

## Varieties of Suffering and Meaning: Clinical Implications

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### Abstract

Suffering is not something merely to be coped with; it holds important transformative power. Yet, it is important that suffering is not idealized or viewed as something that is, in itself, good. While suffering is not something to be sought, through embracing suffering that cannot be avoided, the suffering often can be transformed. Meaning is one of the most important constructs in working with suffering from an existential perspective. As Viktor Frankl (1946/1984) stated, “suffering ceases to be suffering at the moment it finds a meaning” (p. 117). Meaning does not necessarily take the suffering away, but it changes the way that individuals experience suffering. Not all forms of suffering are the same, nor are all forms of meaning the same. From a clinical perspective, the therapist works with clients to help them to explore the various realms and aspects of their suffering. However, without a good therapeutic relationship and a competent guide, the journey into suffering can cause harm instead of healing. Not all forms of meaning are able to help a client sustain through and transform the experience of suffering. Superficial or imposed meaning even by well-intentioned others often are not sustaining meanings. Therapists working with the client’s suffering need to be able to recognize the varieties of types of suffering as well as the varieties of types of meanings to help clients transform their experience of suffering.

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### Introduction

Cooper (2016) identified five primary schools of existential therapy along with several other lesser known and emergent perspectives that could be classified as existential. Across these different approaches, meaning and suffering remain important themes. While there are variations in how these concepts are approached across the existential schools, there remains a shared thread that distinguishes these approaches from other therapeutic modalities. This article explores the distinctiveness of existential approaches to meaning and suffering, and their relevance for clinical practice through the lens of existential-humanistic and meaning-centered therapy/logotherapy.

### Varieties of Suffering

Most psychologists, therapists, and counselors are not likely to consider *suffering* a useful clinical term. Yet, there are advantages to thinking of client’s maladies under the general label of suffering instead of the more specific clinical terms. Yalom (1989) noted that while many of his clients came to him for specific, commonplace problems, such as loneliness and grief, the

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underlying issue in his perspective was *existence pain*. In other words, if one exists, the experience of psychological pain and suffering will at times be inevitable.

The idea of existence pain indicates that suffering is rooted in the human condition. This is not to state that suffering is rooted in one's biology or biological determinism. Rather, it maintains that suffering is an unavoidable part of the reality of being human. Human beings are finite beings (see Becker, 1973; May, 1981; Yalom, 1980), thrown in the particular contexts of their life (i.e., *thrownness*; Heidegger, 1927/1996), searching for meaning (Frankl, 1946/1984; May, 1991; Wong, 2016; Yalom, 1980) and connection (Hoffman, 2009a; Yalom, 1980). This reality is a recipe for experiencing suffering.

### **Existential Perspectives on Suffering**

Existential perspectives on suffering typically do not begin with the assumption that suffering is pathology. As Stolorow and Atwood (1992) state, "Pain is not pathology" (p. 54). Yet, there are different approaches to understanding the nature of suffering and how to respond to it.

When discussing existential perspectives on suffering, the similarity between existential and Buddhist perspectives are often pointed out. In Buddhism, the first noble truth states that suffering is inevitable (Ruhula, 1974). This suffering can be physical or psychological. Frankl (1946/1984) similarly reported that suffering is an inevitable part of life. This may seem a self-evident principle in general; however, Buddhism and existential psychology's embracement of the inevitability of suffering is different from how it is understood in other psychological theories. While other theories acknowledge that everyone suffers, suffering typically is seen as a problem to be overcome. Buddhist and existential perspectives encourage people to embrace and accept this reality instead of seeing it as a problem to be overcome. Embracing the inevitability of suffering is not glorifying it or saying that suffering is good, but rather it contextualizes it as part of the human condition.

Despite the similarities between Buddhism and existential psychology pertaining to suffering, it is inaccurate to state that they are in complete agreement. Within Buddhism and existential psychology, there are a myriad of different schools of thought, rendering it problematic to even assume there is unity within Buddhism or existential psychology. Yet, Buddhism typically envisions an end to the cycle of suffering through non-attachment and Anatta, which is the recognition that there is no enduring self or soul; however, it is typically recognized that most will not attain Anatta. For Buddhists, suffering emerges from a misunderstanding of one's true nature. In existential psychology, there is no sought-after end to suffering. Rather, it is understood as an enduring reality rooted in human nature. Instead of ending suffering, the goal is to transform suffering, which is also sought in Buddhism. The transformation of suffering does not mean that the suffering is eradicated, but rather it is experienced differently.

