e-ISSN 2550-0589
p-ISSN 1412-0674

studia philosophica et theologica

Sekolah Tinggi Filsafat Teologi
Widya Sasana, Malang

Vol. 19 No. 1 April 2019

studia philosophica et theologica

e-ISSN 2550-0589
p-ISSN 1412-0674

STUDIA PHILOSOPHICA ET THEOLOGICA (ISSN Print 1412-0674 and ISSN Online 2550-0589) is a bilingual (Indonesian and English language) and peer reviewed journal published by Center of Research of Widya Sasana School of Philosophy Theology, Malang. STUDIA specializes in researched papers related to contextualization and inculturation of theology and philosophy from inter-disciplinary-methodological point of view. Journal has 2 issues per year (April and October).

STUDIA welcomes philosophical and theological contributions from scholars with various background of disciplines. This journal uses English and Indonesian Language. STUDIA is an open access journal whose papers published is freely downloaded.

FOCUS AND SCOPE:

STUDIA focuses on philosophical and theological studies based on both literary and field researches. The emphasis of study is on systematic attempt of exploring seeds of Indonesian philosophy as well as contextualization and inculturationof theology in socio-political-historical atmosphere of Indonesia.

Scope of STUDIA covers various perspectives of philosophical and theological studies from interdisciplinary methodology and cultural-religious point of view of traditions.

PUBLISHER :
P3M Sekolah Tinggi Filsafat Teologi
Widya Sasana Malang
Jl. Terusan Rajabasa 2,
Malang 65146 Indonesia
Telp. 0341 - 552120
Fax. 0341 - 566676
Email : stftws@gmail.com
Website : ejournal.stftws.ac.id

Publication Frequency
Studia Philosophicaet Theologica is published two times a year (April and October)

Author Guidelines

1. Article must have150-word abstract in both English and Indonesian language and four or five keywords.
2. Article should be between 5000 and 8000 words, inclusive of references and footnotes.
3. Article must be a study based on either literary (text) or field research.
4. Article will be submitted in Word (single-spaced and 12-point font) for consideration by email attachment, beside online submission as required. Authors must log in before submit their article.
5. Headings:
   - First-level headings (e.g. Introduction, Conclusion) should be in bold, with an initial capital letter for any proper nouns.
   - Second-level headings should be in bold italics, with an initial capital letter for any proper nouns.
   - Third-level headings should be in italics, with an initial capital letter for any proper nouns.
6. Notes and Bibliographies please *click https://www.dropbox.com/s/y2nb9l3cvb9fg47/Notes%20and%20Bibliography%20Turabian%20Style.pdf?dl=0.*
7. Article submitted will be peer-reviewed by qualified academics; this process may take weeks or months. All submitted papers are subject to review of the editors, editorial board, and reviewers.
8. Author should be willing to respond to questions from readers of their articles; and in case there is correction, author must refine the article as soon as possible.

Guidelines for Book Reviews

1. Please include, at the beginning: Author, Title, Place, Publisher, Date, number of pages, ISBN of the book reviewed.

   E.g., Taylor, Charles. *A Secular Age.* Cambridge: The Belknap Press of Harvard University Press, 2007. 874+x pp. ISBN-13: 978-0-674-02676-6.
2. The review begin with abstract, three or four keywords and continue with a brief overall description of the book.
3. The review may include:
   - The content and its complexity of the book.
   - Comments on the author's style and contribution of the book.
   - Philosophical or theological methodology of presentation.
   - Position of the philosophical or theological arguments in its field.
4. The preferred format for submissions is MS-Word.
5. Review should be about 1500 words long. The name, affiliation and email address of the reviewer should appear at the end of the review.

Studia Philosophica et Theologica

E-ISSN 2550 - 0589

ISSN 1412-0674

Vol. 19 No. 1 April 2019

Hal. 1 - 118

DAFTAR ISI

ARTIKEL

TELAAH BUKU

HUMANISTIC AND EXISTENTIAL PSYCHOLOGY IN THE PRACTICE OF PSYCHOTHERAPY

By: Aureliano Pacciolla[1]

Abstract

In contemporary psychology, the humanistic-existential approach places its center on the sense of life but it should be distinguished from the meaning of life. In this article, after distinguishing the sense form the meaning of life, two specific tools will be considered: Purpose In Life Scale and the Self-Transcendence Scale. Then, other two useful tools will be presented for a clinical intervention: the metacognition functioning (MSAS) and the personality functioning (LPFS). A new proposal to clinicians will be to apply these last two tools in the self-administered form and for the best friend (BF) of the subject; so we can have the self-perception and the perception of others about both, metacognition and personality functioning. Mach more than single items on metacognition and personality functioning, the most relevant to present the basics of the humanistic-existential approach.

Keywords: sense, meaning, logotherapy, purpose in life, self-transcendence, noogenic neurosis metacognition, informant, clinical intervention, personality functioning, humanistic-existential approach.

