

# Utilizing Existential Therapy and Enhanced Meaning/Purpose in Life as Treatment for Mental Health and Substance Abuse Disorders

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# Historical Context of Existential Therapy

Existential therapy in its current manifestation originated from the existential movement in philosophy.

This movement purported that we are each responsible for creating purpose/meaning in our lives. It is not given to us by gods, governments, teachers, or other authorities. Meaning is individual and subjective to each person.

## Seminal Figures in the Existential Movement (Philosophy)

Although this is not intended to be a presentation on philosophy, it is important to understand that the genesis of this therapeutic modality originated from the work of such individuals as Jaspers, Heidegger, Buber, Kierkegaard and Nietzsche. The influence of these giants can be still felt in the existential psychology/mental health movement.

An example would be Kierkegaard speaking of “*subjectivity being the truth*” and “*objective uncertainty*” (Hong et al, 2000, pg 112)...two premises that are salient to existential therapy and its clinical application. These will be revisited as this presentation progresses.

# Why Existential Therapy and Enhanced Purpose/Meaning?

*“...society is involved in a series of issues in terms of its existentiality... (s)ituations of violence, social differences, racism, depression, addiction, prejudice...are turning humankind into walking beings with a vague or non-existent purpose that ... makes difficult their understanding of the world in a vital and healthy fashion” (Munoz, 2021).*

**Given the existential challenges we face daily as a society, is there any question that we must constantly attend to and revisit our purpose and meaning?**

# Why Existential Therapy continued....

As clinicians, do we need to ask ourselves whether we are missing the latent forest through the manifest trees?

Are our evidence based practices so often employed currently not sufficient on their own, or do they not address the etiology of our clients' presenting issues?

Are we treating the symptoms, yet ignoring causality?

Are we perhaps *not comfortable* addressing existential issues?



# Unfamiliarity with the suffering of their clients

*“I really understand the meaning of suffering...it can have a meaning if it changes you for the better”* Yehuda Bacon

*“One must go through their own existential despair if they are to learn how to immunize their patients against it”* Viktor Frankl

*“Whereof one cannot speak, thereof one must be silent”* Ludwig Wittgenstein

**Ask yourself...are YOU existentially competent? As a clinician, are you personally familiar with suffering and existential despair, or do you feel the need to remain silent?**

# Neglect of the ‘spirit’ of the client

Existential therapy attends in great part to the ‘spirit’ of the client, or that which lies at their core.

Existential therapy, in particular logotherapy, seeks to view the client holistically. Current practitioners of logotherapy have expressed concern as to whether the neglect of clients’ holistic needs may ultimately portend a limitation in the long term efficacy of treatment/interventions.

The question should be asked if our interventions are *personally meaningful* to our clients?



# What lies at the core of our DSM diagnoses?

*There is but one truly serious problem...judging whether life is or is not worth living*  
Albert Camus

Our clients, due to traumatic experiences, sexual abuse, drug and alcohol addiction, environmental stressors, prejudice, insufficient/inept modeling, etc..., often present with learned helplessness, hopelessness, a lack of self efficacy, reliance upon an external locus of control, and a belief in pandeterminism. Lethality is a constant looming risk. Escape to the oblivion of substance abuse calls many.

An argument can be made that all of these are but manifestations of a frustrated or non-existent will to meaning...in essence the client perceiving their lives as 'meaningless', 'less than'.

# Viktor Emil Frankl and Logotherapy

While there is no doubt that there are many seminal figures in existential psychology/mental health, for the purposes of this presentation, attention will be paid to Dr Viktor Frankl and his Third Viennese School of Psychotherapy, also known as Logotherapy.

Logotherapy, or “healing through (the discovery of) meaning”, was his answer to Freudian analysis and Adlerian Individual Psychology. Essentially, Frankl expounded the need for “will to meaning” in order to overcome “will to pleasure” and/or “will to power”

## Sigmund Freud and “will to pleasure”

Evidenced in many of our substance abuse disorder clients is Freud’s proposed “will to pleasure”.



