



9 Steps Towards Giving New Meaning to Life

Marie Noëlle Salathé-Granès

Institute of Psychology, Faculty for Social and Political Sciences, University of Lausanne, Lausanne, Switzerland

Email address:

mn.salathe@bluewin.ch

To cite this article:

Marie Noëlle Salathé-Granès. 9 Steps Towards Giving New Meaning to Life. *Psychology and Behavioral Sciences*.

Vol. 10, No. 4, 2021, pp. 139-144. doi: 10.11648/j.pbs.20211004.13

Received: June 30, 2021; **Accepted:** July 30, 2021; **Published:** August 6, 2021

Abstract: As a practical clinician in psychology for many years, I have accompanied and supported numerous patients in their Gestalt therapy. Together we discovered that the significance they had given to occurrences in their lives kept them in many ways prisoners of judgment, guilt and shame and painful loneliness. This article proposes to share the nine phases of a courageous journey from incomprehension and confusion, to acceptance of themselves as they are, enabling them to step out of their solitude. Initially, the patient discovers that their usual schemas do not allow them to cope with an unexpected or difficult experience or situation. They are confused, and running a loop in their mind. They reach out to find some understanding. They are not conscious of what is happening to them nor are they curious about it. They are in a place of suffering, vulnerability, loneliness, shame and guilt. They only know their desire to experience more joy and beauty. By creating space for an initial, internal movement I gently and firmly support the patient in the exploration of unresolved occurrences in their life, examining how these relate to current situations. They start to learn how to know themselves and identify their core values, strengths and limitations. After this essential internal movement the next step is to restore life and movement: I create a relation based on listening, acceptance and sustenance that allows them to gain self-confidence as they examine the significance of their schemas. As they start to free themselves from their feelings and choices, they can also start to take position. Next is a very lonely and difficult phase where the patient opens up to moving forward into new and unknown possibilities in life, whilst accepting that they can not undo the past. I bring special attention to understanding how they have constructed themselves, how they have given meaning to their life. In this crucial stage for the patient I hold space with benevolence and respect, helping them to accept their vulnerability without judgement. They are identifying more clearly with their authentic self, able to recognise their legitimacy. Finally the patient is ready to confront reality, to test their new competencies and to integrate their new understandings. By giving new meaning to their life, they gain an astounding new sense of freedom and peace.

Keywords: Gestalt, Existential, Clinical Practitioner, Philosophy, Anxiety, Limitations, Joy

1. Introduction

As a practical Gestalt clinician in existential therapy, I have over many years observed the therapeutic journey that my patients explore during their consultations. The nine steps presented here are the outcome of my considerations of these experiences.

These steps provide both the theoretical and practical benchmarks for the clinician in their therapeutic approach specific to the patient's search for meaning for their life. They allow the patient to move beyond the simply cognitive question of "what do you want" which they answer by stating their desires, their needs or their obligations. They lead the patient to a position where they are able to fully integrate

their own authentic points of reference.

These benchmarks are designed to be experientially anchored in the patient's process: initially in the recognition of how the meaning they give to their past experiences affects their life, and then as an essential, experiential tool. Of crucial importance here, the clinician is an integral part of the patient's journey, accompanying them, providing guidance and support as they journey together beyond the cognitive into sharing the experience of the here and now of what is. This way, the patient has a new experience of themselves, discovering what in the reality of their present existence can allow them to access more authenticity, more peace and more joy.

In accordance with my understanding of the importance of

the experiential in our clinical therapeutic practice, I present these nine steps here as a journey that the reader can engage with, not only in thought, but more importantly, in sensation.

2. The Nine Steps

2.1. Step 1: *Why Come for a Consultation*

Our life path, at times, takes us to where we feel listened to, taken into account, recognised for who we are and what we desire [2, 3, 6, 8]. There is space for dialog [1], an exchange that echoes our sensibilities, where everything seems to flow.

We don't ask too many questions, we don't pay too much attention to what could disturb us [4, 6]. We tell ourselves "all is good!". Certain feelings and certain sensations are put aside. We're not really conscious of them, and we can't put words on them. We don't question our lives [2]. We think we are free, responsible for our life, our family, our work [9]. It's all rather comfortable and reassuring. We hope and envision that it will last [12, 13].