Abstrak

Psikologi saat ini, pendekatan humanis-eksistensial menempatkannya menjadi utama dalam hubungannya dengan hidup, tetapi seharusnya dibedakan dari arti hidup. Artikel ini, setelah pembedaan arti hidup, dua sarana khusus akan terapkan, tujuan dalam skala hidup dan skala transendensi sendiri. Kemudian di acara lain akan ditampilkan bentuk suatu klinik intervensi, yaitu fungsi metakognisi (MSAS) dan fungsi personal (LPFS). Suatu usulan kepada penerapi untuk menerapkan kedua sarana terakhir agar digunakan sendiri dari dan di dalam untuk persahabatan sesungguhnya (BF) dari subjek, dengan demikian kita memiliki persepsi sendiri dan persepsi lain mengenai keduanya, metakognisi dan fungsi personal. Hal lebih dari metakognisi dan fungsi personal, hal yang sangat berhubungan untuk menghadirkan dasar pendekatan humanis-eksistensial.

1 The author is docent at Lumsa University, Rome - Italy.

Kata Kunci: perasaan, arti tempat terapi, tujuan hidup, transendensi, neurosi metakognisi, penginformasi, intervensi klinik, fungsi personal, pendekatan humanis-eksistensial.

1. Introduction

We intend to give an empirical contribution to the humanistic and existential psychology by offering theoretical suggestions, and practical tools and procedures for research and psychotherapy.

One of the features of the humanistic and existential approach in clinical psychology is the central role of the connection between the sense and meaning implied in symptoms and the sense and meaning implied in life and in suffering.

After dealing with sense and meaning of life we will consider some criteria and tools useful in psychotherapy with humanistic-existential approach.

2. The Sense and Meaning of Life

In this article sense and meaning can be synonyms but to be more precise, for "sense" we mean something given by nature, because anything – simply for existing – it must have a sense. Even a bacteria e a small insect that is apparently senseless has got a sense for existing and that is true even before it was born. For this understanding, *sense* is anything given and related with a cause, a role and a purpose.

The "meaning", instead, is the outcome of an interpretation, so it is something subjectively attributed according the personality, age, culture and needs.

In the humanistic and existential psychology, life has a *sense* of an opportunity to accomplish a mission or a task. While the *meaning* of life is given by the kind of mission and task one chooses to try to accomplish for a personal and social growth. So, a psychotherapy like the Logotherapy by V. Frankl, as any other humanistic-existential psychotherapy is centered on the sense (that should be recognized and accepted) and on the meaning (that should be freely and responsibly chosen) of life.

Problems – and clinical symptoms – arise when individuals are not able to recognize and accept a sense of senseless events or when they are not able to give a suitable meaning to some of their own critical experiences. In fact, at the onset of symptoms there is very often a struggle for not recognizing and/or accepting the sense of a trauma, or of an injustice situation. In this case the real problem will start when the discomfort

for the senseless event or situation continues without a "why" or without "an acceptable reason". Human mind cannot stay well without finding a sense of all around him, within him and all the events and situation; anything should make sense and anything should have a meaning. Human creativity is challenged by giving a *sense* to a clear non-sense, like concentration camp or inflicting suffering to innocents. Living without a *sense* is really impossible; it can be the presupposition of a harmful lifestyle or of a suicidal ideation. Similarly, the onset of symptoms. A longstanding senseless situation is the presupposition for a strong pain and discomfort that brings to a series of efforts for adaptation. When the search for meaning does not lead to a satisfactory response or to adaptive behavior, then the subject starts to develop a cognitive and emotional pattern that induces physiological reactions and reactive behavior more and more dysfunctional. So, we may say that having a suitable coping style for longstanding senseless situations is one of the mean key for a psychological balance. On the opposite, the more we strive in search for a sense without a suitable coping style (in front of an unbearable and absurd situation) the more we suffer of an existential frustration and that will be one of the most terrible predisposition to a very variety of psychopathological symptoms.

=A suitable coping style in front of a senseless situation is not a passive acceptance of what should not be approved. A senseless situation should remain senseless but we may find a way to survive and stay healthy despite of the senseless situation. There is only one way to stay healthy despite the senseless situation: to find a personal conscious meaning for not conforming oneself to the senseless situation and try to fight for realizing the "why", a meaning to survive, a reason or a task or a mission to carry on at any cost. In a senseless situation, having a good reason to accomplish a mission makes any suffering more acceptable, and even to die, if necessary. So, having a meaning for accomplishing a mission or having a reason to fulfil a task is the best way to survive to a senseless acute or stabilized situation. The best coping style an individual can apply, when placed before a no-sense situation (a situation with no sense or an absurd or a desperate situation), is to have a courageous, fighting mentality instead of being helpless, hopeless, and surrender without a fight to the situation. This can be called the "in spite of" attitude. The capacity to fulfill a meaning or a mission in a no-sense situation. Man has an inborn capacity to fulfil a meaning in spite of a senseless or an absurd context or situation. That capacity is given not by a material dimension of man's constitution (like genes or hormones) or by a psychological mechanism (like defense or adaptation mechanisms) nor by a social context (acceptance or conformity).

To improve the quality of life in a senseless situation is something different from any material, psychological or sociological dimension.

The capacity to fulfil a meaning in spite of a non-sense situation cannot be given by medicines or by adaptations within cognitive and emotional drives or simply correcting a behavior.

The capacity to search a meaning in spite of a senseless or absurd situation is a natural capacity but sometimes that capacity may be weak and insufficient because of a too intense or a too prolonged suffering that does not allow a regular growing or an acceptable quality of life. In such a case an individual may need a special support or a psychological help until he or she recover his/her autonomy.

