Existential Wellness

Human-Centered Approaches as Alternatives to the Medical Model

Edited by

Don Laird, Eric Maisel, and Arnoldo Cantú

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To my family for their support, my students for their curiosity, and my clients who remind me every day of the courage it takes to change.

Don Laird

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Editor's Introduction

Eric Maisel

Wittgenstein reminds us that the meaning of a word is its use in the language. And when the same word is used not only in multiple ways but in contradictory ways, well, then we face problems in chatting about abstract ideas like "existential" and "wellness"—and, of course, in trying to make sense of those two words together.

A cancer patient can be existentially well, and a billionaire can be existentially unwell. That is our territory. A given devout believer and a given fierce atheist may find themselves both existentially well, but do we believe that that are "well" in the same sense? If you believe in fairy tales and take comfort in them, might we want to say that you are both deluded and well? And if you believe in a cold universe and that thought makes you unwell, do we maybe want to say that you are nevertheless "well," as in honest or "authentic"?

These and similar conundrums have led us to believe that rather than trying to place the chapters of this book into neat categories, it is best to just let each one stand as an island in the discourse on existential wellness. Therefore, the chapters are presented in simple alphabetical order, by the first letter of the author's last name, except for the first three chapters, which are offered as an introduction to our subject and as a bit of anchoring.

Like life itself, existential wellness may be our most important subject, and also our most elusive. How do beliefs inoculate us to existential pain and despair so that we can remain "well" in a concentration

camp? Why is boredom such a meaning crisis that men and women have committed suicide "just" out of intense boredom? Why do we make such big mistakes in our discussions of meaning and purpose, such that, for example, the simple idea that meaning is more a feeling than an objective truth keeps getting minimized and dismissed?

We tend to think of wellness as something stable, durable, and earned. Even the language of "well-being" carries a sense of solidity: to be well is to inhabit a certain state. But existential wellness may not be a state at all. It may be a pattern of responses. It may be a style of stance-taking. It may be a peculiar interaction between the person and the world. It may even be, as some existentialists suggest, a verb more than a noun—an ongoing activity rather than a possession. One doesn't have existential wellness so much as one performs it, practices it, or enacts it.

In that sense, it is closer to courage than to contentment. Courage isn't something you wake up with one day and keep forever. It is something you repeatedly choose, cultivate, and renew. And existential wellness may be that as well. A person might be existentially well at noon and existentially unwell by dusk. A conversation might restore someone's sense of meaning and then—almost imperceptibly—a moment of solitude might erode it. This ebb and flow can confuse us because we prefer simpler narratives. We want to diagnose, to categorize, to assert that a person is "doing well" or "not doing well," as if such judgments could be fixed in place. Existential life, however, resists that comforting simplification.

Even the person who announces confidently, "I'm fine," may be quietly wrestling with vast, unspoken doubts. This raises another complication: existential wellness may involve a certain intimacy with distress, rather than the absence of it. While conventional wellness models encourage the elimination of "symptoms"—reduce anxiety,

resolve depression, eliminate conflict—existential wellness often demands that we remain in contact with precisely those troubling experiences.

To be alive is to grapple with uncertainty, finitude, randomness, injustice, longing, and loss. It may be that the person who allows themselves to know these facts deeply, who does not flinch or flee from them, is actually closer to wellness than the person who hides behind comforting illusions. This is one of the reversals embedded in existential thought: despair, honestly faced, may be more "healthy" than optimism dishonestly claimed.

It is also worth noting that existential wellness is culturally and historically shaped. What counts as "meaningful" in one era or community may be regarded as trivial or misguided in another. A medieval mystic, a modern climate activist, a nineteenth-century naturalist, and a twenty-first-century gamer might each find meaning in pursuits the others would find incomprehensible or absurd. Yet who is to say that one form of meaning is more valid than another?

If existential wellness depends on a felt sense of coherence, purpose, or alignment, then it may arise from sources that are idiosyncratic and resistant to generalization. This frustrates anyone trying to create a universal theory. It also suggests that any attempt to outline a prescriptive model of existential wellness—"do these five things and you will thrive"—is doomed to oversimplify. We wish it could be simpler—that would be lovely—but it simply isn't.

Another source of complexity is the role of agency. How much control do we actually have over our sense of existential wellness? Are we able, through deliberate practice or conscious choice, to orient ourselves toward meaning? Or is meaning something that visits us, unbidden, like grace?

