Towards an Integrative Model of Meaning-Centered Counseling and Therapy

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In my last installment on Meaning-Centered Counseling (MCC),[6] I presented a cognitive-behavioral reformulation of logotherapy. In the present paper, I propose that Meaning-Centered Counseling and Therapy (MCCT) is an integrative model, because the blending of different theories and techniques is achieved by having personal meaning as its central, unifying theme. This is an extension of an earlier version of MCC.[7]

Existential therapy in general, and logotherapy in particular, has been generally regarded as a philosophical approach rather than a separate school of counseling.[1] There is the possibility that logotherapy may go the way of Gestalt therapy -- disappearing as a distinct therapy after its basic concepts have been absorbed by eclectic therapists and other theoretical models. However, logotherapy may enjoy a brighter future when its basic concepts form the core of a meaning-centered integrative model rather than remaining peripheral to other models. This paper provides a blueprint for such an integrative model.

The last two decades have witnessed a movement towards technical eclecticism and theoretical integration,[4] because of an increasing awareness of the limitations of working within a single theoretical orientation. Moreover, multicultural counseling specifically requires that therapists possess a wide range of concepts and skills.[5] MCCT, being broad and flexible, offers the best opportunity for integrating spiritual and multicultural issues within an existential conceptual framework.

Unlike Freud and Adler, Viktor Frankl never purposefully set out to formulate a formal theory. Logotherapy is Viktor Frankl -- who he was and what he stood for. His genius was his ability to influence millions of people through his extraordinary life, profound insights, and prolific publications. His classic work, *Man's Search for Meaning*,[2] has been translated into more than 22 languages and remains influential around the world. Very few people remain unchanged after reading his work or being exposed to his ideas.

Now that he is no longer with us, there is greater need to further develop his ideas and build upon his foundation. MCCT represents an attempt to expand and systematize Dr. Frankl's concepts into a distinct, integrative model of counseling and therapy.

Basic Assumptions and Propositions of MCCT

This section identifies the theoretical orientations that have influenced the major assumptions of MCCT. These sources are listed in parentheses. Please note that existential therapy is used as a generic term for logotherapy and existential analysis as well as other approaches to humanistic/existential therapy.[3]

1. Human beings are bio-psycho-social-spiritual beings with conflicting needs and existential concerns. (Adlerian, Jungian, Freudian, Existential)

2. Human beings have two overarching motivations: (a) to survive, and (b) to discover a meaning and purpose for survival. Individuals cannot long endure adversities and suffering without a reason for living. (Behavioral, Adlerian, Existential)

3. Human beings are meaning-making and meaning-seeking creatures. They are motivated to make sense of the world and discover meaning for their existence and actions. They live in a world of meanings. Their perceptions of events often affect them more than the events themselves. (Freudian, Jungian, Adlerian, Cognitive, Existential)

4. Human beings are predisposed by their genes and shaped by their development and life experiences, but their

- thoughts and actions are not determined by biology and the environment because of their inherent capacity to choose. (Freudian, Adlerian, Cognitive-behavioral, Existential)

5. Human beings can influence and can be influenced by their family, society, and culture. There is an inherent interdependence between individuals and the group. Their relationship with others can be a source of meaning as well as distress. (Adlerian, Jungian, Family systems, Cross-cultural, Existential)

6. Human beings are capable of transcending biological, environmental, and historical influences. They have the freedom and responsibility to choose their own futures; they are the authors of their own life stories. (Existential, Behavioral, Reality therapy, Person-centered, Narrative, Existential)

7. Human beings are capable of construing their own experiences and attaching unique meanings to each situation. (Adlerian, Jungian, Cognitive, Existential)

8. The human condition necessarily involves experiences of stress, anxiety, fear, guilt, shame, meaninglessness, despair, frustration, and fear of death; but people can live fulfilling lives in spite of suffering, anxiety, and distress. (Existential)

9. Cognitions (i.e., beliefs, schemas, and attitudes) are important determinants of emotions and behaviors. (Adlerian, Cognitive-behavioral, Existential)

10. Human beings are capable of being good and bad, rational and irrational. Choosing among these conflicting forces is a life-long struggle. (Jungian, Rational-Emotive, Existential)

11. Human beings are capable of change and personal growth through learning. (Jungian, Adlerian, Cognitive-behavioral, Existential).

