

MEANINGLESSNESS IN PSYCHOTHERAPY. CLINICAL CHALLENGES AND SPIRITUAL RESOURCES

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SUMMARY: 1. *Introduction*. 2. *Towards a Psychological, Empirical Research of the Meaning*. 3. *Meaninglessness in Psychotherapy: Some Results, Difficulties and Dilemmas*. 4. *Therapeutic Directions for Meaninglessness*. 5. *Religion/ Spirituality and Meaning*. 6. *Belief and Hope as Sources of Strength and Resistance to Meaninglessness: Clinical Implications*. 7. *Conclusions*.

1. INTRODUCTION

THERE has been an increase of interest in the psychological research of the last decades for certain topics established in philosophy, theology, Christian and non-Christian spirituality. The meaning of life, the virtues, the good and the well-being, the transformation and the transcendence of the self, courage, humility, patience, suffering, forgiveness, gratitude etc. were developed from the perspective of positive and empirical psychology. For instance, the notion of self-improvement brought attention to the virtues and strengths of character through which the psychological well-being and the optimal mental functioning are promoted. Taxonomies of virtues have been elaborated starting from different religions and philosophies,¹ some being operationalized in psychological constructs so that they can be measured scientifically. The number of empirical studies on virtues has increased, as well as the interdisciplinary studies dedicated to this topic.² It should be stated that the study of virtues has become one of the four pillars of the second wave of positive psychology, along with meaning, resistance and well-being.³

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¹ M. E. P. SELIGMAN & M. CSIKSZENTMIHALYI, *Positive Psychology: An Introduction*, «American Psychologist», 55/1 (2000), pp. 5-14; C. PETERSON & M. E. P. SELIGMAN, *Character Strengths and Virtues: a Handbook and Classification*, American Psychological Association; Oxford University Press, Washington, DC-New York 2004.

² C. L. PARK (ed.), «Psychology of Religion and Spirituality», 9/3 (2017).

³ P. T. P. WONG, *Positive Psychology 2.0: Towards a Balanced Interactive Model of the Good Life*, «Canadian Psychology/Psychologie canadienne», 52/2 (2011), pp. 69-81.

Another philosophical theme researched by psychologists, viz. meaning in life, has provided useful results for clinical practice. The lack of meaning in life, or the loss of meaning-seeking, a problem commonly encountered in therapy, challenges both practitioners and researchers to new approaches to help supporting life and increasing its quality. Although there is a large number of studies on meaning and meaning making in life, there is a small number on meaninglessness. However, practitioners have provided clear and ingenious recommendations for (personal) meaninglessness in life, which frequently combines philosophical reflections and therapeutic techniques of various schools. The problem of meaning in life often remains implicit in therapy, although there are also therapies that explicitly focus on the problem of significance and meaning. One cannot ignore the tradition of incorporating aspects related to meaning into the psychotherapeutic activity,⁴ which remains a vital area of psychotherapy. It is noted, however, that in the therapies or interventions oriented towards meaning/meaninglessness, the role of religion/spirituality is not sufficiently exploited especially in terms of integrating some elements that could help the therapeutic approach. The present paper questions the difficulties of the clinical approach of the philosophical theme related to meaninglessness in life, indicates some therapeutic directions from the limited literature on this subject, and completes it with the use of two theological virtues, faith and hope, as unconventional resources in supportive therapy for loss of meaning in life.

2. TOWARDS A PSYCHOLOGICAL, EMPIRICAL RESEARCH OF THE MEANING

Philosophy and positive psychology share common opinions about meaning, considered a central aspect for well-being and happiness.⁵ Viktor Frankl built a bridge between existential philosophy and positive psychology in terms of research on meaning.⁶ Introducing into psychotherapy questions about the purpose and meaning of life necessarily complemented traditional psychotherapy. The will to meaning, thought in the centre of human nature, is described “as man’s striving to fulfill as much meaning in his existence as possible, and to realize as much value in his life as possible”.⁷ This occurs in the routine of daily life,

⁴ V. E. FRANKL, *The Will to Meaning: Foundations and Applications of Logotherapy*, New York, New American Library 1969.

⁵ D. M. HAYBRON, *Happiness: a very Short Introduction*, Oxford University Press, Oxford 2013; T. METZ, *Meaning in Life as the Aim of Psychotherapy: A Hypothesis*, in J. A. HICKS & C. RUTLEDGE (eds.), *The Experience of Meaning in Life. Classical Perspectives, Emerging Themes, and Controversies*, Springer Netherlands, Dordrecht 2013, pp. 405-417; P. T. P. WONG (ed.), *The Human Quest for Meaning: Theories, Research, and Applications*, Routledge, New York 2012².

⁶ A. BATTHYANY & P. RUSSO-NETZER (eds.), *Meaning in Positive and Existential Psychology*, Springer, New York 2014.

⁷ V. E. FRANKL, A. BATTHYANY & A. TALLON, *The Feeling of Meaninglessness: a Challenge to Psychotherapy and Philosophy*, Marquette University Press, Milwaukee, 2010, p. 85.

being a spiritual dimension that deserves the full attention of psychotherapists. The word *spiritual* does not mean *religious*, but refers to the specific human character of man, to his humanity that has the possibility to overcome psychophysical conditioning. Frankl saw logotherapy as a philosophy of life as well as a therapy, although it is also compatible with some religious beliefs.

Baumeister⁸ extended Frankl's ideas, noting that individuals actively construct the meaning of their lives through every thought and action, and that a subjective sense of meaning can also come from the feeling of being headed in one direction, having an intention, a purpose, a plan, rather than actually achieving something. He states: "Meaning is a tool for adaptation, for controlling the world, for self-regulation, and for belongingness. Indeed, it is the best all-purpose tool on the planet".⁹

Meaning Therapy incorporated the principles of logotherapy and extended it to the positive empirical and integrative area, becoming a central construction that organizes the other cognitive-behavioural, existential-humanistic, narrative and positive therapeutic techniques.¹⁰ In Meaning Therapy, relationship is a major factor for therapy, being more than a therapeutic alliance, a certain kind of *presence* of the therapist. Metz has integrated the philosophical and psychological theory about *meaning of life* and *meaning in life*,¹¹ providing useful insights for clinical developments. For example, a visual model of the meaning of life is applied for analysing patients' narratives of their lives and assessing the depth and coherence of their meaning.¹²

The motivational analysis of life trajectories, through Quality of Life-Therapy,¹³ supports the importance of revising goals, standards and priorities as a strategy to stimulate happiness and life satisfaction. The important and personally significant goals give life order and structure, thus meaning. Although not all goals contribute to a sense of (personal) meaning, four dimensions of personal significance have been identified (WIST: work, intimacy, spirituality and transcendence) through which life satisfaction is evaluated and sources of fulfilment in the four areas are developed.¹⁴ At the same time, the

⁸ R. F. BAUMEISTER, *Meanings of Life*, Guilford Press, New York 1991.

⁹ *Ibidem*, pp. 357-358.

