DOI ***10.5281/zenodo.3685867***

Dr David Braimer

Who asks after my soul?

The Existential Needs of Patients in Mental Health Care

Literature Review of 4Peer Reviewed Scientific Articles with an Integrative approach

November 2015

Total Words: 21698

David.braimer@protonmail.com

Foreword

Working as a therapist in mental health care, has shaped my path towards a holistic and integrated therapeutic practicing manner. During the last few years, I have met patients that suffer from what Frankel (Frankel, 1966) calls the “existential vacuum”. Patients often, repeatedly and characteristically show their feeling and mental issues in a passive way, they tell us that something is missing in their lives. Patients say, they exist in someone else’s premises, that they do not owe any more themselves, and that they lost their self-worth.

I remember one time in a therapy session with a patient, he surprised me and said: *who cares about my soul?*

I often hear statements such as: *"I don't deserve to have it well"*, *"someone has ripped out my soul», «I lost myself"*, *"I have become inhuman"* and *"I feel that I have ceased to exist"*.

I often wondered about the "escape" from existential needs and the need to be in touch with oneself, and where the limit goes from choosing between pulling away, and "losing oneself» for patients in mental health care.

I believe it is necessary to try to understand the users of mental health care by examining the user's own-understanding and experience of the world (Møller, 2009). The health care system is so eager to define what is normal, and what is abnormal, that you forget to search and understand what is behind the disorder (Møller, 2009). Møller ascertain that we are describing the patients diagnose, without understanding what is behind it. He says it is essential that we understand the sufferance; this must be a characteristic essence of our work within the mental health field.

It became normal to hear that patients feels that life is meaningless, this is why it is important to examine the impact of existential needs in improving mental health care…

Summary

The paper aims to examine the impact of existential needs in improving mental health care for patients. Existential needs are analyzed within the frameworks of the paper using these three questions as the focus:

A. How patients relate their existential needs to their mental health and their health in general?

B. How patients with mental health issues describe their existential needs, how they interlink it with spirituality and religion to find meaning in life and suffering?

C. How existential needs affect users/patients in mental health and health in general and their coping strategies?

The study has a qualitative research design. In this study I have used 4 research peer reviewed articles which deals with existential needs in mental health care. It also incorporates an integrative analysis and interpretation. Results from the research show that when patients have a stronger spiritual undertone, they have increased transcendence due to the spiritual link with aspects of life such as existentialism, humanism, religion, God, understanding of the immaterial and interrelations with both humanity and nature. Satisfaction of the patients' existential needs shows an increased recovery in mental health since it helps patients to understand the meaning of suffering, and find a higher purpose in life. Results show that there is a positive correlation between existential needs and body wellness. Discussion of the findings in both the literature review and conclusion is drawn based on theoretical perspectives.

Keywords: existential needs, meaning in life, suffering, mental health, coping

Table of Contents

CHAPTER 1

Introduction

Background of Research Study

The issue of mental wellbeing is of great importance both in the field of medicine and surgery, but also in mental health care. Researchers in these fields, especially those that are more interested in the support systems of health and well-being, hypothesize that mental health plays a critical factor in overall body wellness. Understanding mental illness is a major factor in making steps towards increasing mental wellness (Galek et al, 2015, p. 3). Nevertheless, the importance of existential needs of mental patients is a field that is underrated and the little research into this area leaves a huge gap in increasing health support systems. For this paper, it is important to understand the meaning of mental illness. According to Elder et al, the postulation that mental health is simply the absence of symptoms of mental illness is inadequate (Elder, Evans & Nizette, 2009). This is because this thinking leads to the focus on individual factors and therefore victim blaming (Steger & Park, 2012).

Thus, they hypothesize that, "the contemporary definitions of mental health include social determinants such as social connectedness, acceptance of diversity, freedom from discrimination and economic participation," (Elder et al, 2009). Thus, such a hypothesis leads to the conclusion that mental illness is the lack of participation in any of these four factors.

According to Basavanthappa in his book *Psychiatric mental health nursing* (2007), defines health as "a dynamic state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity," (Basavanthappa, 2007). Therefore, he concludes that this definition of health connotes a self-motivated balance of the holistic person, meaning that health refers to the totality of all body systems to create a distinct person. Therefore, according to this theory, mental health is central to the well-being of the entire body. There are indeed many and varying definitions of

mental health (Pieper & Uden, 2002). However, one characteristic that is distinct with mental health, one that many researchers agree on is the fact that there is a relation between mental health and social structures (Gilbert, 2000).

According to numerous researches carried out in the past two decades, caregivers and professionals cannot overlook the importance of existential needs in its support and improvement of mental health (Gilbert, 2000). The paper aims to provide a research that shall provide crucial information on how patients in mental health care experience their existential needs to their mental health, as well as their understanding of the relation between these existential needs and their meaning in life and suffering. To come to any conclusion, there is the need to come up with a research that shows how patients understand what their existential needs entail and how these needs influence their take on understanding suffering and meaning in life. The goal is to make out whether men existential needs assists or improves the condition of patients in mental health care. To accomplish this, there is the need to examine other research-based books, journals and other sources of secondary data that give conclusive evidence that there is indeed an impact to providing existential needs in mental health.

In his research, Sulmasy (2010) asserts that for there to be any progress in the use of existential needs and spirituality in mental health care, those participating must understand the relationship between existential needs, spirituality and religion. Without a doubt, spirituality and religion are a major part of the existential needs, providing a foundation for finding meaning in the purpose of life. Sulmasy, referencing Astrow et al (2001), states that the consensus by many scholars is that spirituality comprises more aspects than religion (Sulmasy, 2010). He affirms that spirituality in essence refers to the human quest for transcendent meaning in life. Religion, on the contrary, includes sets of practices, beliefs and even language through which a particular community seeks to identify/communicate with the transcendent (Sulmasy, 2010). Nevertheless, Verghese (2008) also reiterates that religion plays a major role in the etiology, diagnosis, symptomatology, treatment and prognosis of psychiatric disturbances (Verghese, 2008, p. 235).

Hence, to come up with a good research on how existential needs can improve mental health care; the paper shall make use of already established research models, such as the Antonovsky's salutogenic model.

Aaron Antonovsky came up with a model that did not concentrate on causative factors but rather on support systems for human health and well-being and also in term of occupationl and organazational health (Bauer, & Jenny, 2013; Bauer, & Jenny, 2012). Many scholars agree that Antonovsky's work on the Sense of Coherence through the salutogenic model is part of humanistic psychology, which would be a continuation of the work started by Abraham Maslow and Carl Rogers (Lopez & Snyder, 2011). Fundamentally, humanistic psychology deals with the human potential for productivity, health and fulfillment. His work fits well with the existential-humanistic paradigm, which is due to its relation with the human existence and the subjective experience (Stephen, 2014). Such factors influence the work of Aaron Antonovsky concerning this paper.

Presentation of the study's research questions

The study will be answering the following research problem: How patients relate their existential needs to their mental health and their meaning in life and suffering.

Frankl ascertains, understanding suffering and getting a higher meaning in life is of critical importance in the healing process (Frankl, 2006). Existential needs are not specific to spirituality and religion (Richards & Bergin, 2000, p. 119), are important in ensuring the mental stability of a human. Factors such as finding respect and appreciation provide a good psychosocial motivation that may help in a quick recovery for patients in mental health care (Winter, 1999, p. 44). However, to be in the best position to place the impact of existential needs, the research paper must be able to highlight the similarity between existential needs, religion and spirituality, as well as the differences. This would help in avoiding any contradictions in the conclusion since these three factors share major aspects (Wilding, Muir & May, 2006).

In order to solve this research problem, I present the following research questions:

A How patients relate their existential needs to their mental health and their health in general?

B How patients with mental health issues describe their existential needs, how they interlink it with spirituality and religion to find meaning in life and suffering?

C How existential needs affect service users/patient's mental health and health in general and their coping strategies?

Previous Research

Various scholars have attempted to carry out a research into the field of existential needs and their influence on mental health care. There is however, a difference between these earlier researches and the research carried out within this paper in that these previous researches are based on a single entity of the existential needs of patients in mental health care, such as the inclusion of spirituality in their health care systems. Nevertheless, these researches are critical in giving a hint on the influence of application of existential needs in countering mental health issues. A good example of this is the research by Tiburtius Koslander and Barbo Arvidson, where they give a research presentation of the recognition of patients to the influence of the spiritual dimension in their healing process.

According to the research, Koslander and Arvidson state that spirituality does not necessarily have to be in the religious form, but state that it is full of distinctions and therefore, every patient has the capacity to express it in a different form (Koslander & Arividson, 2007, p. 598). The aim of their research was to find out whether the patients viewed their care as holistic in its incorporation of the spiritual dimension (Koslander & Arividson, 2007). This research provides a

good starting point since it highlights the weight with which patients desire the inclusion of spirituality and existential needs in general in their healing process.

Koslander and Arividson carry out their research by using a data collection methodology, administering questionnaires on the research subject matter to12 patients. They then use a qualitative method that relies on the phenomenographic approach to analyze this data (p. 598). Their findings indicate that patients yearn to have a healthcare system that addresses their spiritual needs and that the patients actively sought their nurses' assistance in meeting their spiritual needs. However, as their findings indicated, the nurses were not used to discussing spiritual matters with the patients (Koslander & Arividson, 2007, p. 601). Their conclusion was that there is need to include the spiritual aspect in mental health care, as well as provide a scope of the spiritual matters up for discussion at the workplace. This research indicates the patient's high need for incorporation of existential needs, including but not essentially spiritual needs, to increased patient recovery in mental health care.

Research Disposition

The paper is divided into five main chapters. Chapter 1: This chapter introduces the paper. It gives brief but precise information on what the paper entails. These include information such as the main aim of the paper, the key word in the paper, which is mental health, previous researches made by other scholars in the field, the problem statement and the methodology section. Chapter 2: This chapter provides a discussion of the first question through reviewing the four major articles of the paper, which is derived from the main question. The question discussed is; how patients relate their existential needs to their mental health and their health in general? It offers the main findings of this chapter. Chapter 3: The chapter offers a discussion on the second question through an analysis of the four articles. The second question is; how patients with mental health issues describe their existential needs, how they interlink it with spirituality and religion to find meaning in life and suffering? It offers the main findings of this chapter. Chapter 4: discusses the third question through a review of the four main articles. The third question of the problem statement is; how existential

needs affect users/patient's mental health and health in general and their coping strategies? It offers the main findings of this chapter.Chapter 5: This chapter offers the presentation of the findings, the discussion and the recommendations of the research paper.

Theoretical Perspective

According to Flannelly, Ellison, Galek, Silton, and Jankowski, in *Religion, Meaning and Purpose, and Mental Health*, the basis for existentialism is finding purpose in life (Flannelly et al, 2015, p. 1). In turn, finding meaning plays a major role in human motivation. Quoting Victor Frankl, the authors of the article stipulate that an improvement in the mental plane come not from within, but rather from human interaction with the outside world (p. 1). Koslander et al argues that the neglect of human existential, spiritual and psychological needs in biomedicine has led to little success in terms of having a holistic approach to mental health and health in general (Koslander et al, 2009, 34).

Koslander affirms that the lack of such an inclusion both in research leaves out very critical elements that would be helpful in the recovery of patients, especially in mental health (Koslander, 2009, p. 34). For example, the article talks about patients suffering from depression. Some of the symptoms exhibited by depression patients include fear, hopelessness and existential or 'existential vacuum' as per Frankl (Koslander et al, 2009). Dvora Luboshitzky ascertains that patients who suffer traumatic life experiences tend to lose hope as well as the sight of life's meaning. Such a decline, he contends, tend to lose a sense of meaning in life, consequently leading to low motivation, lack of interest, spiritual deprivation and lack of occupational engagement (Luboshitzky, 2008, p. 22-23). For example, patients with psychotic distress exhibit a distorted perception system, which in turn leads to a confused existential or spiritual character (Cullberg, 2003). Such information is critical in treating patients in mental health care if the caregivers understand and make use of the patient's existential needs. This is to achieve the new recovery-

oriented model, which is described as, “the process of gaining control over one's life, appreciating and valuing the uniqueness of oneself, belonging and participating in a community and establishing and realizing hopes and dreams” (Brown, 2001).

Antonovsky’s theory came about because of the observations he made during World War 2 (Hanson, 2007). His salutogenic theory revolves around the sense of coherence (SOC) (Hanson, 2007). Described in simple terms, the sense of coherence is a theory attempting to explain the role that stress plays in human performance (Lee, 2005). According to Antonovsky’s theory, the sense of coherence is an indicative factor as to how damaging stress is to the life of the individual (Lee, 2005). Any violation to the sense of coherence due to stress may become harmful to the individual. This means that for an individual to maintain a good sense of coherence, they must be in a good position to handle hardships, find positivity in the situation and come out of the situation as a strong individual. The sense of coherence is defined as, “*an enduring attitude and measures how people view life and, in stressful situations, identify and use their GRRs to maintain and develop their health*,” (Eriksson & Lindstrom, 2007, p. 441). GRRs refers to general resistance resources, which are resources necessary for fighting different stress factors, including factors such as psychosocial support.

Antonovsky divides the salutogenic theory to three apparatus, apprehensibility, meaningfulness and manageability. Apprehensibility defines the understanding of natural stimuli in an individual’s life, which should lead to perceiving of reality in a clear and concise manner (Raingruber, 2014). Meaningfulness refers to the individual’s ability to participate in the events of their lives. This is only achievable if the individual gets to participate physically in what they perceive cognitively, therefore spending their time and effort in the pursuit of a meaningful life (Raingruber, 2014). Manageability, on the other hand, refers to the conviction by the individual that they have the necessary resources to overcome the demands brought about by physical stimuli. According to Antonovsky, manageability is cognitively reliant on the patient, but the resources available to him/her may come from external sources such as their family, caretakers and friends

(Joseph, 2014). Altogether, the salutogenic theory highlights the interaction between existential needs and the mental state of an individual. Commers states that mental plane is controlled by the patient's ability to comprehend, find meaningfulness and manage stressful situation by having a high sense of coherence (Commers, 2002).