12. Human beings are capable of spiritual experiences and higher levels of consciousness. (Jungian, Transpersonal, Existential).

Key Concepts of MCCT

1. The quest for meaning and purpose is a primary motivation. (Adlerian, Existential)

2. Causal and existential attributions reflect the cognitive need for meaning. (Cognitive, Existential)

3. Responsibility and choice are essential to mental health. (Adlerian, Existential)

4. Cognitive schemas are a means of organizing life experiences and, as such, have considerable influence on how we process information and make decisions. (Cognitive-behavioral, Adlerian, Existential)

5. Dysfunctional beliefs and distorted schemas can lead to psychological problems. (Cognitive-behavior, Existential)

6. Significant life tasks are necessary for meaningful living. (Adlerian, Existential)

7. Reinforcement and validation are needed to sustain goal-striving and endow life with some measures of fulfillment. (Adlerian, Behavioral, Existential)

8. Self-transcendence is essential to mental health and personal development. (Jungian, Adlerian, Existential)

9. Life review contributes to personal development. (Adlerian, Narrative, Existential)

10. The stress and coping process is important to aid in the understanding of personal difficulties. (Cognitive-behavioral, Existential)

11. Existential coping and spiritual coping are important aspects of adaptation. (Cognitive-behavioral, Existential)

12. Coping resources and coping skills are needed for successful adaptation. (Cognitive-behavioral, Existential)

13. Realistic and optimistic stress appraisal is important to successful adaptation. (Cognitive-behavioral, Existential)

14. Acculturation is an integral part of adaptation. (Cognitive-behavioral, Cross-cultural, Existential)

15. Effective problem solving includes both preventive and reactive components. (Cognitive-behavioral, Existential)

16. Perspective taking provides new understandings. (Cognitive-behavioral, Existential)

17. Authentic living means being true to one's values and ideals. (Existential)
18. Authentic living requires courage to take risks and endure suffering. (Existential)
19. Therapy involves a genuine encounter between two human beings. (Gestalt, Existential)
20. Therapy involves a journey of personal transformation. (Gestalt, Existential)
21. The therapist serves as a coach and a mentor. (Adlerian, Cognitive-behavioral, Existential)
22. Achieving integration or integrity is a sign of personal growth and mental health. (Jungian, Existential)

Therapeutic Goals of MCCT

1. To encourage clients to explore what is missing in their lives and discover what they really want. (Person-centered, Existential)
2. To challenge clients to examine their values and priorities and discover what is worth living and dying for. (Adlerian, Existential)
3. To work with clients in reviewing their past and assessing their strengths and weaknesses in order to develop realistic and meaningful goals. (Adlerian, Existential)
4. To empower clients to grow towards openness, integration, and fulfillment of potential. (Person-centered, Existential)
5. To challenge clients to replace dysfunctional attitudes and distorted schemas with more adaptive ones. (Cognitive-behavioral, Existential)
6. To confront clients with their self-defeating strategies and Achilles' heels. (Cognitive-behavioral, Existential)
7. To challenge clients to develop a greater awareness and a deeper understanding of themselves and their life situations. (Person-centered, Existential)
8. To help clients develop more effective ways of coping with the demands of life and achieve meaningful life goals. (Cognitive-behavioral, Reality therapy, Existential)

9. To help clients develop new patterns of relating. (Adlerian, Family systems, Existential)
10. To help clients become more aware of their own ethnic/cultural identity in order to develop a more integrated self-concept. (Cross-cultural, Cognitive-behavioral, Existential)
11. To help clients become more aware of their own unresolved issues and conflicts. (Freudian, Existential)
12. To help clients rewrite life stories in which they overcome their obstacles and become the kind of persons they really want to be. (Narrative, Existential)

The Therapeutic Relationship of MCCT

The relationship between therapist and client is complex and operates at several levels.

1. At the social level, it is the meeting of two strangers learning to know each other in a safe, supportive environment.
2. At the existential level, it is the encounter between two human beings on equal footing and the transaction between two private worlds.
3. At the professional level, it is a therapist-client relationship with unequal power, because the therapist possesses certain expertise needed by the client.
4. At the functional level, it is a mentor-protege relationship, in which the therapist encourages and helps the client to succeed.
5. At the symbolic level, it is like two travelers on a difficult journey struggling together and helping each other to reach the same destination.