¹⁰ P. T. P. WONG, *Positive Psychology 2.0*, cit.; P. T. P. WONG (ed.), *The Human Quest for Meaning*, cit.; P. T. WONG, *Meaning Therapy: Assessments And Interventions*, «Existential Analysis: Journal of the Society for Existential Analysis», 26/1 (2015).

¹¹ T. METZ, *Meaning in Life: an Analytic Study*, Oxford University Press, Oxford-New York, 2013; T. METZ, *Meaning in Life as the Aim of Psychotherapy*, cit.

¹² Y. URATA, *A Psychological Model to Determine Meaning in Life and Meaning of Life*, «Journal of Philosophy of Life», 5/3 (31/10/2015), pp. 215-227.

¹³ M. B. FRISCH, *Quality of Life Therapy and Assessment in Health Care*, «Clinical Psychology: Science and Practice», 5/1 (3/1998), pp. 19-40.

¹⁴ R. A. EMMONS, *Personal Goals, Life Meaning, and Virtue: Wellsprings of a Positive Life*,

psychological processes or virtues that underlie the behaviour aimed at higher goals have been identified: prudence, patience, perseverance, preventively for *existential disappointment*.¹⁵

Existential therapies, the most appropriate for approaching the meaning, but which seemed vague, incoherent and inconsistent in intervention, were developed empirically and rationally.¹⁶ The philosophical and psychological analysis of the four main existential branches (*dasein* analysts, existential-humanists, existential-phenomenologists and practitioners of logotherapy and/or existential analysis) emphasized the characteristic interventions of each,¹⁷ the need to develop instruments (observation grids) for evaluating existential therapeutic processes.¹⁸ Other studies have shown the value of the phenomenological method, which by paying attention to the experience lived by the client, recovers the authenticity of the sense of self as well as the sense of life, providing a framework for case conceptualization of existential problems.¹⁹ Hoffman et al. argued not only that existential therapy has a strong empirical basis, but also that there is a need to develop the existential therapeutic competence on an empirical basis.²⁰

With all the psychologically-empirical developments on the theme of meaning listed above, there are syntheses which demonstrate that philosophy and therapy can form a useful and coherent framework. The positive analysis of existential psychotherapies, starting from the eight common themes (ontology, intentionality, freedom, choice / responsibility, phenomenology, individuality, authenticity and potentiality) shows a common ground, with great challenges for existential therapists, where “radical” solutions are sometimes necessary.²¹

in C. L. M. KEYES & J. HAIDT (eds.), *Flourishing: Positive Psychology and the Life Well-Lived*, American Psychological Association, Washington D.C. 2003, pp. 105-128.

¹⁵ *Ibidem*.

¹⁶ C. JOSHI, J. M. MARSZALEK & L. A. BERKEL et al., *An Empirical Investigation of Viktor Frankl's Logotherapeutic Model*, «Journal of Humanistic Psychology», 54/2 (4/2014), pp. 227-253.

¹⁷ E. A. CORREIA, M. COOPER & L. BERDONINI et al., *Existential Psychotherapies: Similarities and Differences Among the Main Branches*, «Journal of Humanistic Psychology», 58/2 (3/2018), pp. 119-143.

¹⁸ E. A. CORREIA, V. SARTÓRIS & T. FERNANDES et al., *The Practices of Existential Psychotherapists: Development and Application of an Observational Grid*, «British Journal of Guidance & Counselling», 46/2 (4/3/2018), pp. 201-216.

¹⁹ M. TEMPLE & T. L. GALL, *Working Through Existential Anxiety Toward Authenticity: A Spiritual Journey of Meaning Making*, «Journal of Humanistic Psychology», 58/2 (3/2018), pp. 168-193.

²⁰ L. HOFFMAN, L. VALLEJOS & H. P. CLEARE-HOFFMAN et al., *Emotion, Relationship, and Meaning as Core Existential Practice: Evidence-Based Foundations*, «Journal of Contemporary Psychotherapy», 45/1 (3/2015), pp. 11-20.

²¹ J. C. NORCROSS, *A Rational and Empirical Analysis of Existential Psychotherapy*, «Journal of Humanistic Psychology», 27/1 (1987), pp. 41-68.

3. MEANINGLESSNESS IN PSYCHOTHERAPY: SOME RESULTS, DIFFICULTIES AND DILEMMAS

Meaninglessness has become one of the greatest threats of our time. In psychotherapeutic practice, meaninglessness is addressed more frequently than it is assumed. The problem appears in a pure state as *existential neurosis* (the incapacity to find a meaning in life that is good enough), combined with clinical conditions (depression, alcoholism, post-traumatic stress disorder, chronic disease, cancer etc.) or other non-clinical aspects. Meaninglessness is a complex experience, identifiable on at least three levels: as a state experienced through negative emotions (experiential), as a meaning gap expressed in the client's story (narrative) or as life (existential) groundlessness.²²

The most frequent research on the subject concerned older adults, alcoholics, cancer patients or other clinical cases. Meaninglessness correlates positively with the Geriatric Depression Scale (GDS) ($r = .37, p < .01$), while the lack of objectives, the impoverishment of meaning, the alienation from oneself, others and society, low self-esteem are factors that contribute to the feeling of meaninglessness.²³

Meaninglessness as a therapeutic problem or as part of it creates a strong sense of lack of solutions among most therapists, who sometimes find ways to bypass it in therapy.²⁴ Suffering from meaninglessness (in life) has proved to be a rare indication for psychotherapeutic interventions, which somewhat justifies Yalom's observation. Through existential analysis and logotherapy (the first therapeutic "methods" proposed by Frankl for the recovery of meaning), the person who suffers is brought to the point where he or she existentially assumes their own suffering, seeks a meaning in accordance with his personal values, while going through a process of deepening and exceeding self-consciousness.

Although empirical research on meaninglessness is limited, the clinical experience is rich in recommendations, suggestions and valuable observations for the therapeutic approach. Moreover, it should not be forgotten that meaninglessness and other related topics such as freedom, isolation or death can be partially approached in a scientifically-positivist manner, because their existential basis is deeply intuitive, with truths so obvious that the logical argu-

²² S. VANHOOREN, *Struggling with Meaninglessness: a Case Study from an Experiential - Existential Perspective*, «Person-Centered & Experiential Psychotherapies», 18/1 (2/1/2019), pp. 1-21.

²³ M. VAN SELM & F. DITTMANN-KOHLI, *Meaninglessness in the Second Half of Life: The Development of a Construct*, «The International Journal of Aging & Human Development», 47/2 (9/1998), pp. 81-104.

²⁴ I. D. YALOM, *Existential Psychotherapy*, Basic Books, New York 1980, p. 533.

ment and empirical testing are (sometimes) superfluous.²⁵ Approaching the philosophical problem of meaninglessness (in life) clinically, face to face, with a specific client/patient, in a therapeutic context, has new difficulties, but also shared with those implied by the philosophical concern itself. Wise words and reflections are necessary, but not sufficient to relieve the feeling of meaninglessness. The search/creation/reconstruction of meaning exclusively through thinking, reading, discussions, deep philosophical and spiritual reflections can help to some extent. The therapeutic approach may involve these means, but considering some limits and risks involved in the problem itself.

