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From Logotherapy to Meaning-Centered Counseling and Therapy

PAUL T. P. WONG

Trent University

The quest for meaning represents not only a primary intrinsic motivation for life expansion but also a powerful capacity for personal transformation. Cognitive and existential therapies both emphasize that we are what we think; more precisely, we are how we make sense of ourselves and our place in the world. Having a healthy sense of self-identity and of one's mission in life is essential for well-being. Meaning is also a pivotal concept in understanding the complexity and predicaments of life as well as in developing faith and spirituality. It is no wonder that meaning is an essential component to all major schools of psychotherapy.

More than any other therapy, Viktor Frankl's logotherapy (1946/1985a, 1986) capitalizes on the characteristic of human beings as meaning-seeking and meaning-making creatures. Frankl died in 1997, but his enduring influence has continued to increase (Wong, 1998a, 2009). His autobiographical book *Man's Search for Meaning* still speaks to new generations of readers, and his impact on psychology and psychotherapy has been well documented (Batthyany & Guttmann, 2006; Batthyany & Levinson, 2009). Joseph Fabry and Elizabeth Lukas, two leading figures in logotherapy, contributed to the first edition of the *Human Quest for Meaning*; they were unable to revise their chapters because they passed away. Their contributions to logotherapy are included in this chapter, however. Here, I present the basic tenets and principles of logotherapy and then describe how logotherapy evolves into meaning-centered counseling and therapy (MCCT).

A Brief Overview of Logotherapy

Logotherapy simply means therapy through meaning. Frankl considered logotherapy a spiritually oriented approach toward psychotherapy. "A psychotherapy which not only recognizes man's spirit, but actually starts from it may be termed logotherapy. In this connection, logos is intended to signify 'the spiritual' and beyond that 'the meaning'" (Frankl, 1986, xvii). Of interest

to note it has become common practice in academic psychology to define spirituality in terms of meaning and purpose (Wong, 1998d; Wong, Wong, McDonald, & Klaassen, 2007).

The term *existential analysis* implies a form of depth psychotherapy influenced by Sigmund Freud's psychoanalysis. Frankl, however, focused on clients' cries for meaning and purpose, both of which may lie latent at a subconscious level. For Frankl, existential analysis is the therapeutic process of making clients aware of their spirituality and capacity for meaning. "Inasmuch as logotherapy makes him aware of the hidden logos of his existence, it is an analytical process" (Frankl, 1985a, p. 125). In Frankl's writing, existential analysis and logotherapy are used interchangeably.

The Spiritual Dimension of Human Existence

One of the prepositions of logotherapy is that the human spirit is our healthy core. The human spirit may be conceptualized as our basic yearnings and capacity for meaning and spirituality. The human spirit may be blocked by biological or psychological sickness, but it remains intact; the spirit does not get sick, even when the psychobiological organism is injured. The main objective of existential analysis is to remove the blockages and free the human spirit to fulfill its tasks.

According to Fabry (1994), the noetic dimension or the human spirit is the "medicine chest" of logotherapy, containing such various inner resources as love, the will to meaning, purpose in life, hope, dignity, creativity, conscience, and the capacity for choice. Existential analysis focuses on activating the noetic dimension through a variety of therapeutic means, among them the appealing technique, modification of attitude, Socratic dialogue, paradoxical intention, and dereflection.

Paradoxical intention is a very useful therapeutic technique. Simply put, it encourages the client to confront his or her worst nightmare. In fact, the client is encouraged to imagine a worst-case scenario that is so ridiculous and so impossible that the only logical response is to laugh at it. This technique is based on the human capacity of self-distancing or self-detachment. It is similar to the externalization technique used in narrative therapy, which asks the client to detach him- or herself from the problem and observe the problem as something external to the self. By distancing oneself from the problem, one gains some clarity and perspective so that the problem no longer defines or consumes the individual.

The second-most commonly used logotherapy technique is called dereflection. With dereflection, the client is asked to shift his or her focus from a seemingly intractable problem to something bigger and positive. This technique is based on the human capacity for self-transcendence. In other words, the client is asked to rise above or transcend the problem.

When existential analysis is effective, clients become more open and more accepting of themselves and also more tolerant of the complexities and dark

aspects of human existence. They begin to feel free to engage the world and pursue their dreams in a responsible and courageous manner; as a result, clients become able to lead an authentic and meaningful life.

Basic Tenets of Logotherapy

The three fundamental tenets of logotherapy are (1) freedom of will, (2) will to meaning, and (3) meaning of life (Frankl, 1967/1985b). These three tenets are interconnected: People have the intrinsic motivation for meaning; they are free to choose and live a meaningful life because meaning can be found in all circumstances. Logotherapy is built on these three basic propositions.

Freedom of Will Without the capacity for freedom of will, people would not be able to choose how to respond to a given situation and decide on their own preferred life path. Freedom of will enables people to be responsible, moral agents. There is no escape from making choices, and people are accountable for the consequences of their decisions and actions. Frankl (1946/1985a) emphasized that freedom without responsibility would lead to chaos and nihilism. Therefore, freedom is always limited by responsibility. Fabry (1998) wrote, “This individual responsibility is a personal response to ultimate meaning and to the meanings of the moment as they are interpreted by the unique individual” (p. 298). We are responsible to ourselves, to other people, to societal values, and to the suprahuman dimension.

In this suprahuman dimension dwells the order which I have defined as ultimate meaning. One could also call it “suprameaning”—an order whose laws we can violate only at our peril, regardless of whether we see the order in religious or secular terms: as God, Life, Nature, or the Ecosystem. (Fabry, 1994, p. 150)

According to Fabry (1994), “The switch from a vertical to a horizontal value system has caused confusion and meaninglessness because many people reject the traditional guidelines and have had no experience in finding their own” (p. 206). Fabry suggested that the demands of the suprahuman dimension may correct the widespread belief that individuals are free to do whatever they want to achieve success and happiness.

Will to Meaning The will to meaning refers to the primary motivation of seeking meaning and living a meaningful life. Human beings are not pushed by drives, instincts, and past histories of reinforcement but drawn forward by the need to fulfill future meanings. The ultimate purpose in life is not to gain pleasure or power but to find meaning and value in life. Will to meaning is essential for survival and health. The will to live is best understood as the will to meaning. A strong will to meaning enables people to endure unimaginable sufferings and to persist in pursuing their ideals (Frankl, 1969/1988).

Frankl considered Freud's pleasure principle and Adler's will to power as derivatives of the will to meaning. Accordingly,

pleasure is a byproduct or side effect of the fulfillment of our strivings, but is destroyed and spoiled to the extent to which it is made a goal or target.... The will to pleasure mistakes the effect of the end, the will to power mistakes the means to an end for the end itself. (Frankl, 1967/1985b, p. 6)

Meaning of Life The third tenet, meaning of life, affirms that meaning can be found even in the most miserable and tragic circumstances. Life has meaning not only in specific situations but also in one's existence as a whole. The ultimate meaning of one's life, in Frankl's belief, is found in the spiritual dimension of human beings. Fabry (1998) wrote:

People's lives will be meaningful to the extent their human spirit is able to tune in on the "Ultimate Meaning" (Frankl, 1985, p. 141) in the suprahuman dimension of the Spirit (with a capital S). Frankl translated the word *logos* both with "spirit" and "meaning." The biblical passage "In the beginning was *logos*, and *logos* was with God, and *logos* was God," to Frankl meant: In the beginning was Meaning, it is the center of the universe and calls out to people to discover it. It is the ultimate demand of life. (pp. 297–298)

Although Frankl (1946/1985a) believed in ultimate meaning and purpose, he chose to focus on specific meanings for concrete situations in psychotherapy: "What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment" (p. 171). Every meaning is unique to each person, and each person has to discover the meaning of each particular situation for him- or herself. The therapist can only challenge and guide the client to potential areas of meaning.