Ernest Becker, a prominent influence upon existential-humanistic psychology, presented another existential approach to suffering. While Yalom (1989) placed the root of suffering and psychopathology in existence pain, Becker (1973) identified the fear or terror of death as the root cause. In Becker's theory, death can be understood literally or more symbolically as referring to human finiteness (Hoffman, 2009a). Finiteness refers to human limitedness, which comes in many varieties, including influence, power, control, the ability to know, and, of course, mortality. While literal death is a powerful influence, Becker's theory is more powerful when understood in both the literal and symbolic conceptions.

For Becker (1973), suffering is rooted in humanity through finiteness. Becker's finiteness bears similarity to Rollo May's (1981) conception of destiny; however, May focuses more on human limitation, or what could be conceived as the symbol of death in Becker's writing. Destiny, for May, refers to that which limits one's freedom, such as one's biology, life situation, and all the factors of life that one cannot control, which could include Heidegger's (1927/1996) thrownness. Again, through Becker and May's theories, suffering is rooted in human nature.

### **Suffering and Diagnosis**

Humanistic and existential therapists and counselors historically have been critical of diagnosis. For some, the concern is about the philosophical foundations of current diagnostic approaches in mental health (Bradford, 2010). Others maintain that the act of diagnosis itself is often harmful (Honos-Webb & Leitner, 2001). However, for some, the concern is more specifically about the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; see Kamens, Elkins, & Robbins, 2017). In a recent survey of existential-humanistic therapists, over 61 percent of the respondents reported that they preferred not to diagnose, but would when it would benefit the client (Hoffman & Cleare-Hoffman, 2017). Only 8 percent preferred to use the DSM. Six percent stated that they never diagnose.

A foundational assumption with psychological diagnosis is that there is something different in people experiencing a particular type of psychological problem that causes their suffering. An existential perspective on diagnosis is different. It assumes that an individual's suffering is rooted in their existence. While diagnosis separates, suffering unites people in a shared humanity. This does not deny the uniqueness of an individual's suffering, nor does it deny similar patterns of suffering across individuals. It also does not reject the assertion that there may, at times, be a biological component of psychological challenges. Rather, this points to the deeper reality that suffering, at its most basic level, is rooted in one's humanity.

Diagnosis often takes what is normal and labels it as abnormal and pathological. When a normal human experience is labeled as pathological, it changes how it is experienced by the person bearing the label. For example, it is normal to have periods of mild and even moderate depression. At times, a brief period of depression can be restorative through encouraging people to slow down and allowing for their body to recover from a stressful or highly active period. Similarly, it is normal to feel some depression following difficult life experiences and life transitions. Some people, too, may have symptoms of depression sufficient to meet the criteria for diagnosis due to life choices and/or patterns, such as isolating from relationships, working too much, and engaging in problematic behaviors.

These types of depressions do not discount the possibility of other forms of depression that may have different etiologies or that there may be a biological or historical predisposition toward depression. The DSM-5 bases diagnosis on checking off symptoms, or meeting sufficient criteria for the diagnosis. It does not adequately consider context and typically does not consider etiology. With many diagnoses, considering etiology is even discouraged. Thus, the DSM-5 is ineffective at distinguishing normal depression from more severe forms of depression. Despite this, many advocate that treatment should be based upon the diagnosis. What is more concerning is that placing the label of pathology on what is normal can cause harm (see Honos-Webb & Leitner, 2001) and does change how it is experienced by the individual.

Related to these concerns, in 2011, the Society for Humanistic Psychology, which includes many therapists identifying as existential in their orientation, wrote an open letter to the organizing committee of the DSM-5 prior to its publication (Robbins, Kamens, & Elkins, 2017).

This letter was developed as a response to changes planned for the new version of the DSM and identified several specific concerns. The letter was turned into a petition that received endorsements from over 50 national and international mental health organizations and over 15,000 individuals. The success led to a Global Summit on Diagnostic Alternatives attended by leading mental health professionals from the United States and around the world. While some humanistic and existential therapists do embrace diagnosis (see Diamond, 1996), humanistic and existential professionals have been at the forefront of presenting critiques of diagnosis and advocating for alternatives.

### **Existential Approaches to Suffering**

As noted previously, existential approaches to suffering tend to be rooted in transforming suffering rather than overcoming or eradicating suffering. Suffering is a reality for humans; therefore, to overcome it would be to overcome human nature. Instead, one can learn to live fully in the face of suffering. As suffering transforms, it does not go away, but the individual's relationship with and experience of suffering changes. It no longer dominates one's life and can be experienced concurrently with joy and happiness.

