

Joshua A. Hicks
Clay Routledge *Editors*

The Experience of Meaning in Life

Classical Perspectives, Emerging Themes,
and Controversies

 Springer

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Chapter 30

Meaning in Life as the Aim of Psychotherapy: A Hypothesis

Thaddeus Metz

Introduction

The point of psychotherapy has occasionally been associated with talk of “life’s meaning.” However, the literature on meaning in life written by contemporary philosophers has yet to be systematically applied to literature on the point of psychotherapy. My broad aim in this chapter is to indicate some plausible ways to merge these two tracks of material that have run in parallel up to now.

There is of course a distinct field of existential psychotherapy, which expressly addresses the topic of life’s meaning and appeals to ideas from classic philosophers such as Søren Kierkegaard and Martin Heidegger (e.g., Yalom 1980). However, my hunch is that psychodynamic and humanistic therapy, clinical psychology, and counseling psychology¹ *as such*, not a particular branch of them, are best understood as enterprises in search of meaning in life, in the way many present-day philosophers understand this phrase. In this chapter, I spell out what I mean by this bold hypothesis and provide some good reason to take it seriously (I do not try to establish it conclusively).

As a philosopher, I am interested in theorizing about the final aims of psychotherapy for its own sake. My hope is that psychologists will find it revealing to view a major aspect of their field in light of distinctions and concerns from another, philosophical one. However, for readers who are more practically inclined, I point out that one can reasonably expect clarity about the proper goal of therapy to have important implications about the form it should take (Bader 1994; Hansell 2008).

I begin by providing an overview of philosophical reflection on meaning in life (Sect. “[Contemporary philosophers on meaning in life](#)”), which should be

¹Insofar as it transcends mere career assessment.

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informative to someone unfamiliar with the English-language academic literature in the postwar era. I focus on perspectives that are the most recently and widely held by philosophers. In the following section, I explain what I mean by the “ultimate point” of psychotherapy and then provide a taxonomy with which to organize reflection from a wide array of perspectives on it (Sect. “[A taxonomy of the ends of psychotherapy](#)”). Intending to be inclusive with regard to sources, e.g., by referring to drive and ego psychologies, object-relational and self-actualizing theories, views focusing on mental illness and those emphasizing mental wellness, and so on, I reduce the myriad accounts of the proper aims of psychotherapy to three, logically exhaustive types of views: intrapersonal, interpersonal, and mixed. Supposing, probably with most contemporary therapists who have reflected on the point of their practice, that what I call the “mixed” perspective is more promising than the other two, I provide reason to think that recent philosophical reflection on what makes a life meaningful captures it with specificity and plausibility (Sect. “[A specification of the mixed view](#)”). I conclude the chapter by noting some of its limitations and indicating some of what needs to be done in future work to test more fully the hypothesis I propose here (Sect. “[Conclusion](#)”).

Contemporary Philosophers on Meaning in Life

It is common among professional philosophers to draw a distinction between meaning *in* life and the meaning *of* life. The former concerns a desirable, higher property that a person’s life can exhibit to a certain degree, whereas the latter is a feature of the human species as such or of the universe in toto, e.g., a source of these wholes (having sprung from God) or a pattern they could exhibit (developing toward a *telos*). In proposing that recent philosophical literature has an important bearing on understanding the proper ends of therapeutic practice, I am interested solely in meaning in life, viz., in something other than base pleasure that makes an individual’s life more worth living or in those facets of a person’s existence that merit substantial pride or admiration.²

Most philosophers in the past 50 years who have addressed meaning in life have articulated and evaluated *theories* of it, where a philosophical theory has a structure similar to that of a scientific principle. “ $E=MC^2$ ” and “water is H_2O ” are representative of successful scientific enquiry, and philosophers can be viewed as seeking a similar formula for what makes a life meaningful. They have been trying to fill out the sentence “Meaning in a person’s life is identical to...”, i.e., to reduce the varied, uncontroversial respects in which meaning is possible to a single, comprehensive, and basic property. For instance, it is comparatively uncontested that one’s life would be more meaningful, the more one reared children to become healthy adults, engaged in loving relationships, undertook aesthetic pursuits such

²For a thorough analysis of what the phrase “meaning in life” and cognate terms signify, see Metz (2001).

as gardening or painting, worked for charities that helped other human beings, and discovered knowledge that would satisfy characteristic human curiosity. What is the one thing (if anything) that these and all the other sources of meaning have in common? A philosophical theory purports to provide the most justified answer to such a question.