Frankl (1946/1985a) emphasized the discovery rather than the creation of personal meaning: "The true meaning of life is to be discovered in the world rather than within man or his own psyche" (p. 133). The underlying assumption is that meaning can be detected only through one's reflection on life experiences, in addition to active engagement in the world and with people. Furthermore, one cannot create meaning without any reference to horizontal and vertical values. Personal meaning needs are based in universal and time-proven values. In the spiritual realm, meaning and values are closely related.

One cannot understand the meaning of life apart from the meaning of suffering because suffering is an inevitable aspect of human existence. To discover meaning in suffering is essential to meaningful living. Frankl's own life epitomized Nietzsche's dictum: "He who has a *why* to live for can bear almost any *how*" (as cited in Frankl, 1946/1985a, p. 97). When individuals are stripped of everything that makes life worth living or when they are in the throes of

battling with pain and despair, meaning makes suffering more bearable and provides reasons for living:

It is precisely when facing such fate, when being confronted with a hopeless situation, that man is given a last opportunity to fulfill a meaning—to realize even the highest value, to fulfill even the deepest meaning—the meaning of suffering. (Frankl, 1967/1985b, p. 15)

The Calls of Meaning Fabry (1998) pointed out the calls of meaning as a fourth tenet implicit in the foregoing three: “Life challenges individuals with demands to which they have to respond if they are to live a fulfilled life” (p. 297). Thus, one’s primary concern is to discover and surrender to the call of meaning. The significance of this meaning orientation needs to be fully grasped in order for individuals to live a truly fulfilling life because doing so entails the development of a meaning mindset as a frame of reference for looking at each event and life as a whole. We can never fully understand ultimate meaning because it is a matter of continued pursuit and incremental understanding, but having a sense of one’s calling, no matter how vague, is an important guiding light in decision making and discovering the meaning of the moment.

Lukas (1998) further elaborated on the concept of the call of meaning: To live is to fulfill the call of meaning. Thus, the ultimate purpose of life is meaning rather than happiness and success. This meaning mindset makes all the difference how one lives and makes decisions. The key to living a truly meaningful life is to “build a bridge between the meaning of life as the guiding ray of providence that is invisible but perceptible and the personal life goals that are visible in acts of will and in wishes” (p. 311). The process of achieving congruence includes three elements: First, awareness of one’s special purpose or mission in life. Setting life goals to fulfill this special mission depends on self-knowledge, that is, awareness of one’s interests, talents, and limitations. It also depends on a guiding ray from a variety of such external sources as cultural values, societal norms, and religions. This guiding light “seeks to grant passage to the highest realization of a unique, irrevocable personal existence” (p. 309). Second, all people are given the necessary gifts, talents, and opportunities to fulfill their special mission. However, one needs to develop these innate strengths and gifts. Third, individuals must follow their conscience, their sense of responsibility, and their best light to set life goals and make decisions congruent with their calling. Logotherapy takes into account the clients’ personal strengths, value systems, and understanding of ultimate meaning.

Frankl (1967/1985b) emphasized that we do not prescribe meaning for clients but educate them regarding the nature and pathways to meaning:

While no logotherapist *prescribes* a meaning he may well *describe* it. This means describing what is going on in a man when he experiences

something as meaningful, without applying to such experiences any preconceived pattern of interpretation. In short, our task is to resort to a phenomenological investigation of the immediate data of actual life experience. (pp. 28–29)

The Pathways to Meaning Frankl (1946/1985a) suggested three ways of finding meaning: (a) giving or contributing something to the world through our work, (b) experiencing something or encountering someone, and (c) choosing a courageous attitude toward unavoidable suffering. This deceptively simple formulation actually contains a great deal of wisdom and has clinical implications. The creative pathway to meaning emphasizes the human being as a responsible, creative, and free agent capable of self-regulation, self-determination, and goal striving. It also implies that the meaningful life is an achieving life, that is, that each person has the opportunities to develop his or her potentials and achieve something significant.

The experiential pathway is even richer in its implications. If the creative pathway focuses on giving gifts through the work you do, the experiential pathway focuses on receiving gifts from life. It means savoring every moment of the day and appreciating the gifts of relationships and gifts from nature. Our lives are enriched when we are mindful of whatever happens to us and around us. It means that we are open to all that life has to offer with sensitivity and gratitude, even when life hurts.

The attitudinal pathway is especially important in situations of unavoidable suffering. Frankl (1969/1988) claimed: “This is why life never ceases to hold meaning, for even a person who is deprived of both creative and experiential values is still challenged by a meaning to fulfill, that is, by the meaning inherent in the right, in an upright way of suffering” (p. 70). Indeed, attitudinal values are probably the most important to human survival and flourishing in times of adversity and tragedy. The attitudinal pathway encourages the defiant human spirit to go deeper, higher, and broader—digging deeper into one’s inner resources, reaching higher for hope and inspiration, and reaching out to connect with other suffering people. This attitude is also based on the belief that an individual life cannot be destroyed if it is devoted to something bigger, higher, and more long-lasting than itself. Having the right attitude toward suffering and life indicates that one has reflected on one’s life experiences and learned to make sense of the difficulties, predicaments, and paradoxes of life. Logotherapy recognizes that every crisis is an opportunity for personal transformation and developing a mature worldview. Clients are helped to revise their assumptions and attitudes so that they can adapt better to their life circumstances.

Existential Frustration

Existential frustration is a universal human experience because the quest for existential meaning can be blocked by external circumstances as well

as internal hindrances. When the will to meaning is frustrated, existential vacuum may result, enveloping the individual with a general sense of meaninglessness or emptiness, as evidenced by a state of boredom. Such existential vacuum is a widespread phenomenon as a result of industrialization, the loss of traditional values, and the dehumanization of individuals in the modern world. Many people feel that life has no purpose, no challenge, and no obligation; they try to fill their existential vacuum with material goods or superficial things, but their misguided efforts lead only to frustration and despair (Frankl, 1946/1985a).

According to Frankl (1986), feelings of meaninglessness underlie “the mass neurotic triad of today, i.e., depression-addiction-aggression” (p. 298). A meaning-oriented therapist would explore the linkage between these psychological problems and the underlying existential vacuum.

Suffering and the Tragic Triad

About suffering, Frankl (1946/1985a) says: “If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death” (p. 88).

Suffering is not a necessary condition for meaning, but suffering tends to trigger the quest for meaning. Paradoxically, our ability to embrace and transform suffering is essential for authentic happiness. Frankl (1967/1985b) observed that homo sapiens are concerned with success, whereas the homo patiens (the suffering human being) are more concerned about meaning. Through his own experience and observations of prisoners and clients, Frankl (1946/1985a, 1986) also observed that people are willing to endure any suffering if they are convinced that this suffering has meaning. Suffering without meaning, however, leads to the tragic triad.

Logotherapists do not ask for a reason for suffering but guide their clients toward the realization of concrete meanings and choosing the right attitudes. Many logotherapists appeal to their clients to take a heroic stand toward suffering by suggesting that unavoidable suffering gives them the opportunity to bear witness to dignity and the human potential.

The search for meaning is very likely to be occasioned by three negative facets of human existence: pain, guilt, and death. Pain refers to human suffering, guilt to the awareness of our fallibility, and death to our awareness of the transitory nature of life (Frankl, 1946/1985a, 1967/1985b). These negative experiences make us more aware of our needs for meaning and spiritual aspiration. Neuroses are more likely to originate from our attempt to obscure the reality of pain, guilt, and death as existential facts (Frankl, 1946/1985a, 1967/1985b).

Logotherapy provides an answer to the tragic triad through attitudinal values because worldviews and life orientation may have far more influence on how we live our lives than our cognitions and behaviors in specific situations.

This is usually accomplished through constructively confronting negative views and directly appealing to the defiant power of the human spirit.

Assessment of Logotherapy

The importance of spirituality in healing has gained widespread acceptance in today's therapeutic community, but Frankl was the first one to make spirituality the cornerstone of logotherapy. Frankl can also be credited as the father of existential positive psychology and positive psychotherapy (Wong, 2009) because rather than focusing on what is wrong with us, he focused on what is right with us and what is good about life, and he took this stand despite the horrors he personally endured. He emphasized our capacity to respond to the meaning potentials of aversive situations; through our affirmative and optimistic responses to events, he believed, we can transcend negative forces and live meaningful lives whatever our circumstances may be.