Therapeutic Interventions of MCCT

1. Providing encouragement, validation, and inspiration. (Adlerian, Existential)
2. Reflecting feelings and meanings. (Person-centered, Existential)
3. Assessing sources of personal meaning. (Existential)
4. Exploring ways of finding meaning and purpose. (Existential)
5. Clarifying levels of construed meaning. (Cognitive, Family systems, Existential)

6. *Clarifying values and beliefs.* (Adlerian, Cognitive-behavioral, Existential)
7. Confrontation. (Cognitive-behavioral, Existential)
8. Magic questions. (Adlerian, Solution-focused, Existential)
9. Life review. (Adlerian, Narrative, Existential)
10. Story-making. (Narrative, Existential)
11. Paradoxical interventions. (Adlerian, Narrative, Existential)
12. Dereflection. (Cognitive, Existential)
13. Day dreaming, imagination, and fast-forwarding. (Cognitive, Existential)
14. Journaling and letter writing. (Cognitive, **Narrative**, Existential)
15. Using symbols and metaphors. (Jungian, **Existential**)
16. Dream analysis. (Jungian, Existential)
17. Transference and countertransference. (Psychoanalysis)
18. Using drawings and charts. (Jungian, Cognitive-behavioral, Existential)
19. Exploring new possibilities and limits. (Cognitive-behavioral, Existential)
20. Working on personal projects. (Cognitive-behavioral, Existential)
21. Directive and didactic methods. (Cognitive-behavioral, Reality therapy, Existential)
22. Modeling, reinforcement, and skill training. (Cognitive-behavioral)
23. Reframing, cognitive restructuring, and perspective taking. (Cognitive-behavioral, Existential)
24. Socratic dialogue and challenging dysfunctional beliefs. (Cognitive-behavioral, Existential)
25. Role play and imagery. (Cognitive-behavior, Existential)
26. Problem-solving and coping skills training. (Cognitive-behavioral)
27. Stress-inoculation and rehearsal. (Cognitive-behavioral)
28. Focusing on here and now feelings and sensations. (Gestalt, Experiential)
29. Joining the family, family mapping, and setting boundaries. (Family systems)
30. Using family and ethno-cultural resources. (Cross-cultural, Family systems)

Conclusion

I have presented, in broad strokes, an integrative model of MCCT. Although MCCT appears to be technically eclectic, it is actually an integrative metatheory, because MCCT spells out hidden assumptions and synthesizes different theoretical models and interventions into a coherent model.

The integrative perspective has increasingly become the therapeutic stance of choice.[4] I have taken up the challenge of developing an integrative model, with meaning playing a central role. I believe that logotherapy is likely to have a greater impact on the therapeutic community when it becomes the core of a broader and constantly evolving integrative model.

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TUESDAYS WITH MORRIE:

An old man, a young man, and life's greatest lesson

Mitch Albom; Doubleday, 1997, Hardcover, 192 pages $19.95

With this book, readers have the honor of eavesdropping on a poignant mentoring relationship. **Tuesdays with Morrie** chronicles conversations between an old professor (Morrie Schwartz) who is dying slowly of Lou Gehrig's disease and a young man, his former student. The subject of their discussions every Tuesday is the meaning of life - in the face of death.

As his life ebbs away gradually, he shares what he has found meaningful with Mitch Albom, his student of nearly twenty years ago at Brandeis University. Topics of their discussions include: chasing the wrong things leading to meaninglessness, limiting self-pity, learning how to die which teaches us how to live, family as security, how love lives on, aging as growth not just decay, and stretching ourselves into everything we can become.

Morrie lives what logotherapy teaches: He is authentic and unique. He has humor, wit, and patience. He consciously practices self-transcendence. His illness is a transformational process as he refuses to flinch from his fate. Through his elegant handling of suffering, he refuses to stall but grows until his last breath.

Morrie is genuinely human. Even in pain, his warmth, love, courage, and wisdom touch us deeply. He is the grandfather/guide we wish we had. As his body withers, he strengthens those around him. Morrie remarks, "This disease is knocking at my spirit .... It'll get my body. It will not get my spirit." Indeed, Morrie Schwartz's spirit steps up to the opportunity to serve others.

Tuesdays with Morrie belongs on the bookshelf alongside Frankl's **Man's Search for Meaning** and Gibran's **Prophet**. Logotherapists will find it a valuable resource to pass on to clients dealing with the fear of dying as well as facing the challenges of living.

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