In philosophy, the question about meaning or meaninglessness of life has received different reflections in the existing rich literature (Shakespeare, Sartre, Camus, Hegel, Kierkegaard, Nietzsche, Tolstoy etc.) through which the one concerned with the subject can make an opinion. However, there are some minimal requirements that accompany this question/problem, which can provide good mental hygiene to the one who asks it (for oneself) or in a therapeutic approach. Here are some of these requisites that can inspire a therapist's work:²⁶

- The question/concern/problem about the meaning of life should not substitute the fact of living, but accompany the existence, not suspend it;
- There is no collective meaning in life;
- No one can express oneself pertinently on the meaning of another person's life;
- You cannot get a meaning in life from outside of you;
- The meaning must be found in a unique, personal horizon;
- Fulfilling all the objectives of the personal "program" of life does not satisfy the meaning in life;
- The hasty answers about meaning do not rise to the height of the questioning process.

The psychotherapists also noted the vices of the questions regarding the meaning in life or the complaint that "life does not make sense" and suggested some basic recommendations for preparing or carrying out the therapeutic intervention.²⁷

1. The analysis of the complaint often shows that meaninglessness is mixed with other issues;
2. The complaint shall be reformulated, avoiding the trap of weakness, helplessness to find a way (as if there were a given one).
3. Reflect together with the client on the fact that life is worth living even without a meaning, that a meaning is not necessary for life to matter, that deep doubts do not diminish the value of life (life is also beyond *me*).

²⁵ *Ibidem*, p. 36.

²⁶ A. PLEȘU, *Despre frumusețea uitată a vieții*, Humanitas, București 2011, p. 32-34.

²⁷ I. D. YALOM, *Existential Psychotherapy*, cit., pp. 543-553.

4. Analyse what is at the centre of the client's life (system of beliefs, love for others, long-term goals and hopes, interests, creative activities) and where his life is headed;
5. The therapist shall develop the existential perspective of the (human) subject that makes/creates meaning;
6. The therapist shall identify the client's self-transcendence capacity and spiritual/religious values.

Engaging or *re-engaging* the client in the concrete life remains the most important therapeutic goal because: it will put an end to the vicious circle of questions about meaning, it will help to create the sense of meaning (which is an effect of effective engagement in life) and it will lessen the overwhelming doubts of the "galactic" perspective that blocks the living of life.²⁸ We notice that, as the two authors above (Pleşu and Yalom) have sensed, with different professional expertise, the meaninglessness in life is somehow naturally adjusted, if one manages to reconnect with life. This shows us that, in the space of existential concerns/needs, *deep intuition* can be a common one and the main instrument of orientation – for both the philosophical and the therapeutic approach.

"Does the therapist need to know how to answer their own questions about meaning in order to conduct a therapeutic approach?" This is one of the dilemmas of many practitioners. Experienced practitioners, however, claim that only knowledge and experience of what a meaningful living (something that deserves to be done, has purpose or value) can do are necessary.²⁹ Bergner proposes a paradigm case of meaningful action (or living) through which human behaviour can be oriented towards at least one of the three values: instrumental (obtain something concrete), intrinsic (obtain internal psychological satisfaction) and spiritual (receive something beyond immediate goals). The failure to reach meaning can thus be organized and understood around the values for which a behaviour is initiated. The usual diagnosis in the case of meaninglessness is that the individual *does not give value to find/receive value*.³⁰ What opposes *the power to give value* are a series of obstacles (which can be addressed directly as therapeutic purposes):

- a. too much intellectual approach to meaninglessness;
- b. too much introspection (which can become chronic self-preoccupation);
- c. the inability to appreciate the significance/value in their own actions (explore with the clients what they can omit in their behaviour, i.e. higher-order, spiritual-religious values).

²⁸ *Ibidem*, p. 555.

²⁹ R. M. BERGNER, *Therapeutic Approaches to Problems of Meaninglessness*, «American Journal of Psychotherapy», 52/1 (1998), pp. 72-87.

³⁰ P. G. OSSORIO, *Clinical Topics (LRI Report No. 11)*, «Linguistic Research Institute» Boulder, CO (1976).

- d. the 'galactic' view of the world, regardless of the level of intellectual sophistication, attributes low value to human actions;
- e. disqualification of own actions (self-criticism, too high standards);
- f. the law of continuous productivity ("only producing something means value");
- g. the law of eternity ("what is transient has no value").³¹

Starting from the few opinions on the specificity and difficulties of the philosophical and therapeutic approach problem of meaninglessness, we understand the small number of psychological studies on this subject. We noticed the common intuitions of three authors (from different fields: philosophy, psychotherapy, psychiatry), very useful for setting the therapeutic attitude suited to the existential problems.

4. THERAPEUTIC DIRECTIONS FOR MEANINGLESSNESS

I will present below some therapeutic directions, showing the specificity and emphasis that each one uses in addressing meaning and meaninglessness. There is a rich psychological literature that can guide and inspire a therapeutic process on this issue (which somewhat compensates for the void of targeted studies on this topic).

a. Logotherapy. Meaning-seeking is considered by Frankl as both a universal primary human motivation and a unique human ability to give sense to the world and to create systems of values and beliefs. To seek meaning is to seek the transcendence of self, to exit the psychological self and to serve something or someone greater than oneself. To access the meaning, the logotherapist focuses on the noetic dimension, which contains the healthy nucleus of man, where unique human attributes can be found, such as: the will to meaning, ideas and ideals, creativity, imagination, faith, love, conscience, self-detachment, self-transcendence, humour, goals, commitment and responsibility. The logotherapist mobilizes these innate human qualities in the therapy.

Man gets to experience meaninglessness when facing overwhelming suffering, which sometimes cannot be changed, being a given of life. Frankl's logotherapy³² comes as a solution to the challenges of suffering, being applied to a wide range of conditions (schizophrenia, mood disorders, anxiety disorders, post-traumatic stress disorder (PTSD), alcohol abuse, personality disorders, heart disease and chronic pain). Logotherapy improves the response to stress, the human ability to tolerate adversity, to build psychological resilience and to grow as a result of stressful and traumatic experiences. But not every form of meaning can support the client in transforming the experience of suffering and here is the difficulty of looking for meanings with this potential.

³¹ R. M. BERGNER, *Therapeutic Approaches to Problems of Meaninglessness*, cit., pp. 78-87.

³² V. E. FRANKL, *Man's Search for Meaning*, Beacon Press, Boston 2006.

Cognitive reassessment of the event with major stress can boost resilience by diminishing negative emotions. Positive cognitive reassessment is a common *coping* strategy used in logotherapy. For example, logotherapy regards stress and tension as necessary for the growth and the fulfillment of meaning, and past mistakes and failures are seen as opportunities for learning and self-correction. The most powerful example of cognitive reframing in logotherapy involves the position towards *inevitable suffering*, which could offer the deepest and noblest meaning in life.