And then suddenly... An unexpected or even painful event, like a difficult encounter, or an illness, happens. When we experience a moment such as this, we might tell ourself: "I don't feel confident anymore, I'm shaken, I'm gripped by doubts, guilt, fears, emotions, suffering. I'm no longer sure what I want or don't want. I try to put all this aside, but it keeps coming back and it's upsetting me. I don't know what is happening to me means nor what I should do about it [6, 8, 12, 14]. The "must's" and "should's", the pressures, the obligations are still supporting me despite all that is wobbly or collapsing in my life, today." [13, 14].

Maybe you have already experienced this before. Imagine how, despite the doubts and the guilt, you're trying to preserve what you have. You're no longer sure what you should do. It's turning round in a loop in your head [7].

2.2. Step 2: *This Is the Moment When People Come for a Consultation*

What I observe most often in conversations with my patients, is a huge loneliness and a lot of judgement about how they should be or not be. I often hear phrases like [12-14]:

It's easy for my friends and family to tell me what to do, but what should I really do?

My body is sending me messages but I don't understand them: I'm in pain, I can't sleep...

I get upset, I'm irritable. I have the feeling that nobody really understands me. I'm lost!

And this is the beginning of a sometimes long and hard quest to understand a very intimate situation [2, 3, 8, 12].

2.3. Step 3: *Saying What Hurts*

At first, when someone comes in consultation their awareness consists of complaints, suffering, vulnerability, shame, guilt. This is when they start managing to say what hurts, what is obstructing or blocking them.... But what are they truly searching for? Most often, they share because they would like to

move towards something that they perceive as better, because they want more happiness and satisfaction in their lives but they don't know how to make a start [12, 13, 15]!

I'm going to ask you to figuratively close your eyes and put yourself in the place of a person who comes to see me. You might find yourself saying something like this: "Even if I say what I don't want in my life, even if I manage to make certain tough decisions, I will still feel blocked by what is forbidden: I can't take my place, I don't know happiness, I can't make certain decisions. I don't know what could give an axis, a direction in my life [6-8, 12].".

When you're in this place, you aren't yet conscious of what is happening to you; you can't feel the joy or wonder of life, of the beauty that surrounds you and, even less, feel curious about what is happening to you. You are now at a point in your life when you are going to start bringing into consciousness all that is holding you back [8, 12, 13].

2.4. Step 4: *Learning to Know Yourself*

If you were my patient, I would help you to put words on what you are experiencing. This is an initial, internal movement. I would create space for your anger, your frustrations, your reactionary and negative emotions by validating them and helping you to get to grips with them and then to understand them [12, 13, 15]. I would also help you understand how all these negative emotions separate you even more from the connections and relationships that you so wish to experience, both with yourself and with others [13, 14].

In my experience as a therapist, I have often observed how occurrences that have remained morbidly frozen, like for instance an incomplete mourning, keep us imprisoned unless we can unfreeze them by bringing them to consciousness [8, 12, 14]. My patients require a lot of courage as I help them bring their painful memories up into consciousness [11]. When I ask them to tell me what is happening, allowing them to feel complex emotions, they start to discover where they are vulnerable but also what their strengths are, and to see the choices they have made so far [8, 12, 13]. This is another key moment as they identify what has wounded them in the past and is still hurting them now, and by this I mean their experience of their life, with everything this encompasses, at this point in time [6].

At this stage, they discover what is essential: they learn to know themselves and to accept their true nature [7, 8, 14]. They reconnect with their deepest values, their strengths, their fragility and their need for others, their need for recognition, their own limits and those of others [5, 8, 15]. These words of a patient illustrate this occurrence very precisely: "I was aware of the first signs of fatigue, and now it is definitely present. But there is this side of me that says, keep on going, you can't let people down. I have this duty to support my colleagues and I can't disappoint the institution. It's stronger than me, it fuels me... When I think how my bosses have let me down, because they didn't help me solve the problem, it makes me angry, I feel misunderstood, lonely, I tell myself that although I gave so much of myself and my time for 20 years... For them it's normal to treat me like this... 20 years

ago there was more reciprocity between people... We've lost all that nowadays... It's tough to realise how bad it is now, it just shows all the more clearly why I want to leave. Being able to say all this to you... I can breathe again!"