Because of its general holistic orientation, logotherapy can be applied to a wide variety of disciplines, ranging from medicine, counseling, and pastoral care to education and management. It can also be employed in all areas of our lives so that we can fulfill our potentials. There are, nonetheless, three limitations: First, logotherapy is often referred to by logotherapists as the Franklian philosophy. As an existential philosophy, logotherapy is difficult to subject to empirical tests or link to relevant psychology research. Frankl's antireductionism is also responsible for the lack of empirical research on logotherapy.

Second, Frankl intended logotherapy as an adjunct to whatever therapy one practices. Although logotherapy offers several logotherapeutic techniques to psychological problems related to the existential vacuum, it was not designed to provide a comprehensive and coherent framework of counseling or psychotherapy incorporating a wide range of skills and tools.

Third, many Frankl loyalists are opposed to any extension of logotherapy. Some even have a "guild" mentality, trying to ban others from making any reference to logotherapy without having taken a set of courses offered by them. They are more Catholic than the pope in their rigid and dogmatic approach to logotherapy. Their entrenched legalistic attitude has, however, actually done more harm than good in terms of advancing Frankl's ideas around the globe. In fact, Frankl always intended logotherapy to be used for the betterment of humanity, rather than being a clinical specialty for the career benefits of a few psychotherapists.

In the true spirit of Viktor Frankl, Joseph Fabry was progressive and forward looking (Wong, 1999a). Largely responsible for introducing logotherapy to North America, he was the founder of the Viktor Frankl Institute of Logotherapy and founding editor of the *International Forum of Logotherapy*. It was through his unflinching support and encouragement that I was able to develop MCCT (Wong, 1999a, 1999b).

Meaning-Centered Counseling and Therapy

Over the past decade, through MCCT I have elaborated and extended Frankl's classic logotherapy by introducing new constructs and skills that are consistent with the basic tenets of logotherapy (Wong, 1997, 1998a, 1999b). I have already alluded to the fact that some of the concepts and skills of logotherapy are related to the best practices of other approaches of psychotherapy. Although rooted in logotherapy, MCCT has evolved into an integrative therapy informed by advances in psychological research and new insights.

For MCCT, the key organizing construct is meaning, which is central to understanding culture and society (Bruner, 1990; Wong & Wong, 2006), physical and mental health (Wong & Fry, 1998), spirituality and religion (Wong, 1998c), and death and dying (Wong, 2008). Various constructs in cognitive and social psychology, among them cognitive reframing, existential and spiritual coping, attribution, stress appraisal, and life review, are also incorporated in MCCT (Wong, 1998c).

Consistent with all existentially oriented therapies, MCCT is primarily concerned with the meaning and quality of human existence. It emphasizes the importance of understanding what it means to be fully alive and how to live vitally in spite of suffering and the finiteness of life. It helps people acquire existential insight and psychological skills to transform and transcend unavoidable predicaments and pursue worthy life goals. Consistent with most faith traditions and the tenets of logotherapy, MCCT believes that the terminal value of self-centered pursuits of personal happiness and success often lead to disillusion and misery, whereas the ultimate concern of actualizing one's mission leads to authentic happiness and fulfillment.

May (1940) was explicit in his writings on meaning and purpose. He affirmed that life has meaning: "The creative person can affirm life in its three dimensions—affirm himself, affirm his fellow-men and affirm his destiny. To him life has meaning" (p. 19). Personal meaning comes not only from the continuous process of fulfilling potentials but also from religious beliefs: "The essence of religion is the belief that something matters—the *presupposition that life has meaning*" (pp. 19–20).

This unconditional affirmation of meaning—both provisional meaning and ultimate meaning—constitutes the bedrock foundation for MCCT. The following defining characteristics of MCCT more clearly indicate how it has evolved from logotherapy.

Defining Characteristics of Meaning-Centered Counseling and Therapy

MCCT Is Integrative and Holistic What would be your focus when a client walks into your office? Your diagnosis and treatment are likely to be shaped by your theoretical orientation. Given the complexity of psychological problems today, however, no one school of psychotherapy is sufficient by itself. The

micro and macro forces that contribute to individual predicaments are beyond the scope of any single theoretical lens. An openness to integrate different ideas and a willingness to explore new alchemies of therapy may provide new clinical insight. Thus, a flexible integrative approach to psychotherapy may be more efficacious (Brooks-Harris, 2008; Norcross & Goldfried, 2005).

MCCT is one emerging integrative model that is open, flexible, and comprehensive. It assimilates cognitive-behavioral, narrative, cross-cultural, and positive therapies (Wong, 1998c, 2005, 2007, 2008) with its logotherapy and humanistic-existential roots.

Because the meaning construct itself is holistic, MCCT is *inherently* rather than *technically* integrative. Hoffman (2009) explains:

The instillation of meaning is a primary component of all existential approaches to psychotherapy. The deepest forms of meaning can be experienced on the various realms of biological, behavioral, cognitive, emotional, and interpersonal; in other words, it is a holistic meaning. The attainment of meaning is one of the most central aspects of human existence and necessary to address in existential therapy. (p. 45)

Most important, MCCT is holistic by virtue of its focus on meaning and conceptualizing humans as biopsychosocial spiritual beings. Thus, a meaning-oriented therapist approaches the client not as a compartmentalized patient with some dysfunction or disease but as a troubled person seeking healing and wholeness in a broken world. Therefore, we propose that the best way to achieve a fuller understanding of the presenting problem is to place all clinical knowledge and findings within a meaning-centered integrative and holistic framework that recognizes the client as a complete human being in a specific historical and cultural context. By the same token, the best way to motivate positive change is to explore the many different modalities and avenues that resonate with the client.

MCCT Is Existential or Spiritual Viktor Frankl's logotherapy, which literally means therapy through meaning, may be translated as meaning-oriented or meaning-centered therapy. It incorporates spirituality, emphasizes the need to relate and respond to the ultimate meaning of life, and makes clients confront the logos within them. It focuses on our human responsibility to live meaningfully and purposefully in every situation on a daily basis in order to become what we are meant to be.

According to Frankl, three factors characterize human existence: spirituality, freedom, and responsibility. The spiritual dimension is the very core of our humanness, the essence of humanity. The defiant power of the human spirit refers to the human capacity to tap into the spiritual dimension in order to transcend the detrimental effects of stressful situations, illness, or the influence of the past.

As mentioned earlier, the human spirit is the most important resource in psychotherapy. It may be conceptualized as the inner resources of Wong's resource-congruence model of coping (Wong, 1993; Wong, Reker, & Peacock, 2006). Research has clearly demonstrated the vital role of these inner resources in achieving resilience (Wong & Fry, 1998; Wong & Wong, 2006). Both logotherapy and MCCT attempt to awaken people's awareness of the importance of spirituality, freedom, and responsibility in recovery and personal growth.

Based on his observations of inmates in concentration camps and patients in hospitals, Frankl (2000) concluded that the will to meaning and self-transcendence are essential for survival:

Under the same conditions, those who were oriented toward the future, toward a meaning that waited to be fulfilled—these persons were more likely to survive. Nardini and Lifton, two American military psychiatrists, found the same to be the case in the prisoner-of-war camps in Japan and Korea. (p. 97)

MCCT recognizes that what defines human beings is that they are meaning-seeking and meaning-making creatures living in cultures based on shared meanings (Bruner, 1990). MCCT also recognizes that when a void engulfs human existence, all behaviors, in one way or another, are aimed at filling this vacuum (Baumeister, 1991; Klinger, 1977).

Van Deurzen and Adams (2011) summed up the notion of humans as meaning-making beings thus: "In the sense that life is about meaning creating, the spiritual dimension is the central axis of existential therapy" (p. 20). Spirituality entails meaning creation and myth making. Spiritual beliefs are important because when basic faith in God, transcendence, or some universal principle of value is absent, people feel less secure and less able to rise above existential crises that are beyond their control. Spiritual beliefs are also important for one's sense of well-being because they provide worldviews that make sense of life and provide values by which to live.

