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A phenomenon in General Practice – Two case studies and the diagnosis of Existential Angst: how the GP might help – 16 500 words

Introduction

I have observed a phenomenon in many primary care patients which appears to have some commonality. Over the years I have defined it using terms such as *dissatisfaction with life, lack of direction, feeling lost, being bored, lack of focus, not seeing the point in anything, questioning purpose, mid-life crisis,* or *being lackluster*. It would be easy to group these terms under the umbrella of terms such as *depression,* or *anxiety,* which are more commonly used words in general practice, but it is clear that the phenomenon is more complex.

Whilst trying to deal with such phenomena in the past, the consultation has felt flat because I can see from the patient's body language that as soon as the words depression or anxiety are used, they disagree with those diagnoses. If I choose to go further I start relying on my own life experience to help patients, not on any specific knowledge about what they are describing. I might very quickly start using hearsay, like 'everyone needs an aim in life' or 'maybe it's a mid-life crisis'.

It becomes a situation where the patient is unable to describe with any clarity what is wrong because part of the phenomenon is that they do not know what they want. Due to lack of knowledge, I have been unable to guide them toward that clarity. What I have to offer along the conventional lines of primary care treatment includes counselling, psychiatry, cognitive behavioural therapy and antidepressants, but none of these will deal comprehensively with the phenomenon I am describing because they are designed for different things.

As an example the definition of counselling from the British Association of Counselling is '*... the skilled and principled use of relationship to facilitate self knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living more satisfyingly and resourcefully*[1]*.'* Counselling is likely to be more short term work with less severe psychiatric problems and focusing on areas where life has changed, like bereavement or career problems rather than in depth work on a person's psychological make up. Counselling then is for enabling and facilitating, psychotherapy is for intervention, treatment and reconstruction[2]**.** The problem is that it is difficult for the

practitioner to refer to an appropriate counsellor and for the counsellor to consider accurate therapy if the initial problem is not defined. Also, as in the definition of counselling, it may often rely on what the patient can determine about themselves, when the themes of this essay demand new knowledge facilitated through an appropriate therapist. Finally, in areas such as the ones described at the start of this project the themes are vague, difficult to pin down and therefore not necessarily amenable to conventional therapy.

Ultimately I might start wondering if what I am dealing with is even a disease, or just a feature of being human. I might start thinking that life is not that great, so what can any of us do about these feelings, particularly the GP?

The biggest reason for pursuing the phenomenon further is that I can see it impacts on health. For example, a person who has such feelings might lose the positive outlook on life, and it is well known that this would make a person perceive pain more acutely. Another reason is that there is a gap in therapy for such patients - currently, these phenomena are not recognized in the DSM (Diagnostic and Statistical Manual) criteria for mental illness, nor are there any widely available therapies for them. The closest section in DSM is called ‘other conditions that may be a focus of clinical attention’. One sub section of that is – ‘Additional Conditions that may be a focus of clinical attention’. Section 313:82 is called ‘Identity Problem’. This includes problems of ‘long term goals, career choice, friendship patterns, sexual orientation, behavioural, moral values and group loyalties’. Another section, V62.89, is ‘religious or spiritual problems’. This includes ‘distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith while questioning of spiritual values that may not necessarily be related to an organised church or religious institution’. There is very little else written other than what I have quoted. Clearly none of these diagnoses encompass my phenomenon, something that will become more and more apparent throughout the essay, although it is fairly close to a crisis of identity.

Whether this is a disease or just a part of being human, there are ways to help people resolve these issues, and things that we can do in primary care as part of this. This brings me to the aims of this project.

Further research on the subject has led me into the field of existentialism to find answers and therapies for such patients. This was an internet search using the words *anxiety, dissatisfaction, spiritual crisis, identity crisis, identity, self, crisis, identity crisis, crisis of self, self-actualisation, knowing the self, satisfying the self, lost identity, transcendence, transcendence, primary care, meaning of life, life meaning, self transcendence, life purpose, purpose* and *life*. I have determined that some of these patients may be undergoing an *existential crisis*, or experiencing *existential angst*. This is a complex diagnosis though, and something that must be made correctly in order to target the correct therapy. The aims of this project are:

1) ***To describe Existential Angst***
2) ***To evaluate two cases where I had initially and tentatively diagnosed existential angst***

Existentialism

Existential philosophy needs to be understood at least in principle if existential angst and existential therapy are to be talked about and used.

Freddie and Alison Strasser describe existential philosophy as an exploration of what it means to be human[3]. I mention these two authors first because their time-limited therapy may be the most suitable existential therapy for adaptation outside of the field of direct existential therapy. This will be explained in detail further on.

A central theme of existential philosophy is existence. To define existence is to say that something is real rather than defining it by its essence, which is just a collection of definitions about what something might be. For example, having a car in front of you means that the car exists simply because it is there rather than by saying what colour it is, how big it is, etc., which is essence. Another way of looking at this is that what makes up something's essence can be applied to lots of other objects whereas something's existence simply applies to that one thing.

Heidegger (an existential philosopher), for example, only used the word existence to refer to humans[4]. You could take this to be a reaction to the concept of trying to define

humans by their essences and as a member of the species rather than just by their existence. The point of the 19th and 20th century philosophers is that you cannot list every part of a human being's essence because there are too many, not least because a person is more than the components that make him up. To describe a person in terms of components diminishes the full scope of humanity[4]. Most existential philosophers believe that existence is not just a noun, it is more a fluid and dynamic event so that a person's existence is a bursting forth into the world. Our existence then, is verb like[4]. One of the most important concepts of existential philosophy is that the existence of a human is free and not based on unconscious stimuli. Indeed, Sartre said 'man does not exist first in order to be free subsequently; there is no difference between the being of a man and his being free'[5]. Sartre thought that we *are* our choices and also we are free to create our own values.

Another important part of existentialism refers to time. We tend to think of time as past, present and future. Existentialists believes that all are interwoven, for example, what you have done in the past has an impact on what you do in the present and what you do in the present takes into account what you have done in the past. Heidegger went so far as to say that everything we do in the present and past is orientated towards a goal in the future[4]. Some existentialists like Sartre and Camus said that life is absurd and that even though we look for meaning and purpose there are none in life apart from those which we ourselves have created[4].

Camus said in the end 'there is but one truly serious philosophical problem and that is suicide, judging whether life is or is not worth living amounts to answering the fundamental question of philosophy'[6].

The next idea is that existence is not limitless. There are various factors that limit human freedom and to understand these limits it is important in order to understand human freedom. According to Kierkegaard, possibility and necessity are both important parts of our existence[7]. Jaspers agreed when he concluded that certain situations cause barriers like struggling, guilt, suffering and death, are things which can often not be avoided[8]. Heidegger used a term called 'facticity' to denote those parts of existence which limit us[9]. These are the things that we can do nothing about, like breathing air. He also used a term called 'thrown-ness' to denote that a particular existence will be

thrown into a particular facticical situation that it has had nothing to do with. Jaspers also said that thrown-ness and death are the two ends of our existence and between the two, chance plays a part[10]. Chance encompasses opportunities which we can either do something about or not. Existential philosophy would not try to control these things that they can do nothing about but it would try to control how you approach these limitations.

Another important point in existentialism is that existentialists argue that existence is related to being in the world. A suggestion by Heidegger, using the word 'dasein' which means 'being there' is that there is an unbreakable connection between the human and the world around him[4]. Spinelli used a similar theme to make the point that consciousness is always consciousness of something[11].

The concept of existence in the world leads on to existence with others. Existentialists argue that the existence of humans is a concept that is inexplicably linked with other people. This is a consequence of realising that everything you do is either something that you have learned or something that your culture has shown you to be the right way to do something[4]. One philosopher who used this theme was Heidegger, who always said that humans are unavoidably affected by other people[9]. Sartre agreed with him by using this concept to say that existence is groundless [5,9]. Buber took this idea forward; he said that when people say *I* they always mean reference to another because you can't ever be *I*[12]. He said there are two types of *I*; *I – it* and *I – thou*. *I – it* is when the other entity linked to *I* is an object. *I – thou* is when the other entity is a person. Sartre went so far as to say that relationships are always related to an '*it'* because you tend to change the other entity into an '*it*' regardless of whether *it* is a person or an object[5].

The next idea is the body in existence. Merleau-Ponty, an existential philosopher, used this idea in describing how we cannot tear our existence away from our bodies[13]. Everything we feel seems to have an effect or be mirrored by something that we feel bodily. Many decades earlier Nietzsche was already introducing this idea to philosophy when he said that 'there is more wisdom in the body than in your deepest learnings'[14]. This was adopted by Heidegger who thought that our mood is always affected by the world around us[9].

This leads on to the next point, which is anxiety and existence. Heidegger and Kierkegaard both said that the most important mood in discovering the truth of our being is anxiety [7,9]. This is particularly important when you realise that once we take on an existential stand point with absolute freedom (within the constraints I have mentioned) it brings with it a feeling called angst. Kierkegaard went on to say that the more someone acknowledges their freedom and makes decisions based on it the more angst they will feel[7]. The reasons for this are that when you choose something you are rejecting something else and a potential possibility. You don't know if you have made the right decision. Sartre agreed when he says that these decisions do not only impact yourself; they may also impact your dependents and potentially anybody else in the world depending on how close they are to you[5]. Humans are 'condemned' to be free rather than 'blessed' to be free[5].

Another point that Sartre made was that we have nothing to base our choices on because our identity is not something that is fixed[5]. We have no guides on which to make decisions and no one to blame for our choices.

The final point is that a number of existentialists have moved beyond Sartre in his 1958 project where he advocated commitment to one's own problems. He started to make the point that to be authentic in existence is to 'acknowledge and actualise ones connectedness with something or someone beyond ones self'[4].

For a summary of the origins of existentialism see **appendix 1**.

Existential problems

A problem with existential philosophy is that some people associate it with negative ideas because of the words associated with it like *anxiety*, *meaninglessness* and *loneliness*. The philosophy though also stresses that anxiety of this type is to some extent normal and should be embraced, as it increases our awareness and thereby our choices[3].

Existential Angst

To describe existential angst is to describe the *existential attitude*. This has been described as the sense of disorientation and confusion that a person may feel when he is faced by an apparently meaningless or absurd world[15].

Angst means strife, and refers to an emotion like dread, which has been used by existentialists such as Soren Kierkegaard to describe spiritual insecurity and despair. This affects modern patients because of the new freedoms that we enjoy which allow us to be educated and to think about how we should treat ourselves, how we should live and what we should believe in.

Existential angst then is a heightened form of the existential attitude, also a heightened form of existential anxiety, where the disorientation and confusion is experienced as despair or dread.