Under the epistemologic perspective, the humanistic-existential approach – like the Logotherapy of V. Frankl – offers the opportunity to contact first of all the inner self-transcendence capacity to detect the residual resource to go beyond a senseless situation or to go beyond one's own needs in order survive and to improve the quality of life. From worldwide literature, not only a scientific one, and from everybody's experience of love (for somebody or for a cause), love is the biggest factor that can trigger the capacity to resist to the non-sense or to the absurd and in spite of that to find a meaning or a mission or a task to accomplish.

In this way the search for a meaning in spite of the absurd opens the door to values, to what is worthy to risk for and to suffer for the good of somebody or of a cause. So, an approach centered on the search for the sense (of life and suffering) and for the search for a meaning (to be fulfilled) opens the door to the ethical dimension of man.

This is a problem for many psychologists mostly because of the risk of a possible conscious or unconscious manipulation of patients by psychotherapists. This is actually a real possibility, nevertheless humanistic psychologists see that as a challenge for their formation: respect and elicit the noogenic dimension[2] to offer to patients the opportunity search for their own meaning of life and of suffering in spite of their own desperate and senseless situation. This search for meaning implies first of all the choice of an attitude toward life and suffering congruently with the existential coping of "*in spite of a senseless situation*". This is one of the main features to differentiate the existential cognitivism from the behavioral cognitivism.

One of the very first starting point of the humanistic-existential approach is to recognize that a senseless life and situation naturally pushes toward a meaningless life and suffering. In front of this strongly condi-

2 This term "*noogenic*" has been used by V. Frankl to mean a human dimension – different form the material and the psycho-social dimension – that may be very close to the so called spiritual dimension at the origin of self-transcendence, the capacity to go beyond a senseless condition and to resist to a desperation by giving a personal meaning that makes suffering more acceptable for the sake of a task or a mission.

tioning, the humanistic-existential approach believes that suffering for a meaning, or for a cause, or for love makes any suffering more bearable. Many times, our patients suffer for their symptoms and also the have an extra-suffering: the lack of meaning for suffering. Often, the later suffering (the lack of meaning for suffering) is much worse than of the suffering for symptoms.

So, desperation can be a congruent reaction to a senseless condition but human being has the capacity to resist to it by giving to himself a personal and prosocial mission. In the intersection of relationship with himself and the relationship with others there is that capacity of transcendence that enable us to transform a desperate situation into an opportunity. The onset of most of the psychopathology is based on the impairment of that capacity.

That capacity can be expressed through specific projects able to better the physical and psycho-social situation.

At this point our question is: how to put all these concepts into a clinical psychology? Do we have suitable criteria and tools?

3. Criteria and Tools

Clinical psychology, namely a psychotherapy with humanistic-existential approach as Logotherapy, is "sense centered". So, the main criterion should be to find out the level of resilience or of impairment in the perception of a purpose in life and of transcendence.

For that we have two main tools: PILS (Purpose in Life Scale)[3] 12 items and the TS (Transcendence Scale) 12 items.[4] (Attached n. 3 Table, named Table 3 Self-Transcendance Scale – PILS)

As we have considered, purpose in life and self-transcendence are two very central concept in the existential-humanistic approach and both

---

3 Crumbaugh, J. C., & Maholick, L. T., "An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis", *Journal of Clinical Psychology*, (1964).

Crumbaugh, J. C., "Cross-validation of purpose-in-life test based on Frankl's concepts," *Journal of Individual Psychology*, 24, 1, (1968), 74.

Mandy R., Francis F. Leslie J., "Religion, Personality, and Well-being: The Relationship between Church Attendance and Purpose in Life," *Journal of Research on Christian Education*, vol. 9, no. 2, (2000), 223-238.

Crea G., "The psychometric properties of the Italian translation of the Purpose in Life Scale (PILS), in Italy among a sample of Italian adults, Mental Health," *Religion & Culture, Routledge*, vol. 19, no. 8, (2016) 858–867 *http://dx.doi.org/10.1080/13674676.2016.1277988.*

4 Grammatico S., "La Scala Autotrascendenza. Una validazione empirica delle proprietà psicometriche," *Analisi Esistenziale e Logoterapia Frankliana*, vol. 161 n. 2, (Giugno 2018), 103-129.

are linked to accept life with a sense and with a predisposition to give a personal meaning to life and suffering. This is not considered simply a resilience resource instead it is closer to the concept of antifragility[5] because the purpose is not to bounce back the inner situation before the trauma. Self-transcendence is considered a human dimension mostly expressed through:

a) The relationship with one's self: personal moral conscience (evident in some very important decisions like recognize the sense of life, giving a personal meaning to one's own existence) and to injustice suffering;

b) The relationship with others (going beyond personal needs, rights and interests for the wellbeing of others).

The PILS and the TS tests and similar questionnaires are suitable tools to investigate the relationship with one's self for the capacity to detect the perception of one's identity and the personal existential orientation toward a purpose, or a goal that express the sense of life or a toward a personal mission to fulfil the meaning given to life.

