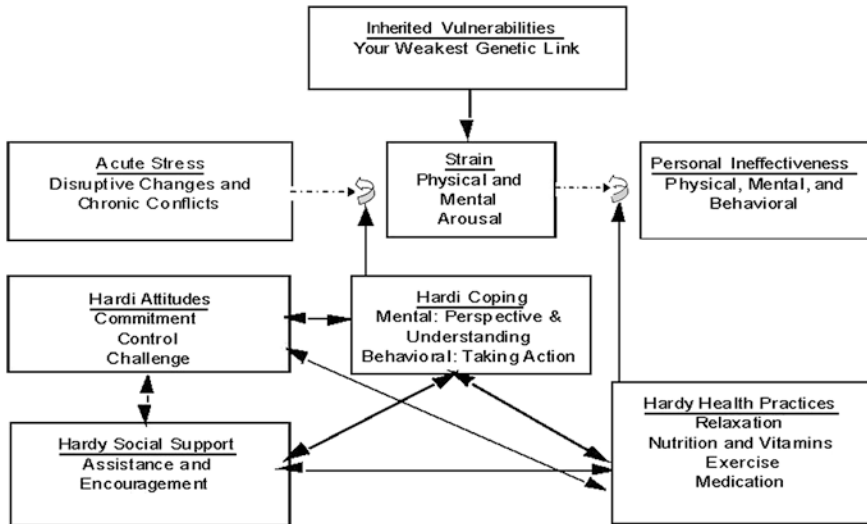


Fig. 17.1 The hardiness model for performance and health enhancement, ©Copyright 1986–2004

personnel (Bartone and Snook 1999; Maddi et al. 2012a, b, c; Westman 1990), and nurses (Keane et al. 1985). It has also been shown that, among college students, hardiness facilitates retention rates, creativity, and grade-point-average (Lifton et al. 2000; Maddi et al. 2011). Studies with working adults have shown that hardiness improves meaning in life (Battista and Almond 1973), mental health (Florian et al. 1995; Rodewalt and Zone 1989), and success in entrepreneurial consulting (Maddi et al. 2006a, b). Further, Bartone (1999) has studied military personnel in various stressful circumstances, such as combat and peace-keeping missions abroad. Using a number of dependent variables and prospective designs, he found that the lower the Hardy Attitudes, the greater is the likelihood that life-threatening stresses, and the culture shock of military engagement abroad will lead to mental breakdowns such as depression, and post-traumatic stress disorders. Similar results have been reported in the context of culture shock for American employees on work missions abroad (Atella 1989), and for immigrants to the U.S.A. (Kuo and Tsai 1986).

There are also studies relevant to the specifics of the mechanisms whereby Hardy Attitudes (such as existential courage and motivation) may lead stresses to be turned from potential disasters into performance and health advantages. In an experiential sampling study (Maddi 1999), participants, whose Hardy Attitudes had already been measured, were contacted at random to comment on their ongoing activities. What emerged was a positive relationship between hardiness and (1) involvement with other people and events (commitment), (2) the sense that the activities had been chosen even though they could have been avoided (control), and (3) the positive process of learning from what was going on challenge).

Several studies (Maddi 1986, 1997, 2002; Maddi et al. 1996; Weibe and McCallum 1986) show that, as expected, Hardy Attitudes are positively related to problem-solving coping, socially supportive interactions, and beneficial self-care. Further, Hardy Attitudes facilitate viewing these situations as tolerable (Ghorbani et al. 2000), and reacting to them with less intense physiological arousal (Allred and Smith 1989; Contrada 1989; Harvey 2005) and negative emotions (Maddi 2002; Maddi et al. 2009a, b). The findings of another study (Maddi et al. 2012a, b, c) also show a positive relationship between Hardy Attitudes and measures of existential meaning, showing accurate perceptions of ongoing situations, recognition of people's evaluative reactions to these ongoing situations, recognition of the choices being made, and an emphasis on carrying out developing plans and decisions.

Some of the earliest relevant studies involved self-reporting measures not only of hardiness but also of stress-related illness symptoms. This led to the criticism that perhaps the results show nothing more than the pervasive effect of negative affectivity, or neuroticism (e.g., Funk and Houston 1987; Hull et al. 1987). However, another study (Maddi and Khoshaba 1994) indicates that the hardiness results cannot be explained away in this fashion. Hardy attitudes and an accepted measure of negative affectivity were entered into regression analyses as independent variables in an attempt to predict the clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI) as dependent variables. With the effects of negative affectivity controlled in this fashion, hardiness was still a pervasive negative predictor of MMPI clinical scale scores. Further undermining criticism is a study which utilized an objective measure of strain (Maddi 1999), showing hardiness to be higher among employees whose nurse-measured blood pressure was in the normal range, than it was among those with high blood pressure.

The negative affectivity criticism is further undermined by studies which have used objective measures of performance and conduct. For performance, Maddi and Hess (1992) measured hardiness levels of male high school varsity team, basketball players in the summer, and obtained objective statistics accumulated by their coaches throughout the ensuing season. Hardiness predicted six out of seven indices of performance in the expected direction, showing that even among players good enough to be on a varsity team, hardiness predicts performance excellence. The only index not predicted was Free Throw Percentage, which summarized what happens in the only period of relative calm in an otherwise tumultuous game. Similarly relevant to performance, Bartone and Snook (1999) found that hardiness, assessed on the arrival of a cohort of U.S. Military Academy cadets, was the strongest predictor of leadership behavior over the four years of their schooling. Using another cohort of these cadets, Maddi et al. (2012c) found that hardiness was positively related to overall performance grades. In other studies involving college students, it has been shown that hardiness, measured when on arrival, predicts subsequent retention and grade-point average (Maddi et al. 2012a, b, c).

Maddi et al. (1996) studied the relationship of hardiness to alcohol and drug use among high school graduates about to enter college, to consider

the effects on conduct. Whereas a family risk factor index was positively correlated with self-reporting about whether alcohol and drugs were ever tried, hardiness was negatively correlated with self-reporting of the frequency with which alcohol and drugs were used. These results regarding drugs were corroborated by urine screening. There is also ongoing research (Maddi et al. 2012a, b, c) showing that, in a sample of college students, hardiness is negatively related to gambling, excessive consumer spending, and internet addiction. In this study, standardized self-reported measures of gambling, consumer spending, and internet addiction have been used. These measures suggested that these excessive behaviors involve an attempt to distract oneself from the ongoing stresses of living, an approach avoided by those measuring high in hardiness. Further support for this interpretation is available in another study (Maddi 1999) which shows that hardiness is positively related to a standardized measure of transformational coping (i.e., turning stressful circumstances into growth opportunities), and negatively related to regressive coping (i.e., protecting oneself from stressful circumstances by denial and avoidance).

Finally, there are now several comparative analytic studies permitting evaluation of the relative effectiveness of hardiness and other personality factors on conceptually relevant-dependent variables. One investigation (Maddi and Hightower 1999) involved three related studies comparing the relative influence of hardiness and optimism on transformational and regressive coping. This was done by entering hardiness and optimism in multiple regression analyses so as to determine the influence that each personality variable, isolated from the effects of the other, had on coping style. Using undergraduate students with a wide range of everyday stressors as participants, the first two studies differed in the measures used to assess transformational and regressive coping styles, but the results of both studies were the same: in comparison with optimism, hardiness had a more powerful influence on coping in general, and especially on the avoidance of regressive coping. Using the same approach, a third study focused on women who had breast lumps and were arriving at a specialty clinic for diagnosis of whether or not the lumps were cancerous. Under this life-threatening stressor, optimism finally energized as having as many coping efforts as did hardiness, but it was still true that hardiness was the only negative predictor of regressive coping efforts. Taken together, these three studies show that hardiness operates as expected with regard to coping and that, by comparison, optimism may be laced with naïve complacency.

Another comparative analytic study considered the relative effectiveness of hardiness and religiosity in protecting against depression and anger under generally stressful circumstances (Maddi et al. 2006a, b). In a sample of U.S. Army officers, multiple regression analyses compared their scores on hardiness and religiosity as the independent variables, to their scores on standard measures of depression and anger as the dependent variables. Once again, this approach, which isolated hardiness and religiosity from their positive correlation with each other, showed that hardiness, but not religiosity, was negatively related to depression and anger.

Yet another comparative analytic study involved comparing the effects of hardiness, grit, and high school grades on first-year performance among a cadre of U.S. Military Academy cadets (Maddi et al. 2012a, b, c). Hardiness and grit were measured before the cadets began their training, and, of course, high school performance had been evidenced before the cadre arrived on campus. Grit is a measure of courage which emphasizes insistence on reaching already established personal goals, whereas hardiness is existential courage that involves facing stressors directly, learning from that process, and changing and growing as a result. Once again, this study utilized multiple regression analysis, with high school performance, hardiness, and grit as the independent variables, and a measure of first-year performance (which combined seven academic, and military components) as the dependent variable. Not surprisingly, high school performance was the best predictor of first-year performance at West Point (after all, high school performance had been used as one of the factors in selecting applicants to become cadets). But, whereas hardiness made an additional, independent contribution to first-year performance, grit did not.

Overall, the emerging research shows support for the conceptualization of hardiness as influential in enhancing performance and health, despite stressful circumstances. This process involves having the courage and motivation to engage in the hard work of problem-solving coping, socially supportive interactions, and beneficial self-care. The measurement of Hardy Attitudes has also improved over the years. The original measure, the 50-item Personal Views Survey (PVS), was met with the criticism that it might not be a unitary characteristic, and was little more than the opposite of negative affectivity (Funk and Houston 1987; Hull et al. 1987). In response, the PVS was quickly supplanted by two later versions that were not only progressively shorter, but also resolved both criticisms (Maddi 1997; Maddi and Khoshaba 2001). The next edition was the 30-item Personal Views Survey, Second Edition (PVS II) (Maddi 1997), which was used in most of the studies discussed. The latest version includes only the 18 statistically best items in the Personal Views Survey, Third Edition, Revised (PVS III-R). As expected, the 3Cs of commitment, control, and challenge are intercorrelated with each other, and with total hardiness, in a large variety of samples.

As mentioned above, these later editions are not redundant with negative affectivity or neuroticism (Maddi and Khoshaba 1994; Maddi et al.). In particular, the negative relationship between hardiness and the clinical scales of the MMPI persisted when negative affectivity was controlled. Further, hardiness was not only negatively related to neuroticism, but also positively related to the other four factors on the NEO-FFI. However, all five of these factors together accounted for only a small amount of the hardiness variance, indicating that hardiness is not merely an overlap with the five-factor model. In addition, the findings of a recent methodological study (Sinclair and Tetrick 2000) counter both early criticisms by showing that, as expected, the 3Cs are best regarded as related subcomponents of a higher order hardiness factor, and that this factor is distinct from negative affectivity or neuroticism.

The process of construct validation is continued in another study, involving entrepreneurial functioning (Maddi et al. 2006a, b). In one sample, hardiness shows a negative relationship to repressiveness (as measured by the accepted approach of combining high anxiety and high social desirability). In another sample, there are indications that hardiness is positively related to imaginativeness as measured by the Unusual Uses Test, a well-known index of creative behavior.

Hardiness Training

There is also developing evidence that hardiness can be taught. The first attempt at hardiness training occurred at IBT, in those disruptive years just after the federal deregulation of the telephone industry. The IBT decision makers asked us if we could supplement our research project with an attempt to help the managers most undermined by the deregulation to better deal with it. In helping, we put together a training course that was made available to managers on a voluntary basis.

Each offering of the course involved hourly group sessions, once a week, for ten weeks. Led by myself (or other psychologists on my research team), each course involved twelve or fewer managers interacting together in the sessions about their stresses. Specifically, the course leader would not only be empathic and supportive about the stresses, but also try to facilitate their being handled by the Hardy Skills of problem-solving coping, socially supportive interactions, and beneficial self-care. The model of problem-solving coping presented to the class involved the techniques of situational reconstruction, focusing on one's feelings, and engaging in compensatory self-improvement when needed. As for social interaction, the class emphasized identification of ongoing conflicts with fellow employees, making plans about how to resolve the conflicts, and replacing them with a pattern of giving and getting assistance and encouragement. Regarding beneficial self-care, class members were tutored about how stresses may lead to extreme, undermining patterns of eating, drinking, and spending, and how to avoid these extremes.

The managers came up with action plans that would express these skills, and spent the time between course sessions trying to carry out these plans. They would then report back to the class about how the action plan had worked, and what they had learned about themselves in the process. This learning was guided toward deepening the Hardy Attitudes of commitment, control, and challenge, as they needed courage and motivation to continue implementing what they had learned once the class (and contact with the teacher) was over.

Our research efforts in evaluating this hardiness training involved several considerations. Hardiness levels were measured both at the beginning and the end of the course. In addition, job evaluation and medical information were available both before and up to six months after the course. It was important that those who evaluated the relevant managers did not know that they were taking or had taken the hardiness training course. The results indicated not only that the managers'

hardiness levels had improved at the end of the class, but that six months later, their job evaluations, and relevant medical considerations (such as blood pressure) had improved as well (Maddi 1987; Maddi et al. 1998).

Since that time, there have been two studies of hardiness training with undergraduate college students. One study (Maddi et al. 2002a, b) involved students who were at high risk of failing their course, for such reasons as being recent immigrants, or coming from poverty-stricken families). The students who went through hardiness training as a regular credit course, and improved their hardiness levels thereby, were less likely to drop out of school than demographically similar students who did not take the course. In the other study (Maddi et al. 2012a, b, c), undergraduate students who went through hardiness training as a regular credit course were compared with demographically similar students who took other courses taught by the same teachers. These two groups were similar in grade-point average (GPA) and hardiness levels before the study-relevant courses were taken. Once the hardiness course and the control course were finished, it was shown that those who took the former had increased their hardiness levels. Six to twenty-four months down the line, at graduation, the students who had taken the hardiness course achieved higher GPAs than were the control group students.

Practice of Hardiness

These studies concerning hardiness certainly indicate its value in enhancing performance, meaningfulness, and health under stress. Individual differences in hardiness seem to exist, and the higher its level, the better is performance, meaningfulness, and health. It also appears to be possible to teach hardiness, in a manner that further improves performance, meaningfulness, and health. Although it is always useful to do more research, the pattern of findings thus far is fueling the utilization of hardiness assessment and training in psychological practice involving individuals and organizations.

Useful in practice is the *HardiSurvey III-R*, a 65-item questionnaire that measures not only the Hardy Attitudes of commitment, control, and challenge, but also problem-solving coping, socially supportive interactions, and levels of stress and strain. This test can be taken on our website: <http://www.HardinessInstitute.com>, and will provide a comprehensive report regarding one's hardiness and resilience, along with recommendations.

Hardi Training has also evolved over the years. It can be offered to small groups or individuals, who must meet with a Certified Hardiness Trainer for once a week sessions over approximately 10 weeks. This training must be facilitated by our training manual (Khoshaba and Maddi 2001). The manual includes precise narrative and many related exercises that the trainee uses in the process of transforming their ongoing life stresses into growth opportunities. Also in the manual are both inspirational and negative examples of how others have performed, and checkpoints during which the trainee reports on their efforts, in a manner whereby the trainer can help.

The Hardiness Institute, which makes the HardiSurvey III-R available, and the HardiTraining manual, also provides a Train-the-Trainer Program, for professionals who wish to become Certified Hardiness Trainers. The first, intensive step in becoming a Trainer is a three-day workshop. This gives enough knowledge to begin helping individuals or organizations to increase their hardiness: through this process, the Hardiness Institute stays in touch, helps continuing development as a Trainer, and provides updates to HardiTraining. More information about our Train-the-Trainer program is available on our website (<http://www.HardinessInstitute.com>), or by contacting us directly.

Concluding Comment

Hardiness assessment and training is clearly useful for individuals who want to improve their being-in-the-world, and for organizations that want to improve their workforce (Khoshaba and Maddi 2001; Maddi 2002; Maddi and Khoshaba 2001). The increasing turbulence of our times has led not only to businesses and colleges, but also military, police, firefighting, and legal organizations to include our hardiness assessment and training procedures in their efforts to select and develop personnel. This is happening not only in the U.S.A., but also in various European, Asian, African, and North and South American countries.

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Chapter 18

Do Meaning in Life and Purpose in Life Protect Against Suicide Ideation Among Community-Residing Older Adults?

Marnin J. Heisel and Gordon L. Flett

Theory, research, and clinical practice suggest that perceptions of meaning in life (MIL) and purpose in life (PIL) may enhance mental health and well-being and protect against suicide risk among older adults. In this study, we investigated cross-sectional associations among MIL, PIL, and suicide ideation in community-residing older adults recruited into a longitudinal study of risk and resiliency to the onset and/or exacerbation of late-life depression and suicide ideation. A total of 173 adults, 65 years or older ($M = 73.9$, $SD = 6.1$, Range: 65–93 years) completed a demographics questionnaire and measures of suicide ideation and associated risk (depressive symptom severity and social hopelessness) and potential resiliency factors (MIL, PIL, and subjective well-being). Zero-order correlation coefficients supported hypothesized positive associations between suicide ideation and the risk factors and negative associations among suicide ideation, MIL, PIL, and subjective well-being. Results of a hierarchical multiple regression analysis indicated that MIL significantly protected against suicide ideation controlling for the risk factors and the additional resiliency factors, replicating and extending our previous findings among middle-aged clinical and heterogeneous older adult samples. MIL further interacted significantly with depressive symptom severity in

M. J. Heisel (✉)

Departments of Psychiatry and of Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, The University of Western Ontario, London, ON, Canada
e-mail: marnin.heisel@lhsc.on.ca

M. J. Heisel

Lawson Health Research Institute, London, ON, Canada

M. J. Heisel

Center for the Study and Prevention of Suicide, University of Rochester Medical Center, Rochester, New York, USA

G. L. Flett

Department of Psychology, York University, Toronto, ON, Canada
e-mail: gflett@yorku.ca

protecting against suicide ideation; however, PIL did not. Study findings thus add to a growing body of literature suggesting that perceptions of MIL may play a critical role in conferring resiliency to contemplations of suicide among older adults.

The older adult population is growing rapidly in much of the Western world, consistent with the aging of the baby-boomers, a vast birth cohort born after the end of the Second World War (United Nations 2001). Older adults have high rates of suicide and employ lethal means of self-injury with a high intent to die (Conwell and Heisel 2012). A systematic review of the English-language literature on late-life suicide identified a set of risk factors common to older adults who died by suicide as compared with matched controls, including expression of thoughts of suicide and/or self-harm behavior, presence of one or more mental disorders, personality vulnerability factors, perceived or anticipated physical illness, pain, and/or functional impairment, and experiences of negative life events, losses and other social stressors, and life transitions (Heisel 2006). Less attention has been paid to the systematic study of resiliency factors that may protect against suicide risk, necessitating investigation of this topic (Canadian Coalition for Seniors' Mental Health 2006).

Clinicians can benefit from an enhanced conceptual understanding of processes that either increase or decrease suicide risk, so as to influence outreach, risk identification, and intervention. Shneidman (1996) posited that intolerable psychological pain drives suicide ideation, referring to thoughts and plans for suicide. A body of research supports associations between late-life suicide ideation and indices of psychological pain, including depression, hopelessness, impulsivity, social disconnection, and experienced or anticipated health problems (Almeida et al. 2012; Cukrowicz et al. 2011; Jahn et al. 2011; McLaren et al. 2007; Vanderhorst and McLaren 2005). Yet, most distressed older adults do not die by suicide, suggesting a need to assess risk factors in conjunction with adaptive processes that might confer resiliency to suicide (Edelstein et al. 2009; Heisel 2006). Theory and research suggest that recognition of meaning in life (MIL), perception of purpose in life (PIL), and associated existential factors might confer resilience to suicide in later life, even in the context of extreme mental pain (Heisel and Flett 2008; Orbach et al. 2003).

Frankl (1985) provided an early description of the salutary role of MIL in preventing despair and suicide among prisoners of concentration camps during the Holocaust. He theorized that the pursuit of meaning is central to human motivation and encourages adoption of a defiant attitude toward challenges in everyday life experiences in which the potential to recognize and actualize meaning exists. Frankl (1966) noted that the pursuit of meaning involves intentionality, reflecting an outward orientation toward objective opportunities for meaningful action. He theorized that meaning refers to the significance of some experience or situation, encouraging of a *particular response*, often of a *self-transcendent nature*, from a *specific individual*, given his or her *unique* set of skills, talents, characteristics, and life history. Contrary to theorists who posit that meaning is created (Yalom 1980), Frankl rejected such a philosophy as being nihilistic at root, and posited that meaning exists in the world and so can be discovered, rather than manufactured. Frankl identified a set of values in which most individuals discover meaning: in creative pursuits, in life experiences, in attitudes adopted toward both successes and challenges, and in

a transcendent pursuit of one's ultimate purpose in life (Frankl 1988). Frankl maintained that the pursuit of meaning is unique to the experiences, skills, abilities, and aims of the individual, and therefore cannot be prescribed, and yet that meaning is objective or trans-subjective in nature rather than being subjective or entirely individualistic in orientation. Hence, a group of reasonable individuals can consensually agree upon activities that are meaningful and those that are not. Frankl indicated that the root of many modern psychological disorders lies in an existential dilemma typified by a lack of recognition of meaning in life situations, and a consequent existential emptiness, or "existential vacuum." This existential vacuum, although unpleasant, is not, in and of itself, pathological. Indeed, the existential vacuum can serve as an indication that something is amiss in one's life, and thus encourage examination or reorganization of one's priorities. When the individual fails to heed such notice, he or she might seek to fill this vacuum with meaningless action, potentially including substance misuse and risk-taking behavior, and might develop an existential or "noogenic" neurosis, a psychopathological response to a perceived absence of MIL that can ultimately engender suicidality.

Research findings over a number of decades have indicated robust associations between the perception of MIL and adaptive psychological variables among older adults, including PIL, reasons for living, subjective well-being, sense of coherence, self-transcendence, resiliency, creativity, optimism, self-esteem, chronic pain management, and perceived social support (Braam et al. 2006; Heisel and Flett 2006, 2007, 2008; Hickson and Housley 1997; Hirsch et al. 2006, 2007; Krause 2003; Nygren et al. 2005). MIL and PIL have further been shown to be associated with longevity, an association that may be mediated by physical health and well-being (Boyle et al. 2009; Krause 2009; O'Connor and Vallerand 1998). MIL has also been shown to be positively associated with health and negatively associated with mortality in a population study in Hungary (Skrabski et al. 2005). Perceived meaninglessness, in turn, has been shown to be associated with stress, depression, hopelessness, and suicide ideation (Heisel and Flett 2004, 2006, 2007, 2008; Krause 2004; Moore 1997; Petrie and Brook 1992; Reker 1997).

We have developed a conceptual framework of older adult suicide ideation incorporating consideration of predisposing risk and resiliency factors and precipitating events (see Fig. 18.1). Our framework was influenced by Logotherapy, Frankl's (1985) meaning-centered theory and therapy, and by theories of suicide risk advanced by Baumeister (1990), Clark (1993), and Joiner (2005). Collectively, these and associated theorists have posited that cognitive, interpersonal, and/or personality rigidity can prove fatal when combined with difficulty adjusting to life stressors and transitions (Heikkinen et al. 1993; Kaplan et al. 2011; Richman 1997). Our framework goes beyond other models by conceptualizing a process by which resiliency can alleviate suicide risk. Our generic framework posits that putative biopsychosocial risk factors might independently or collectively confer vulnerability to the onset or exacerbation of late-life suicide ideation either directly (depicted as path p1) or mediated by precipitating life stressors, transitions, or losses (p2); if these thoughts of suicide do not resolve or are not attended to, they might eventuate in suicidal behavior and may ultimately

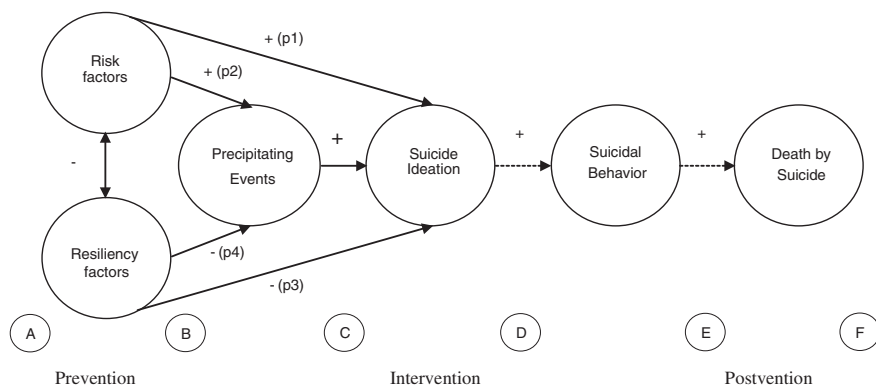


Fig. 18.1 Our conceptual framework of late-life suicide ideation

lead to death by suicide (depicted by dashed lines). This chain of events might be mitigated by the effects of one or more resiliency factors negatively associated with the risk factors, whether directly (p3) or by mediating the onset or influence of precipitating events (p4), or by intervention (depicted by the small encircled letters). An older adult with one or more risk factors who experiences precipitating stressors, losses, or other negative life events may be primed for suicide ideation, but by drawing upon internal sources of resiliency, they might prevent or alleviate such thoughts even in the face of negative life events. Intervention can occur at various stages along this path, including prevention prior to the onset of risk (circles A–C), intervention for those currently at-risk for suicide (circles C–E), and postvention (Evans and Farberow 2003), referring to support for the bereaved following a death by suicide (circle F).

Utilizing our generic conceptual framework, we have specifically theorized that the perception of MIL may serve as a potent resiliency factor to mitigate risk for the onset and/or exacerbation of suicide ideation among older adults, accounting for the negative influence of depressive symptom severity, a putative risk factor, and intervening negative life events, serving as precipitant. This model seems especially pertinent among older adults, given research suggesting that the capacities for spirituality and transcendence increase with age (Lukas 1986; Nygren et al. 2005), and that older adults tend to report more perceived MIL (Van Ranst and Marcoen 1997) and demonstrate greater psychological resiliency than do younger adults (Gooding et al. 2012). Our preliminary findings from cross-sectional studies of suicide ideation among middle-aged adults receiving mental health services and among a heterogeneous older adult sample have broadly supported this model, as MIL and PIL were each negatively associated with suicide ideation, controlling for psychological risk factors and additional potential resiliency factors (Heisel and Flett 2004, 2007, 2008).

We initially investigated associations of risk (depression, social hopelessness, and trait neuroticism) and potential resiliency factors (PIL and subjective well-being) with suicide ideation in a clinical sample of 49 mood and/or

personality-disordered patients of a Canadian tertiary care mental health facility ($M = 37.5$ years; $SD = 8.2$; Heisel and Flett 2004). Findings indicated significant positive associations between suicide ideation and the risk factors and negative associations between suicide ideation and the resiliency factors. PIL was positively associated with subjective well-being and negatively associated with the risk factors and with suicide ideation. Findings of a hierarchical multiple regression analysis indicated that inclusion of the resiliency factors explained significant added variance in suicide ideation beyond the risk factors alone. PIL also interacted significantly with depressive symptom severity in predicting suicide ideation; the protective effect of PIL was strongest for those with greater depressive symptom severity.

We next investigated cross-sectional associations between suicide ideation and risk (depression, global and social hopelessness, and poor physical health ratings) and potential resiliency factors (MIL, PIL, subjective well-being, social network, and religious affiliation and activity) among a heterogeneous sample of 107 individuals 65 years or older ($M = 81.5$ years of age; $SD = 7.7$) recruited from community, residential (nursing or retirement facilities), medical and mental health inpatient and outpatient settings (Heisel and Flett, 2006, 2007, 2008). Suicide ideation was again significantly positively associated with the risk factors and negatively associated with the resiliency factors. The risk factors were positively intercorrelated as were the resiliency factors and the risk and resiliency factors were inversely intercorrelated. Findings of a hierarchical multiple regression analysis indicated that the resiliency factors (MIL, PIL, and subjective well-being) significantly improved prediction of suicide ideation beyond the demographic (age and sex) and risk factors alone (depression, hopelessness, and poor health ratings; $R^2 = 0.69$, $\Delta R^2 = 0.04$, $\Delta F_{(3,72)} = 2.83$, $p < 0.05$), suggesting value in attending to both strengths and challenges when assessing suicide ideation (Heisel and Flett 2007). Significant predictors of suicide ideation in our final regression model included depression ($t = 3.64$, $p = 0.001$), health ratings ($t = -3.17$, $p = 0.002$), and perceived MIL ($t = -2.34$, $p = 0.022$); PIL did not reach statistical significance ($t = -0.73$, $p = 0.467$). We also found evidence for a significant interaction effect of MIL and depression on suicide ideation; MIL was most protective against suicide ideation at higher levels of depressive symptom severity. These findings were limited by use of a single-item measure of MIL, necessitating replication with a multi-item MIL scale.

Our previous research thus suggests that perceptions of MIL and of PIL may confer resiliency to suicide ideation, that depression, hopelessness, and associated negative psychological variables may serve as putative risk factors for suicide ideation, that these risk and resiliency factors are negatively correlated but nonredundant with one another, and that models of late-life suicide ideation are enhanced by attending to both suicide risk and resiliency. We posited that existential factors protect against suicide ideation, but did not differentiate clearly between MIL and PIL, aside from noting that the measure of PIL we had used contained an element of future orientation absent from our single-item measure of MIL. Our previous studies employed cross-sectional data analysis, and involved samples recruited largely from clinical and/or residential facilities; longitudinal methods are needed

that evaluate individuals not yet at-risk for suicide, in order to assess whether presence of resiliency factors prevents the onset or decreases the likelihood of exacerbation of suicide ideation.

The purpose of our current research was thus to investigate whether greater perceived MIL prevents the onset and/or exacerbation of suicide ideation among community-residing older adults, accounting for putative risk factors and precipitating losses and transitions. This study investigated cross-sectional associations among baseline measures of suicide ideation, MIL, PIL, and additional psychological risk (depression and social hopelessness) and resiliency factors (subjective well-being), incorporating a novel, multidimensional, older adult measure of MIL. Specifically, it was hypothesized that suicide ideation would be significantly positively associated with the risk factors and negatively associated with the resiliency factors, that the risk factors would be positively intercorrelated, as would the resiliency factors, and that the risk and resiliency factors would be inversely correlated. It was hypothesized further that MIL would be significantly negatively associated with suicide ideation, even controlling for the psychological risk and additional potential resiliency factors, and that MIL would interact significantly with depressive symptom severity in predicting suicide ideation.

Methods

Participants

Study participants comprised 173 community-residing older adults ($M = 73.9$, $SD = 6.1$, Range: 65–93 years of age), including 51 men (29 %) and 122 women (71 %; see Table 18.1). A majority reported having been born in North America (65 %), having completed at least some postsecondary education (78 %), and being retired (90 %). Approximately half of the participants were married (49 %) and lived with others (51 %). Participants had an average of 2.9 children ($SD = 1.3$, Range: 0–7; $n = 161$) and 5.4 grandchildren ($SD = 3.9$, Range: 1–25; $n = 146$).

Procedures

We recruited a sample of community-residing older adults from community-based seniors' exercise and wellness programs, recreation or health expositions, retirement groups, places of worship, public malls, coffee shops, and through local newspaper advertisements and flyers for a "healthy aging study." Potential participants were invited to voluntarily take part in a study investigating "the role of psychological resiliency factors in promoting health and well-being and in reducing the risk for emotional difficulties among adults 65 years of age or older." On-site staff members facilitated introductions, where applicable. Eligible participants

were 65 years of age or older and capable of speaking and understanding English and providing informed consent. Participant cognitive functioning was screened with the Mini-Mental State Examination (MMSE; Folstein et al. 1975) at the beginning of the initial assessment session; those scoring ≥ 21 out of 30 were deemed sufficiently cognitively intact to meaningfully complete study measures. Individuals were excluded from study participation if they did not meet these inclusion criteria, appeared intoxicated, psychotic, or delusional, or were aggressive or intimidating to study personnel.

Research personnel described the study's purpose and methodology to potential participants, answered any questions that they had, and provided them with a letter of information and a consent form. Participants provided written informed consent, were referred for care if deemed necessary by the first author, a clinical psychologist, and were provided with information listing potential sources of assistance. A risk protocol was in place in the event that a participant was suspected of being at severe or imminent risk for suicide, including initial evaluation by the first author or his clinical designate and referral to emergency mental health services in the event of severe or imminent risk for suicide. No participant required referral to the emergency department; however, a small number were assisted in accessing mental health services, primarily due to mood, anxiety, memory, or interpersonal difficulties. This study was approved by the Health Sciences Research Ethics Board of The University of Western Ontario.

Participants met with the first author and/or study research assistants in research offices in an academic health sciences center for a baseline assessment. Given the potential for vision or comprehension problems, we verbally administered all study measures to participants, ensuring a standardized presentation of assessment measures. We invited participants to return for a 2–4 week interview session to assess the test–retest reliability of study measures and complete additional study measures for longer term follow-up. Interested participants were invited to return for 6–12 month and 12–24 month follow-up assessments investigating recent and more remote risk and resiliency factors associated with late-life suicide ideation. Participants were encouraged to take frequent breaks as needed and to complete the session in two sittings over a few days time, if required. Participants were reimbursed for their time and travel expenses. This article focuses on assessment of cross-sectional associations among suicide ideation, MIL, PIL, and associated psychological risk and resiliency factors, employing baseline data.

Measures

Cognitive functioning was screened with the Mini-Mental State Examination (MMSE; Folstein et al. 1975), a common screening measure for cognitive impairment among older adults, in order to assess participant capability of meaningfully participating in this study, and given the potential impact of reduced cognitive functioning on suicide ideation (Heisel et al. 2002). MMSE scores potentially ranged from 0–30.

Suicide ideation was assessed with the Geriatric Suicide Ideation Scale (GSIS), our 31-item multidimensional measure of suicide ideation developed and validated among older adults (Heisel and Flett 2006). Items are scored on a 5-point Likert scale, ranging from 1 = Strongly Disagree to 5 = Strongly Agree. The GSIS yields total scores and subscale scores assessing Suicide Ideation (e.g., “I want to end my life.”), Death Ideation (e.g., “I welcome the thought of drifting off to sleep and never waking up.”), Loss of Personal and Social Worth (e.g., “I generally feel pretty worthless.”), and a reverse-coded subscale assessing Perceived Meaning in Life (e.g., “I am certain that I have something to live for.”). This study’s analyses focused exclusively on GSIS total scores, removing an MIL item that overlaps with an item on the Experienced Meaning in Life scale (see below). The GSIS has demonstrated strong internal consistency among older adults ($\alpha = 0.91$; Heisel and Flett 2006; Marty et al. 2010) and significant 1–2 month test–retest reliability among nursing home residents ($r = 0.86, p < 0.001$; Heisel and Flett 2006). It has demonstrated criterion validity, differentiating mental health patients from nonpatients, construct validity with suicide ideation, hopelessness, depression, insomnia, impulsivity, poor coping strategies, and physical health complaints, and nonconvergence with MIL, PIL, psychological well-being, reasons for living, and subjective well-being (Heisel and Flett 2006, 2007, 2008; Jahn et al. 2011; Marty et al. 2010; Nadorff et al. 2013; Neufeld and O’Rourke 2009; Segal et al. 2012). The GSIS has also shown sensitivity to clinical change in a small trial of Interpersonal Psychotherapy (IPT) adapted for older adults at-risk for suicide; study participants endorsed significantly less suicide ideation at posttreatment than at pretreatment assessment (Heisel et al. 2009). Internal consistency for GSIS totals at this study’s baseline assessment was strong ($\alpha = 0.91$). GSIS totals potentially ranged from 30–150 once the overlapping MIL item was removed.

Depressive Symptom Severity was assessed with the Geriatric Depression Scale (GDS), a 30-item Yes/No scored measure initially developed and validated among community-residing older adults (Yesavage et al. 1983). The GDS has been used in hundreds of studies and has shown strong internal consistency ($\alpha = 0.82–0.99$), test–retest reliability ($r = 0.85–0.94$), and construct and criterion validity with respect to depression, suicide ideation, and related factors among older adults across diverse settings and cultures (Heisel et al. 2005, 2010; Stiles and McGarrahan 1998). The GDS evidenced strong internal consistency ($KR-20 = 0.84$) in this study at baseline assessment. GDS totals potentially ranged from 0–30.