Freud contends that our id drives us to seek pleasure over pain...the immediate gratification of wants, needs and desires. When not met, Freud contended that the result is anxiety and/or tension.

Consider our clients presenting with substance abuse disorders and an immature/nonexistent ability to delay gratification.

## Alfred Adler and “will to power”

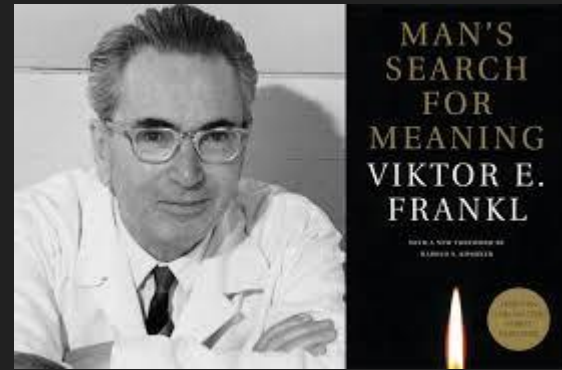
Adler, in his Individual Psychology, proposes a ‘will to power’ as a motivating psychological force.



Seeking to establish ‘superiority over inferiority’, Adler proposed overcoming feelings of inferiority in order to achieve success and happiness.

Consider those clients arguably seeking to overcome perceived inferiority manifested in body dysmorphic disorder, anxiety, depression, eating disorders, narcissistic personality disorder, etc... Use of substances to ameliorate problematic mood states.

# Frankl and “will to meaning”



Logotherapy is based upon: *the freedom of the will; the will to meaning; and the meaning of life*. Each builds upon the other...is interconnected with each other.

The **applications** of logotherapy are threefold as well: it can be used to treat noogenic (meaning in life) neuroses; it can treat psychogenic (conventional/psychological) neuroses; and can treat somatogenic (biological) neuroses as well.

It has been empirically validated to be effective in treating substance abuse, PTSD, anxiety and depression, among other notable neuroses.

# Healing through the discovery of personal meaning: Finding individual meaning in one's existence through the application of Logotherapy

Frankl and Logotherapy contend that we find meaning in life through *the work that we do, the relationships we experience, and how one chooses to face unavoidable suffering.*

This is an exceptionally powerful tool to implement with our clients, given that it is so malleable, subjective and interpretative. It can be applied to nearly any individual and/or any presenting problem.

It allows the clinician the opportunity to help the client transform despair into triumph

## Why do we seek to aid our clients in finding meaning in their lives?

Frankl, borrowing from Friedrich Nietzsche, claimed that those who know the **WHY** in their lives can deal with nearly any where or how.

Essentially, Frankl proposed that the clinician, in aiding the client to find their own individual, subjective purpose in existence, can begin to ameliorate/eliminate noological (meaning in life) disorders.

We cannot, as clinicians, tell our clients “...what the meaning (of their life) is, but ...may well show them that there is a meaning, and that life...remains meaningful under all circumstances” (Frankl, 1969, pg viii).

## Why the clinician as an existential guide?

*“In former days, people frustrated in their will to meaning would probably have turned to a pastor, priest, or rabbi. Today, they crowd clinics and offices. The (therapists) then, frequently find (themselves) in embarrassing situations, for (they) now (are) confronted with human problems rather than with specific clinical symptoms” (Frankl, 1946).*

**Often, we find ourselves attending to the ontological and noological**



## “M”eaning in life versus “m”eaning in life

From an existential perspective, meaning in life is not a universal, objective standard to be met, but instead an extremely individual, subjective, interpretive perspective.

Meaning changes and is malleable, and morphs and changes as the individual matures and grows.

“M”eaning vs “m”eaning: Frankl speaks of the ‘supermeaning’ in one’s life (God, spouse, children, career) vs daily meanings (daily goals to be achieved). Both bring purpose in life.