MCCT Is Relational Another crucial element of MCCT is the centrality of relationships for healing, meaning, and well-being (Wong, 1998b, 1998c). This basic tenet is based on the need to belong, which is a fundamental human motivation (Adler, 1964; Baumeister & Leary, 1995) and imperative to the therapeutic relationship as the key to effective therapy (Duncan, Miller, Wampold, & Hubble, 2009; Norcross, 2002). The phenomenal growth of social media (e.g. Facebook, Twitter) attests to the deep-seated human needs for social connection. In MCCT, the relationship goes beyond mere therapeutic alliance; it is more like an authentic encounter that reaches the deepest level of common humanity between two individuals. Therapeutic change necessarily involves some form of exchange of life, resulting in reciprocal change in both parties in the counseling setting. Each counseling session constitutes

a genuine existential encounter. In this here-and-now encounter, information and energy flow back and forth between two human beings; thus, the messenger is more important than the message, and the therapist more important than the therapy. In fact, the therapist is the most important instrument in the entire therapeutic process. In addition to addressing interpersonal issues experienced by clients (Weissman, Markowitz, & Klerman, 2000) and capitalizing on the here-and-now interactions as the basis for diagnosis and therapy (Yalom, 1980), MCCT seeks to enhance clients' positive meanings through relationships. MCCT emphasizes the need for personal growth as an essential part of professional development. An MCCT practitioner needs to be a secure, centered person who possesses the personal qualities of genuineness, empathy, and unconditional positive regard, as emphasized by Carl Rogers.

These three qualities are incorporated in the practice of the five components of mindful presence: openness, compassion, empathy, acceptance, and nonjudgment. Such an oceanic mindful awareness of the here and now can have a powerful impact on the client. Mindful presence means that the therapist is psychologically and spiritually present and that he or she is relationally and emotionally attuned to the client.

The relationship is not only necessary for building rapport, trust, and therapeutic alliance but also curative in its own right. If one's sense of displacement, estrangement, and alienation are contributing factors to one's problems, then a renewed sense of connectivity and belonging is an antidote to these attachment deficits. Mindful presence provides a model for new ways of relating and demonstrates the importance of the self-regulation skill of mindful awareness.

MCCT Is Positive Because of its affirmation of life and the defiant human spirit to survive and flourish no matter what, MCCT is intrinsically positive. This approach emphasizes that there is always something worth living for. More important, it maintains that individuals have almost unlimited capacity to construct complex meaning systems that protect them from inevitable negative life experiences and also empower them to make life worth living during very difficult times. What makes MCCT a potent form of positive therapy is its stance that there are no hopeless cases for positive change. Healing and recovery can be a long and daunting uphill battle, but the struggle can make us better and stronger. MCCT provides both the motivation and the road map for positive transformation.

The concept of tragic optimism in logotherapy (Frankl, 1946/1985; Wong, 2007) provides an answer to human suffering and death through attitudinal values:

I speak of a tragic optimism, that is, an optimism in the face of tragedy and in view of the human potential which at its best always allows for:

- (1) turning suffering into a human achievement and accomplishment;
- (2) deriving from guilt the opportunity to change oneself for the better;
- and (3) deriving from life's transitoriness an incentive to take responsible action. (Frankl, 1946/1985a, p. 162)

Frankl maintains that meaning and hope can be found regardless of the circumstances up to the last breath. Born out of desperation and nurtured by adversity, tragic optimism is the kind of hope that can weather the worst storms and disasters. Wong (2009) has identified the following key ingredients of tragic optimism: acceptance, affirmation, courage, faith, and self-transcendence. These qualities are incorporated in the practices of both logotherapy and MCCT. The intervention strategies described later address all five components of tragic optimism. Tragic optimism can be very helpful in working with individuals suffering from drug addiction, chronic pain, disabilities, and terminal illnesses.

Seligman, Steen, Park, and Peterson (2005) demonstrated that exercises designed explicitly to increase positive emotion, engagement, and meaning are more efficacious in treating depression than is cognitive-behavioral therapy (CBT) without positive psychology (PP) exercises. MCCT goes beyond CBT and PP exercises by (a) addressing existential and spiritual issues involved in depression and other psychological disorders, (b) emphasizing the importance and the skills of transforming and transcending life crises and personal tragedies, and (c) equipping clients with the tools to succeed in their quest for a better and more fulfilling life. MCCT represents a meaning-oriented positive psychotherapy, which taps into people's innate capacities for self-reflection, meaning construction, responsible action, and personal growth.

For a meaning therapist, the client's ability to discover the calls of meaning and make sense of the complexities and paradoxes of life is just as important as enhancing the client's strengths and positive affect. In MCCT, positive psychotherapy is not a set of exercises adjunct to the traditional CBT. Instead, the positive orientation of restoring hope and meaning, as well as the cultivating of strengths and resilience, permeates the entire process of psychotherapy, from intake to end. In sum, MCCT represents the second wave of positive psychology, which recognizes both the downsides of positives and the upsides of negatives (Wong, in press; Yu, 2009). Here are some of the positive assumptions of MCCT:

- Meaning and hope can be found in the most helpless and hopeless situations.
- Humans are capable of self-transcendence.
- Humans always have the freedom and responsibility to choose their own destiny.

- Individuals are capable of growth regardless of internal and external limitations.
- Meaning is essential to healing, happiness, and well-being.
- Practice of compassion and altruism is essential to meaningful living.
- All negatives can be transformed into positives.
- All existential crises are opportunities for personal transformation.

MCCT Is Multicultural For several reasons, MCCT is inherently multicultural in its orientation and practice:

1. Because meaning is both individually and socially constructed, one's meaning systems are inevitably shaped by one's historical and socio-cultural background.
2. Culture has a profound and pervasive influence on people's behaviors and attitudes. We cannot understand clients' behaviors and attitudes apart from their meaning systems and cultural backgrounds (Arthur & Pedersen, 2008).
3. Empathy demands cultural sensitivity in working with clients from different racial, ethnic, and cultural backgrounds. Pedersen, Crethar, and Carlson (2008) stress the need for inclusive cultural empathy as an antidote to cultural biases.
4. We cannot fully understand the meaning of behaviors unless it is viewed at all levels of the ecological context. An ecological approach enables us to understand the existential-phenomenological experiences of individuals in their interactions with the different contexts of their life circumstances.
5. In a multicultural society, personal meaning systems necessarily evolve through the long struggle of navigating the cross-currents of different cultures. Therefore, sensitivity, understanding, and knowledge of such struggles are essential to MCCT.
6. MCCT employs macrocounseling skills because behavior is always situated in an ecological context, which includes macrosystems, including culture, race, gender, history, and the human condition.

Wong (2008) emphasizes the following qualities that facilitate cross-cultural interactions: openness to new experiences, willingness to accept and tolerate differences, inclusive cultural empathy, respect for other cultures, and the humility to acknowledge one's own cultural blind spots and implicit racial biases.

Many of the main features suggested by the multicultural counseling theory (Sue & Sue, 2003) are implicit in MCCT. For example, MCCT also seeks to understand and motivate clients at different levels, including personal circumstances, the cultural context, and the universal existential givens. Meaning-centered therapists help clients define life goals that are consistent

with their life experiences, cultural values, and the universal needs for meaning and relationship.

Given MCCT's concern with the client's social context and place in society, the MCCT approach shares many of the same objectives as multicultural counseling theory as listed by Nelson-Jones (2002). These counseling goals include providing support, encouraging reconciliation, facilitating acculturation, addressing issues of marginalization and discrimination, managing intergenerational conflict, helping clients manage cross-cultural relationships, and attaining a higher level of personal and societal development.

Thus, on a personal and societal level, the cultural orientation of MCCT contributes to the positive motivation for change by appealing to clients' culture-specific values and addressing societal problems resulting from cultural barriers and discrimination.