Social hopelessness was assessed with the Social Hopelessness Questionnaire (SHQ; Flett et al. unpublished manuscript), a 20-item 5-point Likert-scored measure of hopelessness regarding future interpersonal relationships. The SHQ demonstrated strong internal consistency ($\alpha = 0.86$) in this study. Associations with hopelessness, depression, and late-life suicide ideation attest to the scale’s validity (Heisel et al. 2002, 2005, 2006). The SHQ was included in this study given findings of a salient interpersonal element to hopelessness and suicide ideation and behavior among older adults (Duberstein et al. 2004a, b; Heisel and Flett et al. 2005; Howat and Davidson 2002; Neufeld and O’Rourke 2009). SHQ totals potentially ranged from 20–100.

Purpose in life was assessed with the 9-item PIL subscale of Ryff's (1989) 54-item multidimensional Psychological Well-Being scale (PWB), a 6-point Likert-scored measure assessing the six dimensions comprising Ryff's (1989) multidimensional model of PWB: purpose in life, environmental mastery, self-acceptance, positive relations with others, personal growth, and autonomy. The PWB measure has demonstrated strong psychometric properties with middle-aged and older adults (Clarke et al. 2001; Kafka and Kozma 2002; Ryff and Keyes 1995). The PIL subscale has demonstrated a significant negative association with mortality (Boyle et al. 2009) and a positive association with suicide ideation among older adults (Heisel and Flett 2006, 2008). The internal consistency of the PIL subscale was evaluated as adequate in this study ($\alpha = 0.64$). PIL scores potentially ranged from 9–54.

Subjective Well-Being was assessed with the Satisfaction with Life Scale (Diener et al. 1985), a 5-item Likert-scored measure with strong internal consistency and construct validity, including negative associations with late-life suicide ideation (Heisel and Flett 2006, 2007; Pavot and Diener 1993). Internal consistency of the SWLS was assessed at this study's baseline assessment ($\alpha = 0.82$). SWLS scores potentially ranged from 5–35.

Meaning in life was assessed with the Experienced Meaning in Life scale (EMIL; Heisel 2009), a new 40-item, 5-point Likert-scored (1 = Strongly Disagree, 3 = Neither Agree nor Disagree, 5 = Strongly Agree), multidimensional measure of perceived MIL among older adults. The EMIL contains four 10-item subscales designed to assess Frankl's constructs of Creative (e.g., "I enjoy participating in recreational activities."), Experiential (e.g., "The beauty of nature is uplifting to me."), Attitudinal (e.g., "I try to find meaning in life even when I am suffering or in pain."), and Ultimate meaning (e.g., "My spirituality helps me feel connected with something greater than myself."). All items are scored in a positive direction; higher scores reflect greater perceived MIL. Scoring thus involves a simple summation of the 10 items for each of the EMIL subscales; total scores comprise a simple summation of all 40 EMIL items. Internal consistency was strong for EMIL totals ($\alpha = 0.93$) and for its subscales assessing Creative ($\alpha = 0.80$), Experiential ($\alpha = 0.75$), Attitudinal ($\alpha = 0.82$), and Ultimate MIL ($\alpha = 0.92$) at this study's baseline assessment. We focused exclusively on EMIL totals in this article. Given that the EMIL and GSIS MIL subscale share a common item ("I feel that my life is meaningful"), this item was removed from GSIS totals for the present study's analyses. EMIL totals potentially ranged from 40–200.

Results

Descriptive statistics for study measures are shown in Table 18.1. Zero-order correlation coefficients among measures of suicide ideation, MIL, PIL, and the additional risk and resiliency factors follow in Table 18.2. Findings of a hierarchical multiple regression analysis appear in Table 18.3, investigating the association

of MIL with suicide ideation, accounting for a set of risk and resiliency factors. Findings of additional regression analyses predicting suicide ideation with depression, MIL or PIL, and their interactions appear in Tables 18.4 and 18.5. All analyses were conducted employing SPSS 21 for Windows, with a Type I error rate set at $\alpha = 0.05$, two-tailed.

The study sample largely comprised reasonably healthy and well-adjusted community-residing older adults. Study descriptive statistics indicated that participants scored at moderate to high levels of cognitive functioning (MMSE: $M = 28.9$, $SD = 1.4$; Range: 23–30), MIL (EMIL: $M = 171.5$, $SD = 17.9$; Range: 120–200), PIL ($M = 42.0$, $SD = 5.7$; Range: 26–54), and subjective well-being (SWLS: $M = 26.8$, $SD = 5.8$; Range: 8–35), and at relatively low levels of suicide ideation (GSIS: $M = 41.6$, $SD = 10.1$; Range: 30–72), depressive symptom severity (GDS: $M = 4.0$, $SD = 4.1$; Range: 0–23), and social hopelessness (SHQ: $M = 46.7$, $SD = 11.2$; Range: 20–83). However, a subset of participants scored at levels approximating clinical severity on measures of cognitive functioning (MMSE ≤ 26 ; $n = 8$; Crum et al. 1993; Folstein et al. 1975), depressive symptom severity (GDS ≥ 10 ; $n = 17$; Yesavage et al. 1983), and suicide ideation (GSIS ≥ 67 ; $n = 7$; Heisel and Flett 2006).

Zero-order correlation coefficients supported hypothesized positive bivariate associations between suicide ideation and the psychological risk factors, including depressive symptom severity ($r = 0.43$, $p < 0.001$) and social hopelessness ($r = 0.41$, $p < 0.001$), and negative associations with the resiliency factors, comprising MIL ($r = -0.39$, $p < 0.001$), PIL ($r = -0.37$, $p < 0.001$), and subjective well-being ($r = -0.45$, $p < 0.001$; see Table 18.2). The psychological risk factors were all significantly intercorrelated, as were the potential resiliency factors, and the risk and resiliency factors were inversely correlated, as anticipated.

We next conducted a hierarchical multiple linear regression analysis predicting suicide ideation with MIL, controlling for the risk factors (depression and social hopelessness) on Step 1 and the remaining resiliency factors (PIL and subjective well-being) on Step 2 (see Table 18.3). The risk factors explained significant variability in suicide ideation ($R^2 = 0.27$, $F_{(2,165)} = 30.37$, $p = 0.0001$). Addition of PIL and subjective well-being explained significant added variance in suicide ideation ($R^2 = 0.34$, $\Delta R^2 = 0.07$, $\Delta F_{(2,163)} = 8.67$, $p = 0.0001$). MIL explained further significant variability in suicide ideation, controlling for both the risk and resiliency factors ($R^2 = 0.36$, $\Delta R^2 = 0.02$, $\Delta F_{(1,162)} = 4.33$, $p = 0.039$). Depressive symptom severity, social hopelessness, subjective well-being, and MIL were the only variables that significantly predicted suicide ideation in the final regression equation; after MIL had entered into the analysis, the influence of PIL on suicide ideation no longer remained statistically significant.

We next conducted moderator analyses that investigated potential interaction effects of MIL or PIL with depressive symptom severity on suicide ideation, attempting to replicate our previous findings with clinical adult (PIL; Heisel and Flett 2004) and heterogeneous older adult samples (MIL; Heisel and Flett 2007), and to further clarify the unique contributions of MIL and PIL to the prediction of suicide ideation among older adults. Findings of an initial

multiple regression analysis supported a hypothesized interaction effect of MIL and depressive symptom severity on suicide ideation ($B = -0.02$, $SE = 0.01$, $t = -1.98$, $p = 0.049$); suggesting that MIL is most protective against suicide ideation at higher levels of depressive symptom severity (see Table 18.4 and Fig. 18.2). Significant main effects emerged indicating that suicide ideation was significantly positively associated with depressive symptom severity ($B = 0.72$, $SE = 0.19$, $t = 3.88$, $p < 0.0001$) and negatively associated with MIL ($B = -0.15$, $SE = 0.04$, $t = -3.69$, $p < 0.0001$). We repeated the previous analysis, replacing MIL with PIL (see Table 18.5). Although significant main effects emerged for depressive symptom severity ($B = 0.80$, $SE = 0.21$, $t = 3.80$, $p < 0.0001$) and PIL on suicide ideation ($B = -0.40$, $SE = 0.14$, $t = -2.92$, $p = 0.004$), the interaction effect of these variables was not significant ($B = -0.01$, $SE = 0.03$, $t = -0.21$, $p = 0.833$).

Discussion

The purpose of this study was to investigate the roles of Meaning in Life (MIL) and Purpose in Life (PIL) in potentially protecting against suicide ideation among community-residing older adults, consistent with our theoretical model of late-life suicide ideation. We specifically sought to replicate and extend our earlier research with clinical adult (Heisel and Flett 2004) and heterogeneous older adult samples (Heisel and Flett 2006, 2007, 2008) which collectively demonstrated that suicide ideation was significantly positively associated with psychological risk factors and negatively associated with resiliency factors, that MIL protected against suicide ideation controlling for the risk and resiliency factors, and that MIL interacted with depressive symptom severity in predicting severity of suicide ideation. We further sought to investigate the combined influence of MIL and PIL on suicide ideation, accounting for associated risk and potential resiliency factors, in order to better understand the unique contributions of these existential variables to suicide risk in later life.

Findings of this study supported our previous research in demonstrating significant positive associations between suicide ideation and the psychological risk variables, negative associations between suicide ideation and the resiliency factors, and significant negative associations among the risk and resiliency factors (Heisel and Flett 2004, 2007, 2008). Study findings further indicated that having an elevated level of MIL seemed to play a key role in significantly protecting against late-life suicide ideation controlling for depressive symptom severity, social hopelessness, PIL, and subjective well-being, supporting research demonstrating that MIL promotes health and well-being and protects against psychopathology and suicide risk (Heisel and Flett 2006, 2007, 2008; Krause 2003, 2009; Nygren et al. 2005). As expected, PIL was significantly positively associated with MIL and subjective well-being and negatively associated with suicide ideation in this study; however, PIL did not explain unique variance in suicide ideation controlling for

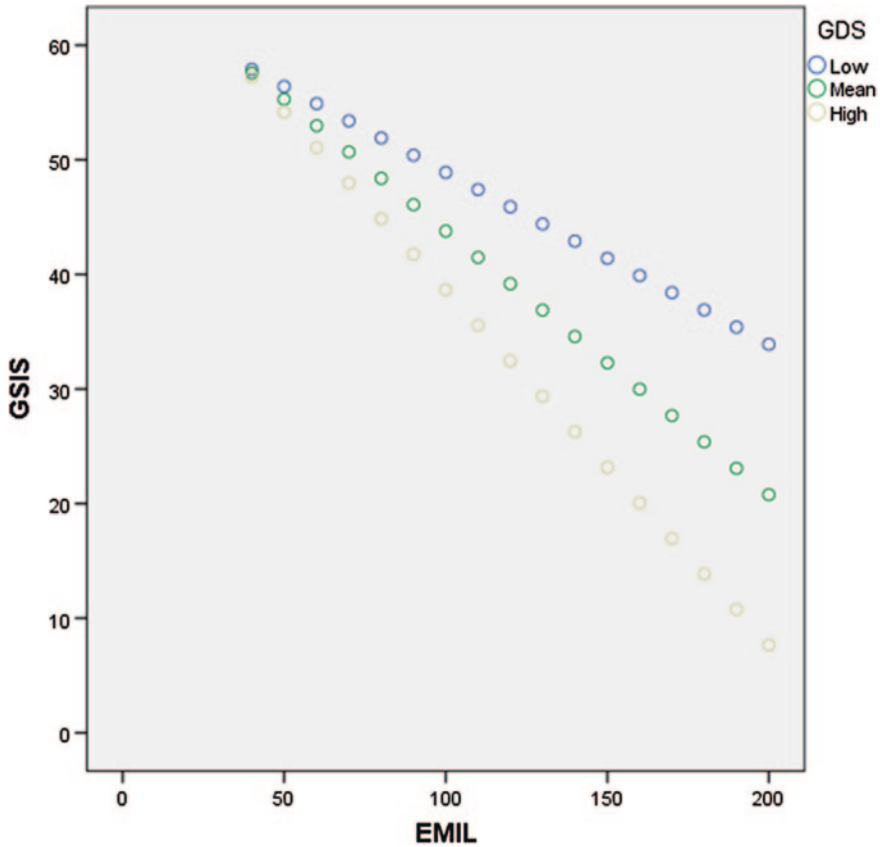


Fig. 18.2 Interaction effect of meaning in life (EMIL) and depressive symptom severity (GDS) on suicide ideation (GSIS) *Note* GDS = Geriatric Depression Scale; EMIL = Experienced Meaning in Life Scale; GSIS = Geriatric Suicide Ideation Scale totals excluding the GSIS MIL item (#9). This figure was created by first centering the interaction of GDS and EMIL scores, and then plotting smoothed theoretical curves for low (-1 S.D.), mean (M = 4.03), and high (+1 S.D.) GDS scores

MIL, suggesting that the protective effect of PIL may have been overcome by consideration of MIL.

This study’s findings replicated our previous finding that MIL interacts significantly with depressive symptom severity in predicting severity of late-life suicide ideation (Heisel and Flett 2007), suggesting that MIL may be most protective against contemplations of suicide at higher levels of depressive symptom severity. This finding makes intuitive sense, given that suicide ideation is positively associated with depression, and thus individuals with lower levels of depressive symptom severity are less likely to contemplate suicide (Almeida et al. 2012; Jahn et al. 2011; Vannoy et al. 2007). This interpretation is underscored by this study’s main effect of depression on suicide ideation. Hence, those individuals experiencing more severe

depressive symptoms may be at greater need for protection against suicidality; such protection appears to be afforded by an enhanced recognition of meaning in life.

Whereas we had previously found that PIL significantly interacted with depressive symptom severity in predicting suicide ideation in a middle-aged clinical sample (Heisel and Flett 2004), analyses of the current data indicated that this finding was not replicated in this relatively healthy sample of community-residing older adults. This null finding is, however, consistent with our past finding that MIL protected against suicide ideation among a heterogeneous older adult sample in a hierarchical multiple regression model incorporating consideration of key risk and resiliency factors, whereas PIL did not (Heisel and Flett 2008). MIL thus appears to exert a protective effect against late-life suicide ideation among more highly depressed older adults that is lacking for PIL. Researchers recently outlined a theory suggesting that MIL interacts with subjective well-being in the face of challenging life circumstances (Shrira et al. 2011) consistent with our findings that MIL is most protective against suicide ideation at high levels of depressive symptom severity. MIL might thus engender resiliency to suicide by fomenting meaningful opportunities and purposeful activity and by building reserves of resiliency to mitigate the negative impact of physical, emotional, interpersonal, and situational challenges.

In considering similarities and differences between MIL and PIL variables, we previously noted that Ryff's (1989) PIL scale incorporates an element of future orientation, and suggested that such a conceptualization of the PIL construct may be less relevant to suicidal older adults, among whom the experienced and/or anticipated passage of time may differ from younger and middle-aged adults (Heisel and Flett 2008; Neuringer and Levenson 1972). We further noted that as one grows older, perceptions of MIL may turn from future possibilities to past accomplishments (Frankl, 1988), corresponding to successful resolution of Erikson's (1963) "ego integrity." Additional consideration of conceptual differences between MIL and PIL might help to further elucidate the present study's findings.

The terms meaning in life (MIL) and purpose in life (PIL) are often used interchangeably in the empirical literature, with little apparent consideration of conceptual distinctions between them. Yalom (1980) indicated that meaning "refers to sense or coherence" whereas purpose "refers to intention, aim, function" (Yalom 1980, p. 423). Purpose in life has been defined variably "as the ontological significance of life from the point of view of the experiencing individual" (Crumbaugh and Maholick 1964, p. 201) and as "the belief that one's life is purposeful and meaningful" (Schmutte and Ryff 1997, p. 551), and thereby encompasses "a clear comprehension of life's purpose, a sense of directedness, and intentionality" (Ryff 1989, p. 1071). A pragmatic consideration of what is commonly meant by the terms *meaning* and *purpose* might offer a possible resolution to the question of differences between these two constructs. The question "what is my purpose in life?" can be taken as a question of one's task, function, role, aim, or goal in life. The question "what is the meaning of my life" should not be interpreted as asking "what does my life mean" in a semantic sense, the

way one might ask about the meaning of an uncommon word or phrase, but rather “what lends meaning to my life?” or “what makes my life matter in a meaningful way?” Hence, *purpose* might be taken as referring to a role or aim, whereas *meaning* might be taken to refer to a deeper existential significance that subsumes such concepts as purpose and coherence (Frankl 1966; Reker 1992). Put differently, “coherence” and “purpose” and “value” are elevated and enhanced when they contribute to a greater meaning. When we conflate meaning with purpose, we potentially run the risk of reductionism and of identifying an individual’s MIL strictly in a functional sense, rather than in terms of a deeper existential significance. The EMIL was thus developed in order to identify and assess domains in which meaning can be found; however, its purpose is not simply to identify creative activities, enjoyable experiences, positive attitudes, or spiritual connections among older adults, but to evaluate the extent to which these various factors contribute to one’s greater perception of meaning in life. Taken as a whole, the current findings suggest that PIL might be subsumed by MIL, a broader existential variable that, in addition to incorporating one’s life goals, aims, or tasks, incorporates consideration of one’s actions, experiences, attitudes, transcendent consideration of one’s broader contribution to the world, and the ultimate purpose in one’s existence.

Our results lend further support to Frankl’s (1985) contention that recognition of MIL helps protect against despair and suicidal contemplations, and suggests that attending to both suicide risk and resiliency may benefit theory and clinical practice with at-risk older adults. This study adds to the literature demonstrating strong psychometric properties for the GSIS among community-residing older adults (Marty et al. 2010; Segal et al. 2012), and provides evidence of strong internal consistency and construct validity for the EMIL, a new multidimensional measure of MIL developed to be consistent with Frankl’s theory. The compelling findings of this study must nonetheless be considered in the context of its limitations, including cross-sectional data analysis, inclusion of largely healthy older adults, a primary reliance upon self-report data, and focus on suicide ideation rather than suicidal behavior. Despite these limitations, the findings of this study accord with our previous findings with a heterogeneous sample of older adults (Heisel and Flett 2007, 2008) and with those of research involving clinical samples of older adults.

Van Orden et al. (2012) recently demonstrated that depression severity and self-perceived burden upon others had a significant negative impact on MIL over a 2-month period of follow-up among mental healthcare-seeking older adults with mood and anxiety disorders. Their findings support the literature demonstrating negative associations between aspects of psychopathology and MIL, and support the validity of the GSIS MIL subscale. Although their findings essentially support associations between MIL and a sense of concern for others, they suggest that older adults who struggle with a perceived lack of social support or who perceive themselves to be a burden upon others may struggle to recognize MIL, and may ultimately contemplate ending their lives (Heisel and Flett 2006;

Purcell et al. 2012). Breitbart and colleagues reported that terminally ill older adults lacking recognition of MIL are at heightened risk for desiring to hasten death (Breitbart et al. 2000; McClain et al. 2003, 2004). These authors recently published the findings of a randomized controlled clinical trial of Meaning-Centered Group Psychotherapy with terminally ill older adults, based largely on Frankl's Logotherapy. They found that their meaning-centered intervention significantly enhanced MIL and reduced the wish to hasten death in terminally ill older adults, and was more efficacious than a supportive group therapy control condition (Breitbart et al. 2010).

Similarly, we have reported the preliminary findings of a small psychotherapy trial of Interpersonal Psychotherapy adapted for older adults at-risk for suicide by virtue of current suicide ideation and/or recent suicidal behavior (Heisel et al. 2009); the adaptation involved an enhanced assessment and clinical responsiveness to interpersonal and existential factors underlying older adults' expressions of suicide ideation. Preliminary findings demonstrated a significant reduction in suicide ideation, the wish to die, and depressive symptom severity (Heisel et al. 2009); complete study findings additionally demonstrated a significant improvement in MIL and enhanced psychological well-being over the course of treatment (Heisel et al. submitted). Although not grounded in existential theory, two quasi-experimental intervention studies, of integrated reminiscence and narrative therapies for depressed older adults (Bohlmeijer et al. 2008) and a cognitive-behavioral group designed to train early retirees to set, plan, and pursue meaningful goals, showed posttreatment increases in psychological well-being, yet no between-group increases in MIL or PIL (Lapierre et al. 2007). These findings collectively indicate that psychological interventions attending to existential factors can enhance mental health and well-being, enhance perceptions of MIL, and may ultimately help reduce or resolve suicide ideation and the wish to die.

The current findings support investigation of risk and resiliency factors when seeking to assess and intervene to decrease risk for suicide among older adults, and provide preliminary support for our theoretical model of late-life suicide ideation incorporating recognition of meaning in life as a key resiliency factor. Our findings suggest that simply investigating depression and hopelessness, although important for assessing risk for suicide in later life, ignores critical existential constructs that significantly enhance understanding of an individual's psychological well-being, and thereby leaves a critical area of one's mental health and well-being unaddressed. Future research will investigate the role of MIL in preventing the onset or deterring the exacerbation of suicide ideation among the present study's participants, accounting for putative psychological risk factors, and incorporating consideration of precipitating stressors, losses, and other life transitions. Research is also needed to investigate a host of related issues, including whether MIL protects against suicidal behavior, whether meaning-centered interventions prevent the onset of suicidality in vulnerable older adults, and how to move promising interventions into frontline mental health practice. The growing body of research

suggesting a positive association between MIL and longevity underscores the vital importance of this research, given both the aging of the older adult population and the heightened risk for suicide in later life.

Appendix

Table 18.1 Descriptive characteristics of study participants ($N = 173$)

Variable	<i>M</i>	<i>SD</i>	Range	<i>N</i>
Age	73.9	6.1	65–93	173
Number of children	2.9	1.3	0–7	161
Number of grandchildren	5.4	3.9	1–25	146
Years of formal education	15.5	3.4	8–24	172
Variable			<i>N</i>	%
Sex				
	Men		51	29
	Women		122	71
Birthplace				
	North America		112	65
	United Kingdom		35	20
	Europe		17	10
	Africa		4	2
	Asia		3	2
Marital Status				
	Married		78	49
	Widowed		48	28
	Single, Never married		7	4
	Separated or Divorced		33	19
Lives alone				
	Yes		84	49
Education				
	Grade school		3	2
	Some high school		35	20
	College or Trade school		37	22
	University		62	36
	Graduate school		35	20
Employment status				
	Retired		155	90
	Part-time work		10	6
	Full-time work		4	2
Volunteer status				
	Volunteering		51	36

Table 18.2 Zero-order correlations among suicide ideation and study risk and resiliency factors

Variable		II	III	IV	V	VI
I.	GSIS	-0.39***	0.43***	0.41***	-0.45***	-0.37***
II.	EMIL		-0.34***	-0.22***	0.42***	0.43***
III.	GDS			0.37***	-0.45***	-0.44***
IV.	SHQ				-0.34***	-0.30***
V.	SWLS					0.37***
VI.	PIL					

Note ** $p \leq 0.01$ *** $p \leq 0.001$. Pairwise deletion was used ($168 \leq N \leq 172$). GSIS = Geriatric Suicide Ideation Scale totals excluding the GSIS MIL item (#9), EMIL = Experienced Meaning in Life Scale; GDS = Geriatric Depression Scale; SHQ = Social Hopelessness Questionnaire; SWLS = Satisfaction with Life Scale; PIL = Purpose in Life subscale of the Multidimensional Psychological Well-Being Scale

Table 18.3 Hierarchical multiple regression analysis predicting suicide ideation (GSIS) with meaning in life, controlling for study risk and resiliency factors

Step	Variable	<i>B</i>	S.E.	β	<i>t</i>
1	Constant	26.21	2.92	-	8.98
	GDS	0.84	0.18	0.34	4.71
	SHQ	0.26	0.07	0.29	4.01
2	Constant	53.86	7.56	-	7.13
	GDS	0.47	0.19	0.19	2.48
	SHQ	0.20	0.06	0.22	3.06
	SWLS	-0.40	0.13	-0.22	-2.98
	PIL	-0.30	0.13	-0.16	-2.23
3	Constant	63.85	8.89	-	7.19
	GDS	0.43	0.19	0.18	2.28
	SHQ	0.20	0.06	0.22	3.07
	SWLS	-0.34	0.14	-0.19	-2.49
	PIL	-0.21	0.14	-0.12	-1.53
	EMIL	-0.09	0.04	-0.15	-2.08

Note $N = 168$. $R^2 = 0.27$, $F_{(2,165)} = 30.37$, $p = 0.0001$ for Step 1; $R^2 = 0.34$, $\Delta R^2 = 0.07$, $\Delta F_{(2,163)} = 8.67$, $p = 0.0001$ for Step 2; $R^2 = 0.36$, $\Delta R^2 = 0.02$, $\Delta F_{(1,162)} = 4.33$, $p = 0.039$ for Step 3. GSIS = Geriatric Suicide Ideation Scale totals excluding the GSIS MIL item (#9); GDS = Geriatric Depression Scale; SHQ = Social Hopelessness Questionnaire; SWLS = Satisfaction with Life Scale; PIL = Purpose in Life subscale of the Multidimensional Psychological Well-Being Scale; EMIL = Experienced Meaning in Life Scale

Table 18.4 Hierarchical multiple regression analysis testing the interaction of meaning in life and depression on suicide ideation (GSIS)

Step	Variable	<i>B</i>	S.E.	β	<i>t</i>	<i>p</i>
1	Constant	64.74	7.34	–	8.82	0.0001
	GDS	0.83	0.18	0.34	4.69	0.0001
	EMIL	–0.15	0.04	–0.27	–3.77	0.0001
2	Constant	63.90	7.29	–	8.77	0.0001
	GDS	0.72	0.19	0.29	3.88	0.0001
	EMIL	–0.15	0.04	–0.26	–3.69	0.0001
	GDSXEMIL	–0.02	0.01	–0.14	–1.98	0.049

Note $N = 169$. $R^2 = 0.25$, $F_{(2,167)} = 27.43$, $p = 0.0001$ for Step 1; $R^2 = 0.27$, $\Delta R^2 = 0.02$, $\Delta F_{(1,166)} = 3.93$, $p = 0.049$ for Step 2. GSIS = Geriatric Suicide Ideation Scale totals excluding the GSIS MIL item (#9); GDS = Geriatric Depression Scale; EMIL = Experienced Meaning in Life Scale; GDSXEMIL = Centered interaction of EMIL and GDS totals

Table 18.5 Hierarchical multiple regression analysis testing the interaction of purpose in life and depression on suicide ideation (GSIS)

Step	Variable	<i>B</i>	S.E.	β	<i>t</i>	<i>p</i>
1	Constant	55.08	6.16	–	8.94	0.0001
	GDS	0.82	0.19	0.33	4.33	0.0001
	PIL	–0.40	0.14	–0.22	–2.92	0.004
2	Constant	55.11	6.18	–	8.92	0.0001
	GDS	0.80	0.21	0.32	3.80	0.0001
	PIL	–0.40	0.14	–0.22	–2.92	0.004
	GDSXPIL	–0.01	0.03	–0.02	–0.21	0.833

Note $N = 169$. $R^2 = 0.22$, $F_{(2,167)} = 23.95$, $p = 0.0001$ for Step 1; $R^2 = 0.22$, $\Delta R^2 = 0.00$, $\Delta F_{(1,166)} = 0.05$, $p = 0.833$ for Step 2. GSIS = Geriatric Suicide Ideation Scale totals excluding the GSIS MIL item (#9); GDS = Geriatric Depression Scale; PIL = Purpose in Life subscale of the Multidimensional Psychological Well-Being Scale; GDSXPIL = Centered interaction of PIL and GDS totals

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Chapter 19

Mourning, Meaning, and Memory: Individual, Communal, and Cultural Narration of Grief

Robert A. Neimeyer, Dennis Klass and Michael Robert Dennis

The deaths of significant people in our lives raise questions of meaning: the meaning of the life now over, the meaning of our lives without that person, and the meaning of the events leading to and following the death itself. The questions are especially difficult if the deaths are sudden or traumatic or if the deceased played an important role in our daily living or interior dialogue. In short, in grieving there is a challenge to individual self-narratives and sometimes to the community or cultural narratives that shape and sustain them. A central task of grieving is the reconstruction of those narratives.

In this chapter, we argue that grief or mourning is not primarily an interior or intrapsychic process, which is how it has been defined in the social sciences since the end of the First World War. Instead we describe grief in a social constructivist model in which the processes by which meanings are found, appropriated, or assembled occur at least as fully *between* people as *within* them. Clearly grief is at its base an innate response to specific environmental events. We can recognize the body posture, facial expressions, and vocalizations of bereaved people in cultures very different from our own. But if grief is universal, the meanings people construct in their grief are not. Mourning is an interaction between interior, interpersonal, communal, and cultural narratives. We argue, then, that mourning is a

R. A. Neimeyer (✉)

Department of Psychology, University of Memphis, 400 Innovation Drive, Rm 202,
Memphis, TN 38152-6400, USA
e-mail: neimeyer@memphis.edu

D. Klass

Webster University, St. Louis, MO, USA
e-mail: dennisklass@comcast.net

D. Klass

10 Scrimshaw, PO Box 202, Truro, MA 02666, USA

M. R. Dennis

Department of Communication and Theatre, Emporia State University, 1200 Commercial
Street, Campus Box 4033, Emporia, KS 66801, USA
e-mail: mdennis3@emporia.edu

situated interpretive and communicative activity charged with establishing the meaning of the deceased's life and death, as well as the post-death status of the bereaved within the broader community concerned with the loss.

We describe this multilevel phenomenon with material from three sets of scholarly research. First, we look at psychological research centered on individual self-narratives that organize life experience into plot structures that display some level of consistency over time. We find, for example, that brain scans of bereaved people looking at images of a deceased loved one paired with words extracted from their grief narratives show increased activity in areas associated with autobiographical memory and emotion. Narrating grief and constructing meaning occurs even at the neurological level, and how we fare in this meaning-making process appears to predict the course of our grieving.

Second, we explore public communication, including eulogies, grief accounts in popular literature, and elegies. All these discourses construct the identity of the deceased as they were, and as they are now in the individual and communal continuation of bonds with the dead. These public narratives often put the life now ended and the lives of those who remain into the context of cultural narratives about the meaning of the human condition at large. Thus, individual interpretive activity associated with meaning in mourning is nested in cultural, political, and religious contexts.

Third, we consider different cultural contexts in order to understand the rules of grieving and to see how grief is policed. Individuals, in their grief, conform to or actively challenge the dominant cultural narratives that script the "proper" performance of grief in a manner that is coherent with the prevailing social order. Continuing bonds with the dead must be maintained in a way that supports the arrangements of political and economic power. That is, the meanings people find through the situated interpretive and communicative activity that is grief, must either be congruent with the meanings that undergird the larger context or represent an active form of resistance against them.

The Daily News

Kristen and Max texted each other on a sunny Friday afternoon, an everyday exchange about music and the boredom of a long drive north through Oklahoma, on Interstate 35. Fifteen minutes after those texts, the vehicle carrying Max, 19, and two of his college companions flipped three times and caught fire near the Kansas border.

A police report said Max was in the back seat, not wearing a seatbelt, and was thrown from the car before the fire. The following morning, a physician at a Wichita hospital confided in his mother Gayle, that Max's injuries, particularly his severe head trauma, were "not survivable events." He died that afternoon in his mother's arms.

That much can be gleaned from newspaper accounts of the accident. What the reporters did not cover was the private story of grief that Max's mother shared with her therapist. She later gave informed consent to use her story in this book because she hoped to sensitize scholars and professionals of many disciplines to the

difficulties associated with “searching for significance” after the death of a child. A deeply spiritual person, Gayle came to understand Max’s early death as part of the larger spiritual journey of an ‘old soul,’ wise beyond his years, ready for release from this temporal world. But she also described the urgency with which she sought deeper meaning and connection with Max, leading her at times to plead with God to show her a tangible sign, perhaps through an encounter with an angel, with Max, or even with Jesus himself, of her son’s continued existence and accessibility.

Gayle discovered, however, that she experienced this contact most fully when she was least anguished. She would journal in a deep meditative state, posing questions to Max, and then just waiting patiently for her sense of his answer. In an early entry that began with “Hey, Max,” and “What’s up, Mom?” Gayle found herself asking, “What work are we going to do together?” As a trainer accustomed to speaking before business and community audiences, she felt the growing urge to invoke the story of her son’s life and death to orient listeners to existential questions. “I know how to touch people’s hearts,” she confessed to him, “but not how to tell this story.”

Max’s reply came clearly, and sent a shiver up her therapist’s spine as Gayle related it to him: “*Your work with Bob Neimeyer is where the story is formulating.*”

Although Gayle is still ‘formulating’ that story and exploring its deeply emotional implications and most profound meanings, she senses that she “will find some lesson that she can impart to convey a deeper understanding of life.” She is unsure at this point exactly what this lesson will be, but knows it will have to do with a conviction that “there is no death; that love lives on; and that there is no separation.” Significantly, she is seeking opportunities to explore the meaning of her son’s life and death, as well as the lessons of her own grief, drawing upon both Eastern and Western spiritual systems that help her do so.

Grief in Context

Grief seems to be hardwired into the human psyche. We do not need to understand someone’s language to recognize grief’s facial expressions, vocalizations, and body postures wherever they occur. We can still feel the pain in a father’s lament three millennia ago.

And the king was much moved, and went up to the chamber over the gate, and wept: and as he went, thus he said, “O my son Absalom, my son, my son Absalom! Would God I had died for thee, O Absalom, my son, my son!” (2 Samuel 18:33)

Though perhaps universal and biological, such a response and the longer-term changes that follow are personally narrated, socially shared, and expressed within widely varying cultural rules.

In this chapter we will reflect on the construction of meaning at multiple levels. We will argue that the meaning of mourning is sought, given voice, supported socially, contested, and in some cases even imposed within the specific cultural framework within which the bereaved orient the “grief work” they undertake. We therefore begin by sketching a social constructionist model of grief as a situated

interpretive and communicative activity, a perspective that is at variance with much current thinking that sees grief primarily as a private and largely intrapsychic process. First, we review psychological research into the quest for significance in loss at an individual level, and then progress to a consideration of more public grief accounts, eulogies, and elegies, before nesting this “effort after meaning” (Bartlett 1932) in the broader societal contexts within which it is negotiated.

Death, Loss, and the Search for Meaning: A Psychological Perspective

Contemporary medical and social sciences inform us that grieving is an encompassing process, one that can be observed at levels ranging from the biological through the personal and interpersonal to more broadly social levels of discourse and its regulation (Stroebe et al. 2008). Similarly, the human processes of narration as a form of meaning-making occur at these same levels, and it is therefore not surprising that mourning and meaning are intricately braided (Neimeyer 2006). Taking what has been termed an “epigenetic systems approach” (Mascolo et al. 1997), we will argue that mourning, in both its private and public moments, represents a *situated interpretive communicative activity*¹ that draws heavily on narrative processes to establish the meaning of the deceased’s life and death, as well as the ‘postmortem’ (after-death) status of the bereaved within the broader community concerned with the loss.

Such activity can be observed on the most neurophysiologic of levels. The human penchant for narrative, understood as a predilection to organize temporal experience in terms of plot structures with meaningful beginnings, middles, and ends, appears to be anchored in brain structures that subserve the processing of episodic memories, ultimately consolidating them into larger autobiographical memories that are subject to dynamic reconstruction over time (Rubin and Greenberg 2003). In a fascinating application of neuroimaging technologies, researchers conducted fMRI scans of the brains of grieving subjects. They found heightened activation of these same seats of autobiographical memory and emotion as the bereaved viewed images of their loved ones paired with words extracted from their own narratives of their loss and grief (Gundel et al. 2003). Thus, even neurologically, human beings seem primed to respond to the disruption of a security-enhancing attachment bond (Bowlby 1980) with an attempt to make sense of it in ‘storied’ terms.

¹ By “situated,” we mean to emphasize that mourning is a function of a given social, historical and cultural context; by “interpretive,” we draw attention to the meaning-making processes it entails; by “communicative” we stress the essential embeddedness of such processes in written, spoken, and nonverbally performed exchanges with others, and by “activity” we underscore that grieving and mourning are active verbs, not merely states to be endured. In sum, “the work of grief,” in our view, involves reaffirmation or reconstruction of a world of meaning that has been challenged by loss, at social as well as individual levels, in a specific cultural and historical frame.