Another theory of great importance in examining the importance of existential needs in mental health care is Viktor Frankl's Logotherapy theory. The theory is based on the premise that the most powerful tool in overcoming distress lies with finding a higher purpose to life, rather than looking at individual contemporary situations (Hooker & Bekelman, 2015). The foundations of Frankl's logotherapy theory include the belief that we have the capability to find motivation in any circumstances by our own free will. It predisposes that humans face many challenging factors, but as long as these situations do not determine or control the individual's mental state or create an existential vacuum due to stress (Clarke, 2010).

Methodology

Method

For purposes of research in this paper, an integrative methodology will be put to use. The importance of this methodology is due to the qualitative nature of the study (Castro et al, 2010). Qualitative meta-analysis of the best articles to suit the research question is the best means of coming up with a conclusive and satisfactory answer that fulfills the paper's obligation to showcase how patients relate their existential needs with their mental health, as well as finding meaning in life and in suffering. Whittemore and Knafl (2005) define meta-analysis as a research review method that combines the evidence of multiple primary studies by employing statistical methods, thus enhancing the objectivity and validity of the findings (Whittemore & Knafl, 2005). Comparative approaches will be of assistance in determining the best information that supports the research question (Kelliher, 2005). Since the paper will also put to use quantitative data, which is crucial if a

solid conclusion is to be made, then an integrative approach is necessary. Since this is a systematic review of the evidence in the chosen articles, then the method must include multiple methodological perspectives.

The use of the integrative approach requires that the research use multiple search strategies. The integrative approach is, “a method which brings together the relevant scientific production on a specific issue, offering rapid and summarized access to the most important scientific results for the area studied”. Since this is a paper that requires qualitative assessment for it to be integrative in its approach, then confirmatory results must be drawn from the qualitative deep structure explanatory descriptions (Castro, Kellison, Boyd & Kopak, 2010). There are four articles chosen for this research. These articles are chosen using the Inclusion and Exclusion criteria to determine which literary works offer the best information in relation to the research question.

How patients relate their existential needs to their mental health and their meaning in life and suffering.

Since there are three major questions emanating from the main research question, then it is important that each question is addressed independently so as to deliver a holistic answer to the research question and, thus satisfy the aim of the thesis (Finfgeld & Johnson, 2013).

Inclusion and exclusion criteria

The inclusion criteria used in the research paper are: the use of original scientific journals, articles that are freely accessible and which provide answers to the guiding question. The studies are available in English, but are not specific to English speaking countries. Rather, the thesis question offers the basis for inclusion in the research. The main content within these articles is the availability of information pertaining to existential needs. Articles with spirituality and religion as a major focus are also included in this process due to the close relationship between these three aspects.

Articles that also offer information on Aaron Antonovsky's salutogenic model and the sense of coherence, as well as Viktor Frankl's lopotherapy theory also stand out in the inclusion process. This is due to the interaction between these two theories and the existential needs of patients in mental health. The articles used in this research were published between June 1999 and March 2015. This is to ensure that the scientific data used in the research is up-to-date and is relevant for creating the research conclusion.

For the exclusion criteria, the following were used: thesis, dissertations, undergraduate end course papers, research reports, abstracts of events, experience studies report types, bibliographic reviews, reflections, reviews, government publications, books and book chapters. The same method as in the inclusion was used, where the date for publication ranged from June 1999 to March 2015. Though the publications put most into consideration were English based, this was not of major importance in their exclusion. Here also, the key words existential needs were highly regarded. Spirituality and religion were also put into consideration for determination of inclusion or exclusion.

1. The first search for scientific articles in the electronic databases was done in August 2015, using the combination of keywords 'existential needs and spirituality,' and yielded the following results:

Table Number 1

Databases	Pub Med	Ovid	Sagepub	APA Psyc Net	BJPsych
Total	46	21	95	18	10

2. A second search conducted on the same day, using the combination of keywords 'existential needs of patients in mental health care' yielded the following results:

Table Number 2

Databases	Pub Med	Ovid	Sagepub	APA Psyc Net	BJPsych

Total	18	7	15	2	22

3. The third search was done on the same day; using the combination of keywords 'impact of existential needs in mental healthcare' yielded the following results:

Table Number 3

Databases	Pub Med	Sagepub	Cochrane	APA Psyc Net	BJPsych
Total	3	1902	38	11	28

4. The fourth search was conducted on the same day with the combination of keywords 'meaning of life and suffering in mental health,' and yielded the following results:

Table Number 4

Databases	Pub Med	Sagepub	Cochrane	APA Psyc Net	BjPsych
Total	146	12,509	17	2	28

Search Procedure

The main determinant in the search procedure was that the articles were of secondary data to support the essence of qualitative research. The internet was central in locating publications that would assist in making a clear and concise research. The search entailed looking for publications that were relevant to the main question, though the secondary questions were also put to use in the search for relevant article.

In a more articulate manner, certain websites held more credibility in providing the necessary choices. These include websites with a high number of medical journals and articles such as Pub Med and Sagepub. Choosing these websites over the others was also due to the credibility of their papers, most of which come from recognized scholars and are highly esteemed, as the number of their citations seems to show. However, the library and other physical sources were useful in

locating information dealing with existential needs and mental health.

Selection Procedure

The reduction process for the selection of the necessary articles followed closely the exclusion criteria. Articles that had titles that did not fit fully the research question were the first to be eliminated, leaving 67 articles. The second phase entailed eliminating publications that were either older or newer than the date stipulated in the inclusion and exclusion criteria. This was done to ensure that the research paper stuck with a comprehensive but reliable time line for information (FinfGeld & Johnson, 2013, p. 4). This led to a reduction of 31 publications, which lowered the number to 36 articles. The third phase of the selection process entailed ensuring the publications fully fit the standards ensured by the inclusion criteria. Since the key words were critical in hand-picking of the necessary research material, any publications that did not provide information critical to the research were eliminated. To ascertain that the publications did not have crucial material, the procedure encompassed going through the introduction including the methodology section, as well as the data findings and conclusion of the paper. This process eliminated 32 articles from the list, leaving only 4 publications that seemed most suitable to provide information on the research question.

Analysis

Analysis procedure

The analysis of the research articles is based on critical appraisal skills program (CASP) .This analysis is important for ensuring several key factors will be discussed within the four articles. The analysis include checking if the articles expecially the article by Stålsett, Austand, Gude and Martinsen, highlighted the impact of existential needs, with the inclusion of being separate from spirituality and religion on patients in mental health or in psychotherapy (2009, p. 29). The critical appraisal skills program is important in this category due to its capability, to ensure that all the chosen publications, had high scientific research standards. An integrative approach will applicated for each publication, in order to view the impact of existential needs, in improving the well-being of

patients in mental health care. The final research data will be examined under analysis to draw out a summary of the conclusions.

Systematic of reviewed articles (CASP)

The Critical Appraisal Skills Program (CASP) provides a methodical analysis for ensuring the quality of the four articles. This process is important for ensuring that these articles have extraordinary scientific research standards. To ensure that the inclusion criteria of the paper is fulfilled, each article has to be reviewed, with the aim to ensure that each article has information that is helpful in ascertaining the impact of existential needs of patients in mental health, and their meaning of life and suffering.

The articles will provide information's that displays the differences between spirituality, religion and existential needs, in order to explain the differences are understood. Previous research is important, such information as the proposals in the logotherapy theory and the salutogenic theory, both provide evidence of the influence of existential needs in improving mental wellbeing (Frankl, 2006). The analysis will have an integrative approach and the examined analysis presented as a summary of the findings. These presentations of findings will be in a tabulated form.

Critical appraisal skills program (CASP) analysis of 4 articles included in the review study

	Fry P. S. (2000).	Galek, K., Flanelly, J. K., Ellison, C. G. & Silton, N. (2015).	Koslander, T., Babosa da Silva, & Roxberg, A., (2009).	Stålsett, G., Gude, T., Rønnestad, H.M., Monsen, T., (2012).
1. Was the review satisfactory in its information basis with regards to the research question?	Yes	Yes	Yes	Yes
2. Is the publication satisfactory in its delivery of subject matter?	Yes	Yes	Yes	Yes
3. Was the authors'	Yes	Yes	Yes	Yes

research question worthy of research?				
4. Does the publication maintain high quality research of the references they have available?	Yes	Yes	Yes	Yes
5. Does the review provide any overall quantitative results for their publication?	Yes	Yes	It is a qualitative research only.	Yes
6. Does the review consider all the necessary outcomes of their research/ come up with a satisfactory conclusion?	Yes	Yes	Yes	Yes
7. Is the information applicable to this research paper?	Yes	Yes	Yes	Yes
8. How accurate are the results?	Accurate according to the research question	Accurate according to the research question	Accurate according to the research question	Accurate according to the research question
9. Was this research worth in terms of intellectual insight to the subject matter?	Yes	Yes	Yes	Yes

Research ethical considerations

This research makes use of publications that are highly acknowledged in the mental health field, due to the extensive research used in the articles. All aspects of research are used to ensure that the general guidelines are followed in ethics research. This includes providing the proper referencing and giving credit for particular assertions that are quoted and borrowed for this research. The researcher ensures that all aspects of the paper are original, that no part of the research is plagiarised and the conclusions are an interpretation of the researcher.

Reliability

The reliability of a paper according to Kelliher (2005) is ‘the consistency or stability of a measure (p. 123). It also states that numerous independent methods are used to come to the same

conclusion; the research paper has better reliability than if the paper has a single methodological approach. Through use of numerous research methodologies, one comes up with a triangulation of the problem (Kelliher, 2005, p. 123). To ensure reliability, this research paper takes note of the importance of starting with a broad thesis question. This allows for the establishment of a systematic data collection strategy that maintains the essentiality of the research. In so doing, the research paper was able to come up with a stronger measure of triangulation. Since the paper does not include differing research methodologies, the integrative literature review model will ensure that its reliability is not diminished in any way.

Validity

Validation is referred to as 'the interpretive understanding of the truth' (Angen, 2005). According to Denzin and Lincoln, the process of triangulation is not a strategy of validation (2005). Rather, it offers a similarity or alternative to validation. Thus, data triangulation is of great importance in single case research (Angen, 2005). This importance is brought about by the need to come up with a fortified validation of the case study since it lacks any cross-reference comparison. To counter this challenge, this paper puts to use multiple data sources, which enable the establishment of a well identified chain of evidence. This will help in strengthening the validity of the paper. The paper also makes use of concrete descriptive data, which I intend to lead the reader to understand the meaning of the research experience. The research experience in question is the impact of existential needs on patients in mental health care. The research paper is thus able to hold validity by using these means.

Own role as researcher

In carrying out research, there are always tendencies of personal predisposition, where the researchers end up providing their own interpretations. This tends to become counterproductive since the researcher should be the interpreter of the information to come up with a satisfactory conclusion. Rather than concentrate on creating an intellectual research project that enlightens both the reader and the research field (Vinch & Lyman, 2000). The researcher also realizes the need to

pre-determine the reasons for research, since these reasons determine the interpretations available. The research avoids any subjective or personal interpretations.

The research aims to understand the impact of existential needs on patients in mental health care, as well as its correlation with the meaning of life and suffering, as well as spirituality and religion. Thus, I aim to provide a succinct research and demonstration of the research question. This is a scientific research that takes an integrative approach. Therefore, I have to take pristine caution in finding of the best publications that provide the most insightful information for the main question. However, this does not foreshadow the fact that I recognize the social element involved within any research. Such interactions indeed should have strengthened the resolve of this paper by providing reflection and motivation.

Strengths and weaknesses of the method

The use of qualitative research has several advantages, especially in integrative research. This approach makes it cheaper to carry out due to the methods necessary for data collection and research evaluation. Another advantage in the use of this method is the quality and quantity of information that it can deliver. Such kind of research entails the use of many resources, which allow the researcher collect the necessary scope of data that will enable a coherent conclusion (Finfgeld & Johnson, 2013, p. 5). It is important to note that this paper relies on secondary sources for the collection of analytical data. Therefore, the paper is wholly based on previous carried research, publications that are scientific and empirical criteria. The correct application of this knowledge will give this thesis enough supporting research, with scientific conclusion.

Some of the disadvantages of using this research method, especially considering it as an integrative literature review include the risk that comes with biasness in terms of literal research (Finfgeld & Johnson, 2013, p. 6). Since the resources are secondary sources, their author might be biased in one direction, creating a rift between empirical research and personal proposals. There is also an element of time limitation within the research framework. Since the resources are guided by a timeline, crucial data might be left out, may lead to a wrong conclusion. The independence of

individuality has to be conforming to the roll of a researcher. Every paper without empirical data is guilty of bias. Consequently, such bias may lead to an incorrect analysis by the researcher. This shows the great importance of empirical research ethics, to ensure a holistic approach to research.

Presentation of the articles

Existential and spiritual needs in mental health care: an ethical and holistic perspective. Koslander et al, (2009).

This study aims at providing enlightenment on the connectedness of existential needs, spiritual needs and mental health care. It mainly looks at the implication of these needs in mental health ethics and the individual wellbeing. It provides a research on whether or not mental health care in the Western world is holistic in its approach to patient needs. The article carries out a research that enables them to determine how successful or unsuccessful Western mental health care systems have been due to their neglect of patient existential needs, as well as spiritual needs. It determines that this neglect is due to the concentration on the physical needs, which leads to a non-holistic approach to mental health care. The article concludes that there is the need to include the existential needs of the patient in order to increase recovery of patients in mental health care.

Existential dynamic therapy (VITA) for treatment – resistant depression with Cluster C disorder: Matched comparison to treatment as usual. Stålsett, G et al, (2012).

This article makes an attempt at studying the impact of including existential and religious needs in the treatment of resistant mental disorders. The article takes into account different existential needs such as the meaning of life, shame and guilt to provide a broader life perspective. In taking these factors into account, the research hopes to prove the hypothesis that this broad setting will provide lower chances of relapse. The research does make use of a mixed-methodological setting that allows for the use of both qualitative and quantitative research. The conclusion from their primary data source shows that that there is an increase in occupational function after the inclusion of existential needs into the mental health care process. The paper

makes the conclusion that the new integrative treatment may provide higher chances of recovery, lower chances of relapse and higher self-representation in the future by patients.