MCCT Is Narrative Meaning consists of more than isolated concepts and actions. Meaning is best understood and communicated in stories because of the "storied nature of human conduct" (Sarbin, 1986). Human beings lead storied lives; they also construct and communicate their activities and experiences as stories filled with meaning. Only narratives do full justice to the lived experience of individuals and their sociocultural contexts. We all need a story to live by—a story that crystallizes our core values, spiritual beliefs, and ethical principles.

In some way, all therapists depend on narratives from their clients for the purpose of diagnosis and treatment. Meaning-centered narrative therapy goes further and deeper in its emphasis on the power of reconstructing past meanings and reauthoring one's life story as a means of bringing about positive change. MCCT makes use of both local narratives and metanarratives to provide the guiding ray of meaning. Harnessing the motivation to pursue and live out one's preferred life can be a powerful impetus for change.

MCCT Is Psychoeducational MCCT favors a psychoeducational approach for two reasons. First, it is helpful to explain to clients the change process and the tools and strategies used to facilitate such change. The importance of meaning and relationship in achieving positive change must be explained quite clearly. So much depends on the clients' level of understanding. At a minimum, clients need to understand that their meaning-centered therapists are concerned with two basic practices: (a) how to make relationships work not only in the counseling room but also in real life situations and (b) how to decide and pursue what really matters in making life better in spite of inevitable setbacks.

Second, therapy is essentially a learning process, for it involves learning new ways of looking at life and new ways of living. The MCCT approach provides important guidelines and tools for living a life filled with meaning, purpose, and responsibility. Once clients master these tools and strategies, they

can employ them effectively in real-life situations even long after termination of therapy.

The Conceptual Framework

Based on the foregoing basic assumptions and tenets, the conceptual framework of MCCT is expressed in two complementary theoretical models: the dual-systems model and the meaning-management theory (MMT).

Whereas dual-systems model is primarily concerned with the interactions between the approach and avoidance systems, MMT is concerned with the underlying psychological processes involved in self-regulation and focuses on meaning-related cognitive processes in (a) such automatic adaptive mechanisms in daily functioning as stress appraisal (Peacock & Wong, 1990) and attribution (Wong & Weiner, 1981) and (b) such executive decision-making processes as goal setting and making choices. A meaning-centered counselor would keep in mind how the interventions contribute to the underlying processes of meaning seeking, meaning making, and meaning reconstruction.

The Dual-Systems Model

The dual-systems model is explained in greater detail in Chapter 1 of this volume. Here I simply want to mention the importance of the dual-systems model in integrating approach and avoidance systems to optimize positive transformation of the individual as well as organizations. Given that negative events and suffering are an inevitable part of human existence, MCCT specializes in transforming problems and negative forces into positive potentials for clients. The ABCDE strategy is a good example of the use of meaning seeking, meaning reconstruction, and existential coping (Wong, Reker, & Peacock, 2006). These are examples of useful tools for effectively coping with negative life events. Tragic optimism (Frankl, 1985a; Wong, 2009) is yet another example of a meaning-based intervention that restores and reconstructs hope from the ashes of disaster and trauma. Budd and Budd (2010), for example, investigated how twelve wrongfully convicted and imprisoned men held onto hope. The research and interviews by Budd and Budd, revealed in their book *Tested*, showed that the secrets that enabled the twelve men to sustain their hope and maintain their sanity despite the gross injustice of wrongful conviction and the harsh environment of the prison system were, not surprisingly, components of tragic optimism. These components included accepting the horrible ordeal they had to endure, affirming that there is ultimate justice and having faith that in the end justice will prevail, transcending the negative circumstances, and finally having the courage to live through the terrible injustice. Likewise components of tragic optimism can be found in the case of the miners who were trapped for more than three days underground in Pennsylvania; again, what enabled them to keep their

spirits up was faith in their eventual rescue and the mutual support and relationships with fellow miners (Goodell, 2002). In both cases, hope was not based on agency and resourcefulness as conceptualized by Snyder (2002) nor on the dispositional optimism of expecting good things to happen, as conceptualized by Scheier and Carver (1985); instead, hope was based more on acceptance, affirmation, and faith as emphasized by Frankl (1946/1985a). In short, the dual-systems model capitalizes on the potential of meaning and spirituality in transcending and transforming unimaginable, noxious life circumstances. Therefore MCCT, like logotherapy, is uniquely suited for extreme human conditions.

The Meaning-Management Theory

In MMT, the centrality of meaning seeking and meaning making in human adaptation is paramount. Meaning encompasses (a) the human quest for meaning and purpose, (b) the human capacity to discover and create meanings out of raw and perplexing life experiences, and (c) the capacity to reconstruct meaning through transforming one's worldviews and reauthoring one's life story. Whereas the dual-systems model provides a practical guide to clinical intervention, MMT provides a theoretical framework of such underlying meaning-related processes as meaning seeking, meaning making, and meaning reconstruction.

The quest for meaning is a biological imperative (Klinger, 1998; Sommer & Baumeister, 1998). Survival depends on (a) our capacity to predict and control our environment through learning the significance of events happening to us and (b) purposeful behavior to meet the basic needs for existence. This biological impulse can, however, be distorted and blocked by traumatic life experiences and oppressive circumstances.

Meaning is also imperative for self-expansion. Higher-order meanings, among them actualizing one's potentials, living an authentic life, improving the well-being of disadvantaged people, or doing God's will, are born from ideas and imaginations. The most powerful incentives are not money, power, or possessions but ideas that can make a difference in the world. Frankl (1946/1985a) considers the will to meaning as the primary motivation that makes us humane.

Traditional existential therapy focuses on reducing existential anxieties, especially death anxiety, whereas MCCT focuses on what makes life worth living. In the former case, we pursue meaning in life in order to reduce death anxiety; in the latter case, we pursue meaning in life for its own sake, even when such pursuit increases the likelihood of untimely death.

Meaning is also important in our search for understanding and coherence in the face of uncertainty, chaos, and absurdity. Our views about people and the world are essentially our generalized and crystallized experiences and understandings about human existence. Our own self-concept and identity

are based on (a) our interpretation of how others treat us and (b) our own evaluation of what really matters in life and what we are meant to be.

The meaning we attribute to an event is more important than the event itself. The story we live by is more important than the actual chronology of our life history. The ideals we pursue are more important than our past achievements. The culture we create is more important than the physical environment we inhabit. In sum, it is the inner life full of meanings that determines the quality of life.

A meaning-centered therapist would pay attention to both the basic meaning-related processes and the client's meaning systems. An MCCT practitioner would at all times keep in mind this fundamental meaning question: "How does this intervention facilitate or enhance the client's capacity for meaning seeking, meaning making, and meaning reconstruction?"

After all, it is meaning that gives life clarity, direction, and passion. It is meaning that endows life with a sense of significance and fulfillment. It is meaning that helps us navigate through troubled waters. Meaning manifests itself in thoughts, emotions, and actions. Meaning management is about managing and regulating one's life successfully through meaning.

Therefore, to understand clients is to understand how they construe the world and their own existence, as well as how they make use and manage their world of meaning in making crucial decisions. Most clients see the world and people almost entirely in negative terms. They focus on the negative aspect of the environment; they construct a negative worldview, and they are unduly preoccupied by fear of failure in pursuing any life goals. Therefore, their lifestyle is dominated by the defensive avoidance tendency.

Meaning management supplements the dual-systems model by (a) focusing on meaning-related processes in approach and avoidance tendencies and (b) examining the construction and reconstruction of one's general meaning systems apart from specific goals or problems. Metasystems are shaped by both culture and one's life history, and they include worldviews, philosophies of life, values, and belief systems.

According to MMT, net positive meanings, after accepting and transforming negative realities, offer clients the best protection against tough times and the best chance for success in realizing their life goals. Thus, a meaning-centered therapist is in a good position to guide and motivate clients to make positive changes.

Intervention Strategies

The PURE Strategy of Life Expansion

Meaning is defined in terms of four interrelated components: purpose, understanding, responsible action, and evaluation (PURE). This PURE model is capable of incorporating most of meaning research (Wong, 2010a).