Attempts to interpret loss within some narrative framework of intelligibility are easily inferred from the reports of bereaved persons such as Gayle, whose quest for meaning in the death of her son found expression in prayerful petitions to God, inner dialogues with Max, creative journaling, and meditative moments shared silently with a handful of trusted others. Such attempts to process the loss privately were typically deeply emotional, sometimes driven forward by unremitting anguish, and at other times pursued with a profound sense of affirmation and tranquility. This kind of meaning-making can also occur at least as fully *between* people as *within* them, as the bereaved, in Shakespeare's own phrase, "give sorrow words" in the presence of friends, family, co-workers, and sometimes bereavement professionals. In such moments they may exchange stories regarding the deceased, interpret one another's dreams of the lost other, and collaboratively frame the loss in spiritual terms. They may also validate or invalidate one another's interpretation of a striking coincidence, as in Gayle's discovery that the lyrics of a song Max was listening to just before his accidental death conveyed a sense of acceptance about "moving on". Qualitative research on such joint meaning-making underscores the extent to which the meaning of loss as well as the meaning of the continued connection with the loved one are (literally) negotiated within families and communities, and not merely dealt with in the cognitive province of one or more isolated individuals (Hagemeister and Rosenblatt 1997; Nadeau 1997). Of course, "restorative retelling" of the events of the death with one's therapist (Rynearson 2006), as well as any number of other narrative techniques used in psychotherapy (Neimeyer 2012; Neimeyer et al. 2009), represent further instances of sense-making, through "storying" (beyond mere "languageing") the loss and its implications in an interpersonal context.

Regardless of the private or more public locus of this activity, research into psychological adaptation to loss suggests that, far from being epiphenomenal to the emotional drama of grief, such narrative processes of meaning-making seem to play principal roles in integrating the loss. For example, studies of parents who, like Gayle, have lost children in vehicular accidents, report that over 80% continue to search for meaning in the loss some 6 months later and that those who do not find answers about why their children were taken fare worse, on several measures of emotional well-being, than those who seek meaning and find it (Davis et al. 2000). More recent research has replicated and extended these results, and now demonstrates that capacity to "make sense" of the loss in spiritual, secular, or practical terms predicts 5–15 times the intensity in grief symptomatology than do length of time since the loss (ranging from a few weeks to many years) and cause of death (whether natural or violent) (Keese et al. 2008). Consider the responses of the following two mothers in their early 30s who participated in this study, each of whom lost an infant to congenital heart problems. Helen notes:

The only thought that comes to me is that God must have really needed Jessica to be one of his angels in heaven, because she died so suddenly and didn't show any of the symptoms of the condition she suffered from which caused her death.... I'm much older than my actual chronological age. I've aged very rapidly. I no longer care for tedious things. I have higher standards and expectations regarding family and friends. I'm able just to cut people out of my life if they don't live up to my expectations. My only expectation from friends and family is that they be there for me when I need them. If they're not, they're out of my life!

Time itself seems to have shrunken for Helen. Confronted by a painful history, and the bleak anticipation of continued loneliness, she concludes, "I have learned that we can't live in the past, or the future.... We must only live in the present." Overall, although she struggles to find some religious justification for her child's death, she acknowledges that she finds little meaning in the life she now lives, either privately or in the occasional and unsatisfying company of others.

Contrast Helen's story with that of Ann, a 31-year-old mother who similarly suffered the A bit awkward. Consider; "suffered the death of her first child shortly after birth because of congenital heart problems. Speaking about her loss a few years later, Ann states" her first child a few years earlier because of congenital heart problems. Speaking about her loss, Ann states,

I believe that my baby Michael's purpose in life was to bring us great joy and love in the short time he was here on earth. I believe that he helped strengthen my marriage and more importantly, my and my husband's and my family's faith in God. I come from a Christian family, but none of us were involved in church, and we've all started attending church again since his death. My husband was Catholic and I was Baptist, and we compromised and became Presbyterian and joined a church we attend regularly. I also believe that if it weren't for Michael, we would not have any children because we had decided not to have children. But after Michael came into our lives, we decided to try again. We now have Phillip, who is 4, and Grace, who is 4 months!

For Ann, the life lessons learned from this loss were multifaceted: "I have greater appreciation for life and for healthy babies. I have a greater knowledge of the heart disease Michael had. And I feel I can help others who have lost a child and those who will lose a child in the future. Spiritually, I know that when I die, I will go to heaven and we will be together again.... I don't have to worry about him because I know he is in God's care. And I am not as afraid of dying as I used to be." As she reflects on the fabric of her life in light of her loss, Ann teases out threads of consistency, braided together with new fibers of moral strength spun by adversity: "First and foremost, I am Michael's mom. And I realized even after he died, and I had no other children at the time, that I was and always would be a mother. And last, but not least, I'm a survivor. I feel that if I can survive this, I can do anything!" Ann clearly views her child's death as rich in significance, and describes herself as living a life charged with meaning. Her grief, while still poignant at times, serves to connect her to a common humanity shared with others, as well as to the mysteries of a universe that remains ultimately benign. Comparing Helen and Ann on an independent measure of complicated, prolonged and debilitating grief, it is not surprising that the latter was faring far better psychologically than the former in the wake of their "objectively similar" losses. Related research documents the association between spiritual and altruistic meaning-making regarding the loss and less intense and complicated grief symptomatology among these same parents (Lichtenthal et al. 2010).

The link between meaning-making and adaptive outcomes in bereavement is not limited to studies of bereaved mothers and fathers. One study of several hundred adults who lost significant others to a range of violent deaths (accident, suicide, and homicide) as well as natural death (cancer, emphysema, or heart failure) found that

sense-making predicted more favorable accommodation of loss overall, and that it did so with such accuracy that it essentially accounted for the entire difference between violent and natural causes of death (Currier et al. 2006).² Even research on older bereaved spouses, whose partners might be expected to die as a result of natural processes of aging, indicates that they sometimes struggle to find meaning in their loss; and when they do, they are at greater risk of chronic grief trajectories in the months and years that follow. Conversely, those who are able to make sense of the loss in their own terms in the early months of the loss show resilience in terms of enhanced well-being as much as 4 years later (Coleman and Neimeyer 2010).

How might we understand the evidence linking ‘sense-making’ to ‘adaptation to grief?’ One contemporary model views bereavement as a challenge to our *self-narrative*, defined as “an overarching cognitive-affective-behavioral structure that organizes the ‘micro-narratives’ of everyday life into a ‘macro-narrative’ that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world” (Neimeyer 2004, pp. 53–54). From this perspective, identity can be seen as a narrative achievement. That is, our sense of self is established through the stories that we tell about ourselves and relevant others, the stories that others tell about us, and the stories that we enact in their presence. It is this self-narrative that is profoundly shaken by “seismic” life events such as the death of a loved one; and, importantly for our argument, narrating grief instigates the processes of reaffirmation, repair, or replacement of the basic plot and theme of the life story of the bereaved. As the bereaved assimilate the loss into their existing self-narratives, perhaps by framing it in light of a robust spirituality or personal philosophy (Currier et al. 2012), or by revising their worldview to accommodate the death and its implications (Neimeyer 2006), they restore a measure of coherence to the life story altered by loss. One means by which they do so is their search for a *continuing bond* in lieu of a final goodbye (Klass et al. 1996). In effect, characteristically, the bereaved retain or reconstruct their sense of security, not by *relinquishing* but by *reemphasizing* attachment to the deceased. This capacity to access a sense of connection with the deceased in a way that is healing rather than hurtful seems to evolve over time, as a continuing bond is associated with more positive emotion after 2 years of bereavement than in the early months following the death (Field and Friedrichs 2004).

Not all losses provoke severe challenges to our self-narratives, and not all bereaved people are equally susceptible to a crisis of meaning in the aftermath of loss. Tragic and premature death is associated with a greater search for significance and with this, more intense and incapacitating grief symptoms (Currier et al. 2007). Preliminary evidence suggests that people who subscribe to less certain “world assumptions”—as to whether the universe is meaningful, whether they

² Further consideration of these results suggests that a defining feature of violent death bereavement was its *senselessness*; it has no justification, purpose or explanation in the eyes of the bereaved. It seemed to be this assault on meaning, more than the grotesqueness, suddenness or human agency implicated in these losses to suicide, homicide or fatal accident that accounted for the intensity and complication of grief in the aftermath of such bereavement.

themselves have worth, and whether they think they have a measure of control over relevant outcomes—may be more likely to struggle in the aftermath of a loved one's death, irrespective of the cause of death (Currier et al. 2009). For them, it is as if the loss provides further evidence of life's injustice and unpredictability, as well as their own helplessness in the face of fate. Similarly, those whose systems of spiritual meaning collapse under the weight of complicated bereavement report greater distress than those whose religious convictions confer meaning on a difficult transition (Burke and Neimeyer 2014; Lichtenthal et al. 2011). Conversely, individuals who confront more normative bereavement, or who have more robust self-narratives capable of assimilating even traumatic losses—as Gayle and Ann exemplified in their sense-making of Max's and Michael's deaths—seem to respond with resilience and resourcefulness, maintaining access to comforting memories of their loved one that provide a measure of consolation (Bonanno et al. 2004). Moreover, continuing bonds with the deceased seem to be maintained least painfully when the loss itself is viewed as making sense in spiritual, existential or practical terms, whereas a strong connection to the memory of the deceased is associated with intense grief symptoms when the death of the attachment figure is viewed as an easily avoidable, unnecessary, or otherwise meaningless occurrence (Neimeyer et al. 2006).

In sum, evidence from the neurological and psychological sciences suggests that both grief and the narrative parsing and organization of experience are rooted in our very biology and intimate lives as social animals, and are easily observable in the internal processing and social behavior of bereaved people. Moreover, studies suggest that the quest for meaning in the aftermath of perturbing loss animates both *intrapersonal* and *interpersonal* efforts to make sense of a troubling transition as members of families (Hooghe and Neimeyer 2012), and that individuals who undertake this search for significance successfully fare better and grieve in a less debilitating fashion than those who find no satisfying answers to their anguished existential questions (Davis et al. 2007). It is important to emphasize, however, that the individual interpretive activity associated with this quest for meaning in mourning does not occur solely in a subjective sphere, as if disconnected from the larger social world. Instead, it is nested in cultural, political, and religious contexts and draws heavily on the discursive products of other bereaved individuals in the form of public accounts of loss, both spoken and written, which are characterized by their own tropes and themes. It is to these durable discourses we now turn.

The Language of Loss: A Communication Perspective

The contemporary standard model of mourning, as we have noted, supposes the process to be private and largely psychological. The social constructivist model that we are sketching in this chapter emphasizes the relational, interpersonal, and thus necessarily *communicative*, properties of grief and mourning (Hagman 2001). Through expression, and within the processes of grieving, relationships and

meanings are reconfigured (Neimeyer 1998) while bonds with the deceased are revised, but typically maintained (Silverman et al. 1996).

Human experience is comprised as much of linguistic interchange as it is of cognition and action. Therefore, a full representation of meaning in mourning must recognize the role of the discourses of grief, whether spoken (e.g., eulogies, interpersonal consolation) or written (e.g., letters of condolence, grief accounts in popular literature, elegies, memorial web sites). The sharpest intersection of meaning, mourning, and memory occurs in the sharing of stories within these expressions of loss and coping.

Eulogies, the speeches presented at funerals and memorial services to honor the dead, often feature elements that console both eulogists and their audiences (Kunkel et al. 2003). These elements range from messages designed to foster cognitive adjustment to the loss, to expressions of emotion and suggestions for behavior that may at least temporarily relieve negative grief affect. Eulogies also sometimes include aspects that enhance continued relations with the dead, for instance, by describing memories of private interactions with the deceased that affirm the psycho-spiritual availability of the departed.

Grief accounts, which seem to be growing in popularity, are “written and published tales of fiction or nonfiction that prominently feature grief, its meanings, and its inevitable mystery” (Dennis 2008, p. 802). Thematic analysis of grief accounts such as Didion’s (2005) *The year of magical thinking* and Holleran’s (2006) *Grief: A novel* detected affirmative, interpretive, and transformative dimensions. In the affirmative dimension, the deceased and the death are made real inside narratives that feature traits and characteristics of the deceased, personal experiences with them, or assertions of the magnitude of the loss. In the interpretive dimension, authors of grief accounts revisit the chronology of the life and death they have survived so as to discover or impose order upon them. The transformative dimension notes and encourages the positive changes in identity that survivors inevitably experience in their new circumstances.

Whereas the eulogy is spoken as a relatively immediate expression of grief, and the grief account is a long term written portrayal of bereavement, an elegy is often a timeless representation of mourning in poetry that is written or recited. As a lyrical approach to loss and grief, elegy may invoke sorrowful lamentation, the idealization of the deceased, and provision of solace or comment on the nature of mortality (Dennis 2009). Once the province of poets honoring royalty, different traditions of elegy have emerged, including, for example, the pastoral trope, which features natural phenomena.

The narratives evident in a large sample of eulogy, elegy, and popular grief accounts construct the identity of the deceased, the identity of the bereaved, and the identity of the human community. The life of the deceased ‘as it was’ is largely recalled in such narrative; and also their “life” (after-death) as it may be. The language of loss is resplendent with details of life events and characteristics of the lost loved one as they “were” and as they “remain.”

The identity of the bereaved is largely constructed as fractured and partial in the absence of the lost partner, relative, or friend. Visions of the lonely reality that

remains for survivors are recounted, as are descriptions of the emotional blows survivors have endured. A common form of coping, as we saw above, is apparent in grief accounts of attempts to keep relationships with the deceased alive, through maintenance of either bonds or contact. The continuing bonds of the bereaved are seen by the writers or speakers interpreting various phenomena as signs that the deceased are still around, or at least in fine conditions elsewhere. Some mourning discourse also explores the continuing psychological impact of past dealings with those who are gone.

Narrative in these mourning discourses also provides an understanding of the human condition at large. Poets, speakers, and writers represent their perspectives on the nature of life, death, mortality, and nature itself. Although these may have universal relevance they are sometimes best qualified as artifacts of particular epochs and/or cultures.

Perhaps the most common element among elegies, eulogies, and grief accounts is a revisiting of the life and qualities of the deceased in a laudable manner so that audiences infer favorable impressions. Elegists recount how much the deceased was beloved by revealing their attachments to a child as “my cub, my kid, my nestling, my suckling, my colt” (Meehan 2001) or describing physical characteristics such as “big-boned and hardy handsome” (Hopkins 2001) or “soft, indefinite-coloured hair” (Millay 2001). Eulogists offer stories that summarize telling traits and noteworthy accomplishments—whether President Eisenhower’s cheering up of those who visited his deathbed, or Prime Minister Trudeau’s admonishing of his young son for making easy fun of a rival. Grief accounts are stories recalling what has been lost and showing what remains. They range from the nonfiction reminiscences of Didion (2005) regarding her husband’s devotion to a terrycloth bathrobe to the fictional fascination of a gay narrator with a contemporary, lost to AIDS, who meticulously consumed “hours in the gym, the omelets and alfalfa sprouts, the milk shakes filled with protein supplements” (Holleran 2006, p. 116).

The identity of the deceased is transformed in narrative as it passes from the living to the afterlife, much as films impose happy endings on tumultuous plots to offer retrospective vindication over the vicissitudes of life. In elegies, the dead sit in God’s house in comfort (Larkin 2001), watch us on their heavenly TV sets (Gunn 2001), and look for their shoes so as to “rise, like waves out of the hot fields” (Akers 2001). Poets also portray pets in animal heavens (Dickey 2001) and relatives as having escaped racism because there are no separate entrances at the pearly gates and hence the deceased need no longer “go ‘round’ to de back” (Brown 2001). In eulogies, famous actors experience the afterlife they deserved; River Phoenix is finally home after wandering as though homeless through life’s adventures (Richert 2003) while Walter Matthau’s personality, talent, and travails are too worthy to waste on anything other than reincarnation (Matthau 2003). In Didion’s (2005) grief account, the author spends an entire year scheming to bring about, and be ready for, her husband’s re-emergence. Shorter accounts published in the *Chicken Soup for the Grieving Soul* (Canfield et al. 2003) anthology tell of unlikely events that are interpreted as signifying the ongoing existence of the beloved deceased.

Still, even as the bond with the deceased continues, survivors must resign and adapt themselves to realities that do not physically include their departed. Eating, a most basic biological—but also social—function, is often employed to represent voids left behind for those who must still subsist. Memories of a first joyful winter together are contrasted with “now cold borscht alone in a bare kitchen” (Stone 2001). One poet’s dead lover will no longer stroll the markets of France “appraising aubergines, langoustes, patisseries” (Dunn 2001) while another ruefully uses up the last of her mate’s Wheat Chex, cinnamon rolls and popcorn (Gallagher 2001).

Brokenness and darkness are consistently used as metaphors in discourses of despair. An elegist may be so profoundly impaired by missing the beloved that “half of me doesn’t work/I drag me like a broken wing” (Monette 2001). Eulogists only occasionally mention living a less complete life in the absence of the deceased, as did Filosof (1995) who is left “alone, in the dark” and “feeling the enormous void” of the absence of her grandfather, Yitzhak Rabin. Writers of grief accounts, however, seem to devote a tremendous amount of energy to feeling lost, missing shared rituals, moving to new locales less replete with upsetting memories, considering relational role changes into orphanage or widowhood, and doubting their abilities to form new relationships or romances.

Accordingly, a multiplicity of affect emerges from those who record mourning in grief accounts. Contributors to the *Chicken Soup* anthology form “a monument of pain” (Remen 2003), are “plunged into an abyss of grief” (Kervin et al. 2003), and spiral “deeper and deeper into despair” (Catton 2003). In elegies, the emotions of the deceased themselves are also recalled. In William Carlos Williams’ *The last words of my English grandmother*, the old woman despaired of medics and stretchers and of her removal from her home; in the ambulance she had trees identified for her, and with resentment declared, “well, I’m tired of them” as she “rolled her head away” to die (Williams 2001a, b).

One way of dealing with the distressing new life conditions and associated emotions of survivors is to find new ways of connecting with those who have been lost. In grief accounts, characters talk to the dead explicitly or inwardly, are directed by their values embodied as inner voices, and are visited in life or in dreams by visions of them. Others maintain bonds by carrying on work or causes. In his eulogy for Sammy Davis, Jr., entertainer Gregory Hines vows to carry his idol’s ball seriously before handing it off to another (Hines 2003). Linkage is sometimes expressed even in less positive terms by some elegists who ponder the psychological baggage they inherited during the lives of the deceased. They may include daughters struggling to ignore their departed mother’s assertions (Rich 2001), a son haunted by his inability to repay his mother’s sacrifices (Masfield 2001) or a man spitting upon his father’s grave while raging at his suicide (Berryman 2001).

Concocters of discourses of mourning generate meaning involving more than just themselves and their fellow bereaved. Much within elegies, eulogies, and grief accounts bears on the human condition, especially with respect to life and death. Realizations about life endorse a less serious perspective; no matter what upsets or

triumphs occur in a life, it is “just a life”—one that will terminate as all do. One of the shortest elegies ever published, John Gay’s *My own epitaph* reads “Life is a jest; and all things show it. I thought so once; but now I know it” (Gay 2001). Though grief accounts may show narrators or characters coping with the death of loved ones by accepting their deaths as predestined or purposeful outcomes, they are also comforted by recognizing the way of the world, which goes on spinning and evolving as its inhabitants come and go.

Elegiac approaches to mortality feature a similar sense of resignation about the static order of life and death, which rubs away the idiosyncrasies of individuals. One of the most well-known elegies, Thomas Gray’s ruminations of passing through a country churchyard, features the gloomy realization that the dead, despite their differing social stations, each bring their own passions and rages to rest in the same neglected spots. Thomas Hardy observes that whole families become just “carved names” on markers down which “the raindrop ploughs” (Hardy 2001). According to poet Thomas Nashe, “life’s lustful joys; death proves them all but toys” (Nashe 2001, pp. 426–427).

Some elegists convey their preoccupation with the process of dying, the dying loved one, and the corpses they leave. For some, the rituals of receiving visitors to the deathbed are exhausting, excruciating burdens. Others speculate on the misery of facing the finality of unfulfilled potential or of forced separation from loved ones. Many remark on the gentle way the dying often slip away, unswayed by Thomas’ (2003) appeal to rage against death. Nonetheless, the bodies of the very ill and their corpses are characterized as disgusting, obscene, withered, and wormy. A strangeness also overtakes people who view their beloved deceased. Emily Dickinson, who writes of a “Forehead copied Stone” (Dickinson 2001), is surprised by the coldness of the body, whereas William Carlos Williams depicts a corpse as a rigid “godforsaken curio” (Williams 2001a, b).

At least life among nature is an appreciated constant for the human race, according to eulogists and elegists. The mother of Ryan White, “the face of HIV/AIDS stigmatization,” tells a story in her eulogy. Ryan lived at a faster pace than his body could maintain and was reminded that slowing down allowed him to enjoy birds, flowers, and trees; he then began to worry for his sister who had no similar constraints or appreciation (Probasco 2003). A portion of contemporary elegies still reflects their ancestry in the pastoral tradition of Milton’s *Lycidas* and Shelley’s *Adonais*. These great elegists envisioned a friend and a colleague whose lives were cut short too young as shepherds watching out for their flocks among fauns, satyrs, woods, nymphs, green sprays, mountains, and dew.

While all discourses of mourning exhibit residue of the time and place from which they arose, some reflect their culture and era more than others. In the pre-Islamic period, Arabic elegies formed a pattern that often included references to *Dahr*, or fateful destiny, and to anguished graveside sobbing by survivors. With the English Reformation of religious practice, came obsession with the soul and the afterlife as echoed in elegies by Edmund Spenser and John Donne. During the antebellum era of American history, Sarah Louisa Forten’s elegies for slaves doubled as abolitionist propaganda.

More recently, in the novel *Good Grief*, her grief account, Lolly Winston describes her main character Sophie's struggle to comply with widowhood as it is understood in modern America. For several decades, grief in the Western world has been largely a private matter to be overcome in a fairly uniform fashion similar to the well-chronicled stages of Elisabeth Kübler-Ross. According to Winston, Sophie rebels against this culture which "assumes grief should be over in a year" (Winston 2004, p. 211), and progresses through her own cycle of "depression to acceptance to hope to lingerie to house wares" to being "lodged in the staring-out-the-window-and-burning-toast stage of grief" (Winston 2004, p. 10).

Durable discourses of grief, from the timeless elegy to an impassioned conversation in anticipation of a family member's demise, embody interpretations of the meaning of a *particular* death and/or life, often drawing moral lessons of a more general or even universal sort. Whether different instances are complementary or contend with one another for legitimacy, they all promote the vital searches for identity and significance that reshape self-narrative and render grief more psychologically bearable. Each also reflects experiences that are, to varying extents, located distinctly within social and cultural boundaries. It is to the larger cultural arena, in which the negotiation of meaning and mourning occurs, that we now turn.

Dominant Narratives and the Policing of Grief: A Cultural Perspective

The central thesis of this chapter is that both public and private mourning are *situated interpretive activities* that consider and establish the meaning of both the life and death of the deceased and the extent and meaning of the continuing bond within the community of mourners. In the radical individualism of contemporary capitalist consumer culture, it appears that the interpretive process has few limitations placed on it. After all, the meaning of life and death is just what individuals make of it. The present individualism, however, is deceptive. Individuals grieve and continue their bond with the deceased under the watchful eyes of their family and neighbors as well as those who hold religious and political power. Hamlet's uncle, now also his stepfather, says that it is normal for a son whose father has died to show sorrow for a while,

but to persevere
In obstinate condolment is a course
Of impious stubbornness; 'tis unmanly grief;
It shows a will most incorrect to heaven,
A heart unfortified, a mind impatient,
An understanding simple and unschool'd. (Act I: Scene 2, lines 91–95)

What Shakespeare expresses in literary terms is articulated more prosaically in the terms of all cultures, which have an investment in regulating the mourning of their members, subtly or overtly, implicitly, or explicitly. In the terminology of narrative

therapy (White et al. 1990), individuals are subjected to, and sometimes subjugated by, a *dominant narrative* of grief, which constructs their identity as bereaved people, and which regulates the proper performance of their role as mourners, in ways that may correspond to or clash with their personal predilections (Neimeyer 2006).

Simply stated, society polices bereavement. It controls and instructs the bereaved in how to think, feel, and behave. “All societies have rules for how the emotions of grief are to be displayed and handled” (Walter 1999, p. 120). Those who do not conform to social expectations are labeled aberrant. In contemporary psychotherapeutic culture, aberrant grief is pathological, a term that can be applied to those who are seen as grieving too much (prolonged or chronic grief), at the wrong time (delayed grief), or not grieving at all (absent grief). In other times and other cultures, the labels would be different.

We see policing most clearly in two elements of grief: first, in how grief’s emotions are expressed; and second, in how continuing bonds with the dead are managed.

Emotions must be expressed in ways that are congruent with larger behavioral codes. How, or how much, emotional expression is “appropriate” is often tied to gender roles (Doka and Martin 2010). In a review of anthropological reports, Paul Rosenblatt and his colleagues conclude that

Although there is a substantial amount of similarity between men and women in emotionality during bereavement, there is consistency across culture in the pattern of sex differences. Where there are differences, women seem to cry, to attempt self-mutilation, and actually to self-mutilate more than men; men seem to show more anger and aggression directed away from self (Rosenblatt et al. 1976, p. 24).

In traditional China, the power relationship between male and female was acted out in the funeral. The male was *yang*, associated with the enduring aspects of the body, the bones. The female was *yin*, associated with the flesh, with decomposition, and thus with pollution. One of the purposes of the rituals was to remove the corpse’s pollution from contact with the living and to reduce the corpse to the nonpolluting bones. Women wailed and lamented at funerals while the men sat silently. In some places, as they wailed and lamented, women let down their hair and brushed their hair across the coffin, seemingly taking the pollution on themselves. When the funeral was not within the immediate family, women were more likely than men to represent the family by attending the rituals (Martin 1988).

While the scripting of gender roles is the most obvious example of how emotional expressions are policed, national character may also be at stake (Walter 1997). After the death of Diana, Princess of Wales, several media commentators were ambivalent about the stiff-upper-lip mode seeming to have been replaced by an un-British expressiveness. After the negotiations about funeral arrangements, the Windsor family followed the casket in stoic dignity, showing almost none of the deeply conflicting feelings her death must have evoked. On the other hand Diana’s admiring commoners, for whom she was their queen of hearts, wept and hugged openly (Biddle et al. 1998).

Expressions of grief's emotions are policed within much wider worldviews. Wikan (1988) described how mothers are expected to act in two Muslim cultures. In Egypt, emotions are to be expressed, because mental health is damaged if they are held in. The family, especially the women, "will cry as if pouring their hearts out. Females will scream, yell, beat their breasts, collapse in each other's arms, and be quite beyond themselves for days, even weeks on end."

In Bali the emotions of grief are an opening to black magic. To protect against the danger, the family members, including the mother,

strive to act with calm and composure, especially beyond the circle of closest family and closest friends. But even among intimates, their reactions will be moderate, and laughter, joking, and cheerfulness mingle with mutely expressed sadness (Wikan 1988, pp. 451–460).

The second aspect of grief that displays strong policing is the management of the continuing bond that the living maintain with the dead. In some cultures, continuing bonds are important and pervasive. In traditional Japanese ancestor rituals, bonds with the dead are a normal part of everyday life. In common speech the dead are in *ano yo* ("that world"), as opposed to *kono yo* ("this world").

The world beyond cannot be described in any but equivocal phrases. Spatially it is both here and there, temporally both then and now. The departed and ancestors always are close by; they can be contacted immediately at the household shelf, the graveyard, or elsewhere. Yet when they return "there" after the midsummer reunion they are seen off as for a great journey. They are perpetually present. Yet they come to and go from periodic household foregatherings (Plath 1964, pp. 300–317).

Plath quotes a textbook written in the early 1960s, which assumes it is a common experience to be:

dragged by dad or mom to the front of the household shelf and asked "Do you think you can give any excuse to the ancestors for doing that?" The shelf is associated with the household and with society, so that rebelling before it is like rebelling against the whole world (Plath 1964, p. 312).

On the other hand, in some cultures based on strict monotheism, any formal rituals or customs maintaining the bond are regarded as idolatry, a lack of faith in God. In the *Wisdom of Solomon*, written around 100 BCE by an Alexandrian Jew, the writer disapproves of having images of the dead in the house, a practice that would be regarded as normal today.

For some father, overwhelmed with untimely grief for the child suddenly taken from him, made an image of the child and honored thenceforth as a god what was once a dead human being, handing on to his household the observance of rites and ceremonies. Then this impious custom, established by the passage of time, was observed as a law (14: 15-16a—NEB).

Over the course of the twentieth century, the popular and professional guidelines for grief in America and Western Europe changed from continuing bonds, to breaking bonds, and then back to continuing bonds. In the Victorian period, elaborate mourning customs channeled the sentimental attachment between the

living and the dead. The mass deaths of the First World War overwhelmed these Victorian rituals (Stroebe et al. 1992). As the war ended, grief began to be regarded as an individual interior process with few social customs to support it. The Western (“developed”) world adopted the idea articulated by Freud (1917)—that bonds to the dead served no healthy psychological purpose, so the living should sever them (Taggart 1980). For most of the twentieth century, then, both mental health professionals and lay people believed that “the purpose of grief is the reconstruction of an autonomous individual who in large measure leaves the deceased behind and forms new attachments” (Walter 1996, p. 7). Pathological grief was, therefore, defined as failing to relinquish an attachment to the deceased. Data from and about bereaved people, however, showed that many—perhaps most—people continue their bond with the deceased in a way that does not admit any diagnosis of pathology (Klass et al. 1996). Today, most psychological bereavement theories maintain a place for continuing bonds in individuals and families.

Practically all contemporary psychological theories of continuing bonds seem to reflect the individualism of corporate capitalism, focusing on individuals and immediate families. These theories do not, for the most part, focus on bonds within the larger culture; for example, in the particular way that Lincoln understood citizens’ relationships to those buried at Gettysburg, “that from these honored dead we take increased devotion to that cause for which they gave the last full measure of devotion.” Ownership of the dead thus becomes a political issue, wherein individuals and immediate family in the contemporary consumer-based economy may claim them, as may (and do) larger cultural units such as the church or the nation. We might wonder what was meant when, after DNA was used to identify the Unknown Soldier from the Vietnam War, the body was taken out of the tomb at Arlington Cemetery and returned to his family. To whom exactly do the dead and their connective bonds *belong*?

Historically, the most common continuing bonds are within the confines of ancestral rituals that create the shared identity of the living members of the family and define the values by which that family lives. At critical times in history, however, as the arrangement of political power changes, loyalty to the family dead detracts from the individual’s allegiance to the new order (Goss et al. 2005). Family bonds are subversive in that they detract from allegiance to emerging political power. “This new loyalty—to God or the Church, to the Nation, to the Party or ideology—awards maximum points to those who forsake all other ties” (Mount 1992, p. 6). When power arrangements change, continuing bonds with ancestors are recast into narratives that more directly support those who now claim political and economic power. A few examples illustrate this long-standing phenomenon.

In ancient Israel, the monotheism of the Exodus story finally overcame Baalism in the Deuteronomic reform under King Josiah (621BCE). Before the reform “To appeal to the dead meant basically to call upon lost relatives residing in Sheol to aid the living. From these dead relatives the living expected personal protection and, more importantly, numerous offspring” (McDannell and Lang 1988). Under

Josiah, family graves, where ancestor rituals were performed, were destroyed and the bones dumped on the altars of other gods. Communications with the dead were forbidden (Davies 1999). Although the reform was short lived, the Israelites who went into the Babylonian Exile used Josiah's reform as a template as they reformulated the religion into book-based Judaism, thus setting the pattern that would be adopted in Christianity and Islam.

In the mid-twentieth century, a very similar change took place in China. In the Communist narrative under Mao Zedong, individuals were no longer to regard themselves as family members, but rather to define themselves as workers, members of the proletariat. Funeral reform was high on the Communist Party's agenda. Ancestor rituals were suppressed (Whyte 1988). Filial piety, the loyalty of the son to the father that was at the heart of Confucian family values, was changed to loyalty to the state, and then to loyalty to Mao himself. As farms were collectivized, Communist ties to the land superseded the family ties to the land that had been maintained in ancestor rituals. Funerals were moved to the factory. The dead were eulogized as exemplars of dedication to Mao and to newfound zeal in production. The dead were thus incorporated into the larger spirit of the political and economic power of the Communist Party that was also represented by Chairman Mao. As a way of consolidating the new cultural narrative, the Communists created new ancestors (Wakeman 1988). In an antique Chinese house last inhabited in 1982, now at the Peabody Essex Museum near Boston, Mao's name heads the list of ancestors above the ritual table. The heroes of the revolution became a new kind of sacred dead. After Mao's death, his body was placed on permanent display in a tomb on T'ien-an men Square as a pilgrimage site. In all of these developments, mourning and memory were assigned new meaning in keeping with the emergent dominant narrative of the state, thus creating new norms for the regulation of grief that were both literally and metaphorically policed.

In contemporary conservative Sunni Islam, following the teachings of Muhammad b. 'Abd al-Wahhab (born 1703), honoring ancestors or asking saints to intercede on behalf of the dead is *shirk*, that is, committing the sin of polytheism, worshipping a god other than Allah. Wahhab's teaching was a reaction against the widespread practice of venerating saints as rituals in which individuals and families maintained their bonds with their dead as part of their tribal identity (Helm 1981). For Wahhab the only acceptable identity was as a member of the *Ummah*, the brotherhood of all Muslims. There was no sacred power except God and no medium through which God's power could be accessed except the revelation through the Prophet Muhammad in the Qur'an. Grief could no longer include interceding on behalf of the dead. Each living person became responsible to God for their fate in the afterlife. The dead might live on in individual memory; but in grief, they should be commended into God's care. In this case, as in innumerable others, from East and West, ancient and modern, the meaning of not only death itself, but also of bereavement is hence inscribed at cultural, religious, and political levels, no less than at the level of grieving individuals and families.

Coda: The Nesting of Narratives in the Construction of Meaning

Although death and loss are human universals, their meanings are not. Indeed, in this chapter, we have argued that the construction and reconstruction of the meaning of mourning is an urgent priority for many of the bereaved, as reflected in their personal attempts to grapple with the significance of the loss for their own life story. Meaning is also revealed in those more durable discourses that scaffold these individual sense-making efforts, in the form of eulogies for the dead, ‘grief accounts’ in popular self-help writing, memorial and mutual support sites on the web, and also in poetic and literary treatments of particular losses, or mortality more generally. Moreover, the intense narrative activity that most often characterizes these ‘efforts after meaning’ are themselves nested within overarching cultural narratives that construct death, loss, and the bereaved themselves, as well as the community or society of which they are a part, along certain lines, functionally scripting the meaning of mourning in a way that supports broader social systems and those who wield power within them.

Viewed in this framework, mourning is much more than the private province of hearts and minds affected by the severing of an attachment bond to a loved one; although it can be that, too. Instead, grieving is best understood as a frequently impassioned interpretive activity that strives to (a) find meaning in the death; (b) reaffirm or reconstruct a self-narrative perturbed by loss; (c) negotiate the shared transition with others in the family and community; (d) renegotiate, and typically retain, a continuing bond with the deceased in emotional, symbolic and memorial terms; (e) recruit support in these efforts by recourse to durable discursive resources of a more public kind, both in the oral and written traditions of a given time and place; and (f) conform to, or actively resist, the dominant cultural narratives that script the “proper” performance of grief in a manner that is coherent with the prevailing social order. We acknowledge that this broadly social constructionist account of grieving as a situated interpretive and communicative activity is in its infancy, and contrasts with much thinking about grief as a private, inner, psychological process. We hope that other scholars and students of grief over loss will join us in extending, testing and critiquing the outline of the approach we have articulated here.

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Chapter 20

Ebb and Flow in the Sense of Meaningful Purpose: A Lifespan Perspective on Alcohol and Other Drug Involvement

Kenneth Hart and Tyler Carey

We scoured a number of search engines in an effort to locate data to help answer the following five questions. Q1: Is the construct known as Meaning in Life–Purpose in Life (MIL–PIL) relevant to understanding the initiation, onset, frequency and intensity of alcohol and other drug (AOD) involvement during adolescence and young adulthood?; Q2: Is MIL–PIL relevant to understanding the progression or course of AOD involvement up to, but not including the decision to quit or cut back?; Q3: Is MIL–PIL relevant to understanding an person's decision to seek professional help or informal help for an AOD problem?; Q4: After an AOD abuser has resolved to change and has received treatment, does this treatment affect their MIL–PIL scores?; Q5: After an AOD abuser has resolved to change and has received treatment, is MIL–PIL relevant to understanding variability in resolution outcome? Our search located 76 studies (n=35,686 participants) that reported quantitative findings relevant to these questions. We extracted key features of each study and these were collated and distilled into four tables. The data contained in each table forms the empirical foundation underpinning four separate literature reviews. We conclude that the state of the science in this fledgling area is not sufficiently developed as to empirically justify secondary and tertiary prevention initiatives that seek to impact AOD outcomes by modifying people's sense of MIL–PIL. We conclude that, although theoretical justification suggesting the importance of the MIL–PIL construct is plentiful, evidence is currently lacking. We recommend future scholarship employ more rigorous methodologies, and that it be more firmly rooted in theory. Also, these studies ought to adopt a life course perspective because it has the potential to expand the

K. Hart (✉)

Department of Psychology, University of Windsor, Windsor, ON N9B 3P4, Canada
e-mail: kenhart@uwindsor.ca

T. Carey

Department of Psychology, University of Victoria, Victoria, BC V8W 2Y2, Canada
e-mail: tcarey@uvic.ca

continuum of care by improving our understanding of the needs of the untreated majority of people who are troubled by an AOD problem.