Some thinkers have argued that meaning is something one must create, actively and intentionally; others have insisted that meaning emerges from beyond the self, encountered more than manufactured. If both are true in different situations (and they may be), then existential wellness becomes a negotiation between our efforts and our receptivity. Sometimes we must build meaning, plank by plank; sometimes we must allow meaning to arrive, unexpectedly, like a tide.

Finally, existential wellness is complicated because it is entangled with our moral imagination. What should we do with our freedom? How should we treat other people? What obligations do we bear simply by being alive?

A person may feel existentially well yet act in ways that harm others. Another may sacrifice greatly for others while feeling tormented internally. Which of these is "well"? The answer is not obvious. Existential wellness cannot be separated cleanly from ethics. Yet it cannot be reduced to ethics, either. It is something like the quality of our relationship to existence itself—a relationship that includes suffering, choices, mistakes, responsibilities, joys, and mysteries. And no single formula can capture all of that.

If existential wellness is difficult to define, it may be even more difficult to master. But perhaps that is the point. A subject as vast as being human should not be tidy. We may never achieve a final definition or an agreed-upon checklist. Instead, what we can gain is a heightened sensitivity: a richer vocabulary for describing the profound complexities of living. If this collection of chapters expands that vocabulary—even if it disrupts, unsettles, or perplexes as well—then it will have served its purpose. The task is not to close the conversation but to deepen it.

We hope the chapters in this book add to the discussion (and, if they must, to the confusion). We present no final answers or neat conclusions. What we want to accomplish is to make readers more aware of the fact that this vast and uncomfortable subject could not be more important. Our "epidemics" of depression, anxiety, addiction, loneliness, work alienation, insomnia, and so on all have, as their same remedy, not a chemical fix but some version of "existential wellness." It is the answer—even if we don't have that answer.

Existential Wellness:
The History of a Concept

Eric Maisel

Words are amazing things, and in this volume, we look at two fantastically complex words—"existential" and "wellness"—and what it means to put those two words together.

In this chapter, I want to start out by reminding us of psychiatry's indifference to the idea of "existential wellness," and then provide a brief history of the concept.

How Psychiatry Ignores the Idea of Existential Wellness

Psychiatry, as the dominant discipline for understanding and treating mental suffering, has no doubt made some contributions to human well-being—and also failed in many profound ways. One of its many failures is that it has largely ignored the idea of *existential wellness*—that is, the idea that we are obliged to cultivate meaning, purpose, authenticity, freedom, and resilience in the face of life's inescapable conditions of uncertainty, mortality, and responsibility.

Instead of embracing the existential dimension of human life, psychiatry has tended to reduce suffering to neurochemical imbalances, symptoms to be managed, or maladaptive behaviors to be corrected. In this way, psychiatry has marginalized some of the deepest questions of the human condition, leaving them to philosophy, literature, and the occasional existentially-minded therapist or coach.

The Medical Model and Its Narrow Frame

The cornerstone of psychiatry since the mid-20th century has been the *medical model*, which assumes that so-called mental disorders can be understood, classified, and treated much like physical illnesses. While this model provides a naming system and chemical remedies, it has two significant limitations when it comes to existential wellness.

First, it treats *suffering as pathology*. For psychiatry, persistent sadness may be labeled "major depressive disorder," even if that sadness emerges from a loss of meaning, an existential crisis, or a confrontation with mortality. The emphasis is on eliminating "symptoms" rather than exploring their human significance. The client's despair is framed as a disease to be cured, not as a possible sign of an authentic reckoning with life's difficulties.

Second, the medical model seeks *standardization and universality*, whereas existential wellness is inherently subjective, personal, and context-dependent. What constitutes authenticity or purpose varies widely across individuals and cultures. Psychiatry's preference for measurable, reproducible outcomes systematically excludes dimensions of life that cannot be easily quantified—such as courage in the face of nothingness.

The DSM and the Disappearance of Meaning

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is psychiatry's central text, a taxonomy of symptoms and disorders. While useful for communication and insurance reimbursement, the DSM has been criticized for *over-pathologizing normal human struggles* and for neglecting existential concerns.

For example, grief has been increasingly medicalized, with bereavement-related sadness being distinguished from "major depression" by only subtle criteria. Yet grief, as philosophers and existentialists have long argued, is not merely a symptom but an existential confrontation with finitude and attachment. To reduce grief to a disorder strips it of meaning and flattens its existential dimension.