Existential Anxiety

Paul Tillich categorized three types of existential anxiety – ontic (the science of being from the Greek word for being *ontos*), moral and spiritual[16].

According to him modern existential anxiety is predominantly spiritual; also spiritual anxiety 'drive (s) the person toward the creation of certitude in systems of meaning which are supported by tradition and authority' meaning that people suffering from such anxiety will look for stability in existing systems like work etc, but which do not provide the answer for them. Related to that, other existentialists like Viktor Frankl have said that a central human aim is to find meaning in life[17]. Soren Kierkegaard also worked on this theme to say that all humans are born into despair[18].

Indeed, Heidegger pointed out that the worst anxiety of all comes from the time that we realise that what we always thought were guides and rules on which to base our choices were merely cultural conventions[9]. The dread occurs when we realise that everything we do in life, which we thought had meaning like our job, our relationships and everything else, could quite easily be something different had we been born in a different culture.

Dreyfus expanded on this when he said that we realise we are absorbed in a world of empty roles that at some point we believe provide meaning and motivation but which are actually just an illusion[19]. The main reason that all our choices cause such angst is that the boundaries at the start of our lives and during our lives, like facticity, chance and death, are hemming us in and force us to make these choices as quickly and efficiently as we can. Kierkegaard refers to anxiety as 'dizziness of freedom'[18].

According to Heidegger this freedom brings guilt as well as anxiety because of the potential failure to fulfil ones own potential. There is a suggestion that we never reach that individual which we might have been and that these possibilities can haunt a person for the rest of their lives[9].

The next point then is existence being *inauthentic*. This is because the human condition predisposes us to feel angst, absurdity, to feel unsettled and to be guilty. Very few of us want these feelings so we try to suppress them by ignoring the reality of our existence. The price we pay for deceiving ourselves, according to Heidegger and Sartre, is that we do not choose our own future and therefore miss out on *transcendence* or actualising our own potential [7,9]. This causes us to be part of the averageness which develops amongst a large group of people. The stuff of life that we all crave, like passion and creativity, are lost to us and we become part of the routine that seems to infuse most lives. Therefore, we lose ourselves[20].

Transcendence and self-actualisation

Transcendence is difficult to describe. It is a feeling of being connected to something greater than ourselves, which may only happen every now and then. It is useful to think of it as a short lived feeling, for example the one we may experience when surprised by the view of 'new snow on the tree tops' or those private moments that occur in our minds during 'a walk in the woods on a winter morning'[21].

Transcendence has been a theme of Nietzsche in his description of those people who gain pleasure from 'gentle sunlight, lights from buoyant earth, southerly vegetation, the breath of the sea (and) eating meals of flesh, fruit and eggs'[22]. Also, transcendence is

referred to in different ways by different people, for example *coherence* [23], *meaning*[24], *being*[25] or *self-transcendence*[26].

Self transcendence is inter-linked with identity and those things that we use to define ourselves, like personal possessions. Instead, we should move toward our inner selves, and the connection that exists with the past and the future[27].

Maslow expands on this in relation to his famous hierarchy by saying that life is about discovering and defining your dreams and also the potential that is within you and realising it. This is self-realisation or self actualisation[28].

In order to integrate transcendence and self-actualisation into an existential framework the concepts need to be adapted. Existentialists argue that the word transcendence bypasses existential reality. This is because these existential problems which are the bedrock of human existence with which philosopher's have struggled since the beginning of time, are simply bypassed by the word 'transcendence'. Transcendence is often called a type of thought that goes beyond symbolic definitions like language, therefore existentialist argue whether we can even talk about it. In my opinion though, the concept has to be talked about for others to learn; to not bother talking about it makes it elitist.

To continue the theme on an existential level, because we are not being truthful about life we do not interact with it properly therefore we are even less capable of meeting its challenges. Also the reality of things like death gets stronger as we go through life so the defences that we put up to protect ourselves from it, like money and status etc., fail as we get older. This is the point where existential anxiety and guilt become neurotic anxiety and guilt[16].

Macquarrie developed this; if we face our anxieties we will be pulled out of our pseudo familiar tranquillity and our pseudo securities so we can face our very personal freedom and possibilities[29]. This leads on to the concept of anxiety in an existential setting being a guide or a teacher. The conclusion to this might be that existentialists use angst as something to help us, rather than trying to move toward a descriptive state called transcendence which would be an end point to our existence once reached.

On the subject of existential angst being normal, in that painful as it is, it is part of being human, Kierkegaard says, 'whoever has learnt to be anxious in the right way has

learnt the ultimate'[29]. He also says 'the more profoundly he is in anxiety the greater is the man'. This is an example of existential angst as a teacher or a guide. Kierkegaard even goes as far as to say, 'the more profoundly guilt is discovered the greater the genius'[7].

A case of 'the phenomenon' - William

William was 23 years old when I first spoke to him about what we might term 'the phenomenon'. I had seen him many times before for sore throats, coughs, colds, and other common illnesses. I knew his mother, father, and sister. I knew that the family was from a normal housing estate, that they were neither poor nor rich, and that William had graduated with a degree in Geography from Newcastle the year before. He was tall, athletic, articulate and well dressed. What I did not know until this consultation was that he had not worked since graduating.

When asked why he had come to see me he informed me that he 'did not feel right'. I asked him to clarify what he meant by that, because of course it could have been anything at all. He shook his head and closed his eyes, as if I had asked him a stupid question. I apologized for not grasping the problem yet, and asked him again to tell me what had happened. He said that perhaps he had come to the wrong place, and was probably wasting my time. He explained that he just did not know what was wrong with him. He had been like this for ages. Other people his age were different and did not need to get up mid-morning and stay up half the night watching videos. He said he smoked too much and did not have any money. One of the things that embarrassed him the most was that he was 'sponging' off his parents even though they had supported him to get a degree.

Dissatisfaction like this is a reasonably common presentation in Primary Care but which is difficult to address using my conventional training. I might end up using my own experience of life to help someone which is clearly not adequate because it is not possible for every practitioner to have been in that situation to be able to provide true empathy and advice.

On further questioning he felt that he ‘should be happy’, but was not. It was at this point that I considered he might be experiencing the phenomenon that is the subject of this work. This was based on the feeling of unease that he seemed to have, coupled with the uncertainty that he seemed to be feeling about the world around him. It was still a possibility though that he had depression, or anxiety, not least because these are the mental health conditions we are most used to dealing with in primary care and to put someone in that diagnostic box makes their management easier. One big reason for undertaking this project though has been the decision that squeezing someone into a diagnostic box that is not quite appropriate is a waste of everyone’s time.

My own observations before undertaking this project led me to list the following diagnostic criteria for the phenomenon that I was witnessing. This was an attempt to begin searching for the diagnosis. Certainly, there was no other way of beginning a search for something that was difficult to describe and for which I had no pointers at all. Part of the search strategy was as loose as ‘When I found it I would know’. Listing the diagnoses as follows helped me to find a term for the phenomenon into which I was looking:

- Lack of real belief
- Little sense of identity
- Nihilism whilst being able to find value
- Constant disappointment at the world and the people in it
- Ability to be inspired
- Little true sense of what one wants
- Constant analysis of everything
- Intermittent anhedonia and over-excitement
- Difficulty making decisions (can see both sides of every argument)
- Insatiable desire to try new things in case they provide meaning
- Disappointment in other people and established systems
- Desire to please and avoid conflict (for a peaceful life)
- Desire but inability to find like-minded people
- Intermittent thoughts of self denial and self congratulation

- Overwhelming boredom, followed by stress from high standards
- Exhaustion at trying to conform with fear of regret at the potential for missed opportunities.
- Outwardly successful and capable, inwardly disappointed and guilty at conforming
- Difficulty with close relationships due to inability to find people who understand
- No real ability to like or to love

Whilst reading along these lines I was able to add:

- Existential crisis without impending personal doom
- Cognitive dissonance whilst realizing there must be some meaning in life

Within these themes of mine I attempted to start breaking down exactly what William was experiencing.

I asked him what happy was. He said that he just wanted to have the same things as everyone else and that he did not feel that was a lot to ask for. The people he knew had found work that they were happy with, most of them had settled down with a girl, and had a nice car. He thought he should be able to go on holiday every now and then, and also perhaps have a bit of money to go out for a drink. Everybody else was working toward something in the future. In his future there was a complete blank for the first time in his life. He felt like a failure for the first time too. He had reached a point where he thought to himself ‘is this it?’ All that study at school, at University, for some point in the distant future when he would be able to make his own way in life. That point had arrived suddenly and it was certainly not what he had been expecting, or what he had been led to believe. At every other time in his life he had known in his head exactly what he would be doing for the coming years ahead. Now there was nothing.

I asked him whether he thought his friends really were happy and whether he expected the things he had talked about would provide him with true happiness. On reflection I had simply repeated a cliché. It was me rushing to solve his problems by suggesting that he was misdirected. Even though he was misdirected, afterward I decided I had not known him well enough or given him the courtesy of gathering enough

information from him to make such a statement. What I had effectively said to him was that his aims were simplistic, and that if he were more of a person he would know this. Thinking back afterwards, I would not have been able to tell him what would provide him with true happiness if he had asked me at that point, so I should not have asked such a question. I did not even know what happy meant, and why or whether we should define people using parameters like holidays and money.

This led me to research happiness and therefore *quality of life*. If I knew what gave a person a good quality of life, I would be able to direct William toward it.

The main concepts related to Quality of Life, according to the Quality of Life series by Ventegodt et al [30] are:

1) Existence
2) Creation of the world
3) State of being and relations
4) Daily living
5) Talents
6) Sex
7) Health
8) Personal development
9) Therapy.

This list illustrates that there are only quasi-existentialist aspects of dissatisfaction under the heading of *quality of life*. This is one of the reasons why I began to realize that William's problem was not a purely existentialist one. Differences between the quality of life parameters and existentialism occur in the tight definitions of the two. For example, the spiritual part of human nature is a bigger priority for the existentialist as oppose to the definition of quality of life that looks more closely at tangible concepts like those in the above list. Crucially, also, it seems that dread and the absurdity of life are missing in definitions of quality of life, concepts that are central to existentialism.