One such general perspective is *supernaturalism*, the view that one's life is meaningful just insofar as one relates to a spiritual realm in a certain way, say, by fulfilling the purpose of the creator or by having oriented one's soul so that one will receive grace or reward upon bodily death (e.g., Tolstoy 1884; Cottingham 2003). The idea that one's existence is significant at bottom in virtue of immaterial properties such as a perfect being (God) or a perfect state of being (Heaven) is motivated, in part, by the idea that any value beyond mere physical pleasure or desire satisfaction would have to come from beyond nature.

Although popular among laypeople and theologians, supernaturalism is clearly a minority view among professional philosophers. The main problem with supernaturalism is not atheism, the view that nothing spiritual exists. It is rather that it seems possible, even to many theists, that life could be meaningful in the absence of anything supernatural. Suppose that neither God nor a soul existed; Albert Einstein, Pablo Picasso, and Mother Teresa (at least in our stereotypical understanding of them) would have had meaning in their lives nonetheless.

Such a judgment, among other considerations, has led most theorists about meaning to accept *naturalism*, the general view that a significant existence is possible in a purely physical world. For much of the postwar era, the debate was between *subjective* naturalists and *objective* naturalists. Subjectivists, such as Jean-Paul Sartre on the Continent (1946) and Richard Taylor in the United States (1970), maintained that whether a life is meaningful depends on the subject, viz., on a particular individual's attitudes toward the world. One's life is meaningful, on this view, just insofar as one, say, gets whatever one most wants or fulfills the most highly ranked goals one happens to have. This kind of theory aptly entails that many different kinds of meaningful lives are possible, and it accounts well for the judgment that a meaningful life is one that includes zest and a sense of satisfaction.

However, the major problem with subjectivism, for a majority who have theorized about what makes a life meaningful, is that it has counterintuitive implications about what can confer meaning. Suppose that someone, deep down, liked being a serial killer, or degrading women, or stealing small items, or having sex with lifelike dolls, or being addicted to heroin as long as he could. If someone truly and strongly desired to do such things and then did them, subjectivism entails that he would have a very meaningful life for having done so, an implication that few of today's philosophers countenance.

Most philosophers currently writing on meaning in life, therefore, believe that there are certain ways of living in the physical world that one *ought to* want and to seek out, regardless of whether one currently is. Objectivism is the view that there are particular ways of being on earth that are at least partly meaningful "in themselves," not *merely* because a certain individual wants to engage in them or likes them. More specifically, most objectivists hold a view that has been neatly summed up as the

principle of “subjective attraction to objective attractiveness” (Wolf 1997). According to this dominant account, a person’s life is meaningful insofar as she not only engages in projects that are worth doing for their own sake, i.e., are activities that in themselves *merit* pursuit, but also exhibits positive attitudes toward them, such as believing they are worthwhile, wanting to do them, and enjoying them. Such a theory implies that no meaning would accrue to one’s life either if one were attracted to something that did not deserve it or if one engaged in an attractive project but were not attracted to it, hence capturing the subjectivist’s idea that a meaningful life is not plagued by frustration and boredom, let alone angst and depression.³