The capacity for detachment of self is at the centre of *the paradoxical intention*, one of the distinct therapeutic techniques in logotherapy and is often used to help the person understand that he/she is not the same with the symptoms, with his/her suffering. Logotherapy supports *active coping* when facing life's challenges. Human intentions, values and responsibilities must be fulfilled in concrete tasks, because only this way they can be achieved.³³ For Frankl, the daily tasks, i.e. having something to do, helps the person overcome or endure objective or subjective difficulties.³⁴ But it is important to remember that addressing problems actively is not always the most effective strategy for coping with severe stress, trauma and meaninglessness. These even ask for a step back, to reflect, accept and carefully observe what is happening on the subjective level. Therapists are aware that active strategies are not suitable for any problem, nor are passive strategies always maladaptive.

Responsibility is at the centre of resilience to adversity and logotherapy is a psychoeducation for responsibility. The responsibility to use one's own freedom, to find the strength, commitment and endurance needed to live a meaningful life, to decide "what to do, whom to love and how to suffer"³⁵ requires a lot of courage.

b. Intentional teaching and learning of courage using Geller's Tri-Part Model:³⁶ (bravery, boldness, and fortitude) could be another way to increase endurance to meaninglessness or adversity in life.³⁷ The model can help therapists be brave in clinically useful ways, especially with patients experiencing existential problems and suicide attempts. Cultivating courage as moral force means staying engaged in difficult emotional situations, pursuing personal goals.³⁸

³³ *Ibidem*, p. 42.

³⁴ *Ibidem*, p. 54.

³⁵ V. E. FRANKL, *The Will to Meaning: Foundations and Applications of Logotherapy*, Plume, New York, 1st Plume printing, expanded ed., 2014, p. 74.

³⁶ J. D. GELLER, *Courage and the Effective Practice of Psychoanalytic Psychotherapy: Tri-part Model of the Concept of Courage*, (2014).

³⁷ *Ibidem*; W. S. POLAND, "The best thing in me": *The Analyst's Courage in Clinical Practice*, «Psychoanalytic Psychology», 25/3 (2008), pp. 556-559.

³⁸ J. D. GELLER, *Courage and the Effective Practice of Psychoanalytic Psychotherapy*, cit.

Enduring meaninglessness without deepening into depression or suicidal thoughts is a skill that can only develop in a meaningful relationship, such as the therapeutic one. Moral strength gives the therapist the power to empathically acknowledge traumatic suffering, to persevere in providing hope and to maintain the therapeutic relationship, which is sometimes rejected by the hopeless patient. The strength of the therapist to deal with and work with existential uncertainties is based on three capacities: tolerance for suffering, support for getting involved in a work with an uncertain outcome, and management and tolerance of ambiguity.³⁹ According to the Tri-Part model, fortitude serves not only resilience, but also motivational functions that are vital for the therapist and patient: viz. to move forward despite boredom, hatred, patients' overwhelming pain, trying to always balance the changing needs of patients, maintaining compassion in front of disappointment, deadlocks or failure.

The situation that requires the highest moral strength for the therapist is to stay with the patient who is thinking about suicide. For example, a patient who survived a suicide attempt claims that the therapist saved him with a boring approach, methodically analysing his beliefs.⁴⁰ Geller argues that if strength of character is not an outstanding feature in the therapist's personality, it would be impossible to bear the brunt of empathy with the torments of patients' despair, who no longer believe it is worth living.⁴¹ Staying with the patient and containing his "dark" feelings requires the highest moral force.

c. *Existential therapies.* The purpose of existential therapies is not to change people, but to help them adapt to the transformative process of life, taking responsibility for what is happening to them, adjusting their excessive demands on life and on themselves. People may feel "better prepared" to confront death, crises, personal failures, losses and failures if they accept the reality of constant transformation, of which we all belong. They can find better and better ways to adapt to these changes, rather than fight them or rush them. The hour of existential therapy can be considered an hour of rehearsal for life.⁴²

The existential approach is not technique oriented, and existential therapists are free to create their own techniques or import them from many other orientations, to respond to the uniqueness of each client. The interventions are based on philosophical opinions about the essential nature of human existence, on a set of assumptions and attitudes that guide. The use of the thera-

³⁹ *Ibidem.*

⁴⁰ T. L. WISE & H. S. KUSHNER, *Waking Up*, Pathfinder Pub. of California, Oxnard 2004.

⁴¹ J. D. GELLER, *Courage and the Effective Practice of Psychoanalytic Psychotherapy*, cit.

⁴² E. VAN DEURZEN, *Existential Counselling and Psychotherapy in Practice*, Sage, Los Angeles 2012³.

peutic self is the core of the therapy. Existential therapies prefer the description, understanding and exploration of reality rather than diagnosis, treatment and prognosis. Existential therapists follow a specific philosophical method of investigation that requires a consistent professional attitude to which therapeutic strategies and techniques can be added. The existential therapist can recognize the different types of suffering that exacerbate meaninglessness, which requires a lot of experience so as not to cause further damage.

One of the four main methods used in existential therapy is about meaning (cultivating a naive attitude, facing limitations, exploring personal world view, enquiring into meaning). Finding meaning in life is a by-product of the commitment to act, create, love, work and build, as stated by the authors mentioned above.⁴³

d. Cognitive-behavioural techniques: flexibility, acceptance and reassessment of meaninglessness. Flexibility in how a person thinks and behaves in stressful and challenging situations has a huge impact on his resilience. The ability to accept those things that cannot be controlled and to take responsibility for the things that are in his/her power, has been cited as a source of power and resilience by both (stoic) philosophers and psychologists. Accepting a situation without judgment is included in some behavioural health therapies (Acceptance and Commitment Therapy-ACT, Dialectical Behaviour Therapy-DBT, Mindfulness-Based Cognitive Therapy-MBCT). These interventions attempt to change the psycho-emotional function of those stressful events and the patient's relationship with them.

e. Meaning Therapy promotes meaning as a core value⁴⁴ and helps the clarification of the clients' direction, the orientation towards values and goals, the stress assessment, strengthening *coping* strategies and improving the meaning. It is one of the complete meaning-based therapies, because it combines three strengths: it uses the principles of positive psychology (focused on meaning fulfilment), it is integrative (meaning is seen as a holistic construct, including spiritual, emotional, cognitive and behavioural dimensions) and has a practice based on empirical evidence (with assessment tools and intervention strategies).⁴⁵

Other interventions can use/combine resources from religion and spirituality (Christianity).

There is research that has examined how religion encourages the development of virtues through individual and community spiritual practices,⁴⁶

⁴³ *Ibidem.*

⁴⁴ P. T. WONG, *Meaning Therapy: Assessments And Interventions*, cit.