The relationship towards others can be detected by a metacognition tool like the MSAS based on the definition of metacognition as a "*multicomponent psychological construct, characterized by the ability to identify and describe one's own mental states and those of others*".[6] This is a self-report questionnaire able to evaluate the different functions of metacognition (Monitoring, Integration, Differentiation and Decentration). Monitoring and Integration correspond to self-directed reflective cognition, named Self-Reflectivity, as first factor. The Differentiation and Decentration capture the ability to distance oneself from cognitions and evaluate the Critical Distance, as a second factor. The Monitoring Others' cognitions is a separated factor, related to the ability to understand others' minds; this factor is named Understanding Other Minds. The metacognitive regula-

---

Wong, P. T. P., *Self-transcendence as the path to virtue, happiness and meaning, Paper presented at the research working group meeting for Virtue, Happiness, and the Meaning of Life Project,* University of Chicago, Chicago, Illinois, (June 2016).

Wong, P. T. P., *From Viktor Frankl's logotherapy to the four defining characteristics of self-transcendence,* Paper presented at the research working group meeting for Virtue, Happiness, and the Meaning of Life Project, Columbia, SC, (December 2016).

Wong, P. T. P., "Self-transcendence: A paradoxical way to become your best," *International Journal of Existential Psychology and Psychotherapy*, vol. 6, n. 1, (2016), 1-9.

5 Taleb, N. N., *Antifragile: Things that gain from disorder* (vol. 3), Random House Incorporated, (2012).

6 Carcione A. et al., "Development of a self-report measure of metacognition: the metacognition self-assessment scale (MSAS)," *Instrument description and factor structure*, 14(3), (June 2017), 185-194.

tion (i.e. Mastery) is a separate metacognitive function, relatively independent of the metacognitive knowledge-related functions.

So, the MSAS intends to catch what people think about their ability to identify and describe their thoughts, emotions and the social relationships in which they are involved and it is divided into four blocks respectively to: a) myself; b) others; c) "put yourself in somebody shoes"; d) solving problems.

The MSAS is considered the most reliable tool for a good and rapid evaluation of metacognition. The relationship towards others can be detected even better if use the MSAS to verify how others perceive the metacognitive functioning of a patient. So, clinicians can have both the self-assessment of metacognition of a patient and also the assessment of one or two best friends (BF) of the patient. In my clinical practice I use to compare (and to share with patients) the self-perception of the patient about his/her metacognition with the perception of metacognition perceived by two of his/her BF. This can be done through the same questionnaire used by the patient (with items in first person) given to his/her BF items changed in third person. (See the attached file below n. 1, named: Table n. 1 Comparison between MSAS and LPFS - BF)

In the humanistic-existential approach, after focusing first of all on Purpose in Life and Self-Transcendence and then after on metacognition and resilience, the third main clinical focus will be on personality, still using the self-perception criterion combined with the others perception.

So, this same thing can be done with the personality questionnaire PID-5 either Adult Form.[7] and the Brief Form.[8] Both of these two questionnaires can compare (and to share with patients) the self-perception of the patient's personality and the perception of the patient's personality perceived by two of his/her BF.

Likewise, can be done by using the Level of Personality Functioning Scale; it can be used in the self-administration Form and the BF's Form. It will allow the clinician and the patient to see for what self-perceived functioning is similar or different from the function perceived by others.

So, metacognition, resilience, personality functioning and personality traits will be administered in two forms: self-perception of the patient and the perception by others. This procedure will give the opportunity of more insights about the correlations among our perception of others (par-

---

7 The Personality Inventory for DSM-5 (PID-5)—Adult – full version can be founded at: *The Development and Psychometric Properties of an Informant-Report Form of the Personality Inventory for DSM-5 (PID-5). http://www.dsm5.org/Pages/Feedback-Form.aspx*.

8 The Personality Inventory for DSM-5—Brief Form (PID-5-BF)—Adult can be founded at: *http://www.dsm5.org/Pages/Feedback-Form.aspx*.

ents, partners and friends) and the correlation between the perception of others (parents, partners and friends) about us. The perception of the knowledgeable informant can enhance the psychotherapeutic process because it may improve insights and awareness of both, the patient and the psychotherapist. A knowledgeable informant is also very useful in the diagnostic process, as well.

4. The Informant in the Diagnostic Process

This emphasis on BF or on a knowledgeable informant is not really new neither original. DSM-5 propose Informant Version in a quite a number of clinical occasions. The following are among the most important quotations about the role of the informant for a diagnosis.

1. Knowledgeable informants are essential for identifying symptoms such as irritability, mood dysregulation, aggression, eating problems, and sleep problems, and for assessing adaptive functioning in various community settings. (DSM-5, p. 40)
2. Confirmation of substantial symptoms across settings typically cannot be done accurately without consulting informants who have seen the individual in those set tings. Typically, symptoms vary depending on context within a given setting. (DSM, p. 61)
3. Informant symptom ratings may be influenced by cultural group of the child and the informant, suggesting that culturally appropriate practices are relevant in assessing ADHD. (DSM-5, p. 62)
4. Clear evidence of ADHD before substance misuse from informants or previous records may be essential for differential diagnosis. (DSM-5, p. 64)
5. It may take extended clinical observation, informant interview, or detailed history to distinguish impulsive, socially intrusive, or inappropriate behavior from narcissistic, aggressive, or domineering behavior to make this differential diagnosis. (DSM-5, p. 65)
6. Clinical information from other informants, such as close friends or relatives, is often useful in establishing the diagnosis of bipolar II disorder. (DSM-5, p. 135)
7. Because individuals with conduct disorder are likely to minimize their conduct problems, the clinician often must rely on additional informants. (DSM-5, p. 472)
8. This designation is used when findings suggest repeated or continuous inhalant exposure but the involved individual and other informants deny any history of purposeful inhalant use. (DSM-5, p. 537)
9. Since the clinical presentations may be identical, distinguishing sedative, hypnotic, or anxiolytic intoxication from alcohol use disorders requires evidence for recent ingestion of sedative, hypnotic, or

anxiolytic medications by self-report, informant report, or toxicological testing. (DSM-5, p. 557)