2.5. Step 5: Restoring Life and Movement

Once what is essential is recognised, the second movement is to bring life back, with curiosity, openness, sensitivity, engagement, and sharing of the new experiences that we wish to create and to participate in with more serenity [9, 11-13].

The big question is how? I propose a new relational experience where our patients, who are often bewildered, are listened to, accepted, acknowledged, sustained. They learn to identify, discover, actualise, accept, validate and integrate their own key strengths and weaknesses [2, 4, 7]. New possibilities open up now. This relational experience encourages our patients to make sense of what is impeding their desires, influencing their judgements, conditioning their beliefs [11-13]. A transformation of mental schemas associated with past experiences has now been made possible. Nothing is rejected or disowned, everything can be integrated into their being [14].

Thus one of my patients tells me:

-I can not behave differently... everything I do, has to be perfect... and I get crazy when I fail.

I ask her:

-When you share this with me, how do you feel?

She answers me:

-It's always the same, I can't imagine doing differently, no matter what I feel.

Then I ask her:

-And if you allowed yourself to feel into it, now, with me, how would it feel?

And now, my patient says:

-It's tiring, I never get everything done, there's always something more that pops up. I can't even think anymore, there's so much to do [1, 5].

Now my patient has met her inner world and now she can see it, feel it. It's always been there but there was no space to take the time to listen to it [12-14].

Now she has to find a new, different way of recharging, nourishing and looking after herself, with the newly acquired awareness of her own strengths and possibilities [12-14].

2.6. Step 6: Learning to Live Differently

The moment has come for my patients to start to learn to live, to come out of their fears and drama [4]. They learn during this phase to know themselves, to gain confidence in themselves, to accept themselves as they are. In my experience as a therapist, it takes time to open oneself to this accepting of who we are [8, 12].

How do we do this? My patients are invited to ask themselves what is the significance of their beliefs, their fears that are still preventing them now, to cast themselves into the future [7]. They discover that they don't need to battle so much to gain respect, to be loved or to exist [8]. Now that

they feel released from their feelings and their choices, they start to sense they can take positions with more strength [12].

Certain patients tell me things like this:

I understand that I experienced the adult world I grew up in as too (or not enough) structured.

That world suffocated me.

There was "too much" and "not enough".

I agreed to live in a box, a square, a cube.

I'm still being loyal, in my world of today, to these representations from the past.

As I grow, I continue to live with my childhood markers, I try to accommodate them so that I can have some space, but I still don't feel free and calm.

I can finally upgrade my understanding of past experiences to my current needs [11].

Understanding how we function in relation to our past experiences is a step that allows us to connect to and reconsider the old schemas, beliefs and values that we hold [7, 8, 13]. Very often my patients hope to be respected, loved, taken into account, and to hold their space by remaining loyal to the accepted rules of adult behaviour. This belief is usually just a lure [12].

Most of my patients suffer from great loneliness, emptiness and numerous doubts and fears [7, 9]. When we bring light to these moments in their lives, they realise how much they have endured and how they have accepted criticisms and negative judgements even whilst dreading doing wrong [12]. And so their childhood world was one of closing, of locks and restraints. The child they were swallowed without questioning a whole world of rules and beliefs [12, 13]. In this stage of therapy, patients discover that they can live a new, more adult experience, where they can safely and tenderly meet themselves [8, 9].

2.7. Step 7: Searching for Meaning

As humans we are all confronted with constraints or existential facts. My work is based on the five existential Gestalt constraints: finitude, solitude, responsibility, the quest for meaning [12] to which I add imperfection [13, 15]. In my therapeutic practice, I attach particular importance to the quest for meaning [6, 7]. Most of my patients do not understand what is happening to them or in their life and the act of giving meaning allows change in all dimensions, cognitive, emotional, physical, behavioural and spiritual [13].