William was aiming for economic success based on comparisons with his contemporaries. Subconsciously, he had been 'led to expect' something like this. Money

is very important to most of us in varying degrees, and this can not be ignored or called unimportant, because we all need to survive. An approach to help William though might have been to point out the wider aspects of happiness in comparison to his definition of what would be involved. This could have been an attempt to change his focus from economic success to inner happiness and therefore wisdom. Ventegodt would use the concept of wisdom being about 'simply being and therefore knowing'[21]. This is a highly philosophical argument that few would have the skill and time to develop in a meaningful way and one which the patient would have to be receptive to in the first place. What we do know is that economical wealth and business are occupying us now instead of *being and therefore knowing* and this is taking over wisdom[21]. Monetary wealth does not make you feel better, it makes you feel *different*, and I did introduce this concept to William; also that power and education are not necessarily that important when it comes to quality of life[25]. This is an easy thing to say though. Unfortunately money and wealth have become a value to determine a person by[25] and this is reflected by what William said when questioned on what would make him happy. This is not the main focus of existentialism, as I have described, but more a focus of an *identity crisis*, something which I will expand upon in the next few pages.

Already at this point I had identified that William had a number of my initial diagnostic criteria for what seemed to be commonalties among these patients, but not all of them. He had little true sense of what he wanted, intimated by his belief that economical assets were the way to be happy. He had lack of real belief (he did not know what he should believe in to be happy), nihilism whilst being able to find value (he did value certain things, like those of his friends), constant disappointment at the world and the people in it, an ability to be inspired (he seemed ready to get on with life if only the right opportunity came along) and disappointment in other people and established systems (his friends were doing so well and he was not).

In comparison, a person with an existential crisis would be experiencing the world slightly differently. This can be seen when looking at the aims of existential therapy. Yalom says that this type of therapy is facing up to a human being's most important problems[31]. These are:

- Death
- Freedom
- Isolation and
- Meaninglessness

William was not wrestling with these concepts. Instead his ideas on what to aim for when searching for increased quality of life were directed toward economical displays of success. Emmy Van Deurzen-Smith says that existential psychotherapy is for looking at 4 parts of the human's world[32], these are:

- The physical
- The personal
- The social
- The spiritual dimensions

William was not outwardly concerned with any spiritual dimension. van Deurzen- Smith goes on to describe the goals of existential therapy thus[32]: - *'the goals of existential therapy are: first, to encourage the client to become authentic and relinquish self-deception; secondly, to assist the client in clarifying and grasping the inner value-system and mode of existence in the world; thirdly, to enable the client to come to terms with life, by building up confidence in and reliance on inner self and reality; and fourthly, to explore with the client what are the client's priorities and to eventually determine a new direction for living'.*

With this in mind William may indeed have benefited from existential therapy, as might many people if they are receptive to it, but this was not the root of his problem.

It is also clear at this point that the existential crisis is subtly different to my diagnostic criteria, not least because most existentialists seem reluctant to list diagnostic criteria for an existential crisis and prefer instead to describe it as a state of mind, as above.

The integration between spiritual and cultural aims has been debated for thousands of years. In the '*City of God*,'[33] a book by ***St. Augustine*** in AD 427, he said

that human actions could either be Christian or Roman. The Christian idea was to love one's neighbour, to practice humility and to take part in charity whilst also worshipping God. The Roman ideal was about becoming collecting assets and controlling people. The Roman ideal has pervaded our modern society and this again is reflected in what William aimed for.

William wanted a better quality of life - he wanted to be happy, like his friends, and to have the things that everyone else seemed to have. In attempting to discuss the wider aspects of happiness with him in comparison to his definition of what would be involved, a more detailed description of quality of life parameters would be needed. The following is taken from the Quality of life series [30]:

Existence Life Death Mind Feelings Body Love Joy Motivation Being Doing Self/soul and ego Good and evil Wholeness Unity Spirit/non locality Truth Nature Sex Growth Choice.	**Creation of the world** Coherence Intention Purpose and meaning Interpretation and wording Perception Action Consciousness Power Responsibility Success. **State of Being** Well being Satisfaction Happiness Needs and fulfilment Self actualisation.	**Daily living** Fun Hope Dreams Laughter Sorrow Silence Wonder Awe. **Talents** Talent (gift) Intuition Understanding Feeling Knowing Competence Wisdom Creativity. **Relations** Compassion Empathy Faith Dialogue Policy	Dependency Freedom Kindness Honesty Belonging **Sex** Passion Pleasure Innocence. **Health** Ability to function Psychosomatic Healing (feel, understand, let go) Coping Fragmentations Sub-consciousness Repression. **Personal Development** Cope,	Develop, Heal The shadow (anti-self) Resources Contemplation Perspective Philosophy of life Self-expression Enlightenment. **Therapy** Life event Confrontation Life pain Fight-flee Near-death Out-of-the-body Existential therapy Holding Care Respect Awareness Acceptance Acknowledgement Regression Healing.

The list above is very useful in determining what makes up a rounded and good quality of life, but it is enormous, and complex. Also, this did not answer one of Williams's

problems, namely the reason why he concentrated mainly on financial and outwardly visible success as a means to improve his quality of life. It would have been possible to introduce the above list of quality of life parameters to William but at the heart of the problem was his belief in how people should live and what they should aim for.

Culture is very important in determining what a person needs, particularly for a younger person. In view of this William might not have responded to such a wealth of information in a few short general practice consultations. Also, and more importantly, he intimated that he would not be receptive to this further on in his treatment, as I will demonstrate, and was just looking for some tablets.

With a different degree of acceptance from the patient, another approach could have been to discuss self-realisation. This would have been in the context that even in the absence of paid work and all the other things he was aiming for, the aims themselves might be construed as excuses to inhibit his self-realisation and to lessen his real dreams[25].

To put it more simply, there are 2 parts to us:

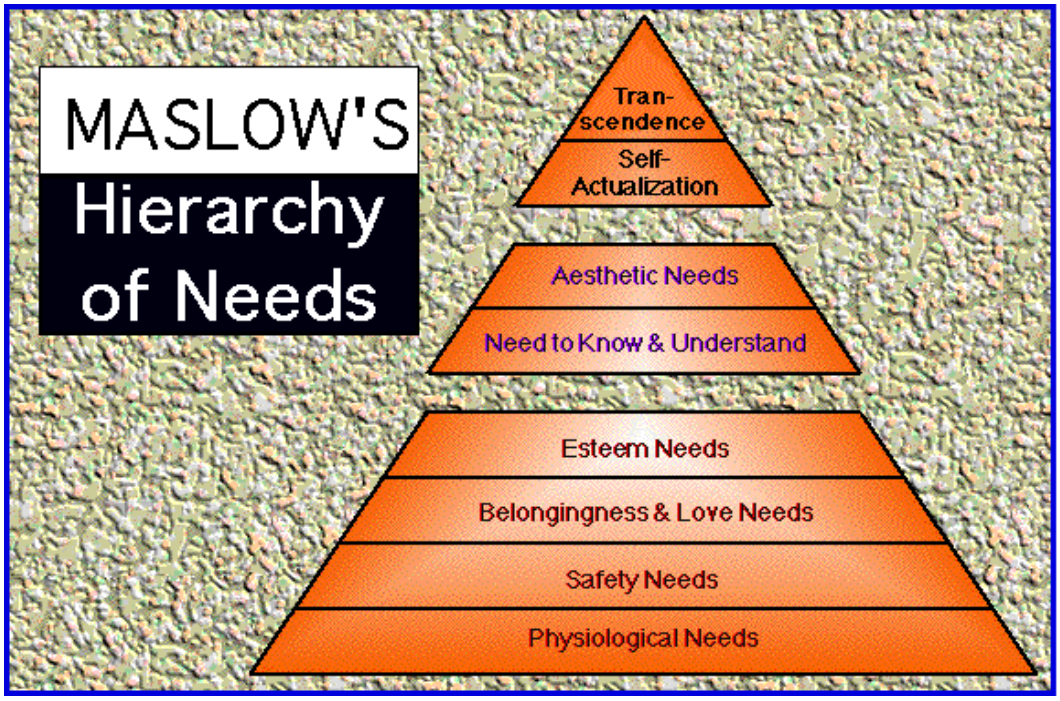
- the ego which is who we think we are (which is evidently what William was concerned with)
- the deep self which is what we actually are[35] (which is what I would aim to introduce to William given the appropriate receptivity).

Someone else in the same situation who was more receptive, might have benefited from learning that you can discover your inner self and what life means to you by *reckoning,* which is taking the time to think about it[36].

He might have benefited from the introduction of the idea that human beings are made up of 5 quadrants which equate to areas of need and function. These are:

1) Physical
2) Intellectual or mental
3) Emotional
4) Spiritual
5) Social or how we interact with society and what we do out there[37].

It is very important when trying to attain a better quality of life to pay attention to the balance between the above 5 quadrants[38]. Some believe that a lot of things need to be in place though before you can start using tools like this in your life. This equates in some ways to Maslow's hierarchy, which is considered out-dated these days by some (because it has been recognized that you can address some needs from higher in the table without *all* the lower ones in place), but which is a simple way of saying that you need to be financially and emotionally secure before you can even consider topics such as self-realisation and transcendence.



Excerpt from *Educational Psychology Interactive* [39]

The Maslow concept is particularly important in relation to William and the immediate priority of his economic aims.

Earlier I said that I had asked William whether he thought his friends really were happy. He responded by saying that they were probably not blissfully happy every moment of every day because who could expect that, but at least they were making progress. I asked him what progress meant to him. He sighed, said he did not know, and asked if I could just give him some tablets or something, to make him feel a bit better,

perhaps motivate him, and help him get on with the next few months which were going to be difficult until he found something.

What I wanted to do was offer him some form of group help where he could have his CV looked at, become inspired by what others had done from his situation, give him a place to go where he could talk about this and realize that things were probably going to get better in the future. Until they did he could be around supportive people. Of course, I did not have that to offer him. Situations like this one though have at least led me to start making plans to provide such a form of group help. I wanted also to offer him therapy, to give him the tools to understand that what he was experiencing was probably to be expected under the circumstances. This would have helped him learn that he was not a failure.

An important point for any practitioner is to think about their role in different situations. I am well aware that a GP is an impartial point of contact for people with all sorts of problems, and that outside of conventional therapy I am under no obligation to do anything other than listen, and try to give options for the limited things I have to offer.

I did have the opportunity to use the conventional tools that I have with William. They serve as an interesting illustration of the gap in treatment for people who have a problem that does not fit into the DSM criteria. I used the 'Patient Health Questionnaire PHQ-9'[40], a tool for diagnosing depression. He scored 5, which represents the bottom end of 'mild depression'. This means nothing really in terms of making a diagnosis. It represents apathy more than anything.