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Introduction

Recently, a paradigm shift that has occurred in which scholars, interventionists, policy makers, and other stakeholders have all begun to advocate a more encompassing, broad-spectrum understanding of AOD involvement. The new meta-conceptual framework has been dubbed the life course perspective (Hser et al. 2007; Tucker and Grimley 2011; Tucker and Simpson 2011). As an aid to organizing studies in our exhaustive review of empirical research, we offer a life course perspective that seeks to contribute toward a more comprehensive and more dynamic understanding of statistical findings that have linked MIL–PIL to AOD involvement.

Our model was intentionally comprehensive in scope. At one end of the continuum, we identified people who were still in the “active” or “wet” phase of their AOD career, while at the other end of the continuum, we identified people who were seeking to become “inactive” or “dry” with respect to their AOD involvement. The 76 studies that were captured in our literature search varied widely in terms of the age and “clinical status” of participants. Some of the samples were in treatment, while others were not. With regard to nontreatment seekers, we identified three subclusters of studies that reported statistical associations of MIL–PIL to AOD involvement in people who we classified as being in early (adolescent), middle (young adult), or late (older adult) stages of the “active” or “wet” phase of their AOD career. From a Transtheoretical Model (TTM) perspective (Prochaska and DiClemente 1986), we might classify these three groups of AOD users as being in the precontemplation, contemplation, or preparation stages of change. Key facets of these studies (i.e., drinkers who are not seeking help from formal or informal sources) are summarized in Table 20.1.

At the other end of the spectrum, we identified three clusters of studies that examined MIL–PIL in clinical samples who were seeking to be “inactive” or “dry” with respect to their AOD involvement. As such, respondents in these studies might be classified as falling into Transtheoretical stages of change known as “action” and “maintenance”. Key facets of these studies (i.e., those involving samples of treatment seeking participants) are summarized in Tables 20.2, 20.3, 20.4, 20.5 and 20.6.

A cardinal feature of the developmental perspective is the concept of change over time. Accordingly, a number of corollary ideas and concepts are nested within the life course perspective. Of special significance to the current chapter are corollaries of AOD initiation, AOD progression, AOD transitions (e.g., from “use” to “abuse”), AOD trajectories, and AOD turning points. These points along the continuum of AOD involvement are important to consider because they may

each identify a momentary point in time through which MIL–PIL could be shown to exert its influence. As such, they are also directions for future research.

As already noted above, the TTM “stages of change” provide added value to our efforts aimed at providing a more comprehensive framework for understanding the role of MIL–PIL in AOD involvement. In the domain of contemporary AOD scholarship, the TTM has done much to showcase the full gamut of relationships people can have with AOD. We are attracted to the sheer breadth of the spectrum captured by the TTM. Moreover, we find this model useful because it provides us with a unique opportunity to synthesize perspectives of public health and psychological viewpoints. In the current chapter, we seek to blend the amalgam into a broad-spectrum meta-framework that will help organize findings linking MIL–PIL to AOD involvement.

Jalie Tucker and colleagues have described the epidemiology of AOD involvement at the population level, showing how diverse it truly is (Tucker and Grimley 2011; Tucker and Simpson 2011). For example, they show how most young people who initiate drinking do not progress onward to the point of abuse, or to the point of needing professionally guided assistance at inpatient and/or outpatient treatment facilities. Indeed, the majority young drinkers have a favorable AOD trajectory. By way of comparison, relatively few young people show a negative AOD trajectory. With time, their AOD evolves from occasional use, to regular use, and eventually onward to abusive use. Tables 20.1 and 20.2 provide tentative evidence to suggest people who lack MIL–PIL may be especially susceptible to unhealthy shifts in the nature of their AOD involvement.

Similarly, most heavy drinking adults do not progress to the point of addiction which requires treatment or attendance at mutual-aid groups. Little is known, from a life course perspective, about the natural epidemiology of favorable or unfavorable AOD trajectories. There are hints in the current chapter that the psychological factor known as MIL–PIL may play a role in deflecting these kinds of transitions.

The life course perspective that underpins the current chapter acknowledges that the untreated majority who have an AOD problem are being underserved. Because most of these people are still in the early stages of their AOD ‘career’ (precontemplators who are still in the active/“wet” stage), they will tend to have less severe problems than their clinical counterparts. Of course, many nonclinical samples will have extremely severe problems with AOD, but will remain outside the treatment system.

Historically, clinical psychologists have turned a blind eye to people who fall beneath the DSM threshold for problem severity and who have not yet entered the treatment system. If we complement the clinical approach with a public health approach, it may, one day, become possible for AOD scholars and like-minded practitioners and policy makers to intervene and deflect developmental trajectories for at risk drinkers who suffer from ‘sub-clinical’ levels of problematic AOD involvement.

The promise of this perspective is that, in the future, a range of less intensive services could be formulated to close the gap between: (a) what untreated AOD

users need or require, and (b) the types of services that are currently available. Some of these services are described in a 2011 book entitled, *“Public health tools for practicing psychologists”* (Tucker and Grimley 2011). The life course paradigm may eventually establish a metaconceptual framework that would frame empirically validated brief AOD services. These types of services (e.g., brief motivational interventions or goal setting initiatives) would then enable the untreated majority to gain access. An example of this proposal (to be discussed in section [“Introduction to Table 20.1 and Summary of Key Findings”](#)) might include *“Positive Youth Development”* programs that invite high-risk youth to find and pursue meaningful goals. In turn, such initiatives could immunize bored, disengaged, or unhappy youth drinkers from AOD escalation because they inculcate countervailing feelings of vigor and vital engagement. Consistent with the public health paradigm, such programs could easily be delivered by nonspecialists in school or other settings where plenty of adolescent drinkers can be reached (Benson et al. 2006; Larson 2000; Tucker and Grimley 2011).

One of the assumptions of Positive Youth Development Programs (or similar goal-setting programs for troubled college students and adults who are not in treatment) is that people who feel the activities of their daily living are worth pursuing are less motivated to exhibit AOD involvement than people who are less satisfied (or dissatisfied) with their life. When behavioral and social scientists speak about subjective ratings of satisfaction with life, they often distinguish between two general types: hedonic happiness and eudaimonic happiness (Ryan and Deci 2001; Ryff and Singer 2006, 2008; Waterman 2013).

The first type of life satisfaction, hedonic happiness, refers to positive affective experiences associated with pleasure. Examples would include fun or enjoyable activities such as going to the cinema to watch a comedy, eating fine food, drinking alcohol, socializing at a festive party, and the like. The second type of life satisfaction, eudaimonic happiness, is a term that was originally coined within Aristotle. As evidenced within the 13 chapters in Waterman’s 2013 book, *“The Best Within Us: Positive Psychology Perspectives on Eudaimonia”*, the term is still a topic of hot debate. However, there is growing consensus (e.g., Ryan and Deci 2001; Ryff and Singer 2008) that the common core of most models of eudaimonia includes a subjective sense of quality of life (QoL) marked by a perception that the activities of daily living have meaning and purpose.

If levels of MIL–PIL are high, a person feels fulfilled or satisfied with their life. Such a person will strongly feel as though he or she has something (e.g., an activity, goal, or purpose) in their life that is worth investing effort in. However, if levels of MIL–PIL are low, an individual will feel dissatisfied due to a subjective void in the quality of his or her life. In this instance, a person will experience aversive emotions associated with disinterest and disengagement, boredom and emptiness. This confluence of emotions and lack of motivation denotes Frankl’s (1963) conceptualization of *“existential vacuum”* (EV). People who perceive their daily activities as being trivial or as a waste of time would score low on questionnaires that assess eudaimonic happiness. In conclusion, the promise of

Positive Youth Development programs and other secondary prevention interventions that bolster levels of MIL–PIL is that they will deflect AOD trajectories in a way that arrests the (likely) progression to regular use, abusive use, or dependence and addiction.

In much the same way that scholars continue to debate about the meaning of eudaimonia, similar discussion rages onward about conceptual definitions of terms like “meaning in life” and “purpose in life.” This discussion is easily discernible within the 28 chapters of Wong’s 2012 book, *“The Human Quest for Meaning: Theories, Research and Applications.”* The conceptual definition we find most attractive was offered by Gary Reker, who spoke about a kind of personal meaning which he called existential meaning. According to Reker (2000), *“existential meaning is defined as the cognizance of order, coherence, and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment. A person with a high degree of existential meaning has a clear life purpose, feels satisfied with past achievements, and is determined to make the future meaningful”* (p. 41).

In Part 1 of this four part chapter, we will document and evaluate key features of studies that address the apparent salutary influence of existential meaning on the unfolding process of developing a problem with AOD. This body of research is summarized in Tables 20.1 and 20.2. While high levels of MIL–PIL may shield people, low levels may serve to increase their risk of misuse by rendering them psychologically vulnerable

Before moving to a discussion of the data compiled in Part 1 of this chapter, we wish to spend a moment addressing scholarship in the AOD literature. Our goal is to strengthen the conceptual connections and explicate similarities between MIL–PIL and related developments in the AOD field that share a kinship with the MIL–PIL construct. The first point of convergence involves AOD scholarship concerning the issue of Quality of Life (QoL). While empirical research in this area is limited, a few seminal papers have established the potential relevance of adopting a QoL approach to understanding, treating, and preventing AOD disorders (Donovan et al. 2005; Foster et al. 1999; Rudolf and Watts 2002). Donovan and colleagues (2005) suggest that a growing scientific concern with QoL may signal the infiltration into AOD research of a broader paradigm shift that reconceptualises the term “health.” This paradigm springs from the well renowned and comprehensive definition offered by the World Health Organization (WHO 1958), who defined health as *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”* (p. 459). When applied to the AOD field, the WHO model suggests a broadening of the scope of concern beyond substance misuse per se. While negative factors that indicate or facilitate biological harm remain important, the WHO model points to a more inclusive definition of “health.” This new view invites scholars and practitioners in the AOD field to expand their conceptual focus by giving due consideration to positive elements of health. An important feature of the holistic model of health is that it assumes the existence of salutary factors that both promote and indicate “positive health” and optimal adjustment. As such, it makes room for psycho-existential factors such

as MIL–PIL. The conceptual backdrop offered by the WHO definition stands in marked contrast to the prevailing illness paradigm of health that has guided AOD research and practice. Consistent with the “Positive Psychology” movement (Hart and Sasso 2011), contemporary scholarship in the AOD field has moved beyond the narrow focus on pathogenesis by featuring a broad spectrum model of wellness.

The WHO definition of health may also have been the origin of the broad-spectrum model of AOD recovery that was first articulated in a 2007 publication issued by the Betty Ford Institute Consensus Panel (BFICP, 2007). The BFICP report differentiated between the following two kinds of positive recovery outcomes: (a) being dry, and (b) having a high QoL. Specifically, AOD recovery was defined as “*a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship*” (p. 221). According to this perspective, “personal health” encompasses a number of facets including emotional, existential, and spiritual well-being. Of special concern to the current chapter is the existential facet, because it points to the importance of personal values and the importance of having a sense of meaningful purpose in life.

Perhaps spurred on by the BFICP report, the US Substance Abuse and Mental Health Services Administration (SAMHSA) convened a number of meetings in 2010 attended by scholars, behavioral health leaders, and mental health consumers. A series of discussions eventually resulted in a practical, comprehensive, working definition of recovery that would enable policy makers, service providers, and scholars to better design, deliver, and evaluate holistic services for persons suffering from addiction and other mental health disorders. SAMHSA’s working definition suggested that AOD recovery comprises four facets. These include: (1) restoration of health (broadly defined), (2) restoration of home (broadly defined), (3) restoration of community, and (4) restoration of a sense of meaning and purpose in life.

The fourth facet of recovery, restoration of meaning and purpose, is particularly germane to findings we have compiled in Tables 20.4, 20.5 and 20.6 of this chapter. These tables all deal with clinical samples in the action stage of changing their involvement with AOD and summarize research that has examined whether MIL–PIL is indeed restored as a function of participation in treatment.

According to SAMHSA, a long-term resolution to AOD-related problems is one that enables the ex-substance misuser to exercise self-determination in choosing meaningful life goals that are congruent with personally held values. For SAMHSA, quality recovery is sustainable recovery. Both require that meaningful purposes extend beyond a single-minded and myopic concern with curbing observable drinking or drug taking behaviour. These broader purposes could include a variety of goals, provided they each infuse a sense that a person’s new life in sobriety has meaning. Examples of treatment goals likely to bolster a sense of meaning include aspirations such as attaining or holding a job, attending school, being of service to others through volunteerism, pursuit of familial, social and recreational goals, or creative endeavors.

Studies that have Tested the Association of Meaning and Purpose in Life in Relation to the Initiation and Intensity of AOD Involvement in Nonclinical Samples who are not in Treatment or Pursuing Informal Methods of Change

Introduction to Table 20.1 and Summary of Key Findings

As noted earlier, the current chapter consists of four separate literature reviews. Of special concern to the first review (i.e., Part 1) is the question of whether MIL–PIL is relevant to understanding the initiation and intensity of AOD involvement amongst individuals who are not in treatment. Part 1 also presents evidence bearing on the question of whether MIL–PIL plays a role in arresting or accelerating the progression of AOD use to abuse, dependence, and addiction. In particular, our first literature review seeks to examine whether MIL–PIL can deflect the likelihood, over time, of experiencing a worsening of AOD involvement up to the point just prior to the decision to quit or cut back. In regards to the Transtheoretical Model (TTM) stages of change, Part 1 deals with individuals who are located at the low end of the spectrum of readiness to change. As such, respondents identified in Table 20.1 can be understood as falling into the precontemplation or contemplation stages of change.

In Part 1 of the chapter, we take stock of a number of quantitative studies of nonclinical samples that suggest MIL–PIL may be relevant to understanding why people differ in regard to their level of AOD involvement.

In Table 20.1, we searched a number of literature databases such as, PsychINFO, SCOPUS, PubMed, and Google Scholar. A variety of key terms were also used as search parameters. These included meaning in life, purpose in life, existential well-being, goal-pursuit, goal-striving, sense of coherence, making meaning, perceived meaning, purpose, spiritual wellbeing, anomie, Existential Vacuum (EV), noogenic neurosis (NN), and positive psychological wellbeing. We then cross-referenced these key terms with a variety of substance use parameters such as drinking, alcohol, substance use, substance misuse, alcohol dependence, alcohol abuse, alcoholism, addiction, and chemical dependency. Once we located papers containing empirical and quantitative findings connecting MIL–PIL to AOD involvement, we examined their references to locate additional relevant papers.

Roughly speaking, we believe that Table 20.1 captures over 75 % of the pertinent English speaking literature linking MIL–PIL and AOD involvement in non-clinical samples. Brief inspection of the results displayed in Table 20.1 provides tentative evidence to suggest that MIL–PIL may be involved in the initiation/onset of AOD involvement. Given that respondents are stratified by age, the collection of findings that we have identified may also be relevant to understanding the progression or course of AOD, starting at the point of initial experimental use during early adolescence to the point of habitual abuse just prior to treatment entry.

In this first section of the chapter, we strived to collate and condense empirical findings derived from individuals who were not known to be receiving professional or informal treatment. We examined three cohorts of research participants that map onto different age-bands. The first set of studies involves adolescent participants, while the second and third set of studies pertain to younger (mostly college students) and older adult participants, respectively. We chose to group the studies shown in Table 20.1 into these three developmental cohorts because we felt the data contained in the adolescent cohort would be relatively more pertinent to the “initiation and onset” phase of AOD involvement than the younger or older adult cohorts. By way of contrast, we reasoned that the two older cohorts would provide data yielding insights into the issue of “intensity” of AOD involvement, and possibly its “course or progression” over time. Through examination of methodologies used across studies of each age band, we did indeed notice a discernible trend in which “abuse” measures of AOD involvement (e.g., symptom count) tended to be more popular in the study of adults, whereas “use” measures of AOD involvement (e.g., frequency of use) tended to be the norm in research with youthful participants.

Table 20.1 provides a concise summary of a large body of published and unpublished research that has tested the association between MIL–PIL and AOD involvement in persons not known to be in treatment. As shown in headings spread across the top of Table 20.1, we collated data by examining each of the studies along five dimensions. In the first column, we identified the researchers and year of publication for each study. In the second column, we identified key features of the sample. In the third column, we identified the method that was used to assess MIL–PIL. In the fourth column, we identified the method that was used to assess AOD involvement. Finally, we reported statistical findings in the last column.

Overall, a total of 28 studies were extracted from the extant literature base. This yielded a rather large aggregate sample size which consisted of 19,706 total participants. Within this aggregate pool of respondents, 2,266 subjects fell into the adolescent age band, 8,463 subjects fell into the young adult age band (college students), and 8,977 subjects fell into the older adult age band. A cursory look at publication dates showed that of the 28 studies, a smaller proportion were conducted before the year 2000 (10 studies), as opposed to after (18 studies) the year 2000. The range in publication date varied from 1974 to 2012.

A total of 61 effects were extracted and inserted into Table 20.1. Of these effects, 48 were found to be statistically significant (79 %). By way of comparison, *p*-values were nonsignificant for 10 effects (16 %), and unreported for three effects (5 %). Because the majority of Table 20.1 studies reported Pearson *r* correlations between MIL–PIL and some index of AOD involvement, we decided to focus our attention on these analyses. Generally speaking, studies tended to operationalize AOD involvement in one of two ways. As shown in Table 20.1, some studies employed a “use” measure of AOD involvement. This was especially popular in nonclinical samples of adolescents. Other studies, in contrast, tended to report MIL–PIL correlates to an “abuse” measure of AOD involvement. This approach to operationalizing AOD involvement was especially popular in clinical studies of treatment seeking adults (see Tables 20.2, 20.3, 20.4, 20.5 and 20.6).

Table 20.1 A summary of quantitative studies that have examined the link between meaning or purpose in life (MIL–PIL) and involvement with drugs and/or alcohol in nonclinical samples of persons not known to be receiving formal treatment or pursuing informal methods of natural change

Study	Sample	Method of operationalizing MIL–PIL	Method of operationalizing drug and/or alcohol involvement	Relationship between MIL–PIL and drug and/or alcohol involvement
Adolescent studies				
1. Myrin and Lagerstrom (2006)	383 adolescents (14–15 years old) Group 1: consumes alcohol once a week/month ($n = 35$) Group 2: consumes alcohol once a year/never ($n = 348$)	Sense of coherence (SOC) ¹	Frequency of alcohol consumption	Group 1: M SOC = 62 Group 2: M SOC = 67 $t = 2.36, p < 0.05$
2. Lam et al. (2002)	152 students (M age = 15.3)	Purpose in life test (PILT) ²	Drug involvement	$r = -0.35, p < 0.01$
3. Minehan et al. (2000)	144 students (age range = 12–17)	Purpose in life test (PILT)	Frequency of alcohol consumption	$r = -0.02, p = n.s.$ $\beta = -0.18, p < 0.05^a$
4. Kinnier et al. (1994)	Group 4: male subjects only ($n = 60$) Group 3: female subjects only ($n = 101$) Group 2: adolescent subjects with psychiatric problems ($n = 113$) Group 1: high-school students ($n = 48$)	Purpose in life test (PILT)	Frequency of substance use	Group 1: $r = -0.51, p < 0.01$ Group 2: $r = -0.10, p = n.s.$ Group 3: $r = -0.28, p < 0.01$ Group 4: $r = -0.18, p = n.s.$
5. McBroom (1994)	428 adolescents (age range = 13–14)	Psychosocial composite variable ³	Frequency of alcohol consumption	$r = 0.31, p < 0.001$
6. Sayles (1994)	582 adolescents (age range = 14–18)	Purpose in life test (PILT)	Youth risky behaviors index	$r = -0.35, p < 0.01$
7. Padelford (1974)	Group 1: all high-school students ($n = 416$; grade 10) Group 2: male students only ($n = 203$) Group 3: female students only ($n = 213$) Group 4: Anglo-American students only ($n = 227$) Group 5: ethnic minority students only ($n = 72$)	Purpose in life test (PILT)	Drug involvement	Group 1: $r = -0.23, p < 0.001$ Group 2: $r = -0.29, p < 0.001$ Group 3: $r = -0.13, p = n.s.$ Group 4: $r = -0.34, p < 0.001$ Group 5: $r = -0.15, p = n.s.$

(continued)

Table 20.1 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Method of operationalizing drug and/or alcohol involvement	Relationship between MIL-PIL and drug and/or alcohol involvement
Unweighted mean				
Pearson r^{\dagger}				
Young adult studies				
8. Ianni et al. (2012)	205 college students (M age = NR.) Group 1: high secular meaning, high spiritual meaning ($n = 74$) Group 2: high secular meaning, low spiritual meaning ($n = 28$) Group 3: low secular meaning, high spiritual meaning ($n = 34$) Group 4: low secular meaning, low spiritual meaning ($n = 69$)	Secular and spiritual meaning scale ⁴	Hazardous use (AUDIT; alcohol use disorders identification test) ¹⁷	Group 1: M AUDIT = 5.64 Group 2: M AUDIT = 6.27 Group 3: M AUDIT = 6.39 Group 4: M AUDIT = 6.83 Group 4 > Group 1, $p < 0.05$ β (secular meaning, AUDIT) = -0.16 , $p < 0.05$ β (spiritual meaning, AUDIT) = -0.22 , $p < 0.05$ $r = -0.17$, $p < 0.001$
9. Ianni et al. (2010)	560 college students (M age = NR.)	Three-item composite measure of perceived meaning in life ⁵	Hazardous use (AUDIT; alcohol use disorders identification test)	
10. Midanik and Zabkiewicz (2009)	4,630 adults (18 years or older) who drank at least once in the month prior to assessment Group 1: low SOC (27 % of participants) Group 2: moderate SOC (37 % of participants) Group 3: high SOC (36 % of participants)	Sense of coherence (SOC)	Method 1 (M1): alcohol consequences (AC) Method 2 (M2): alcohol dependency (AD)	(Moderate vs. low SOC on absence of AC) Odds Ratio = 1.72, $p < 0.01$ (High vs. Low SOC on absence of AC) Odds ratio = 2.21, $p < 0.01$ (Moderate vs. Low SOC on absence of AD) Odds ratio = 2.32, $p < 0.01$ (High vs. low SOC on absence of AD) Odds ratio = 4.32, $p < 0.01$

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Table 20.1 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Method of operationalizing drug and/or alcohol involvement	Relationship between MIL-PIL and drug and/or alcohol involvement
11. Johnson et al. (2008)	515 young adults (college students)	Search for meaning (latent factor derived from confirmatory factor analysis) ⁶	Method 1 (M1): alcohol consequences Method 2 (M2): peak consumption Method 3 (M3): alcohol composite (frequency of consumption × quantity of consumption)	M1: $\beta = -0.15, p < 0.001$ M2: $\beta = -0.09, p < 0.05$ M3: $\beta = -0.11, p < 0.05$
12. Okasaka et al. (2008)	664 undergraduates (M age = 20.3) Group 1: no addiction ($n = 538$) Group 2: alcohol addictive tendencies ($n = 44$) Group 3: alcohol addiction ($n = 104$)	Purpose in life test (PILT)	Hazardous and problematic use (Kurihama alcoholism screening test) ⁸	Group 1: M PIL = 90.4 Group 2 M PIL = 89.7 Group3 M PILT= 91.3 $F = NR, p = n.s.$
13. VonDras et al. (2007)	151 young adults (M age = 21)	Existential well-being (EWB; SWBS) ⁷	Method 1 (M1): frequency of alcohol consumption Method 2 (M2): quantity of alcohol consumption	M1: $r = -0.16, p < 0.05$ M2: $r = -0.10, p = n.s.$
14. Beckwith (2006)	396 young adults (age range = 18–25)	Existential well-being (EWB, SWBS)	Method 1 (M1): frequency of alcohol consumption Method 2 (M2): quantity of alcohol consumption Method 3 (M3): alcohol composite (frequency of consumption × quantity of consumption) Method 4 (M4): alcohol consequences	M1: $r = -0.13, p < 0.01$ M2: $r = -0.16, p < 0.01$ M3: $r = -0.09, p = n.s.$ M4: $r = -0.25, p < 0.01$

(continued)

Table 20.1 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Method of operationalizing drug and/or alcohol involvement	Relationship between MIL-PIL and drug and/or alcohol involvement
15. Wood and Hebert (2005)	606 young adults (<i>M</i> age = 21)	Spiritual meaning (SM; PMS) ⁸	Method 1 (M1): frequency of alcohol consumption (last 30 days) Method 2 (M2): frequency of alcohol and illicit drug consumption (last 30 days) Method 3 (M3): alcohol composite (frequency of consumption × quantity of consumption)	M1: $r = -0.29, p < 0.01$ M2: $r = -0.17, p < 0.01$ M3: $r = -0.28, p < 0.01$ Mean SM in alcohol and drug abstainers = 3.92 Mean SM in alcohol and drug non-abstainers = 3.58 $t = 4.22, p < 0.01$
16. Nam et al. (1994)	344 young adults (modal age category = 21–25)	Method 1 (M1): purpose in life (PILT) Method 2 (M2): existential anxiety ⁹ Method 3 (M3): powerlessness ¹⁰	Alcohol and drug involvement	Regression findings: M1: $\beta = -0.20$ M2: $\beta = 0.18$ M3: $\beta = 0.14$ Overall regression model: $F = 14.75, p = 0.0001$
17. Shillingford (1991)	150 young adults (<i>M</i> age = 20)	Method 1 (M1): meaningfulness ¹¹ Method 2 (M2): Purpose in life test—revised (PILT-R)	Alcohol-related symptoms, behaviors, and beliefs (alcohol use inventory: general alcoholism scale) ¹⁹	M1: $r = 0.21, p < 0.05$ M2: $r = -0.11, p = \text{n.s.}$
18. Schwarz et al. (1978)	242 young adults (undergraduate college students)	Boredom susceptibility (BI; SSS) ¹²	Alcohol Composite (frequency of consumption × quantity of consumption)	$r = 0.27, p < 0.001$
Unweighted mean Pearson r †				$r_{\text{um}} = 0.21$

(continued)

Table 20.1 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Method of operationalizing drug and/or alcohol involvement	Relationship between MIL-PIL and drug and/or alcohol involvement
Adult Studies				
19. Kieftaras and Katsogianni (2012)	200 adults (<i>M</i> age = 44.1)	Method 1 (M1): existential vacuum (EV; LAP) ¹³ Method 2 (M2): goal seeking (GS; LAP)	Hazardous use (AUDIT; alcohol use disorders identification test)	M1: $r = -0.19, p < 0.01$ M2: $r = -0.15, p < 0.01$
20. Arevalo et al. (2008)	393 female adults (<i>M</i> age = 33.7)	Sense of coherence (SOC)	Severity of use (alcohol and drug addiction severity index) ²⁰	Path Coefficient = 0.08, $p = n.s.$
21. Neuner et al. (2006)	1,833 adults (<i>M</i> age = 34; 62 % male, 38 % female)	Sense of coherence (SOC)	Hazardous use (AUDIT; alcohol use disorders identification test)	Odds ratio between lowest SOC quartile and highest SOC quartile = 1.99, $p < 0.05$
22. Stewart et al. (2006)	1,709 adults from ProjectMATCH sample (<i>M</i> age = 40.3) Male participants ($n = 1,292$) Female participants ($n = 417$)	Purpose in life test (PILT)	Drinking intensity (drinks per drinking day)	All participants: $\beta = -0.48, p < 0.001$ Males only: $\beta = -0.45, p < 0.001$ Females only: $\beta = -0.73, p < 0.001$
23. Krause (2003)	1,162 adults (66 years of age or older; 43 % older men, 57 % older women)	Sacred meaning (SM) ¹⁴	Frequency of alcohol consumption (abstinence)	Odds ratio = 1.16, $p < 0.01$
24. Staton et al. (2003)	661 adults (<i>M</i> age = 31)	Existential well-being (EWB; SWBS)	Alcohol composite (frequency of consumption × quantity of consumption)	$r = -0.09, p < 0.05$
25. Tsuang et al. (2002)	Group 1: 100 males twins Group 2: 100 male twins	Existential well-being (EWB; SWBS)	Symptoms of alcohol abuse or dependency	Group 1: $r = -0.36, p < 0.001$ Group 2: $r = -0.27, p < 0.01$
26. Harlow et al. (1999)	545 female young adults (<i>M</i> age = 32)	Psycho-existential distress (PED) ¹⁵	Alcohol composite (frequency of consumption × quantity of consumption)	$r = 0.13, p < 0.01$ Coefficient for cross-lag model: $\beta = 0.06, p < 0.05$ (T1 PED, T2 alcohol composite)

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Table 20.1 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Method of operationalizing drug and/or alcohol involvement	Relationship between MIL-PIL and drug and/or alcohol involvement
27. Midamik et al. (1992)	Group 1: 952 adults (M age = 62) Group 2: males only (n = 545) Group 3: females only (n = 407)	Sense of coherence (SOC)	Alcohol consequences	Group 1: r = -0.19, p < 0.001 Group 2: r = -0.22, p < 0.001 Group 3: r = -0.17, p < 0.001
28. Dull (1983)	1,322 adults (M age = NR)	Anomie ¹⁶	Frequency of alcohol consumption (lifetime and past year)	r = 0.06, p < 0.01
Unweighted mean Pearson r [†]				r_{um} = 0.18
Aggregate lifespan unweighted mean Pearson r [†]				r_{um} = 0.24

Footnotes pertaining to method of operationalizing MIL-PIL. ¹⁷The sense of coherence scale (Antonovsky 1993); ²Purpose in life test (PILT) (Crumbaugh 1968); ³Contains items related to: loneliness, depression, meaninglessness, and suicidal ideation; ⁴Secular and spiritual meaning scale (Hart 2009); ⁵Two items from Beck depression inventory (Beck et al. 1961) and one item from the personality diagnostic questionnaire (Hyler and Rieder 1987); ⁶Factor comprised of: (1) Will to meaning and goal seeking subscales on the life attitudes profile (Reker and Peacock 1982), and (2) Personal Growth and Altruistic Life Goals subscales on the personal commitments scale (Novacek and Lazarus 1990); ⁷Existential well-being subscale from the spiritual well-being scale (Ellison 1983); ⁸Pargament Spiritual Meaning Scale (PSMS Pargament 1999); ⁹The existential anxiety scale (Good and Good 1974); ¹⁰The powerlessness scale (Neal and Seeman 1964); ¹¹Three single items used by Newcomb and Harlow (1986); ¹²Boredom susceptibility subscale from the sensation seeking scale (Zuckerman et al., 1964); ¹³Existential vacuum from the life attitudes profile; ¹⁴Three-item measure of religious meaning developed by Krause (2003); ¹⁵Assessed using the following four indicators: (1) a modified version of the PILT, (2) Hopelessness (Beck et al. 1974), (3) Self-derogation (Kaplan 1976), and (4) Powerlessness (adapted from Newcomb and Harlow 1986); ¹⁶Strole anomie scale (Strole 1956)

Footnotes pertaining to method of operationalizing drug and/or alcohol involvement. ¹⁷AUDIT alcohol use disorders identification test (AUDIT Saunders et al. 1993); ¹⁸Kurihama alcoholism screening test (Saito and Ikegami 1978); ¹⁹The alcohol use inventory (Horn et al. 1986); ²⁰The addiction severity index (McLellan et al. 1980). Other footnotes: ^aBeta coefficient reflects the link between PILT and frequency of alcohol use, controlling for crystallized abilities; ^bAnalyses controlled for gender, agreeableness, conscientiousness, and religiosity/spirituality; ^c p -values were not reported for individual regression coefficients; however, the overall regression model including all variables significantly predicted drug and alcohol involvement. [†]Only significant r 's were included in unweighted mean calculations. Valence was not considered since methods used to operationalize MIL-PIL and AOD varied across studies (e.g., "purpose in life" vs. "psycho-existential distress" yield negative and positive Pearson r correlations with problematic AOD involvement, respectively)

Table 20.2 A summary of quantitative studies that have compared levels of meaning or purpose in life (MIL-PIL) in clinical samples of persons at the point of treatment intake versus nonclinical ("normal") samples who are not in treatment

Study	When was MIL assessed during treatment?	Composition of treatment group(s)	Composition of comparison group(s)	Method of operationalizing MIL-PIL	Findings (mean comparisons)
1. Saunders et al. (2007)	Within the first 2 weeks of treatment	Group 1: 80 problem drinkers in outpatient alcohol treatment setting (<i>M</i> age = 38)	Group 2: 106 nontreatment seeking adults (<i>M</i> age = 41)	Existential well-being (EWB/SWBS) ¹	Group 1 EWB = 37.6 versus Group 2 EWB = 47.4, <i>t</i> = 7.66, <i>p</i> < 0.001 <i>t</i> = 7.66, <i>p</i> < 0.001
2. Butler et al. (2006)	Within the first 2 weeks of treatment	242 adults (<i>M</i> age = 38) Group 1: inpatients (<i>n</i> = 142) Group 2: aftercare (<i>n</i> = 100) Over half of Groups 1 and 2 in treatment for alcohol abuse (56 %)	237 nontreatment seeking adults (<i>M</i> age = 42) Group 3: with substance use problems (<i>n</i> = 30) Group 4: without substance use problems (<i>n</i> = 207)	Existential meaningfulness (EM/ASAT) ²	Group 1 EM = 2.0, Group 2 EM = 1.6, Group 3 EM = 0.80, Group 4 EM = 0.30 <i>F</i> = 257.4, <i>p</i> < 0.001 Post-Hoc Comparisons Group 1 > Group 2 > Group 3 > Group 4, <i>p</i> < 0.001 for all post-hoc comparisons
3. Fassino et al. (2004)	Within the first week of treatment	Group 1: 115 heroine abusing adults with a comorbid personality disorder in residential treatment Group 2: 55 heroine abusing adults without a personality disorder in residential treatment	Group 3: 63 nontreatment seeking adults	Existential well-being (EWB/MQoL) ³	Group 1 EWB = 34.4 versus Group 2 EWB = 44.0 versus Group 3 EWB = 49.3 <i>F</i> = 56.04, <i>p</i> < 0.001 Post-Hoc comparisons Group 1 < Group 2 < Group 3, <i>p</i> < 0.05 for all post-hoc comparisons

(continued)

Table 20.2 (continued)

Study	When was MIL assessed during treatment?	Composition of treatment group(s)	Composition of comparison group(s)	Method of operationalizing MIL–PIL	Findings (mean comparisons)
4. Nicholson et al. (1994)	Within the first 2 weeks of treatment	Group 1: 49 inpatient drug abusers (M age = 29)	Group 2: 49 nonclinical matched controls (M age = 29)	(1) Method 1: personal meaning (PM/LAP) ⁴ (2) Method 2: Purpose in life test (PILT) ⁵	Group 1 PM = 55.5 versus Group 2 PM = 64.6 $F = 14.47, p < 0.001$ Group 1 PILT = 79.0 versus Group 2 PILT = 83.5 $F = 8.64, p < 0.01$
5. Waisberg (1990)	Within the first week of treatment	Group 1: 146 adults Participants were in early treatment (or waitlisted) at four different substance abuse treatment programs. Programs involved inpatient and outpatient treatment. The majority of participants were seeking help for alcohol-related problems (M age of waitlisted or treatment participants was always ≥ 27)	Group 2: the author used a mean PILT score reported by Crumbaugh and Maholick (1969) corresponding to the general population ^a	Purpose in life test (PILT)	Group 1 PILT = 86.01 versus Group 2 PILT = 102 $t = -8.3, p < 0.0001$

Footnotes pertaining to method of operationalizing MIL–PIL ¹Existential well-being subscale from the spiritual well-being scale (EWBL); SWBS Ellison 1983); ²Existential meaningfulness from the addiction severity assessment tool (EM; ASAT Butler et al. 2006); ³Existential well-being subscale from the McGill quality of life questionnaire (EWB; MQoL Cohen et al. 1996); ⁴Personal meaning index composite scale from the life attitudes profile—revised (PM; LAP Reker, 1991); ⁵Purpose in life test (PILT, Crumbaugh 1968)

Other footnotes ^aMean value based on 1,151 cases

As can be seen in Table 20.1, a total of 36 Pearson r correlations were recorded. Of these statistical effects, 28 were found to be statistically significant (77 %). In a cursory effort to identify factors that might moderate the strength of the association between AOD involvement and MIL–PIL, we considered different age-bands across the lifespan. To set the stage for this analysis, we observed that the sheer number of statistical tests (zero-order correlational analyses in this case) was evenly distributed across lifespan categories. For example, there were 13 Pearson r values involving adolescent samples. Of these, 8 were found to be statistically significant (62 %). Similarly, there were 13 Pearson r values involving young adult samples. Of these, 10 were found to be statistically significant (77 %). Lastly, there were 10 Pearson r values involving older adult samples. Of these effects, all 10 were found to be statistically significant (100 %). We tentatively concluded that the probability of finding a statistically significant effect increases as respondents get older. Indeed, this is the picture we pieced together upon restricting our attention solely to p -values.