Now, talk of “objective attractiveness,” “worthwhileness,” and “meriting pursuit” is vague, and it is only upon specifying these terms that I can begin to characterize psychotherapeutic practice as one properly directed toward meaning in the lives of patients. For many philosophers, objectively attractive projects are centrally those that involve the exercise of reason done for the sake of “the good, the true, and the beautiful.”⁴ To exercise reason, or to “transcend one’s animal self” as philosophers sometimes put it, is to live with intelligence, which includes, among other things, reflecting on one’s aims, planning so that many aims are realized in the long term, acting in light of one’s deliberation, and exhibiting strength of will. Note that “intelligence” and “rationality” in this context *also* include human capacities that some readers might suspect are being excluded, such as emotions and, in particular, love and artistic expression. I, with many colleagues, deem these capacities to go “beyond one’s animal self” and to be part of one’s “rational nature” insofar as they *include an element of judgment* (e.g., that something is disgusting, that a beloved is good, that a brushstroke is apt) and can be *modified by reflection* (at least indirectly, over time). Emotions are, in these ways, forms of intelligence that animals lack and that differ from autonomic functions, reflexes, and moods.

Most in the field believe that notable meaning would come from directing one’s intelligence, so understood, toward certain ends, most saliently the following: “goodness,” viz., helping others in the form of, say, loving a family, working for a charity, or being employed in a caring profession; “truth,” which means informedly reflecting about society or nature, perhaps by obtaining a formal education; and “beauty,” shorthand for being creative by, for instance, making art objects, decorating a room, or expressing humor.

There is a bit more consensus than this to note. Most contemporary value theorists with regard to meaning in life would, upon reflection, accept the claim that meaning can arise from beneficent, reflective, and creative intelligence (and being subjectively attracted thereto) in two different respects. On the one hand, such a way of living can make one’s existence meaningful, considered apart from anything else

³One might describe periods of life in which one experiences negative emotions as “significant” but presumably only *in the sense of being instrumentally useful*. Depression is a signal that something is wrong and can prompt one to move onto a better path. Now, a philosophical theory is about “meaningfulness” as a property that is worth seeking out *for its own sake*, i.e., is about *the nature of the better path*, such that depression, anxiety, and the like do not count.

⁴For example, Nozick (1981), Smith (1997), Gewirth (1998), Levy (2005), and Metz (2011).

about one's life. Helping a child with homework, sympathizing with one's spouse, writing some poetry, or accomplishing something at one's career can each make a life meaningful, just looking at the time at which it is done.

On the other hand, exercising one's reason in various ways toward the good, the true, and the beautiful can confer meaning by virtue of the "life story" of which they are a part. Looking back from one's deathbed, one could reasonably feel esteem not merely for the discrete projects one engaged in but also the overall narrative or autobiography they help to compose (Taylor 1989: 41–52; Velleman 1991). For example, one can sensibly take pride in one's life having *progressed*, from having started out badly in one's adolescence and then having ended on a high note in one's old age. For another example, many feel a sense of accomplishment for having *redeemed* unfortunate parts of a life by making good come of them in later parts. One might seek to redeem an unhappy childhood by ensuring that one's offspring have a happy one or a period of drug addiction by becoming a rehab counselor.

This completes my brief sketch of several decades of philosophical reflection on meaning in life. In sum, philosophers by and large seek to answer the question of what makes a life meaningful theoretically and do so by contending that *meaning arises from being subjectively attracted to objective attractiveness, where the latter is a matter of intelligence principally directed toward the classic triad of the good, the true, and the beautiful and in a pattern that makes for a compelling life story*. In the rest of this chapter, I propose, and to some degree defend, the idea that the practice of psychotherapy is best understood as directed toward realizing meaning, so construed, in the lives of clients through the overcoming of mental blockages.

A Taxonomy of the Ends of Psychotherapy

I have surveyed a number of writings on the proper final aim of psychotherapy, ranging from works by Sigmund Freud to those of contemporary thinkers, and I maintain that the views expressed are usefully classified under one of three major headings: intrapersonal, interpersonal, and mixed, where these terms are philosophical ones that I use and are not meant to track preexisting distinctions in the psychotherapeutic literature. In this section, I first explain what I mean by "final aim" and then articulate the three different theoretical approaches to it that I encounter.