⁴⁵ *Ibidem.*

⁴⁶ N. M. LAMBERT, F. D. FINCHAM & S. R. BRAITHWAITE et al., *Can Prayer Increase Gratitude?*, «Psychology of Religion and Spirituality», 1/3 (2009), pp. 139-149.

teachings,⁴⁷ relationship with God.⁴⁸ Although the results of positive psychology and the psychology of religion about virtues are slightly corroborated, interdisciplinary dialogue is encouraged in which the psychology of religion, positive psychology, theology and philosophy work together on religious topics such as: patience,⁴⁹ humility,⁵⁰ grace,⁵¹ tradition.⁵² Religion provides valuable resources for creating meaning in life and can become a “safety net” in the meaninglessness crisis.

5. RELIGION / SPIRITUALITY AND MEANING

In most studies, a clear distinction is made between the terms spirituality and religiosity. Spirituality is often associated with a unique, subjective experience with strong personal signification⁵³ and religiosity with the beliefs and practices of an organized community or religious institution.⁵⁴ There are exceptions, for example Eastern Christian spirituality is the experimental practice of Orthodox doctrine: “Spirituality is the feeling or conscious experience of God’s grace, which manifests itself through a way of knowledge and life.”⁵⁵ In Eastern Christian practice, spirituality makes theology not just simply dogmatic but experiential and alive. For ease of discussion, I will treat the two concepts *spiritual* and *religious* as equivalent.

Religious beliefs and spiritual practices systems can provide individuals with broad, integrated frameworks of significance that allow them to explain

⁴⁷ B. RANDOLPH-SENG & M. E. NIELSEN, *Honesty: One Effect of Primed Religious Representations*, «International Journal for the Psychology of Religion», 17/4 (5/10/2007), pp. 303-315.

⁴⁸ P. GRANQVIST, M. MIKULINER & V. GEWIRTZ et al., *Experimental Findings on God as an Attachment Figure: Normative Processes and Moderating Effects of Internal Working Models*, «Journal of Personality & Social Psychology», 103/5 (2012), pp. 804-818.

⁴⁹ S. A. SCHNITKER, B. HOULTBERG, W. DYRNESS et al., *The Virtue of Patience, Spirituality, and Suffering: Integrating Lessons from Positive Psychology, Psychology of Religion, and Christian Theology*, «Psychology of Religion & Spirituality», 9/3 (8/2017), pp. 264-275.

⁵⁰ D. E. DAVIS, J. N. HOOK & R. MCANNALLY-LINZ et al., *Humility, Religion, and Spirituality: A Review of the Literature*, «Psychology of Religion & Spirituality», 9/3 (8/2017), pp. 242-253.

⁵¹ M. GRAVES, *Grace and Virtue: Theological and Psychological Dispositions and Practices*, «Psychology of Religion & Spirituality», 9/3 (8/2017), pp. 303-308.

⁵² C. KACZOR, *On Definitions and Traditions*, «Psychology of Religion & Spirituality», 9/3 (8/2017), pp. 296-298.

⁵³ E. P. SHAFRANSKE & R. L. GORSUCH, *Factors Associated with the Perception of Spirituality in Psychotherapy*, «Journal of Transpersonal Psychology», 16/2 (1984), pp. 231-241.

⁵⁴ E. P. SHAFRANSKE & H. N. MALONY, *Clinical Psychologists’ Religious and Spiritual Orientations and their Practice of Psychotherapy*, «Psychotherapy: Theory, Research, Practice, Training», 27/1 (1990), pp. 72-78.

⁵⁵ I. BRIA, *Dicționar de teologie ortodoxă: A-Z*, Editura Institutului Biblic și de Misiune al Bisericii Ortodoxe Române, București 1994.

the events in the world in satisfactory ways⁵⁶ and adapt to the most difficult aspects of life.⁵⁷ When a religious belief is embedded in the global sense of the individual's life, it involves several levels: cognitive (religious teachings and beliefs), affective (feelings, spiritual experiences), actional (spiritual behaviours/ practices), relational (connects the understanding of God with human nature), which reflects on the conception of oneself and the world. Religious beliefs have been included in secular psychotherapy to meet mental health needs. There are research objectives of the mechanisms of faith and religious practices to select those "effective ingredients" that promote mental well-being and the knowledge of the "toxic elements" that threaten it.⁵⁸

Research shows that systems of religious significance are more extensive than secular systems for at least three reasons: they are more comprehensive;⁵⁹ they are more satisfying from an existential point of view and tend to be relatively immune to invalidation.⁶⁰ Frankl also understood the power and the potential resistance effects of religious beliefs: "Ultimately, religion offers man a spiritual anchor, with a certainty that he cannot find elsewhere".⁶¹

The relationship between religion and meaning is a complex one, due to the powerful influence of religion on human beliefs, goals and emotions.⁶² Religions can be defined as "a meaning-seeking in ways related to the sacred".⁶³ They can provide basic models or reasonings of the order and purpose of some events that seem beyond comprehension, such as suffering and death. Pargament and his colleagues noted:

The language of religion – faith, hope, transcendence, surrender, forbearance, meaning – speaks to the limits of human powers. When life appears out of control, and there seems to be no rational explanation for events – beliefs and practices oriented to the sacred seem to have a special ability to provide ultimate meaning, order, and safety in place of human questions, chaos, and fear.⁶⁴

⁵⁶ B. SPILKA (ed.), *The Psychology of Religion: an Empirical Approach*, Guilford Press, New York 2003³.

⁵⁷ K. I. PARGAMENT, *The Psychology of Religion and Coping: Theory, Research, Practice*, Guilford Press, New York 1997.

⁵⁸ H. G. KOENIG, *Faith and Mental Health: Religious Resources for Healing*, Templeton Foundation Press, Philadelphia 2005.

⁵⁹ B. SPILKA, P. R. SHAVER & L. A. KIRKPATRICK, *A General Attribution Theory for the Psychology of Religion*, in B. SPILKA & D. N. MCINTOSH (eds.), *The Psychology of Religion: Theoretical Approaches*, Westview Press, Boulder, CO, 1997, pp. 153-170.

⁶⁰ R. A. EMMONS, *The Psychology of Ultimate Concerns: Motivation and Spirituality in Personality*, Guilford Press, New York 1999.

⁶¹ V. E. FRANKL, *The Will to Meaning*, cit., p. 145.

⁶² I. SILBERMAN, *Religion as a Meaning System: Implications for the New Millennium*, «Journal of Social Issues», 61/4 (12/2005), pp. 641-663.

⁶³ K. I. PARGAMENT, *The Psychology of Religion and Coping*, cit., p. 32.