Upon shifting our attention away from statistical significance and toward the size and strength of statistical effects, we found that the magnitude of significant effects varied as a function of age band.

A group of seven studies reported findings testing the link between MIL–PIL and AOD involvement in adolescents who were not in treatment. Research involving these 2,266 novice AOD users yielded a total of 15 statistical effects. Less than 100 % of these effects reached statistical significance, and less than 100 % of them were Pearson r values. When we restricted our attention to statistically significant Pearson r values, we arrived at a mean aggregate unweighted effect size of 0.33. From this analysis, we estimate that MIL–PIL accounts for 8.36 % of the variance in AOD involvement among nontreatment seeking adolescents. This estimate, however, is clearly quite liberal since it is derived only from significant Pearson r values. Nonetheless, it is rather impressive, considering many behavioral and social scientists are happy to explain even 5 % of their outcome variance.

In an effort to reduce the level of bias inherent within our estimate, we replicated the analysis shown above using the full pool of Pearson r values. This pool of effects included both null Pearson r values and those which reached statistical significance. This adjustment resulted in a more conservative mean aggregate unweighted Pearson r effect size of 0.25. Accordingly, the estimate derived from this analysis suggests that MIL–PIL explains 6.25 % of the outcome variance in AOD involvement among nontreatment seeking adolescents.

A comparison between liberal and conservative estimates shows a size reduction of 24.24 %. While the “true” effect size for 100 % of the adolescent population is unknown, it may be somewhere between 0.25 and 0.33. Caution is urged when interpreting these findings because they are derived from zero-order correlational analyses. If, in the future, more sophisticated statistical methods become the norm, the effect size estimates we report here may prove to be inaccurate.

For the next age cohort (i.e., nontreatment seeking young adults), Table 20.1 shows a group of 11 studies that report findings testing the link between MIL–PIL and AOD involvement. Research involving these 8,463 AOD users yielded a total of

29 statistical effects. Less than 100 % of these effects reached statistical significance, and less than 100 % of them were Pearson r values. When we restricted our attention solely to statistically significant Pearson r values, we arrived at a mean aggregate unweighted effect size of 0.21. From this analysis, we estimate that MIL–PIL accounts for approximately 4.41 % of the variance in AOD involvement among younger adults. Since this estimate is derived only from significant Pearson r values, it may represent a liberal approximation of the “true” effect between MIL–PIL and AOD involvement in young adults.

In an effort to reduce the level of bias inherent within our estimate, we replicated the above analysis using the full pool of Pearson r values. This pool of effects included both null Pearson r values and those which reached statistical significance. This adjustment resulted in a more conservative mean aggregate unweighted Pearson r effect size, which we determined to be 0.18. Accordingly, the estimate derived from this analysis indicates that MIL–PIL explains 3.24 % of the outcome variance in AOD involvement among younger adults.

A comparison between liberal and conservative estimates shows a size reduction of 14.29 %. While the “true” effect size for 100 % of the young adult population is unknown, it may lie somewhere between 0.18 and 0.21. Again, this estimate range should be interpreted with caution because it is derived solely from zero order correlational analyses. If, in the future, more sophisticated statistical methods become the norm, the effect size estimates we report here may prove to be inaccurate.

For the final, most elderly age cohort (i.e., nontreatment seeking older adults), Table 20.1 shows a group of 10 studies that report findings testing the link between MIL–PIL and AOD involvement. Research involving these 8,977 AOD users yielded a total of 17 statistical effects. Again, not all of these effects reached statistical significance, and not all of them involved Pearson r values. When we restricted our attention to statistically significant Pearson r values, we arrived at a mean aggregate unweighted effect size of 0.18. From this analysis, we estimate that MIL–PIL accounts for 5.76 % of the variance in AOD involvement among older adults. Since this estimate is derived solely from significant Pearson r values, it represents a liberal approximation of the “true” effect between MIL–PIL and AOD involvement in older adults.

We were not able to find any nonsignificant Pearson r values in published studies involving older adult samples. Of course, this may be a cultural artifact of the tendency within academia to publish significant findings more often than null findings. This phenomenon—known as the “file drawer effect”—is a serious limitation to literature reviews and meta-analyses seeking summative answers to research their questions.

Although our initial analysis of p -values showed the adolescent age-band to have a comparatively lower probability of achieving statistical significance, Pearson r values for younger respondents tended to be rather strong in magnitude. As was previously indicated, the unweighted mean effect size averaging all of the significant Pearson r values across adolescent samples is 0.33. The magnitude of this value is 57 % larger than the unweighted mean effect size corresponding to young adults ($r_{\text{um}} = 0.21$), and 83 % larger than the unweighted mean effect size

corresponding to older adults ($r_{\text{um}} = 0.18$). Notably, these values represent liberal estimates derived from analyses involving significant Pearson r 's only.

The effect size disparity among age cohorts is far less distinct when conservative effect size estimates are considered. Using these estimates, the magnitude of the association between MIL–PIL and AOD involvement is only 39 % larger among adolescents ($r_{\text{um}} = 0.25$) than younger and older adult samples alike ($r_{\text{um}} = 0.18$).

As can be seen in Table 20.1, when all three lifespan categories are collapsed together, the total unweighted mean effect size linking MIL–PIL to AOD involvement is 0.24. This value provides a liberal estimate averaging Pearson r values reported as statistically significant. Comparatively, a more conservative estimate involving the total pool of Pearson r values across age cohorts is 0.21. Although we observed some attenuation between liberal and conservative estimates of the unweighted mean effect across all age cohorts, the amount was negligible.

Table 20.1 also takes stock of the methods used across various studies to assess MIL–PIL. Here we noted a substantial amount of heterogeneity among Table 20.1 studies in terms of the measures used to operationalize MIL–PIL. In total, we found 16 different measures of MIL–PIL assessment. The most frequently used measure was Crumbaugh's (1968) Purpose in Life Test (PILT), which was used in approximately a third of all Table 20.1 studies (9/28 studies; 32 %). Next in popularity were Antonovsky's (1983) Sense of Coherence Scale (SOC) (5/28 studies; 18 %) and Paloutzian and Ellison's (1983) Existential Well-Being factor from their Spiritual Well-Being Scale (EWB from SWBS) (4/28 studies; 14 %). We sought to compare the proportion of significant versus null findings for each of these most commonly used measures of MIL–PIL. Our analysis revealed that 37, 10, and 22 % of findings involving PILT, SOC, and EWB operationalizations yielded null results, respectively. We consider AOD scholarship in this area to be in its embryonic stage of development. As such, we refer to this body of work as first generation research. One direction for second generation research is to better understand why different ways of assessing MIL–PIL seem yield different chances for reaching statistical significance.

We were also mindful to examine whether or not the method of assessing MIL–PIL varied as a function of membership in one of the lifespan age-bands. We discovered that five out of nine studies using the PILT (56 %) tested for MIL–PIL effects in adolescent samples. In contrast, SOC and EWB measures were more commonly employed among studies involving younger and/or older adult samples. Given that many high magnitude effects were found among studies involving youthful participants, it remains difficult to disentangle whether the pattern of large adolescent effect sizes is due to a lifespan effect or an operational/methodological effect. Moreover, the simultaneous combination of both lifespan and operational/methodological effects could be influencing the strength of the relationship between MIL–PIL and AOD involvement. In either case, the pattern of the significant effects is consistent with the prevailing salutogenic model that suggests high levels of MIL–PIL may “immunize” people against developing problems with AOD. While high levels of MIL–PIL may shield people, low levels may serve to increase their risk of misuse by rendering them psychologically vulnerable.

Tremendous heterogeneity among Table 20.1 studies was also observed in terms of the methods used to operationalize AOD involvement. Our analysis of this variation showed that most studies used operationalization methods fitting within two major categories: (1) AOD “use” (13/28 studies; 46 %), and (2) AOD “abuse” (12/28 studies; 43 %). The AOD “use” category was comprised mainly of frequency, quantity, or composite (frequency \times quantity) measures of consumption, whereas the AOD “abuse” category was comprised mainly of measures of severity, hazardous/harmful consumption, symptomatology (i.e., dependence or abuse), or drug and/or alcohol-related consequences.

An exploratory effort was made to test for possible moderating influences of disparate methods used to operationalize AOD involvement. Specifically, we examined whether or not statistical effects varied as a function of variability in methods used to operationalize AOD involvement. In this analysis, we compared the proportion of significant versus null findings that were reported among studies employing “use” and “abuse” measures of AOD involvement. Our analysis revealed that 21 and 14 % of findings involving “use” and “abuse” categories yielded null results, respectively. In other words, it was more probable that a significant MIL–PIL effect would be found if AOD involvement was assessed by means that suggested pathological involvement (e.g., DSM symptom levels, negative drinking consequences, etc.).

To further add to our analysis of possible moderating effects, we observed a trend in Table 20.1 which might possibly be interpreted as a two- or three-way interaction. Given the multiple layers of uncertainty, we have little confidence in drawing any firm conclusions, except that more research is needed. Permit us to explain. Inspection of the data shown in Table 20.1 suggests a unique configuration or pattern where method of operationalizing AOD involvement may “interact” with a respondents’ age, which may, in turn, increase the probability of finding significant results. The reader will recall that we addressed three periods across the lifespan of participants featured in Table 20.1. For the youngest cohort (i.e., adolescent AOD users), we found that 100 % of the reported studies operationalized AOD involvement using a nonpathological measure of “use”. This fact is intriguing because the strongest effect sizes also seemed to cluster within the adolescent age-band. Trends such as this lead us to speculate that the strength of the association between MIL–PIL and AOD involvement may fluctuate as a function of: (a) lifespan category, and/or (b) operationalization of MIL–PIL, and/or (c) operationalization of drug and/or alcohol involvement, and/or (d) some cross-tabulation or interaction among these factors.

Table 20.1 Summary and Discussion

To the best of our knowledge, Table 20.1 is the first-ever comprehensive effort to collate and distill empirical research examining the question of whether or not MIL–PIL is related to levels of AOD involvement amongst drinkers who,

from the Transtheoretical perspective, might be classified as falling in the precontemplation or contemplation stages of change. Our answer to this question is a strong but qualified “yes.”

Most of the statistical effects that were considered (79 %) showed that MIL–PIL was scores were related—in ways that are statistically significant—to the use and abuse of AOD in nonclinical samples. Our conclusion, therefore, is that the two variables are related. This conclusion is based on our analysis of trends found in an aggregate sample of 19,706 drinkers represented in Table 20.1. When we collapsing across all three age-bands, we found a total of 28 studies. From these studies, a grand total of 61 statistical effects were reported (these statistical effects are shown in the far right column of Table 20.1). Of these statistical effects, 48 proved to be statistically significant. On average then, about 8 out of 10 studies that have tested for a connection between MIL–PIL and AOD involvement have found it.

Table 20.1 also shows that the direction of all 48 statistically significant effects is in the predicted direction. That is, none of the significant effects are in a direction opposite to what existing theory would lead us to hypothesize. A number of theoretical formulations have inspired empirical hypotheses asserting that high levels of MIL–PIL contribute to more favourable adjustment outcomes. We have dubbed this interpretation the “etiologic model.” Examples of conceptual frameworks that have conferred the MIL–PIL construct with etiologic status include: (1) the literature on goal-theory (e.g. Ken Sheldon, Robert Emmons), (2) the literature on existential-humanistic psychology (e.g. Viktor Frankl, Rollo May, Paul TP Wong), and (3) the literature on positive psychology (e.g. Carol Ryff, Martin Seligman, Todd Kashdan). Theoretical frameworks derived from these three areas converge to suggest that high levels of MIL–PIL play an active role in “causing” or contributing to positive adjustment, optimal health, and high levels of well-being.

If we extrapolate from these theoretical perspectives and apply them to the findings compiled in Table 20.1, we are lead to conclude that people who have a strong sense of MIL–PIL are better adjusted in terms of their relationship with alcohol and/or other drugs. While MIL–PIL may be especially relevant to understanding the initiation aspect of AOD involvement (the biggest effect size, $r = 0.33$, was seen in the adolescent subsample), age stratified results shown in Table 20.1 suggest: (1) MIL–PIL could also be germane to understanding continued use and maintenance of AOD (the effect size for young adults was $r = 0.21$) and (2) to understanding how AOD involvement escalates to pathological involvement (the effect size for older adults was $r = 0.18$).

When taken together, this tripartite pattern of findings leads us to propose the influence of MIL–PIL may not be equal across the inflection points of the developmental progression of AOD. From a life span perspective, this pattern of findings leads us to speculate that MIL–PIL may contribute more strongly to the earliest stage of AOD use (during adolescence). Comparatively speaking, MIL–PIL seems to have a lesser effect on subsequent stages of AOD involvement, stages that involve progression to habitual use and misuse (in young adulthood), and dependence and addiction (in adulthood).

Hopefully, future scholars will use more rigorous designs and more sophisticated statistical methods to tease out the putative differential effects of MIL–PIL on experimental use, regular use, misuse, dependence and addiction. Because most of the studies shown in Table 20.1 employ cross-sectional correlational designs, longitudinal studies are needed that assess and control confounding influences. Because most studies in Table 20.1 used Pearson correlations in their statistical analyses, we recommend that second generation studies be mindful to improve on statistical conclusion validity. This can be achieved by using more sophisticated data analytic methods such as multiple regression, path analysis, and structural equation modeling.

At this point, we wish to speculate about the mediating mechanisms and processes that might account for why MIL–PIL ‘causes’ or contributes to lesser use and/or abuse of alcohol. We begin with the assumption that youth who are pursuing goals in life which they feel are meaningful (and who therefore feel a strong sense of purpose) are simply less apt to take part in experimental drinking because they are otherwise preoccupied. Such a “differential exposure model” suggests that, compared to their more disinterested and bored counterparts, youth who are energetically and vitally engaged in goal pursuits are less likely to encounter social situations where AOD involvement is more likely to occur. Accordingly, MIL–PIL may serve a protective function to “immunize” people against developing AOD problems by means of distraction or displacement.

Related to this issue, it is possible that individuals who are engaged in pursuing meaningful goals might also lack the motivation to drink or take other drugs simply because doing so could sabotage chances of successful goal attainment. For instance, this logic might explain why a star basketball player belonging to a high-school or college team chooses to abstain from heavy drinking or illicit drug use to preserve the health and performance gains achieved as a result of their training.

People suffering from boredom or disengagement who also lack involvement in activities deemed to be worthwhile (whether they are adolescents, young adults or adults) may be looking for ways to escape a dull and monotonous existence. It is likely that some of these individuals may gravitate toward AOD as an escape/avoidance coping mechanism. During the initial stage of an episode of intoxication, some of these substance users may experience strong positive subjective feelings of significance and meaningfulness. Such phenomenological experiences are plentiful in anecdotal case reports of neophyte drinkers and persons who smoke marijuana. As a consequence of the neuropsychological effects of these and other kinds of mind-altering drugs, even trivial pursuits can be perceived as profoundly meaningful when a person is drunk or high.

For the AOD user who lacks MIL–PIL in their “sober life,” this illusory sense of MIL–PIL can serve as a strong positive reinforcer for continued involvement with AOD. In this way, baseline levels of meaninglessness may create a psychological vulnerability amongst nonclinical samples of drinkers by making them vulnerable to experiencing high levels of positive reinforcement when passing through the ascending (blood alcohol) phase of drug intoxication.

A chemically exaggerated sense of meaning and purpose in life may, in part, explain why the AOD trajectory for people who are new to drinking or other drug taking progress from occasional experimental use, to habitual or regular use. It is typical that the motive for drinking or taking drugs shifts as a function of the passage of time. In this way, repeated experience with the ascending phase of intoxication can provide appetitive motivation that strengthens AOD involvement. Over time, the counterfeit experience of MIL–PIL may deflect a novice AOD user’s consumption trajectory toward the direction of abuse and/or dependence. However, other processes may operate in later developmental stages of a person’s drinking or other drug-taking career. As age and AOD experience unfold across time, it may become more difficult to extract the same quality of “meaningful euphoria” that was once experienced with ease during the early years.

We offer the following speculation as a tentative model of AOD progression. While our line of reasoning focuses on the development of alcohol misuse, the logic is meant to extend to other drugs of choice. With the passage of time, as drinking careers mature, people who lack MIL–PIL may be especially likely to undergo a shift in the nature of their involvement with alcohol toward unhealthy patterns of use. By contrast, high levels of MIL–PIL may protect social drinker from evolving into problem drinkers. The drinking trajectory of those who are vulnerable may be deflected, over time, away from regular use and toward dependence and addiction. By definition, misusers will show a pattern of repeated episodes of intoxication. These episodes, in turn, may contribute to an accumulation of undesirable life situations such as problems at work, job loss, failure in other kinds of achievement settings, lost or damaged health, lost or damaged relationships, legal problems, and the like. As life stress events continue to escalate, mounting levels of negative affect may motivate efforts to manage emotions by means of increased alcohol consumption (affect relief drinking). During the second half of the “wet” phase of the drinking career of alcoholism, intensified misuse of alcohol would surely worsen existing problems and generate new ones. In this way, a self-reinforcing downward cycle would be established. Counsellors who are familiar with the AA model will recognize this as the graduate process that leads up to another inflection point: “hitting bottom.” From our point of view, the most significant aspect about these negative life events relates to the psycho-existential repercussions they generate.

Although we could not find any data in support the following line of thinking, we can envision an existential-developmental model that may account for some of the processes that might be involved in the maintenance of AOD misuse and in its progression. We start by speculating that negative events and undesirable circumstances that are consequences of AOD misuse will be experienced as being especially aversive in when they diminish valuable sources of MIL–PIL. A corollary of this is that types of AOD consequences that damage or destroy the root sources of MIL–PIL may enlarge the size of a person’s existential vacuum far more than types of AOD consequences that leave the roots intact.

As a caveat, light social drinking may actually help sustain or replenish factors that contribute to MIL–PIL. Responsible use of alcohol may have a salutary effect,

in part, because social drinking may facilitate growth in social network factors that serve as wellsprings to a strong positive sense of MIL–PIL.

There are several ways in which the life consequences of AOD misuse can undermine perceptions of MIL–PIL and heighten levels of *existential* distress. For instance, habitual misuse of AOD may affect brain function in such a way as to impair the cognitive ability to make sense out of the events and situations of life. As a result, coherent understandings of the circumstances of one's life may be more difficult to formulate. In the same way, imbuing meaning on emotional or somatic experiences may prove difficult. Repeated episodes of AOD intoxication may also result in memory loss (blackouts) which, in turn, can disrupt a person's sense that their life makes sense and that circumstances of the past and present cohere in ways that are predictable and orderly. If these kinds of cognitive disruptions persist over time, it is easy to see how repeated episodes of AOD intoxication can give rise to a chronic subjective sense of confusion, perceptions of capriciousness, and a sense of inner chaos. Clearly, these states of mind are antithetical to the cognitive ability to make or perceive meaning. Finally, chronic intoxication due to AOD misuse may weaken commitment to valued purposes and erode personal values. This, in turn, may rob a person of their motivation to achieve valued goals.

Chronic misuse of alcohol and other drugs may also lead to reductions in MIL–PIL in other ways. In regards situational and ecological pathways, stressful life events that are generated as a result of AOD misuse can alter a person's life context in a way that deprives them of opportunities to achieve valued goals. As a result, sense of purpose will be diminished. Imagine the case of a substance abuser who's job requires them to rely on their automobile to meet occupational goals. If such a person loses their licence because of an accident, or because the legal system finds them guilty of driving whilst intoxicated, they may experience emotional distress. At the same time, they may also experience existential suffering. Emotional distress can arise because of fears of economic insecurity. In addition, if employment had provided a meaningful sense of purpose, the out-of-work substance abuser will also experience existential distress. By comparison, if the substance abuser's work life was a source of boredom, the size of their existential vacuum would be that much less.

AOD misuse can lead to a weakening of a person's sense of MIL–PIL in at least three additional ways. Alcohol dependence or addiction can strip people of opportunities that cultivate the growth and development of MIL–PIL. In particular, Frankl (1963, 1984) suggests that chronic misuse of alcohol or other drugs can hamper a person's ability to derive benefit from three existential tasks (a) engaging in activities that permit creative expression, (b) having memorable encounters with higher order aesthetic experiences (e.g., appreciation of beauty or gratitude); and (c) making attitudinal adjustments that enable reframing of uncontrollable facts and aversive personal experience.

Our tentative developmental model further proposes the following. Over time, if AOD misuse continues to generate negative life events, key sources of MIL–PIL will continue to erode. As a consequence, "existential vacuum" (EV; Frankl, 1963, 1984)

will also continue to grow. The distressing experience of inner emptiness that accompanies a loss of meaning and purpose may grow for years or decades before the existential suffering becomes especially difficult to bear. How much time it takes for a person to hit their intrapsychic bottom depends, in part, on the specificity of the negative life consequences of AOD misuse. In some cases, key sources of MIL–PIL can be preserved because the consequences of misuse may selectively impact areas of life that are irrelevant to a person’s sense of meaning and significance. In other cases, the consequences of AOD misuse may quickly destroy core sources of MIL–PIL.” Under these circumstances, lack of MIL–PIL would be the result of drinking or drug taking, rather than the cause of it.

Eventually, as the veteran substance misuser approaches closer to the end of the active or “wet” phase of their AOD career, their growing sense of inner void may deepen and transform to a terrifying experience of chronic psycho-existential despair. Frankl (1963, 1984) has termed this inner state of utter bankruptcy “noogenic neurosis.” Again, this line of thinking suggests negative life consequences of alcohol misuse can sometimes hasten the subjective experience of hitting a spiritual or existential “bottom”—provided that the life stressors selectively damage the root sources of MIL–PIL. Sooner or later, under these circumstances, a history of AOD misuse will culminate in a unique form of unhappiness. From a positive psychology standpoint, this type of suffering approximates the antithesis of eudaimonic well-being

Toward the end of an AOD career, after a person has reached their lowest point of psycho-existential well-being, continued misuse of substances will tend to be maintained through the process of negative reinforcement. In particular, AOD consumption will be motivated by a desire to escape or avoid the experience of noogenic neurosis and achieve oblivion. At this stage, alcohol and other drugs will be used, primarily, as anesthetics that dull the suffering of an empty and pointless existence.

The motive of escape and avoidance stands in marked contrast to the approach motive that drives substance use in curious young people who find themselves at the stage of initial experimentation. For neophyte substance users, positive reinforcement will tend to drive drinking and drugging. This may be especially true for inexperienced youth who lack meaning and purpose in their “sober life.” Youngsters who are already bored with their life and disengaged from goal pursuit when sober will surely find greater incentive value in the chemically fueled sense of meaning that can arise during the ascending phase of intoxication.

How do veteran alcoholics (or addicts) break out of the downward cycle of misuse? Empirical evidence bearing on this question is difficult to find. Theory is far more plentiful. We propose that, in some cases, toward the end of a drinking or drug–taking career, psycho-spiritual suffering associated with the experience of existential despair may become therapeutic in nature. For reasons that are poorly understood, “creative suffering” can cause an upward shift on the ladder of readiness to change.

When suffering strengthens motivation to change, substance misusers who find themselves standing on the precontemplation step of the ladder of change may be

nudged up a rung. People who move up will shift their cognitive energy to the task of contemplating the pros and cons of quitting or cutting back. Meanwhile, creative suffering may cause people who are standing on the contemplation step of the ladder of readiness to change to move up a rung to the preparation step. These people will devote considerable attention to planning strategies that may lead to the goal of quitting and cutting back. It may take months or years to migrate from the precontemplation stage to the preparation stage. Finally, at the very end of the “wet” period of the drinking or drugging career, creative suffering may cause people who are in the preparation stage of change to shift upward to the action stage of change. These people may take action by seeking professional treatment or by attending mutual aid support groups (like Alcoholics Anonymous or Narcotics Anonymous) or by implementing a plan for “natural change.”

Little is known about the nature of creative suffering or about its role in helping people break out of the cycle of addiction. Frankl (1984), however, hints at the existence of a healing power that may spring into action during difficult times characterized by extreme suffering. He calls this force “the defiant power of the human spirit.” To date, scientific study of this mysterious power has been lacking. This is a call for creative scholars everywhere to embark on studies that will advance knowledge of the “defiant power” construct. Based on the writings of Frankl, we expect future conceptual elaboration will reveal this healing force can be triggered when people have an honest encounter with the limits of their human powers, which leads them to surrender and give into deep despair

Summary: An Existential-Developmental Model of AOD Etiology

Because our proposed model of the initiation, progression, and evolution of AOD involvement has yet to be tested, it should be recognized as speculation in search of empirical validation. Our model envisions a temporally sequenced, dynamic, and bidirectional relationship between MIL–PIL and AOD involvement. We have adopted a life span approach, suggesting the possible existence of different developmental pathways at each of the “inflection points” for people scoring high or low on MIL–PIL.

The calendar of our existential-developmental model starts at the point immediately prior to the first time youngsters find themselves in a situation where AOD is potentially available for consumption. We then imagine these youngsters growing older. An effort is made to describe how people who score high and low on MIL–PIL may show different trajectories of relationships with AOD over time. Special attention is given to the idea that individual differences in MIL–PIL may be particularly influential during “critical periods” where inflections are most likely to occur in a person’s relationship with their drug of choice.

In regards the beginning of a person’s relationship with alcohol or other drugs, we have proposed that pre-existing levels of MIL–PIL may deflect the developmental pathway into the future, deflecting it in either a salutogenic direction or one that is pathogenic. Deflection can occur during the very earliest point at which

a young person (who is naïve to AOD) first becomes acquainted with AOD. This phase is marked by precedent setting involvement in circumstances where AOD is in close proximity and is potentially available. We have suggested that MIL–PIL may affect the chance of entering these kinds of situations. We have also suggested that MIL–PIL may influence the likelihood of whether or not first time use of AOD progresses, over time, into a pattern of experimental use.

For young and inexperienced young people who find themselves in close proximity to AOD for the first time, high levels of pre-existing MIL–PIL may play a salutary role, possibly by bolstering refusal self-efficacy. In contrast, low levels of MIL–PIL may create a proclivity to transform the first exposure stage into a point of negative inflection. Vulnerability to AOD progression due to existential vacuum could take a number of forms. It could manifest at the contextual level as an increased probability that a person will be first exposed to AOD at an especially young age. As the years pass by, low levels of MIL–PIL may also make people vulnerable to later misuse by acting as a linchpin at other key points in a person’s fledgling career as a person who drinks or takes other drugs. Specifically, lack of meaning and purpose in life may increase the chances that occasional experimental use will progress into regular use, and that regular use will progress to abuse, dependence, and addiction.

For older and more seasoned substance abusers who find themselves at the end of the “wet” phase of a problematic drinking career, life stress events that are consequential to AOD misuse may cause significant reductions in levels of MIL–PIL. This is most apt to occur when drinking consequences (or drug use consequences) diminish or deplete sources of MIL–PIL. Under these conditions, perceived lack of MIL–PIL (existential vacuum) would be the result of AOD misuse, rather than their cause.

After alcoholism or addiction sets in, the reciprocal feedback loop connecting AOD misuse and levels of MIL–PIL may spiral downward to the point where the person is unable to endure the ever-deepening experience of psycho-existential suffering. In some veteran substance misusers, the final destination in the process of hitting bottom could be a type of suffering we have termed “creative despair”. For reasons that are poorly understood, some wet alcoholics and addicts become resilient. As unlikely as it might seem, something saves them from falling over the brink of total destruction. Frankl (1963, 1984) has suggested the saving force consists of the “defiant power of the human spirit,” which works to rekindle the desire to survive and thrive. We have envisioned this power as something that energizes end-stage alcoholics and addicts and that propels them to move up the ladder of motivational readiness to change.

Critique of Table 20.1 Scholarship and Future Directions

A number of philosophers, theoreticians, and interventionists firmly believe the nature of the association between MIL–PIL and AOD involvement is causal. However, to our way of thinking, confidence in an etiological interpretation is

based more on faith than fact. Table 20.1 shows the facts (i.e., empirical data) that are at hand. We now turn our attention to a brief discussion of different ways of interpreting these data.

Table 20.1 restricts its attention to a large sample of nonclinical drinkers who are not in formal treatment or any other type of AOD intervention (e.g., mutual-aid or peer-support groups). There is very strong evidence to suggest that, for these kinds of drinkers, MIL–PIL and AOD involvement are indeed connected at the statistical level. However, there is ambiguity and uncertainty about what to make of this connection. At this point in time, interpreting the link is a matter of debate. We urge readers to exercise sound reasoning and caution when drawing inferences from the data. From a scientific standpoint, it would be hasty to conclude that Table 20.1 findings justify secondary prevention MIL–PIL interventions designed to curb AOD abuse in high-risk nonclinical samples of drinkers.

Certainly, policy makers and interventionists would have strong and compelling theoretical justification for wanting to strengthen drinkers' sense of MIL–PIL. Existing theoretical ideas are exciting to those who wish to curb the use and abuse of AOD based on the (assumed) functionality of MIL–PIL as a psychological means of stopping or slowing the developmental progression of AOD involvement. Unfortunately, secondary prevention initiatives aiming to bolster MIL–PIL would be premature if these efforts were justified solely by the yardstick of sound empirical evidence. Preventative intervention programs guilty of this act would be overvaluing the statistical conclusion validity of existing data, since correlation does not necessarily imply causation.

It might be helpful to step back for a moment and put the fledgling scholarship in this area into a larger historical context. Our temporal analysis of the publication dates of the 28 studies under consideration showed this area to be relatively new. Specifically, we found that most studies were published after the year 1999. Examined from a history of science perspective, we view the contemporary work in this area as “first generation research.” Of course, it is typical for new and emerging scholarship of “first generation research” to be largely descriptive and correlational in nature. As such, these kinds of studies will lack internal validity and will offer only the weakest of evidence on which to base inferences about causality.

Behavioral and social scientists use the term “internal validity” to signify the extent to which researchers can be confident in making inferences about the causal status of a variable. Internal validity of the studies shown in Table 20.1 is weak on at least two accounts. First, there has been a widespread lack of concern for ruling out confounding factors also affecting AOD involvement (e.g., depression, neuroticism, psychoticism, happiness, spirituality/religiosity, etc.). In addition to these variables, a host of other factors can easily be envisioned as clouding the findings reported in Table 20.1. Because any number of spurious variables may be operating simultaneously alongside MIL–PIL, it creates uncertainty as to what the real “causes” of AOD involvement actually are. Second, most of the studies appearing in Table 20.1 are cross-sectional in design, measuring MIL–PIL and AOD involvement at the same time point. This opens the door to reverse causation

explanations, which are especially probable for people who meet DSM criteria for AOD abuse or dependence. In accordance with a reverse causality standpoint, (low levels of) MIL–PIL may actually be a “consequence” or ‘effect’ of alcohol involvement instead of a preceding ‘cause’ of it.

In looking ahead, we see reasons to be optimistic about the continued growth of this body of literature. To date, studies have tended to give only cursory attention to theory. A stronger focus on theory-driven research will be especially important because it will enable us to better understand how and why MIL–PIL is connected to AOD involvement. This knowledge, in turn, will serve as a foundation for the subsequent development of interventions designed to increase subjective awareness of meaningful purpose. In this regard, we recommend scholars to ground their empirical efforts in (1) existential philosophy (e.g., Heidegger, Kierkegaard), (2) existential-humanistic psychology (e.g., Frankl, May, Schneider, Wong), (3) conceptual frameworks that gave rise to first generation approaches to treatment (eg., Boss, Buber, Bugenthal, Frankl, Yalom, van Deursen), and (4) positive psychology. Work in the emerging area of positive psychology has led to increased cross-pollination of goal theory, existential-humanistic psychology, and positive psychology. Convergence of theoretical frameworks in these areas of scholarship is welcomed. We expect that integrative efforts may help usher in a more refined “second generation of research” in this area.

In addition to grounding research in this area into rich theoretical frameworks, we also urge future scholars to upgrade the rigor of their designs and measures by devoting greater attention to matters of internal validity and construct validity. If science in this area can advance at theoretical and methodological levels simultaneously, the field will mature very rapidly giving rise to an improved understanding of how to interpret the statistical associations documented in Table 20.1. Hopefully, future scholars will employ different types of longitudinal and prospective design strategies. In this way, the status of MIL–PIL as an antecedent ‘cause,’ consequential ‘effect,’ mediator, moderator, etc. will become increasingly understood. Research along these lines will help identify targets for secondary prevention interventions, and inform program developers about relevant psychological processes or mechanisms of addictive behavior change.

Another priority of future scholarship in this area should be aimed at improving the construct validity of the MIL–PIL theoretical concept. We documented a total of 16 separate instruments for assessing MIL–PIL in Table 20.1. This heterogeneity in methods used to operationalize MIL–PIL suggests a marked lack of consensus as to the nature of the construct being considered. Ideally, consensus metrics that are widely known and commonly understood can be useful (e.g., pounds, kilograms, degrees Fahrenheit; Celsius, etc.). Such measurement convergence enables more effective scientific communication, rapid advancement of a pooled knowledge and understanding, and greater ease and effectiveness for those involved in translational research. If we assume the MIL–PIL construct is multidimensional in nature, and that apparent AOD effects of studies shown in Table 20.1 are due to various facets of the MIL–PIL construct, then confusion arises as to which element(s) of MIL–PIL interventions might be used to curb AOD involvement.

Again, we reiterate our call to “second generation researchers” to concentrate efforts toward establishing the construct validity of MIL–PIL. As a final caveat to this request, we offer a personal anecdote that we have both experienced, garnered from our interactions with persons both within and outside of the academe. In both contexts, we have noticed how easy it is to fall into a communication gap when explaining the nature of our research. When we speak about the MIL–PIL construct, people often conclude that we are working within the wrong Department! They appear puzzled because they view MIL–PIL as a concept lying primarily within domains of philosophy and theology. We have made painstaking efforts (often to no avail) to explain the difference between: (1) perceived meaning in life, and (2) the meaning of life. Over time, I (KH) have come to use a different vernacular when communicating with others about my research. I sometimes tell people that I am studying “how satisfied drinkers are with the quality of their life.” Of course, nobody tends to roll their eyes back when I mention the theoretical concept of (subjective) QoL. At other times, I merely describe myself as studying the idea that drinkers are better adjusted if they are pursuing meaningful goals in their day to day activities.

In our limited reading of the theoretical literature, we have been struck by the many different ways that MIL–PIL is understood. We feel the time is right for scholars to collate the multiplicity of conceptual definitions by beginning the process known as “concept analysis”. We especially call on scholars who are experienced in qualitative methods to cull the theoretical literature and document the diverse preoperational explications of the constructs that have been offered. We believe this approach would provide a useful map for showcasing the many contours and boundaries of MIL–PIL as it has been understood across the social sciences and humanities.