A final aim or ultimate point is a goal that is not merely instrumental, i.e., is a condition that should be sought out at least partly *for its own sake* and not solely because of what it can bring about in the long term. Such a goal is often called an "outcome goal" in the psychological literature (e.g., Bader 1994; Orlinsky et al. 1994) and is distinguished from mere "process goals" or what philosophers call "intermediate ends." Making a patient feel heard, fostering a holding environment, inviting free association, and interpreting a dream are examples of process goals. These are ends that are properly pursued, but *only as a means* to some expected further state of affairs, viz., the final aim, ultimate point, or outcome goal, which I am alone concerned to specify in this chapter.

In addition to a final aim being desirable for its own sake, I take it to be something that constitutes an *ideal* for which to strive, where an ideal is a maximally valuable state of affairs that can be realized in principle but might not be practically realizable in a given situation. Hence, a final aim will often *not* be something that an analyst thinks is in fact achievable with a particular patient. Putting things in crude, numerical terms, if fully achieving the final aim gave a patient a score of 100, then it could well be that a certain patient is currently sitting at 25 and that, given the degree of damage done or limited amount of resources (time, gumption, insurance) available to him, he can move up to only 50. Even though the final aim cannot be completely realized in this context, it would rightly orient the analyst's treatment of this patient, in the sense that her work should be a matter of trying to get him (and any other patient) as close to it as she can.

Now, it will not do to say that the obvious final aim of psychotherapy is the reduction of mental illness and the production of mental wellness, for another way to put the present topic is: what *is* mental illness and its positive opposite? Similarly, it will not suffice to point out that the ultimate point of psychotherapy is to enable the patient to function, for the question is: function *in what sense*? And, again, it will not be enough to suggest that the outcome goal of a therapist should be to "modify his patient's psyche" (Aslan 1989: 14), for the pertinent issue is: *how*?

What I call an "intrapersonal" view of the ultimate point of psychotherapy is, roughly, one that focuses on states internal to the individual patient. More carefully, a view of what a psychotherapist ought to be aiming for in the final analysis (so to speak) counts as intrapersonal if and only if it makes *no essential reference* to a person other than the patient in relation to him. In contrast, a view is "interpersonal," or "relational," in the way I use these terms, insofar as it does make essential reference to some other person in relation to the patient. Such a view is that mental wellness is fundamentally a matter of being capable of starting and maintaining certain relationships with others and that mental illness basically consists of an inability to do so.

In the following, I canvass a wide array of texts to illustrate these distinctions, and, when I do, the reader should keep in mind that I am aiming to clarify theories, and not theorists. I am not out to accurately represent the views of particular psychologists, but rather draw on statements they have made in order to spell out different principled characterizations of the ultimate point of psychotherapy, regardless of whether it is the full story of what they themselves believed. This approach raises the question of whether anyone actually has held the theories I adumbrate below. I believe they have. However, even if I were wrong about that and were articulating mere "ideal types," this would be illuminating. The distinction between intrapersonal and interpersonal theories helps to clarify the options logically available, and supposing that I am correct when I suggest in the next section that a mixed theory is best, this would counsel future theoretical work to avoid falling into language or concepts restricted to either of the more simple ones.

Consider a variety of intrapersonal accounts of the final aim of therapy that are suggested in the literature. Begin with Freud's classic claim that the point of analysis is to make the unconscious conscious (1920: 12; 1938: 224). Although such an aim

could well involve becoming aware of previously unacknowledged feelings about another person, Freud's account is intrapersonal, in my sense, because it makes no *essential* reference to establishing a relationship between the patient and another; after all, being aware of one's reactions to others is not the same as engaging in a relationship with them, on which an interpersonal theory focuses. Even if engaging in substantial "ego expansion," replacing *Id* with *Ich*, brought in its wake an improved ability to relate to others (as one would expect), the bare idea that the ultimate point of psychotherapy is *ego expansion* counts as intrapersonal, for it does not say that the ultimate point of psychotherapy is *relating to others* in a certain way.⁵ Similar remarks go for Freud's additional suggestion that the therapist's goal should be to relieve patients of suffering and to help them feel pleasure without contortion, disturbance, or other symptoms (1930: 32–33, 48; for similar recent views, see Bader 1994: 261 and Fink 2010).