Other tools that I would be able to consider at that point included counselling, but there was nothing to talk about because the patient knew what was wrong (even though what he thought he knew was in my opinion misaligned) and the counsellor would certainly not be able to give him a job and all the other things he wanted. I might also have considered anti-depressants, but they seemed a bit over the top in view of the PHQ 9 and the patient was not keen for the same reasons. Psychology was not quite appropriate because there seemed little to work with, not least because the patient and the doctor knew what the problem was, although there was no knowledge of any form of therapy that might have helped him to understand himself better under the circumstances. Also,

under the circumstances it might well have been that had he found what he said he was looking for, he might have been fine. Not everyone is concerned with existential factors.

I have said that at the heart of William's problem was his belief in how people should live and what they should aim for. This was what I perceived to be his maligned thinking. He thought he knew what was wrong, and voiced this as the belief that he deserved the same as his friends, and that gaining these monetary assets would make him happy and improve his quality of life. Ventegodt agrees that money and wealth have become a value to determine a person by [25], but does not agree that there is a connection between this and a better quality of life. This led me to look at how else we define a person in today's culture. This is the study of *identity*.

It is difficult to define our identities today without making comparisons with how we defined ourselves in the past. This is a very useful exercise, because definitions of identity now and in the past are vastly different. It becomes clear very quickly that definitions of identity are merely cultural and that definitions in some cultures sit better with human nature, which is unchanged over hundred of years, than others. There is a direct connection with existentialism here in that as Heidegger and Dreyfus point out, it is easy for cultural conventions to generate guides by which we go through life, and that dread occurs when we realize that these guides are empty and lacking in meaning because they are based solely on culture, not true human nature [9,19].

This is demonstrated as follows:

The traditional components of identity [41]

1. Geographical home.
2. Ancestors.
3. Marriage.
4. Job.
5. Social rank.
6. Gender.
7. Age.
8. Bodily characteristics.

9. Morality.

10. Religion.

Modern definitions of the successful identity

- Personality
- Ownership
- Status symbols
- Conspicuous consumption – i.e. others witnessing their buying power with fast cars and large houses for example
- Buying identity by buying a product
- Personal accomplishment
- Participation in an organisation even if this is just going to the gym[41].

It is clear from the lists above that what defined us in the Middle Ages is not the same as what defines us now. We have assumed quite reasonably that in evolutionary terms we have not changed from then to now, but the culture has. This leads to the juxtaposition that we are living in a way that confuses our identities, hence one reason for the increasing place of unease in our lives.

The conclusion from Quality of Life studies is that to attain a better quality of life you should learn what is in your soul and what your true feelings are [21]. Crucially, you need to want to do this otherwise the process will not work[21]. William was not receptive to the kind of philosophy that I was talking about - he asked if I could 'just give him some tablets or something'.

In the end, I tried to give general advice about life, based on nothing other than the fact that I was a bit older than him and was trying to encourage him. It became a talk on how work might have raised his self-esteem, which he knew already, but he did not know what to do about that. This was because he was not receptive even to talking about identity. Perhaps this had something to do with concepts like Maslow's hierarchy where he said that there is no easy way of moving toward the more spiritual aspects of life without first addressing the basic needs.

After one session with me, albeit a prolonged one, the patient left having had a sympathetic ear, but without any sort of tool to work with that might have helped him. I did not give him any anti-depressants and I hope that in time this will have proved to be the right decision. I have not seen William since that last consultation. The gap here could be said to have been the lack of existence of a forum for William to develop in. All I did was plant a seed in the hope that this would encourage him to believe that what he was experiencing was acceptable under the circumstances, and that there was more to happiness than money and a car. This is a very difficult concept to accept at the age of 23 though, particularly when culture dictates that we should aim for exactly that. It is also very easy for me to say this when to him, I seem to have all the things that he is looking for. Indeed, ***Schopenhauer*** said 'our greatest pleasure consists in being admired; but the admirers, even if there is every cause, are not very keen to express their admiration and so the happiest man is he who has managed sincerely to admire himself no matter how'[42]. Whether this kind of advice was what he was looking for, I might never know. I am not sure he knew what he was looking for from me – perhaps a third party ear to rung things by.

Lucretius, an Epicurian poet, talked about the role of the physician in helping someone who was having difficulty with his own identity or as he put it 'a sick man ignorant of the cause of his malady'[43]. He thought that those who are physically unwell should go to the Doctor, and those whose soul was unwell should go to a philosopher. It is fascinating to me that we are struggling with the same concepts that people were struggling with thousands of years ago. It seems we may have lost touch with a lot of what was freely talked about in Ancient times, because it is certainly not fashionable to debate philosophy these days, as I will expand on later.

There are those who have researched this subject and commented that it is possible to train patients in philosophy of life[44,45]. This serves as reassurance for those of us who are trying to do exactly that. If I can just introduce some of these concepts to people so they know that what they are experiencing is part of being human, and how to search for happiness and fulfillment, that is all I want to do. The person has to be receptive to this though, as will be seen in Case 2.

What can primary care do about this case that it is not doing?

A focus of modern medicine is risk factors[46]. Antonovsky suggests concentrating on something called salutogenesis instead. This is the origins of health[23]. Parts of salutogenesis that are not routinely worked with include humour, which contributes to health because of its role in self esteem and confidence[46]. Beauty and its recognition also play a role in increasing mental health status as well as the role of beauty in the environment that patients are exposed to when treating them[47,48]. Music lifts self esteem and lessens loneliness[49]. Dance, literature and art are also being used increasingly in healthcare, as well as general aspects of culture, reading, group work and meditation, to meet spiritual needs outside of a religious context[50,51,52].

Perhaps, as I have already alluded to, one thing I could do is try to create a place where salutogenesis can be developed by introducing concepts like humour, beauty, music and other forms of artistic expression, as well as group activities for personal development and the introduction of the more philosophical aspects involved in health.

A final case of 'the Phenomenon' – David

The next case is very different in that I had the opportunity to see this patient on a number of occasions to help him. I saw David arrive in the car park from my surgery window. I noticed his wonderful car before I noticed him. He presented some minutes later with confidence and an air of quiet authority. I had never met him before. He was clearly at ease with himself and at ease with the consultation. Initially, he came across as a successful man based on his clothes and his demeanor, but I recognise that this is prejudiced by stereotype. I knew his children and his wife, and knew that David owned a successful business locally.

He was 40 years old. With minimal words and quite matter-of-factly, he told me that he had problems with anger and politely requested help. He certainly did not come across as an angry man, but the fact that a man in that position had sought help for something like anger worried me intensely. It is akin to the tough farmer who comes in

with pain, or the man who does not come to the doctors for twenty years who turns up worried about his bowels. These people who don't seek help who are otherwise seemingly very strong are the ones to be extra careful with.

I asked him to expand on what he had said. He thought for a second whilst looking straight at me, and then told me that sometimes he was unable to control himself when driving. Someone would annoy him in another car and he would end up hitting the steering wheel and shouting toward them through a closed window. This might affect his driving for miles afterward with erratic movements whilst speeding. From past experience I knew that when someone presents with anger, it is usually based on an event, which leads someone else to force them to seek help. That was the thing I was searching for. I pushed him further and asked him if anything had happened to prompt the visit to me. For the first time, he hung his head slightly. He explained that he had got out of the car on more than one occasion and challenged another driver physically. He was an imposing man, and I imagined that to be on the receiving end of that would not have been pleasant. Anything else, I said, thinking that there must be something worse for him to come to me about it? He nodded. On one occasion his wife had said something to him and he had nearly hit her. He had never actually done it but he had wanted to. He had really wanted to hit her, but within minutes he realized how ashamed he would have been had he done so.

I asked him about this event in detail. He began by telling me how he remembered what it was like to be down to the last £20 at the end of the month, to not be able to afford to have the car mended, or to count the pennies to see if they could afford to go abroad. Nowadays they just did what they wanted. He told me that his wife seemed to think everyone else was the same and it was this that hurt him so badly, because everyone else was not the same, and according to him this was all down to his back-breaking hard work which he did relentlessly on behalf of his family so they could have what they wanted. On the occasion in question when he had nearly hit her she had said 'it's all right for them' when referring to one of his employees who had just bought a new house in a nice part of town. He had lost his temper badly that day and did not talk to her for over a week because she did not recognize the fact that this person worked for him, so of course did not have anywhere near the same amount of money as they did. What had annoyed

him were this and other examples of her suggestion that he was somehow less than he was. She said things like this all the time. On the subject of a new carpet for the living room he would agree, then she would say something like ‘we’ll have to have a think about it and see how the money is’. The suggestion that they could not have something when he worked so hard for them to have whatever they wanted drove him half insane, he said, especially when it was so obvious that they could afford things. It was obvious because she made him feel compelled to tell her all the time and prove it to her. He wanted her to appreciate what they had and stop belittling him in this way. She just did not get it, he said. She had no idea how to treat people, particularly her husband, and no idea of how to communicate. He said she would get a lot more out of him in every respect if she showed some form of normal human decency in her dealings with him. As it was, he hardly spoke to her anymore about anything of meaning. Sometimes she commented on this and seemed quite hurt that he communicated so little, but he liked that feeling because he was in control of it.

Sometimes he fell out with her. Other times he loved her intensely. He convinced himself he did not need more than that from a wife because he was very self sufficient. He was happy to appreciate the good points to the relationship and resolve the bad points by going out of the house and making himself feel better as he conquered everything around him (i.e. business, and raising the family status so that at least he was doing what he was supposed to do).

David also knew that it was ridiculous that he was pre-occupied with money to that extent and that it made his marriage unhealthy. He had never intended to be like that. When they met, they had both been young and everything had been fine. It was as if in that sense his success had been his downfall. It never seemed to matter then when they had not been able to afford things, it had just been funny. One thing he was determined about was that he would never leave her, because he did not want his children to grow up without him. Also he was convinced she would take him to the cleaners and he was not at all happy about that!

David felt very alone though a lot of the time, but was happy to be cocooned in his own thoughts. He liked himself, and he liked his brain and what was in it. He felt very

at odds with the world though. At least his wife was loyal to him and looked after him in her own way. She was a very traditional wife in that respect.

David had always worked hard. He felt driven to provide for his family and to make the most of his time. There was little he had not done and he would give anything a go to experience it. He spent less and less time at home because if he were honest, he did not like it there and was unable to switch off. He felt guilty about not liking it there because it was apparently no different to any other home, without any particular problems. He knew it was *his* problem, but half the time he thought that he had no right to feel like that because it was not as if he had a disease. He had known for years that there was something wrong, but had hidden behind work. He had often thought he would like to go for some form of therapy, of the kind he had seen on 'the Soprano's[53]' an American TV programme where a gangster bares all in therapy. He would have gone already, and been prepared to pay for it, but was unable to access therapy at the private hospital without a referral from me. He knew he wanted someone really good, because he knew that his problem was complex, but he also knew that most people would just tell him to get on with it, that everyone felt like that, that life was basically shit anyway, and what did he really have to complain about? His reluctance to seek help thus far had been based on the worry that this kind of thing on his notes would affect medical insurance in the future and that the doctor who he saw would have no idea what he was going on about.

