

The Meaning of Life Question

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Many psychotherapists and others have asked me : How do you introduce the transpersonal into a psychotherapy session? I have always been rather surprised by this question for two reasons (a) I do not see how any healing can take place without the transpersonal - I surely do not do it myself! and (b) how can you do therapy of any kind without knowing how this unique person makes sense of their life - and inevitable death?

So at the initial consultation I almost invariably ask the client (or clients) what I have come to call **the meaning of life question**. The words may differ depending on whom I am speaking to and their own particular language, but the question is essentially very simple: 'what are your ideas about the meaning of your life?' or 'What is your religious or spiritual background?' or 'How do you make sense of what has happened to you?'

No one has ever found this question strange or uncomfortable. Even if

someone responds by saying: I think this life is all there is and we just have to make the most of it, I have been given an answer which is at least as (and perhaps more) important than their GP number or whether they are currently taking drugs or medication. Other examples are:

'I was just born cursed, unlucky in every way' could indicate a fatalism which could be very destructive to our work together - particularly if supported by a belief in a psychologically damaging kind of fatalistic astrology.

'The cause of all my trouble in relationships is that my mother died at birth' can indicate her way of understanding life's dilemmas around which we can together begin to build a conversation around the way this particular client construes her world.

'You know, I was very devoutly Christian as a child, but after a priest abused me sexually, I completely lost all faith in myself, God and life itself. I just can't see the point of it all.' This client could be indicating a very serious suicidal risk - a vital part of assessment and far more indicative and likely to facilitate a further frank discussion than clinically asking: 'Are you contemplating suicide?'

'The devil sent me because God wants me to kill all prostitutes'. The potential danger to self and others along with the disordered thinking mandates extreme caution in continuing to see this person.

'The British government has ruled that I cannot take the body of my dead child home to be buried in the ancestral grounds and now I will never rest, because his spirit cannot come to peace.' The cultural background needs to be explored and respected while anticipating serious transferences around issues of racism, colonial exploitation and what the Australian aborigines call 'the stolen generation'.

Why is this 'meaning of life' question so important? In no particular rank order, here are some of the reasons:

1. It identifies which **language** that unique client uses to refer to ultimate issues and important values. I can either join them in the conversation using information from my previous knowledge or inform myself through questions, reading, films, consultation with people who know more about it than I do - and there are always those.

2. It often acts as the very best screening question in the mutual **assessment** of suitability for psychotherapy between therapist and clients. As the examples above show, the psychotherapist can get quite precise indications of psychosis, rigidity, lack of meaning (existential *anomie*), suicidal or homicidal tendencies in short how the client construes his or her world.

3. It creates a **mutual frame of reference** to which we can both refer in our work in future. For example, if someone uses the *I Ching* (an ancient Chinese form of divination which Jung also used) this information gets logged in the psychotherapist's resources for future use. There may come a difficult time in the psychotherapy where the client has forgotten that they have had good guidance from the *I Ching* (Wilhelm, 1951) in the past - and the psychotherapist can remember and remind the client of this resource in their personal repertoire at a most crucial time.

4. Extensive research from MIND (a mental health organisation for people who have been 'users' of the psychiatric system) has repeatedly found that some form of spiritual, religious, transpersonal perspective on life for is - according to the people

themselves - more important in **recovery and health maintenance** than - and certainly more than psychotropic medication. To ignore this dimension of human experience or make it 'undiscussable' in psychotherapy is therefore to refuse to use a major source of strength and courage for the individual. I believe this also has ethical implications.

5. Individual exploration of what meanings different names/labels/ words have for that unique client at that particular time (and it may change) can reduce **collective or cultural countertransferences** of the psychotherapist and aid the process of 'bracketing' off previous assumptions, simplistic understanding, superficial knowledge and so on. (Don't expect your client to 'teach' you in their time to correct, for example your racist distortions; rather make your own friends in that cultural community.)

If the psychotherapist has, for example, in the past been personally abused by a Protestant minister, or has 'escaped' from an oppressive Catholic background, or is struggling with an arranged marriage, the psychotherapist needs to work through their real or potential countertransference distortions (or biases) by means of their own therapy and/or supervision or spiritual direction. This is part of the psychological cleansing which every client deserves from their psychotherapist.

6. It indicates right from the first session that there is place in the psychotherapist's world view which allows for values,

meaning, beliefs and spiritual practices to be brought into the psychotherapy - if and when the client wants to. **The transpersonal dimension of human experience becomes discussable** - whether in art, nature, science, service to others or whatever.

This is an extremely important point because so many clients have told me they felt and clearly understood (through the silence of their therapists or analysts on these matters or their ignoring of such subjects when the client brought them up) that such things 'don't belong in psychotherapy'. As I have shown elsewhere (Clarkson, 1995a p. p. 170 180), the therapist's imposition of their own values on the client happens as much through what is **not** spoken about and non-verbally conveyed than what is actually said.

7. It helps to establish the psychoanalyst or psychotherapist's awareness of the **limits of their competency**. This is a requirement in most, if not all, professional ethics codes and facilitates responsible referral or the need for additional resources. If you are not comfortable dealing with ambiguity, 'unknowing', paradox or simultaneous contradiction, refer the client to people who are. I am not personally in a position to support a mother whose ten-year old daughter is being taken to have her clitoris and vaginal lips amputated by a Harley Street surgeon. ('Female circumcision' like 'friendly fire' - is a nominative euphemism which blurs the physiological and

emotional impact of the real facts for particular normative groups.)

8. It helps to establish the **need for additional resources** or expert consultation. I am not authorised to conduct an exorcism or to deliver absolution in the confidential safety of the confessional. However, I know psychologically informed people in most religious traditions who are. (Priests for example cannot be forced by the law to disclose information received in the confessional; psychotherapists can and have been.)

9. It frequently is a rich and valuable source of personally **meaningful metaphors** for the client which can be used, or referred to later as the client rewrites or enlivens their own personal life story or myth. Murray Cox and Thielgard (1987) in their wonderful book 'Mutative Metaphors' demonstrates movingly and convincingly how the introduction of Shakespearean characters and images can change even the most psychiatrically disturbed criminal inmates of a prison like Broadmoor. The language of astrology or archetypal myths (such as Jamaican folklore or Bolen's (1984) work on the archetypes of Greek Gods and Goddesses in every person are

examples of fine sources of inspiration.

10. Finally, through the meaning-of-life question **death and dying becomes available** in the consulting room - or wherever the psychotherapy is taking place. **All religions and spiritual traditions contain narratives or stories about living and dying - 'the meaning of it all'**. When faced with major life decisions (such as abortion, marriage, divorce, forgiveness, 'making amends', emigration, a dementing parent, a genetic heritage of breast cancer or some other kind of fatal disease, the psychological aftermath of natural disasters, involvement in a war, a change of vocation) it is sometimes helpful to ask the client (in whichever language they would prefer) to imagine what they would have wished they had done now if they were on their deathbed many years hence.

And if someone does not have access to, or does not want to avail themselves of, the rich hoard of cultural, religious, artistic, poetic, scientific or natural stories of our earth, they will still have to find **some** kind of meaning for their lives to get through the nights when the despair and pain of being human becomes overwhelming.

Further Reading:

Victor Frankl; Man's Search For Meaning Beacon Press.

The excerpt above is taken from Petruska Clarkson: (2002) *The Transpersonal Relationship in Psychotherapy - The Hidden Curriculum of Spirituality*. London: Whurr.