

SPECIAL ISSUE EDITORIAL FOREWORD

APPLYING EXISTENTIAL SOCIAL PSYCHOLOGY TO MENTAL HEALTH

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Human existence is characterized by some rather unique psychological challenges. Because people can reflect on their lives and place in the world, they are regularly confronted with a variety of existential concerns: death and mortality; the burdens of freedom; uncertainty regarding one's identity; isolation from others; and indeterminate meaning in life. Existential social psychology (Greenberg, Koole, & Pyszczynski, 2004; Vail & Routledge, 2020) investigates whether and how such existential concerns shape everyday life and, as highlighted in the present special issue, how such processes impact mental health and social functioning.

EXISTENTIAL SOCIAL PSYCHOLOGY AND CLINICAL PSYCHOLOGY: SHARED ROOTS AND JOINT EFFORTS

Existential psychology builds on the philosophical contributions of thinkers such as Kierkegaard, Nietzsche, Dostoyevsky,

Heidegger, Sartre, Camus, Beauvoir, and Tillich, as well as notable insights from psychodynamic and humanistic psychologists such as William James, Sigmund Freud, Otto Rank, Karen Horney, Viktor Frankl, Erich Fromm, Abraham Maslow, Rollo May, Ernest Becker, and Irvin Yalom. These early views inspired a rich tradition in clinical psychology of applying existential philosophy to understand clinical issues of psychopathology, well-being, and flourishing.

The first influential existential theory in modern social psychology was Terror Management Theory (TMT; Greenberg, Pyszczynski, & Solomon, 1986), which utilized an existential psychodynamic tradition synthesized by the writings of Ernest Becker to address the role of death anxiety in shaping people's belief systems and motivating their behavior. One contribution of TMT was demonstrating that researchers could formulate existential theory in ways that yielded hypotheses that could be tested using the methods of experimental social psychology. As this theory began building empirical support in the 1990s, other social psychologists similarly began developing theoretical frameworks and experimental methods to assess the roles of other existential concerns in social thought and behavior (e.g., isolation; Echterhoff & Higgins, 2017; Pinel, 2018; meaning in life; Steger, 2012).

This led Tom Pyszczynski and Sander Koole to organize the first International Conference on Experimental Existential Psychology in Amsterdam in 2001. The conference was organized around the topics of Irvin Yalom's classic book, *Existential Psychotherapy* (Yalom, 1980): death, freedom, identity, isolation, and meaning. This then led to the *Handbook of Experimental Existential Psychology* (Greenberg et al., 2004), and a *Current Directions in Psychological Science* paper (Koole, Greenberg, & Pyszczynski, 2006), which helped establish existential psychology as a subfield within social psychology that focuses on those Big Five existential issues. Since then, an Existential Psychology Preconference has become part of the annual SPSP Conference, and an International Society for the Science of Existential Psychology has been established to promote experimental investigations of existential dynamics.

The advent of existential social psychology just summarized was, as mentioned earlier, rooted in the insights of clinicians

such as Yalom. Recent years have seen more direct cross-pollination between social psychological research in non-clinical populations and perspectives on clinically relevant outcomes. For example, research inspired by TMT has found that defending against death-related concerns (e.g., investing in cultural belief systems, maintaining close relationships and self-esteem) can help to minimize negative affect and symptoms of depression and anxiety (Juhl, 2019). Other TMT research shows that failure to defend against death-related concerns can exacerbate neuroticism and physical dysfunctions (Goldenberg et al., 2006) as well as phobias, social anxiety, and obsessive-compulsive disorder (Finch, Iverach, Menzies, & Jones, 2016; Menzies & Dar-Nimrod, 2017; Strachan et al., 2007). More concerted advances in this area have come from collaborations between social and clinical psychologists. Such joint efforts led to the development of anxiety buffer disruption theory (Pyszczynski & Kesebir, 2011), which explains how major disruptions to one's assumptions about the world (e.g., traumatic events, apostasy) can dramatically undermine one's ability to manage existential concerns, potentially leading to anxiety and anxiety-related disorders (e.g., PTSD). Likewise, social and clinical psychologists have shown in comprehensive, cross-disciplinary literature reviews that death anxiety is a transdiagnostic factor implicated in a diverse array of mental health disorders and conditions (Iverach, Menzies, & Menzies, 2014; Yetzer & Pyszczynski, 2019). In clinical settings, TMT has been incorporated into a novel form of exposure therapy (Lewis, 2014), and other existentially informed treatment modalities have now been validated in a number of clinical trials (Vos, Craig, & Cooper, 2015).

Greater interaction between existentially informed social and clinical psychology promises further advances in understanding the human condition and designing effective therapeutic techniques. Toward that goal, the current special topic of the *Journal of Social and Clinical Psychology*, which will be featured in this and the next issue, solicited and received over three dozen new research-oriented submissions in this growing trend of research on existential social psychology with implications for mental health. Although most of these submissions were interesting, after rigorous peer-review the seven original research articles

published in this and the next issue stood out as reporting particularly strong and valuable findings.

OVERVIEW OF CONTRIBUTIONS

The three papers that appear in this issue explore the connections between death-related concerns and sociocultural defensiveness, and the implications of these dynamics for mental and physical well-being.

Mikulincer, Lifshin, and Shaver (2020) found across two studies that, among those with attachment anxiety, worldview threat and reminders of mortality increased death-thought accessibility and depression symptoms; in contrast, those effects did not emerge among those with more secure attachment.