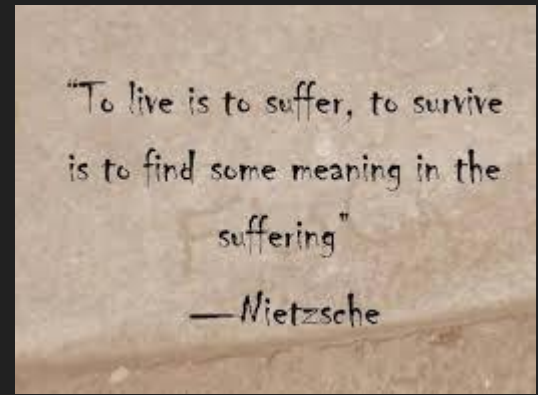
## **Pause and reflect...**

How many of your clients are presenting truly because of an addiction to opiates, alcohol, or marijuana, or are these the manifestations of a deeper latent issue? Is their ‘dependence’ possibly the client seeking to fill a void with alcohol, cocaine, or marijuana?

Is there “something missing” from my treatment plan that might make a difference?

**Does your client suffer from an inherent lack of meaning in their daily life?**

# Logotherapy and ‘rehumanizing’ the therapeutic process



Logotherapy was never intended by Frankl to supplant any of the previous theoretical approaches. Rather, it was intended to be used in conjunction with other interventions and modalities to both increase the efficacy of the therapeutic alliance and also to “humanize” therapy once again.

Frankl expressed concerns about reducing our clients to drives, behaviors, traits, and receptacles for psychopharmaceuticals.

He challenges us to see and to find purpose in suffering.



**Select examples of empirical research  
proposing Logotherapeutic interventions in  
the treatment of mental health and substance  
abuse disorders**

## **Asagba et al and the correlation between a person's meaning orientation and their existential fulfilment.**

Asagba et al. spoke of utilizing logotherapy in the treatment of the “ *trend of harmful effects, particularly with alcohol and marijuana...(and), the use of prescription drugs...on the rise...(in) the developing countries...not spared from this social menace due to urbanization and globalization. The pattern of the use of substances is alarming, with both rural and urban communities affected*” (Asagba et al, 2016, pg 41).

This study reported “*...a significant inverse relationship between meaning in life and drug abuse...(best treated with)...(s)elf-distancing from the symptoms... (m)odification of attitudes...(r)eduction of symptoms...and orientation toward meaningful activities and experiences...best done through the use of the Logotherapeutic method of Socratic Dialogue*” (Asagba et al, 2016, pg 44).

## Asagba et al cont...

*“Logotherapy believes that a patient with a substance use disorder is in crisis. This is because **not all people using substances have substance use disorder**. It is believed that the person (who) is using substances may resort to them as a coping mechanism, albeit an inefficient one, leading to further intensification of existential distress and potentially leading to despair” (Asagba, 2016, pg 45).*

Logotherapeutic interventions utilized in this study included: Modification of Attitudes used together with the Socratic Dialogue of Logotherapy to enhance the client’s sense of regaining some control over life/bolstering a more solid feeling of identity and purpose; dereflection, helping the client to move on from the immediate pain, shifting more towards a positive alternative than focusing on suicide or hopelessness; and the use of Paradoxical Intention.

## **Asagba et al cont.**

This model is not only suitable for individuals with substance use disorder but can also be used to manage a variety of crises. For instance, Asagba et al utilized the model as part of strategies for assisting people who were victimized by sexual assault. Other proposed uses for logotherapy by the authors were in the treatment of PTSD, eating disorders, anger management, and grief counseling.