Religion, Meaning and Purpose, and Mental Health. Psychology of Religion and Spirituality. Galek, et al, (2015).

This article aims to examine the relationship between belief in meaning and purpose of life and religious commitment in cases of psychiatric symptoms. The paper hypotheses that there is an interlink between religious belief and meaning and purpose in life, where those who are highly religious but lack a strong sense of coherence are more likely to face mental health issues. They carry out a quantitative research to get hard figures for their hypothesis, and use other previous research to widen the scope of their research. Their results confirm the hypothesis, confirming the strong interrelation between religion and meaning and purpose of life.

Religious involvement, spirituality and personal meaning for life

Existential predictors of psychological wellbeing in community-residing and institutional care elders. Fry P. S. (2000).

This paper carries out a research that tries to prove the influence of external factors such as wealth and resources, income and negative events in the wellbeing of the elderly by using the psychological model of mental health. It also puts into use the assertions of gerontological literature that assert the importance of existential needs such as religion and spiritual needs in the wellbeing of the elderly. The paper uses a hierarchical regression analysis, which leads them to the conclusion that personal meanings, inclusion in religion, inner peace with self and religious sources accessibility were critical to the well-being of the elderly. They also conclude that existential needs that are non-physical in nature such as spirituality and religion have a higher impact on well-being than demographic variables such as social resources.

List of included studies

Author/Year	Title	Purpose of Study	Methodology

Koslander et al, (2009).	Existential and spiritual needs in mental health care: An ethical and holistic perspective	To determine how existential and spiritual needs connect with an individual's mental health and well-being	Qualitative analysis (Literature review)
Stalsett et al, (2010)	Existential issues and representation of God in psychotherapy: A naturalistic study model of 40 patients in the VITA Treatment Model	To determine how the inclusion of particular missing needs (existential needs such as meaning of life, guilt and shame) to conclude whether such patients in mental health care had a higher chance of recovery and less chance of relapse.	Quantitative Review (step-wise hierarchical regression)
Galek et al, (2015).	Religion, Meaning and Purpose and Mental Health	Examines the connection between religious commitment, belief in meaning and purpose in life and psychiatric symptoms among the general public	Quantitative analysis (OLS Regression analysis)
Fry, P. S (2000)	Aging and mental health: Religious involvement, spirituality and personal meaning for life: Existential predictor of psychological wellbeing in community-residing and institutional care elders	carries out a research that tries to prove the influence of external factors such as wealth and resources, income and negative events in the wellbeing of the elderly by using the psychological model of mental health	Quantitative analysis (Step wise hierarchical regression)

Reflections about included studies

This study makes use of scientific data derived from resources that deal with the subject matter of the research, which are existential needs, spiritual and religious needs as well as the meaning in life and in suffering, An integrative review approach is put to use to ensure that the paper gather enough concrete data to ensure consistency of the data. Since it is common for literature reviews to decrease the impact of individual research work, the studies chosen are best if they are diverse since this assist in increasing the research value. The topic question acts as the guideline for choosing the correct studies. To ensure cohesiveness of the paper, the process quality needs to be maintained throughout the paper. This upholds the impact of the research articles in my research.

Ratings of the material concerning methodological quality

Article	Weaknesses	Strengths
Koslander et al, (2009). Existential and spiritual needs in mental health care: an ethical and holistic perspective	The paper concentrates mainly on the Western world, where one might argue that the data is not all-inclusive as in its perceptions of existential needs. This element also faces the challenge in that the paper deals with the topic in a digressive form, which ends up locking critical data to only a particular perspective.	The article also makes use of an integrative literature review and makes use of numerous resources to come up with a satisfactory conclusion. It clearly stipulates the research question and makes the right choices in coming up with a simple, coherent conclusion.
Stålsett, et al, (2012). Existential dynamic therapy (VITA) for treatment – resistant depression with Cluster C disorder: Matched comparison to treatment as usual	A major weakness with this article is its use of particular mental problems, which might be classified as either being in mental health, or in psychiatry. This is because their research is centred on resistant depression and comorbid axis 2 cluster C disorder. This may cause confusion when the researcher intends to carry out a research that is not bound in the boundaries of any particular mental health issue, but as a whole (Elder & Nizette, 2009).	Their research method is gratifying in that it provides first had or primary information. This data is concise, thus providing a good research database since the information is trustworthy and good for referencing when carrying out another study.
Galek et al, (2015). Religion, Meaning and Purpose, and Mental Health. Psychology of Religion and Spirituality.	This study may confuse a researcher who do not understand what the research aims to accomplish. This is due to the fact that this article's research does not aim to specifically prove that religion and other existential needs such as meaning and purpose are important in vigorous mental health, but rather in showing that these factors are negative to those they influence and have little effect on those who do not apply them in their lives.	This data is also quite specific since the researchers of this article carry out a mixed-method research strategy that incorporates both qualitative and quantitative research.
Fry, P. S, (2000). Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders	The paper deals with a particular category of patients in mental health care, the elderly. This categorization is by age. Others may choose to argue that such a research would be unsuitable for the study of existential needs and mental health holistically.	The study provides a deep and concise research that contains solid conclusions. An example is the difference in impact between transcendent existential needs and demographic existential needs.

Conclusion of the material

The material used in this research is also research based, having featured in earlier publications that were also involved in the study of similar topics. The material closely interrelates with the main question of the impact of existential needs considering its similarity and differences with spirituality and religion, and their life meaning and suffering to the wellbeing of mental patients. The relation between the research material and the consequent research questions emanating from the main question is quite clear. This shows that these research materials are in a good capacity to complete this research successfully.

CHAPTER 2

2.0 How patients experience and relate their existential needs to their mental health and their health in general?

Introductory remark

This chapter aims to identify how patients experience and relate their existential needs in relation to their mental health and their health in general. To bring this information to the fore, this analysis will make use of the integrated literature review method to go through the four publications chosen as the major references in relation to answering the thesis question. To be able to come up with an all-encompassing answer to this question, it will be subdivided into two major questions;

1) What is the scope of existential needs to human being?
2) How patients experience and relate their existential needs to their mental health and their health in general?

The scope of existential needs

Koslander et al (2009) define existential needs as 'the necessity of experiencing life as meaningful' (p. 34). Existential needs are the needs that enable an individual to form the ability to bond with other human beings easily since it is a development of the conscious and the unconscious (Beck et al, 2001). Human beings have what is termed as human fundamental needs. Koslander et al, in quoting Baeuchamp (2001), defines these needs as, 'those needs that the person will be harmed or detrimentally affected in a fundamental way if that need is not fulfilled (Koslander et al, 2001, p.35). However, their article realizes that there are two categories of needs as identified by Maslow, which are primary needs and secondary needs. Primary needs mainly consist of the physical requirements for survival, such as food and drink, shelter, warmth and sleep and sexuality (Koslander et al, 2009, p. 35). Secondary needs on the other hand offer humans mental support in

dealing with the world and encompass the will of all beings in their pursuit for understanding meaning in life. They include security and friendship, belonging, acceptance and self-realization, which is the peak experience (Koslander, 2009). Researchers rank existential needs with the secondary category human needs.

The article further identifies existential needs as "the need for peace of mind or a pure conscience or clean conscience, the need of overcoming despair and guilt (Koslander et al, 2009, p. 35). These needs are referred to as existential needs because they offer or are a manifestation of what is the basic human, or simply, human freedom and responsibility (Koslander et al, 2009). Since these needs are regarded as fundamental, they are therefore also universal. For example, lacking the freedom to take action in any situation leads to the feeling of guilt, which highlights itself as an existential need since it brings about guilt to the individual. Existential need in itself has two sides, the first aspect being the positive aspect through which an individual can come up with something constructively. The negative aspect brings about ill health. This is because the positive act is the realization that one has erred in one or another kind of way, through which they might take steps to correct their mistakes by taking responsibility. On the other hand, negative guilt comes about when the individual considers the positive guilt negatively, consequently leading neurotic guilt (Koslander, p. 35).

According to Stålsett et al on the other hand simply define existential needs as the need requirements for feeling, though they do identify that there is a difference between emotions and existential issues (Stålsett et al, 2010, p. 81). Their article identifies existential questions as majorly being meaning, guilt, loneliness and suffering (p. 76), which would lead to the conclusion that these questions also encompass what other researchers would identify as existential needs. Existential needs in their most basic form are described as those needs that provide the meaning of life (Koslander et al, 2009); therefore, what is finding meaning in life? Kathleen Galek et al in their research make use of Viktor Frankl's hypothesis on the meaning of life as the basis for creating their views.

In their article, in quotation of Frankl's ideas, they state that life's meaning is not internal to the self, but rather an external manifestation of the interaction between the individual with the surrounding (Galek et al, 2014, p. 1). According to Frankl, they ascertain, there were three ways of giving meaning to life. The first would be to create a work or carrying out a particular deed, the second was to experience something or having an encounter with someone and the third was determined by the attitude taken by individuals towards unavoidable circumstances such as suffering (Galek, 2009). However, according to Steger et al (2006), as well as Kashdan and Lorentz (2008), a difference exists between the search for meaning in life and the existence of meaning to life (Steger, Frazier, Oishi & Kaler, 2006; Sullivan & Lorentz, 2008).

However, According to Galek's article, in quoting Frankl, there is always a change in someone's meaning to life, though the requirement that this meaning be available is always consistent (Galek et al, 2009, p. 1). They also consider that there are four major concepts emanating from the need for meaning in life. The first is the need to have a sense of purpose in life. The second is the need for efficacy in one's life, or rather to be able to overcome the challenges thrown by life and meet the goals set. The third concept is that of self-worth, which idealizes one as being worthy and with characteristics that are desirable to others. The fourth is the placement of value in deed, which is construed as the placement of worth in every action, thus justifying our actions as good and justified (p. 1). They therefore define existential needs indirectly as the 'coherence and purpose in one' existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment' (Galek, 2009, p. 2).

Therefore, in understanding existential needs, there is always the question of the scope of these needs. Without a doubt, as per the literature given by all the researchers in the field, existential needs in their bare form consist of the mental requirements both conscious and unconscious that drive our need for living (Koslander et al, 2009; Brown, 2001 & Galek, 2014). Through the research, three major concepts seem to arise that characterize our existential needs. The first is the most prevalent, which is the need for meaning in life. According to Koslander et al, as quoted in

their article, the main reason for living is the belief that we have a purpose in this world (Koslander et al, 2009, p. 35). The term world in this context does not refer to just the physical world, but to the people with whom we interact with, such as our families, colleagues and friends, as well as to our preoccupations, whereby people tend to believe that they have the responsibility of uplifting whichever field it is that they find themselves (Brown, 2001). The existential need for finding meaning in life is closely tied to both the religious and spiritual element, which many take to be the best source of answers to existential questions such as the meaning of life. Therefore, in many cases within this research, spiritual needs and religious needs are taken as constituents of existential needs.

Finding meaning in life plays a major role in building our psychosocial strength (Brown, 2001), which is because it determines our perception about our interaction with the world (Galek et al, 2009) and therefore our capacities and capabilities. The meaning of life puts purpose in a human's endeavor, leading to traits such as self-confidence and building the mental capacity of the individual (Brown, 2001). It is indeed a two-way channel since in having purpose and meaning in life, we get to create more purpose by pursuing what we treasure, thus creating a cycle that manifests as a fulfilled life. Many researchers, including P. S. Fry (2000) and Galek et al (2014) believe that there is an interlink between having and finding meaning in life and spirituality or religion. Fry stipulates that religion is a factor closely related spirituality and well-being; and conversely to a fulfilment of existential needs (Fry, 2000, p. 375).

The second concept that emanates from existential needs is the need for security. This need is fulfilled in elements such as having occupations and having economical security (Cullberg, 2003). It is closely linked with having a purpose in life since the fact that a person has a reason for life is a major human motivation for getting up in the morning to pursue one's dreams. Having security in any form, physical or emotional due to socio-economic success gives an individual the peace of mind necessary for high levels of well-being (Fry, 2000, p. 375).

Finally, there is the emanation of the concept of need of fulfilment to give a holistic view of

existential needs. Fulfilment comes from having all elements of the human fundamental needs fulfilled (Koslander et al, 2009, p. 35). Even though primary fundamental needs are not considered as part of the existential needs, they are supportive of the secondary fundamental needs such as security and self-realization, thus assisting in fulfilling the existential needs of the individual. Fulfilment in life brings about mental peace of mind, a clear conscience as well as helping in overcoming guilt due to a failed past and lack of accomplishments, which in essence are part of fulfilled existential needs (Koslander et al, 2009, p. 35).

How do patients in mental health care experience and relate their existential needs to their mental health and health in general?

There are two major ways of defining health, there is the bio-medical perspective, which identifies health as simply the absence of disease (Koslander et al, 2009) and there is the holistic perspective of health. The holistic perspective includes both the physical or biological form of a human being as well as the realization that human beings have values, ambitions and live in a social context to strive and fulfil their live plans and vital goals (Koslander et al, 2009, p. 36). In the biophysical sense, disease is defined as a biological condition that interferes with the normal functioning of a particular organ or organ system in a human body. Therefore, health in this nature would mean the normal functioning of all body organs or organ systems.

> *However, as Nordenfelt describes health from the holistic perspective, 'a person is completely healthy if, and only if that person has the ability, given standard circumstances, to realize all his or her vital goals. The person is unhealthy to some degree, if and only that person, given standard circumstances, cannot realize all his or her vital goals or can only partly realize them' (Nordenfelt, 2001).*

The importance of understanding these two elements of health is important if there is a good chance of realizing the different diagnosis of mental health and increasing chances of recovery. Mental health takes many forms; the more visible form, being chronic and having well known characteristics even to non-practitioners. However, some forms of mental health, such as first and second stage depression, may not be visible to all and if not checked in early stages, may lead to detrimental outcomes such as insanity or even suicide (Gilbert & Evans, 2000). This paper lists

mental health as a part of the holistic health system to give its implications a bigger scope that also encompasses the general health of mental patients.