Hubley, Hayes, Harvey, and Musto (2020) tested the hypothesis that mortality reminders would motivate people who feel successful at meeting cultural standards to defend the cultural system that serves as the basis for that personal value, and that doing so would buoy their mental health. In two experimental studies, a mortality reminder led American participants with chronic or primed perception of success in America to engage in defense of the American way of life, which in turn predicted lower levels of death-thought accessibility, anxiety, and depression.

Complementing Hubley et al.'s focus on mainstream worldview investment, Hayes and Rafferty (2020) explored whether people can derive psychological security from investment in a subcultural worldview. Among high-frequency cannabis users who had adopted cannabis-based subculture, exposure to anti-cannabis (vs. pro-cannabis) information caused increased death-thought accessibility and defense of their cannabis-based worldview. The latter two papers touch on some interesting challenges for both social and clinical psychology, because they illustrate that people's investment in both mainstream and subcultural value orientations can support health functioning but may also risk some potentially unhealthy obsessions and dependencies if relied upon too heavily.

The next issue will continue the discussion with four articles addressing trauma, personal control, and authenticity.

Vail, Reed, Goncy, Cornelius, and Edmondson (2020) explored how anxiety buffer disruption in the form of posttraumatic stress can leave people exposed to the pernicious effects of death-related

concerns. Among those with low posttraumatic stress symptoms (i.e., those who presumably still have effective anxiety buffers in place), death anxiety remained low when contemplating their best possible selves and was modestly increased when contemplating their worst possible selves, and their perceived ability to cope with life's stressors remained strong. In contrast, among those with high posttraumatic stress symptoms, death anxiety was particularly high (reflecting disrupted anxiety buffer functioning), and thinking of their worst selves prompted further increased death anxiety and also undermined their perceived coping ability.

Rothschild, Hauri, and Keefer (2020) build on early and contemporary existential theory to test whether specific phobias, however aversive, function to focalize anxieties about diffuse threats onto more manageable forms, bolstering a sense of control over one's life. Two well-powered and pre-registered studies tested this possibility in the context of arachnophobia. When individuals with high arachnophobia were prompted to consider uncontrollable threats (vs. controllable threats or uncontrollable non-threats), they experienced reduced feelings of control, but not if they were also exposed to images of spiders.

Maffly-Kipp and colleagues (2020) explored whether perceived authenticity can promote better recovery from the negative mental health consequences of enduring the traumatic chaos of natural disasters. In a longitudinal study of a Texas sample exposed to Hurricane Harvey, multilevel modeling techniques revealed that those who reported low authentic living at Time 1 reported elevated stress at Time 2, whereas those who reported greater perceived authenticity were able to make a healthier recovery as time progressed following the disaster.

Carter, Rivera, Heffer, and Schlegel (2020) report a qualitative, clinical case study illustrating one way in which clinicians might incorporate empirical findings about authenticity into their practice. The authors describe two clients suffering from therapeutic stuckness (a lack of progress in therapy) and outline clinical techniques to overcome this barrier by increasing the clients' focus on their true or authentic self, a goal of existential thought since the writings of Kierkegaard and Nietzsche. Strategies to directly enhance knowledge of the true self worked for one of the two clients, and indirect strategies were developed for clients who are resistant to the direct strategies.

THE BROADER CONTEXT: “BACK TO THE FUTURE” OF EXISTENTIAL SOCIAL AND CLINICAL PSYCHOLOGY

Ernest Becker (1964) called for a revolutionary partnership between social and clinical psychology:

The target in this revolution is the narrow medical view of human ills. The aim of the upheaval is to provide a broad behavioral view of human malfunction . . . The outcome of the revolution . . . should be to accomplish a reconstitution of [clinical psychology] as we now know it; to merge it into a broad, human science so that the study of human malfunction can be placed firmly in a combined science of [people] in society (p. 2)

Indeed, his call was not such a far cry from recent efforts by the National Institute of Health to reorient our understanding of mental disorders away from the symptom-cluster approach and toward a holistic view of the person, rooted in behavioral and neuroscience research (Sullivan & Palitsky, 2018). Clinical psychology may thus be on a journey “back to the future” of what existential psychology had in mind during its early days.

In that light, and taking a bird’s eye view of the articles gathered here, we find it interesting that, from traditional existential, psychodynamic, and clinical perspectives, normal (or healthy) functioning and pathological (or disordered) functioning might have more in common than appears at first glance. For example, Freud (1930) analyzed normal cultural functioning through the lens of clinical psychopathologies, echoed in the findings reported here by Mikulincer et al. (2020), Hubble et al. (2020), and Hayes and Rafferty (2020), which generally suggest that people maintain their mental health by engaging in what Freud might have maligned as neurotic defenses against deep-seated fears. The same message emerges from Vail et al.’s (2020) finding that disruption to normal neurotic defenses was associated with psychopathology (PTSD) and poor ability to cope with stressors.

Whereas Freud highlighted the pathology of the normal, other early theorists explored the normality of pathology. Binswanger (1963), for instance, contended that the experience of mental illness can be understood as a distortion or exaggeration of routine social-cognitive defense mechanisms. This view finds expression in Rothschild et al.’s (2020) finding that the non-clinical

motivation to maintain a sense of personal control can be exaggerated to the point where individuals develop focalizing phobias to avoid dwelling on diffuse threats.

Thus, this collection of articles builds upon the shared roots of existential psychology and the joint efforts of advancing the theoretical and applied potential of research that transverses social and clinical psychology. We hope that as these fields continue to develop, that they will also co-develop, such that researchers will continue to draw from existential psychology to study normal social processes and pathological clinical processes as mutually informative and interdependent aspects of human behavior.

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