# Schulenberg et al and Logotherapy for Clinical Practice

*“A major reason that logotherapy has something to offer mental health professionals across various theoretical orientations has to do with the influence of the meaning construct on human health and behavior. There is a growing basis for the relationship between a sense of meaning and psychological and physical well-being” (Schulenberg et al, 2008, pg 448).*

*“meaning is associated with a range of outcomes, such as stable mood and less psychological distress, more proactive and sociable behavior, and favorable attitudes toward life and the self... (m)eaning has clear significance to the human condition. The concepts emphasized in logotherapy are of interest to mental health professionals striving to find ways to help their clients help themselves and are compatible with a variety of existing theoretical orientations...” (Schulenberg et al, 2008, pg 448).*



## Schulenberg et al.

*“...spirituality (in the general sense of meaning, values, and purpose, as is emphasized in logotherapy) is becoming increasingly relevant in modern psychotherapy and medicine...there is increasing evidence that spirituality is associated with positive health outcomes” (Schulenberg et al, 2008, pg 448).*

Logotherapy is recognized for its efficacy in: the reduction of despair in unavoidable suffering; the use of paradoxical intention and dereflection, especially for problems originating in anticipatory anxiety; and addressing meaninglessness at some point that is characterized by the existential vacuum.

Left unchecked, the feeling of emptiness may lead to *“...disturbances from a lack of actualization of personal life meaning or from conflicts of personally meaningful values”* (Schulenberg et al, 2008, pg 502).

# Schulenberg et al cont.

When the existential vacuum (struggling with lack of meaning and existential uncertainty) leads to disturbances, the most common problems that are predicted to fill the vacuum are violations of social norms, distress symptoms, and physiological/psychological addictions, specifically aggression, depression, and addiction.

Logotherapy may be useful with friends and family who are struggling in terms of how they can assist their loved one.

Logotherapy is applicable with regard to helping clients understand and accept their diagnoses, work with mental health professionals, and adhere to their treatment programs in spite of the fact that the logotherapy is not expected to “cure” the psychosis.

# Schulenberg et al cont...

Proposed roles of the therapist utilizing logotherapeutic interventions include the following: regarding clients as fellow human beings; emphasizing their clients' uniqueness; teaching that they have some freedom to respond to their situations or problems; and demonstrating to clients various techniques and how they may be applied to their situations or problems.

When clients assert that they have no freedom to respond, the therapist helps them to search for their remaining freedom...choice of how to react in the face of *unavoidable suffering/undesired circumstances*.

Logotherapy encourages them to take responsibility to respond to that freedom through behaviors, experiences, or attitude changes in ways that they find meaningful and adaptive. Logotherapists afford clients the dignity of expecting them to be capable as human beings in spite of the limitations of their current situation or problem.

# Schulenberg et al cont...

The client is encouraged to recognize the freedom he or she has and to implement that freedom in order to take the energy away from the problem or symptom and, instead, to move in a less problematic, and more personally meaningful, direction.

Phases of logotherapeutic intervention:

- 1. Differentiation of clients from their symptoms.** Clients are more than clusters of symptoms, and in logotherapy it is imperative that they not over identify with a given diagnosis
- 2. Attitude modification about the symptoms.** Clients are shifted away from overfocus on the symptoms and shifted toward awareness of remaining options that are in keeping with what the individual perceives as his or her personal life meaning, in spite of the symptoms.

## Schulenberg et al cont...

3. **Symptom reduction**, which often occurs automatically following successful completion of modification of attitudes. Specific techniques for symptom reduction can be incorporated (e.g., coping skills, self-efficacy techniques). Once symptom separation has been achieved, and more adaptive attitudes have been discovered, clients sense that options are available, and symptoms become more manageable.

4. **Maintenance of mental health** through future orientation and facilitation of continued awareness of personal life meaning and the resultant purpose or goals in life.

## Schulenberg et al cont...

Support was found for the association of the two constructs via a statistically significant negative correlation between the Purpose In Life and the Boredom Proneness Scale. Higher PIL scores (greater meaning) were associated with lower BPS scores (less boredom proneness). However, the study was correlational in nature, and statements with regard to causation could not be made.