As humans, the more we fight against our true nature [8], the more we feel the vice of captivity tightening. Therefore, anxiety and anger increase. We can also slide into depression and despair [9, 12].

A patient who can not give meaning to what they are experiencing tends to repeat the same behavioural schemas; this is when they close themselves into the same thoughts, the same beliefs, the same pain, the same turmoil, the same anxieties, etc. [14]. Based on their own personal life experiences each person constructs their own anxiety avoidance mechanisms in order to cope with existential constraints. This is done automatically, unconsciously, as a way of finding meaning in their life [8, 12, 13].

And so, one of my patients has since her childhood taken care of her parents, as a young girl she was very sensitive to the needs of others. She worked to help her family make ends meet financially. She was an excellent student. Then she married, and started a family. She has two daughters, one who is handicapped. At the same time, she has a professional career. After twenty years of good and loyal service she is fired [6, 7].

How do I accompany this patient?

I am going to pay particularly attention to understanding how she constructed herself and how she has given meaning to her life so far [12, 13]. I am going accompany her until she can tell herself: "I helped, I worked, I did my best, both for my family and in my work."

She will then understand that this way of being gives meaning to her life, helping her legitimise being as she is [6, 7, 12, 13]. Occasionally she says: "I would like to stop instead of always being busy. There's always something I have to do, it's never ending, but I don't know what I have to do to stop!". She tries time and again to get out of the incessant busyness which imprisons her [4]. Ultimately the "doing schema" repeats itself systematically. In this situation, she is locked up by the restrictions of perfection and responsibility [13].

By avoiding anxiety, our patients are turning away from certain feelings and certain lines of questioning. Ultimately this becomes a self-evident way of life [8, 15]. For my patient, this lasted right until she came face to face with finitude [12, 13] when she lost her job. Finitude is not only about death, but also about loss and/or surrender [12, 13].

We manage the facts of our existence so as to allow us to achieve certain goals or even just to feel alive [8]. Often, for our patients, the goal can be avoiding loneliness and the lack of satisfying relationships [9, 12, 13]. Even if they do manage to make the link to their past experiences, these experiences are replayed and persistently produce the same results that in turn give rise to the same negative effects of incomprehension, rejection and conflicts [8].

This constant repetition causes feelings of frustration, insecurity, sadness, rage, doubts, even injustice. And at this point a struggle between the heart and the mind takes hold [12].

Let's return to our patient. Little by little, she starts to tell me how "she feels guilty, frustrated, angry, sad and all mixed up inside". She is drowning in insecurity. She feels lost, out of control, doesn't know how to react, feels that her way of doing things just reinforces negative effects, and believes: "I'm not going to make it!" [6-8].

This passage, I've observed, is very lonely and painful for my patients. It demands huge courage and perseverance to believe that there is another possibility, without actually knowing what it could be [9, 11, 12].

Here is something another patient told me: "When I'm alone, there isn't any structure, no safety, no protection [12, 13]. My head is full of negative thoughts and ideas. It's a vicious circle. I do believe something horrible is going to happen and that I won't be good enough... I feel it in my belly... It's what I believe. I'm afraid of showing certain parts of myself. I feel vulnerable and I'm going to get hurt [13]... When I'm open, it's used against me. I know a backlash is

coming... It's what I learned from my parents. When I wanted to share with them, it was never important enough, I never thought I was good enough... I going to get hurt and I haven't even recovered from the previous times... My heart is so painful... I feel cornered, there's no way out!" [12].

It's a hard, courageous path to realise and acknowledge illusionary expectations, disappointments, needs of recognition, of legitimacy and of love, whilst not believing to deserve them [11]. Needs can not be expressed clearly without an understructure of legitimacy [12, 14].

What do they need to be able to acknowledge, repair, build and integrate the value that they are? How do they get out of this painful situation [10, 11]?

How can they now absorb the realisation that they are actually capable of emotional distancing and of asserting their values, choices, decisions, positions? Can they accept to live with irreparable insufficiencies from the past in order to move forward [12, 14, 15]?