10. Major Neurocognitive Disorder. Concern of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function. (DSM-5, p. 601)
11. Alternatively, excessive focus on subjective symptoms may fail to diagnose illness in individuals with poor insight, or whose informants deny or fail to notice their symptoms, or it may be overly sensitive in the so-called worried well… The difficulties must represent changes rather than lifelong patterns: the individual or informant may clarify this issue, or the clinician can infer change from prior experience with the patient or from occupational or other clues. (DSM-5, p. 607)
12. The associated condition REM sleep behavior disorder may be diagnosed through a formal sleep study or identified by questioning the patient or informant about relevant symptoms. (DSM-5, p. 620)
13. Assessment can also be complicated by the fact that the characteristics that define a personality disorder may not be considered problematic by the individual (i.e., the traits are often ego-syntonic). To help overcome this difficulty, supplementary information from other informants may be helpful. (DSM-5, p. 647)
14. It is useful for the clinician, especially when evaluating someone from a different background, to obtain additional information from informants who are familiar with the person's cultural background. (DSM-5, p. 648)
15. Among the tools in Section III is a Level 1 cross-cutting self/informant-rated measure that serves as a review of systems across mental disorders. (DSM-5, p. 732)
16. The DSM-5 Level 1 Cross-Cutting Symptom Measure is a patient- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses… If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete this measure. (DSM-5, p. 734)
17. For individuals with impaired capacity and for children ages 6-17 years, it is preferable for the measures to be completed at follow-up appointments by the same knowledgeable informant and by the same parent or guardian. (DSM-5, p. 737)
18. World Health Organization. Disability Assessment Schedule 2.0. If the adult individual is of impaired capacity and unable to complete the form (e.g., a patient with dementia), a knowledgeable informant may complete the proxy-administered version of the measure, which is available at *www.psychiatry.org/dsm5*. (DSM-5, p. 745)

19. An Informant version of the CFI (Cultural Formulation Interview) can be used to collect collateral information on the CFI domains from family members or caregivers. (DSM-5, p. 751)
20. Cultural Formulation Interview (CFI)—Informant Version… The CFI-Informant Version collects collateral information from an informant who is knowledgeable about the clinical problems and life circumstances of the identified individual. (DSM-5, p. 755) Informant Version, and supplementary modules to the core Cultural Formulation Interview are also included online at *www.psychiatry.org/dsm5*.
21. Personality Inventory for DSM-5 (PID-5), which can be completed in its self-report form by patients and in its informant-report form by those who know the patient well (e.g., a spouse). A detailed clinical assessment would involve collection of both patient- and in formant-report data on all 25 facets of the personality trait model. (DSM-5, p. 774)
22. Impairment can be documented based on past diagnostic evaluations (e.g., psychological or educational assessments) or medical records, reports by the individual or informants, and/ or observation by a clinician. (DSM-5, p. 799)

5. Clinical Intervention

In the humanistic-existential approach the clinical intervention intends to proceed by starting from the focus on personality function and by the link between some personality traits and the symptoms. Then a second clinical focus could be on metacognition and resilience. These two clinical foci can be considered a preparation to the third more peculiar clinical focus: purpose of life and self-transcendence.

A humanistic-existential psychotherapist can start this peculiar level - assessing purpose in life and self-transcendence - by considering the correlations among different part of the diagnostic tools that have been used.

For example, considering empathy as scored in the MSAS and as scored in the Level of Personality functioning, either self-scored and scored by the two BF will make it possible to catch some similarities and some differences between empathy and intimacy as defined in the "LPFS (Level of Personality Functioning Scale) and section B and C of the MSAS (B - respect to others; C**:** respect to "put yourself in somebody shoes")" (Table 1/A).

Is seems that both – LPFS and MSAS might have many similarities on how to assess a relationship with others. Similarly, the section A of MSAS (respect to self) can show some correlations with the identity as considered in the LPFS. (Table 1/B-C)

In a similar way, the section D in the MSAS (respect to solving problems) and the resilience as assessed by the BRS (Brief Resilience Scale) seem to be complementary to each other. Finally, purpose in life considered in the PILS has a sort of continuity with the STS (Self-Transcendence Scale). (Attached n. 3 named Table 3 - Comparison between MSAS and LPFS - BF)

In the following tables, comparisons should not be items for items but between the whole concepts, in its global sense. We show in each table the version in third person, in the format that should be used by the informant in order to see how the patient is perceived by two of his/her BF (friends). The reason for doing that is to show importance of the relational side of the humanistic-existential approach in the clinical practice at the level of diagnosis and in the treatment. That relational side will be proposed to the patient as an option for a better efficacy of psychotherapy and for a faster recovery. So, the patient should pick up one or two best friends among those he/she trusts most and who they know him/her. The acceptance of including a BF for a short monitoring may offer an indication about the general motivation or the honesty for asking a treatment or a counselling.