Similarly, the DSM has no category for "loss of meaning" or "crisis of authenticity." These experiences, central to existential wellness, appear nowhere in the psychiatric nosology. They may be recast as depression, adjustment disorder, or anxiety disorder, but this framing eliminates their existential depth. The very questions of who we are, how to live authentically, and how to make peace with mortality vanish in the clinical translation.

The Dominance of Pharmacology

In recent decades, psychiatry has become increasingly identified with *psychopharmacology*. Antidepressants, antipsychotics, mood stabilizers, and anxiolytics dominate psychiatric practice, often overshadowing psychotherapy or holistic approaches. While medication can relieve suffering and enable functioning, it also narrows the conversation about what wellness means.

A patient who reports emptiness, lack of purpose, or existential dread may receive a prescription for an SSRI. The implicit message is that their distress stems from a serotonin imbalance rather than from the human condition itself. This approach risks trivializing existential suffering, suggesting that it can be chemically neutralized rather than meaningfully engaged.

Moreover, pharmacological approaches focus on relief, not growth. Existential wellness, by contrast, acknowledges that suffering is not only inevitable but can be a source of insight, transformation, and authenticity. Kierkegaard called despair the "sickness unto death," but also saw in it the possibility of a deeper relation to the self and, in his view, the divine. Psychiatry, through its pharmacological lens, misses this potential.

The Marginalization of Existential Therapies

Within psychotherapy, there exists a lineage of approaches explicitly concerned with existential wellness: logotherapy (Viktor Frankl), existential analysis (Medard Boss), existential-humanistic therapy (Rollo May, Irvin Yalom). These modalities take seriously our human need for meaning, our confrontations with mortality, and our understanding of the responsibilities of freedom.

Yet in mainstream psychiatry, such therapies remain marginal and marginalized. They are rarely taught in psychiatric training, rarely reimbursed by insurance, and rarely prioritized in clinical guidelines. Instead, approaches such as cognitive-behavioral therapy (CBT) and pharmacotherapy dominate.

This neglect is not accidental. Psychiatry prizes empirical validation—randomized controlled trials, meta-analyses, measurable outcomes. Existential therapies, with their emphasis on unique subjective experience, resist such quantification. As a result, they are dismissed as less scientific or rigorous, even though they directly address dimensions of life that patients consistently describe as central to their suffering.

The Rise of Existential Suffering in Modern Life

The irony is that psychiatry's neglect of existential wellness comes at a moment when existential suffering is increasingly visible. Secularization has diminished traditional sources of meaning; globalization and technology have fragmented identities; climate change and geopolitical instability amplify anxiety about the future. Patients come to psychiatrists not only with panic attacks or insomnia but also with questions of purpose, identity, and despair over the state of the world.

Psychiatry's current toolkit is poorly suited to these challenges. A person who reports despair at the lack of meaning in their career may be diagnosed with "generalized anxiety disorder." A young adult overwhelmed by climate anxiety may be prescribed medication rather than supported in their search for agency and purpose. Such interventions may (and only may) reduce so-called symptoms but do nothing to cultivate existential wellness.

Toward a Broader Vision of Wellness

If psychiatry were to take existential wellness seriously, it would need to expand its paradigm. Such an expanded approach might include:

- Asking patients about sources of meaning, purpose, and authenticity alongside symptom checklists.
- Recognizing existential crises (grief, identity loss, confrontation with mortality) as normal, meaningful struggles rather than pathologies.
- Valuing therapies that cultivate existential resilience—such as logotherapy, narrative therapy, meaning-centered psychotherapy, or existential wellness coaching—alongside CBT and medication.

- Training psychiatrists to engage with philosophical, existential, and spiritual questions, or at least to collaborate with professionals who do.

Such a shift would allow psychiatry to move from a narrow focus on "symptom" elimination to a richer vision of wellness—one that includes existential flourishing as well as clinical stability.

The History of the Concept of Existential Wellness

"Existential wellness" refers to a cluster of concerns—meaning, freedom, responsibility, authenticity, purpose, belonging, and finitude—that originally entered modern discourse through European existential philosophy and phenomenology, and later migrated into psychiatry, psychotherapy, counseling, coaching, education, and public conversations about well-being.

While the phrase itself is relatively recent, its elements are centuries old: the anxiety of freedom (Kierkegaard), the demand to "become who you are" (Nietzsche), authenticity under the threat of mortality (Heidegger), the burden of choice (Sartre), and the ethics of relational freedom (de Beauvoir).