Within existential psychology, different approaches to the transformation of suffering exist. Frankl's approach is likely the best known and most influential. For Frankl (1946/1984), "suffering ceases to be suffering the moment it finds a meaning" (p. 117). Similarly, Frankl (1961) stated,

I would say that our patients never really despair because of any suffering in itself! Instead, their despair stems in each instance from a doubt as to whether suffering is meaningful. Man is ready and willing to shoulder any suffering as soon and as long as he can see a meaning in it. (p. 5)

The attainment of meaning, for Frankl, transforms suffering.

Existential-humanistic approaches frequently integrate Frankl's perspectives; however, they also offer additional perspectives on transforming suffering. Creativity, in particular, is an important way of transforming suffering in an existential-humanistic perspective (Diamond, 1996; Hoffman & Cleare-Hoffman, 2017; May, 1975, 1985). Creativity bears some similarity to Frankl's (1946/1984) conception of meaning being derived from the attitude one takes toward their suffering. However, the existential-humanistic approach delves deeper into various forms of creativity, including the creative arts.

The shared experience of suffering in the context of a safe relationship is also conceived as a way of transforming suffering from an existential-humanistic perspective. This bears similarities to Frankl's idea of love as a source of meaning that can transform suffering.

### **Varieties of Meaning**

Meaning is not an unambiguous term, and not all meanings are equal (Vos et al., 2017). Thus, it is important to consider different perspectives on meaning in existential-humanistic and meaning-centered therapies.

### **Logotherapy and Meaning-Centered Therapy (Frankl & Wong)**

Logotherapy is based on the premise that the primary human motivation is the will to meaning—the basic desire to find meaning in life—and, further, that meaning can be found even in the

midst of suffering. Frankl (1946/1984) developed logotherapy in the 1930s in response to the deterministic orientation of behaviorism and the assertions of Freudian and Adlerian psychological theories that humans are motivated primarily by their instinct to seek pleasure or power. Based on his experience as a holocaust survivor, Frankl came to believe that the most primary drive in human beings—that which could maintain an individual's will to survive even in the midst of the most severe suffering—is their will to meaning and purpose.

Frankl (1946/1984), similar to Yalom, believed that many instances of pathology could be traced to issues rooted in existential distress: the inability to make meaning of one's life, confrontation with the finiteness of human life, and death and loss. For these cases, an individual is not *sick* in a medical sense, but instead is contending with a real and inevitable human problem. Logotherapy was developed to address these situations and to help an individual reconnect to their will to meaning and purposeful action. In cases of neurosis, addiction, and other mental illnesses, Frankl argued that there is often an existential component, which he referred to as an *existential vacuum*, or a feeling of meaninglessness and despair providing a space where neurosis or pathology emerge. To prevent relapse, the existential vacuum must be addressed as well as the symptoms or pathology.

While Frankl (1946/1984) believed that the meaning of a human life was, most basically, unconditional, he also identified three different ways meaning could be found: “(1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering” (p. 115). In this third way, the attitude one adopts toward suffering, logotherapy offers a number of means by which suffering can be made meaningful. For instance, one approach is to understand the suffering within the context of a greater meaning or purpose. As an athlete is willing to endure hard work and physical pain for the sake of their sport, all human beings have a capacity to bear suffering if they see it as serving a purpose. But even if one does not conceive of a greater purpose for their suffering, Frankl posits that simply bearing witness to suffering and recognizing the “unique human potential” within a circumstance of inevitable suffering can foster a sense of meaningfulness. Further, one's choices in these situations can lead to positive growth, adaptation, and transformation.

In logotherapy, every person is recognized to have free will, which allows them to take a stand. This freedom, Frankl (1946/1984) asserted, comes with the responsibility of each individual to answer to their life through determining what is most important and meaningful, and to choose their actions in accordance with it. A logotherapist's role in this process is non-directive, facilitating a client's process of discovery without allowing them to pass off the responsibility of choice onto the therapist. Socratic dialogue is often used to facilitate reflection in the client and bring up potential new meanings or frameworks for the client. Logotherapy recognizes that interventions must be tailored directly to the client and their specific situation, which allows for any number of modalities. A strong emphasis is placed on the therapeutic relationship as well as on the therapist's use of their own intuition in helping a client to connect to their own meaning and purpose and/or reframe their interpretations so as to see the greater meaning of their experiences.

Logotherapy is not meant to direct a client to seek their whole abstract meaning and purpose in life, but rather to find the specific purpose and meaning within their current circumstances, which is subject to change moment to moment. Frankl (1946/1984) maintained that it is important to understand and recognize there is an ultimate meaning greater than the individual, but also that this ultimate meaning is beyond human comprehension. Therefore, each individual needs to find their own subjective meaning and purpose.