Once we have considered briefly the centrality of purpose in life with self-transcendence and the main tools to assess personality traits together with personality function as well as resilience, metacognition we may consider the basic format of the humanistic-existential psychotherapy.

6. Humanistic-existential Psychotherapy: Basics

The humanistic-existential approach is also part of the so called "*existential cognitivism*" because the cognitive dimension is considered fundamental in the diagnosis and treatment of mental disorders. The reason for calling this cognitive approach as "*existential*" instead of behavioral or relational or constructivist or post-rationalist, is to emphasize the centrality the perception of the sense and of the meaning of life that allows the perception of life as an opportunity to fulfil a mission. This particular perception or understanding helps to organize the personal moral values often strictly connected to psychological drives implied either for the personal wellbeing or for psychopathology and symptoms.

So, when the connection between having a mission to fulfil in life and symptomatology seems evident, the humanistic-existential approach will be recommended.[9]

9 The connection between a mission to fulfil in life (as a first/primary cause) and ordinary behavior may have a reference to the philosophical principle of Aristotle: the final cause as

So, why is having a mission to fulfill so important in the humanistic-existential approach? For sure the awareness of a mission (a pro-social one) that makes more evident the sense of life is a good predisposition for having projects to work for, to fight for, and to suffer for. To give a sense to our time, efforts and suffering is one of the best coping style. Instead, to work, to fight and to suffer senseless and meaninglessly can be unbearable.

A finality or a purpose in life has the power to organize other finalities and other subsequent purposes or projects. So, many activities and attitudes will be activated by having clearly (or gradually more and more clear) the personal and pro-social mission in life. Time, predispositions and all the resources will be organized according to the final purpose or mission of life.

A personal and pro-social mission in life makes more evident the sense of life and also the sense of suffering and that helps a lot to accept both life and suffering. At the same time, when our suffering - as part of symptoms – is compatible with our purpose of life, that suffering is more acceptable. So, the capacity to give an existential meaning to our suffering is a bridge between the sense of life and the sense of symptoms. A meaning of a suffering can be called existential when it can be linked to the meaning given to our personal life.

The capacity to give a pro-social meaning to our life is considered the intersection of our moral system, defense mechanisms, immune system, strength to survive and a prompt to improve the quality of life. And vice versa. When the possibility to perceive and to live a life meaningfully with pro-social projects is inhibited, the individual lives without a constructive orientation and wastes a lot of time and energies to find a personal and existential orientation. When these conditions became intense and longstanding a person may start to question "why do I live; "what I am living for"; "what is the purpose and the sense of my suffering". If these and similar existential questions remain without an acceptable answer for the individual then the disorientation will increase in psychological and moral dimensions and that may affect also the psychophysiology with consequent psychosomatic disorders. All these are due to the "*noogenic neurosis*" that is existential vacuum made by the lack of a mission in life through realistic pro-social projects that make more evident

---

the first/primary cause. Without a final cause/goal, there wouldn't be any other causes or movement. Besides the cause-effect connection between a mission in life and ordinary behavior we may consider also a qualitative aspect: the quality of ordinary behavior – either sane or insane – has a congruent relationship with first/primary cause that is the mission of life. So, this philosophical principle can be applied also to psychotherapy.

that our life has got a sense, so our suffering as well have a meaning.[10]

The capacity to go beyond our needs and rights is called self-transcendence and the perception of life as an opportunity to have a pro-social mission is also possible thanks to our self-transcendence dimension. Self-transcendence is also connected to our identity; the way we perceive ourselves. The existential question "who am I?" requires a practical answer based on the perception of our own self in terms of finality: "I am the one who has the purpose of …" That is why those who have a clear sense of their own mission of life they also have a clear sense of their own identity. These individuals also have a clearer idea of their own task, role and position in a group and in a society. Coping style and problem solving are also influenced by "who I am" (identity) and "why I am here" (personal role connected with a mission).

An increasing clear pro-social mission in life linked to a clear task and projects brings also to more harmonious relationship. In fact, pro-social in this context is referred to the capacity to grow together, developing cooperativeness and reciprocity. In view of this last competence, the humanistic-existential approach offer the possibility of one or two BF in a part of the process of psychotherapy, as foreseen by DSM-5 and the tools it proposes and the adaptations we have suggested above.

7. Conclusion

This emphasis on BF or on a knowledgeable informant is not really new neither original. DSM-5 propose Informant Version in a quite a number of clinical occasions. The following are among the most important quotations about the role of the informant for a diagnosis.

In the humanistic-existential approach the clinical intervention, differently from the epistemological perspective – intend to proceed by starting from the focus on personality function and the link between some personality traits and the symptoms. Then a second clinical focus could be on metacognition and resilience. All these can be a preparation to the third clinical focus on purpose of life and self-transcendence.

The connection between the meaning of symptoms and of life can appear better in the existential analysis by helping the patient to consider

10 The "*noogenic dimension*" according to Viktor Frankl's Logotherapy cannot be reduced to any other dimension, material or psycho-social. The spiritual dimension could be the closest one for a better understanding the realm of moral conscience made by freedom and responsibility and the realm self-transcendence that is the capacity to beyond the evidence of sense. In other words, to believe that a life under certain circumstances still have a sense even though there are no evidences of it. In such a case it is like an act of faith: believing regardless a lack of evidence.

his/her life as an opportunity to fulfil a task or a mission. So, his/her past – in particular critical events – maybe considered as opportunities to learn about the personal qualities needed to reach the purpose of his/her life.