Carl Jung, too, makes remarks that suggest an intrapersonal view, when he emphasizes the need for a patient to prize his "inner voice" (1953: 156) or to place "*his* law above all conventions" (1953: 154). "The greatness and the liberating effect of all genuine personality consists in this, that it subjects itself of free choice to its vocation..." (1953: 155). Again, one's calling could involve relationships with others, but insofar as it need not, Jung's comments occasion awareness of an intrapersonal theory.

Similar remarks go for a wide array of views mentioned by a variety of influential theorists about psychological sickness and health from at least the postwar era. Many conditions advanced as the suitable aims of psychotherapy are intrapersonal, making essential reference only to the patient, and not explicitly mentioning anything about relationships with others, such as being open to experience and accurately apprehending reality (Reich 1925: 244; Maslow 1950; Rogers 1957; Becker 1971: 148–153; Miller 1979); being more spontaneous, independent, free, or autonomous (Jung 1933; Maslow 1950; Rogers 1957; Becker 1971: 153–154; Szasz 1983: 19–54); being unique or creative (Jung 1953: 154; Storr 1960: esp. 156–160; Maslow 1963; Kohut 1984: 44); feeling alive or experiencing vigor (Winnicott 1955, 1960; Kohut and Wolf 1978; Miller 1979); having a true or strong self (Winnicott 1955, 1960; Kohut and Wolf 1978; Miller 1979; Masterson 1990; Hansell 2008: 1181); regaining lost parts of the self or overcoming its fragmentation (Guntrip 1971b: 170; Steiner 1996: 1074–1078); and coping with anxiety or stressors in one's environment and being able to rely on oneself (Rogers 1957; Bowlby 1973; Masterson 1990; Hansell 2008: 1181).⁶

⁵Some might consider it odd to characterize self-knowledge as a final aim, since psychoanalysts deem insight rather to be the most they can achieve in a clinical setting, without considering it to constitute mental wellness as such. However, there are certainly texts that suggest otherwise, and there is a large body of literature arguing that insight per se should not be considered a final aim of psychotherapy (e.g., Fink 2010).

⁶See, too, most of the aims discussed in a historical overview of how psychoanalysts have conceived of the point of therapy in Sandler and Dreher (1996).

I am aware that some of the thinkers I have cited do accept the relevance of interpersonal factors, e.g., Abraham Maslow does speak of self-actualizing people as being capable of “profound interpersonal relationships” and evincing a “democratic character” (1950: 180–183). However, such considerations are far from being the dominant elements in his texts; of Maslow’s 14 key traits of self-actualizers, only two are interpersonal (1950: 165–187). So, while some cited above might ultimately be best classified as “mixed *theorists*” (as I spell out below), their texts occasion awareness of an intrapersonal *theory* in the first instance.

Interpersonal theories come to mind upon reading Martin Buber, who claims of psychotherapy that “the sicknesses of the soul are sicknesses of relationship” (1967: 150), and Harry Guntrip, who states at one point that the “*true aim of psychotherapy is to liberate us to become persons,*” where a person is one who “*realizes his essential nature as personal in mutual relationship with other persons*” (1971a: 146, 147).⁷ Also relevant here are views expressed by thinkers such as Erich Fromm (1956: esp. 16–17) and Rollo May (1969: 275–286), who cash out mental health in terms of the capacity for loving relationships, explicitly contending that non-relational conditions are insufficient.

Worth mentioning, too, are Anthony Storr (1988: e.g., xiv, 5–7, 151) and Lavinia Gomez (1997: 212–222), who interpret the lot of object-relations theorists as being “interpersonal” in my terms. My suspicion is that these and commentators are misreading object-relations theorists, in that they are failing to differentiate the claim that certain relationships are a necessary *means* to mental health, which an intrapersonal theorist can readily accept, from the claim that mental health *just is* to be capable of certain relationships, which an intrapersonal theorist must reject by definition. For example, the classic object-relations theorist W. R. D. Fairbairn’s characterization of the point of psychoanalytic treatment clearly counts as “intrapersonal” in my terms, when he says that its primary aim is “to promote a maximum ‘synthesis’ of the structures into which the original ego has been split” (1958: 380). Once one firmly grasps the difference between the question of what the ultimate point of therapy should be and the question of how to achieve it, one sees that one can hold what I call an “intrapersonal” theory of the former, as, say, psychic integration, while holding that certain supportive relationships, say, with one’s parents or a therapist, are a necessary means by which to realize it.⁸ Conversely, it is clear that an “interpersonal” theorist can in principle accept the notion that self-analysis is a suitable means by which to realize the final end of mental health qua loving relationships.