Since the 1990s, Paul Wong (2016) has been developing meaning-centered therapy, which integrates logotherapy and existential psychology with positive psychology and cognitive behavioral therapy. Wong recognized that logotherapy and positive psychology both stressed the importance of meaning, but the existential and logotherapeutic orientation focused more on suffering and the dark side of life, while positive psychology focused more on self-transcendence and growth. Recognizing that these two orientations are essentially two sides of the same coin and both relevant to living a full human life, Wong developed meaning-centered therapy as an integration of the two. Thus, while ascribing to the same basic tenets of logotherapy, Wong's meaning-centered therapy brings a more explicitly optimistic and future-focused orientation. Cognitive-behavioral techniques, such as the rational evaluation of emotions and thoughts and the use of short-term goals and action-plans, are integrated with positive psychology techniques, such as the cultivation of optimism and gratitude.

### **Existential-Humanistic Perspectives on Meaning**

Paul Tillich (1957/2001), a philosopher and theologian who influenced the development of existential-humanistic psychology, placed meaning in the context of one's ultimate concern. Although Tillich originally conceived of this in the context of religious faith, the concept is relevant beyond religious and spiritual contexts. An ultimate concern grips a person, influencing and potentially driving their behavior. It is not always within one's awareness, but it is influential nonetheless.

Similar to Tillich, meaning can be conceived of as resulting from a centered act. As a centered act, meaning is consistent with who one is: one's values and beliefs about themselves. In a centered act, cognitive, emotional, and values components are aligned with each other. This does not mean that there is no anxiety, fear, or other unpleasant emotions present as well. Instead, it suggests an alignment that allows for the act to be more authentic or centered.

Meaning can also be conceived in terms of *myth* in existential-humanistic psychology (Hoffman, 2009b; May, 1991). According to May (1991):

A myth is a way of making sense in a senseless world. Myths are narrative patterns that give significance to our existence. Whether the meaning of existence is only what we put into life by our own individual fortitude, as Sartre would hold, or whether there is a meaning we need to discover, as Kierkegaard would state, the result is the same: myths are our way of finding this meaning and significance. (p. 15)

May clarifies that myth is not something that is false, though myths cannot be proven. Meaning therefore always contains a bit of subjectivity and faith.

Hoffman (2009b) further clarifies that myth entails personal and cultural components. In other words, the development of meaning involves a shared cultural component as well as a more individualized personal component. Elsewhere, Hoffman, Stewart, Warren, and Meek (2014) distinguish myths that are sustainable from those that are not. While, in this context, Hoffman et al. were talking specifically about myths of self, the language of sustainable myths can apply to other contexts. A sustainable myth refers to a type of myth or meaning that can help a person endure and transform suffering, and contributes to their psychological well-being. Typically, this will be a centered meaning.

Existential-humanistic approaches to meaning reveal several themes. First, while meaning develops through engagement with the world beyond oneself, meaning is rooted in subjectivity. Second, meaning is not certain; there is always an element of faith in meaning. This faith is not necessarily a spiritual or religious faith, but a faith in the value of the meaning that

cannot be proven. Third, not all meaning is sustainable. There are some forms of meaning that interfere with transforming suffering and attaining well-being, while other forms of meaning are more sustaining and growth-facilitating.

### Clinical Applications

The clinical applications discussed below draw primarily on existential-humanistic therapy with some consideration of logotherapy and meaning-centered therapy. With each of the applications, it will be highlighted how these can connect with a transformation in emotions or how emotions are experienced.

#### The Value of Being with Suffering

In the ancient wisdom traditions of various world religions, the inevitability and potential value of suffering were often recognized. As the field of psychology developed, particularly psychological applications in counseling and therapy, this wisdom seemed to be lost. Existential psychology, along with other depth psychologies, have retained this wisdom.

From an existential-humanistic approach, emotions are not good or bad, positive or negative. This is a false dichotomy. All emotions at their base are normal and potentially beneficial. Many psychological problems are partially rooted in the lack of acceptance of normal emotions. In other words, many psychological problems develop, in part, due to one's response to emotions. This is not to discount other causes or to say this is the sole cause; however, for many clients, their difficulty in responding to normal emotions can create larger psychological difficulties and more disruption to their life. A few clinical illustrations may help illustrate this.