In psychology and counseling, these themes emerge as logotherapy (Frankl), existential analysis (Binswanger; Boss), American existential–humanistic therapy (Yalom; May; Bugental), the encounter-group and human potential movements (Rogers, Perls, Maslow), and contemporary integrative and positive psychology approaches (Wong; Seligman; Kashdan & McKnight). The history of existential wellness is a story of translation and transition—how questions about the meaning of existence became questions about living well.

We'll take a brief look at five arcs: (1) pre-existential forerunners, (2) classical existential–phenomenological sources, (3) the entry of the concept into psychiatry and psychotherapy, plus humanistic and experiential expansions after World War II, (4) late-20th-century critiques and integrations (including postmodern, feminist, and multicultural perspectives), and (5) 21st-century convergences with well-being science and public health.

1) Forerunners: Spiritual Care, Moral Philosophy, and Classical Therapies of the Self

Long before "existential" became a label, Western and non-Western traditions developed practices aimed at "soul care" and meaning-making. Stoicism (Epictetus; Marcus Aurelius) trained attention to what is within our control and cultivated equanimity in the face of fate, anticipating modern themes of agency, appraisal, and death awareness (Hadot, 1995).

Early Christian and medieval spiritual direction, with its exercises of self-examination and conscientious choice, foreshadowed the later emphasis on personal responsibility and conscience (Taylor, 1989). In modern moral philosophy, Rousseau's valorization of authenticity and Kant's respect for rational agency contribute important strands to the conversation (Taylor, 1991).

Nineteenth-century "talking cures," including Romantic self-cultivation and moral treatment in asylums, already pivoted around meaning and dignity; here, the person was addressed not merely as a patient but as a moral agent (Bynum, 1984). These pre-histories supply existential wellness with three durable intuitions: that clarity about what ultimately matters protects the self; that practices of reflection can reorganize experience; and that freedom entails both risk and responsibility.

2) Classical Sources: The Existential–Phenomenological Turn

Kierkegaard: Anxiety, Despair, and Choosing the Self

Søren Kierkegaard placed subjective passion at the center of truth and framed anxiety as the "dizziness of freedom" (Kierkegaard, 1844/1980). Despair, for him, amounted to a failure to be oneself, a despair overcome not by information but by decision and commitment. Existential wellness inherits from Kierkegaard the norm that well-being is inseparable from self-relation—how one stands to one's freedom, faith, and responsibility (Kierkegaard, 1849/1983).

Nietzsche: Life-Affirmation and Self-Creation

Friedrich Nietzsche dismantled received moralities and called for creative self-overcoming: "become who you are" (Nietzsche, 1882/1974). His vision of wellness is not comfort but vitality—an honest, courageous style of existence that says "yes" to life, suffering included. In contemporary terms, existential wellness bears this stamp whenever it privileges value creation, courage, and artistic or ethical self-authorship.

Heidegger: Authenticity Under the Threat of Mortality

In *Being and Time*, Martin Heidegger analyzes everyday inauthentic absorption in "the They" (*das Man*) and contrasts it with authenticity, a resolute owning of one's finite possibilities in the face of death (Heidegger, 1927/1962). Wellness here is not hedonic balance but existential lucidity and responsiveness—living deliberately under finitude. This then becomes a cornerstone for therapeutic work having to with making meaning, experiencing the passage of time, and dealing with anxiety.

Sartre and de Beauvoir: Freedom, Bad Faith, and the Ethics of Ambiguity

Jean-Paul Sartre recasts pathology as *mauvaise foi* (bad faith): the evasion of freedom by pretending to be an inert thing (Sartre, 1943/1956). Simone de Beauvoir radicalizes this by insisting that my personal wellness is bound up with the other's freedom; authentic existence is an "ethics of ambiguity" that refuses domination or self-erasure (de Beauvoir, 1947/2018; 1949/2011). Existential wellness thus acquires a relational and political horizon—well-being cannot be privatized without distortion.

Phenomenological Psychiatry

Phenomenology enters clinical life with Ludwig Binswanger's Daseinsanalysis and Medard Boss's work with Heidegger, rethinking suffering as ways of "being-in-the-world" rather than as mere symptom clusters (Binswanger, 1963; Boss, 1963/1983). The clinic then becomes a place to clarify existence and make personal sense of the vagaries of living.