Case-Control Studies Comparing Average Levels of Meaning and Purpose in Life in Normal (Nonclinical) Samples to Clinical Samples in Early Treatment

Introduction to Tables 20.2 and 20.3 and Summary of Key Findings

Our starting point in this section begins with the assumption that drinkers who are new to treatment and who have recently completed the intake process are at an especially low point in their lives. This low point has been widely characterized as a time of intense stress, emotional suffering, and profound unhappiness. Treatment providers sympathetic to the 12-Step model describe the period just prior to treatment entry as the process of “hitting bottom.” Given that few drinkers are motivated to seek out AOD services at a high point in their life, it is safe to assume that the MIL–PIL data given by the 687 drinkers shown in [Table 20.2](#)

Table 20.3 A summary of quantitative studies that have compared levels of meaning and purpose in life (MIL–PIL) in clinical samples of persons receiving an unknown dose of treatment versus nonclinical (“normal”) samples who are not in treatment

Study	When was MIL assessed during treatment?	Composition of treatment group(s)	Composition of comparison group(s)	Method of operationalizing MIL–PIL	Findings (mean comparisons)
1. Marsh et al. (2003)	Unknown	Group 1: 137 treatment seeking problem drinkers ($M = 40$)	Group 2: 357 nontreatment seeking social drinkers (M age = 30)	Purpose in life test (PILT) ¹	Group 1 PILT = 84.03 versus Group 2 PILT = 105.43 $t = 11.78, p < 0.001$
2. Kairouz and Dube (2000)	Unknown/“short-term abstainers”	Group 1: “short-term abstainers” in Alcoholics Anonymous ($n = NA$) Group 2: Long-term abstainers in Alcoholics Anonymous ($n = NA$) ^a	Group 3: 32 nontreatment seeking police officers (M age = 36) Group 4: 48 nontreatment seeking catholic nuns (M age = 70) Group 5: 42 nontreatment seeking university students (M age = 22)	Well-being(WB) ²	Group 1 WB = 5.75 versus Group 2 WB = 6.32 versus Group 3 WB = 6.70 versus Group 4 WB = 7.32 versus Group 5 WB = 5.77 $F = 13.41, p < 0.0001$ Post-hoc comparisons: Group 2 > Group 1 ($t = 2.11, p < 0.05$) Group 3 > Group 1 ($t = 3.38, p < 0.001$) Group 4 > Group 1 ($t = 6.52, p < 0.0001$)
3. Miller and Russo (1995)	Unknown	Group 1: 50 high-school/university students with some involvement in Alcoholics Anonymous (M age = NR)	Group 2: 58 nontreatment seeking high-school/university students (M age = NR)	Existential well-being (EWB/SWBS) ³	Group 1 EWB = 45.7 versus Group 2 EWB = 50.0 ^b
4. Hutzell and Finck (1994)	Unknown	Group 1: 100 high-school students in an outpatient support group for drug and/or alcohol abuse	Group 2: 100 nontreatment seeking high-school students without substance use problems	Life purpose questionnaire (LPQ) ⁴	Group 1 LPQ = 10.6 versus Group 2 LPQ = 12.5 $t = 3.1, p < 0.01$

(continued)

Table 20.3 (continued)

Study	When was MIL assessed during treatment?	Composition of treatment group(s)	Composition of comparison group(s)	Method of operationalizing MIL-PIL	Findings (mean comparisons)
5. Kinnier et al. (1994)	Unknown	Group 1: 113 adolescents from two psychiatric inpatient facilities—many with substance abuse problems ^c	Group 2: 48 nontreatment seeking adolescents	Purpose in life test (PILT)	Group 1 PILT = 68.1 versus Group 2 PILT = 73.3 $t = 2.53, p < 0.05$
6. Schlesinger et al. (1990)	Unknown/within the first year	Group 1: 60 young adult inpatients attending treatment for alcohol abuse (M age ≥ 19 ; 50 % male, 50 % female)	Group 2: 60 young adult nontreatment seeking social drinkers (M age ≥ 19 ; 50 % male, 50 % female)	Purpose in life test (PILT)	Group 1 (Females) PILT = 85.5 Group 2 (Females) PILT = 112.0 $t = 5.6, p < 0.01$ Group 1 (Males) PILT = 98.3 Group 2 (Males) PILT = 108.3 $t = 1.8, p < 0.05$
7. Crumbaugh (1968)	Unknown	Group 1: 38 inpatients hospitalized for alcohol dependency (M age = NR)	Group 2: 805 individuals who were not seeking treatment for psychiatric and/or addictions-related issues (M age = NR)	Purpose in life test (PILT)	Group 1 PILT = 85.4 versus Group 2 PILT = 112.4 $t = 15.98, p < 0.001$

Footnotes pertaining to method of operationalizing MIL-PIL ¹Purpose in life test (PILT, Crumbaugh, 1968); ²Hybrid measure of wellbeing involving 5x hedonic items and 5x meaning items (WB, kairouz and Dube 2000); ³Existential Wellbeing Subscale from the Spiritual Wellbeing Scale (EWB; SWBS, Ellison, 1983); ⁴Life Purpose Questionnaire (LPQ, Hutzell, 1989)

Other footnotes ^aTotal n for short-term and long-term abstainers = 78 (M age = 39); ^b p value not reported, however, between-group difference was reported to be statistically significant

^c M age = 15 across treatment and comparison group samples

reflect the subjective effects of having experienced a recent history of escalating troubles resulting from AOD involvement (i.e., negative drinking consequences). When describing their subjective state at the point of treatment intake, case workers and clients alike often use terms such as “demoralizing”, “despairing”, and “utterly hopeless.”

The underlying objective of studies reported in Tables 20.2 and 20.3 is roughly the same: MIL–PIL in AOD clients who have just entered into treatment is compared to MIL–PIL in non-clients who are not in treatment for AOD (or any other type of disorder). Our belief is that results presented in Tables 20.2 and 20.3 provide insight into a unique kind of despair that may actually be operating at the very end stage of the “wet” phase of a person’s relationship with AOD, and just prior to the decision to seek treatment.

Frankl (2004), and others have suggested that the lived experience of alcoholics who hit bottom is that of “noogenic neurosis”. Consistent with this line of reasoning, we wish to tentatively propose that “hitting bottom” at the very end of the “wet” phase has less to do with losing external commodities in the objective world (e.g., cars, jobs, families) and more to do with losing a subjective sense of meaning, purpose, and direction in one’s life. We further propose that the intensity (or type) of suffering associated with noogenic neurosis may be particularly intolerable for current AOD users, oftentimes overpowering any reticence to seek treatment. Paradoxically then, lack of meaning and purpose in life may have a salutary effect in certain instances, in as much as it motivates people who are profoundly unhappy in life to seek relief by entering treatment.

For readers not familiar with Frankl’s concept of noogenic neurosis, we offer a brief introduction. The condition involves an utter or total loss of a subjective sense that one has meaningful goals and/or activities to pursue. Of course, a variety of life circumstances are capable of contributing to perceptions of this sort, and no one would dispute that harmful life consequences of AOD abuse play a contributing role. According to Frankl, noogenic neurosis is an extreme form of the more common nonpathological condition, which he termed “existential vacuum”. Concepts of noogenic neurosis and existential vacuum have been described as meaning voids. These voids are both characterized by an inner sense of emptiness that vary in terms of degree. In the case of noogenic neurosis, inner emptiness is profound, painful, and deeply entrenched into a person’s day to day experience. In the case of existential vacuum, inner emptiness is relatively shallow, localized, and tolerable (at least in comparison to noogenic neurosis). A key feature of both conditions includes confusion and anxiety due to a loss in one’s ability to make sense of, and find order and coherence among life experiences.

The clinical literature on existential therapy is replete with case reports in which clients describe how deeply disturbing the lived experience of noogenic neurosis can be. Clients report that this form of “existential suffering” includes symptoms of incomprehensible demoralization, and strong feelings of alienation and anomie. Incoherence is felt as an agonizing sense of anarchy where nothing makes sense and life is absurd. Finally, this lived experience involves utter hopelessness as well as grief and despair owing to a perceived loss of significant reasons (i.e., purposes) for living.

Tables 20.2 and 20.3 organize existing research that seeks to compare and contrast average levels of MIL–PIL in clinical samples of AOD patients versus non-clinical “normal” controls who have not sought treatment for an AOD problem. In all but one of the studies (i.e., Butler et al. 2006), low scores on measures of MIL–PIL indicate the absence of MIL–PIL and the presence of psycho-existential despair reminiscent of noogenic neurosis or existential vacuum. Within both of these Tables, clinical samples consisted of persons who were sufficiently motivated to seek treatment in hopes of resolving their problematic AOD involvement.

Although we consider Tables 20.2 and 20.3 to be “case-control” studies, we note that our use of the term “normal controls” is technically imprecise and may be misleading to some. In part, our lack of precision is fueled by variation in the composition of comparison groups across studies. In addition, there is really no way to determine how “normal” control respondents truly are. Some of these participants may have had subclinical or unrecognized difficulties with AOD. Furthermore, the term “control group” implies experimental design methodology in which respondents are randomly assigned to an experimental condition and a control condition. In such designs, the term “control” is used to connote an effort to rule out confounding factors which would otherwise lessen the certainty of drawing causal inferences based on findings showing between group differences on one or more outcome measures of interest.

Given that Tables 20.2 and 20.3 report comparisons between intact groups in naturalistic settings, there is no way to rule out (or control for) the influence of extraneous variables which might be confounding comparisons of MIL–PIL among AOD abusers who have sought treatment (i.e., “cases”) and non-AOD abusers from outside of treatment settings (i.e., “controls”). Because intact groups are being compared to one another, it is more accurate to consider “normal” control samples as nonclinical comparison samples.

We have structured the presentation of published literature in a manner that aims to “control” for the reactive effects of receiving treatment on variation in MIL–PIL. As we will soon demonstrate (see Table 20.4), MIL–PIL scores tend to improve as a function of time in treatment. In recognition that treatment can influence MIL–PIL scores, we structured Tables 20.1 and 20.2 studies into two parts. In Part 1 (i.e., Table 20.2), we report a group of studies that employ similar methodologies with respect to when MIL–PIL was assessed during the pre-treatment or treatment phase. Our goal in this instance was to provide a picture of the subjective experience of new treatment clients who recently completed the intake process. As a whole, studies shown in Table 20.2 might be considered as close approximations to what baseline readings of MIL–PIL could look like just after the intake process (i.e., before a therapeutic “dose” has been received).

In contrast, Table 20.3 comprises a separate cluster of “case-control” studies in which researchers did not indicate a specific time when MIL–PIL was assessed for AOD clients seeking treatment. Thus, there was no clear way of knowing how long clients had been receiving treatment. This resulted in having no clear way to calibrate the degree of treatment dose; it could have been 0–25 %, 26–50 %, 51–75 %, or even 76–100 %.

Across both tables, 12 studies are reported comparing MIL–PIL among a treatment seeking group and one or more “normal” (nonclinical) comparison groups. From these studies, a total of 12 mean comparison effects (all statistically significant) were extracted and reported in the last column of each table. To reiterate, studies included in Table 20.2 met a specific inclusion criterion which required MIL–PIL to be assessed at the point of intake, or within the first 2 weeks of treatment. By way of contrast, Table 20.3 studies did not meet this specific inclusion criterion. Over half of the studies we initially found (7/12; 58 %) were excluded from Table 20.2 and moved into Table 20.3 since they did not explicitly identify when MIL–PIL was assessed during the treatment process. We are relatively more confident that baseline levels of MIL–PIL are captured by studies shown in Table 20.2 than Table 20.3.

Table 20.2 Summary

A total of 687 treatment seeking drinkers are represented in studies shown in Table 20.2. In studies that reported a mean age of clinical subsamples, respondents were found to consistently lie within the range of middle to late adulthood. Accordingly, there were no adolescents included in Table 20.2, and respondents tended to be older than the nonclinical respondents found in Table 20.1.

With respect to the type of treatment being sought, most of the clinical samples were pursuing help for problematic alcohol use at professionally staffed AOD treatment facilities. We did not probe deeper into the nature of specific services that were provided, and thus are unable to provide information about their conceptual approaches or methodologies. However, in almost all cases, the goal of treatment was to achieve abstinence.

A total of 1,606 comparison group participants were summed across Table 20.2 studies. The total number of comparison group participants was substantially larger than the total number of treatment seeking participants, primarily because the last analysis (i.e., Waisberg 1990) included a noticeably disproportionate ratio of treatment seeking ($n = 146$) to nontreatment seeking ($n = 1151$) participants. The comparison groups appeared to have an age demographic similar to treatment seeking groups, with most participants falling within the range of middle to late adulthood.

A considerable amount of variation can be observed among Table 20.2 studies in terms of the measures used to operationalize MIL–PIL. Of the five case-control studies reported, two of them (40 %) used Crumbaugh and Maholick’s (1968) PILT. Two other studies purported to measure EWB; however, each of them used a different psychometric instrument to assess this theoretical construct.

The data shown in the far right column of Table 20.2 show statistical findings comparing levels of MIL–PIL between case samples and nonclinical comparison samples. As can be seen, 100 % of the reported findings show statistically significant differences in mean levels of MIL–PIL between groups of participants at the

point of intake (or first 2 weeks of treatment) and groups of nonclinical comparison participants. Interestingly, 100 % of these findings were consonant with current theory suggesting that early treatment seekers are motivated to receive help, in part, because of a profound sense of meaninglessness in life. It should also be noted that observed differences in findings appear to persist despite slight variation across studies in terms of: (a) the composition of early treatment seeking and nonclinical subsamples, and (b) the measures used to operationalize MIL–PIL.

Table 20.3 Summary

As noted earlier, the main difference between Tables 20.2 and 20.3 is the timing of MIL–PIL assessment, which is known to be close to the point of treatment intake in Table 20.2 studies, and unknown in Table 20.3 studies. Thus, we observed that Table 20.3 studies simply failed to report when clients were assessed using measures of MIL–PIL.

A total of 576 participants are included as “cases” in studies shown within Table 20.3. Unlike Table 20.2, these studies involved a greater proportion of participants in adolescence and/or young adulthood. In particular, four of seven studies (57 %) reported a mean age value within the developmental range of adolescence or young adulthood. As was true of Table 20.2, the vast majority of participants included in Table 20.3 entered treatment in hopes of receiving help for drinking (rather than for other drug misuse).

Let us now shift our attention to the “control” samples. As shown in Table 20.3, our aggregate sample consisted of 1,550 people. Thus, the comparison group was quite large. Like Table 20.2, this subsample size exceeds the number of treatment seeking participants by a significant margin. Again, this discrepancy appears to be primarily the result of one study (i.e., Crumbaugh 1968) involving a disproportionate ratio of treatment seeking participants ($n = 38$) to nonclinical comparison participants ($n = 805$). A quick look at the nonclinical comparison groups shows their age demographic to be similar in composition to treatment seeking groups. In particular, most participants appear to fall within developmental ranges of adolescence and young adulthood across both treatment seeking and nonclinical comparison groups.

Collapsing across Table 20.3 studies, Crumbaugh and Maholick’s (1968) PILT once again emerges as the most frequently employed method of operationalizing MIL–PIL. In particular, this measure was used in 57 % of the studies included within Table 20.3. Each of the remaining studies employed different methods of operationalizing MIL–PIL.

Interms of the findings yielded across studies, we found 100 % of the reported mean comparison tests to be statistically significant. Among all of these studies, treatment “cases” were shown to have significantly less MIL–PIL than nontreatment seeking “controls.” As can be seen in both Tables 20.2 and 20.3, mean levels of MIL–PIL were lower in clinical samples that sought treatment in comparison to

“normal” controls. It might be also worth noting that the proportion of significant results did not differ between Tables 20.2 and 20.3. In both tables, 100 % of the statistical tests that compared cases to controls were significant. While this trend may suggest a convergence between empirical findings and theory, we also recognize that within academic culture, significant findings are more likely to be published than nonsignificant findings.

We also made a cursory effort to identify possible moderators of between group differences appearing in Tables 20.2 and 20.3. Results of these analyses showed that MIL–PIL differences between treatment seeking and nontreatment seeking subsamples persisted despite variation in terms of: (a) the composition of treatment and nontreatment seeking subsamples, and (b) the measures used to operationalize MIL–PIL.

Tables 20.2 and 20.3 Summary, Conclusion, and Future Directions

There appears to be a strong and robust trend in the findings of case-control studies. MIL–PIL levels in AOD clients who have just entered treatment are significantly lower than MIL–PIL scores in comparison samples of “normal” individuals who are not troubled by AOD-related problems. In relation to other Tables embedded within this chapter, neither Table 20.2 nor Table 20.3 contain null findings. What we wish to emphasize is that 100 % of the statistical effects contained within these tables are statistically significant and in a direction consonant with Frankl’s existential theory.

Frankl and many others have posited that the subjective experience of hitting bottom due to AOD abuse involves a unique type of emotional suffering. Descriptively, this experience has received various labels including “existential vacuum,” “noogenic neurosis,” “existential demoralization,” and “psycho-existential despair.” We tentatively conclude that this lived experience (i.e., “hitting an existential bottom”) may be a chief motivational impetus driving individuals into treatment.

Future studies that seek to better understand the determinants of motivational readiness to resolve or change AOD-related problems (i.e., among persons who are nearing the end of the “wet” phase of their relationship with AOD) are encouraged to consider pitting measures of MIL–PIL against other standard predictors appearing in the extant literature base. In the addictions field, a number of “gold standard” variables have been identified as either facilitating the likelihood of treatment entry or as presenting a barrier. Work along this line has repeatedly demonstrated “DSM symptom severity” and “negative consequences of AOD involvement” to be reliable predictors of treatment readiness and motivation to change.

Our own model of change suggests that DSM symptom severity and negative consequences of AOD involvement may both impact an individual’s decision to seek help indirectly by robbing them of a subjective sense of meaning and purpose in life. Thus, deficits in MIL–PIL may, in part, explain why people who are

addicted are more likely to seek out treatment when symptoms of AOD abuse (i.e., memory lapses, blackouts, etc.) happen with greater regularity. In such instances, a sense of being in control is lost, and cherished goals that used to provide a sense of meaning and purpose in life are clouded. As DSM symptoms of AOD abuse escalate, they are sure to disrupt a person's sense of coherence in life. If the process is drawn out over a prolonged period of time, the person may hit an "emotional bottom." However, they may also hit an even deeper bottom, which might be called an "existential bottom." As noted earlier, Frankl's term for this kind of suffering is "noogenic neurosis."

Before closing this section, we offer one last theoretical conjecture which is based on an extrapolation of Franklian thinking. Specifically, this supposition pertains to the possibility that a tragedy such as "hitting bottom" (i.e., due to AOD abuse) might be transformed into a personal triumph. Indeed, it is possible that people who are not yet in treatment but who experience a true existential bottom (and not some other type of bottom) may be especially likely to experience an inner stirring or kindling of an innate force for health. This healing resource might be considered a type of resilience that lies dormant until activated. Frankl describes the desire to flourish and thrive in the face of extreme adversity as the "defiant power of the human spirit." Little is known about the nature of this defiant power other than the fact that it is presumed to have a spiritual quality.

Longitudinal Studies of Clinical Samples that have Attempted to Document Whether Meaning and Purpose in Life Increases Over Time as a Function of Treatment Involvement

Introduction to Table 20.4 and Summary of Key Findings

It should not be surprising to learn that, historically, the vast majority of clinical research attempting to document benefits of AOD interventions has focussed overwhelmingly on outcome measures of AOD involvement. To date, abstinence, as assessed by "percent days sober," has been the dominant measure of choice. "Drinks per drinking day," has also been a popular yardstick for measurement of abstinence-related outcomes. Recently, a paradigm shift of sorts has been occurring in which scholars, practitioners, policy makers and health care consumers have begun to advocate for a more all-encompassing and widespread understanding of benefits associated with AOD treatments.

This new paradigm shift elevates QoL outcomes to the venerated status of drinking or drug taking outcomes. The first incarnation of this increasingly popular trend (i.e., toward understanding the breadth of benefits clients might expect from entering AOD treatments) involves a broad-spectrum model that was articulated in a 2007 publication issued by the Betty Ford Institute Consensus Panel (BFICP).

The BFICP report differentiated between two different kinds of positive recovery outcomes: (a) being dry, and (b) having a high QoL. Specifically, AOD recovery was defined “*as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship*” (p. 221). In this model, “personal health” encompassed a number of facets including emotional, existential, and spiritual well-being.

Three years later, the US Substance Abuse and Mental Health Services Administration (SAMHSA) convened a meeting of scholars, behavioral health leaders, and mental health consumers. This inaugural meeting began a series of discussions that eventually resulted in a practical and comprehensive working definition of recovery that would enable policy makers, providers, and scholars to better design and deliver holistic services to persons suffering from addictions and other mental health disorders. SAMHSA’s working definition suggested that AOD recovery comprises four facets. These include: (1) restoration of health (broadly defined), (2) restoration of home (broadly defined), (3) restoration of community, and (4) restoration of a sense of meaning and purpose in life.

The fourth facet, meaning and purpose, is particularly germane to the results of the studies that we have compiled for Table 20.4 of the current chapter. According to SAMHSA, a lasting resolution to AOD-related problems is one that enables the ex-substance misuser to exercise self-determination in choosing meaningful life goals that are personally expressive personally expressive. For SAMHSA, quality recovery is sustainable. Both require that meaningful purposes extend beyond a single-minded and myopic concern with curbing observable drinking or drug taking behaviour. These broader purposes could include a variety of goals, provided these goals infuse a sense that a person’s new life in sobriety has meaning. Examples of goals likely to bolster a sense of meaning include aspirations such as a getting or holding a job, attending school, being of service to others through volunteering, pursuit of social and recreational goals, or creative endeavors.

To the best of our knowledge, Table 20.4 represents the first ever attempt to amalgamate existing empirical research exploring whether or not involvement in treatments designed to curb AOD misuse can also have a favorable effect on a client’s sense of satisfaction with the quality of their life. In particular, Table 20.4 organizes existing research that has examined whether MIL–PIL in clinical samples changes as a function of receipt of formal treatment or involvement in some other type of intervention (e.g., mutual-aid meetings).

Most studies in Table 20.4 are true longitudinal investigations, meaning they periodically monitor persons who are attempting to resolve their AOD problem using the standard PRE–POST test repeated measures design. As such, MIL–PIL scores are obtained at the point of pre-intervention (“intake” or baseline) and at a later point in time, typically post-intervention (“discharge” or follow-up).

In total, 12 studies were extracted from the extant literature base. This yielded a total pool of 3,132 participants derived after summing initial pre-treatment subsample sizes. A total of 12 effects (all statistically significant) were extracted from these studies and reported in the last column of each table. A temporal analysis of publication dates revealed that an equal percentage of studies were conducted before and after the year 2000 (temporal range = 1977–2013).

Table 20.4 A summary of empirical studies that have reported statistical tests of whether or not meaning or purpose in life (MIL–PIL) changes from the point of pre-treatment (intake) to post-treatment (discharge/followup) in alcohol or drug abusers who have sought professional help or help from mutual-aid groups

Study	Sample	Treatment characteristics	Time between T1–T2 MIL assessments	Method of operationalizing MIL–PIL	T1 mean score(s)	T2 mean Score(s)	t/F-value <i>p</i>
1. Robinson and Krentzman (2013)	364 individuals with alcohol dependency (<i>M</i> age = 44)	Two treatment programs: (1) University-affiliated out patient program (2) Moderated drinking program	2.5 years	Purpose in life test (PILT) ¹	92.2	99.1	<i>t</i> /F = NR <i>p</i> = NR
2. Krentzman et al. (2010)	Secondary analysis of 414 ProjectMATCH participants with alcohol dependency (<i>M</i> age = 41)	12-step facilitation, CBT, or motivational enhancement therapy	15 months	Purpose in life test (PILT)	92.6	101.4	<i>t</i> = -8.98 <i>p</i> < 0.001
3. Piderman et al. (2007)	74 alcohol dependent outpatients (age range = 19–80; median age = 44)	Individual and group treatment incorporating: 12-step facilitation, CBT, and motivational enhancement	3 weeks	Existential well-being (EWB; SWBS) ²	40.7	44.8	<i>t</i> = NR, <i>p</i> < 0.001
4. Robinson et al. (2007)	123 outpatients with an alcohol use disorder (<i>M</i> age = 39)	Predominantly 12-step facilitation with limited use of CBT and motivational interviewing	6 months	Purpose in life test (PILT)	96.2	100.3	<i>t</i> = 2.97 <i>p</i> < 0.01
5. Stewart et al. (2006) ^a	Secondary analysis of 1709 ProjectMATCH participants (<i>M</i> age = 40)	12-step facilitation, CBT, or motivational enhancement therapy	1 year	Purpose in life test (PILT)	NA	NA	NA

(continued)

Table 20.4 (continued)

Study	Sample	Treatment characteristics	Time between T1-T2 MIL assessments	Method of operationalizing MIL-PIL	T1 mean score(s)	T2 mean Score(s)	t/F-value
6. Piedmont (2004)	Time 1 assessment: 73 substance abusing outpatients Time 2 assessment: 56 substance abusing outpatients (age range = 19–66; <i>M</i> age = 41)	Rehabilitation program involving vocational training and AA/NA group attendance	8 weeks	Spiritual transcendence scale (STS) ³	86.23	90.8	$t = -3.85$ $p < 0.01$
7. Krupitsky and Burakov (1996)	10 alcoholic patients (<i>M</i> age = 41)	Ketamine psychedelic therapy (KPT)	6 weeks	Purpose in life test (PILT)	89.7	115.3	$t = \text{NR}$ $p < 0.01$
8. Majer (1992)	21 clients with chemical dependency beginning the 12–24 treatment program (<i>M</i> age = 34) Eight clients with chemical dependency finishing the 12–24 treatment program (<i>M</i> age = 32)	Raft House Inc. long-term residential/community care with a focus on 12-step treatment	12–24-months ^b	Method 1 (M1): Purpose in life test (PILT) Method 2 (M2): life purpose questionnaire (LPQ)	PILT = 90.1 LPQ = 10.1	PILT = 105.1 LPQ = 15.0	M1: $t = 2.36$ $p < 0.05$ M2: $t = 2.93$ $p < 0.01$

(continued)

Table 20.4 (continued)

Study	Sample	Treatment characteristics	Time between T1-T2 MIL assessments	Method of operationalizing MIL-PIL	T1 mean score(s)	T2 mean Score(s)	t/F-value
9. Waisberg (1990)	89 wait listed or active participants in treatment for substance abuse. Participants clustered into 4 different groups based on treatment type or wait list status	Group 1: group therapy, medical information, relaxation/assertiveness training, exercise, nutrition, spirituality ($n = 45$) Group 2: AA meetings, individual and group therapy, spirituality ($n = 21$) Group 3: individual, group, and family therapy, AA meetings, lecturing ($n = 7$) Group 4: waitlist ($n = 16$)	4-6 months	Purpose in life test (PILT)	Group 1: 89.3 Group 2: 90.4 Group 3: 82.3 Group 4: 91.06	Group 1: 108.0 Group 2: 109.0 Group 3: 99.1 Group 4: 91.9	Group 1: $t = 7.44$ $p < 0.0001$ Group 2: $t = 5.12$ $p < 0.0001$ Group 3: $t = 2.98$ $p < 0.05$ Group 4: $t = \text{NR}$ $p = \text{n.s.}$
10. Little and Robinson (1989)	70 incarcerated alcohol and drug "offenders" Group 1: drug offenders ($n = 30$; M age = 25) Group 2: alcohol offenders ($n = 40$; M age = 35)	Prison-based drug and alcohol abuse programs involving behavioral management techniques and moral reconation therapy	Treatment intake—the 7th stage of the treatment program ^c	Life purpose questionnaire(LPQ) ⁴	Group A = 10.8 Group B = 12.1	Group A = 13.2 Group B = 13.4	Group 1: $t = 3.61$ $p = 0.01$ Group 2: $t = 2.35$ $p = 0.05$

(continued)

Table 20.4 (continued)

Study	Sample	Treatment characteristics	Time between T1-T2 MIL assessments	Method of operationalizing MIL-PIL	T1 mean score(s)	T2 mean Score(s)	t/F-value
11. Gruner (1984)	128 delinquent and substance abusing inpatients (age range = 16–28)	Spiritual group treatment at various teen challenge centers	9–12 months	Purpose in life test (PILT)	82.4	116.1	$F = 325.3$ $p < 0.01$
12. Jacobson (1977)	57 substance abusing patients (M age = 41)	Rehabilitation program	3 weeks	Purpose in life test (PILT)	95.38	105.49	$t = 3.21$ $p < 0.01$

Footnotes pertaining to method of operationalizing MIL-PIL ¹Purpose in life test (PILT, Crumbaugh 1968); ²Existential well-being subscale from the spiritual well-being scale (EWB; SWBS, Ellison 1983); ³Spiritual transcendence scale (STS, Piedmont 1999); ⁴Life purpose questionnaire (LPQ, Hutzell 1989)
Other footnotes ^aThis study reported that a 1-month increase in time since treatment intake to be associated with a 0.21 increase in PILT ($\beta = 0.21$); ^bMajer (1992) used a cross-sectional design to assess two groups of participants; ^cTreatment interval indicated between T1 and T2 MIL-PIL assessment rather than time interval

Examination of the age demographic of treatment group participants shows these individuals to generally be in developmental stages of early to middle adulthood. In particular, 7 out of 12 studies (58 %) report an average participant age demographic falling within the range of 40–45 years old. The remaining studies either do not report the mean age of treatment participants, or report a mean age value less than 40 years old.

Table 20.4 shows MIL–PIL data from studies examining a wide variety of different therapeutic modalities and intervention orientations. A general distinction can be seen between studies that examine professionally assisted methods of change (i.e., formal treatments, such as CBT) and studies that examine nonprofessionally assisted methods of change (i.e., informal interventions, such as Alcoholics Anonymous). Looking further at Table 20.4, it can be seen that most treatments involved programs emphasizing spiritual growth” (e.g., Alcoholics Anonymous, 12-step facilitation). Although 12-step facilitation (TSF) interventions are formal in nature (i.e., they are delivered by mental health professionals), one of their primary goals is to motivate clients to attend informal community support groups such as Alcoholics Anonymous or Narcotics Anonymous. As can be seen in Table 20.4, 8 out of 12 studies (67 %) examined changes in MIL–PIL among participants who had been exposed to TSF, Alcoholics Anonymous, or recovery environments oriented toward spiritual growth. Aside from these interventions, other common treatment approaches included in Table 20.4 are CBT (mentioned in 4/12 studies; 33 %) and motivational enhancement therapy (mentioned in 4/12 studies; 33 %).

The duration of participants’ treatment attendance also varies significantly across studies. The shortest and longest time intervals between pre-treatment (intake) and post-treatment (discharge/follow-up) are 3 weeks and 2.5 years, respectively. However, one group of researchers (i.e., Little and Robinson 1989) chose to report a treatment interval (i.e., intake—Step 7) to signify the length of treatment attendance. In this instance, no indication is provided about the duration or length of time that is required to advance from intake to Step 7 of this treatment program. Excluding this analysis, the average duration of treatment attendance across Table 20.4 studies is 280 days (i.e., just over 9 months).¹

Table 20.4 studies appear to be relatively homogeneous in terms of the measures used to operationalize MIL–PIL. In particular, only four separate measures were noted across all 12 studies. This value represents a 76 % reduction in variability among methods used to operationalize MIL–PIL compared to Table 20.1 studies, which involved 17 different methods of MIL–PIL assessment. Similar to previous tables, the most frequently appearing method of MIL–PIL in Table 20.4 is Crumbaugh and Maholick’s (1968) PILT. Specifically, this measure was used in 9 out of 12 (75 %) studies.

Eleven studies report mean levels of Time 1 (T1; pre-treatment/intake) and Time 2 (T2; discharge/follow-up) MIL–PIL. All studies reporting a *p* value demonstrate

¹ ¹ This calculation involved using mid-points for studies reporting variability in the duration of treatment attendance (e.g., 9-12 months = 273-365 days; midpoint = 319 days).

statistically significant differences between T1 and T2 mean levels of MIL–PIL. In an attempt to summarize across a common metric, we selected all studies using the PILT (i.e., the modal method of operationalizing MIL–PIL) to calculate average MIL–PIL scores at T1 and T2. We also computed an average MIL–PIL change score *between* T1 and T2 assessment phases. Eight studies involving 10 subsamples were included in these analyses.² Cumulative T1 and T2 subsample sizes were 2,899 and 2,886, respectively. Findings pertaining to each of our analyses revealed the following mean scores: T1 PILT = 90.06; T2 PILT = 105.89; T1 – T2 PILT change score = 15.83.

Although each study shows statistically significant differences in MIL–PIL, the largest improvements can be observed in study 11 (i.e., Gruner 1984) involving delinquent adolescents attending a 9–12 month spirituality-based inpatient program (33.7 unit increase). Surprisingly, a relatively short psychopharmacological method (Ketamine Psychedelic Therapy) administered to 10 adult patients (i.e., study 7; Krupitsky and Burakov 1996) shows the second largest improvements in MIL–PIL between T1 and T2 assessment phases (25.6 unit increase). Overall, it is quite interesting to note that each of these studies identifies statistically significant differences between T1 and T2 phases of assessment (in the expected direction) regardless of the duration or type of treatment participants received. This trend suggests that treatment duration (beyond a certain threshold) and treatment type *may not* moderate the magnitude of PRE–POST treatment changes in MIL–PIL.

Tables 20.4 Summary, Conclusion and Future Directions

The US Substance Abuse and Mental Health Services Administration (SAMHSA) has sensitized AOD scholars and health care providers of the need to ensure that interventions do more than improve client drinking and drug taking outcomes. Results derived from our analysis of the studies reported in Table 20.4 are highly consistent with this message. Without exception, each and every one of these studies shows the exact same pattern of results: MIL–PIL scores improve over time and this improvement is statistically significant.

What we find particularly interesting and revealing is that a broad range of different approaches to treatment were used, yet the results for many of these approaches seemed roughly comparable in term of their efficacy. Why would Ketamine (psychedelic) therapy for adults produce improvements in MIL–PIL that look similar to MIL–PIL improvements among adolescents taking part in a Teen Challenge program? On a slightly different note, we also found huge differences

² ² We omitted the study by Stewart et al. (2006) since it did not report T1 and T2 mean scores. Instead, Time in Treatment was represented as its own variable within a regression model. Group 4 participants from Waisberg (1990) were also excluded since they were waitlisted and not actively in treatment.

in the elapsed time period between the intake assessment of MIL–PIL and the follow-up assessment. Why would a rehab program that only lasts 3 weeks produce improvements in MIL–PIL that are roughly similar in magnitude to 1-year follow-up results produced by a 12 week Project MATCH intervention?

We can envision a number of answers to the question of why MIL–PIL scores improved in each and every one of the 12 intervention studies reported in Table 20.4. The first explanation suggests that MIL–PIL improvements occur simply because clients are lead to expect (by the treatment staff) they will occur. While it is difficult to rule out a placebo effect, we prefer an alternative explanation which suggests that MIL–PIL improvements are “real” effects rather than artifacts which may or may not be attributable to the “active ingredients” of treatment programs. In the absence of a waitlist control group, we have no way of knowing if MIL–PIL improvements among AOD clients are simply due to the sheer number of days these clients have to detoxify. As the number of “dry days” adds up and “sober time” continues to mount, the human brain may simply find it easier to recognize patterns and ascribe significance to life events.

Aside from the possible neurologically mediated benefits of a client’s sense of MIL–PIL that could possibly be derived from abstaining from alcohol and/or other drugs, all of the treatment programs that we examined in Table 20.4 shared something else in common. Mainly, they provided clients with a host of personally relevant and significant goals to achieve. The resulting increased sense of direction and purpose in the day to day lives of clients may have contributed toward PRE–POST increases in MIL–PIL scores. Finally, it is likely that some of the spirituality-based interventions (e.g., those based on 12-steps philosophies; Teen Challenge programs; etc.) helped clients to reframe the painful process of having abused AOD to the brink of utter destruction. If clients received assistance in benefit finding and meaning making, then this may have contributed toward improvements in MIL–PIL scores.

Establishing a sense of interpersonal connectedness with peers and/or counseling staff may also constitute a nonspecific factor with therapeutic reactive effects on MIL–PIL during treatment. Relationships are widely cited as a major source of MIL–PIL; thus, development of warm and sober interpersonal relationships (especially with AOD counselors) may strengthen a client’s sense of MIL–PIL in ways that prevent premature drop-out, and in other ways that have yet to be fully grasped by empirical research.

We are mindful of the fact that no interventions reviewed in Table 20.4 are explicitly designed with the intention of bolstering a client’s sense of MIL–PIL. A number of logotherapeutic programs have been developed, some of which have been used in case studies of isolated AOD clients. To date, we are not aware of any meaning-focused intervention programs that have conducted randomized clinical trials with AOD clients using the PRE–POST test design characteristic of studies currently embedded within Table 20.4. Clearly, this seems like a worthwhile direction for future clinical research. In this way, the incremental therapeutic effectiveness of meaning oriented interventions could be tested. If meaning-focused AOD interventions prove more effective than matched interventions that do not

explicitly seek to inculcate MIL–PIL, evidence in this regard would prove invaluable, both for theories of causation and clinical practice.