Sometimes he thought that as long as he was awake, he would be able to find some way of making money or doing something constructive. That was what he was good at and thought it was best all round if her were left to get on with it. He had explained this to his wife and they had an agreement that he would leave the house every morning very early, and get back very late, as long as he was always making money. He felt as though she wanted that from him, even at the weekends, and he was happy to get on with it. Other things like sitting around watching TV with his kids was not helping anyone. He knew he should not feel like this but there was no one else to provide for them and that was what motivated him.

He said unprompted at this point, 'I don't know how I should live'.

I asked him what he meant. Sometimes he consoled himself by the fact that he would just get on with what he was good at, but he felt so uneasy most of the time. Other times he felt like the worst husband and father in the world because he could not manage to live on a simple level with normal conversation and relaxation. He hated holidays.

I asked him if he thought the world was meaningless or absurd. This question originated from the work of the existentialists Sartre and Camus who as previously stated said that life is absurd, and that even though we look for meaning and purpose there are none in life apart from those which we ourselves have created[4]. He thought about that for some time, then admitted that he did. Sometimes he wished he were retired, and then he would not have so long to go until he died. He was not suicidal, or depressed he said, just perplexed. He did not really like the earth that he lived on although he got up each morning full of energy to the point of bursting. He could barely face another 40 years of this until he died, but was quite prepared to accept it as just life. He dreaded another 40 years of this in fact.

We agreed that we ought to delve into this further over time before finding the appropriate therapy for him. We also agreed that anger management might not perhaps be the best place for him until we had spent more time talking about things.

On subsequent consultations he explained that he was paranoid about wasting time and about not doing things. He did not want to get to retirement age and wish that he had done something more. Heidegger's idea of guilt associated with the failure to reach one's potential after all the choices we have now fits in well with this[9]. On other occasions he felt as though his whole life was on a knife edge and that one wrong decision, one wrong action, would ruin everything. As his whole life was based on success, money and the structure of that, what would he have left if he lost it all? On further questioning he had no idea why he was compelled to feel like that and wondered if his own feelings were created by the way his life had turned out. This is a very existential viewpoint as has been previously detailed. This is something I introduced to the patient and he responded well to it.

I also introduced Sartre's ideas on passion and creativity as a way of explaining that routine and business do not lead to satisfaction, because of that loss of spontaneity[20].

Part of the treatment schedule was to address the cause of his anger. This had

become very complex. It seemed to stem partly from the fact that he thought if he were poor, his wife would not like him, and partly from the fact that if he were prevented in anyway from maximizing his time it would all come crumbling down around him. This 'knife-edge' existence led to frustration, anxiety, then anger. This control he was seeking led paradoxically to less control. After prompting with the ideas of Paul Tillich[16], he started to realise that he was not interacting with life properly and that the economic benefits that he enjoyed had become a defense against meeting life's real challenges.

Thomas Hora said that one way some people try to combat existential anxiety (unsuccessfully) is to buy things as defenses against the certainty of death[54]. The *rat race* is an example of this as it provides the means of buying things and of defining you. After a while your ethics and morality are directed by discipline and hypocrisy. Discipline and hypocrisy, along with possessions, obsessions and status, lead the person to become vain, greedy and selfish, as well as to seek recognition. Then there is a tinge of guilt as you can not control your birth or your death but you are expected to control and make the most of all the years in between. The reality of things like death gets stronger as we go through life so the defences that we put up to protect ourselves from it, like money and status etc., fail as we get older. This is the point where as has been stated earlier, existential anxiety and guilt become neurotic anxiety and guilt[16].

On the subject of existential angst being normal, it is probably also widely accepted in Western culture that to be preoccupied with such deep thought about which seemingly nothing can be done, is folly. Van Deurzen says that it is very difficult to find out what somebody's direction should be because it is so easy to conform to what seems to be acceptable in the present culture at any given time[32]. Therefore the direction that is found from existential therapy may be 'unfashionable' (page 25), which is something I have alluded to earlier.

These existential ideas were certainly not unfashionable to David. He did say though that even if I was right, his status and success made him feel good about himself. He was intrigued though by the notion that in time, this might become an empty feeling for him as he got older, as argued by Tillich[16].

Another point is that existential therapy is about philosophy not about a medical disease or a psychological problem. The therapist is 'a mentor in the art of living'

according to van Deurzen[32]. I am certainly not an existential therapist, nor an expert in the art of living, but to introduce the existential concepts to David, and for them to be so 'right,' gave me a good idea of what to do with David.

I had the opportunity to explain some of the differences in thinking along the existential lines that David and I had become accustomed to talking about. An important difference amongst philosophers is that some like Kierkegaard say that every person is solitary with no connection to anything else except God[7]. Others though, say that the point of human existence is to be with other people. David was very alone, and we established that close contact with others would be an important step in his spiritual development. He told me at that point that he wished he could believe in God, because at least then he could lessen some of the responsibility he felt for controlling every aspect of his life.

Marcel, disagrees with this[55] when he says that looking for some sort of order and meaning to life is 'oxygen for the soul'. This goes back to the existential struggle being the thing that motivates us. David liked this and certainly agreed. This was the point when he started to write down some of the ideas we were talking about.

Van Deurzen says 'The existential approach centres on an exploration of someone's particular way of seeing life, the world and herself. The goal is to help her establish what it is that matters to her so that she can begin to feel more in tune with herself and therefore more real and alive,'…'before the person can re-arrange her lifestyle in accordance with her priorities she has to examine her own preconceptions and assumptions which stand in the way of her personal development, much of what has always been taken for granted is therefore re-examined in the light of the search for the truth about life. Taking a sober look at the basic structure and dynamics of existence itself shifts the focus away from individual pathology [32, page 23].'

We had established David's way of seeing life, the world and himself. We had not established though what really mattered to David. He did not know. He was intelligent enough to analyse a lot of this himself, but he said he had spent so long trying to be someone else, he had forgotten who he really was. He spent a lot of time thinking in his car between business meetings about when he was at school, and about what his priorities had been then. He admitted they had been very misguided even at that point and focused

on impressing others and gaining respect. He also did not know in which way he was supposed to develop anymore, but we agreed the only room he had for development was spiritually.

The resume of David's case so far illustrates a strong leaning toward existential crisis. At this point David and I talked about Existential therapy. To start with he was very keen for a rounded discussion and to talk about what he would gain as well as what he would not, as an exploration of whether this were right for him. Having spent some time going through existential ideas with him, I started with the negatives associated with existential philosophy and therapy in an attempt to remove some bias.

Problems with existential therapy

1. As Macquarrie puts it 'if each individual existent is unique and cannot be regarded as a specimen of a class, how can one generalise about human existence as a philosophy of existence seems compelled to do' [56].
2. The next criticism is that if we follow existential philosophy then we are following a particular path set down by someone else not our own path of truth.
3. Existential philosophy may be seen as amoral, because values are created by the person[56].
4. Another criticism is that existential philosophy is morbid because it focuses on death, anxiety and guilt.
5. The last, and perhaps most important criticism, is that existence transcends words with which it can be described according to some. Some though, like Derrida, say that knowledge can only be knowledge if it can be described by language[57].

But, even if you can't prove that existence exists, you can't prove that other things exist that are important to people, like God. David accepted these flaws as points of reflection because he had nothing to lose by following this pathway. He needed to do something, so agreed that existential therapy would be the thing that would benefit him if he decided to give up some of his time to undergo such therapy.

I decided over time that David was analytical and systematic. One more concept that I introduced him to was the break down of existential dimensions to try to find the ones he should focus on the most. Van Deurzen talks about existential dimensions as four fold[32].

The first one is umwelt, the second one is mitwelt, the third one is eigenwelt. She also adds in a fourth one called überwelt, as has been suggested by Jaspers and Tillich[16,58].

The umwelt is the nature world or the environment. The mitwelt is the public world with the social interaction, the eigenwelt is the private world with the psychological aspects and the überwelt is the spiritual world. These are four ways that human beings experience the world. There are possibilities and limitations in all four dimensions and in all four we can pursue our goals and come up against obstacles. Also we are likely to have concerns in each section and one part of therapy is to try to find ways to deal with the problems in each section.

Having established that David's problem was existential in nature, the final step was to find an appropriate therapy. In this country we are somewhat limited in terms of types of therapy and therapists. There are many types of existential therapy:

Existential Therapy

Existential therapy is psychotherapeutic. To put it into context, there are a large number of other interventions that can be described as psychotherapeutic, which are also not widely available. Kazdin identified over 400 different therapies[59]. There are probably more than that now. Another book, What Works for Who[60] classifies psychotherapeutics into:

- psychodynamic psychotherapy,
- behavioural and cognitive behavioural psychotherapy,
- interpersonal psychotherapy,
- strategic or systemic psychotherapy,
- supportive and experiential psychotherapies,

- group therapies
- counselling.

Existential therapy does not fit neatly into any of these categories.

The commonalities amongst the different existential practices [4, page 38]

Before detailing some of the individual types of existential therapy, it is less confusing if one thinks about the commonalities between them. These are presented thus by Cooper [4].

1. '*The aim of the therapeutic work is to help clients become more authentic: to become more aware of their actual existence and to live more in accordance with their true values, beliefs and experiences.*
2. *Therapists tend to work with concrete actuality of clients experiences rather than viewing these experiences in terms of abstract or hypothetical constructs.*
3. *Clients are encouraged to acknowledge and act on their freedom and responsibility.*
4. *Clients are encouraged, accept and learn from the more negative feelings such as anxiety, guilt, despair and the sense of tragedy.*
5. *Clients are encouraged to explore their present and future experiences as well as their past ones.*
6. *Clients are encouraged to explore all aspects of their being – emotions, beliefs, behaviours, physiological responses and so on – and to see these aspects as fundamentally interconnected.*
7. *Therapists tend to be relatively genuine and direct with their clients rather than adopting a role of a blank screen and*
8. *Flexibility and adaptability of practice tend to be emphasised over fixed and immovable boundaries.*'

Whichever therapy I discuss next, there will be a strong connection to the above framework, a framework that underlies existential therapy. Different types of existential

therapy though have their own unique features, as are illustrated in the following passages.

British Existential Analysis

I have started with the British Existential approach because this is an essay written in Britain and David is a British patient. Perhaps the most well-known existential therapist at the moment in this country is Emmy Van Deurzen.