3) From Philosophy to Therapy: Logotherapy, Existential Analysis, and American Existential–Humanism

Frankl and Logotherapy: Meaning as a Vital Need

After surviving the concentration camps, Viktor Frankl argued that "will to meaning" is a primary human motivation; suffering becomes bearable when it is meaningfully borne (Frankl, 1946/2006). Techniques such as dereflection and Socratic dialogue can help clients discern their values and their life purposes. Frankl's work gave existential wellness a crisp, practice-ready thesis: meaning protects life.

Rollo May, Bugental, and the Existential–Humanistic Turn

In the United States, Rollo May introduced European existential ideas into a humanistic framework, emphasizing courage, creativity, and the encounter with anxiety (May, 1950; 1975). James Bugental developed a nuanced method for presence, subjective depth, and responsibility in session—"the art of the psychotherapist" (Bugental, 1987). Here the wellness ideal shifts from symptom reduction to deepened aliveness and personal agency.

Rogers, Maslow, and the Human Potential Movement

Carl Rogers's person-centered therapy—with its core conditions of empathy, unconditional positive regard, and congruence—overlaps strongly with existential wellness. In this view, psychological health is the increasing alignment between lived experience and self-expression (Rogers, 1957; 1961). Abraham Maslow's hierarchy culminates in self-actualization and later self-transcendence (Maslow, 1968; 1971). This era relocates existential care into education, organizations, and group work, expanding the wellness horizon beyond the therapy room.

Yalom: Existential Psychotherapy for Clinical Practice

Irvin Yalom identified death, freedom, isolation, and meaninglessness as four "ultimate concerns," offering a clinically tractable map that clinicians still use (Yalom, 1980; 2008). In effect, he provided the field its most widely adopted grammar for existential wellness: anxiety as signal, relationship as laboratory for authenticity, and meaning as a daily construction.

4) After the 1960s: Pluralization, Critique, and Cross-Cultural Dialogues

Feminist, Multicultural, and Critical Interventions

Existential language risks becoming hyper-individualistic if it ignores social power. Feminist philosophers and therapists, building on de Beauvoir, critiqued a "heroic" freedom that overlooks structural constraint, trauma, and care (Bohan, 1992; Code, 1991).

Multicultural and liberation psychologies pressed the point that well-being is co-authored by communities, histories, and institutions (Comas-Díaz, 2006). These critiques re-balance existential wellness by incorporating notions of solidarity, justice, and belonging.

Dialogues with Buddhism, Confucian and Indigenous Traditions

Cross-cultural dialogues enriched existential practice. Buddhist mindfulness reframed anxiety and attachment, offering practices for non-grasping awareness that harmonize with existential presence while disagreeing about the status of self (Kabat-Zinn, 1990; Olendzki, 2010), creating a tension that continues to exist between the idea of "self" as instrumentality and "self" as illusion.

Confucian role-ethics and Indigenous relational ontologies underscore interdependence and the importance of time and place, correcting Western individualism and extending the "relational" dimension of well-being (Ames, 2011; Kirmayer, 2012).

Medicalization and the DSM Era

From the 1980s onward, diagnostic manuals and randomized trials standardized care. CBT's ascendancy risked marginalizing existential formulations; yet "third-wave" therapies (ACT, mindfulness-based

approaches) re-introduced existential themes "by another name" (Hayes et al., 1999; Hayes et al., 2006). Existential wellness survived by integrating with evidence-based methods while keeping a longer view of what counts as "health."

5) The 21st-Century Scene: Meaning, Belonging, and Well-Being Science

Positive Psychology and the Return of Meaning

Positive psychology's shift from pathology to flourishing made conceptual room for existential wellness, especially via research on "meaning in life" (King & Hicks, 2021; Seligman, 2011). Wong's "positive psychology 2.0" explicitly centers suffering, virtue, and meaning, aligning tightly with existential thought (Wong, 2011; 2016). Empirical literatures now consistently link meaning, purpose, and coherence to lower mortality risk, better health behaviors, resilience, and life satisfaction (Hill et al., 2023; Martela & Steger, 2016).

Death Awareness and "Good Enough" Authenticity

Studies in the areas of terror management theory and palliative care echo Heidegger and Frankl: they argue that a calibrated awareness of finitude can clarify values and strengthen prosocial motives (Chochinov, 2012; Pyszczynski et al., 2015). Contemporary practice tends to reframe authenticity not as radical self-assertion but rather as "good-enough" congruence, negotiated ethically within relationships and roles (Guignon, 2004; Taylor, 1991).