In understanding health, it is easier to create a synthesis with how patients in mental health care experience their existential needs, which is necessary to increase their chances of recovery. The article *Treading Lightly: Spirituality Issues in Mental Health Nursing* by Claire Wilding et al, carries out a research to try and understand what the relationship is between spirituality and mental healthcare. They carry out a research that involves the administering of questionnaires on six people who suffer from mental illnesses. The participants experienced one of several mental illnesses, including depression, anxiety, bipolar disorder and psychosis (Wilding et al, 2006, p. 145). The main question asked in the interview was when the participants first experienced spirituality in their lives. All the participants had experienced one form of spirituality or another during their lifetime. Their spirituality was not solely based on religion, though religion had played a major role in shaping their spiritual beliefs.

One of the main views given by all the participants was the belief that their spirituality was in transition; it was a journey to discovering more about themselves and the transcendent (Wilding et al, 2006, p. 147). For example, one of the participants, Flynn states of spirituality as thus,

> *"It you journey through life. A lot of things to do with your development spiritually or on the soul level are very subtle, somehow in a subconscious way it affects you. It's a whole learning process right throughout your life, as soon as you grow something; you sort of have something else thrown at you" (Wilding et al, 2006, p. 147).*

The participants in Wilding's research had spiritual knowledge and were actively entwined with it, albeit in a subconscious way to some of them, in that many did not actively participate in any spiritual activity (p. 145). However, their mental illnesses made spirituality a vital part of their lives. As another participant, Bonny, states, *"It was just a story (spirituality), it had not empowered me. However, when I became depressed, it became, ah, relevant I guess,"* (Wilding, 2006, p. 147). His spiral into mental illness was a major reason for him to begin asking himself existential questions such as, *"what is the purpose of my life? What is missing in my life that is making me to feel*

depressed and anxious?" (p. 147). The only way that Bonnie was able to come up with answers to these questions was in finding spirituality.

This research concludes that many patients in mental health care consider their existential needs, especially that of finding purpose and meaning in this life through spirituality as being critical for them to overcome their problem (Wilding et al, 2006). From this example, it is fair to conclude that many patients in mental health care encounter their existential needs during the course of their ailment. Mainly, this is in relation to their mental health, which many of them view as their main reason for asking questions that are transcendent of themselves so that they may find meaning and purpose in their lives (Fry, 2000).

Patients in mental health care also encounter their existential needs during their illness through the people around them. According to Fry, there are external reasons that bring about loss to elderly patients over which they cannot control (p, 376). These include factors such as the loss of work productivity, loss of relationships and the financial strain that comes with these losses. These factors push the aging to an existential vacuum (Koslander et al, p. 34) that breeds hopelessness, fear, despair and existential isolation (Koslander et al, 2009). Through their entrapment in this cycle of existential vacuum, many of them do become highly negated towards life and in essence 'lead on' their mental health stressors, leading to higher levels of mental stress (Fry, p. 375). However, Fry also ascertains that if these elderly patients seek or have the strength, which is as a result of having an individual sense of personal meaning, then they also have the strength to pursue both religious and spiritual involvement and consequently find wholeness in themselves (p. 376). Therefore, external situations often lead to the search for existential needs individually within mental health care of patients and are causative of their experience with existential needs.

Koslander and Arvidsson also ascertain the importance of an existential approach to mental health care. They state that for there to be any changes in the mental health care system then the nurses and other caregivers must inform themselves of ways through which they can introduce elements of spiritualism into the treatment process (Koslander & Arvidsson, 2007, p. 598).

Koslander and Arvidsson also carry out a research that involves the study of 12 patients in mental health care in Sourthern Sweden. The research involved conducting interviews to the patients in their respective mental health ward (p. 599). Some of the mental health issues involved paranoid schizophrenia (3 participants), depression (4 participants), psychosis (3 participants) and alcohol dependent (2 participants). Most of them also had experiences of mental health care for more than 3 years. The aim of their study was to come up with a research that looked at how informed patients were in how spiritual needs were addressed in mental health care.

According to the results of their research shows that their interviewees, all patients in mental health, were positive of the impact of nurses talking to them about spirituality. The patients had discovered that when the nurses addressed their spiritual needs, it helped them in their struggle for better mental health (Koslinder & Arvidsson, 2007. p. 600). One of the participants states that,

> *"I want to talk about it, I think it is very important to figure it out. I feel that if i got help from the nurse, then she would understand what I mean with my thoughts and experience, and then maybe I would get a better understanding of my spiritual life and feel better," (Koslander & Arvidsson, 2007, p. 600).*

Many of the patients feel the need to have their spiritual needs addressed in their treatment with the belief that this would help in their recovery process.

This research shows that the relationship between the experiences that patients in mental health have with their caretakers is important in the healing process. For them to have a good experience of their existential needs in relation to their mental health, then there is a need to have caregivers who are well informed in matters such as spirituality (Koslander et al, 2009). This in turn would help to increase the positive effect that emanates from the experience of functional existential needs of patients in mental health. As Fry concludes, in many of these researchers, there is an existential paradigm where factors such as religious beliefs, spiritual needs and finding higher purpose as important in leading to increased patients experience of the existential and consequently leading to increased rates of recovery (Fry, 2000, p. 383).

Concluding remark

In conclusion, there seems to be a positive correlation between the experience of existential needs and the increase in recovering from mental illness. However, as I found out within the literature review of the research articles, there is little evidence to show any scientific or medical applications for this information. The evidence, most of which comes from the patients' themselves, show that they believe that there is a positive experience with existential needs in relation to their healing process. Research also shows that the people around these patients have a role in impacting the kind of experience the patients have with their existential needs and how these experiences will influence their recovery.

CHAPTER 3

How patients with mental health issues describe their existential needs, how they interlink it with spirituality and religion to find meaning in life and suffering?

Introductory Remarks

The aim of this chapter is to carry out an integrative literature review of the four main research articles and come up with a conclusion of the second research question. The main goal in answering this question is to understand how patients in mental health care understand their existential needs. This would be in relation to religion and spirituality and, in understanding these two aspects, be able to find hope in understanding the meaning to life and suffering. To accomplish this, the main question will be divided into three subsections for clarity. These subsections are;

1) How do patients in mental health care describe their existential needs?
2) What relation do these patients see between their existential needs, religion and spirituality?
3) How does this information assist in defining the meaning of life and understanding of suffering to patients in mental health?
4)

How do patients in mental health care describe their existential needs?

The emergence of mental illness in a patient usually indicates a time when many of these patients draw closer to spirituality (Meadows, 2001). Patients in mental health, just like patients of other chronic ailments, find it of dire importance to get to understand the transcendent (Salzman, 2002). Sommer, Baumeister and Stillman provide an empirical study that tries to determine the reason why such desires arise during traumatizing times. According to their conclusions, there is an indication that events that threaten our wellbeing, possibly our lives, tend to bring about questions of our accomplishments, what purpose we think we had in life and the possibility of what we might find in the next life (Sommer et al, 2012). They ascribe this mainly to the fear of the unknown,

which is the fear of life after death.

Many patients in mental health, as well as other patients with chronic illness consider themselves lucky to have the opportunity to look at the bigger picture so to speak, consider their lives and if given the opportunity, make amends (Shrira et al, 2011). This feeling of a new beginning comes from the realization that unlike many other people in life, they have the chance of survival through making a full recovery. If this does not happen, they would prefer to have their spirits or souls go to a better place by trying to understand the next life (Steger & Park, 2012). As Koslander and Arvidsson's experiments show, many patients would like to get their existential needs catered for in their treatment process (Koslander & Arvidsson, 2007, p. 600-601).

According to Frankl, the meaning in life is most prominent in the service to the world and to others (Frankl, 2006). However, he determines that the main reason for looking for survival is the realization that there is a bigger picture, that we can never do enough to our satisfaction, but that through trying to be good, we become more astute of our inner being (Frankl, 2006). However, there is also an indication that this need for understanding and experiencing existential needs in chronically ill patients also comes from the abandonment that comes with such life changing illnesses (Krause & Ellison, 2007b). Krause and Ellison explain that during such hard times, especially if the treatment becomes a long term process, there is usually the tendency for the patients to feel abandoned by those close to them, leading to loneliness (p. 460). Marsella adds on to this point by stating that there is a connection between the relationships of the patients and their friends and loved ones (Marsella, 2003). According to her hypothesis, any negative feelings especially of relationships that ended bring about depression, especially if the person in question has little interaction with their psyche/soul or spirituality.

These analyses highlight a similar correlation; many chronically ill patients do find existential needs to be important in their healing process. Steger and Kashdan state that having meaning in life inversely relates to psychological distress, which would mean that lack of meaning in life would inversely lead to a psychological wellbeing (Steger & Kashdan, 2013, p. 114). Many

patients indeed do describe existential needs as being crucial to their recovery (Fry, 2000, Koslander et al, 2009). They find that these needs help them to forget their suffering, albeit for a while and focus on building their inner self. A good example of such is a participant in Luboshitzky's research, Sara, who suffers from a major case of depression. Sara states that her major problem when her depression kicked in was the loneliness she had experienced after the death of her husband. To counter it, she states that,

> *"The most valuable occupation in m life is my volunteer work at the hospital. Three years ago, my husband died. I felt lonely, unworthy, and full of self-pity. No one needed me anymore. A year ago, I volunteered to help hospitalized patients. I started to talk with them, to encourage them. I discovered that helping other people is most significant. I feel worthy and needed again. I am looking forward to being discharged and returning to my patients who need me," (Luboshitzky, 2008, p. 31).*

Loss is a major 'push' towards existentialism, however, finding a meaning to life is a major boost to motivate these patients to improve their lives and helps them grow mentally stronger (Krause, 2007). Patients in mental health care describe their existential needs as a necessity for them to quickly and successfully recover from their illness (Gilbert, 2000). There is nowhere more precise than in Koslander and Arvidson's research. In their research, many of their patients describe their existential needs, mostly the spiritual aspect of it, as necessary for their healing and improvement socially and psychologically. One of the participant's states,

> *"I want to talk about it; I think it's very important to figure it out. I feel that if I got help from the nurse, then she would understand what I mean with my thoughts and experiences, and then maybe I would get better understanding of my spiritual life and feel better" (Koslander & Arvidsson, 2007, p. 600).*

From the final part of this participant's statement, he/she seems to have the understanding that in being able to effectively communicate with the nurse, this would help them comprehend his/her spirituality and in so doing, there would be a chance that this would make them feel better, which is both in physical, social and psychological. As earlier research shows, having a positive reading in all these facets of life is pivotal in a human's holistic wellbeing (Galek et al, 2015, p. 2-3).

What relation do these patients see between their existential needs, religion and spirituality?

There is a fine line between existential needs, spiritual needs and religion. The reasons for this seem to be the sense that these three elements are reliant on each other if one were to go by their definitions. Existential needs would make up a summation of the spiritual and the religious due to the definition attributed to it, which simply states that existential needs are simply the need for finding a higher meaning in life (Koslander et al, 2009, p. 34). More complexly, Koslander et al explain existential needs as the need for peace of mind or a clear conscience, as well as the need to overcome despair and guilt (p. 34). Beck describes it as the needs that enable an individual to form the ability to bond with other human beings due to its relation with the development of the conscious and the unconscious (Beck et al, 2001).

Religion on the other hand has a more physical appeal to it, having elements such as culture and structures. Taylor (2002) defines it as an organized entity that involves rituals and practices that can satisfy spiritual needs, but only for some people (Taylor, 2002). Spiritual needs, just like existential needs, have different expressions by patients having different needs for spiritual care giving (Koslander et al, 2009, 35). Taylor provides some examples of spiritual needs as being the need for purpose and meaning in life, the need to feel useful, the need for hope and the need for personal dignity (Taylor, 2002). However, even though spirituality and religion share various common figures, they are not necessarily related (Taylor, 2002).

Further, Koslander et al (2009), states that religious persons mainly interpret their existential and spiritual experiences in religious terms, an example being that a religious person would interpret guilt to themselves and to others as being guilt towards God (p. 34). In a world where health care is dominated by science and technology, both of which promote attention to the physical body (Swinton, 2001); there is a clear realization that patients need more spirituality, religion and existential needs (Scannell, Allen & Burton, 2002). For patients to understand the similarities and differences between these three aspects might assist in simplifying any implementation plans in the

future.

There is also the construct of the element of God, whom some researchers state has a role to play in the healing process in any society where God plays a central role in their lives, even if they consider themselves believers or not (Stålsett et al, 2010). The element of identity development explains the representations of God in an individual (Stålsett, p. 78). Through this interpretation, there is an acknowledgement of the interplay involved in the representations of the self, parents and God (p. 78). Negative relational experiences between parents and children show an influence in psychological illnesses (Stålsett, p. 78), which also influences the development of the representation of God. Stålsett claims that the representation of God and parents in researches carried out show that these representations have an influence in the individual's object world. This means that these representations should be focused in any therapeutic interventions (p. 78).

According to a study by Fry from a previous research carried out by Krause (2003), there is a connection that exists between the meaning in life and religious faith, which directly correlate positively to life satisfaction, self -esteem and optimism (Fry, 2000, p. 376). There is concrete correlation between meaning and purpose with religiousness, which correlates with psychological wellbeing (Steger & Frazier, 2005). According to Fry, if there is a positive relationship in the dimensions of religiosity and spirituality that predict psychological wellbeing, then such information would be critical since it would be helpful in several ways, including;

a. It would improve the general communication between professional service providers and the patients along the lines of enhancing the patient's religious faith, optimism and spiritual involvement.
b. A better understanding of the extent to which patients use religious and spiritual resources that may help caregivers and professionals to reinforce their use of religious coping to pull the patients through the crises
c. The information gained from understanding spiritual and religious resources and their implications would be helpful in enhancing the treatment of not just mental health treatment,

but also in chronic illnesses (Fry, 2000, p. 376).