2.8. Step 8: *Stepping out of Solitude*

Stepping out of solitude in this therapeutic process is acknowledging a need to talk, of saying what these new experiences bring up [1]. Our patients need to be heard, to feel supported even though they judge themselves unjustly and feel ashamed [12, 13]. This is the place where they can get blocked and stay locked in a never ending loop. Right now, they need to feel the presence of a well intentioned and solidly validating gaze, that allows them to reconnect to themselves in all their dimensions [12, 13]. Progress along the path is uneven, steps forward followed by set backs.

Stepping out of solitude allows our patients to feel that someone has joined them in a space of high vulnerability, where they are shuttered in by shame, judgement, guilt, etc.. They can finally feel connection even though they are paralysed by apprehension and fears; and have no framework other than their imprisoning experiences. This support keeps them from falling into abandonment, collapse and alienation from all help [12, 14, 15].

By holding space with them in their sensitivity and suffering, by validating them, and by trying to understand them, I allow my patients to feel less alone [1, 12, 13]. Now they can accept themselves in their vulnerability, and this time without judgement: "This is what I feel! I'm sad, angry, ashamed, etc. and even if I don't like myself like this, it's who I am!". This is a first step towards discovering their deepest being, whom they often difficult to accept [12]. Little by little, my patients learn to be more and more in agreement with what resonates with their authentic selves. They let themselves see themselves as they are, and are surprised by the unexpected positives they find in themselves [8, 9, 15].

Coming back to the case of my patient who lost her job, she was eventually able to say: "I can allow myself to listen to what I feel; I'm tired and I can rest without feeling guilty. It's right for me to rest. I deserve it, it's important. I've stopped all the busyness that has no meaning for me anymore and I can do this without self-criticism [12, 14]."

The novelty here is my patient's discovery of being truly

legitimate, of listening to her own desires and needs [8]. At this stage, she needs to consolidate her new foundations and aspirations before opening up to others [7, 12, 13, 15].

In psychotherapy, this way of being seen, with benevolence and respect, of exploring their strengths and frailties helps the patient to change and to reconnect to their authentic and true Self. I can not underline enough how this deeply personal process calls for tremendous willpower and perseverance. Bringing to light and trying out new markers takes a lot of time and dedication. New experiences now await the traveller. Because our patients now feel less alone, they can embrace these new experiences, and in particular those of realising what is right and respectful [9-14]. This is how they build their new internal markers. And now our patients have the will to believe that it is possible to step out of powerlessness, that they can understand a situation clearly and so can identify whether they can or can't take action [9-14].

2.9. Step 9: New Markers, New Openings

At this stage, our patients can uphold their rights to the integrity of who they are [9, 10]. On these foundations they will be able to strengthen their trust and their own credibility. The busyness markers of "must" and "should", duties and compulsions we observed in my patient are being replaced by self-respect, which she now considers to be of first importance for her well-being [9, 10, 12, 15].

Here a patient can finally answer all the questions they were pondering earlier:

Can I let go of what doesn't serve me when all I can see is my wounding or impossibilities?

Can I see myself without feeling so guilty?

Can I not react to what others expect of me [6, 7]?

Answers to these questions are a resounding "Yes!". My patient has now discovered inside of herself a feeling of true security and protection [8, 11].

Here are some examples of my patients describing their new markers:

I am no longer going to forbid myself to be who I am. I acknowledge that my parents were coping with their own incoherences. But for me, it's over.

I can release my self from toxic ties. Because now it's important to take care of myself and my health.

I acknowledge and accept my innocence, my naïvety or my sensitivity. I'm validating my own codes that correspond to my sensitivities and my values. When I can ensure I am heard, I feel more peaceful in my heart and in my plexus.

My heart feels strangled when I'm doing something that has no significance for me. I feel it in my guts that I have the capabilities of strength and willpower to change any negative images.

I know I am fragile, and yet I can risk positioning myself clearly and fairly.

Experiencing these markers is also a confrontation with reality [2, 4, 9]. The patient acknowledges with astonishment their desire to test their new competences for facing the unknown. They are integrating their new way of seeing themselves and the world with more peace and joy, in the

present moment. Trust and security find their place. They are less afraid of what could cause them to remain in isolation and lose their sense of meaning [12].