Strack (2008) found through a series of regression analyses that empowerment is dependent on meaning in life and psychiatric symptoms (those reporting greater empowerment reported fewer mental health symptoms and greater meaning). The study offered support for the importance of meaning to individuals with serious mental illness, particularly via its relationship to empowerment.

## Additional studies for review

*Blodgett J, Fuh I, Maisel N, & Midboe A. (2013). A Structured Evidence Review to Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions. Veterans Health Administration Homeless Programs : Veterans Justice Programs 2013. Retrieved from: [http://www.ncdsv.org/images/va\\_structured-evidence-review-to-identify-treatment-needs-of-justice-involved-veterans\\_2013.pdf](http://www.ncdsv.org/images/va_structured-evidence-review-to-identify-treatment-needs-of-justice-involved-veterans_2013.pdf).*

*Gerwood J. (1998). The Existential Vacuum in Treating Substance-Related Disorders. Psychological Reports: Volume: 83 issue: 3 suppl, page(s): 1394-1394*

*Thompson G. (2016). Addiction Treatment Through the Lens of Meaning: Observations on a Program Developed in a Residential Facility. International Journal of Special Issue Existential Psychology & Psychotherapy pp 1-13.*

*Whiddon M.F. (2008). Logotherapy in Prison: International Forum for Logotherapy, 6(1), 34–39*

# Useful Logotherapeutic clinical interventions for the mental health and substance related disorder practitioner





# 1. Embracing the phenomenological perspective of the client

Particularly applicable as practitioners are striving to improve/enhance their personal and professional cultural, ethnic, and socio-economic competency, as well as their ability to clinically address identification and characterization that is salient and significant to the individual client, the phenomenological approach to mental health “*understands mental disorders as modifications of the main dimensions of the life-world: lived time, lived space, lived body, intersubjectivity, and selfhood. Psychopathological symptoms are the expression of a dialectical modification of the proportions of certain domains of the life-world or of the lived experience*” (Messas et al, 2016, pg 466).

Essentially, embracing the phenomenological perspective drives the clinician to experience how the client views themselves, the world, their place within it, as well as how they believe the world views them.

# Phenomenological perspective

This perspective, when truly embraced by the clinician, can enhance empathy, reduce the clinician's potential to be seen as 'judgemental' by the client, can enhance client's willingness to disclose and comply with the treatment plan and can improve the therapeutic alliance between client and counselor.

The phenomenological approach is the clinical adaptation of Martin Buber's *I-Thou* relationship..."...a two sided affair, when both the individuals enter into the conversation with their unique whole being. The relationship is reciprocal, yielding, momentary, leads to clarity and lacks permanency. *I –Thou* establishes a world of relation and is always in the present, that which is happening (an event)...*I –Thou* relationships arise... at moments of genuine dialogue" (Buber et al, 1958, pg unknown).

## Phenomenology and subjectivity

Recall at the outset of the presentation the quotes by Soren Kierkegaard speaking of “*subjectivity being the truth*” and “*objective uncertainty*” (Hong et al, 2000, pg 83).

Phenomenology seeks to capture these premises in clinical application. It reminds us that we cannot treat one client the same as another. Rather, we must recognize and celebrate their individuality and their own personal life experiences as stressors, triggers and factors of resilience in their own personal mental health.

## 2. A client directed therapeutic alliance

While we commonly discuss client centered therapy, logotherapy and existential therapy calls for a client directed therapeutic alliance. *“In logotherapy, the client is active and participatory, retaining responsibility to alter maladaptive patterns and to actualize personal life meanings... (t)he therapist assists the client in facilitating this process”* (Schulenberg, 2008, pg 453).

Frankl does not believe the therapist is present to direct the client, but to aid them in finding their own personal, subjective meaning in life.