Van Deurzen is unique in that her approach aims to help patients come to terms with what goes on in every day life rather than the bigger picture of existence. She wants us to accept the fact that life is difficult, that it is filled with events that are unfair and unjust and also that some of the problems we face are not resolvable. In terms of existentialism she says that if the human condition veers towards dissatisfaction then they will always be looking for something more and it is not possible to have a perfect existence on earth. She also says that because of the existential problems that we all face, people try to hide amongst cultural practices with the thought that the perfect existence is always 'just around the corner[61]'. She refers to the fact that we all look for a particular event that may happen that will solve all our problems or particular cause to our underlying psychological unease. This makes us not face the reality of our existences.

Van Deurzen outlines some criteria for patients to undergo existential therapy[62]. This is in response to her suggestion that existential therapy is not suitable for everyone. The criteria for the client are 'they accept or is open to the idea that their problem is with living rather than a form of pathology, is not looking for immediate symptoms relief or expects the outcome of therapy to be a smooth and perfect life, has a critical mind and desire to think and is not looking for another's opinion on what ails them, is ready to take stock of their lives, to question themselves and be questioned, is someone who questions the status quo rather than wanting to fit in and be normal'. Also, Van Deurzen does not set forward specific techniques or strategies by which she should perform existential therapy because it is individual to the patient. This of course means that the therapist must have a great knowledge of the therapies and philosophy.

Critics of Van Deurzen have said that Van Deurzen's work is directive in her wish to teach the patients something[63].

Time-Limited Existential Therapy

It has been clear to me from the outset of this project that if I was to do anything other than refer patients to an existential therapist, what I offered in primary care would have to be time-limited. As I explained when going through the case of William, it is my aim in the future to set up a forum for patients with psychological problems that are not addressed by conventional medicine. Due to the potential for relatively large numbers of patients, the time-limited approach to introducing existential ideas would be important to my practice. The other reason for this is that existential therapists are very rare indeed, and I am not one, nor would I ever have funding to employ one. I hope that I would be able to take some aspects of a time-limited therapy and simply introduce them as concepts, whilst not benign the existential therapist.

Another reason to look for a time-limited approach is that practitioners like Bugental say that you might need 250 hours of Existential therapy for a decent result unless you use a short term approach[64]. Clients like David are unlikely to sign up for 125 x 2 hour sessions of existential therapy because even if he went every two weeks this would take five years. The short-term approach then is worth considering.

Making existential therapy time-limited is a new concept and seems to have started in 1995 with Bugental and 1997 with Strasser & Strasser[3]. Some existential therapists don't like this though because they do not feel it is comprehensive enough.

James Bugental says that short term existential therapy needs a clear structure. He actually says 'it requires a clearly (and usually explicitly) defined and limited focus of effort (goal of treatment) and thus a more overt structure to maintain maximum gain from limited opportunity'[64].

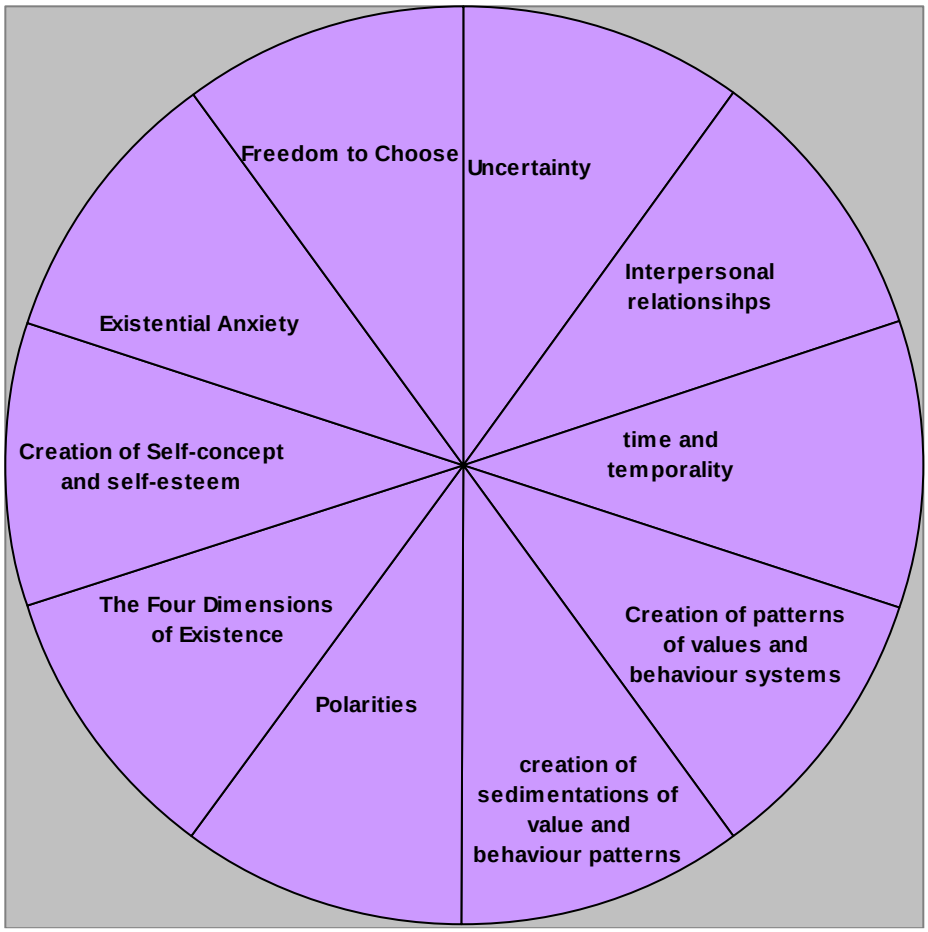
The structure that Bugental suggests is made up of 6 parts which may take, for example, a session each. The first one is assessment, the second is identifying the concern, the third is teaching the searching process, the fourth is identifying resistances, the fifth is the therapeutic work and the sixth is termination.

Strasser F. and Strasser A. advocate more strongly a time limited approach to existential therapy because they say that life is time limited[3]. Also it gives the client a realistic expectation that therapy, particularly over a short period of time, is not going to change them completely. They suggest 12 sessions with a follow up sessions 6 weeks after that and a further follow up 6 weeks after that[3]. They use an approach called the *Wheels of Existence*. There are different wheels to represent different facets of the therapy. The one representing *concepts* is as follows, as an example:

The existential wheel of possibilities and limitations in 'being in the world'[3]

Concepts

(A Structural view)



As can be seen in the above table there are various possibilities and limitations in the existential life when looking at concepts. If a practitioner uses a psychotherapeutic approach and (with skill) probes the areas in the above table, the table is used as a way of encompassing existential matters whilst not missing something major out. The parts of the table need explaining though. For example, uncertainty encompasses what we experience, which is vital for our development but which always generates uncertainty as has been explained at the start of the project. Interpersonal relationships include all relationships with other people. Time and temporality is how we respond to our finite existence and the influence of time on our lives. We could follow the economic route and ignore our real selves or we could accept time and search for our inner egos. Creation of Patterns of Values and Behaviour systems is what we do to make life bearable like going places and buying things, or not. Creation of Sedimentations of Value and Behaviour Patterns relates to what we do to make our behaviour patterns rigid. This relates to those

parts of us that refuse to change even though we know subconsciously that a change would be for the better. An example of this would be the knowledge that obsession with possessions was not making us happy, but we continued to do it anyway for some reason. Polarities refers to our belief systems and their positive or negative connotations. This can be seen in the following table:

Values and polarities[3]

Positive Value	Negative Value
1) Modesty	Showing Off
2) Monogamy	Promiscuity
3) Strong	Weak
4) Tranquillity	Anxiety
5) Loyalty	Disloyalty
6) Refinement	Vulgarity
7) Security	Insecurity
8) Slim	Fat
9) Order	Chaos
10) Peace of Mind	Agitation
11) Knowing all	Ignorance
12) Honesty	Cheating
13) Natural	Contrived
14) Intellectual	Intuitive
15) Superior	Inferior
16) Good Judgement	Bad Judgement
17) To have a real self	Not to have a true self

The Four Dimensions of Existence are Physical, Public, Private and Spiritual. Creation of Self-Concept and Self-Esteem is something we choose to do or to not do to various extents. Existential Anxiety has already been explained. Freedom to Choose imbues the

fact that we can choose a great deal, but we all have constraints. It is what we do with this potential to choose that counts.

The time-limited approach will become the most important existential therapy to my aims, as I will detail further on. Before doing that though, I will explain some of the other main existential therapies that are out there.

The American Existential Humanistic Approach

This is a contrast to the Daseinsanalytic approach because rather than concentrating on the place of the patient in the world it concentrates on that which is within the patient and on being true to oneself. American existential therapy has been referred to as *Existential analytic psychotherapy*[31].

This American version of existential humanistic therapy started with ***Rollo May***, 1909 – 1994. Rollo May did not write so much about actual therapies as the process itself. People who followed on from his work in America were ***James Bugental***, ***Irvin Yalom*** and ***Kirk Schneider***. This group are also of the opinion that the cause of human anxiety is awareness of the reality of existence. The process of existential humanistic therapy begins with acknowledging the private thoughts within us and our true response to experiences. The therapist may ask the patient what concerns them, or what matters to them, or what they want to think about, or what they want to make different. Whilst talking the patient is encouraged to free associate, that is to talk about anything else that comes in to their head. Ways in which the client may resist the process would be to change the topic, to talk in a polite form, to start to rationalise or analyse what is happening or to talk about themselves as if they were someone else. It would be the therapist's role to bring these resistance factors to light.

Yalom makes the point that if the client, and/or the therapist are pretending to be something else and presenting a lifeless picture of themselves rather than the honest complicated picture of what they truly then they will never be fully engaged together[65]. This will destroy the outcome of the therapy. He also makes one of his points about 2 strategies by which people may protect themselves from being aware of the fact that they are ultimately going to die[31]. The first one of these is to think that you are special. For

example, you may take a lot of risks or you may be aggressive and controlling. As well as that you may start to the think you are special by working very hard to be the best at work or to focus very intently on yourself or to think that you need to be loved for just being you, which of course means that you do not recognise other people's needs so well. The second defence may be that you seek the 'ultimate rescuer' i.e. God, a doctor, a therapist or a parent who may rescue you from the fact that ultimately you are going to stop existing at some point.