⁶⁴ K. I. PARGAMENT, G. M. MAGYAR-RUSSELL & N. A. MURRAY-SWANK, *The Sacred*

Although the relationships between religion/spirituality and meaning in life may seem obvious, surprisingly few studies have specifically followed these connections. Religion is related to a sense of meaning in life,⁶⁵ to a sense of meaning to older people,⁶⁶ and intrinsic religiosity is more strongly associated with the meaning of life than the extrinsic religiosity to the elderly.⁶⁷

In the presence of some traumatic events, meaning crises can occur when questions arise about the purpose of life, the nature of suffering, the presence of death, justice in the world, having implications on people's identity and future. Then the global beliefs about life/world are infringed and important global goals (regarding relations, work, finances, professional knowledge and achievements, health) are suspended.⁶⁸ Meaning making refers to a work process to restore the meaning of global life (beliefs, goals, and subjective feelings) after it was disturbed or infringed by a major life event.⁶⁹ The magnitude of this discrepancy (i.e., the extent to which the assessed meaning infringes an individual's core beliefs and goals) determines the level of distress caused by the events.⁷⁰ The divergences between the appreciated significance of the event and the global beliefs about life can create an intense state of suffering, implying a feeling of losing control, predictability and understanding of life/world. However, people tend to be quite motivated to reduce this incongruity.⁷¹ Meaning making becomes a reformulation of global beliefs and goals, and/or a change in the assessed meaning of the traumatic situation (initial attributions), to regain some coherence, including stress-related adjustment

and the Search for Significance: Religion as a Unique Process, «Journal of Social Issues», 61/4 (12/2005), pp. 665-687.

⁶⁵ A. TOMER & G. ELIASON, *Beliefs about Self, Life, and Death: Testing Aspects of a Comprehensive Model of Death Anxiety and Death Attitudes*, in A. TOMER (ed.), *Death Attitudes and the Older Adult: Theories, Concepts, and Applications*. (Series in Death, Dying, and Bereavement.), Brunner-Routledge, New York, 2000, pp. 137-153.

⁶⁶ N. KRAUSE, *Religious Meaning and Subjective Well-Being in Late Life*, «The Journals of Gerontology Series B: Psychological Sciences and Social Sciences», 58/3 (1/5/2003), pp. S160-S170.

⁶⁷ M. ARDELT, *Effects of Religion and Purpose in Life on Elders' Subjective Well-Being and Attitudes Toward Death*, «Journal of Religious Gerontology», 14/4 (30/6/2003), pp. 55-77.

⁶⁸ R. F. BAUMEISTER, *Meanings of Life*, cit.

⁶⁹ G. T. REKER & P. T. P. WONG, *Aging as an Individual Process: Toward a Theory of Personal Meaning*, in J. E. BIRREN, V. L. BENGTON & D. E. DEUTCHMAN (eds.), *Emergent Theories of Aging*, Springer, New York, 1988, pp. 214-246.

⁷⁰ C. L. PARK & S. FOLKMAN, *Meaning in the Context of Stress and Coping*, «Review of General Psychology», 1/2 (6/1997), pp. 115-144.

⁷¹ R. JANOFF-BULMAN & C. MCPHERSON FRANTZ, *The Impact of Trauma on Meaning: From Meaningless World to Meaningful Life*, in M. J. POWER & C. BREWIN (eds.), *The Transformation of Meaning in Psychological Therapies: Integrating Theory and Practice*, John Wiley & Sons Inc, Hoboken, NJ 1997, pp. 91-106.

and growth.⁷² Religious patients are more willing to reassess their perceptions of painful situations to match their pre-existing beliefs rather than changing their religious beliefs.⁷³ The search for more acceptable reasons for the occurrence of the traumatic event, based on which reattributions are made, helps improve the initial danger and diminish the meaninglessness.⁷⁴

The idea that positive changes and transformations can come from difficult and traumatic experiences is common to many religions. The great religious traditions (Buddhism, Judaism and Christianity) claim that spiritual growth takes place in times of suffering. Through suffering, people develop character, coping skills and a base of life experience that could enable them to better manage life experiences. They talk about cultivating virtues, such as compassion, which makes people more “prepared” for the suffering of the others, or faith and hope, which help them manage their own suffering.⁷⁵

The words *faith* and *hope* are less commonly used in psychiatry/psychotherapy, being more commonly associated with the religious discourse. However, these concepts are essential for the human experience in suffering and they can create a basis for the therapeutic conversation with the patients. We note that among the six dimensions of defining virtue, according to Sandage & Hill, two refer to virtues as sources of human strength and stress resistance, which can contribute to a feeling of meaning and purpose in life.⁷⁶ Next, I will refer to faith and hope as important resources in diminishing the meaninglessness in life.

6. BELIEF AND HOPE AS SOURCES OF STRENGTH AND RESISTANCE TO MEANINGLESSNESS: CLINICAL IMPLICATIONS

In life situations that involve stress or a major loss, which challenge the deepest convictions and goals of individuals, it is necessary to address a therapy that involves religious faith/beliefs, hope and other Christian values/virtues. The belief in a Divinity offers something extra to transform the significance of events that eclipse human logic through the extremely painful and overwhelming impact. The “refuge” in the space of religious beliefs and spiritu-

⁷² C. L. PARK, *Religion as a Meaning-Making Framework in Coping with Life Stress*, «Journal of Social Issues», 61/4 (12/2005), pp. 707-729.

⁷³ K. I. PARGAMENT, *The Psychology of Religion and Coping*, cit.

⁷⁴ C. L. PARK & S. FOLKMAN, *Meaning in the Context of Stress and Coping*, cit.

⁷⁵ J. J. EXLINE, *Target Article: Stumbling Blocks on the Religious Road: Fractured Relationships, Nagging Vices, and the Inner Struggle to Believe*, «Psychological Inquiry», 13/3 (7/2002), pp. 182-189.

⁷⁶ S. J. SANDAGE & P. C. HILL, *The Virtues of Positive Psychology: the Rapprochement and Challenges of an Affirmative Postmodern Perspective*, «Journal for the Theory of Social Behaviour», 31/3 (9/2001), pp. 241-260.

al experiences, of unseen spiritual realities, paradoxically provides a basis of safety for the “collapsing” subjective world of the patient. At these times, religion seems to exert its strongest influence.⁷⁷

The confrontation of the individual with the given of existence leads to anguish and distress, and the meaning it gives to them is created at a superior level of consciousness, where empirical research has no access. In improving existential problems, the paradigm of evidence-based practice in psychology becomes secondary, because the nature of the problems involves conventional therapeutic interventions up to a point (when associated with clinical disorders), and then it requires *another type* of interventions. In most critical cases, only the therapist’s personality and some existential-experiential and spiritual-religious approaches, which lead to new perspectives to see/live the problem, remain decisive. A non-empirical approach to faith and hope comes to balance the results of the positive research of the two and to recover some therapeutic aspects beneficial for the problem of meaninglessness in life.