In the existential analysis the present time is also an object of analysis as the opportunity to change or to accept something (of oneself or of others) in order to give a (better) meaning to life and to improve the quality of life. The present time is the opportunity to restructuring personal meanings and personal purposes.

The future, in this perspective, is made by realistic projects either with personal and prosocial outcome. The main four dimensions to measure the working progress toward future – or in other terms the growing or the personality functioning – are the two dimensions to see the relationship with oneself (identity and self-directedness) and the two dimensions to see the relationship with others (empathy and intimacy).

The following research - recently done - seems to be in tune with all these above observations.

Purpose in Life, Metacognition, and Honesty-Humility, have been considered with Personality (Functioning & Traits Profile) and Resilience.[11]

Purpose in Life accounts for a significant portion of the variance of Resilience, over the added contributions of Metacognition and Honesty-Humility.

Evidence demonstrates empirical relationships amongst Resilience, Purpose in Life, and Metacognition.

That supports the generalizability of the empirical interrelatedness of the psychological constructs of Resilience, Purpose in Life, and Metacognition across at least two Western cultures.

Conceptual replicability and underlying theory first outlined by Ganucci Chancellery et al., (2014). This is not surprising given the connection each of these constructs has to the positive psychology movement and the anecdotal or case report observations of practicing psychotherapists.

Metacognition was not found to account for additional variance of resilience levels meaningfully.

The relationship of Honesty-Humility with Resilience, Purpose in Life, and Metacognition at the bivariate correlational level was investigated. In this study, Honesty-Humility (HH) was only significantly correlated

11 Krystyna A. Brandt, M.S., "Cultivating Resilience: Contributions of Purpose in Life, Metacognition and Humility-Honesty" (A Dissertation Presented to the Faculty of the Institute for the Psychological Sciences. At Divine Mercy University. In Partial Fulfillment of the Requirement for the Degree of Doctor of Psychology, May 16, 2018.

with Purpose in Life (LET), and only displayed a weak correlation. Honesty-Humility levels in this sample were not found to account for additional variance of participants' Resilience levels meaningfully.

Considering Table 1/A and Table 1/B-C the "*respect to myself*" in MSAS is very different from the "*identity*" in LPFS. It is the same with "*respect to others*" in MSAS and "*intimacy*" in LPFS; they are quite different. The reason to put them together is to consider a possible complementarity or congruency.

Instead "*put yourself in somebody shoes*" and "*empathy*" seem each other very close and congruent. Future research may clarify better the above hypothesis.

Table 1/A Comparison between MSAS and LPFS - BF (**Best Friend's Assessment**)

A - RESPECT TO MYSELF BF (**Best Friend's Assessment**)	LPFS - Identity BF (**Best Friend's Assessment**)
1. He/She can distinguish and differentiate his own mental abilities (e.g. remembering, imagining, and having fantasies, dreaming, desiring, deciding, foreseeing and thinking).	When he/she experiences strong emotions and mental distress is not (or does not perceive) as him/herself.
2. He/She can define, distinguish and name his own emotions.	His/her self-esteem diminishes at times, with overly critical or somewhat distorted of self-appraisal.
3. He/She is aware of what are the thoughts or emotions that lead his/her actions.	For Him/Her strong emotions may be distressing.
4. He/She is aware that what he/she thinks about him/herself is an idea and not necessarily true. He/She realizes that his/her opinions may not be accurate and may change.	
5. He/She is aware that what he/she wishes or what he/she expects may not be realized and that he/she has a limited power to influence things.	

6. He/She can clearly perceive and describe his/her own thoughts, emotions and relationships in which he/she is involved.	
7. He/She can describe the thread that binds his/her own thoughts and his/her emotions even when they differ from one moment to the next.	

Table 1. Comparison between MSAS and LPFS
(Best Friend's Assessment)

MSAS - B - RESPECT TO OTHERS	**LPFS – INTIMACY**
1. He/She can understand and distinguish the different mental activities as when he/she is, for example, remembering, imagining, having fantasies, dreaming, desiring, deciding, foreseeing and thinking.	He/She is able to establish enduring relationships in personal and community life, with some limitations on degree of depth and satisfaction.
2. He/She can identify and understand the emotions of people he knows.	He/She is capable of forming and desiring to form intimate and reciprocal relationships but He/She may be inhibited in meaningful expression and sometimes constrained if intense emotions or conflicts arise.
3. He/She can describe the thread that binds thoughts and emotions of people he knows, even when they differ from one moment to the next.	For He/She cooperation may be inhibited by unrealistic standards (norms).He/She is somewhat limited in ability to respect or respond to others' ideas, emotions, and behaviors.
MSAS - C - RESPECT TO "PUT YOURSELF IN SOMEBODY SHOES"	**LPFS - EMPATHY**
1. He/She is aware that he/she is not necessarily at the centre of the other's thoughts, feelings and emotions and that other's behaviours arise from reasons and goals that can be independent from his/her own perspective and from his/her own involvement in the relationship.	He/She is somewhat compromised in ability to appreciate and understand others' experiences.He/She may tend to see others as having unreasonable expectations or a wish for control.
2. He/She is aware that others may perceive facts and events in a different way from him and interpret them differently.	He/She is not always aware of effect of his/her own behavior on others.
3. He/She is aware that age and life experience can touch other's thoughts, emotions and behaviour.	Although He/She feels capable of considering and understanding different perspectives, He/She resists doing so.