## The client choosing their own path...

While not a logotherapeutic practitioner, perhaps the best descriptive for this approach came from Carl Rogers, who stated:

*“it is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process”* (Rogers, 1995, pg unknown).

## **The client choosing their own path**

Affording the client some degree of self-determinism, to whatever degree the individual is comfortable, imbues in them enhanced feelings of self efficacy, freedom of choice, self-determination, and internal locus of control.

Those clients presenting with mental health diagnoses and/or substance related disorders have often been, for so long, directed by their problematic mood states and/or chemical dependency that direct involvement can serve as a restorative.

### 3. A focus upon choice and responsibility

Focusing therapy upon the client's ability to choose, despite or even in face of the circumstances they face. Again, imbuing the client with self-efficacy and the ability to self-determine can be exceptionally therapeutic for those clients who feel as if they have 'lost control' of their ability to refrain from use or control their problematic mood states.

*“Everything can be taken from a man but one thing: the last of the human freedoms — to choose one's attitude in any given set of circumstances, to choose one's own way.” (Frankl, 1946, pg 118)*

# Choice and responsibility continued

Of note is the clinician's need to balance freedom of choice with responsibility for said choice.

Aiding the client in understanding that while they are capable of choosing their own path, even if those choices are maladaptive (repeated use of problematic substances, reliance upon problematic mood states like anticipatory anxiety, or destructive actions), they are also responsible for their choices. Not only do these choices affect the client, but also those closest to them.

Such a perspective change encourages compliance with treatment regimen, the adoption of new, adaptive, thought processes and schemas, and abandonment of previously learned, non-productive learned behavior patterns.



## 4. Socratic dialogue

Socratic dialogue is a technique whereby a therapist asks questions of clients to facilitate internal exploration to discover personal life meanings, to explore how these may be actualized, and to foster recognition that choices toward these ends are always available. In the case of working with a client who feels faced with an insurmountable problem for which there is no solution, a logotherapist may ask about responses to similar problems in the past, seeking clues from the client as to personally meaningful attitude modifications that may have been used successfully to reduce the despair of the unchangeable problem.

## 5. Paradoxical Intention

Paradoxical intention, a technique empirically validated, was developed by Frankl independently in the 1920s , and was first published in 1939 . It has been useful in cases involving recursive anxiety, such as agoraphobia, public speaking anxiety, and sexual dysfunction, among others.

Humor is applied by the client towards his or her problematic mood state.

Example: Frankl and his client who had a fear of stuttering.

## 6. Dereflection

Dereflection is based upon the premise that, in some cases, people focus on the possibility of a problem or a symptom with such intensity that they create anticipatory anxiety that actually makes the problem or symptom worse.

The point of dereflection is to reorient a client's attention away from the preoccupying problem or symptom and refocus the attention instead onto related, highly motivating areas of personal life meaning (Frankl, 2006).

The resulting effect is typically a reduction of the anticipatory anxiety associated with the symptom or problem in question and thus a reduction in the symptom or problem itself.

## **Dereflection continued...**

Dereflection is logotherapy's answer to hyperreflection and hyperintention. Both are manifestations of anticipatory anxiety, or fear and dread of what is perceived 'to come'.

Hyperreflection: overconsciousness of one's own behavior or over attentiveness to an issue that it actually inhibits one's own behavior. Examples could be speech impediments, anticipating panic/anxiety attacks, or triggers for substance use, to name but a few.

Hyperintention: an obsession with outcomes that actually inhibits the successful attainment of said outcome.

Deflection is intended to overcome both of the aforementioned.

## 7. Logoanalysis

Another logotherapeutic technique, logoanalysis, is applied to persons experiencing a lack of sense of personal life meaning (initially experienced as boredom or apathy but with the potential to evolve into violations of social norms, distress symptoms, and physiological and psychological addictions).

Logoanalysis offers a systematic process of mental and written exercises to help individuals set a life direction and subsequent achievable goals based on their personal life meaning. The process lends itself well to self-help, substance related disorders, and neurological disorders.