Religious beliefs are the basis of faith in God/divinity, which is a non-conceptual experience, difficult to define, so as not to lose its essence. Pleșu offers an attempt to define *faith* by avoiding formalism, pietism and religious moralism.⁷⁸ Faith is a way of life in which strong certainty and feverish pursuit coincide; it is a practical understanding: “you understand as much as you do”; it means to internalize a state, rather than to apply moral rules; it is a paradigm of the healthy expectation, of the tension of waiting without fear; it implies trust, hope, patience and receptivity to the One that calls; it is a dialogue with a promise; it is a vivid reaction to a dialogue, nothing ready-made or self-understood; it is availability, emptiness from the self, the lucid sacrifice of the selfish self; it means to live alive, to reject the false self-consciousness; a tonic self-forgetfulness, the ability to take distance from self and even forget the self for a moment.⁷⁹

Flexibility of thinking about faith, without prejudices, automatisms and intellectual-theological rigidity, prepares a certain mental horizon, fertile for the use of faith as a therapeutic resource. Inner engagement with realities such as prayer-dialogue with God, total entrustment, freely consented, to His will (“surrendering control to Him”), knowing the limits of the mind to understand life/the divine, the certainty of that *beyond* human power, the experience of humility and respect for the hidden logic of life events, accepting a patient wait with confidence are essential experiences in the process of meaning making. The search for personal meaning by starting or integrating an act of faith into something/Someone greater, hard to understand with the mind,

⁷⁷ K. I. PARGAMENT, *The psychology of Religion and Coping*, cit.

⁷⁸ A. Pleșu, *Parabolele lui Iisus. Adevărul ca poveste*, Humanitas, București 2012.

⁷⁹ *Ibidem*, pp.140-164.

but loving, gives confidence, reassures and gives hope. Faith and hope are two virtues that once practiced can fill the “space” between the loss of meaning and its retrieval, an interval sometimes impossible to cross without therapeutic or spiritual assistance. Most suicides occur during this time: the loss of meaning, its search, repeated failures to cling to something, demoralization, hopelessness, complex feelings that confirm that life seems impossible to live. The competent or religious therapeutic help offered at such times, monitoring it as well as the patient’s answers, can make the difference between the major decision to live or to die (which, unlike other decisions, is instant). If in times of crisis, people are helped to manipulate the understanding of events in order to support their religious beliefs, they become experiences of psycho-spiritual growth, which revitalize man’s power to make meaning. The therapist may assist in such a struggle, which implies a certain moral force.

Frankl spoke of the opportunity to grow through suffering, but without explicit divine help (though he did not exclude it). Christianity offers concrete means of metabolizing suffering in relation to Christ. The stronger, more alive, more authentic the relationship, the greater the possibilities of coping with it. Saints’ lives, the *Philokalia* are collections of models in this sense, which made of the phrase “the joys of suffering” experiences full of meaning and divine light. Although religion usually facilitates positive meanings, the religious reinterpretation of some events is not always positive. Research suggests that negative events are easier to bear when understood within a benevolent religious framework, and attributions of death, illness, and other major losses to the will of God or to a loving God are generally linked with better outcomes.⁸⁰ But any attribution comes from a certain cultural and confessional context. For example, in Eastern (Orthodox) Christianity, there is a difference between God’s will and His indulgence. If those traumatic events are attributed to His will, He seems harsh, less loving, something that patients often say. If God allows, indulges an event to happen, this leaves more room to seek higher meaning, without losing faith in Him.

We also notice that the interpretation of religious beliefs, those related to the way God works in the world, with people, has its specificity according to denominations, which can make significant differences in the construction of beliefs based on meaning. Most religious patients I worked with understood in a limited, distorted or utterly wrong manner the faith beliefs of their community, which facilitated maladaptive attributions related to God/life/world, thus exacerbating their hopelessness. It is not by chance that therapists who integrate religious beliefs into therapy, first assess their quality, strength, and importance to the patient, to determine if they can be resources in therapy or barriers and if it is necessary to adjust them. Practitioners know that the

⁸⁰ K. I. PARGAMENT, *The Psychology of Religion and Coping*, cit.

patient's negative religious reinterpretations lead to negative results. But research suggests that regaining a coherent global vision is an important part of redressing the sense of meaninglessness, despite negative religious beliefs.

In psychology, hope has been associated with *optimism*, which refers to the basic belief that the future will be bright and that there is light at the end of the tunnel. Evidence suggests that, compared to pessimists, optimists tend to be more active in their attempts to solve problems and that they tend to experience life as being more meaningful, both being associated with resistance.⁸¹ Resistance is mostly associated with realistic optimism.

Viktor Frankl saw optimism as a source of power and incorporated a positive and pragmatic perspective of life right in the centre of the logotherapy:

Rather logotherapy is an optimistic approach to life for it teaches that there is no tragic or negative aspects which could not by the stand one takes be transmuted into positive accomplishments.⁸²

Even when facing the tragic triad (suffering, guilt, death), you can say “yes to life” in daily tasks, because life is potentially significant in any conditions, even in the most miserable ones. “How is it possible to say yes to life in spite of all that?”⁸³ This optimism is based on a belief: that life has meaning in any conditions.

From the “definitions” above, we note that hope and belief include uncertainty, lack of evidence, defiance of the rational or logical mind, giving up the control of things and/or ignorance. In life there are many uncertain things that we do not wonder about and not all cause crises. However, psychiatrists/psychotherapists need to explore the issues of hope and belief to facilitate adjustment. It can be an important part of the treatment for a depressed or demoralized person. An examination of hopelessness, the nature of lost hope or how hope can be restored may become commonplace aspects of therapy. If there is a loss of hope, there is a loss of anticipation, desire and conviction about the future, a loss of vitality, meaning and purpose in life. Hope is more than a cognitive projection, it is an affective and volitional process, a desire accompanied by (reasonable) waiting, confidence in something uncertain, but possible. Realistic hope (the desire accompanied by waiting) seeks a favourable result in the reality of possibilities.⁸⁴ Human life is built not only from objective facts, but also from subjectively lived realities, which sometimes function as certainties.

⁸¹ H. JU, J. W. SHIN & C. KIM et al., *Mediational Effect of Meaning in Life on the Relationship between Optimism and Well-Being in Community Elderly*, «Archives of Gerontology and Geriatrics», 56/2 (3/2013), pp. 309-313.

⁸² V. E. FRANKL, *The Will to Meaning*, cit., p. 73.

⁸³ V. E. FRANKL, *Man's Search for Meaning*, cit., p. 136.

⁸⁴ D. CLARKE, *Faith and Hope*, «Australasian Psychiatry», 11/2 (6/2003), pp. 164-168.

Hope is an important aspect in a person's ability to adapt to any serious or threatening event. The loss of hope doubles the suffering and maximally damages the psycho-physical condition of the healthy man or of the one with chronic diseases. The loss of hope, also called hopelessness, is not only a symptom of depression, but together with it contributes to the desire to die.⁸⁵ Many of the patient's convictions are very strong beliefs that organize his or her intrapsychic life, the patterns of interaction, the convictions about life, about self and others. The demoralization as loss of hope and belief, accompanied by the subjective perception of incompetence and helplessness, means existential despair. A phenomenology of hopelessness has been described and may be useful for clinical practice.⁸⁶ Clarke dealt with the demoralization process and proposed a therapeutic intervention that includes:

- exploring hopes, ambitions and expectations;
- examining the basic assumptions (beliefs) about the world and how they were challenged, shattered;
- reviewing goals and encouraging planning, achieving goals in a way that restores a sense of competence and control;
- rendering a feeling of personal value, regaining self-respect and re-engaging with friends and life.⁸⁷

The above suggestions are valuable to practitioners, along with the observations below:

- Generalized hope preserves the meaning of life when specific hopes are absent or abandoned and can allow a person to find value/meaning in the most negative situation.
- Strong stress challenges the system of beliefs, especially those that life is controllable, equitable, intelligible or even significant.
- The therapist must discern between a true, healthy, reasonable hope and an artificial or false one.