**Grief.** Grief is a normal reaction to loss, yet, increasingly there are forces in society that interfere with or even discourage healthy grieving. The lead author has spent many years working with grief and complicated grief in his private practice. For clients experiencing complicated grief, they often had various experiences shortly after their loss that disrupted the grieving process. For example, it was common for these individuals to be given various forms of psychotropic medications that “numbed” their emotions following their loss. Others were given messages from friends, family, religious leaders/organizations, and/or their workplace that discouraged them from engaging in healthy grieving, which over time complicated and intensified the emotional pain related to their loss. Returning to the emotion and engaging the grieving process was an essential component for most of these individuals as they moved toward restoring psychological well-being.

**Staying with Emotion.** Similar to grief, resistance to experiencing depression, anxiety, and other emotions can often complicate and intensify the emotional experience. In existential-humanistic therapy, clients are often encouraged to *stay with* their emotions, explore them, and even at times vivify them (Hoffman, 2009a; Schneider, 2007). Research supports that experiencing moderate levels of emotion in therapy is predictive of successful outcomes (Watson, Greenberg, & Lietaer, 2010; see also Hoffman, Vallejos, Cleare-Hoffman, & Rubin, 2015).

The change from resisting emotions to exploring them for some clients can be powerful and healing. Like Frankl's (1946/1984) paradoxical intentions, clients can be encouraged to allow themselves to not resist their depression, anxiety, or other emotions for a period of time. While it is important to assess the client's resiliency, support, and coping resources prior to

engaging in such an intervention, often the shift in how one relates to their emotions can bring about powerful changes and begin developing insight into their emotional patterns.

**The Interpersonal Emotions and Healing.** The interpersonal context is essential in understanding the origin of emotional suffering and also plays an essential role in the healing process. Stolorow (2011; Stolorow & Atwood, 1992) maintains that the interpersonal context is the primary distinguishing factor in whether a potentially traumatic event results in a trauma reaction. For example, if a child who experiences bullying in childhood has a support system to help them process and make sense of their painful experience, there is a decreased chance that this bullying will result in a trauma reaction and long term consequences. Conversely, if the child who is bullied does not have a support system that helps them process and make sense of their experience, or does not utilize this support system and instead hides their experience and the resulting pain, they are more likely to have a trauma reaction and develop more enduring emotional difficulties.

Shifting to the healing process, Yalom (1980) consistently advocates that the therapeutic relationship is the primary agent of healing. Similarly, Wampold and Imel (2015) note that after client factors, relational factors are the most important element in the healing process. This is consistent with what existential-humanistic therapists have long advocated (Hoffman et al., 2015). Presence, authenticity, and empathy have long been maintained as standards of existential therapy practice. Being in a relational context with a therapist who has developed the use of presence, empathy, and authenticity can in itself be healing. However, it can also empower other therapeutic interventions, making them more effective. This, in part, is why Wampold (2008) stated that existential-integrative therapy, which is derived from existential-humanistic therapy, could be an ideal foundation for all psychotherapy practice.

### **Creativity and Meaning**

Rollo May (1950/1970, 1969) was a powerful influence in redeeming the value of anxiety as well as other emotions that are often pathologized. Stephen Diamond (1996), a student of May's, built upon May's theory by clarifying misconceptions about anger in a redemptive manner. May (1969) and Diamond built their redemption of these emotions upon the concept of the *daimonic*. The daimonic is conceived as something natural within the person that has the potential to consume their whole personality. Emotions, such as anxiety and anger, have strong daimonic potential. Neither May nor Diamond understood the daimonic as something pathological or the cause of suffering. The daimonic can be responded to and utilized destructively or in a manner that promotes well-being. When it is denied, repressed, or otherwise avoided, then there is a greater likelihood of a destructive expression of the daimonic.

For May (1969), healthy responses to the daimonic are rooted in creativity. While this may include the creative arts, May was referring to creativity more broadly in a manner consistent to what Richards (2007) calls *everyday creativity*. An illustration of this can be seen in the Black Lives Matter (BLM) movement. Hoffman, Granger, Vallejos, and Moats (2016) illustrate how BLM was more than a protest movement; it was also a way of creating meaning and healing in response to the many tragedies that are part of United States' history. Through BLM, suffering and anger were transformed and harnessed to promote needed social change. In being transformed, the suffering and anger were not eradicated; however, for many, the way these emotions were experienced changed. This honors the inherent value and the message of the emotion while creatively using it in a manner that promotes healing and change.

## Conclusion

Meaning and suffering are inevitable aspects of human life that are closely intertwined with each other as well as many other aspects of human nature. Yet, engagement with these topics is often avoided or minimized in contemporary psychology. There is much wisdom to be found through deeper engagement with suffering and meaning. Existential-humanistic therapy and logotherapy have much to add to these dialogues.

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