Rollo May talks at length about people who try to preserve their vitality and youthfulness[66]. The same may be said for a desperate desire to have children. One job of this type of therapy is to help people look at their anxieties and their defences. Yalom suggests that people may do this by writing their own obituary or by closing their eyes and trying to visualise your own death and funeral, or to draw your life as a line on a piece of paper and draw where you are the moment at the point between birth and death and talk about why you think this[31].

As has already been identified by other therapeutic approaches one of the main parts of existentialism is freedom. In his book, *Love and Will*, Rollo May says that intentionality is at the root of this[66]. This is our will to 'stretch' towards something. *Wish* is on top of this and *will* is on top of wish. This type of freedom though can be very unsettling as has already been said, people do things to try to get away from the anxiety associated with this freedom, i.e. try to avoid making decisions and thinking in the true sense. They do things like procrastinate, be impulsive or they try to put their choices in someone else's hands, like God, or astrology. Rebellion is also another way of trying to avoid this freedom that we have to choose which leads to anxiety.

So, just like with Daseinsanalysis, an important part of existential humanistic psychoanalysis is to aid in the discovery and use of this freedom that we all have. You can do this by helping people to see where choices can be made[67].

Another part of this type of therapy would be to confront meaninglessness. This meaninglessness may manifest itself in an individual who is looking for meaning but ends up trying to transcend their own death by leaving something behind, like a child or something more long lasting than themselves.

Criticisms of existential humanistic therapy are:

- That it may lack philosophical depth[68]. This is because there is a tendency to avoid confronting the massive body of writing in existentialism, which leads to misunderstandings of existential ideas.
- It suggests that the therapy itself is linear and in one direction toward authenticity, when in actual fact existential therapy is an ongoing struggle with moments of self knowledge that do not last very long. We should not be looking to find solutions to the problems of existence; we should be showing them how to come to terms with these life struggles [68].

One final comment about this type of therapy is that its writings are very accessible and relevant for every day therapy.

Other forms of existential therapy are detailed in ***Appendix 2***.

The conclusion for David:

In the end, David saw a private existential therapist. My role in this was to steer him toward what the problem might have been. I was able to do this through new knowledge of existentialism and over time. The ability to be able to do that is the development for me. One other thing I have learned, and which is unfortunate for a GP like me, is that you can not really write down a list of diagnostic criteria for an existential crisis, much as I would love to, because this seems to go against a lot of the existential thinking that I have found. The majority of diseases that I deal with have diagnostic criteria, so to come across a complaint that does not is quite challenging. It seems to work better according to themes and concepts.

I have not seen David since he sought out his therapist. I do not know if this means there was a good result or not.

Final Conclusions

The aims of this dissertation were:

1) ***To describe Existential Angst***
2) ***To evaluate two cases where I had initially and tentatively diagnosed existential angst***

1) *To describe existential angst*

The diagnostic criteria that I was looking for at the start are not to be found in neat little boxes. In my opinion this is partly due to the difficulty that people have talking about concepts as foreign to our culture as philosophy and existentialism. Van Deurzen agrees when she says that existential ideas are 'unfashionable'[32].

This impacts on the practitioner and the patient because in many cases neither might be able to describe how they are feeling in a way that categorizes them as someone who is having an existential problem. I think this is due to lack of practice in speaking on such a level and due to such ideas being thought of as not worth talking about. One reason they are thought of like that is because existential ideas are difficult to measure, so tools to evaluate them are not widespread, in comparison to more well known illnesses like depression. This transfers to health beliefs of the general public so they become not worth talking about. We are much more at ease describing someone as depressed, anxious, fed up, or if those do not fit, someone who ought to just get on with things.

On the subject of describing existential angst, existential philosophy is an exploration of what it means to be human[3]. The existential attitude is the sense of disorientation and confusion that a person may feel when he is faced by an apparently meaningless or absurd world[15]. Existential angst is dread, or spiritual insecurity and despair. Modern existential anxiety is mainly spiritual, as opposed to ontic, or moral[16]. People suffering from such thoughts will look for stability in work for example, which will not provide the answer for them. Angst also occurs when we realise that our guides and rules upon which we base our lives are just cultural conventions that would be different if we had been born elsewhere[9].

The root of the existential crisis seems to be that existence is inauthentic. Also, modern freedom causes a feeling of guilt that we have not made the right choices in life. These feelings are not wanted by many because they can seem unpleasant or difficult, and are certainly not often recognised as important. Therefore we try to suppress them. Because of this dishonesty we miss out on transcendence[7,9], which relies on engaging with out true selves, and replace passion and creativity with routine. In that situation the person feels lost[20].

If we face up to this we feel pulled away from our apparent tranquillity[29] (termed pseudo-tranquillity by Macquarrie). This is why existential angst may be seen as a good thing, if it leads to self development. Transcendence in this context is said to be inadequate in comparison because it is an end point, whereas angst is an ongoing guide. It is Kierkegaard who says, 'whoever has learnt to be anxious in the right way has learnt the ultimate'[29].

Another conclusion to this project is that there are many more ways to deal with psychological problems than those I have been using so far in my conventional practice. Also, there are many more important psychological diagnoses than those included in the DSM manual for mental illness, perhaps because some of the psychological problems like existential angst may not necessarily be a mental illness. That classification though is all we have to work with so far, so what is not in it, is not dealt with.

2) To evaluate two cases where I had initially and tentatively diagnosed existential angst

In case 1, William did not feel right, thought he should be happy, and to attain this happiness wanted to settle down with someone, have a nice car, a holiday, and a bit of money. My experience shows me that this is a common aim, but I did not have the tools initially to make a successful diagnosis or to direct the patient toward help. It was cases like this one that made me realize that if someone with a psychological issue is not depressed, anxious or schizophrenic I had very little to offer them.

Early on I realized that my diagnostic list was not correct. It did serve its purpose though in directing me eventually to the point I wanted to get to. In William's case, dread and absurdity were missing, concepts that are central to existentialism.

William did not know truly what he needed because as has been established, economic gain does not answer that question. He did not know what he should believe in to be happy but he was able to value certain things, like those of his friends. He seemed ready to get on with life but was disappointed with it. In contrast, Yalom says that a human being's most important problems (that are to be addressed with existential therapy) are death, freedom, isolation and meaninglessness[31]. Whilst initially I thought William was a case of the phenomenon described in the introduction (dissatisfaction with life, lack of direction, feeling lost, being bored, lack of focus, not seeing the point in anything, questioning purpose, mid-life crisis, or being lackluster) that description was not adequate to define the phenomenon that I was witnessing. It was on a superficial level, but when it was broken down, William's problem was quite different. Also, William's problem was not an outwardly spiritual one, which it would have to be to be existential[32].

The other important conclusion from William was working out that his thinking about how people should live and what they should aim for was misaligned. This was done by research and reflection. Because of this I was able to determine that he had a problem with his identity which he was basing on ownership and status symbols. This kind of issue is not unique to William, it is endemic[41].

Before starting this project I was uncomfortable with the high emphasis on material gain that exists in many people. I knew also though that money is important and should not be dismissed. This project has given me to tools to describe why I felt that discomfort in the description of buying things against the certainty of death and in defining us as acceptable members of present day culture. I was also able to learn that to be driven by discipline and hypocrisy leads to selfishness at the expense of connecting with ones inner self.

Most importantly, this project has allowed me to decide that existential and other psychological problems outside the usual sphere of the DSM classification are important, should be addressed, and can be helped.

The main problem with William's potential for treatment was that he was not receptive to it. He had in his head what he wanted from me and in terms of help, and as far as he was concerned at the time, that was it. Van Deurzen and Ventegodt both agree that the patient has to want to be involved in discussions about existentialism and quality of life, or the channels will not be open to them [32,21].

David was angry and had nearly hit his wife because of the constant suggestions that they had less than they did. He was very uncomfortable at home and had forgotten who he was through spending so much time trying to be someone else.

This patient responded well to discussion on existential issues and agreed that he had thoughts of the absurdity about the world and its lack of meaning. He seemed to be motivated by the guilt of not reaching his potential (which fits in with Heidegger's ideas[9]). After prompting he was able to see that the economic benefits that he had were acting as a defense against meeting life's real challenges, an original idea of Paul Tillich's[16]. Thomas Hora would have said that David was buying things as a defense against the certainty of death and defining himself thus.

One difference between him and William though was that David knew he was doing this and all I was doing was putting it into a vocabulary that we could communicate with that would help him voice what he was feeling. He was driven by discipline and hypocrisy and knew this, and it was making him seek recognition whilst being vain and somewhat selfish. I explained to him that money and status as matters of control, tend to fail as you get older, which is where existential anxiety and guilt become neurotic anxiety and guilt[16].

David provided me with an opportunity to explore therapies for existential problems. I looked at past therapies, present ones, European and American ones. This was in part because there was no point asking David to see an existential therapist if no-one did this kind of work or if what I was telling him was outdated or superceded. I was able though to find a précis of the commonalities between existential therapies, as presented by Cooper [4]. The therapy is to help people become more authentic, to acknowledge their freedom and responsibility, to learn from negative feelings and to explore all aspects of their being through a directive connection between therapist and client.

Other comparisons between the cases

William allowed me to explore quality of life and identity crisis, and served as an example of the phenomenon that I had been witnessing that led to this project. He was not experiencing dread or absurdity but David was.

William was driven by material gain, as was David, but David knew this and felt uncomfortable with it. He still recognised though that it was important to him.

William did not know what to believe in to make him happy, but did not know this and was not receptive to change at the time I saw him. David did not know what to believe in either but was receptive to change and was struggling with existential concepts like death, freedom, isolation and meaninglessness as oppose to William.

William in particular allowed me to explore what I might offer people who are experiencing the phenomenon. David was referred onto someone else though, and allowed me to spend time diagnosing him correctly as an existential problem before he moved on. In that respect then, William, although not suffering from an existential problem, has driven the move to change in my practice more than David.

Ideas for Future Work

William's case and the reflection on it for this project have clarified precisely what *I* could attempt to provide such a patient in terms of help in the future. This would involve group work and other projects in the context of my increased ability to recognize psychological problems that are not yet part of the DSM classification of mental illness.

Perhaps, as I have already alluded to, one thing I could do is try to create a place where salutogenesis can be developed by introducing concepts like humour[46], beauty [47,48], music[49] and other forms of artistic expression like dance, literature, art[50], and culture[51] , as well as group activities for personal development and the introduction of the more philosophical aspects involved in health.

Whilst I may have wanted to do this before, now I know why this needs to be done, the context in which it needs to be done, and which patients I would be able to

help. I have also developed tools for measuring what I aim to do as part of the practice based project, which I have presented in ***Appendix 3***, although as I have stated, existentialism as a whole is very difficult to measure, and indeed would create problems with the therapy itself if not done very carefully indeed.