Table 2. Comparison between MSAS and LPFS
(Best Friend's Assessment)

MSAS - D - SOLVING PROBLEMS	BRS (Brief Resilience Scale)
1. I can deal with the problem voluntarily imposing or inhibiting a behaviour on myself.	1. He/She tends to bounce back quickly after hard times.
2. I can deal with the problems voluntarily trying to follow my own mental order.	2. He/She has a hard time making it through stressful events.
3. I can deal with the problems trying to challenge or enrich my views and my beliefs on problems themselves.	3. It does not take him/her long to recover from a stressful event.
4. When problems are related to the relationship with the other people, I try to solve them on the basis of what I believe to be their mental functioning.	4. It is hard for him/her to snap back when something bad happens.
5. I can deal with the problems, recognizing and accepting my limitations in managing myself and influencing events.	5. He/She usually comes through difficult times with little trouble.
	6. He/She tends to take a long time to get over set-back in his life.

Table 3. Self-Transcendance Scale – PILS

SELF-TRANSCENDENCE		Absolutely False for me	Very False for me	False for me	True for me	Very Truefor me	Absolutely True for me
1	I am searching for a sense of unity in my life.	1	2	3	4	5	6
2	I am very sympathetic regarding the errors of people who are close to me.	1	2	3	4	5	6
3	My life is very meaningful when I relate to other people.	1	2	3	4	5	6
4	It is very important to me, to be able to help other people.	1	2	3	4	5	6

5	To understand the true meaning of life, one must transcend oneself.	1	2	3	4	5	6
6	Helping others helps me to grow and mature.	1	2	3	4	5	6
7	I take care of others like I take care of myself.	1	2	3	4	5	6
8	When I can, I gladly do favors for people without expecting to be repaid.	1	2	3	4	5	6
9	I am motivated to find out what the common good is and to do things to achieve it.	1	2	3	4	5	6
10	I believe that in life, it is necessary to have formal Convictions that direct us towards service to others.	1	2	3	4	5	6
11	I believe that the preservation of the human species is important.	1	2	3	4	5	6
12	When relating to other people, I try to understand their point of view.	1	2	3	4	5	6

PILS (Purpose in Life Scale)

For each of the following statements, make an X on the number that would be closer to the truth for you. Mark the number corresponding to the answer you have chosen according to the following scale:

1	2	3	4	5
I agree strongly	**Agree**	**Not certain**	**Disagree**	**Disagree strongly**

		1	2	3	4	5
1.	My life seems most worthwhile					
2.	I feel my life has a sense of meaning					
3.	My personal existence is full of purpose					
4.	There are things I still want to achieve in my life					
5.	My personal existence is full of direction					
6.	There is no purpose in what I am doing					
7.	I feel my life has a sense of direction					
8.	I feel my life is going nowhere					
9.	I feel my life has a sense of purpose					
10.	There is no meaning to my life					
11.	My personal existence is full of meaning					
12.	My life has clear goals and aims					

Bibliography

Crea, G. "The psychometric properties of the Italian translation of the Purpose in Life Scale (PILS) in Italy among a sample of Italian adults." *Mental Health, Religion & Culture, Routledge*. Vol. 19, No. 8, (2016), 858–867 *http://dx.doi.org/10.1080/13674676.2016.1277988*.

Crumbaugh, J. C., & Maholick, L. T. "An experimental study in existentialism: The psychometric approach to Frankl's concept of oncogenic neurosis." *Journal of Clinical Psychology*. (1964).

Crumbaugh, J. C. "Cross-validation of purpose-in-life test based on Frankl's concepts." *Journal of Individual Psychology*, 24 (1) (1968).

Mandy R., Francis F. Leslie J., "Religion, Personality, and Well-being: The Relationship between Church Attendance and Purpose in Life." *Journal of Research on Christian Education* vol. 9, no. 2 (2000), 223-238.

Grammatico S. "La Scala Autotrascendenza. Una validazione empirica delle proprietà psicometriche." *Analisi Esistenziale e Logoterapia Frankliana*. vol. 161, no. 2 (Giugno 2018), 103-129.

Taleb, N. N. "Development of a self-report measure of metacognition: the metacognition self-assessment scale (MSAS). Instrument description and factor structure." *Antifragile: Things that gain from disorder* vol. 3. (2012).

Wong, P. T. P. *Self-transcendence as the path to virtue, happiness and meaning, Paper presented at the research working group meeting for Virtue, Happiness, and the Meaning of Life Project.* Chicago: University of Chicago, (June 2016).

Wong, P. T. P. *"From Viktor Frankl's logotherapy to the four defining characteristics of self-transcendence." Paper presented at the research working group meeting for Virtue, Happiness, and the Meaning of Life Project*. Columbia: (December 2016).

Wong, P. T. P. "Self-transcendence: A paradoxical way to become your best." *International Journal of Existential Psychology and Psychotherapy* vol. 6, no. 1, (2016), 1-9.