Also commonly referenced as Purpose in Life Tests (Crumbaugh and Maholick)

## Purpose in Life Test - Example Questions

*Life to me seems: completely routine 1 2 3 4 5 always exciting*

*My personal existence is: utterly meaningless, without purpose 1 2 3 4 5  
purposeful and meaningful*

*If I could choose, I would: prefer never to have been born 1 2 3 4 5 want nine  
more lives just like this one*

*Concerning freedom to choose, I believe humans are: completely bound by  
limitations of heredity and environment 1 2 3 4 5 totally free to make all life  
choices*

## **the Self-Appraisal Exercise and the Value Auction**

The Self-Appraisal Exercise is one in which people are encouraged to participate in answering questions such as those relating to descriptions of themselves, whom they and others wish themselves to be, and their views as to their potentials. Such exercises prompt reflection on the consistencies between the individual's internal and external behaviors and their sense of personal life meaning.

The Value Auction, in which individuals are invited to consider various values that are auctioned off and how much they wish to “bid” on them from their limited pool of “funds.”

# The Psychodrama

Similar to the Gestalt ‘open chair’ technique or ‘acting as-if’, the client will play out a scenario with the counselor in order to not only gain experience in behaving in a certain fashion, but also to learn new behaviors, evidence to the counselor how they typically react in a particular instance, or learn what their default responses to particular situations are.

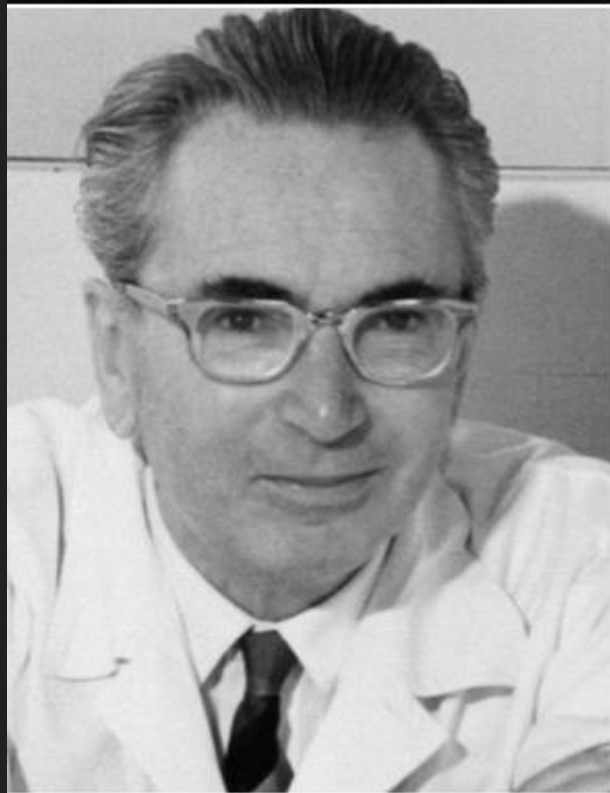
Such an exercise is efficacious with substance related disorders learning to deny a craving or urge, avoid triggers, or with individuals dealing with anxiety, anger, grief, and so on to learn about themselves and potential new patterns of behavior.



# Psychometric Assessment of the Meaning Construct

The best known of these are the Purpose in Life test, the Life Purpose Questionnaire, and the Seeking of Noetic Goals test. There is ample evidence for the internal consistency of the global scores generated by these measures, with coefficient alphas often reported in the .80s, and in some instances exceeding .90 (Messas et al., 2018, pg 446) .

## Summary



Between stimulus and response  
there is a space. In that space is our  
power to choose our response. In  
our response lies our growth and  
our freedom.