A proposed title for Phd work on this subject would be:

'Salutogenesis in General Practice'

Appendix 1

A summary of the origins of existentialism

The founder of the term existential was ***Gabriel Marcel*** (1889 – 1973) in 1943. It was adopted by Sartre in the following years which made the term better known. Since then it has been used to describe the therapies and thinking of people dating back hundreds of years before.

There is no obvious founder of existential therapy.

The first modern existentialist philosopher was ***Soren Kierkegaard***, 1813 – 1855. He introduced the idea of human beings addressing their subjective truths so they could make that leap of faith toward God.

Friedrich Nietzsche, 1844 – 1900, was a German philosopher. One idea of his was that of the 'ubermensch', so rather than everybody being the same in a big church, he wanted to encourage people to develop their own values and live by them in an earthly or existential way. This term 'ubermensch' was famously misused as a term proposed by the Nazi's to describe the ideal German.

Another important existential philosopher is ***Martin Buber***, 1878 – 1965. He talked about the importance of human relations.

Karl Jaspers, 1883 – 1969, was a psychiatrist who became a philosopher in Germany. He is supposed to be one of the modern founders of existential philosophy.

Paul Tillich, 1886 – 1965. He talked about none-being and also the difference between existential anxiety and neurotic anxiety.

Martin Heidegger, 1889 – 1976 has already been described to some extent.

Jean Paul Sartre, 1905 – 1980, was another existentialist. He talked about the freedom that we have, which, by its nature promotes angst, meaninglessness and nausea (hence the title of his famous book 'nausea'.

Albert Camus, 1913 – 1960, talked about creating meaning in a world without meaning.

An important concept in existentialism is *phenomenological* method. This was spearheaded by a philosopher called ***Edmund Husserl***, 1859 – 1938, whose point was that all we can possibly know is what we experience; therefore that is what we should

concentrate on. Existential philosophy is described as phenomenological because it demands phenomenological approach for inquiry into the patient. This is a subjective approach into relationships with people and objects in the patient's experience by looking at how he or she subjectively relates to these things[3].

Ernesto Spinelli described 3 steps in the phenomenological method[11]. The first one of these is to get rid of any prejudices or biases or expectations or assumptions so that you yourself can concentrate on your experiences and what they have given to you. These assumptions are not necessarily to be forgotten, they are to be bracketed. The second step in the method is to describe an experience rather than hypothesise about what significance it might have. The third step is something called 'horizontalisation' which is where you stop placing experiences in a hierarchy and just treat them all as having the same significance.

Existential phenomenologists, like Sartre and Heidegger, said that we should get rid of our hypotheses and theories and just concentrate on the experience of our lives.

Following on from these founders, a number of important existentialists have arisen both in the UK and abroad, whose work continues to this day. These therapists such as ***Emmy Van Deurzen*** and ***Alison Strasser*** will be mentioned in more detail further on.

Appendix 2

Other forms of Existential Therapy

Daseinsanalysis

This was formed by ***Ludwig Binswanger***, 1881 – 1966. He did this in response to Freud who he thought was trying to divide human feelings up too scientifically. Daseinsanalysis was carried on by a Swiss psychiatrist, ***Medard Boss***, 1903 -1990. Daseinsanalysis is based almost totally on the work of Martin Heidegger, who worked very closely with Boss. It is different from psychotherapy because psychotherapy tries to mend something called the psyche as though it is a separate thing. Daseinsanalysis also rejects the idea of an unconscious which is fundamental to many types of psychology. They just work with what is experienced and Daseinsanalysists do not agree with the fact that there are some parts of your brain that are hidden, which affect your behaviour but that you cannot get at. They would try to look at the problem as a descriptive thing and how it was experienced, i.e. if you are depressed you can't experience beauty as well as if you weren't depressed, but they would not want to talk about some unconscious event that might have caused this depression. Daseinsanalysis also rejects the idea of transference. Transference is where you might transfer onto your therapist some feelings from previous relationships, like a father figure. Daseinsanalysists help people to make sense of their dreams and examine them but they do not agree that there is any meaning or symbolism in dreams because they don't agree with the idea of the hidden unconscious[4].

Logotherapy

This therapy is to help patients discover purpose, direction and meaning in their lives. It was developed by Viktor Frankl[17]. At the moment it is not being done in the United Kingdom but it is being done in Europe and America[4]. Logotherapy is based on the work of someone called ***Max Scheler***, who said that there are 3 parts to a human;

- body,
- mind
- spirit

and that you can look at the spirit independently of the others. Frankl said 'he who has a why to live can bear with almost anyhow[69]'. A really important note is that logotherapists do not help people create meaning in their life; they help them to discover it. This is on the assumption that each person has their own particular ability which is unique and which if developed, gives them ultimate meaning in life. Frankl thought that every human being has got an unconscious knowledge of the meaning that they are searching for and that a logotherapist is there to tap this.

Another type of Logotherapy is called *Socratic dialogue* which is where therapists called *rational emotive behaviour therapists* 'pose questions in such a way that patient's become aware of their unconscious decisions, their repressed hopes and their un-admitted self knowledge[70]'. Related counselling is called *Meaning Centred counselling*, a cognitive behavioural reformulation of Logotherapy developed by Paul Wong[71]. He poses 'fast forward' questions in which patients are asked to extrapolate what would happen if they did a certain thing. He also asks 'miracle questions', for example 'if you could do whatever you wanted and there were no constraints, what would you be doing?'

The major criticism of Logotherapy is that it is authoritarian because the therapist may tell people what to do or how to think. Also, there is an assumption in Logotherapy that life has meaning, whereas of course there are plenty of existentialists who say it does not have any meaning at all. Yalom says of logotherapy 'The belief that life is incomplete without goal fulfilment is not so much a tragic existential fact of life as it is a Western myth, a cultural artefact. The Eastern world never assumes that there is a point to life or that it is a problem to be solved; instead, life is a mystery to be lived[31].' Baumeister says that 'people make sense of their lives one day at a time' in response to the assumption from Logotherapy that a human being has one meaning to their life that they must live by[72].

Existential Psychiatry

Finally, R.D. Laing, (1927 – 1989) thought fundamentally like Husserl that 'if you want to try to fully understand somebody you should not label them or diagnose them, but just deal with a person's lived experience at a descriptive level'[4]. He also said that when you just diagnose someone as mentally ill or dysfunctional 'you don't look truly at the sense and meaning behind the symptoms'. Laing thought that therapists should try to get into the phenomenologically lived world of their own client[73].

Appendix 3 *- taken from the Practice Based Project, submitted to UCLAN by me as part of this Msc in 2008.*

So how do you measure it?

In order to change something you need to be able to measure it ('if you can not measure it, you can not improve it' (quote from Lord Kelvin).

There are 4 ways to measure *self-transcendence*[74].

1) The Gerotranscendence scale – Tornstam[75].
2) A revised version of Tornstam's scale[76].
3) Widening the scope of the self through examining personal experiences[77].
4) A more psychometric version[78,79].

Levenson et al have developed their own scale for measuring transcendence called an Adult Self Transcendence Inventory, or ASTI. It consists of 18 parts that are measured on a Likert scale. The study also used the NEO-FFI personality inventory to look at the personality traits of the participants[80]. This NEO-FFI is made up of 60 parts in the Likert scale.

Other concepts questioned in the ASTI are –

ASTI scale questions

- my peace of mind is not so easily upset as it used to be and,
- I do not become angry as easily,
- also material things mean less to me
- my sense of self is less dependent on other people and things,
- I feel much more compassionate even towards my enemies,
- I am more likely to engage in quiet contemplation,
- I feel that my individual life is part of a greater whole
- I feel a greater sense of belonging with both earlier and future generations
- I have become less concerned about other peoples opinions of me
- I find more joy in life
- I take myself less seriously

- I am more focused on the present
- I feel more isolated and lonely
- I feel that my life has less meaning
- I am less optimistic about the future of humanity
- My sense of self has decreased as I have become older
- I am less interested in seeking out social contacts and
- I have less patience with other people.

Runquist et al used a *spiritual perspective scale*, a *self transcendence scale* and an *index of well being* to research self-transcendence in homeless adults[81]. The reliability of all three scales was checked using Cronbach Alpha Co-efficient to look at consistency.

The *spiritual perspective scale* is in 10 parts and is measures spiritual views and how much a person behaves in a way that is spiritual[82].

The *self transcendence scale* is in 15 parts and is used to look at how a person increases his or her personal boundaries[83].

The *index of well being* is in 9 parts and looks at existential life satisfaction[84].

Quality of life can be measured by looking at the affective character of the person because measures of affect have been shown to be more sensitive to the external circumstances than measures of cognition[85,86].

Some have combined this[87] with the physical and psychological distress scales from the Rotterdam symptom check list, or RSCL[88] and an activities of daily living scale from the Dutch Life Situation Survey [89].

Self-esteem can be measured using the Rossenberg self esteem scale[90].

Coping strategies can be assessed using the coping behaviour questionnaire[91].

Other ways of looking at *changes in perceived quality of life* are Helson's adaptation level theory, to look at judgement theory[92].

One of the *spiritual assessment questionnaires* or scales, is proposed by Bryson. This is to identify the place that needs to be spiritually welded[93]. Bryson said that in order to heal, spirituality is expressed through relationships, whether that is a relationship inside ourselves or with other people, or the environment around us[93]. A true search for

spirituality though occurs in all three together. To heal someone you need to identify which one is not present and try to help them to develop that missing sense. You can do this by trying to develop new meaning which will generate an increased sense of self. This is called *spiritual welding*.

Questions concerning the *inner self* are[93]:

'What gives my life meaning?',
'What values and beliefs are most important in my life?',
'How do I feel about myself?',
'How does my illness change the way I find meaning in life?',
'Do I feel connected to God or a higher power?',
'How do I cope with my illness and anything else in this category?'.

Questions concerning the social self are[93]:

'What relationships are most important to me?'
'Do I have the support of my church, communities, my family supporting me in my illness?'
'How are my friends supporting me in my illness?'
'Do I harbour resentments toward anyone?'
'Do I have a pet?'
'Do I have the support of my work environment?'
'Do I belong to a support group, such as the church?'

Questions concerning the environmental self are[93]:

'What do I miss most about my home (house, apartment, room, neighbourhood)?'
'How is my hospital room (bed, furniture, colour scheme, pictures)?'
'Do I miss nature (find meaning in nature)?'
'What sorts of meaning do I find in nature (God, higher power, peace)?'
'What do I miss most about nature (hills, ocean, grass, smells, wind, rain and anything else in this category)?'

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