Having illustrated and clarified the distinction I draw between intrapersonal and interpersonal accounts of the proper final aim of psychotherapy, I now note that there is a third view to be found in the literature, namely, a mixed or composite one

⁷But see Guntrip (1971b: 145–173), where he appears to express not an interpersonal view but a mixed one.

⁸Note that in Heinz Kohut’s last book, he deems certain relationships to be so absolutely essential for maintaining a strong self that he characterizes the essence of a psychoanalytic cure as the self being able to be sustained by *acquiring enough selfobjects* (1984: 77). Even so, it is useful, contra Kohut, to distinguish rigorously between a final end and the means—even necessary ones—to it.

according to which it is *both* self- and other-regarding. One clear adherent to such a mixed perspective is Karen Horney, who characterizes the point of therapy as enabling the patient to work, to relate to others, and to be responsible, where these are all on an equal footing (1950: 333–368). Noting a change in the definition of neurosis relative to previous (intrapersonal) theoretical work by other analysts, Horney says, “*Neurosis now became a disturbance in one’s relation to self and to others*” (1950: 368; emphasis in original). Another example is Storr’s own view of the point of therapy, when he speaks of a state where “we can be whatever we are and allow (others) to be the same” (1960: 52). More recent expressions of a mixed theoretical perspective include the claims that “the overall goals of therapy can be summarised as the search for intimacy and autonomy” (Holmes 1998: 236; cf. Neri 2008: 326) and that “a descriptive summary of analytic goals might be that ‘the goal of analysis is to be able to love, work, and self-regulate with happiness’” (Cogan 2007: 205).

My survey of the literature, given its enormity, has unavoidably been partial, but I contend that anything else that one will encounter can neatly be classified under one of these three major headings I have adumbrated. The views I have canvassed are representative of three logically exhaustive approaches to psychotherapy. In the next section, I focus on the mixed approach, working to develop it in light of philosophical work on life’s meaning.

A Specification of the Mixed View

A slight acquaintance with *DSM-IV* is enough to make some kind of mixed perspective look particularly attractive, and from what I gather of the contemporary field, most psychotherapists now implicitly hold such a view or would accept it upon reflection. Although it is well worth spending time to defend a mixed perspective relative to the intrapersonal and interpersonal ones, I lack the space to do so, and hence in the rest of this chapter will take it for granted. Instead, what I do from here on out is to answer the question of which particular mixed view is best, doing so more theoretically than has been done up to now in the psychological literature, as I am familiar with it.

One strategy for answering the question of which mixed view is most attractive, and the dominant one employed in the ways mixed accounts have been expressed, would be simply to list all the relevant intrapersonal and interpersonal factors side by side. That is what those cited as expressing mixed views in the previous section do (e.g., Horney 1950: 334, 364) and what, e.g., Maslow (1950) does as well, with his grab bag containing 14 properties of psychological health.

However, a different approach would be to consider whether the intrapersonal and interpersonal factors share common features, to seek for unity amidst the diversity. This is the tack I pursue, by appealing to the theory of meaning in life that currently is the most defended, and probably most defensible, in the philosophical literature. Recall that it is the principle that one’s life is more meaningful, the more

one exhibits positive attitudes toward one's undertaking objectively worthwhile projects, which are largely a matter of exercising one's rationality in beneficent, reflective, and creative ways that, as a pattern, make for an interesting life story. I now contend that this philosophical conception of what makes a life meaningful promises to neatly capture all the key considerations of mental illness and wellness from the psychological literature that I have discussed.