There is a consensus among researchers and specialists in the field of gerontology that shows that there is a positive correlation between spiritual experiences and physical health with a person's physical health (Fry, p. 375). However, since many researchers also agree that there is a difference between religion and spirituality, it is important to understand the differences, as well as the similarities before coming up with a conclusion. According to the research by Wilding et al (2006), spirituality stands out due to its differences. Their findings indicate that the main reason why people usually identify with religion even when it is spirituality in discussion is the fact that religion has an identifiable basis, with shared beliefs and articulated writings such as the Bible or the Quran, as well as physical activities such as religious ceremonies (Wilding et al, 2006, p. 146).

Even though they share intimate relations with religion, spirituality majorly differs even for people who share the same religion. Their research shows that many of their participants' spiritual beliefs either overshoot what their religion stipulates or are different in one way or another (Wilding et al, 2006, p. 146). Both the spiritual needs and religiosity have a role in the existential paradigm, in that both of them instigate an increased purpose in life by increasing a holistic view of life (Wilding et al, 2006). Therefore, the conclusion would be that patients in mental health care view their existential needs do see their existential needs as being closely related to their religious and spiritual beliefs. Many of them believe that religion and spirituality increase their understanding of the transcendent and increase their knowledge of purpose to their lives and the meaning of their suffering, which many of them believe is important for their recovery (Lopez & Snyder, 2011).

How does this information assist in defining the meaning of life and understanding of suffering to patients in mental health?

According to Koslander et al, from the standpoint of existential psychology, human wellbeing is dependent on whether an individual acknowledges and accepts his or her existential and spiritual needs as genuine (Koslander et al, 2009, p. 35). In traumatic situations, many people find it hard to cope, and end up losing a sense of purpose for this life, which in turn brings about

spiritual deprivation, low motivation and lack of occupational engagement (Kang, 2003). Understanding the meaning of suffering for patients in mental health care may be of assistance in their treatment and recovery process (Stephen, 2014).

In Fry's article, he states that according to some researchers, there is a chance that factors such as a stressful life and socio-demographic factors may not have as much influence on the wellbeing of the elderly as it was thought to have in the past (Fry, 2000, p. 375). However, he reiterates that, "the presence or absence of internally generated personal and existential resources such as accessibility to both formal and informal religious activities and spiritual experiences including; frequency of private prayer and devotion, feelings of closeness to a power greater than oneself, and a well-developed personal meaning for life may be potent predictors of psychological wellbeing in late life," (p. 375). This shows that indeed there is an interrelation between the mental state of a person, which is ensured in having fulfilled existential needs, and the individual's wellbeing.

Understanding suffering is of importance since it gives the patient a chance to consider his/her life choices and discover that there is something bigger in life (Hicks, Trent, Davis & King, 2012). Luboshitzky states that the understanding of the meaning of suffering may help one to overcome self-pity, which entails the asking of questions such as "why me," and instead focus their energies on discovering future directions such as the purpose and goals for life (Luboshitzky et al, 2008, p. 23). Answering such questions would provide the patient with the necessary motivation that would be necessary to enable them to fight mentally for survival (Richards & Bergin, 2005).

The definition by Koslander et al of existential needs is "the need for peace of mind or a pure conscience, the need for overcoming despair and guilt and the need for experience that pertains to the idea that suffering can help one to find meaning and purpose in life" (Koslander et al, 2009, p. 35). The main concepts are 'guilt' and 'suffering,' which are important in helping us to understand the meaning of life and suffering for the patient. Koslander et al determine that one of the main sources of guilt is the incapacity of the patient to practice their fundamental needs (p. 35).

These fundamental needs include the right to human freedom and responsibility. Their research also put the interest of spirituality highly due to the importance it would have in helping the religious patient to overcoming guilt, which would mainly encompass guilt coming from acts regarded as sins (p. 35). Their feeling that they have committed sins leads to guilt and despair due to the shame associated with breaking God's laws (Dowd & Neilson, 2006).

For patients with such beliefs, they would need to seek forgiveness for their sins that would enable them have reconciliation with God (Koslander et al, 2009, p. 35). Stålsett et al contribute to this argument by stating that existential issues such as guilt and shame have an impact on personality pathology and indeed do drive symptoms (Stålsett et al, 2010, p. 77). They continue to state that the little research carried out on guilt related submissive behaviour as well as the influence of this guilt on the severity of depression requires for greater emphasis in psychotherapy (p. 77). These feelings of shame and guilt bring about meaninglessness to life and are characterized by behaviour such as submissive behaviour and relational problems (p. 79). Since guilt and shame lead to higher chances of increased development of mental illness and thus pain, research indicates the need for the patient to consider meta-reflection. Using meta-reflection enables the patient to have a bird's eye view of the individual, including aspects such as relationship roles, inner dynamic and past histories (Stålsett et al, 2010). In so doing, the patient would be able to reduce the pathological shame and guilt and normalize their dilemma, increase self-compassion and therefore enable self-assertion and self-representativeness (p. 80)

According to Galek et al (2015), "a growing body of literature indicates that believing life has meaning and purpose is associated with both religious commitment and psychological well-being," (p. 3). Therefore, due to this synopsis, the line of thinking would be correct if one were to say that for someone to understand suffering; they would have to involve an existential, spiritual and religious dimension to their treatment. Such evidence is clear in an article by Wilding et al, where several of the patients do agree that prior to reviewing their spiritual and existential needs, they were more depressed, but after incorporating a spiritual side, their treatment process became

easier to handle (Wilding et al, 2006).

Concluding Remarks

Understanding the meaning of life and its influence to patients in mental health care is imperative, but is only achievable through ensuring a lasting experience with existential needs. There is a difference between existentialism, spirituality and religion. However, as research shows, this difference is paralleled by the similarity of these three aspects, all of which play a major role in developing the conscious necessary for finding purpose and meaning in life. In finding meaning in life that is purposeful beyond the self, then the individual is able to follow the precepts of anthroposophy, which state that suffering must be handled even in the mental plane by creating an attitude that endorse change. This change would be to become universal in the patient's thinking, leading to the thought of others before their own. In so doing, they will be able to overcome the feeling of hopelessness and asking the question 'why me.'

CHAPTER 4

How existential needs affect users or patients in mental health care and health in general and their coping strategies?

Introductory Remarks

This chapter shall make use of the four main articles as the foundation of its literature review to come up with a satisfactory answer to the third research question. The aim of this research question is to find scientific literature that indicates how existential needs affect patients in mental health care and determine how these patients cope with their ailments to the betterment of their illness. For it to be possible to make a succinct conclusion, this question will be divided into two main subsections, which are;

1. How do existential needs affect patients in mental health?

2. How do/can patients in mental health care use existential needs to assist their coping strategies?

How do existential needs affect patients in mental health care?

Various researches do confirm that there is a correlation between existential needs, and how they affect patients in mental health care and patients with chronic health in general (Greasly et al, 2001). According to Isaia et al (1999), this correlation exists due to the relation between the psychosocial dimension and the wellbeing of the physical body (Isaia, Parker & Murrow, 1999). It is also well proven that being positive mentally plays a major role in a healthy lifestyle (Storch et al, 2001). According to Koslander et al (2009), if a patient's existential needs and spiritual needs, like physical needs, are seen as resources that are to be taken into consideration in health care, then a holistic care approach can be developed (Koslander et al, 2009, p. 34).

Koslander's article articulates that patients who suffer from depression and other various anxiety syndromes usually exhibit signs of fear, despair, hopelessness and existential isolation (p. 34). They also ascertain that for patients of psychotic distress, there is a chance of experiencing a distorted perception system, which in turn causes strange experiences of an existential or spiritual character (p. 34). After their research, Koslander et al find that patients in mental health care interpret and appraise their existential and spiritual needs and sometimes express them or attempt to communicate them in metaphors (p. 39). However, many professionals and caretakers tend to interpret and explain these experiences in a biomedical way, therefore making it very hard for the treatment process (p. 39). This is due to the practitioners thinking that existential and spiritual needs are unnecessary since there is no scientific basis that can exhaustively describe, explain and help understand the existential and spiritual need for health and illness (Koslander et al, 2009, p 39).

According to Stålsett et al, many clients report that religious beliefs are an important part of their life, despite psychotherapists and other professionals rarely addressing the psychological function of religion for therapeutic factors (Stålsett et al, 2010, p. 77). Their research ascertains that to many patients, addressing of existential and spiritual issues during psychotherapy as part of a more culturally sensitive and advanced differential diagnostic evaluation provides a better system of treatment (p. 77). Lack of meaning in life and hopelessness are a major source of the high incidences of depression today (Hammond, 2003). The main reasons that precipitate these kinds of feelings is the lack of any application of existential needs to the daily lives of many patients (MacLaren, 2004). From the research on this paper, it is clear that existential needs are important to the health of the patient.

From the research, the process of effect of existential needs on patients in mental health care is not direct (Van Manen, 1999). The first implication of a lack of satisfaction of existential needs is a drop in the stress handling capacity of the individual (Barusch et al, 1999). Many of them are not in a good position to deal with the stress that arises from their illness, leading to higher levels of

depression. Depression may lead to a loss in purpose of life, which further leads the individual to lack of motivation and even antisocial traits (Beck, 2008). However, providence of existential and spiritual needs provides the individual with a sense of purpose that may help the patient to cope with the demands that come about due to the stress involved.

How do/can patients in mental health care use existential needs to assist their coping strategies?

The definition of illness is all incorporating. It is a complex state, which incorporates many aspects of the individual, including social, physical, emotional as well as spiritual components (Baldacchino et al, 2001, p. 835). Since wellbeing is a unity of all these factors, any lapse in any of these factors may be defined as a form of illness. Therefore, coping is the constantly changing cognitive and behavioral efforts to manage specific internal or external demands that that cause pressure on the individual resources to cope with everyday life (Baldacchino et al, 2001, p. 835). According to this theory, there are two main steps with applying coping strategies by the individual. The first step is to identify the stressors and deciding whether they are threatening or challenging. The second step comes after determining the effect of the stressors in their life, which includes going through the coping strategies and determining whether the strategies are sufficient for coping with the situation (p. 835). According to the article, there are several ways of coping, namely information seeking, direct action, inhibition of action and intrapsychic modes (Baldacchino et al, 2001, p. 835).

The direct-action mode of coping can be through spiritual practices, which include practices such as reflection, increase the relationship with others to ensure support and security, increase the relationship with God to increase self-transcendence. Reflection increases the ‘inward turning’ of the individual in an attempt to understand themselves as spiritual experiences. Increasing faith in God on the other hand assists the individual to go beyond him or herself to attain a higher power, which in turn fulfils their desire for self-completeness. The inclusions of spiritual coping strategies assist the individual to understand the meaning of their lives and their suffering during illness,

which would result in their self-empowerment and help them cope in stressful situations (Baldacchino et al, 2001, p. 835). Spiritual coping strategies are also of importance since they reflect an aspect that the patient may already be accustomed to and this simplifies the treatment process since the healing process becomes integrative and dynamic, increasing hope and motivation towards change (Gilbert & Evans, 2000).

Spirituality is the cornerstone of coping strategies since it is the only route through which caregivers and professionals can understand what is in the mind of the patient (Gilbert & Evans, 2000). From spirituality, researchers confirm that other forms of coping have come up, which include; patients hoping that things would get better, prayer and entrusting all to God, taking control over the situation and maintaining, taking an objective view of the problem, worrying, becoming more accommodating of the situation and trying to figure out ways through which the problem may be solved (Baldacchino et al, 2001, p. 836). The use of intrinsic and extrinsic religiosity are coping strategies that also play an important role in coping, where the intrinsically religious person lives out their beliefs to their own benefit, while extrinsically motivated people use their character to attain transcendent meaning (p. 836).

Other forms of fulfilling existential needs include religious activity such as church attendance, which helps the patient to avoid seclusion and depression due to the social threat the comes with it (Galek et al, 2015, p. 9). Finally, there is great importance in using relationships as a source of coping strategies. Connectedness of patients ensures that they achieve the transcendent self, which is a trait that ensures that the individual is empowered. Empowerment ensures interconnectedness internally by the person understanding themselves through contemplation, which in turn assists the patients to understand their inner selves and therefore acknowledge their strengths and weaknesses. The transcendent self also improves interpersonal relationships, thus increasing the connectedness of the patient with the society, as well as trans-personally with God (Baldacchino et al, 2001, p. 836).

Concluding remark

There is a correlation between existential needs and the mental stability of humans. Research does show that the lack of existential needs does affect patients in mental health care. This includes in aspects such as denying them the connectedness that comes with sharing their existential, spiritual and religious needs with others. In getting the power to move out of the cocoon of their suffering, they are able to find coping strategies that can provide them with the necessary motivation to find purpose in life. These include intrapersonal and interpersonal as well as transpersonal strategies such as contemplation in intrapersonal, social connectedness in intrapersonal and having a connection with God in transpersonal.

CHAPTER 5
Presentation of findings, Discussions and Recommendations

This paper's aim was to determine how patients experience their existential needs in relation to their mental health and health in general. The study clearly shows a correlation between the fulfilment of existential needs and the mental wellbeing of the patient. The findings from this study include the research problem, which is the guidance for the study is used: The impact of existential needs, considering its similarity and differences with spirituality and religion, and their life meaning, suffering to the wellbeing of patients in mental health care.

Presentation of Findings and Discussion

Findings are divided into the three main chapters each on the respective research question.

Findings and Discussion on Research Question 1: *How patients relate their existential needs to their mental health and their health in general?*

The aim of this research question was to identify how patients experienced their existential needs in relation to their mental health and health in general. A literature review of the four main questions was carried out in accordance with the methodology and other secondary sources of data used to ascertain their stipulations. The findings on these questions were;

Though there is a large scope in terms of the descriptions offered for existential needs, basically existential needs were described as 'those needs that the person will be harmed or detrimentally affected in a fundamental way if that need is not fulfilled (Koslander et al, 2001, p.35) as well as "the need for peace of mind or a pure conscience or clean conscience, the need of overcoming despair and guilt (Koslander et al, 2009, p. 35). The conclusion is that existential needs encompass both physical aspects such as the physical body and the social aspect, as well as transcendent aspect such as the mental capacity of the individual (Mohr, 2006).Stålsett et al states that there is a difference between emotions and existential issues (Stålsett et al, 2010, p. 81).