The PURE model can also be referred to as the four treasures of MCCT because they represent the best practices for building a healthier and happier future.

1. Purpose is the motivational component, including goals, directions, incentive objects, values, aspirations, and objectives. It is concerned with such questions as these: What does life demand of me? What should I do with my life? What really matters in life? What is the point of working so hard?
2. Understanding is the cognitive component, encompassing a sense of coherence, making sense of situations, understanding one's own identity and other people's, and effective communication. It is concerned with such questions as these: What's happened? Why isn't it working? What does this mean? What am I doing here? Who am I? Why did he do that? What does he want?
3. Responsible action is the behavioral component, including appropriate actions and reactions, doing what is morally right, finding the right solutions, and making amends. It is concerned with such questions as these: What is my responsibility in this situation? What is the right thing to do? What options do I have? What choices should I make?
4. Evaluation is the affective component, including assessing degree of satisfaction or dissatisfaction with the situation or life as a whole. It is concerned with such questions as these: Have I achieved what I set out to do? Am I happy with how I have lived my life? If this is love, why am I still unhappy?

Each of these components includes a set of intervention skills. Some of the commonly used skills include goal setting, decision making, reality checking, fast-forwarding to consequences of choices, engaging in Socratic questioning, using Wong's Personal Meaning Profile (1998b), and challenging irrational or unrealistic thoughts.

These four components of meaning work together and form an upward-spiral feedback loop. With each successful completion, one's positivity moves up one notch. When one encounters a serious setback, however, one will switch to the avoidance system for help.

The ABCDE Strategy

The ABCDE intervention strategy is the main tool of MCCT in dealing with negative life experiences. Completely different from the ABCDE sequence involved in the rational-emotive therapy process (Ellis 1962, 1987), this ABCDE is similar to acceptance-commitment therapy in its emphasis on action rather than thinking.

Simply put, in MCCT, *A* stands for acceptance, *B* for belief and affirmation, *C* for commitment to specific goals and actions, *D* for discovering the

meaning and significance of the self and situations, and *E* for evaluation of outcomes and enjoying the positive results. These components generate the corresponding principles:

1. *Accept and confront reality: the reality principle*
2. *Believe that life is worth living: the faith principle*
3. *Commit to goals and actions: the action principle*
4. *Discover the meaning and significance of the self and situations: the Aha! principle*
5. *Evaluate the foregoing: the self-regulation principle*

The Power of Acceptance Central to both logotherapy and MCCT is the important role of acceptance. Recovery begins with accepting the fact that something is seriously wrong and that help is needed. Regardless of whether the problem is addiction or physical illness, over the long haul, denial kills whereas acceptance heals. The serenity prayer attributed to Reinhold Niebuhr has been embraced by so many people, especially among those suffering from addiction, because it recognizes the power of acceptance in facing adversities and healing one's brokenness: "God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

All clinicians have faced the problem of resistance and denial. A seasoned therapist will employ a variety of skills to reduce or bypass clients' unconscious defense mechanisms and intentional denial and avoidance. Motivational counseling is primarily concerned with overcoming such resistance and awakening clients' yearnings for positive change and happiness.

We need to be clear that acceptance does not mean giving up hope or change. Nor does it mean passively accepting reality as fate. It does mean that we need to honestly recognize the constraints of reality and the fact that we cannot turn back the clock. It also means that we try to make changes in areas where we have some control and surrender our control to God or fate in areas beyond our control. It is also important to recognize the different levels of acceptance: (a) cognitive acceptance simply acknowledges that something has happened as a matter of fact; (b) emotional acceptance involves a willingness to confront and reexperience negative emotions; (c) realistic acceptance recognizes honestly and unflinchingly the full impact of the event on one's life; (d) integrative acceptance incorporates the negative life event with the rest of one's life; (e) existential acceptance allows one to endure and live with what cannot be changed; (f) transcendental acceptance rises above an unsolvable problem; and (g) transformative acceptance entails the process of meaning reconstruction that transforms the negative event into something positive.

Different skills are involved in achieving each of the seven levels of acceptance. For example, exercises can be prescribed to practicing letting go

behaviorally, cognitively, and emotionally and experiencing each moment as it comes without judgment through mindful meditation. However, it is beyond the scope of this chapter to describe these different skills.

Here are some of the interventions and exercises that facilitate acceptance. Any combinations of these skills can pave the way for healing and personal transformation.

- Describe the negative experience in greater detail.
- Retell the event from different perspectives.
- Reflect on the meaning of what has happened.
- Identify the patterns of maladaptive responses.
- Confront the client with facts and discrepancies.
- Learn to identify and challenge dysfunctional thinking.
- Learn to keep negative thoughts and feelings in the background while pursuing one's ideals.
- Identify what can be changed and what cannot.
- Accept one's own limitations and weaknesses as well as others'.
- Practice paradoxical intention.
- Practice externalization.
- Practice confession and forgiveness.
- Learn to let go cognitively, behaviorally, and emotionally.
- Accept life in its totality.
- Accept each moment as it comes without judgment through mindful meditation.
- Accept harsh realities with equanimity through existential and spiritual understanding.
- Learn to endure unavoidable difficulties with patience through narrative meanings.
- Learn to transcend and transform suffering through narrative, existential, and spiritual means.
- Learn precious lessons from losses and sufferings.
- Make sense of the transitory nature of life and the boundaries of the human condition.

The Power of Belief and Affirmation Another important component is belief, which is related to faith and positive expectations. Clients need to believe that some progress is attainable if they are committed to the regimen of change. They need to be patient and keep faith even when progress is slow. Acceptance without affirmation often leads to despair and depression (Klinger, 1977). Transcendental and transformative acceptances are predicated on belief in something positive. To some extent, the efficacy of any treatment depends on belief as attested by the placebo effect. Belief, whether it is religious faith or humanistic affirmation, gives people hope. Belief provides the motivation for

change. If one believes that one can get better and that life is worth living, then one is more likely to be committed to taking the steps to change. In therapeutic conversations, the therapist needs to reinforce the belief that there is some goodness in life that is worth fighting for and that it is never too late to start over again regardless of how many past failures.

- Use encouragement and validation to reinforce positive beliefs.
- Practice daily affirmation and affirm the intrinsic value of life.
- Affirm that positive meaning can be found in any situation.
- Believe that one is not alone in troubled times.
- Explore various possibilities and opportunities.
- Employ metanarratives to inspire clients.
- Bring out the client's strengths and positive aspects of life.
- Explore possible benefits from misfortunes and mistakes.
- Reinforce belief in the possibility of positive change and a better future.
- Support and reinforce religious beliefs in divine intervention.
- Support the belief that there is some goodness in life that is worth fighting for.
- Support the belief that one can achieve one's life goal at least partially if one persists.
- Believe that one can become what one is meant to be.
- Learn to appreciate life in its worst and its best.
- Recognize that breathing is the basis for hope.

The Power of Action The MCCT model emphasizes human agency and the potency of action. Hard work is necessary to bring about change. There will always be setbacks and obstacles, but there is no substitute for persistence and hard work. Choice without commitment means that one remains stuck. Promise without following through is empty. Remorse is simply sentimentality without an actual change of direction. Real change is possible only when one takes the first concrete step in a new direction. As the Chinese proverb says, a journey of a thousand miles begins with one step. It is at this point of action that we branch out to the approach system of PURE, which will help transform negativity. There is some truth in the practice of “fake it until we make it.” We need to act as if it is true even when we do not really feel it or believe it. We need to do what we ought to do as demanded by a sense of responsibility or moral obligation, even if we do not feel like doing it. Both Morita therapy and acceptance-commitment therapy stress the importance of action over feelings in order to overcome depression and improve daily functioning.