First off, consider what is involved in *exercising one's rationality* or realizing one's intelligence. To do so is a matter of developing the following abilities, which I believe progress in the order below:

- to reflect on one's aims, rather than be so **dissociated** as to be unable to deliberate;
- to adopt aims that one has judged to be worthwhile, rather than **hating oneself so much that one deems nothing to be worth doing**, or adopting ends because one believes others would like one to;
- to plan so that many aims can be realized in the long term, instead of being impulsive and **unable to delay gratification**;
- to be aware of what is likely to realize one's plans, rather than engaging in **wishful thinking**;
- to adjust one's plans as things arise, instead of rigidly adhering to a goal that has become irrational to pursue out of a **need to feel a sense of control**;
- to act in light of one's plans, rather than being carried away by compulsion or **addiction**;
- to act in a way that is in fact likely to realize one's plans, rather than being **thwarted by desires and feelings that remain unconscious**;
- to have confidence in one's ability to achieve one's plans and to overcome obstacles, rather than caving in to **fear of failure or of others' negative judgment**;
- to be able to withstand anxiety and pain in pursuit of one's plans, rather than ignoring criticism or **collapsing upon encountering setbacks**; and, finally,
- to have the determination and resolution to carry out one's plans, rather than exhibiting weakness of will or suffering from outright **depression**.

This account of what it is to act rationally underwrites many of the intrapersonal considerations from the psychotherapeutic literature. Even if therapists would not be inclined to describe themselves as trying to enhance their patients' powers of reason, when these are carefully defined, it becomes plausible to think that this is what therapists are up to or should be.

However, there are two other major facets of the philosophical theory of meaning, and they are necessary to account for additional, salient intrapersonal factors, as well as the interpersonal properties that are plausibly relevant. Many of the remaining aspects of overcoming mental sickness and of obtaining mental health are entailed and explained by the idea of directing one's intelligence, as above, *toward ends other than self-protection, viz., toward promotion of the good, the true, and the beautiful*. When philosophers speak of the "good," recall, they have in mind beneficent relationships, ones of aid, support, care, friendship, and love, which are

also what interpersonal theorists have in mind. However, invoking the “true,” intellectual reflection or even self-knowledge, and the “beautiful,” creativity, is essential to account fully for the recurrent judgments among therapists that being able to be self-aware and to be productive is inherent to someone’s being fully mentally healthy.

Finally, recall the third major part of the philosophical theory, the idea that meaning is partially constituted by one’s life *progressing* in certain ways, say, potentially grounding a biography that others should want to read. The urge for one to create a life story in which one can sensibly take pride might not drive troubled souls into therapy, but, once there, it does often move them to want to make something good come of the bad in their lives, and analysts typically want to help them do so. One reason that many in the psychoanalytical field are wary of antidepressants and the like is (even if they do not use my terms) the sense that patients’ life stories would not be as meaningful if they did not work through their problems. It is not so much that, for many psychoanalysts, “to lose pain without quest or struggle is to lose self” (as per Kramer 1993: 277), but, rather, I think, that they see more narrative value in a life if, given disease, grappling with *it* eventually results in health than if, given disease, health comes from a source unrelated to it. Analogous appears to be the case, oft discussed among philosophers, of a politician who has worked hard to win an election: more meaning would accrue to his life if he afterward won the election than if he won the lottery instead (e.g., Velleman 1991).

Conclusion

My aims in this chapter have been to acquaint psychologists with recent work done by philosophers on the topic of what makes a life meaningful and to put forth, as worthy of further reflection, the hypothesis that the proper final aim of psychotherapy is well understood as pursuing meaning as they have construed it. I must save for another occasion objections to my proposal that the proper end of psychotherapy is captured by the dominant philosophical theory of what makes life meaningful. In another context I submit that it would be worth taking time to answer the following kinds of questions: What are the strongest arguments for favoring an intrapersonal or interpersonal theory? What reason is there to think that they are ultimately inadequate? Supposing that some sort of mixed theory is best, are there intuitive elements of it that are not entailed or plausibly explained by the philosophy of life’s meaning articulated here?⁹

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