In understanding existential needs and what they encompass, there was a need to identify what the meaning in life was. According to the article by Galek et al quoting Viktor Frankl's work, there were three ways of giving meaning to life. The first would be to create a work or carry out a particular deed. The second is to experience something or having an encounter with someone and the third is determined by the attitude taken by individuals towards unavoidable circumstances such as suffering (Galek, 2009, p. 1). This would be in realization of Frankl's assertion that life's meaning is not internal to the self, but rather an external manifestation of the interaction between the individual with the surrounding (Galek et al, 2014, p. 1). Galek's article states that there are four major concepts emanating from the need for meaning in life. The first is the need to have a sense of purpose in life. The second is the need for efficacy in one's life, or rather to be able to overcome the challenges thrown by life and meet the goals set. The third concept is that of self-worth, which idealizes one as being worthy and with characteristics that are desirable to others. The fourth is the placement of value in deed, which is construed as the placement of worth in every action, thus justifying our actions as good and justified (p. 1).

Therefore, the findings stipulate that there are three main concepts of the experience of existential needs to the patient, the first being the finding of meaning in life, the second the finding the security in life including financial and social security, and finally the finding of fulfilment. Thus, in relation to how the patients experience their existential needs in relation to their mental health, many patients encounter their existential needs during the course of their ailment. Mainly, this is because many of them view their ailment as their main reason for asking questions that are transcendent of themselves so that they may find meaning and purpose in their lives (Fry, 2000). Patients in mental health care also encounter their existential needs during their illness through the people around them. According to Fry, there are external reasons that bring about loss to elderly patients over which they cannot control (p, 376). These include factors such as the loss of work productivity, loss of relationships and the financial strain that comes with these losses.

Findings and Discussion on Research question 2: *How patients with mental health issues describe their existential needs, how they interlink it with spirituality and religion to find meaning in life and suffering?*

This chapter aimed to identify how patients in mental health care identified their existential needs, and how they inter-related these existential needs with spirituality and religion. The aim was to discover how they use this information to find meaning in life and suffering. According to the research, many patients describe their existential needs as a critical element in their treatment (Galek et al, 2015). Patients in mental health care describe their existential needs as a necessity for them to quickly and successfully recover from their illness (Gilbert, 2000). This is because many of them identify their mental health issues as the main reason for their considerations of existential needs (Cohen, 2002). Here, questions such as 'why me' seem to come up, and the only way that these patients can answer such questions is by turning to existentialism, which as per the research is different but closely related to spirituality and religion. Unlike existentialism, religion has a more physical approach since it is an organized entity, but research shows that its main appeal is its capacity to induce spirituality in the individual (Strang, 2002). Spiritual needs on the other hand are identified as the need for meaning in life, the need to feel useful to the society and the need for hope and personal dignity (Taylor, 2002).

The research shows that different individuals identify with their spirituality differently (Strang, 2002). Even though religion play a role in determining the spiritual beliefs of an individual, research also shows that persons sharing similar religious backgrounds usually have differing spiritual outlooks (Thompson, 2002). However, despite these differences, research shows that there is a connection between the meaning in life and religious faith, which directly correlate positively to life satisfaction, self -esteem and optimism (Fry, 2000, p. 376). It also shows that there is a concrete correlation between meaning and purpose with religiousness, which correlates with psychological wellbeing (Steger & Frazier, 2005). Many patients believe that religion and spirituality increase their understanding of the transcendent and increase their knowledge of purpose to their lives and

the meaning of their suffering, which many of them believe is important for their recovery (Lopez & Snyder, 2011). Thus, the conclusion here is that patients in mental health care do understand and describe their existential needs as being important not only in their mental health problems, but also to their lives in general since these needs enable them to have a higher purpose in life and thus accomplish more.

Findings and Discussion on Research question 3: *How existential needs affect users/patients in mental health and health in general and their coping strategies?*

The final research question was meant to identify how existential needs affect patients in mental health care and some of the coping strategies that are available for them. Many researchers do agree that there is a major relation between wellbeing and the mental state of an individual (Bauer & Jenny, 2013). Further, many of them do consider existential needs to be a critical factor for mental stability and thus the wellbeing of the person. The belief is that being positive mentally ensures a healthy lifestyle (Storch et al, 2001). Koslander et al also ascertain that if existential and spiritual needs are to be taken into account in the treatment of patients in mental health care, then there is a chance of developing a holistic care approach (Koslander et al, 2009, p. 34). Koslander's research also shows that patients in mental health care interpret and appraise their existential and spiritual needs and attempt to communicate them in metaphors (p. 39). However, many professionals tend to interpret and explain these experiences in a biomedical way, therefore making it very hard for the treatment process (p. 39). This leads to a negative feedback from the patients' health since they experience an existential vacuum in their treatment process.

According to the salutogenetic model by Antonovsky, the main reason for increase in mental illness is the incapacity by the patient to handle the stress that comes with different tensions in their lives, mainly coming from their mental health state (Eriksson & Lindstrom, 2007). To overcome these stressors and avoid stress due to negative tension, Antonovsky proposes the use of generalized resistance resources (GRRs), which include material or artificial GRRs such as money, emotional

ones such as knowledge, interpersonal relations such as social support and macro-socio-cultural resources such as religion and values (Buber, 2002). The salutogenic model composes of the sense of coherence, which Antonovsky divides into three apparatus, apprehensibility, meaningfulness and manageability.

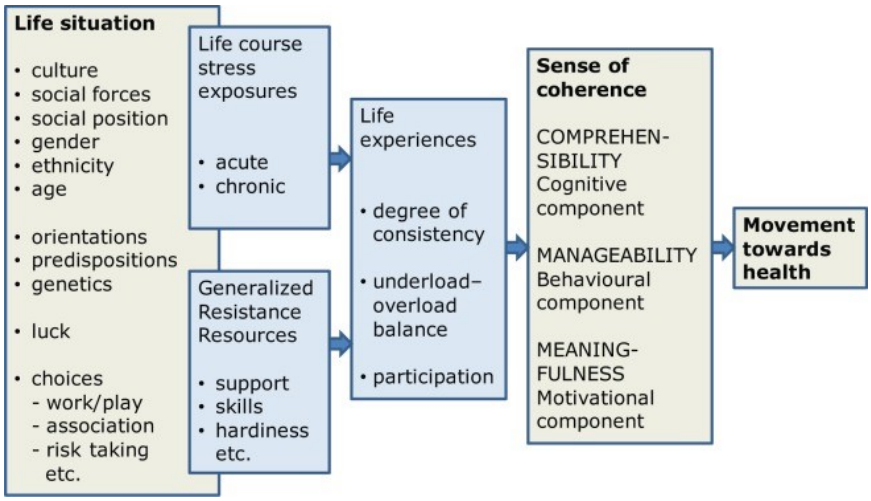

Figure 1: The salutogenic model based on Antonovsky (Benz, Bull, Mittelmark & Vaandrager, n.d).

Viktor Frankl also comes up with the logotherapy model, which assists the individual to come up with ways through which they can cope with mental health. His theory is divided into three components that he believes are capable of curing mental illness. According to these three purposes, the first purpose in the treatment of patients with mental health problems was the patient's capability to find meaning or purpose in their lives (Frankl, 2006). The second way through which patients in mental health care could be cured according to Frankl's theory was the capability by the patients to search for meaning in their lives, which could be accomplished through finding something transcendent to believe in such as God or their faith (Koslander et al, 2009, p. 38).

Thirdly, Frankl believed that patients in mental health care could be cured if they understood that the experience of life and suffering had a meaning, which would give the patients a positive outlook towards life and would help them to be courageous in accepting life despite the challenge of suffering (p. 38). Galek et al also places great importance in activities such as church attendance as an important coping strategy since it gives the patient a chance to mingle with others and assists in

the reduction of stress (Galek et al, 2015). Baldacchino also asserts of the importance of relationships during mental illness, which gives them the empowerment necessary to overcome their illness and find fulfillment during and after illness (Baldacchino et al, 2001).

Conclusion

There is enough evidence from the research to indicate that existential needs are a major determinant of an individual's wellbeing. Existential needs are interlinked with spirituality and religion. These three concepts play a supportive role of each other. Religion, which has the more physical aspect of the three, provides the structures necessary for the growth of spirituality through providing the basis for the spiritual belief system, as well as the support system socially. Spirituality provides the availability of the motivation to find meaning in life by looking at transcendent questions such as the meaning of life and why man faces suffering. In so answering this question, individuals are able to comprehend the generalized form of life, overcome traits that encourage stress and depression such as shame and guilt and build a better foundation for a more active life.

From the research, there is little in terms of application of existential needs in the treatment of patients in mental health care. This is despite numerous researches that indicate that the application of existential needs may improve the recovery of patients. However, research also shows that patients are coming to the realization of the importance of their existential needs and are demanding a holistic approach to their treatment. The research indicates that in incorporating existential needs to the treatment of patients in mental health care, these needs assist in increasing their understanding of existential questions such as why they face suffering. Providing answers to these questions provides the motivation needed to acquire the mental strength to overcome mental illness (Tillich, 2000).

The research also shows the importance of making use of already established models such as Frankl's logotherapy model and Antonovsky's salutogenic model to mental health may help in alleviating further cases of mental health, or at least reduce their impact on the patient. This is

because such models provide information that is aimed at avoiding disease rather than just providing treatment for the disease. These models, as well as other information contained in the reviewed articles such as Galek et al and their conclusion of the importance of church attendance for the religious people offer information that highlights the importance of not only spiritual and religious needs but also existential needs for the wellbeing of both patients in mental health care and man in general.

Recommendations

From the research, there is a clear gap that exists in the treatment of patients in mental health care due to the concentration by practitioners and researchers of mental health on biomedicine. This gap has caused a lack of concrete measures to ensure the treatment of patients in mental health care is successful. Therefore, I would recommend an increase in the study of the impact of existential needs, as well as the incorporation of these needs in the treatment of patients in mental health care. I would also recommend increased study into other aspects of existential needs and how they influence the mental state of the individual, such as for example the importance of socio-economic challenges in the mental state of a person. This information would be helpful in fighting mental disease in the future since it would provide a qualitative and quantitative analogy of how all existential needs affect the human being holistically.

REFERENCES

Alanen, P. (2000). Health sciences, natural sciences and the problem of reduction. In P. Louhiala & S. Stenman (Eds.), *Philosophy meets medicine* (pp. 43-50). Helsinki, Finland: Helsinki University Press.

Ameling, A. & Povilonis, M. (2001). Spirituality, meaning, mental health, and nursing. *Journal of Psychosocial Nursing and Mental Health Services*, *39*, 15–20. doi: 10.1177/0193945905275519

Angen, M.J. (2000). Evaluating interpretive enquiry: reviewing the validity debate and opening the dialogue. *Qualitative Health Research, 10*(3), 378-95. Retrieved from http://qhr.sagepub.com/

Anchin, J.C. (2003). Integratively Oriented Brief psychotherapy: Historical Perspective and Contemporary Approaches. *Journal of Psychotherapy Approaches, 13*(3/4), 219-240. doi: 10.1037/1053-0479.13.3/4.219

Andrews, B., Qian, M. & Valentine, J.D. (2002). Predicting Depressive Symptoms with a New measure of Shame: The Experience of Shame Scale. *British Journal of Clinical Psychology, 41,* 29–42. doi:10.1348/014466502163778

Astrow, A. B., Pucbalski, C. M., & Sulmasy, D. P. (2001). Religion, spirituality, and health care: Social, ethical, and practical considerations. *The American Journal of Medicine, 110*(4), 283-287. Retrieved from http://www.amjmed.com/

Baldacchino, D., & Draper, P. (June 01, 2001). Spiritual coping strategies: a review of the nursing research literature. *Journal of Advanced Nursing, 34*(6), 833-841. doi:10.1046/j.1365-2648.2001.01814.x

Baker, M. J. R. (2000). Religious Commitment and the Construal Sources of help for Emotional Problems. *British Journal for Medical Psychology, 73(3),* 289–301. doi:10.1348/000711200160471

Barker, P. & Buchanan-Barker, P. (2004). *Spirituality and Mental Health: Breakthrough*.

London: Whurr.

Barusch, A.S., Rogers, A. & Abu-Bader, S.H. (1999). Depressive symptoms in frail elderly: physical and psychosocial correlates. *International Journal of Aging andHuman Development*, *49*, 107-125.

Basavanthappa, B. T. (2007). *Psychiatric mental health nursing*. New Delhi: Jaypee Brothers.

Bauer, G. F., & Jenny, G. J. (2013). *Salutogenic organizations and change: The concepts behind organizational health intervention research*. Dordrecht: Springer. Retrieved from http://www.springer.com/us/book/9789400764699

Bauer G. F., Jenny G. J. (2012). Moving towards positive organisational health: Challenges and a proposal for a research model of organisational health development. In:Houdmont J., Leka S., Sinclair R., editors. Occupational Health Psychology: European Perspectives on Research, Education and Practice. Oxford, UK: Wiley-Blackwell; 2012. p. 126-145. Retrieved from https://books.google.com/books?hl=en&lr=&id=irKFL-Yonk8C&oi=fnd&pg=PA126&ots=POsTUOchYK&sig=2lcdrvDW1nWUQF-430KqplJ1eTs

Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics*. New York and Oxford, UK: Oxford University Press.