In equipping clients with self-regulation skills, therapists have the responsibility to clarify and demonstrate the assignment and drive home the

significance of practicing it. For example, the therapist can explain that setting specific, concrete, and realistic goals is more likely to lead to successful implementation than setting ambitious but vague goals. The therapist can also demonstrate the usefulness of a daily and weekly checklist of goals in terms of increasing the likelihood of success and reinforcement. To practice one lesson consistently is more beneficial to the client than learning many lessons without practicing any. Commitment to action is one of the keys to getting started on the long hard road of recovery and transformation. Therapists need to use the principles of modeling, reinforcement, and meaning. If clients perceive a prescribed exercise as meaningful and attainable, they are more likely to practice it. Here are a few helpful exercises:

- Contract to perform specific behavioral tasks.
- Develop and implement plans of action.
- Set concrete, specific, and realistic goals.
- Take small steps toward one's goals.
- Monitor one's progress on a daily basis.
- Keep making adjustments and improvements.
- Practice meaning-seeking and meaning-making skills.
- Never give up trying.
- Practice new ways of relating and managing one's emotions, new coping skills, and new habits.
- Practice the routine of transforming negative emotions into positive motivations.
- Practice the routine of letting go.

The Power of Discovery Recovery is akin to a sense of awakening, which is necessary for a successful existential quest (Wong & Gingras, 2010). For good reason, Frankl (1946/1985a) emphasized that meaning is discovered more than created. Whatever belief we may hold and whatever action we may take, discovery of meaning ultimately requires an Aha! response, a spark of insight to achieve optimal results. There is, so to speak, the turning on of a light bulb inside our heads. Out of the darkness of confusion and despair, suddenly therapy makes good sense, and there is indeed light at the end of the tunnel only if one keeps moving in the right direction.

Clinicians need to pay special attention to moments of awakening. Many skills can be used to help clients see life in a new way. Mindful meditation is useful in discovering the richness of present moments, whereas life review is useful in making sense of the past. Alert clients to the many possibilities of discoveries, as identified here:

- Discover the forgotten positive aspects of one's life.
- Discover the hidden strengths of oneself.
- Discover the significance of mundane matters.

- Discover joy in every step and every breath.
- Discover newness in old routines.
- Discover sacred moments in secular engagements.
- Learn to hear, see, and think deeply.
- Practice looking toward the sky beyond the horizon.
- Walk toward the sun and leave behind the shadow.
- Learn to pause and reflect.
- Discover creativity in drudgery.
- Discover the unique beauty of each season.
- Discover the bright and dark sides of life.

Evaluating and Enjoying the Outcomes Evaluation represents the affective component of self-regulation. If nothing seems to work and one remains miserable, then some adjustment is necessary.

Joy is inevitable if one successfully follows the aforementioned four strategic steps, which are dynamically interrelated. Positive feelings and outcomes reinforce positive practices. Here are a few examples of positive feelings that follow successful practice of the ABCDE strategy:

- Enjoy the liberty and relief that come from acceptance.
- Enjoy the feeling of freedom and the power of letting go.
- Enjoy the hope and consolation that come from belief in a better future.
- Enjoy a more positive outlook on life.
- Enjoy the healing and transformation that come from commitment.
- Enjoy the surprises and blessings of discovery.
- Enjoy a new understanding of the self.

The Double-Vision Strategy

The double-vision strategy is two-pronged approach that aims at addressing both the presenting problems and the “big picture” issues, among them the meaning of life and the injustice of society. Double vision is an important macro skill for several reasons:

1. If we focus on the trees, we may lose sight of the forest. We can gain deeper insight into our clients’ predicaments by looking at the bigger picture.
2. If we can help restore our clients’ passion and purpose for living, this will reinforce their motivation for change.
3. By looking beyond the pressing, immediate concerns, MCCT seeks to awaken clients’ sense of responsibility to something larger than themselves.

MCCT is concerned with individuals’ presenting problems and the larger context in which these problems are situated. It is helpful for clients to be aware that there are larger forces that limit their freedom of choice.

Macrocounseling skills help clients to view their predicaments in the larger scheme of things, thereby broadening and deepening their understanding of the meaning of their problems and their potential for positive change.

Conclusion

Fabry (1995) summarized Frankl's view in the following way:

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

Similarly, Bettelheim (1991) believed that the most difficult achievement and the greatest satisfaction is to find meaning in life. In order to find meaning, people must transcend the narrow confines of self-centered existence and make a significant contribution to society.

Meaning-centered counseling adopts the basic tenets of logotherapy and it may be considered an extension of logotherapy. There are differences in its details and emphases, however. For example, Frankl (1969/1988) defined the will to meaning as the "basic striving of man to find and fulfill meaning and purpose" (p. 35). From the perspective of meaning-centered counseling, the will to meaning consists of two psychological processes: the motivation to seek the core meaning of a given life situation and the motivation to seek purpose and significance for one's life goals.

The main difference between logotherapy and meaning-centered counseling is that the former takes a philosophical and spiritual approach, whereas the latter favors a cognitive or psychological approach. For example, Frankl (1946/1985a, 1967/1985b) considered meanings and values as belonging to the noological dimension, separate from the psychological dimension; but Patterson (1986) argued that "it should not be necessary to consider meanings and values as constituting an independent aspect of the individual; they should be included as part of his or her psychological aspect" (p. 453). The present position is that all existential issues, including meanings and values, can be subjected to psychological analysis. For example, existential attribution is concerned with questions of meaning, purpose, and value (Wong, 1991).

In sum, MCCT equips clinicians with the fundamental principles and skills to (a) help clients develop a healthy understanding of their true identity and place in the world; (b) motivate and empower clients in their struggle for survival and fulfillment regardless of their life circumstances; (c) tap into people's capacity for meaning construction in order to help clients make sense of their predicaments and restore their purpose, faith, and hope; (d) provide necessary tools for clients to overcome personal difficulties and anxieties and

fulfill their life's mission; and (e) establish a genuine healing relationship with clients and enhance their capacity to trust and relate with others.

The MCCT model incorporates not only empirically tested counseling practices but also relevant research findings from social-personality psychology and positive psychology. Furthermore, MMT, one of the conceptual frameworks for MCCT, is consistent with the research evidence, and its implications can be empirically tested.

In today's economic environment, when most people cannot afford long-term psychotherapy, MCCT offers short-term therapy (Wong, 2010b), which can be completed in 8 to 12 sessions, depending on the severity of the case. This short duration is made possible because of MCCT's psychoeducational emphasis, which equips clients to practice meaning-based adaptive tools on a daily basis. Furthermore, MCCT skills can readily be employed by coaches, both executive and life coaches. Different from most psychotherapies, MCCT takes a two-pronged approach: On the one hand, MCCT seeks to repair what is broken and reduce clients' debilitating symptoms by employing the most appropriate interventions; on the other hand, MCCT focuses on helping clients discover and cultivate meaning, resilience, and positive emotions in clients as well as empower them to fulfill their potentials and life dreams. In short, what makes MCCT appealing is its ability to deal with a variety of psychological problems while addressing the core existential issues of how to survive and flourish in spite of the limiting and destructive forces from within and without.

References

- Adler, A. (1964). *Social interest: A challenge to mankind*. New York, NY: Capricorn Books.
- Arthur, N., & Pedersen, P. (2008). *Case incidents in counseling for international transitions*. Alexandria, VA: American Counseling Association.
- Batthyany, A., & Guttman, D. (2006). *Empirical research in logotherapy and meaning-oriented psychotherapy*. Phoenix, AZ: Zeig, Tucker & Theisen.
- Batthyany, A., & Levinson, J. (Eds.). (2009). *Anthology of Viktor Frankl's logotherapy*. Phoenix, AZ: Zeig, Tucker & Theisen.
- Baumeister, R. F. (1991). *Meanings of life*. New York, NY: Guilford Press.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*, 497–529.
- Bettelheim, B. (1991). *The uses of enchantment*. London, England: Thames & Hudson.
- Brooks-Harris, J. E. (2008). *Multitheoretical psychotherapy: Key strategies for integration practice*. Boston, MA: Houghton-Mifflin.
- Bruner, J. S. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Budd, P., & Budd, D. (2010). *Tested: How twelve wrongfully imprisoned men held onto hope*. Dallas, TX: Brown Books.
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.). (2009). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.