In summary, there are simply too many uncertainties to be sure of how best to interpret the findings presented in Table 20.4. Because these are not randomized clinical trials pitting one form of treatment against placebo or waitlist controls, we are simply unable to say with any certainty that improvements in MIL–PIL scores are the result of “active ingredients” of each intervention program. Indeed, there is a chance these differences may have been observed due to the influence of some other factors (e.g., placebo effect, etc.)

Quantitative Studies that have Examined the Link Between Meaning and Purpose in Life and Factors Indicative of, or Facilitative of Recovery in Treatment Samples and in Persons Attending Mutual-Aid Groups

Introduction to Tables 20.5 and 20.6 and Summary of Key Findings

A major impetus leading us to undertake the literature review for this last part of our chapter was a conceptual orientation to resilience that we have come to term the “Psychosocial Resilience Model.” Consistent with Franklian thinking (Frankl 2004), we reasoned that clients who “hit bottom” and proceed into the treatment system may enjoy enhanced recovery benefits from which they can garner a well-developed sense of MIL–PIL. Enhanced recovery benefits may stem from two processes: First, MIL–PIL might act as a shield that protects AOD clients against a variety of negative processes that would otherwise hinder remission and recovery. Secondly, MIL–PIL might promote positive coping and positive adjustment, especially considering the broader context of AOD abuse involving adversity. Our Psychosocial Resilience Model builds on these two assumptions, but adds a unique twist. It suggests that MIL–PIL enhances generalized recovery (in the holistic sense of the term) by virtue of a favorably balanced profile of psychosocial assets relative to liabilities. These assets work in concert by interacting in ways that amplify benefits derived from treatment.

In this final section of the chapter, we compiled a number of studies to help us understand whether MIL–PIL is indeed associated with a unique constellation of correlates (as suggested by the Psychosocial Resilience Model of Recovery). We expected inverse associations between MIL–PIL and factors known to detract from abstinence and well-being (e.g., stress, depression, anxiety), and positive associations between MIL–PIL and factors known to promote positive adjustment (e.g., social support, 12-Step involvement, spirituality). To the best of our knowledge, Tables 20.5 and 20.6 represent the first attempt to organize existing empirical

Table 20.5 A summary of quantitative studies that have examined the link between meaning or purpose in life (MIL–PIL) and factors indicative of and facilitative of recovery in treatment samples and in persons attending mutual-aid groups

Study	Sample	Method of operationalizing MIL–PIL	Recovery-related variables	Relationship between MIL–PIL and recovery-related variables
1. Robinson and Krentzman (2013)	364 participants with alcohol dependency (M age = 44)	Purpose in life test (PILT) ¹	(1) Full remission (ODSM-IV dependence symptoms) (2) Depressive symptoms	Growth model coefficients: (1) $\beta = 0.91, p < 0.05$ (2) $\beta = 0.76, p < 0.01$ Odds ratio = 1.039, $p < 0.01^a$
2. Krentzman et al. (2010)	414 participants from ProjectMATCH sample (M age = 41)	Purpose in life test (PILT) ²	Sobriety sustained over a 6-month period of time	
3. Gomes and Hart (2009)	76 former inpatients who received treatment for problematic drinking (M age = 43)	Three item index of MIL–PIL	(1) AA involvement (2) AA attendance (3) Depression (4) Depression improvement ^b (5) Anxiety (6) Anxiety improvement ^c (7) Abstinence	(1) $r = 0.40, p < 0.05$ (2) $r = 0.16, p = \text{n.s.}$ (3) $r = -0.55, p < 0.05$ (4) $r = 0.30, p < 0.05$ (5) $r = -0.43, p < 0.05$ (6) $r = 0.11, p = \text{n.s.}$ (7) $r = 0.42, p < 0.05$
4. Hart and Singh (2009)	68 former clients of a Minnesota Model treatment setting (M age = 43)	Perceived availability of meaning ³	(1) Quality of life composite ^d Quality of life subscales: (2) Personal functioning (3) Interpersonal functioning (4) Societal functioning	(1) $r = 0.38, p < 0.01$ (2) $r = 0.41, p < 0.001$ (3) $r = 0.26, p < 0.05$ (4) $r = 0.24, p < 0.05$
5. Pocrnic et al. (2009)	68 former inpatients discharged from treatment facility for problematic drinking (M age = NR; adults)	Existential quality of life ⁴	(1) Changes in AA involvement (2) Changes in frequency of criminal offending behavior	(1) $r = 0.35, p < 0.01$ (2) $r = 0.19, p = \text{n.s.}$

(continued)

Table 20.5 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Recovery-related variables	Relationship between MIL-PIL and recovery-related variables
6. Robinson and Hart (2009)	40 participants receiving residential treatment for problematic drinking (<i>M</i> age = NR)	(1) Relationship meaning (RM; RGMS) ⁵ (2) Generic meaning (GM; RGMS)	(1) AA Involvement (AAI) (2) Abstinence self-efficacy (ASE)	bootstrapped- <i>t</i> (RM,AAI) = NR, <i>p</i> < 0.01 bootstrapped- <i>t</i> (GM,AAI) = 6.54, <i>p</i> < 0.01 bootstrapped- <i>t</i> (RM,ASE) = 0.21, <i>p</i> = n.s. bootstrapped- <i>t</i> (GM,ASE) = 2.18, <i>p</i> < 0.05
7. Krentzman (2008)	414 participants from ProjectMATCH sample African American (<i>n</i> = 90) Caucasian (<i>n</i> = 324) (<i>M</i> age = 41)	Purpose in life (PIL)-seeking of noetic goals ⁶	(1) Depression (2) Drinks per drinking day (3) Percent days abstinent (4) 6-month sustained sobriety	(1) <i>r</i> = -0.39, <i>p</i> < 0.001 (2) <i>r</i> = -0.29, <i>p</i> < 0.001 (3) <i>r</i> = -0.22, <i>p</i> < 0.001 (4) <i>r</i> = 0.23, <i>p</i> < 0.001 Logistic regression: (4) Odds ratio = 1.039 ^e Interactive logistic regression: (5) Odds ratio = 1.044 ^f

(continued)

Table 20.5 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Recovery-related variables	Relationship between MIL-PIL and recovery-related variables
8. Laudet and White (2008)	312 inner-city participants meeting DSM-IV criteria for drug abuse or drug dependency Participants were abstinent for at least 1 month at baseline and followed for a 1-year period of time Approximately 75 % of participants had attended Alcoholics Anonymous in the last year (M age = 43; age range = 19–65)	Existential well-being (EWB); SWBS ⁷	Baseline outcomes: (1) Length of abstinence (time since last consumption at baseline) (2) Stress (3) Social support for recovery (4) General social support (5) Spirituality (6) Religious Activities (7) 12-step involvement (8) AA/NA meeting attendance (9) Quality of life 1-year follow-up outcomes: (10) Quality of life (11) Stress (12) Sustained abstinence	(1) $r = 0.10, p = \text{n.s.}$ (2) $r = -0.12, p < 0.05$ (3) $r = 0.28, p < 0.001$ (4) $r = 0.36, p < 0.001$ (5) $r = 0.57, p < 0.001$ (6) $r = 0.67, p < 0.001$ (7) $r = 0.24, p < 0.001$ (8) $r = 0.16, p < 0.01$ (9) $r = 0.26, p < 0.001$; (10) $r = 0.23, p < 0.05$; (11) $r = -0.14, p < 0.001$ (12) $r = 0.23, p < 0.001$
9. Oakes (2008)	77 participants attending Alcoholics Anonymous (median age = 45)	Purpose in life test (PILT)	(1) AA involvement (2) Spiritual openness (3) Recent faith practice (4) Years/Abstinence (1) Years abstinent (2) AA involvement (3) Social support appraisal (1) Months abstinent (2) 12-step involvement (3) Quality of life (4) AA/NA meeting attendance	(1) $r = 0.23, p < 0.05$ (2) $r = 0.22, p < 0.05$ (3) $r = 0.12, p = \text{n.s.}$ (4) $r = 0.18, p = \text{n.s.}$ (1) $r = 0.31, p < 0.001$ (2) $r = 0.21, p < 0.01$ (3) $r = 0.66, p < 0.001$ (1) $r = 0.11, p < 0.05$ (2) $r = 0.26, p < 0.01$ (3) $r = 0.28, p < 0.01$ (4) $r = 0.19, p < 0.01$
10. Rocco (2007)	148 participants attending Alcoholics Anonymous (M age = 46)	Purpose in life test (PILT)	(1) Months abstinent (2) 12-step involvement (3) Quality of life (4) AA/NA meeting attendance	(1) $r = 0.23, p < 0.05$ (2) $r = 0.22, p < 0.05$ (3) $r = 0.12, p = \text{n.s.}$ (4) $r = 0.18, p = \text{n.s.}$ (1) $r = 0.31, p < 0.001$ (2) $r = 0.21, p < 0.01$ (3) $r = 0.66, p < 0.001$ (1) $r = 0.11, p < 0.05$ (2) $r = 0.26, p < 0.01$ (3) $r = 0.28, p < 0.01$ (4) $r = 0.19, p < 0.01$
11. Laudet et al. (2006)	353 inner-city substance abusers in recovery (M age = 43; age range = 19–65)	Existential well-being (EWB); SWBS)		

(continued)

Table 20.5 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Recovery-related variables	Relationship between MIL-PIL and recovery-related variables
12. Moller-Leimkuhler et al. (2006)	193 inpatients formerly in detox (<i>M</i> age = NR)	Sense of coherence (SOC) ⁸	Abstinence 6-months after discharge from detox	Statistical significance achieved
13. Stewart et al. (2006)	1,709 participants from ProjectMATCH sample (<i>M</i> age = 40)	Purpose in life test (PILT)	(1) Drinks per drinking day (2) Time in treatment	(1) $\beta = -0.48, p < 0.001$ (2) $\beta = 0.21, p < 0.001$
14. Tilton (2005)	1,726 alcohol dependent clients from a ProjectMATCH sample Outpatients (<i>n</i> = 952); Aftercare (<i>n</i> = 774); (<i>M</i> age for outpatients = 39; <i>M</i> age for aftercare patients = 42)	Purpose in life test (PILT); 15-month post-assessment)	15-month outcomes: (1) AA involvement (2) Drinks per drinking day	(1) $\beta = 0.17, p < 0.0001$ (2) $\beta = -0.22, p < 0.0001$
15. Tonigan (2001)	1,726 alcohol dependent clients from a ProjectMATCH sample Outpatients (<i>n</i> = 952); Aftercare (<i>n</i> = 774); (<i>M</i> age for outpatients = 39; <i>M</i> age for aftercare patients = 42)	Purpose in life test (PILT)	(1) AA attendance	(1) $r_{wa} = 0.05, p < 0.002$ ^g
16. Oakes et al. (2000)	78 participants attending Alcoholics Anonymous (median age = 45; age range = 23 to 71)	Purpose in life test (PILT)	(1) AA involvement (2) Length of abstinence (3) Drinking consequences (4) Spiritual openness (5) Religious practices	Partial correlations: ^h (1) $r = 0.25, p < 0.05$ (2) $r = 0.12, p = n.s.$ (3) $r = 0.08, p = n.s.$ (4) $r = 0.23, p < 0.05$ (5) $r = 0.12, p = n.s.$
17. Kairouz and Dube (2000)	78 participants attending Alcoholics Anonymous (<i>M</i> age = 39)	Hybrid measure of wellbeing (WB) ⁹	(1) Length of abstinence	(1) $r = 0.30, p < 0.01$

(continued)

Table 20.5 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Recovery-related variables	Relationship between MIL-PIL and recovery-related variables
18. Junior (1999)	122 participants attending Alcoholics Anonymous (M age = 45)	Purpose in life test (PILT)	(1) Length of abstinence (2) Self-esteem (3) Abstinence self-efficacy	(1) $r = 0.39, p < 0.01$ (2) $r = -0.32, p < 0.01$ (3) $r = 0.55, p < 0.01$
19. Berg et al. (1996)	40 current and former inpatient clients at drug and/or alcohol treatment and rehabilitation facilities (M age = 33)	Sense of coherence(SOC; nine-item)	(1) Emotional distress (e.g., anxiety; depression)	$r = -0.74, p < 0.0001$
20. Montgomery et al. (1995)	54 former inpatients assessed at a follow-up period 220 days after discharge. Patients had received treatment for problematic drinking (M age of original sample [$n = 66$] = 34; age range = 18–58) Follow-up sample ($n = 54$) not significantly different with respect to age	Purpose in life test (PILT)	(1) AA involvement (2) AA attendance	(1) $r = 0.48, p < 0.01$ (2) $r = 0.16, p = n.s.$
21. Carroll (1993)	100 participants attending Alcoholics Anonymous (Median age = 42; age range = 26–81)	Purpose in life test (PILT)	(1) Spirituality (2) AA attendance	(1) $r = 0.59, p < 0.001$ (2) $r = 0.24, p < 0.01$
22. Waisberg (1990)	110 inpatients at three treatment facilities receiving help for drug and/or alcohol abuse (M age of participants across different sites was always ≥ 27)	Purpose in life test (PILT)	(1) Positive partner relationships (2) Positive family relationships (3) Positive friendships (4) Positive work functioning (5) Health	(1) $r = 0.67, p < 0.001$ (2) $r = 0.48, p < 0.001$ (3) $r = 0.30, p < 0.05$ (4) $r = 0.35, p < 0.05$ (5) $r = 0.50, p < 0.01$

(continued)

Table 20.5 (continued)

Study	Sample	Method of operationalizing MIL-PIL	Recovery-related variables	Relationship between MIL-PIL and recovery-related variables
23. Little and Robinson (1989)	30 incarcerated inmates receiving substance abuse treatment (<i>M</i> age = 25)	Life purpose questionnaire (LPQ) ¹⁰	(1) Time in treatment (2) Advancement in moral reconnection therapy	(1) $r = 0.32, p = 0.05$ (2) $r = 0.50, p = 0.01$
24. Giannetti (1981)	130 recovering alcoholics in professional inpatient treatment (95/130 also attending Alcoholics Anonymous) (<i>M</i> age = NR)	Purpose in life test (PILT)	(1) Length of AA attendance (2) Severity of drinking	(1) $r = 0.14, p < 0.05$ (2) $r = -0.16, p < 0.05$

Footnotes pertaining to method of operationalizing MIL-PIL ¹Purpose in life test (Crumbaugh 1968); ²PILT was assessed 15-months after a 3-month treatment phase; ³Assessed using the following single-item measure: “To what extent do you agree that your life really does have meaning and purpose?” ⁴Quality of life (Cummins 1997); ⁵Relationship and Generic meaning scale (Robinson and Hart 2009); ⁶Purpose in life was calculated by computing the difference score between “found meaning” and “meaning seeking” (representative of “hitting bottom”); ⁷Existential well-being subscale from the spiritual well-being Scale (Ellison 1983); ⁸The sense of coherence scale (Antonovsky 1993); ⁹Measure of well-being involving 5x hedonic items and 5x meaning items; ¹⁰Life purpose questionnaire (Hutzell 1989)

Other footnotes ^aFor every 1 unit increase above the mean in 15-month PILT, participants were 3.9 % more likely to achieve sustained sobriety over a 6-month period of time; ^bPerceived difference between level of depression at the point of treatment intake (recalled from 2.5 years prior) to point of assessment; ^cPerceived difference between level of anxiety at the point of treatment intake (recalled from 2.5 years prior) to point of assessment; ^dThree domain index of quality of life (Betty Ford Institute Consensus Panel report 2007); ^eFor every 1 unit increase in purpose in life 15-months POST treatment, participants were 3.9 % more likely to get sober; ^fFor each 1 unit increase above the mean in Purpose in life 15-months POST treatment, the odds of African American participants getting sober were 4.4 % greater than for Caucasian participants; ^gMean weighted Pearson *r* averages values across 11 total outpatient and aftercare settings; ^hPartial correlations control for regression residual variances

Table 20.6 Association of MIL–PIL during or after treatment to treatment processes and diverse treatment outcomes

Study	Consumption-or abstinence-related correlates	Treatment-related correlates	Psychosocial correlates	Spirituality/Religiosity correlates
1. Gomes and Hart (2009)	$r = 0.42$ (abstinence)	$r = 0.40$ (AA involvement) $r = 0.16$ (AA attendance) [†]	$r = -0.55$ (depression) $r = -0.43$ (anxiety) $r = 0.11$ (anxiety improvement) [†] $r = 0.30$ (depression improvement) $r = 0.38$ (quality of life) $r = 0.41$ (personal functioning) $r = 0.26$ (interpersonal functioning) $r = 0.24$ (societal functioning)	
2. Hart and Singh (2009)			$r = 0.19$ (changes in the frequency of criminal offending behavior) [†] $r = -0.39$ (depression)	
3. Poernic et al. (2009)		$r = 0.35$ (AA involvement)		
4. Krentzman (2008)	$r = -0.29$ (drinks per drinking day) $r = -0.22$ (percent days abstinent) $r = 0.23$ (6-month sobriety) $r = 0.23$ (sustained abstinence)	$r = 0.24$ (12-step involvement) $r = 0.16$ (AA/NA meeting attendance)		$r = 0.28$ (social support for recovery) $r = 0.57$ (spirituality) $r = 0.67$ (religious practices)
5. Laudet and White (2008)	$r = 0.10$ (length of abstinence—time since last consumption at baseline) [†]		$r = 0.36$ (general support) $r = 0.26$ (quality of life; baseline) $r = 0.23$ (quality of life; follow-up) $r = -0.12$ (stress; baseline) $r = -0.14$ (stress; follow-up)	
6. Oakes (2008)	$r = .18$ (years abstinent) [†]	$r = 0.23$ (AA involvement)		$r = 0.22$ (spiritual openness) $r = 0.12$ (recent faith practice) [†]
7. Rocco (2007)	$r = 0.31$ (years abstinent)	$r = 0.21$ (AA involvement)	$r = 0.66$ (social support appraisal)	

(continued)

Table 20.6 (continued)

Study	Consumption-or abstinence-related correlates	Treatment-related correlates	Psychosocial correlates	Spirituality/Religiosity correlates
8. Laudet et al. (2006)	$r = 0.11$ (months abstinent)	$r = 0.26$ (12-step involvement) $r = 0.19$ (AA/NA meeting attendance)	$r = 0.28$ (quality of life)	
9. Kairouz and Dube (2000)	$r = 0.30$ (length of abstinence)		$r = 0.32$ (self-esteem)	
10. Junior (1999)	$r = 0.39$ (length of abstinence)		$r = 0.55$ (abstinence self-efficacy)	
11. Berg et al. (1996)		$r = 0.48$ (AA involvement)	$r = -0.74$ (emotional distress)	
12. Montgomery et al. (1995)		$r = 0.16$ (AA attendance) [†]		$r = 0.59$ (spirituality)
13. Carroll (1993)		$r = 0.24$ (AA attendance)		
14. Waisberg (1990)			$r = 0.67$ (significant relationships)	
			$r = 0.48$ (family relations)	
			$r = 0.30$ (friendships)	
			$r = 0.35$ (positive work functioning)	
15. Little and Robinson (1989)		$r = 0.32$ (time in treatment)		
		$r = 0.50$ (Advancement in moral Reconation therapy)		
16. Giannetti (1981)	$r = -0.16$ (severity of drinking)	$r = 0.14$ (length of AA attendance)		
Unweighted mean effect size using significant Pearson r 's	$r_{um} = 0.27$	$r_{um} = 0.29$	$r_{um} = 0.38$	$r_{um} = 0.51$
Unweighted mean effect size using all Pearson r 's	$r_{um} = 0.25$	$r_{um} = 0.27$	$r_{um} = 0.36$	$r_{um} = 0.43$

Footnotes: [†] = nonsignificant zero-order correlations

research bearing on the question of whether MIL–PIL is positively related to factors facilitative of remission and AOD recovery and negatively related to risk factors for backsliding.

A cursory temporal analysis of the publication dates shows that relatively fewer studies were conducted before the year 2000 (six studies; 25 %), as opposed to after (18 studies; 75 %) the year 2000 (range = 1977–2013). These data suggest work in this area tends to be very recent.

Table 20.5 takes stock of 24 empirical studies involving a total of 8,430 participants. Methodologically, it is important to note that some participant samples appear more than once across studies. For instance, one study may report 12-month outcome data for a particular group of participants while a different study reports 24-month follow-up data for the exact same group. In such instances, the same respondents would be duplicated in our computation of the aggregate sample size, thereby violating the statistical assumption of independence of observations.

Table 20.5 organizes existing research that has examined “recovery-related” correlates of MIL–PIL in clinical samples who have attempted to resolve their AOD problem by means that are either formal in nature (professional treatment) or informal in nature (e.g., community-based meetings of Alcoholics Anonymous). A quick glance at Tables 20.5, 20.6 shows that studies vary widely in terms of their research designs, sample composition, and treatment settings. Furthermore, one can see diversity in how MIL–PIL was operationalized and how “recovery” was assessed. In keeping with the recent paradigm shift (i.e., re-envisioning “recovery” as encompassing more than drinking-related outcomes), we have expanded the conceptual scope of “recovery” to include other domains of client functioning and well-being. These broader consequences of treatment/remediation involve QoL, and are both objective in nature (e.g., return to work) and subjective (e.g., anxiety). Whilst the data shown in Tables 20.5, 20.6 are not explicitly intended to show far reaching effects of AOD interventions on diverse outcomes, this idea is implicit since correlates were observed to span multiple domains of client well-being.

The age demographic of Table 20.5 participants is shown to lie primarily within the boundaries of middle adulthood. Specifically, 18 out of the 24 studies (75 %) report mean or median age statistics in the range of 30–50 years old. The composition of subsamples appears to be relatively diverse in terms of other participant characteristics. For instance, variation can be observed among: (a) the type of treatment that participants received, and (b) participants’ status as either current or former seekers of AOD-related treatment.

Studies embedded within Tables 20.5, 20.6 also seem to incorporate different research designs and methodologies for examining recovery-related correlates of MIL–PIL. In particular, cross-sectional designs were prominent among examinations of MIL–PIL and recovery-related variables at a single time point. Other common designs across Table 20.5 studies include: (a) longitudinal analyses of treatment participants over time, and (b) secondary analyses on archival datasets (i.e., ProjectMATCH). Collapsing across all Table 20.5 studies, we can also see significant variation among measures of MIL–PIL. Specifically, 10 different

measures of MIL–PIL exist across all 24 studies. Similar to previous tables and analyses, Crumbaugh and Maholick’s (1968) PILT surfaces as the most frequently employed measure of MIL–PIL. This measure appears in 15 out of 24 studies (63 %).³

A total of 74 statistical associations between MIL–PIL and recovery-related variables are reported across all studies. Many of the MIL–PIL correlates reported in this table can be subsumed under the following categories or recovery-related domains: (1) consumption-related behaviors (i.e., sustained abstinence, drinks per drinking day, etc.), (2) treatment-related behaviors (e.g., treatment attendance, treatment involvement, etc.), (3) psychosocial functioning (i.e., depression, anxiety, etc.), and (4) spirituality/religiosity (e.g., recent faith practice). Of the 74 MIL–PIL associations included in Table 20.5, 26 % are with consumption-related variables, 27 % are with treatment-related variables, 38 % are with psychosocial variables, and 9 % are with religiosity/spirituality variables. Overall, 63 out of the 74 statistical associations (85 %) are reported as statistically significant. Among null associations (i.e., 11/74; 15 %), four correlates are consumption-related variables (36 %), two correlates are treatment-related variables (18 %), three correlates are psychosocial variables (27 %), and two correlates are spirituality/religiosity variables (18 %).

Many of the statistics reported in Table 20.5 are zero-order Pearson r correlations (57/74; 77 %). A large proportion of these values (50/57; 88 %) were reported as being statistically significant. Unweighted mean effect sizes were computed to assess the magnitude of significant associations between MIL–PIL and each overarching “recovery” category. Since the majority of Table 20.5 studies reported Pearson r findings, significant zero-order correlations were averaged across each category and used to compute these values. Findings showed variables belonging to the spirituality/religiosity domain to have the strongest aggregate associations with MIL–PIL ($r_{um} = 0.52$), followed by variables belonging to psychosocial ($r_{um} = 0.38$), treatment-related ($r_{um} = 0.29$), and consumption-based ($r_{um} = 0.27$) domains. These data are summarized in Table 20.6. Aggregate values in this case provide a liberal approximation of MIL–PIL’s “true” underlying association with each recovery domain since only significant Pearson r values are considered. We pooled significant and nonsignificant Pearson r values within each domain to generate more conservative estimates. Results pertaining to these analyses can be seen in the last row of Table 20.6. While the magnitude of each unweighted mean effect size decreased slightly, the overall *rank order* of unweighted mean effect sizes did not change among the four recovery domains.

Results shown in Table 20.5 provide strong and consistent evidence to suggest that MIL–PIL levels may be relevant to understanding a wide variety of outcomes and processes amongst clients who are attempting to resolve their difficulties with AOD involvement. In looking at the heterogeneity of these outcomes and

³ Although Krentzman (2008) used the PILT, her final operationalization of MIL–PIL was a difference score between “Found Meaning” (PILT) and “Meaning Seeking”.

processes, we felt it would be useful—for heuristic purposes—to chunk MIL–PIL correlates into categories. Thus, as a visual organizational tool, we have supplemented Table 20.5 with Table 20.6. This addendum provides an easy to read 4-fold taxonomy of outcomes and processes.

In the first column of Table 20.6, we display all the effect sizes linking MIL–PIL to the behavioral outcome of AOD involvement. In the second column of Table 20.6, we have grouped findings that describe MIL–PIL correlates of treatment-process (e.g., time in treatment, treatment, attendance, etc.), many of which have been established in other research studies as empirically validated predictors of AOD involvement. While we consider ‘treatment-related correlates’ as mediators of MIL–PIL effects on AOD outcomes, it should be noted that treatment adherence and treatment involvement carry additional benefits that extend beyond their impact on abstinence. In the third column of Table 20.6, we have amassed findings that describe psychosocial correlates of MIL–PIL (e.g., social support, anxiety). Again, many of these correlates have been empirically validated in previous studies as predictors of AOD involvement (e.g., Moos 2007). Although we consider these ‘psychosocial processes’ as mediators of MIL–PIL effects on AOD outcomes, processes such as social support and anxiety should be recognized as important outcomes in their own right. The final column of Table 20.6 organizes findings linking MIL–PIL to Spirituality and Religiosity. Spirituality has been an especially prominent ingredient in AOD treatments seeking to facilitate positive drinking-related outcomes.

Tables 20.5 and 20.6 Summary, Conclusion and Future Directions

Prior to our literature search for Table 20.5, we had developed an apriori expectation of what a profile of MIL–PIL correlates might look like. Our Psychosocial Resilience Model led us to expect that the MIL–PIL variable may act like a magnet with two poles. One pole attracts assets and strengths, which we might term “recovery capital” and the other pole repels weaknesses and risk factors. Our model suggest that these two processes work in concert to enhance “generalized recovery” from AOD misuse as defined by the Betty Ford Institute and SAMHSA. We are using the term “generalized recovery” to connote a more pervasive vision of “flourishing in life,” as opposed to a narrowly defined remission perspective of recovery characterized by abstinence from AOD involvement.

The pattern of data shown in Tables 20.5, 20.6 is strongly supportive of our Psychosocial Resilience Model account of how MIL–PIL might confer an adaptive advantage in the context of rehabilitation from AOD misuse. Inspection of the pattern of findings displayed in Table 20.6 suggests that a favorably balanced profile of psychosocial assets relative to liabilities may account for the reasons why AOD clients who score high on MIL–PIL enjoy better drinking outcomes than counterparts who experience an existential vacuum.

As can be seen in the first column of data reported in Table 20.6, we identified a total of 12 Pearson r 's that tested whether MIL–PIL was linked to the classic yardstick for measuring treatment success: duration of abstinence. We find it worth noting that 10 of the 12 effects were significant and in the expected direction. Indeed, this is a well-replicated and pervasive finding appearing within the extant literature base. Because these are correlations, however, we urge readers to exert caution in drawing any firm conclusions about the salutogenic status of MIL–PIL. By way of comparison, the theory underlying MIL–PIL's presumed salutogenic status is clear. It leads us to tentatively conclude that MIL–PIL is a resilience resource contributing, in a cause-and-effect manner, to stable remission from AOD by amplifying the beneficial influence of treatment. Although this conclusion is provisional, it is consistent with a similar conclusion offered by Moos (2007) in his wonderful review article entitled, "*Theory-based processes that promote the remission of substance use disorders.*" In accounting for MIL–PIL's effects on sobriety, Franklian thinking would also suggest that AOD clients with an especially strong meaning orientation are more likely to see coherence and significance in the treatment services they receive. Moreover, these clients may also be more likely to view their treatment goals as worthwhile investments of their time. Under these conditions, it would not be surprising to find higher rates of treatment adherence and program commitment.

General Discussion

We offer five general conclusions from our analysis of the results that we have reported.

- First, we found tentative evidence to suggest MIL–PIL may help us understand the initiation, onset, frequency and intensity of AOD involvement during adolescence and young adulthood. If this conclusion holds-up in future studies involving rigorous research designs and analytical approaches, it would justify the implementation of MIL–PIL interventions aimed at secondary prevention.
- Second, MIL–PIL may enable behavioral scientists to better understand the progression or course of AOD involvement up to, but not including the decision to quit or cut-back. If this conclusion holds up in future studies involving rigorous research designs and analytical approaches, it would also justify the implementation of MIL–PIL interventions aimed at secondary prevention. These interventions would need to be of a higher degree of intensity.
- Third, it seems plausible that MIL–PIL influences a person's decision to seek professional or informal help for an AOD-related problem. If this conclusion holds up in future studies involving rigorous research designs and analytical approaches, it would also justify the implementation of MIL–PIL interventions aimed at alleviating the subjective experience of "hitting bottom." Paradoxically, seeking to amplify or magnify the salience of noogenic neurosis may also create optimal conditions needed for "creative despair." Again, this is

the kind of existential despair which calls out to the (otherwise) hidden Defiant Power of the Human Spirit.

- Fourth, there is strong evidence suggesting that MIL–PIL scores improve after individuals enter the action stage of addictive behavior change. Once individuals make the decision to seek professionally or nonprofessionally guided assistance, MIL–PIL seems to improve over time as a function of treatment involvement. Despite this general observation, we encourage future researchers to adopt the use of rigorous experimental designs capable of disentangling whether or not MIL–PIL improvements are occurring due to the “active ingredients” of treatment or as the result of some other set of confounding variables.
- Finally, MIL–PIL may enable clients to extract a wider variety of benefits from whatever kind of treatment they are receiving. We have coined this outcome as a “breadth effect.” In addition to greater extraction of widespread benefits, MIL–PIL may amplify the magnitude of diverse effects. The term we have given to this outcome is an “amplification effect.” Any number of interventions could be tested as ancillary components of “treatment as usual.” These could include Meaning Centered Counselling, Logotherapy, Narrative Therapy, etc.

We recommend future scholarship adopt a life course perspective which has the potential to expand the continuum of care by improving our capacity to serve the less intensive needs of the untreated majority of people who are troubled by an AOD problem—but not sufficiently troubled to seek professional help. From a population health perspective, we advocate for this approach since it considers the very low base rate of persons who seek professional treatment for AOD disorders. We hope the current chapter will help develop the science and practice in this area. One day in the future, we can envision brief interventions being delivered to high-risk students (e.g., in school settings) to bolster MIL–PIL.

We can also foresee a number of additional directions for future intervention research. For instance, researchers should be careful to evaluate MIL–PIL interventions using a broad array of outcome criteria that are tied to the Betty Ford Institute Consensus Panel (BFICP, 2007). As you will recall, the BFICP report differentiated between two different kinds of positive recovery outcomes: (a) being dry/drug free, and (b) having a high QoL. Specifically, AOD recovery was defined “as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship” (p. 221). Because “personal health” encompasses a number of facets including emotional and existential, and spiritual wellbeing, we urge future scholars to ensure they fully account for all (or many) of these qualities.

Future scholars should also ensure that their method of assessing intervention outcome conforms to the SAMHSA’s working definition of “recovery.” Their four facets included: (1) restoration of health (broadly defined), (2) restoration of home (broadly defined), (3) restoration of community, and (4) restoration of a sense of meaning and purpose in life.

Special attention should be given to the fourth SAMHSA facet, “*meaning and purpose*.” According to SAMHSA, a long-term resolution to AOD-related issues is

one that enables the ex-substance misuser to exercise self-determination in choosing meaningful life goals that are personally expressive and making use of signature strengths. For SAMHSA, quality recovery is sustainable recovery. This idea requires that meaningful purposes extend beyond a single-minded and myopic concern with curbing observable drinking or drug taking behaviour. These broader purposes could include a variety of goals, provided these goals also infuse a sense of meaning and purpose in life. Examples of goals likely to bolster a sense of meaning and purpose include aspirations such as a getting or holding a job, attending school, being of service to others through volunteerism, pursuit of social and recreational goals, or creative endeavors. These and other types of “meaning-and-purpose” focused interventions are described in a new book entitled, *“The Positive Psychology of Meaning in Addiction Recovery”* (Wong et al. 2013).

Although MIL–PIL may have scientific and practical utility in terms of understanding rehabilitation during the “dry” stage of one’s AOD career, results shown in Tables 20.1 and 20.2, 20.3 of the current chapter suggest a wider role for MIL–PIL. Consistent with the broad-spectrum model, featured in our life course organizational framework used to collate extant research findings, we believe there is reason to be cautiously optimistic in thinking high levels of MIL–PIL may serve to protect persons early in their AOD career. Many people who are still in the active or “wet” stage are likely to reside in school or workplace settings, which make these contexts prime candidates for brief initiatives aimed at inculcating higher levels of MIL–PIL. Of course, scholarship will be needed to test whether or not secondary interventions actually work to inoculate or protect high-risk individuals from AOD misuse.

For interventionists who wish to base their methods on theory, we recommend an integrative conceptual article entitled, *“Purpose in Life as a System that Creates and Sustains Health and Well-Being”* (McKnight and Kashdan 2009). In terms of practical applications, we recommend a “tool kit” described in a 2011 book entitled, *“Public Health Tools for Practicing Psychologists”* (Tucker and Grimley 2011). With some creative thought, we believe many approaches in this book could be adapted to fit secondary prevention initiatives designed to bolster MIL–PIL for individuals in precontemplation, contemplation, or preparation stages of addictive behavior change. Because it is testable, the long-term promise of the life course paradigm comes in the form of providing a useful meta-conceptual framework for empirical validation studies of brief AOD services. In turn, these studies could enable the untreated majority to gain access to resources matching their needs.

In looking into our crystal ball, we see many reasons to be optimistic about the future growth and expansion of theory, research and practice in this broad area of interdisciplinary inquiry spanning fields of academic psychology and public health. It is difficult to be specific about what the second generation of scholarship in this area might bring. However, the zeitgeist seems fitting for a creative synthesis of conceptual approaches derived from various fields previously existing in isolation of one another. We see much opportunity in the future for scholars who are fond of building bridges designed to span interdisciplinary boundaries and connect

“silos”. Future studies attempting to connect MIL–PIL to AOD involvement seem well positioned to bring together, in ways that would cohere, work from within some or all of the following silos:

- Positive Psychology (e.g., well-being, flourishing, eudaimonia, goal pursuit),
- Resilience (e.g., overcoming adversity, post-traumatic growth),
- Humanistic Psychology and Psychotherapy (e.g., growth mindset, strengths orientation, client’s personally held cognitions/constructions and phenomenology),
- Existential Philosophy and Psychotherapy (e.g., ideas of Kierkegaard, Heidegger, Frankl—related treatment methods of logotherapy, existential analysis and meaning-centered counselling),
- QoL (WHO conception of health),
- Comprehensive and Holistic Models of AOD Recovery (e.g., Betty Ford and SAMHSA).

We remain hopeful that creative minded scholars will develop diverse and integrative theoretical frameworks in the future that will be tested using rigorous methodologies. This process will lay a solid foundation for translational research and for the eventual dissemination of evidence-based interventions for individuals at different stages of AOD involvement. We also remain hopeful that second generation scholars will find heuristic value in couching their work within the life course frame of reference. In this connection, we urge policy makers and those in public health to create “white papers” (framed within a lifespan perspective of AOD involvement) articulating a vision for anticipated socio-economic and political benefits. Of course, our own bias is that white papers such as these encourage stakeholders (up and down the continuum of AOD involvement) to appreciate the salutogenic value of acquiring a sense of meaningful purpose.