Digital Life, Loneliness, and Social Meaning

The social determinants of wellness—a lack of decently-paid, meaningful work, political and social polarization, digital fragmen-

tation, and epidemic loneliness, among them—push existential questions into the arena of public health. Loneliness, for example, is now treated as a population-level risk comparable to smoking, showing that belonging and meaning are as somatic as they are philosophical (Holt-Lunstad, 2023). Existential wellness thus broadens from individual therapy to community design, education, and policy.

Measurement and Practice

New measures—Meaning in Life Questionnaire, Purpose in Life test, Valued Living Questionnaire—operationalize existential constructs for research and program evaluation (Crumbaugh & Maholick, 1964; Steger et al., 2006; Wilson et al., 2010). Coaching services and organizational development programs adapt existential exercises (value audits, mortality reflections, narrative identity work) for leadership, ethics, and burnout prevention (Ibarra, 2015; Wong, 2021). The field has moved from "Do we need meaning?" to "How do we cultivate and sustain it responsibly?"

Core Dimensions of Existential Wellness

Across eras, five dimensions recur. Together, they do a decent job of defining the concept:

Meaning and Purpose. A focus not just on goals, but on the felt sense that life "makes sense" (coherence), that it matters (significance), and that one is oriented toward valued aims (purpose) (Martela & Steger, 2016).

Freedom and Responsibility. The capacity and willingness to choose, accept consequences, and revise life projects (May, 1975; Sartre, 1943/1956).

Authenticity and Integrity. Aligned self-presence and behavior within constraints; neither self-abandonment nor narcissistic self-assertion (Guignon, 2004; Heidegger, 1927/1962).

Relational Belonging and Ethical Recognition. Wellness as co-authored; my flourishing implicates the other's freedom (de Beauvoir, 1947/2018).

Finitude and Transcendence. Life projects owned under the threat of death; transcendence not necessarily religious but value-anchored and other-regarding (Frankl, 1946/2006; Yalom, 1980).

These concerns and interests are not seen as boxes to ticked off but as tensions to be lived—hence the language of "practice" rather than "achievement."

Persistent Critiques and Live Debates

Individualism vs. Social Structure and Constraint

Does existential wellness over-emphasize choice and under-estimate constraint? Contemporary practice answers by holding both: agency is real but scaffolded by social conditions (Comas-Díaz, 2006; de Beauvoir, 1947/2018). Programs that ignore poverty, discrimination, and other social and political realities risk moralizing distress.

Authenticity as Commodity

When "be yourself" becomes a market slogan, authenticity can slide into performance and consumerism (Banet-Weiser, 2012). The corrective is ethical authenticity oriented to shared goods and the other's freedom (Guignon, 2004; Taylor, 1991).

Evidence and Integration

A frequent challenge is whether existential methods are "evidence-based." The research base is now substantial for meaning, purpose, values-based action, and mortality preparedness; newer work integrates existential themes with CBT/ACT, compassion approaches, and palliative care (Chochinov, 2012; Hayes et al., 2006; Martela & Steger, 2016).

Where the Concept Stands Now

Today, existential wellness is less a niche therapy and more a trans-disciplinary lens:

- In **healthcare**, dignity therapy, meaning-centered interventions, and serious-illness communication embody existential care.
- In **education**, purpose-learning and character education tackle meaning, agency, and belonging.
- In **organizations**, leadership identity work and values-driven cultures aim at congruence and ethical responsibility.
- In **public health**, loneliness, polarization, and ecological grief are framed as existential ailments needing social and symbolic repair (Holt-Lunstad, 2023).
- In the **helping professions**, to include psychotherapy, counseling and coaching, existential wellness themes are gaining significant ground and a new cachet.

Conclusion: The Durable Promise of an Uncomfortable Ideal

Existential wellness keeps uncomfortable company: with anxiety, ambiguity, despair, finitude, and death, on the one hand, and with the demands of self-proclaimed personal responsibility and ethical action, on the other. From Kierkegaard's inwardness and Nietzsche's self-creation through Heidegger's finitude and de Beauvoir's ethics to

Frankl's logotherapy and Yalom's clinical synthesis, the tradition repeatedly insists: to live well is to choose, to answer, and to belong—under limits.

That insistence is precisely why the concept endures. It refuses easy optimism yet refuses despair, seeking a style of living that can carry tragedy without collapsing the possibility of joy, community, and meaning. As the 21st century confronts loneliness, ecological threat, and technological dislocation, existential wellness offers neither a panacea nor a posture—but a practice: lucid, value-anchored, relational, and brave.

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