- Ellis, A. (1962). *Reason and emotion in psychotherapy*. Oxford, England: Lyle Stuart.
- Ellis, A. (1987). *The practice of rational-emotive therapy*. New York, NY: Springer.
- Fabry, J. (1994). *The pursuit of meaning (Rev. ed.)*. Abilene, TX: Institute of Logotherapy Press.
- Fabry, J. (1995). Prescription for survival. *International Forum for Logotherapy*, 18, 7–12.
- Fabry, J. (1998). *The cause of meaning*. In P. T. P. Wong & P. S. (Eds.) Fry, *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 295–305). Mahwah, NJ: Erlbaum.
- Frankl, V. E. (1985a). *Man's search for meaning*. New York, NY: Washington Square Press. (Originally published 1946)
- Frankl, V. E. (1985b). *Psychotherapy and existentialism: Selected papers on logotherapy*. New York, NY: Washington Square Press. (Originally published 1967)
- Frankl, V. E. (1986). *The doctor and the soul: From psychotherapy to logotherapy* (Rev. and expanded). New York, NY: Vintage Books.
- Frankl, V. E. (1988). *The will to meaning: Foundations and applications of logotherapy*. New York, NY: World. (Originally published 1969)
- Frankl, V. E. (2000). *Recollections: An autobiography*. New York, NY: Basic Books.
- Goodell, J. (2002). *Our story: 77 hours that tested our friendship and our faith*. New York, NY: Hyperion.
- Hoffman, L. (2009). Introduction to existential psychology in a cross-cultural context: An East–West dialogue. In L. Hoffman, M. Yang, F. J. Kaklauskas, & A. Chan (Eds.), *Existential psychology East–West* (pp. 1–67). Colorado Springs, CO: University of the Rockies Press.
- Klinger, E. (1977). *Meaning and void: Inner experiences and the incentives in people's lives*. Minneapolis: University of Minnesota Press.
- Klinger, E. (1998). The search for meaning in evolutionary perspective and its clinical implications. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 27–50). Mahwah, NJ: Erlbaum.
- Lukas, E. (1998). The meaning of life and the goals in life for chronically ill people. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 307–316). Mahwah, NJ: Erlbaum.
- May, R. (1940). *The springs of creative living: A study of human nature and God*. New York, NY: Abingdon-Cokesbury.
- Nelson-Jones, R. (2002). Diverse goals for multicultural counseling and therapy. *Counseling Psychology Quarterly*, 15, 133–143.
- Norcross, J. C. (Ed.). (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York, NY: Oxford University Press.
- Norcross, J. C., & Goldfried, M. R. (2005). *Handbook of psychotherapy integration*. New York, NY: Oxford University Press.
- Patterson, C. H. (1986). *Theories of counseling and psychotherapy* (2nd ed.). New York, NY: HarperCollins.
- Peacock, E. J., & Wong, P. T. P. (1990). The Stress Appraisal Measure (SAM): A multidimensional approach to cognitive appraisal. *Stress Medicine*, 6, 227–236.
- Pedersen, P., Crethar, H., & Carlson, J. (2008). *Inclusive cultural empathy*. Washington, DC: American Psychological Association.
- Sarbin, T. R. (1986). *Narrative psychology: The storied nature of human conduct*. Westport, CT: Praeger.
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4, 219–247.

- Seligman, M. E. P., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*, 410–425.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, *13*, 249–275.
- Sommer, K. L., & Baumeister, R. F. (1998). The construction of meaning from life events: Empirical studies of personal narratives. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp.143–162). Mahwah, NJ: Erlbaum.
- Sue, D. W., & Sue D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York, NY: Wiley.
- Van Deurzen, E., & Adams, M. (2011). *Skills in existential counseling & psychotherapy*. London, England: Sage.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2000). *Comprehensive guide to interpersonal psychotherapy*. New York, NY: Basic Books.
- Wong, P. T. P. (1991). Existential vs. causal attributions. In S. Zelen (Ed.), *Extensions and new models of attribution theory* (pp. 84 –125). New York, NY: Springer-Verlag.
- Wong, P. T. P. (1993). Effective management of life stress: The resource-congruence model. *Stress Medicine*, *9*, 51–60.
- Wong, P. T. P. (1997). Meaning-centered counseling: A cognitive-behavioural approach to logotherapy. *International Forum for Logotherapy*, *20*, 85–94.
- Wong, P. T. P. (1998a). The endurance of logotherapy. *International Forum for Logotherapy*, *21*(1), 47.
- Wong, P. T. P. (1998b). Implicit theories of meaningful life and the development of the Personal Meaning Profile (PMP). In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 111–140). Mahwah, NJ: Erlbaum.
- Wong, P. T. P. (1998c). Meaning-centered counseling. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 395–435). Mahwah, NJ: Erlbaum.
- Wong, P. T. P. (1998d). Spirituality, meaning, and successful aging. In P. T. P. Wong & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 359–394). Mahwah, NJ: Erlbaum.
- Wong, P. T. P. (1999a). Joe Fabry—A visionary storyteller. Available online at <http://www.meaning.twu.ca/joefabry.htm>
- Wong, P. T. P. (1999b). Towards an integrative model of meaning-centered counseling and therapy. *International Forum for Logotherapy*, *22*, 47–55.
- Wong, P. T. P. (2005). Creating a positive participatory climate: A meaning-centered counseling perspective. Sandor Schuman (Ed.), *The IAF facilitation handbook*. San Francisco, CA: Jossey-Bass.
- Wong, P. T. P. (2007). Transformation of grief through meaning: Meaning-centered counseling for bereavement. In A. Tomer, E. Grafton, & P. T. P. Wong (Eds.), *Death attitudes: Existential & spiritual issues* (pp. 375–396). Mahwah, NJ: Erlbaum.
- Wong, P. T. P. (2008). Narrative practice and meaning-centered positive psychotherapy. [Review of the book *Maps of narrative practice*]. *PsycCRITIQUE*, *53*.
- Wong, P. T. P. (2009). Viktor Frankl: Prophet of hope for the 21st century. In A. Batthyany & J. Levinson (Eds.), *Anthology of Viktor Frankl's logotherapy*. Phoenix, AZ: Zeig, Tucker & Theisen.
- Wong, P. T. P. (2010a). Meaning-therapy: An integrative, positive approach. *Journal of Contemporary Psychotherapy*, *40*(2), 85–99.
- Wong, P. T. P. (2010b, August). *Short term meaning therapy*. Given at the 6th Biennial International Meaning Conference in Vancouver, BC, Canada.

- Wong, P. T. P. (in press). Positive Psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*.
- Wong, P. T. P., & Fry, P. S. (Eds.). (1998). *The human quest for meaning: A handbook of psychological research and clinical applications*. Mahwah, NJ: Erlbaum.
- Wong, P. T. P., & Gingras, D. (2010). Finding meaning and happiness while dying of cancer: Lessons on existential positive psychology. [Review of the film *Ikiru*]. *PsycCRITIQUES*, 55.
- Wong, P. T. P., Reker, G. T. & Peacock, E. (2006). The resource-congruence model of coping and the development of the Coping Schemas Inventory. In Wong, P. T. P. & Wong, L. C. J. (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 223–284). New York, NY: Springer.
- Wong, P. T. P., & Weiner, B. (1981). When people ask “Why” questions and the heuristic of attributional search. *Journal of Personality and Social Psychology*, 40, 650–663.
- Wong, P. T. P., & Wong, L. C. J. (2006). *The handbook of multicultural perspectives on stress and coping*. New York, NY: Springer.
- Wong, P. T. P., Wong, L. C. J., McDonald, M. J., & Klaassen, D. W. (Eds.). (2007). *The positive psychology of meaning and spirituality*. Abbotsford, BC: INPM Press.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.
- Yu, M. (2009). *The power of negative thinking* (Chu, L. Z., Trans.). Taipei, Taiwan: ASA Publishing.