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Chapter 21

Well-Being and Personal Growth in Emerging Motherhood: And What About Meaning?

Orit Taubman – Ben-Ari

Being A's mother is not just being a mother. It's being a mother who gave birth to a 700 g infant in the 24th week of her pregnancy, and from that moment on, motherhood and love have been closely tied to concerns of life and death...Motherhood with A is different from motherhood with my two girls. I'm excited by every progress he makes, and I never forget—even for a single moment—the trials we went through in the NICU. I weep with emotion when I remember holding him when he weighed less than 1 kg, and how I taught him to nurse when other babies born in the 24th week couldn't do it yet. Above all, my motherhood is feeling grateful to God for our miracle, day-by-day amazement at this child who is developing well. Though there are still some milestones he hasn't yet reached, for me he's "the king of the world"...Being A's mother is the feeling that each and every day he teaches me the meaning of patience, and that no other experience is as deep as motherhood. Whenever I look at him I have a sense of exaltation and pure joy that I've been granted this gift (Mother of a 2-year-old boy).

Becoming a parent is a fundamental human motivation (Kenrick et al. 2010), making the transition to parenthood a pivotal life course event (e.g., Feeney et al. 2001; Knoester and Eggebeen 2006). Given the enormous changes and challenges involved in this transition, particularly for the mother, women's mental health may well be affected (Glade et al. 2005). Although the birth of a child is generally viewed as a joyful event, and may be a major source of well-being (Umberson et al. 2010), for some people becoming a mother can be a profound stressor, with long-term negative consequences. The perception of motherhood as a stressful life event may stem from the fact that it calls into question basic assumptions about one's personal competence, meaning in life, and future, and therefore, may produce considerable anxiety which can be difficult to manage. In addition, the transition is liable to disrupt the lives of other family members (e.g., Cowan and Cowan

O. Taubman – Ben-Ari (✉)

The Louis and Gabi Weisfeld School of Social Work, Bar-Ilan University,
52900 Ramat Gan, Israel
e-mail: taubman@biu.ac.il

1999; Feeney et al. 2001), and consequently bring about a decline in personal and marital well-being (e.g., Helms-Erikson 2001). Women in particular have been shown to experience the transition to parenthood not only as joyful, fulfilling, and challenging, but also as an event generating stress, anxiety, and the experience of loss (e.g., Nicolson 1999). The extensive adaptation necessitated by the birth of a child, which requires the mother to cope with new and stressful situations (Fisher and Stocky 2003), may be especially demanding in the case of special circumstances, such as delivering twins or preterm babies (Auslander et al. 2003; Lytton and Gallagher 2002). Similarly, adverse childbirth experiences, such as pain or life-threatening complications, may intensify the negative response of new mothers, engendering moderate to severe stress reactions (Olde et al. 2006).

As with any stress-related event, however, the upheaval resulting from the loss of cherished roles along with new and challenging demands may also serve as an opportunity to create a better life structure and enable individuals to find new strengths, meaning in life, and appreciation of supportive others. In other words, the need to adapt to demanding circumstances in the transition to motherhood may engender personal growth as well (Tedeschi and Calhoun 2004). The literature on mothers' well-being and personal growth, most of which relies on positive or existential psychology, may help to provide a more integrated understanding of the complex of consequences of becoming a mother.

Well-Being in the Transition to Motherhood

Subjective well-being is a broad concept that relates to how people feel and think about their lives (Diener 1984), and is usually divided into two components (Busseri and Sadava 2011; Diener 1984; Eid and Larsen 2008): (a) affective or hedonic well-being, which refers to the presence of pleasant affect (e.g., happiness) and the absence of unpleasant affect (e.g., sadness, depressed or angry mood); (b) cognitive or eudemonic well-being (Ryan and Deci 2001), which refers to the overall evaluation of life, or life satisfaction, as well as the assessment of specific life domains (such as relationships or job satisfaction). These components differ in their stability and variability over time (Eid and Diener 2004), as well as in their associations with other variables, such as sociodemographic features (e.g., Wiest et al. 2011). A related concept is mental health, which typically denotes the absence of mental disorders (e.g., Vaillant 2003), but may also include such concepts as self-actualization, happiness, and the level of the individual's development in respect to positive psychological qualities (Compton et al. 1996).

Whereas for some people the transition to parenthood is a normative life change for which they can call on previous successful coping experiences, for others it may be very difficult and stressful (Cowan and Cowan 1995; Glade et al. 2005). Psychological research on the experience of parenthood and its effect on subjective well-being has produced seemingly paradoxical findings. On one hand, parenthood is highly valued for its hedonic benefits (Gilbert 2006; Powdthavee

2009), and indeed, parents frequently describe positive emotional experiences. On the other hand, however, a negative effect on subjective well-being has consistently been demonstrated (e.g., Glenn and Weaver 1988; Luhmann et al. 2012; McLanahan and Adams 1987), with recent studies showing that day-to-day levels of happiness and life satisfaction decline after the birth of a child, and parents are unable to regain prechildbirth levels even years later (Clark et al. 2008). It goes without saying that the transition to parenthood requires substantial readjustment to new responsibilities and roles, especially on the mother's part, and as such may constitute a burden on psychological resources and interpersonal relationships (Fisher and Stocky 2003). Indeed, postpartum depression has been found to occur in 20 % of first-time mothers (Hopkins et al. 1984). Nonetheless, certain studies report stability in mothers' mental health after childbirth (Grant et al. 2008; Hoffenaar et al. 2010), and others have even found an improvement (e.g., Taubman – Ben-Ari et al. 2009). A recent investigation of the multiple trajectories of subjective well-being over time (Galatzer-Levy et al. 2011) found the most common pattern to be no substantive change in this variable from before to after the child's birth. Only a small subset of respondents reported a sustained substantive decline in subjective well-being. What is more, Galatzer-Levy et al. (2011) found that a significant proportion of people respond *positively* to the birth of their first child, and that this is not a transient response. The researchers claim that this population has been completely ignored in the literature, as their presence is not apparent in analyses that examine central tendencies.

Furthermore, parenthood and parenting may affect some dimensions of well-being differently than others. A recent meta-analysis indicates that although parents tend to be less satisfied after childbirth (e.g., they are bothered by having less quality time with their spouses), they feel more positive affect in daily life (Luhmann et al. 2012). In other words, parenthood may have differential effects on cognitive and affective well-being. This approach is part of the current trend to go beyond the general measures of psychological distress and well-being and assess specific aspects, including sense of meaning and purpose in life, self-efficacy, loneliness, health behaviors, and physical health (Umberson et al. 2010).

The challenges involved in the transition to parenthood are multiplied in the case of twins (Fisher and Stocky 2003). Several studies have found that among first-time mothers, those who gave birth to twins report a higher level of tension (Glazebrook et al. 2004; Olivennes et al. 2005), as well as a greater sense of burden, stress, and exhaustion (Vandell 1990; Weigel et al. 2000), than mothers of singletons. Moreover, studies have shown that mothers of twins evidence higher rates of depression (Fisher and Stocky 2003; Olivennes et al. 2005; Thorpe et al. 1991), more symptoms of anxiety (Vilksa et al. 2009), and less enjoyment of the children (Olivennes et al. 2005).

Another challenge is the birth of a preterm baby or babies, which is also assumed to be a stressful event (Auslander et al. 2003). Studies have indeed shown that mothers of preterms display higher levels of stress (Padden and Glenn 1997) and postpartum depression (Davis et al. 2003) than mothers of full-terms. Moreover, a study investigating the two-pronged challenge of the birth of preterm

twins found that mothers of twins born prematurely reported more negative feelings toward their babies and lower mental health than mothers of full-term twins (Taubman – Ben-Ari et al. 2010). Parents might also be faced with the hospitalization of an infant in a neonatal intensive care unit (NICU), which, especially in the case of life-threatening conditions, can be a traumatic experience (Affleck et al. 1991), and indeed, a substantial proportion of these parents have been found to develop acute and/or posttraumatic stress disorder (Barr 2010; Shaw et al. 2009; Shaw et al. 2006).

A final issue discussed in the literature as a possible challenge to well-being in motherhood relates to spontaneous versus fertility treatment-induced pregnancies. The findings thus far, however, have been inconsistent. Some studies have found fertility treatments to have long-term effects (Ellison and Hall 2003), indicating that mothers of both single babies and twins who have undergone such treatments experience greater stress, higher levels of postpartum depression, more feelings of guilt and despair, and lower life satisfaction and well-being than mothers who became pregnant spontaneously (Baor and Soskolne 2010; Daniluk and Tench 2007; Paul et al. 2010; Punamäki et al. 2006). Other studies show that mothers who have undergone fertility treatments experience lower levels of anxiety, depression, and stress, higher life satisfaction and quality of life, and increased sense of control and self-esteem (e.g., Ulrich et al. 2004). Still others report no differences in depression, anxiety, and global mental health between the two groups 1–5 years following birth (Bar-Shua 2011; Gibson et al. 2000; McMahon et al. 2003; Noy et al. *in press a*).

Well-being is the classic concept measured when examining adaptation to such life transitions as motherhood. However, the concept of personal growth also appears to be relevant to this experience.

Personal Growth in the Transition to Motherhood

While a wealth of studies have investigated well-being among mothers, it is only recently that research has begun to examine the possibility of the experience of personal growth following childbirth. The term “personal growth” denotes a positive psychological change that evolves as a consequence of struggling with events that are perceived as stressful and destabilizing to the individual’s familiar world view and ways of comprehending the world and their place in it (Zoellner and Maercker 2006), and does not necessarily imply a parallel improvement in well-being (Tedeschi and Calhoun 2004; Zoellner and Maercker 2006). When the destabilization leads to a reconstruction of perceptions in a more adaptive manner, it may result in a new sense of meaning, commitment, and improved coping with future difficulties and challenges (Joseph and Linley 2008; Tedeschi and Calhoun 2004), which are defined as the core features of growth.

Three broad areas of growth are generally reported following stressful events: enhanced interpersonal relationships and greater appreciation of others; changes in

self-perception in the direction of increased resilience and maturity; and a reexamination of life philosophy and setting of new priorities. These areas were conceptualized by Tedeschi and Calhoun (1996) as five specific factors: new possibilities; relating to others; personal strength; spiritual change; and appreciation of life.

Importantly, the term “growth” refers to a perceptible sense of improvement, and not a return to baseline. Growth is not an enhancement in well-being or a decrease in distress (Tedeschi and Calhoun 2004), but rather denotes that the person has developed beyond his or her previous level of adaptation, psychological functioning, or life awareness (Zoellner and Maercker 2006). Moreover, studies examining the relationship between growth and both negative and positive characteristics of mental health, including depressive symptoms, anxiety, and anger on one hand, and self-esteem and adaptation on the other, have found no systematic associations between them (Zoellner and Maercker 2006). Thus, growth does not appear to reflect changes in well-being in the sense of emotional state and hedonistic view of life, but a more genuine personal development that enables individuals to better understand their place in the world, including the meaning of life and their commitment to the challenges it sets (Joseph and Linley 2008).

As the term “personal growth” emerged from the literature on posttrauma and stress, much of the research deals exclusively with traumatic life events, such as the death of a loved one or serious illness (Hefferon et al. 2009; Helgeson et al. 2006; Zoellner and Maercker 2006). However, a certain amount of attention has recently been paid to growth following more minor stress-evoking events that are experienced on a daily level, such as interpersonal stressors (e.g., conflict with a friend, family member, or significant other), or achievement-related stressors (e.g., performing poorly at school or work). This has led to the understanding that, though less serious in nature, some daily stressors may still disrupt beliefs and goals, cause distress (e.g., O’Neill et al. 2004), bring about a need for processing, and offer an opportunity for growth (Losavio et al. 2011). Thus, Joseph and Linley (2008) emphasize that growth can arise through events that are not necessarily life threatening, and Aldwin and Levenson (2004) argue that stress can result in change even with relatively small stressors, depending on the stressor characteristics, individual resources, and coping strategies.

The literature also reveals a parallel trend in respect to the growth of mothers. Previous research on parents’ stress-related growth tended to deal mainly with parents of children with an illness, disability, or challenged development, such as autism, Down’s syndrome, ADHD, and developmental disabilities (e.g. Finzi-Dotan et al. 2011; Hastings et al. 2005; Hastings and Taunt 2002; King and Patterson 2000). Studies also focused on parents’ perception of the severity of the condition, and the role it may play in their experience of personal growth. It was found, for example, that following the child’s diagnosis, parents of a child with a severe chronic or life-threatening disease, such as cancer, reported higher personal growth than parents of children with type 1 diabetes (Hungerbuehler et al. 2011).

Taking these insights one step further, I have argued (see, Taubman – Ben-Ari 2012) that personal growth is not exclusively related to negative experiences, but is also possible in events which are positive in nature, such as the transition to

motherhood. Indeed, the literature on the adaptation of mothers has provided indications of this possibility for some time now. Although the term “growth” was not yet employed in earlier studies, they indicated that the components of growth identified in other contexts might indeed be found in new mothers as well. Thus, it was found that during the transition to motherhood, women may gain self-esteem, new meaning in life, a sense of competence, and awareness of the positive assets of themselves and their social environment (Wells et al. 1999). In one early study, almost 60 % of mothers whose newborns had been in an NICU reported some perceived benefits, including improved relationships with family and friends, emotional growth, and an appreciation of just how precious their child was. Others felt their vulnerability made them more emotionally expressive and appreciative of their inner resources, thereby improving their utilization of a social support system they had previously ignored (Affleck et al. 1986).

Similarly, women who had undergone fertility treatments indicated more positive attitudes toward various issues in their lives (Wischmann et al. 2001), higher preoccupation with existential matters (Schmidt et al. 2005), spiritual development (Frances-Fisher 2005), and perceiving parenthood as self-actualization (McMahon et al. 2003). Moreover, women who were able to identify more positive implications of infertility also experienced lower distress (Tennen et al. 1991).

In a series of studies on growth following the transition to motherhood, my colleagues and I found that women responded to open-ended questions about their experience of motherhood by relating to the same core dimensions of personal growth listed above: perceived positive changes in interpersonal relationships, self-perception, and life priorities (Taubman – Ben-Ari et al. 2011). In respect to interpersonal relationships, they described a new perception of others’ responsiveness and ability to help them get through the first stages of motherhood, a new-found understanding of the importance of the people around them, how appreciative they are for the help and support they have received, and the positive effects on marital and intergenerational relationships. They also referred to an increased ability to ask for help and to allow themselves to rely on others, an experience many of them were not open to before they became parents. As the mother of a 4-year-old girl remarked:

I have learned that I have the strength to cope with difficult situations thanks to the great support I got and am still getting from my family [siblings and parents]. My husband and I cooperate in every situation and deal with everything together.

The women also related to substantive changes in the way they perceive themselves, stating that they had learned something new about their abilities and found capacities in themselves of which they had been unaware even a short time before they became mothers. They reported learning that they were stronger than they thought, and discovering personal traits of which they were very proud, including greater responsibility, efficiency, and sensitivity to others’ needs. As the mother of a 4-year-old boy described it:

The experience of motherhood is empowering and life-changing...I put my sense of guilt behind me (as far as possible) and live most of the time with a feeling of satisfaction and

love for my children. I've become more efficient, competent, sensitive to communications with the people around me, my time management is more effective.

Finally, the women spoke of changes in their priorities, a rethinking of existing schemes and structures, and the setting of new goals in life. It would appear that motherhood often brings with it a shift from a focus on self-fulfillment through the career path to nesting and enriching the family space. Qualitative analysis of such statements clearly revealed that this was perceived as a positive change in the women's lives. In the words of one first-time mother:

My priorities have changed. The most important thing for me right now is to be with my daughter and give her everything she needs, physically, emotionally, mentally... That comes before everything else—the rest of the family (my brothers and sisters, for instance), work, hobbies, friends.

In parallel to obtaining qualitative indications of growth, we conducted quantitative studies that validated this outcome. One study compared the themes that emerged from the content analysis performed on Israeli mothers' responses to open-ended questions regarding positive changes that occurred following the birth of their child (or children in the case of twins) with the items on the Post Traumatic Growth Inventory (PTGI; Tedeschi and Calhoun 1996), after adapting the inventory's general instructions to fit the specific life transition examined. Two samples were used: the first consisted of relatively new first-time mothers (3–24 months following delivery); the second was more diverse, comprising mothers in various subgroups (first-time and non-first-time mothers, mothers of twins and singletons, mothers of pre- and full-term babies). Compatibility was found between the participants' spontaneous responses and the PTGI items in both samples (Taubman – Ben-Ari et al. 2011). In other words, the positive changes that mothers report after giving birth do indeed appear to indicate growth as originally conceptualized by Tedeschi and Calhoun (1996).

This conclusion was also borne out by a study examining growth in British women following childbirth, in which Sawyer and Ayers (2009) found that half of the women in their sample reported at least a moderate degree of growth. They then compared their findings with those obtained for other life events, and found that the growth level of the mothers was similar to that reported after accidents and assaults (Snape 1997), and mixed traumatic events (Wild and Paivio 2003), although lower than the levels reported by individuals suffering chronic illness or bereavement (Cordova et al. 2001; Polatinsky and Esprey 2000).

Evidence of the existence of personal growth in the wake of motherhood also comes from a study in which we compared first-time mothers' self-reports of growth and the reports of an external observer—their own mothers. Each of the participants completed the PTGI, with the mothers reporting on themselves and the grandmothers reporting on their daughters. Significant correlations were found between the two groups, both on the total growth score and on each of the five factors (Taubman – Ben-Ari et al. 2011). This study, therefore, provided convergent evidence, showing that growth is also discernible by external observers.

Research clearly indicates, therefore, that motherhood can be a source of stress as well as happiness, and that it is capable of generating personal growth. We turn now to an examination of variables that have been found to be related to well-being and personal growth in the transition to motherhood, and the interrelations between these two possible outcomes.

Variables Related to Mothers' Well-Being

Various factors have been found to affect mothers' well-being, including sociodemographic features, birth circumstances, cognitive appraisal, personality, and a supportive environment. Among the background variables examined, education has been shown to be particularly significant, suggesting that more educated individuals might be better prepared for parenthood (Galatzer-Levy et al. 2011; Joshi 2002). Studies looking into birth circumstances report that psychological distress is quite prevalent among women delivering preterms (Singer et al. 1999), and that lower levels of mental health are more common among mothers of preterm twins and among non-first-time mothers of full-term twins (Findler et al. 2007).

As stress is obviously not an objective entity, but is highly dependent on the individual's perception of the situation (Folkman and Lazarus 1985), women's cognitive appraisal of motherhood has also been examined. Findings reveal that higher perception of motherhood as a threat is related to lower levels of mental health among expectant first-time mothers (Taubman – Ben-Ari et al. 2009).

In addition, numerous studies of well-being and mental health have identified personality traits, or ego resources, which might enable positive responses to stress-related events. One of the most notable of these is self-esteem (Rosenberg 1979), which has been found to be positively related to mothers' psychological adjustment. Women who display high self-esteem have been shown to perceive the transition to motherhood as less threatening to their health (Terry et al. 1991), to report better mental health during pregnancy (Taubman – Ben-Ari et al. 2009), and to indicate higher meaning in life 6–24 months following delivery (Taubman – Ben-Ari et al. 2012). A greater sense of self-mastery (Pearlin and Schooler 1978) has also been found to make a positive contribution to women's mental health following the birth of their first child (Taubman – Ben-Ari et al. 2009).

Yet another internal resource which may help manage stressful events is attachment orientation. This variable consists of two dimensions, avoidance and anxiety, with low levels of both said to reflect secure attachment (Brennan et al. 1998). Studies have found that securely attached mothers appraise motherhood in more positive terms, and report less psychological distress (e.g., Berant et al. 2001; Noy et al. *in press b*) and higher well-being (Noy et al. *in press a, b*). In contrast, higher attachment anxiety has been related to lower levels of mental health during pregnancy among first-time mothers to be (Taubman – Ben-Ari et al. 2009), as well as 1 year following childbirth (Findler et al. 2007), and more avoidant parents

of infants were shown to find parenting less meaningful and satisfying the more stressful they perceived the role to be (Rholes et al. 2006).

Taken together, the findings paint a coherent picture. They indicate that while more stressful circumstances, such as the birth of twins or preterms or the evaluation of the situation as a threat, might contribute to higher levels of distress and lower levels of well-being, greater personal resources, such as education, self-esteem, self-mastery, and secure attachment, might serve as protective factors, contributing to better well-being and mental health.

Along with the importance of personal resources, the literature also reveals the enormous significance of the external resource of social support, an interpersonal transaction that involves both an emotional and an instrumental dimension (Wandersman et al. 1980). Research has produced strong evidence of the crucial role of a social support system which provides a positive supportive environment and enables the sharing of experiences in mediating the stress of mothers of newborns (e.g., Zachariah-Boukydis and Lester 1998). A strong relationship has also been demonstrated between marriage quality, an indication of the husband's support, and outcomes such as the mother's health, distress, satisfaction, well-being, mental health, and mood after childbirth (Fisher et al. 2002; Gottman and Notarius 2000; Levitt et al. 1986; Noy et al. *in press a, b*; Taubman – Ben-Ari et al. 2009). Perceived emotional support from the maternal grandmother has similarly been found to be positively associated with the mother's well-being (Findler et al. 2007; Noy et al. *in press a, b*; Taubman – Ben-Ari et al. 2009). In addition, perceived social support has been shown to contribute to meaning in life among first-time mothers 6–24 months following delivery (Taubman – Ben-Ari et al. 2012). Such findings indicate the singular importance of the spousal relationship, as well as the mother–grandmother relationship, to the mother's well-being.

Variables Related to Mothers' Personal Growth

As in the case of well-being, recent meta-analyses of adult samples (Helgeson et al. 2006; Prati and Pietrantoni 2009; Vishnevsky et al. 2010) show that personal growth is related to an array of factors, including sociodemographic variables, circumstances, perceived stress, cognitive appraisal, personal resources, social support, and positive outcomes (e.g., reduced depression, positive affect). Findings pertaining specifically to mothers' growth echo the findings for the general population. In line with the assumption that personal growth is stress-related, more stressful birth circumstances, such as the birth of a preterm baby or babies and pregnancy resulting from fertility treatments (e.g., Barr 2010; Chen et al. 2004; Goldberg and DeVitto 2002), have been found to elicit higher reports of growth (Taubman – Ben-Ari 2012) than more “normative” circumstances. Mothers of preterm babies (either twins or singletons) reported higher growth than mothers of full-term infants one year after the birth (Noy et al. *in press a*; Taubman – Ben-Ari et al. 2010), and first-time mothers of preterms reported higher growth than mothers

of full-terms both 1 month (Spielman and Taubman – Ben-Ari 2009) and 2 years (Taubman – Ben-Ari and Spielman *in press*) after delivery. Similarly, first-time mothers who had undergone fertility treatments reported higher levels of growth 6–12 months after the birth than those who had conceived spontaneously (Bar-Shua 2011).

More direct examinations of the relationship between stress and personal growth revealed significant positive associations between growth and certain dimensions of parental stress among first-time mothers 2 years after the birth (Taubman – Ben-Ari and Spielman *in press*). In addition, posttraumatic growth among parents of preterms was found to be predicted by the perceived stressfulness of the NICU experience (Barr 2011). Another study (Bar-Shua 2011) showed that the higher the spouse's parental stress, the higher the perceived growth of the woman 6–12 months following delivery of their first child, indicating that a mother's growth may be related not only to her own stress level, but also to the level of stress experienced by others in her surroundings.

These findings suggest that another important component in the experience of growth is the way a situation is assessed and perceived by the individual. Indeed, a series of studies conducted by my colleagues and myself consistently indicated the significance of cognitive appraisal for the growth of new mothers. In one two-phase study (Taubman – Ben-Ari et al. 2009), a higher appraisal of motherhood as a challenge was found to be associated with a higher sense of personal growth during pregnancy among expectant first-time mothers. Furthermore, although growth measured 2 months after delivery (phase 2) was related most substantively to the general level of growth during pregnancy (phase 1), appraisal of motherhood as a challenge during pregnancy was the only specific factor measured before the birth that was significantly associated with growth after delivery. The importance of cognitive appraisal was again confirmed in another study of first-time mothers conducted 6–24 months after the birth, which showed that lower appraisal of threat was related to higher perceived growth, especially for those who reported higher levels of social support (Taubman – Ben-Ari et al. 2012). These studies suggest that cognitive appraisals of motherhood start to play a role during pregnancy, and are able to predict growth not only in that period, but also following the birth of the child. Moreover, growth appears to be enhanced by a lower perception of the situation as a potential threat and a higher assessment of it as an opportunity, especially when these appraisals are backed up by support from significant others.

Certain background variables have also been found to play a role in the experience of growth in motherhood. Studies examining age have shown that the younger the mother, the higher her reported growth (Sawyer and Ayers 2009; Taubman – Ben-Ari et al. 2010; Taubman – Ben-Ari et al. 2012), and lower education has similarly been found to predict the growth of mothers (Taubman – Ben-Ari et al. 2010).

Psychological variables, or internal resources, which may be relevant to personal growth have also been examined. Research reveals that higher attachment anxiety is related to higher growth among first-time mothers both 6–12 months after delivery (Bar-Shua 2011) and 2 years later (Taubman – Ben-Ari and

Spielman [in press](#)), and moderate levels of proneness to shame were found to predict growth among mothers of preterms in the NICU, whereas low and high levels did not (Barr [2011](#)). Studies investigating self-esteem have produced inconsistent results, with one study of first-time parents reporting that higher self-esteem was associated with greater experience of growth among mothers (Spielman and Taubman – Ben-Ari [2009](#)), while a similar association was not found in other studies (Taubman – Ben-Ari et al. [2009](#); Taubman – Ben-Ari et al. [2012](#); Taubman – Ben-Ari and Spielman [in press](#)).

These findings suggest that people with lower personal resources, who encounter circumstances in which they question their ability to cope effectively, have a higher chance of experiencing personal growth. In other words, the need to contend with challenging and unfamiliar situations, along with the presence of a tiny baby who is totally dependent on them, can be expected to awaken women's innate abilities in order to enable them to cope as effectively as they possibly can. For those with greater resources and self-assurance, the struggle needed to evoke personal growth might not be relevant. However, women with fewer resources, such as those who are younger, less educated, or lacking in a sense of self-efficacy, might feel overwhelmed and anxious in regard to their ability to manage the demands of the transition to motherhood. Their ability to “survive” the experience may result in the discovery of new aspects of their capabilities and strengths, enhanced self-confidence, a heightened sense of trust, and a fuller understanding of the meaning of life in general, and the family in particular (Cadell et al. [2003](#)), that is, they may evidence the fundamental signs of growth.

The literature also stresses the vital role played by the individual's environment in providing social support which may encourage personal growth (e.g., Calhoun and Tedeschi [2006](#); Park et al. [1996](#); Prati and Pietrantoni [2009](#)). Several studies have highlighted the importance of the maternal grandmother's support, which has been linked to a higher experience of growth among mothers both a few months after the birth (Taubman – Ben-Ari et al. [2009](#)) and a year later (Noy et al. [in press a](#)). A study comparing mothers of preterm twins, full-term twins, and full-term singletons a year after the birth similarly reported a connection between the maternal grandmother's support and mothers' growth, especially among mothers of full-term twins (Taubman – Ben-Ari et al. [2010](#)). In addition, a higher frequency of meetings between mothers and grandmothers was found to be associated with a higher level of reported growth for mothers (Taubman – Ben-Ari et al. [2012](#)). Marital relationships have also been shown to play a major role. A better marital relationship during a first pregnancy was found to be associated with women's reports of growth in that period (Taubman – Ben-Ari et al. [2009](#)), and associations have been found between women's perceived marital adaptation and growth after the birth, mainly among mothers with less education and those who harbor negative feelings toward their baby/ies (Taubman – Ben-Ari et al. [2010](#)).

Social support may contribute to growth by giving individuals the opportunity to express their feelings, receive emotional and instrumental support, feel safer in dealing with difficult circumstances, and develop a more adaptive narrative in light of a new challenge (Cryder et al. [2006](#); Tedeschi and Calhoun [2004](#)). It seems

plausible that a supportive spouse or mother, along with a higher frequency of meetings between the generations, are reflections of closer relationships that enable the creation of special bonds and cooperation in the transition to motherhood, as well as a lessening of the mother's burden as a result of the practical help she receives from others. Moreover, sharing the new experience with her own mother, and allowing the grandmother to take an active part in the upbringing of the child, may afford the mother both emotional release and a chance to learn parenting skills, while at the same time giving the grandmother an opportunity to be a role model. As appreciating the presence and assistance of others is an integral part of the process of personal growth, this kind of support might facilitate mothers' experience of growth. Furthermore, particularly among less educated women and those who report more negative feelings toward their babies, the marital relationship may be perceived as an oasis of warmth and security, or may be reevaluated in light of the mother's need to cope with the hardships experienced after birth, which is another aspect of growth (Taubman – Ben-Ari et al. 2010).

Insights and Thoughts for Future Research

Although the view that parenthood carries both costs and benefits for parents' well-being has been long established, research has taken a significant step forward over the past decade with the inclusion of measures that tap specific dimensions of this variable, including distress, happiness, a sense of meaning and purpose in life, self-efficacy, loneliness, and physical health (Umberson et al. 2010). In addition, recent explorations of the possibility of personal growth (Taubman – Ben-Ari 2012) shed light on a further aspect of mothers' experience.

While growth and well-being are both positive outcomes, research demonstrates that they are discrete constructs. Empirical findings suggest that in order to promote well-being in the transition to motherhood, higher internal and external resources alike are needed. However, the experience of growth appears to be enabled by the combination of lower internal and higher external resources. In both cases, circumstances play a role, as mothers of preterms or those who underwent fertility treatments report lower well-being and higher growth than mothers in more normative contexts. However, whereas mothers' well-being has been associated with higher internal resources (self-esteem, self-mastery, secure attachment), lower perception of the situation as a threat, as well as higher external resources (better marital relationships, maternal mother's support, general social support), growth in the wake of motherhood has been related to lower internal resources (greater attachment anxiety, higher proneness to shame), a positive appraisal of the situation as a challenge, and a more supportive environment.

A further construct may also come into play here: the concept of meaning in life. It goes without saying that the transition to motherhood is a decisive turning point in a woman's life, causing a sharp break with the life she led before. Such a major change is likely to involve a re-evaluation of priorities and re-examination

of core beliefs and life philosophies. However, to the best of my knowledge, only one study has looked into personal growth and meaning in life among first-time mothers, and found each of them to be associated with different variables (Taubman – Ben-Ari et al. 2012). Stable variables (higher self-esteem and greater social support) were found to be related primarily to meaning, whereas more situation-specific variables (a higher perception of motherhood as a challenge and lower perception of it as a threat) were related to growth. Hence, although meaning is often thought to be part of growth, there is initial evidence that suggests that this is not necessarily the case. It is possible that growth is generated by change and is more sensitive to circumstances, whereas meaning is more stable and may be experienced continuously throughout life.

The finding that personal growth in the transition to motherhood is not identical to other concepts such as well-being, mental health, meaning in life, and positive emotions is consistent with the results reported in regard to traumatic events (see Zoellner and Maercker 2006). Research indicates that while people who undergo a life crisis may suffer a reduction in their well-being, they can also grow and gain a genuine sense of development from the experience. Moreover, the impetus for growth appears to be the struggle with a set of circumstances that significantly challenges the individual's understanding of the world and their place in it, whether it be a traumatic event or a normative experience. This leads to the notion that meaning in life may play a unique role in life transitions in general, and in becoming a mother in particular.

Adjustment to stressful events is frequently examined in the context of the meaning-making model (Park 2010; Park and Folkman 1997), which posits that individuals possess two levels of meaning, global and situational. Global meaning refers to broad beliefs, or underlying assumptions, about the world, as well as the individual's basic goals and motivations, all of which generally go unquestioned (Janoff-Bulman 1989; Park and Folkman 1997). In contrast, situational meaning relates to a particular person-environment interaction (i.e., a stressful event), and involves an initial appraisal of its stressfulness and personal significance (Park and Folkman 1997). The personal nature of this assessment explains why the same event may affect different people in different ways, or may even affect the same person in different ways at different points in time.

According to the meaning-making model, “to the extent that global beliefs and goals are incongruent with the appraised meaning of a situation, people will experience distress and attempt to alleviate this distress, or cope” (Park and Folkman 1997, p. 124). Meaning-making therefore entails cognitive processing to reduce any discrepancy between global and situational meaning, either by altering the appraised meaning of a situation or by altering beliefs and goals to accommodate the event (Park 2010), with successful meaning-making resulting in adjustment to the disruptive event. Stress-related growth might therefore be seen as an extension of this model, as it is one potential outcome that may derive from a successful process of meaning-making (Park 2010; Park and Folkman 1997). In other words, meaning may serve as a bridge between experienced stress, well-being, and personal growth.

Interestingly, both subjective well-being and growth are said to have a component of meaning embedded in them. The eudemonic aspect of subjective well-being is, in effect, the achievement of meaning, and growth is, in part, the discovery of new meanings in life. Even meaning itself has been defined by some scholars as the search for happiness or satisfaction, which emerges from the achievement of goals and through general life experiences (Cohen and Cairns 2012). Although striving for happiness may not guarantee meaningfulness, any activity that provides meaning can also be expected to induce happiness (Aristotle 1955; Reker 2000). Several studies support this view, reporting correlations between a sense of purpose and meaning in life and subjective well-being, as measured by dimensions such as life satisfaction and positive affect (e.g., King et al. 2006; Steger et al. 2008; Zika and Chamberlain 1992). Research has also shown that positive affect is significantly associated with positive meaning finding among bereaved individuals (Boyraz and Efstathiou 2011; Boyraz et al. 2010), and that experimentally induced positive affect is significantly associated with an increased level of meaning in life (Hicks and King 2007; King et al. 2006). Similarly, significant positive correlations have been reported between positive affect and meaning in life (e.g., Boyraz and Efstathiou 2011; King et al. 2006), as well as good health (Pettit et al. 2001). Whereas positive affect may foster the discovery of meaning and growth, negative affect may have adverse consequences for adjustment. Indeed, several studies have indicated negative relationships between negative affect and meaning in life (e.g., Zika and Chamberlain 1987), and it has also been found to be negatively associated with benefit finding following the loss of a loved one (Boyraz et al. 2010).

Moreover, recent findings suggest that the link between meaning in life and happiness is moderated by the *search* for meaning (Cohen and Cairns 2012; Steger et al. 2008). Participants who reported low levels of meaning in life and high levels of searching for meaning displayed the highest distress, with an increase in meaning and decrease in the search for meaning resulting in a rise in the level of happiness (Cohen and Cairns 2012). Cohen and Cairns (2012) suggest that individuals still in search of a fundamental meaning in life may be prone to reduced subjective well-being, whereas those who have a sense of meaning and continue to process it may be protected from such distress.

These findings raise an interesting possibility in the context of motherhood. The birth of a child, like any life transition, is likely to initiate a search for new understandings of the individual's goals and purpose in life, ultimately causing them to emerge from the transition with new insights. In this situation, the level of subjective well-being might be dependent on the basic level of meaning in life and its actualization, while personal growth might be more apt to develop among those who find meaning that was not present in their life prior to the transition. This proposition certainly warrants further investigation, as it might help to explain why some people experience personal growth and others do not. It draws on the fundamental assumption that personal growth is the result of a process of self-learning, of discovering new things about one's own abilities and one's relationships with others through the process of coping with stressful circumstances. This

might also explain Galatzer-Levy et al.'s (2011) finding that while most people report no substantive change in subjective well-being after the birth of their first child, a significant proportion respond *positively* to this event, and this response is maintained over time. Perhaps this group represents those who experience personal growth in the wake of parenthood, a possibility well worth exploring.

To conclude, it is important to remember that every person has a certain level of meaning in life and a certain level of well-being at any given time, and both may be affected by a stressful event or life transition. Personal growth, however, is not experienced by everyone in the wake of such circumstances. It is dependent on a complex of predispositions and contextual underpinnings. Thus, while growth may not be a necessary outcome, it is a very real experience for some people. Consequently, no professional discussion of the meaning of the transition to motherhood and its implications for women's mental health can afford to ignore the possibility of personal growth.

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