Beck, A. T., & Rector, N. A. (2002). Delusions: A cognitive perspective. *Journal of Cognitive Psychotherapy, 16,* 455–468. Retrieved from http://www.ingentaconnect.com/content/springer/jcogp

Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *The American Journal of Psychiatry, 165*(8), 969–977. doi:10.1176/appi.ajp.2008.08050721

Beck, A. T., Butler, A. C., Brown, G. K., Dahlsgaard, K. K., Newman,C. F., & Beck, J. S. (2001). Dysfunctional beliefs discriminate personality disorders. *Behaviour Research and*

Therapy, 39, 1213–1225. Retrieved from http://homepage.psy.utexas.edu/HomePage/Class/Psy394Q/Behavior%20Therapy%20Class/Assigned%20Readings/Personality%20Disorders/Beck01.pdf

Benz, C, Bull, T., Mittelmark, M., & Vaandrager. L., (n.d). *Culture in salutogenesis: the scholarship of Aaron Antonovsky.* Retrieved from https://www.scienceopen.com/document/vid/28687e04-c567-498f-ac8b-0be8f054c36e

Borkovec, T.D., M.G. Newman, A.L. Pincus & R. Lytle (2002). A component analysis of cognitive- behavioural therapy for generalized anxiety disorder and the role of interpersonal problems. *Journal of Consulting and Clinical Psychology, 70,* 288–298. doi:10.1037//0022-006X.70.2.288

Brown, C. (2001). Introduction: Recovery and Wellness: Models of hope and empowerment for people with mental illness. *Occupational Therapy in Mental Health*, 77(3-4), 1-3. doi:10.1300/J004v17n03_01

Catanzaro, A. & McMullen, K. (2001). Increasing nursing students' spirituality sensitivity. *Nurse Educator*, *26*, 221–226. doi:10.1097/00006223-200109000-00011

Castro, F., Kellison, J., Boyd, S., & Kopak, A. (2010). A methodology for conducting integrative mixed methods research and data analyses. *Journal of Mixed Methods Research, 4(*4), 342-360. doi:10.1177/1558689810390217

Clarke, J. (2010). Body and soul in mental health care. *Mental Health, Religion & Culture, 13(*6), 649-657. doi:10.1080/13674676.2010.488416

Cullberg, J. (2003). *Dynamic psychiatric in theory and practice.* Stockholm, Sweden: Natur och Kultur.

Deegan, E. P. (2001). Recovery as a self-directed process of healing and transformation. *Occupational Therapy in Mental Health, 77*(3-4), 5-21. doi:10.1300/J004v17n03_02

Denzin, N.K. & Lincoln, Y.S. (2003). Strategies of qualitative research, CA: Sage Publications Inc.

Dowd, E. T. & Neilson, S. (2006). *The Psychologies in Religion: Working with the Religious Client.* New York: Springer.

Draper, P. & McSherry, W. (2002). Editorial. *Journal of Advanced Nursing*, *39*, 1. DOI: 10.1046/j.1365-2648.2002.02285.x

Eisenberger, N. I., Lieberman, M. D., & Williams, K. D. (2003). Does rejection hurt? An FMRI study of social exclusion. *Science, 302,* 290–292. doi:10.1126/science.1089134

Ellison, C. G., Fang, Q., Flannelly, K. J., & Steckler, R. A. (2013). Spiritual struggles and mental health: Exploring the moderating effects of religious identity. *International Journal for the Psychology of Religion, 23,*214–229. doi:10.1037/a0037887

Elder, R., Evans, K., & Nizette, D. (2009). *Psychiatric and mental health nursing*. Sydney: Mosby Elsevier.

Epstein, R.S. (2001). The Role of Shame in understanding and Treating Depression. *Psychiatry, 64,* 212–24. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11708048

Erickson, M. (2007). Territory, rank and mental health: The history of an idea. *Evolutionary Psychology, 5,* 531–554. doi: 10.1177/147470490700500305

Eriksson, M. & Lindström, B. (2007). Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review. *Journal of Epidemiology &amp Community Health, 61*(11): 938-944. doi:10.1136/jech.2006.056028

Francis, L. J. (2000). The relationship between bible reading and purpose in life among 13–15-year-olds. *Mental Health, Religion & Culture, 3,* 27–36. doi:10.1080/13674670050002072

Frankl, V. E. (2006). *Man's search for meaning*. Boston: Beacon Press. Retrieved from http://www.beacon.org/Mans-Search-for-Meaning-P1048.aspx

Finfgeld-Connett, D., & Johnson, E. D. (2013). Literature search strategies for conducting knowledge-building and theory-generating qualitative systematic reviews. *Journal of Advanced Nursing, 69(*1), 194-204. doi:10.1111/j.1365-2648.2012.06037.x

Forsyth, D.R. & T.R. Elliott (1999). Group Dynamics in the Development and Maintenance of Psychological Problems. In R.M. Kowalski & M.R. Leary (Eds.), *The Social Psychology of Emotional and Behavioral Problems: Interfaces of Social and Clinical Psychology* [pp. 339–361]. Washington, DC: American Psychological Association.

Foster, S.L. & E.J. Mash (1999). Assessing Social Validity in Clinical Treatment Research: Issues and Procedures. *Journal of Consulting and Clinical Psychology, 67,* 308–319. Retrieved from http://homepage.psy.utexas.edu/HomePage/Class/Psy394Q/Research%20Methods/Assigned%20readings/Validity%20lecture/socialvalidyofclinresearch.pdf

Fry, P.S. (1999a). *Linking qualitative and quantitative methods in longitudinal research on constructs and structure of psychological well-being in late life*. Trinity Western University, Langley, BC.

Fry P. S. (2000). Religious involvement, spirituality and personal meaning for life: Existential Predictors of psychological wellbeing in community-residing and institutional care elders, *Aging & Mental Health, 4*(4), 375-387. doi:10.1080/713649965

Gage, M. (2000). Reengineering of health care: Opportunity or threat for occupational therapy. In C.R.P. Fleming (Ed.), *Proactive approaches in psycliosocial occupational therapy,* (pp. 9-18). Thorofare, NJ: Sla

Galek, K., Flanelly, J. K., Ellison, C. G. & Silton, N. (2015). *Religion, Meaning and Purpose, and Mental Health. Psychology of Religion and Spirituality. American Psychological Association ,* 7(1), 1–12. doi:10.1037/a0037887

Gilbert, M. C., Evans, K.. (2000). *Psychotherapy Supervision*. Open University Press.

Gottschalk, L.A. (2001). On Shame, Shame-Depression and other Depressions. *Psychiatry, 64 (3),* 225–227. doi:10.1521/psyc.64.3.225.18465

Greasley, P., Chiu, L. & Gartland, M. (2001). The concept of spiritual care in mental health nursing. *Journal of Advanced Nursing*, *33*, 629–637.

Gude, T., T. Moum, E. Kaldestad & S. Friis (2000). Inventory of Interpersonal Problems: A Three- Dimensional Balanced and Scalable 48-item Version. *Journal of Personality Assessment, 74,* 296–310. doi:10.1046/j.1365-2648.2001.01695.x

Gude, T. & P. Vaglum (2001). One-year follow- up of patients with cluster c personality disorders: a prospective study comparing patients with "pure" and comorbid conditions within cluster c, and "pure" c with "pure" cluster a or b conditions. *Journal of Personality Disorders, 15,* 216–228. doi:10.1521/pedi.15.3.216.19210

Hanson, A. (2007). *Workplace health promotion: A salutogenic approach*. Bloomington, IN: AuthorHouse. doi:10.1007/s10389-008-0231-8

Henery, N. (2003). Constructions of spirituality in contemporary nursing theory. *Journal of Advanced Nursing*, *42*(6), 550–557. doi:10.1046/j.1365-2648.2003.02658.x

Herberman, R. (2002). Stress, natural killer cells, and cancer. In H. G. Koenig & H. J. Cohen (Eds.), *The link between religion and health: Psychoneuroimmunology and the faith factor* (pp. 69-83). Oxford, UK: Oxford University Press.

Hesook, S. K. (2006). The concept of holism. In S. K. Hesook & I. Kollak (Eds.), *Nursing theories: Conceptual and philosophical foundations* (pp. 89-108). New York: Springer.

Hicks, J. A., Cicero, D. C., Trent, J., Burton, C. M., & King, L. A. (2010). Positive affect, intuition, and feelings of meaning. *Journal of Personality and Social Psychology, 98,* 967–979. doi:10.1080/17439760.2013.772220

Hicks, J. A., & King, L. A. (2008). Religious commitment and positive mood as information about meaning in life. *Journal of Research in Personality, 42*(1), 43–57. doi:10.1016/j.jrp.2007.04.003

Hicks, J. A., Trent, J., Davis, W. E., & King, L. A. (2012). Positive affect, meaning in life, and future time perspective: An application of socioemotional selectivity theory. *Psychology and Aging, 27*(1), 181–189. doi:10.1037/a0023965

Hilton, C., Ghaznavi, F., & Zuberi, T. (2002). Religious beliefs and practices in acute mental

health patients. *Nursing Standard, 16*(38), 33-36. Retrieved from http://dx.doi.org/10.7748/ns2002.06.16.38.33.c3204

Hinds, A. L., Woody, E. Z., Drandic, A., Schmidt, L. A., Van Ameringen, M., Coroneos, M., & Szechtman, H. (2010). The psychology of potential threat: Properties of the security motivation system. *Biological Psychology, 85,* 331–337. doi:10.1016/j.biopsycho.2010.08.003

Holmes, J. D., & Hardin, S. I. (2009). Religiosity, meaning in life, and clinical symptomology: A comparison of African-American and European-American college students. *Journal of College Student Psychotherapy, 23*(2), 103–117. doi:10.1080/87568220902743199

Holm, N. G. (2004). Holiness and wholeness: Some religious psychological views on spirituality. In J. V. Hugaas, J. K. Hummelvoll, & H. M. Solli (Eds) Oslo, Norway: Unipub (pp. 167-182).

Hooker, S., & Bekelman, D. B. (2015). Spiritual and Existential Issues. Springer London : Springer

Isaia, D., Parker, V. & Murrow, E. (1999). Spiritual well-being among older adults. *Journal of Gerontological Nursing*, *25*(8), 15–21. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/10711102?dopt=Abstract

Jackson, L. E., & Coursey, R. D. (1988). The relationship of God control and internal locus of control to intrinsic religious motivation, coping and purpose in life. *Journal for the Scientific Study of Religion, 27*(3), 399–410. doi:10.2307/1387378

Jewell, A. (2010). The importance of purpose in life in an older British Methodist sample: Pastoral implications. *Journal of Religion, Spirituality & Aging, 22,* 138–161. doi: 10.1080/15528030903321170

Kang, C. (2003). A psychospiritual integration frame of reference for occupational therapy. Part 1: Conceptual *foundation. Australian Occupational Therapy Journal, 50*(2), 92-103. doi:10.1046/j.1440-1630.2003.00358.x

Kelliher, F. (2005). *Interpretivism And The Pursuit Of Research Legitimisation: An Integrated Approach To Single Case Design*. The Electronic Journal of Business Research Methodology, 3 (2). pp. 123-132. ISSN 1477-7029.) Academic Conferences Ltd.

Kernberg, O.F. (2000). Psychoanalytic Perspectives on the Religious Experience. *Journal of Psychotherapy, 54*(4), 453–476. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11315684

King, L. A., & Hicks, J. A. (2012). Positive affect and meaning in life. The intersection of hedonism and eudiamonia. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed.,pp. 125–142). New York, NY: Routledge; Taylor & Francis.

Klinger, E. (2012). The search for meaning in evolutionary goal-theory perspective and its clinical implications. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 23–56). New York, NY: Routledge; Taylor & Francis.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health.* New York: Oxford University Press.

Koslander, T., Babosa da Silva, A., & Roxberg, A. (2009).Existential and spiritual needs in mental health care: an ethical and holistic perspective. *Journal of Holistic Nursing, 27*(1), 34-42. doi:10.1177/0898010108323302

Koslander, Tiburtius, & Arvidsson, Barbro. (2007). *Patients' conceptions of how the spiritual dimension is addressed in mental health care : a qualitative study*. Halmstad University, School of Social and Health Sciences (HOS.

Krause, N. (2003). Religious meaning and subjective well-being in late life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 58*(3), S160–S170. doi:10.1093/geronb/58.3.S160

Krause, N. (2007a). Evaluating the stress-buffering function of meaning in life among older people. *Journal of Aging and Health, 19*(5), 792–812. doi: 10.1177/0898264307304390

Krause, N. (2007b). Longitudinal study of social support and meaning in life. *Psychology and Aging, 22*(3), 456–469. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/17874947

Krause, N., & Ellison, C. G. (2009). The doubting process: A longitudinal study of the precipitants and consequences of religious doubt in older adults. *Journal for the Scientific Study of Religion, 48*(2), 293–312. doi:10.1111/j.1468-5906.2009.01448.x

Krause, N., Ingersoll-Dayton, B., Ellison, C. G., & Wulff, K. M. (1999). Aging, religious doubt, and psychological well-being. *The Gerontologist, 39*(5), 525–533. doi:10.1093/geront/39.5.525

Krause, N., & Wulff, K. M. (2004). Religious doubt and health: Exploring the potential dark side of religion. *Sociology of Religion, 65*(1), 35–56. doi:10.2307/3712506

Lee, A. V. (2005). *Coping with disease*. New York: Nova Science Publishers.

Lincoln, V. (2000). Ecospirituality: A pattern that connects. *Journal of Holistic Nursing*, *18*(3), 227–244. doi: 10.1177/089801010001800305

Lopez, S. J., & Snyder, C. R. (2011). *Oxford handbook of positive psychology*. New York: Oxford University Press.

Luboshitzky, D. (2008). Exploring the Spiritual Meaning of Suffering: A Strategy of Self-Help Recovery and Hope. *Occupational Therapy in Health Care, 22*(1), 21-38. doi:10.1080/J003v22n01_03

MacLaren, J. (2004). A kaleidoscope of understandings: Spiritual nursing in a multi-faith society. *Journal of Advanced Nursing*, *45*(5), 457–462. doi:10.1111/j.1365-2648.2004.2929_1.x

Mascaro, N., & Rosen, D. H. (2005). Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of Personality, 73*(4), 985–1014. doi:10.1111/j.1467-6494.2005.00336.x

Moore, K. A., & Gee, D. L. (2003). The reliability, validity, discriminant and predictive properties of the social phobia inventory (SoPhi). *Anxiety, Stress & Coping, 16*(1), 109–117. doi:10.1080/1061580021000057068

Marsella, A. J. (February 01, 2003). Cultural Aspects of Depressive Experience and Disorders. *Online Readings in Psychology and Culture, 10*(2). Retrieved from http://dx.doi.org/10.9707/2307-0919.1081

Meadows, G. (2001). Spirituality and mental health practice. In: G. Meadows & B. Singh (Eds). *Mental Health in Australia* (p. 40). South Melbourne, Australia: Oxford University Press.