3. Conclusion

Therapy is a pathway for learning to live with lack, fears, frustrations, disappointed expectations, etc.. On this journey, our patients learn to deconstruct what is today felt as no longer right for their life. Therapy is taking an inventory of, and maybe cleaning out, and undoing those ties that they can today see as toxic and that no longer suit them [11, 13, 14].

It is also learning to take possession of this new space of power and internal freedom [9], even while acknowledging what the other is experiencing, but this time with new internal markers that respect and define them, in their new now.

For certain patients, it's a new sensation of freedom. This causes wonderment! They acknowledge the road travelled up to now and this gives them great joy [10]. They wish to experience in their life the consolidation of their own foundations and powers [9, 12]. What was unthinkable until now becomes possible and reinforces their trust in life [12]. Thus, they move on in life with this new consciousness of who they are, without needing to know what will be. The door to accepting and loving themselves, loving others and being loved has opened. All that questioning, if at all still present, will nevertheless leave more space for a sensation of appeasement and/or security, indeed more joy, because they know how to position themselves in a way that is more clear and equitable towards themselves and towards others [9, 12, 14].

References

- [1] Martin BUBER, I and Thou, Je et Tu, Paris 1969, Aubier Montaigne.
- [2] Martin BUBER, The Way of Man, Le chemin de l'homme, Paris 1980, Aubier Montaigne.
- [3] Martin BUBER, The Problem of Man, Le problème de l'homme, Paris 1980, Aubier, Philosophie de l'esprit.
- [4] Albert CAMUS, The Myth of Sisyphus, Le mythe de Sisyphe, 2008, Folio-Essais.
- [5] Betty CANNON, Nothingness as the Ground for Change, Gestalt Therapy and Existential Psychoanalysis Le Néant, comme base du changement, Sartre et Perls, 2008, Ifgt, mini-bibliothèque de Gestalt-thérapie.
- [6] Viktor E. FRANKL, The Will to Meaning, Foundations and Applications of Logotherapy, Nos raisons de vivre, à l'école du sens de la vie, 2009, InterEditions.
- [7] Viktor E. FRANKL, Man's Search for Meaning, an Introduction to Logotherapy, Découvrir un sens à sa vie avec la logothérapie, 1988, Actualisation/Les éditions de l'homme.
- [8] Allport GORDON, Herman FEIFEL, Abraham MASLOW, Rollo MAY, Carl R. ROGERS, Existential Psychotherapy, Psychologie existentielle, 1976, Epi.

- [9] Fabrice MIDAL, *Risquer la liberté, vivre dans un monde sans repère*, 2012, Seuil.
- [10] R. MISRAHI, *La signification de l'éthique, Les empêcheurs de tourner en rond*, 1995, Le Plessis-Robinson, Synthélabo.
- [11] Paul TILLICH, *The Courage to Be, Le courage d'être*, 1999, Cerf/Labor and Fides/Presses de l'université Laval.
- [12] Irvin YALOM, *Existential Psychotherapy, Thérapie existentielle*, 2008 Galaade éditions.
- [13] Noël K. SALATHE, *Psychothérapie existentielle, une perspective gestaltiste*, 1992, www.gestaltpsy.ch.
- [14] Noël K. SALATHE, *Le chemin thérapeutique*, Lille, France, 1994, revue de la Société française de Gestalt: regard gestaltiste sur le psychopathologie.
- [15] Noël K. SALATHE, *Mes cahiers opus 3, contributions a la Société française de Gestalt*, www.gestaltpsy.ch.

Biography

Marie Noëlle Salathé, born in 1953, graduated in clinical psychology at the University of Lausanne, in Western Switzerland. She trained with some of the greatest in Gestalt, notably Isadore From in the U.S, and Noël K. Salathé, who became her husband, in France and Switzerland. For the last thirty years she has also taught and supervised existential Gestalt therapy study and research groups in Paris and Geneva. She has a thriving clinical Gestalt practice in Switzerland and spends the summers in New England, sailing and enjoying her grandchildren. Her book, *In the Theatre of Manipulation*, will be published in 2022.