Harold G. Koenig, psychiatrist and researcher, emphasized how faith promotes hope, because it "provides a mechanism by which attitudes can be changed and life circumstances reframed."⁸⁸ The eleven characteristics of faith allow for the suffering of different kinds to be endured, being also ways to bring hope:

1. Emphasis on interpersonal relations;
2. Stress on seeking forgiveness;

⁸⁵ A. T. BECK, *Hopelessness and Suicidal Behavior: An Overview*, «JAMA», 234/11 (15/12/1975), pp. 1146.

⁸⁶ M. RATCLIFFE, *What is it to Lose Hope?*, «Phenomenology and the Cognitive Sciences», 12/4 (12/2013), pp. 597-614.

⁸⁷ D. CLARKE, *Faith and Hope*, cit., pp.164-168.

⁸⁸ H. KOENIG, *Religion and Hope for the Disabled Elder*, in J. LEVIN, *Religion in Aging and Health: Theoretical Foundations and Methodological Frontiers*, SAGE Publications, Inc., Thousand Oaks, CA 1994, pp. 18-51.

3. Provision of hope for change;
4. Emphasis on forgiving others and oneself;
5. Provision of hope for healing;
6. Provision of a paradigm for suffering;
7. Provision of role models for suffering;
8. Emphasis on sense of control and self-determination;
9. Promise of life after death;
10. Promise of ready accessibility;
11. Provision of a supportive community.⁸⁹

For religious or spiritual patients, hope can be an effect of the link between an active faith and psychological factors, because it mobilizes attitudes and emotions that are beneficial for the continuation of life or for a healthy life. The subjective faith, even if it is based on illusions or truth, has the force to change. In extreme life-threatening problems, such as meaninglessness, the choice of means of action, such as the two religious virtues or universal human values, no longer requires passing the test of scientific validity or efficiency. The power of the therapist to instil or activate faith and hope in any form (religious or non-religious) is vital to meaninglessness and is a capacity that goes beyond what scientific studies can say.

7. CONCLUSIONS

This study aimed at analysing meaninglessness starting from the perspective of theoretical scientific research and heading towards the psychotherapeutic practice. The transition from the philosophical point of view to the empirical scientific research of meaning using the resources of logotherapy, the therapies centred on meaning and existential therapies, has proved that philosophy and therapy can work together to create a coherent and efficient framework.

From the viewpoint of therapeutic and clinical experience, the issue of lack of meaning is frequent and it claims new ideas and resources. Even if the human being is often deflecting attention towards other things when confronted with her or his “interior emptiness”, the perspective of suffering and death “compels” humans to look for more profound and meaningful solutions and purposes.

The existential problem of meaning and meaninglessness (associated or not with other clinical disorders) demands the therapist to respect some minimal requirements for a healthy mental hygiene necessary for a supportive therapeutic approach in order to avoid vicious questions, overwhelming doubts and the patient’s disconnection from life (through denial, avoidance, projecting a surrogate life, etc). The therapist formed in other schools than the ex-

⁸⁹ *Ibidem*, pp.18-51.

existentialist one (that does not have an additional training in approaching existential issues) can often feel overwhelmed in the matter of lack of meaning when noticing that the therapeutic techniques they developed may not work entirely or that the chosen therapeutic approach is not the most accurate one for that particular problem.

This study shows that a patient failing to reach his or her purpose in life can be therapeutically organized around three values (instrumental, intrinsic, spiritual) by straightforwardly facing some obstacles (Bergner), by respecting certain conditions and recommendations for a healthy approach of the problem (Pleșu, Yalom).

Even though the lack of meaning does not enjoy a wide coverage in the psychological literature, as neither the topic of meaning building does, we must mention the insistence of certain therapeutic directions to promote a preventive attitude or even the tendency to adaptively (functionally) foresee these crises.

I have also considered of great importance to connect the lack of meaning in life with the spiritual resources and to show how faith and hope can be applied in meaninglessness therapy.

Faith and hope in Life (as religious virtues) or in life (as universal human values) appear as implicit in the therapeutic conversation around the crisis of meaning in life. We have proved the necessity within the therapy for an explicit approach about faith and hope from a religious/ spiritual perspective, even if there is not yet an empirical validation of using these resources. Although we have reviewed the recent scientific efforts to sustain the importance of faith and hope in therapy (Koenig, Beck, Clark), we have also presented the non-empirical perspective of faith in order to amplify the understanding of its reality, specifically that faith is not a concept or construct that can be measured. The therapist needs to feel secure when dealing with conceptual, experiential, existential and religious dimensions of the two realities-virtues so he can inspire them within the patient/client.

Empirical and non-empirical understanding of religious faith has an extensive vision. Although both of them can be applied in therapy, we have considered that a non-empirical understanding of faith is still a better approach in the issue about the lack of meaning, being closer to religion than its positive research. The two religious virtues may become a safety net through which the therapist can sustain the patient during the peaks of his/her crisis or when other therapeutic techniques do not seem to “work” anymore. Exploring faith and hope needs a special and complex ability from the therapist in order for him to be able to (re)activate the two virtues within the patient.

This study is extremely useful to the psychologists and therapists because there are people with significant, well defined and frequently reached goals who can experience the feeling of lack of meaning. The events of their life

drive people to plan other goals as well, to search for more profound and significant purposes inspired by the religious and spiritual dimension. People need to cultivate their resilience and strength through practicing moral and religious virtues. Therefore, the effort of psychology to join philosophy and religion into practicing the virtues, creating meaning and managing the crisis of meaning in life is not only practical, but also necessary.

ABSTRACT · This study shows some of the difficulties concerning the issue of meaninglessness in life when moving from the philosophical register to the therapeutic one without abandoning any of the perspectives. We see that authors from different fields of study (philosophy, psychotherapy, psychiatry) have common opinions about the minimal conditions for a healthy approach of the meaninglessness as philosophical and/or therapeutic issue. Beyond reviewing recent psychological research that indicates the important steps taken in the empirical and therapeutic research of meaninglessness, we notice the challenge of therapists to combine resources from philosophy, psychology and religion. As religion is insufficiently developed in interventions oriented towards meaning and lack of meaning, we sustain integrating two theological virtues, faith and hope, as unconventional resources in support therapy to diminish the feeling of lack/loss of meaning in life.

KEYWORDS: Meaninglessness in Life, Clinical Difficulties, Psychotherapy, Spiritual Resources, Faith, Hope.