— *Viktor E. Frankl* —

AZ QUOTES

# Logotherapy as part of a transtheoretical approach

Considering it is best practice to ascribe to a transtheoretical approach to counseling/treatment, the implementation of/adoption of logotherapeutic interventions and modalities can increase both the effectiveness of the therapeutic alliance between clinician and client, while also improving exponentially the results the client realizes.

Able to be utilized with other long term and short term treatment methodologies, logotherapeutic interventions and bases can be successfully integrated into individual, group, couples, family and crisis counseling.

# References Cited

Asagba R & Marshall M. (2016). *The Use of Logotherapeutic Techniques in the Identification and Intervention Stages of Treatment with Persons with Substance Use Disorder*. *African Research Review. An International Multi-disciplinary Journal, Ethiopia* Vol. 10(3), Serial No.42, June, 2016: 39-54.

Blodgett J, Fuh I, Maisel N, & Midboe A. (2013). *A Structured Evidence Review to Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions*. *Veterans Health Administration Homeless Programs Veterans Justice Programs 2013*. Retrieved from: [http://www.ncdsv.org/images/va\\_structured-evidence-review-to-identify-treatment-needs-of-justice-involved-veterans\\_2013.pdf](http://www.ncdsv.org/images/va_structured-evidence-review-to-identify-treatment-needs-of-justice-involved-veterans_2013.pdf).

Buber, M., & Smith, R. G. (1958). *I and Thou*. New York: Scribner

Crumbaugh, J. C., & Maholick, L. T. (1964). *An experimental study in existentialism: The psychometric approach to Frankl's concept of "noögenic neurosis"*. *Journal of Clinical Psychology*, 20, 200–207. doi:10.1002/1097-4679(196404)20:2200:AID-JCLP2270200203[3.0.CO;2-U]

Crumbaugh, J. C., & Maholick, L. T. (1969). *Manual of instructions for purpose-in-life test*. Munster, IN: Psychometric Affiliates.

Frankl, V. (1946). *Man's Search for Meaning: An Introduction to Logotherapy*. New York, NY: Simon and Schuster.

# References Cited

*Frankl, Viktor E. (2006). Man's Search for Meaning. Boston MA: Beacon Press.*

*Gerwood J. (1998). The Existential Vacuum in Treating Substance-Related Disorders. Psychological Reports: Volume: 83  
issue: 3 suppl. page(s): 1394-1394*

*Hong, H. V., & Hong, E. H. (2000). The essential Kierkegaard. Princeton, N.J: Princeton University Press.*

*Martinez-Ortiz E & Florez I. (2016). Meaning in Life in the Prevention and Treatment of Substance Use Disorders. Cllinical Perspectives on Meaning: December 2016: pp 201-222.*

*Messas G, Tamelini M, Mancini M, & Stanghellini G. (2018). New Perspectives in Phenomenological Psychopathology: Its Use in Psychiatric Treatment. Front Psychiatry. 2018; 9: 466.*

*Munoz, S. (2021). Logotherapy and its Palliative Action In Counseling.  
Retrieved from: <https://sebastianmunoz412.medium.com>.*

*Rogers, C. R. (1995). On becoming a person (2nd ed.). Houghton Mifflin (Trade).*

## References Cited

- Nietzsche, F. (2000). The birth of tragedy, or: Hellenism and pessimism. In W. Kaufmann (Trans.), Basic writings of Nietzsche (pp. 1–145). Toronto, Canada: Random House. (Original work published 1872).*
- Schulenberg S, Nassif S, Hutzell R, & Rogina J. (2008). Logotherapy for Clinical Program. Psychotherapy Theory, Research, Practice, Training. 2008, Vol. 45, No. 4, 447–463.*
- Steger, M. (2018). The Meaning In Life Questionnaire. Retrieved from: <http://www.michaelfsteger.com>*
- Whiddon, M.F. (2008). Logotherapy in Prison: International Forum for Logotherapy, 6(1), 34–39.*
- Yalom, I. D. (1980). Existential psychotherapy. New York, NY: Basic Books.*