Mental Health Foundation. (2002). *Taken Seriously: The Somerset Spirituality Project*. London: Mental Health Foundation. Retrieved from http://www.mentalhealth.org.uk/publications/taken-seriously/

Merces, A. M. F., Souza, B. M. L., da, S. T. L., Silva, T. T. M., & Cavalcanti, A. M. T. S. (January 01, 2015). Nursing practices in mental health in the family health strategy: Integrative review. Cogitare Nursing*, 20,* 2, 417-425.

Meyer; B. & C.S. Carver (2000). Negative Childhood Accounts, Sensitivity, and Pessimism: A Study of Avoidant Personality Disorders Features in College Students. *Journal of Personality Disorders, 14,* 233–248.

McAdams, D. P. (2012). Meaning and personality. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 107–123). New York, NY: Routledge; Taylor & Francis.

McDonald, M. J., Wong, P. T. P., & Gingras, D. T. (2012). Meaning-in-life measures and the development of a brief version of the personal meaning profile. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 357-382). New York, NY: Routledge; Taylor & Francis.

McSherry, W. (2000). Education issues surrounding the teaching of spirituality. *Nursing Standard*, *14*, 40–43. Retrieved from

http://journals.rcni.com/doi/pdfplus/10.7748/ns2000.07.14.42.40.c2875

MILLER,W.R. (Ed.) (1999). *Integrating spirituality into treatment*. Washington, DC:American Psychological Association.

Milstein, G., E. Midlarsky, B.G. Link, P.J. Raue & M.L. Bruce (2000). Assessing Problems with Religious Content: A Comparison of Rabbiesand Psychologists. *Journal of Nervous and Mental Disease, 188*(9), 608–615. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11009335?dopt=Abstract

Mohr, W. K. (2006, August). Spiritual issues in psychiatric care.*Perspectives in Psychiatric Care, 42*, 174-183. Nathan, M. M. (2004). A study of spiritual care in mental health practice.*Nurse 2 Nurse Magazine, 4*, 49-53.

Olson, R. P. (2006). *Mental health systems compared: Great Britain, Norway, Canada, and the United States*. Springfield, Ill: Thomas.

Panksepp, J. (2005). Affective consciousness: Core emotional feelings in animals and humans. *Consciousness and Cognition, 14*(1)*,* 30–80. doi: 10.1016/j.concog.2004.10.004

Park, C. L. (2005). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 295–314). New York, NY: Guilford Press.

Park, C. L., & Edmondson, D. (2012). Religion as a source of meaning. In P. R. Shaver & M. Mikulincer (Eds.), *Meaning, mortality, and choice: The social psychology of existential concerns* (pp. 145–162). Washington, DC: American Psychological Association.

Peterson, C., & Park, N. (2012). Character strengths and the life of meaning. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 277–296). New York, NY: Routledge; Taylor & Francis.

Piper, W.E. & S.C. Duncan (1999). Object-Relations Theory and Short-term Dynamic Psychotherapy: Findings from the Quality of Object Relations Scale. *Clinical Psychology Review, 19*(6),669–685. Retrieved from http://dx.doi.org/10.1016/S0272-7358(98)00080- 4

Pieper, T.Z.J. & H.M. Van Uden (2000). Religious and Spiritual Needs of Psychiatric Inpatients.

Clinical Issues. *8th Symposium*

Price, J. S., Gardner R., Jr., Wilson, D. R., Sloman, L., Rohde, P., & Erickson, M. (2007). Territory, rank and mental health: The history of anidea. *Evolutionary Psychology, 5,* 531–554.

Price, J. S., Gardner, R., Jr., & Erickson, M. (2004). Can depression, anxiety and somatization be understood as appeasement displays? *Journal of Affective Disorders, 79(1-3),* 1–11. Retrieved from http://dx.doi.org/10.1016/S0165-0327(02)00452-4

Rabin, B. S. (2002). *Understanding how stress affects the physical body*. In H. G. Koenig & H. J. Cohen (Eds.), *The link between religion and health: Psychoneuroimmunology and the faith factor* (pp. 43-68). Oxford, UK: Oxford University Press.

Richards, P.S. & A.E. Bergin (2000). *Handbook of Psychotherapy and Religious Diversity*. Washington DC: American Psychological Association Press.

Richards, P.S. & A.E. Bergin (2005). *A Spiritual Strategy for Counseling and Psychotherapy, Second Edition*. Washington DC: American Psychological Association Press.

Robbins, M., & Francis, L. J. (2000). Religion, personality, and well-being: The relationship between church attendance and purpose in life. *Journal of Research on Christian Education, 9,* 223–238. Retrieved from http://www.andrews.edu/services/jrce/

Salzman, M. (2002). *Lying Awake*. London: Bloomsbury Publishing.

Sane Australia. (2000). Mental illness and religion. *SANE News*, *Autumn* (14), 4–5. Retrieved from https://www.sane.org/information/sane-news

Scannell, E. D., Allen, F. C. L., & Burton, J. (2002). Meaning in life and positive and negative well-being. *North American Journal of Psychology, 4,* 93–112.

Shmotkin, D., & Shrira, A. (2012). On the distinction between subjective well-being and meaning in life. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 143–163). New York, NY: Routledge; Taylor & Francis.

Shrira, A., Palgi, Y., Ben-Ezra, M., & Shmotkin, D. (2011). How subjective well-being and meaning in life interact in the hostile world? *The Journal of Positive Psychology, 6*(4), 273–285. doi:10.1080/17439760.2011.577090

Silton, N. R., Flannelly, K. J., Ellison, C. G., Galek, K., Jacobs, M. R., Marcum, J. P., & Silton, F. (2011). The association between religious beliefs and practices and end-of-life fears among members of the Presbyterian Church (U.S.A). *Review of Religious Research, 53,* 357–370.

Silton, N. R., Flannelly, K. J., Galek, K., & Ellison, C. G. (2014). Beliefs about God and mental health among American adults. *Journal of Religion & Health*, 53 (5), 1285-1296. doi:10.1007/s10943-013-9712-3

Silton, N. R., Flannelly, L. T., Flannelly, K. J., & Galek, K. (2011). Toward a theory of holistic needs and the brain. *Holistic Nursing Practice, 25*(5)*,* 258–265. doi:10.1097/HNP.0b013e31822a0301

Sommer, K. L., Baumeister, R. F., & Stillman, T. F. (2012). The construction of meaning from life events: Empirical studies of personal narratives.In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 297–314). New York, NY: Routledge; Taylor & Francis.

Spilka, B., Hood, R. W., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion: An empirical approach* (3rd ed.). New York, NY: Guilford Press.

Stålsett, G., Austand, A., Gude, T., & Martinsen, E., (2010). Existential issues and representations of God in psychotherapy: A naturalistic study of 40 patients in the vita treatment model. *Psyche & Geloof, 21*(2), 76-91.

Stålsett, G., Gude, T., Rønnestad, H.M., Monsen, T., (2012). Existential dynamic therapy ("VITA") for treatment-resistant depression with Cluster C disorder: Matched comparison to treatment as usual. *Psychotherapy Research, 22*(5), 579-591. doi:10.1080/10503307.2012.692214

Steger, M. F., & Frazier, P. (2005). Meaning in life: One link in the chain from religiousness to

well-being. *Journal of Counseling Psychology, 52(4),* 574–582. doi:10.1037/0022-0167.52.4.574

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53*(1), 80–93. doi: 10.1037/0022-0167.53.1.80

Steger, M. F., & Kashdan, T. B. (2013). The unbearable lightness of meaning: Well-being and unstable meaning in life. *The Journal of Positive Psychology, 8*(2), 103–115. doi: 10.1080/17439760.2013.771208

Steger, M. F., Kashdan, T. B., Sullivan, B. A., & Lorentz, D. (2008). Understanding the search for meaning in life: Personality, cognitive style, and the dynamic between seeking and experiencing meaning. *Journal of Personality, 76*(2), 199–228. doi: 10.1111/j.1467-6494.2007.00484.x

Steger, M. F., & Park, C. L. (2012). The creation of meaning following trauma: Meaning making and trajectories of distress and recovery. In R. A. McMackin, E. Newman, J. M. Fogler, & T. M. Keane (Eds.), *Trauma therapy in context: The science and craft of evidence-Based practice* (pp. 171–191). Washington, DC: American Psychological Association.

Stephen J. (2014). *Positive psychology in practice*. Hoboken: John Wiley and Sons.

Storch, E. A., Ameling, A. & Povilonis, M. (2001). Response to 'Spirituality, meaning, mental health, and nursing'. *Journal of Psychosocial Nursing and Mental Health Services*, *39*, 10.

Strang, S. (2002).*Spiritual/existential issues in palliative care*. Unpublished doctoral dissertation, Department of Oncology, Göteborg University, Sweden.

Strang, S., Strang, P., &Ternestedt, B.-M. (2002). Spiritual needs as defined by Swedish nursing staff. *Journal ofClinical Nursing, 11*, 48-57.

Sulmasy, D. P. (2010). *The Rebirth of the Clinic: An Introduction to Spirituality in Health Care*. Washington: Georgetown University Press.

Swinton, J. (2001). Mental health care: Rediscovering a forgotten dimension. London: Jessica Kingsley.

Swinton, J. & Narayanasamy, A. (2002). Response to 'A critical view of spirituality and spiritual assessment'. *Journal of Advanced Nursing*, *40*, 158–160. doi:10.1046/j.1365-2648.2002.02401.x

Tanyi, R. A. (2002). Towards clarification of the meaning of spirituality. *Journal of Advanced Nursing*, *39*(5), 500–509. doi:10.1046/j.1365-2648.2002.02315.x

Taylor, E. J. (2002). *Spiritual care: Nursing theory, research, and practice*. Upper Saddle River, NJ: Prentice Hall.

Teasdale, J.D., R.G. More, H. Hayhurst, M. Pope, S. Williams & Z.V. Segal (2002). Metacognitive Awareness and Prevention of Relapse in Depression: Empirical Evidence.*Journal of Consultingand Clinical Psychology, 70,* 275–287.

Thoits, P. A. (2012). Role-identity salience, purpose and meaning in life, and well-being among volunteers. *Social Psychology Quarterly, 75*(4)*,* 360–384. doi:10.1177/0190272512459662

Thompson, I. (2002). Mental health and spiritual care.*Nursing Standard, 17*, 33-38.

Tillich, P. (2000). *The courage to be*. New Haven, CT: Yale University Press.

Tonigan, J.S., Toscova, R.T. & Connors, G.J. (1999). Spirituality and the 12 step programs. In:W. R. MILLER (Ed.), *Integ rating spir ituality into treatment* (pp. 111± 132). Washington, DC: American Psychological Association.

Van Manen, M. (1999). Foreword. In: I. Madjar & J. A. Walton (Eds). *Nursing and the Experience of Illness: Phenomenology in Practice* (pp. v–xvi). St. Leonards, Australia: Allen & Unwin.

Verghese, Abraham. (2008). *Spirituality and Mental Health.* Indian Journal of Psychiatry, 50 (4), 233-237. doi:10.4103/0019-5545.44742

Vinch, A. J., & Lyman, S. M. (2000). Qualitative methods: Their history in sociology and anthropology. In N. K.

Walton, J. (1999). Spirituality of patients recovering from an acute myocardial infarction: A grounded theory study. *Journal of Holistic Nursing*, *17*(1), 34–53. doi:10.1177/089801019901700104

Walton, J. & Sullivan, N. (2004). Men of prayer: Spirituality of men with prostate cancer. *Journal of Holistic Nursing*, *22*, 133–151. doi: 10.1177/0898010104264778

White, P. (2005). Beyond the biomedical to the biopsychical: Integrated medicine. In P. White (Ed.), *Biopsychosocial medicine: An integrated approach to understanding illness* (pp. 225-234). Oxford, UK: Oxford University Press.

Winter, S. (Ed.). (1999). *Health and human rights*. Report from the European

Wilding, C., Muir-Cochrane, E., & May, E. (2006). Treading lightly: Spirituality issues in mental health nursing. *International Journal of Mental Health Nursing, 15(*2), 144-152. doi: 10.1111/j.1447-0349.2006.00414.x

Wilding, C. (2002). There's no life without spiritual life. *New Paradigm*, 20–23.

Wilding, C., May, E. & Muir-Cochrane, E. (2005). Experience of spirituality, mental illness and occupation: A life sustaining phenomenon. *Australian Occupational Therapy Journal*, *52*(1), 2–9. doi: 10.1111/j.1440-1630.2005.00462.x

Wilding, C. & Whiteford, G. (2005). Phenomenological research: An exploration of conceptual, theoretical, and practical issues. *Occupational Therapy Journal of Research (OTJR): Occupation, Participation and Health*, *25*, 98–104.

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing, 52*(5), 546-553. doi:10.1111/j.1365-2648.2005.03621.x

Wong, P. T. P. (2010). What is existential positive psychology? *International Journal of Existential Psychology and Psychotherapy, 3,* 1–10. Retrieved from http://journal.existentialpsychology.org/index.php?journal=ExPsy&page=article&op=viewFile&path%5B%5D=166&path%5B%5D=131

Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the

good life. *Canadian Psychology, 52*(2), 69–81. doi:10.1037/a0022511

Wong, P. T. P. (2012a). Introduction: A roadmap for meaning research and application. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and application* (2nd ed., pp. xxix–xlvi). New York, NY: Routledge; Taylor & Francis.

Wong, P. T. P. (2012b). Towards a dual-systems model of what makes life worth living. In P. T. P. Wong (Ed.) *The human quest for meaning: Theories, research, and application* (2nd ed., pp. 3–22). New York, NY: Routledge; Taylor & Francis.