

COMPONENTS OF EXISTENTIAL CRISIS: A THEORETICAL ANALYSIS

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Abstract. Research problem: It is important for psychologists and psychotherapists working with people experiencing different difficulties to understand their experiences of existential crisis. A perspective of existential crisis is presented through special experiences connected with finality and infinite. The attempt is made to present a holistic understanding of existential crisis, differentiating the main components and aspects of existential crisis. After such explanations, it is possible to take a comprehensive look at theories and empirical studies of existential crisis. **Purpose:** To differentiate and analyze the components and aspects of an existential crisis. **Method:** Theoretical analysis, which includes the comparison and synthesis of scientific literature and the interpretation of data. **Results and conclusion:** To differentiate the following components of an existential crisis: the emotional, cognitive and behavioral. The emotional component includes these aspects: emotional pain, despair, helplessness, disturbed sense of integrity, emotional vulnerability, guilt, fear, anxiety and loneliness. The cognitive component includes these aspects: loss of meaning and goals, realization of own end, loss of personal values, decision-making. The behavioral component is characterized by these aspects: restraining actions, rituals, relationship loss, health problems, addictions, anti-social behavior and the need for therapy.

Keywords: existential realities, limited situation, emotional pain

INTRODUCTION

Research psychologists have long been exploring people facing various crises and the impact of those crises on their lives. An existential crisis differentiates from other crises in that an existential crisis includes the inner conflicts and anxieties that accompany human responsibility, independence, freedom, issues of purpose and commitment (Gilliland & James, 1993). According to Yalom (1980), existential therapy highlights these existential realities: death, meaninglessness, freedom

(responsibility) and isolation, which cause psychological problems and have no ultimate answers. Existential crisis is defined as a moment at which an individual questions the very foundations of his life: whether his life has any meaning, purpose or value (James, 2007). So in this article, existential crisis is defined as a confrontation and an experienced relationship of the existential realities.

One can notice that in the scientific literature, the concept of existential crisis is not united and has different meanings. Some authors argue that existential crisis is realized as a "limit situation" where very own survival is in danger (Turner, 1969; as cited in Yang et al., 2010). Facing such alimited situation can cause a crisis that will eventually become existential (Yang et al., 2010). This confirms the approach, expressed by Hesletand Frey (1975), that an existential crisis means the personal existence of a continuous confrontation with own human limitations a person cannot fully control, and thus experiences existential anxiety (as cited in Brown, 1980). Other approach includes personal fulfillment and development. Existential crisis rises from the imbalance between personal and spiritual area (Assagioli, 1973; as cited in Firman & Gila, 1997). In this case, person is developed as a creative and strong individual, successful in the world and making personal decisions, but without any knowledge of spiritual reality. Whilst having achieved self-realisation as an individual, that person is going through an existential crisis because his or her need of purpose and meaning in life is not satisfied. Frankl (2008) calls this phenomenon as an existential vacuum, while Maddi (1967) refers to it as an existential neurosis. Other authors note that the experience of existential crisis is a psychological-spiritual process including facing psychological and spiritual challenges. It is pointed to personal individualization – becoming the best person in his or her nature (Yanget al., 2010). After reviewing the definitions of existential crisis and the concepts of other authors, it is clear that the conception of existential crisis is problematic. More unified and broader understanding of it and its components is missing.

A more thorough understanding of existential crisis is relevant to psychotherapists and psychologists in their work practice while counseling individuals who experience various crises and complain about difficulties in life. It is noticed that the majority of people who face existential crisis are dissatisfied with insufficient support from specialist (Yang et al., 2010).

For this purpose, analysis of the experience of existential crisis through special experiences that are related to the finality and infinity was chosen in this article. The aim is to present more unified conception of existential crisis by analyzing the main components of an existential crisis and its aspects. The most common aspects of existential crisis that are found in theoretical and empirical psychological researches are selected.

METHODOLOGY

The literature analysis was made searching for research information in the following databases: PsychArticle, Sage, Springer, GoogleScholar. The following keywords were searched in the system: existential crisis, limitation, finality, infinity, features and aspects. Thirty one articles were analyzed. It was decided to use only the articles that were published in Lithuanian and English. The study used the theoretical analysis method which integrates scientific literature comparison, summary and interpretation of data.

RESULTS

Based on the theoretical and empirical analysis of the sources on existential crisis, the aspects of an existential crisis were divided into basic components: emotional, cognitive and behavioral. The components of existential crisis and their constituent elements are presented below.

EMOTIONAL COMPONENT

The theoretical analysis showed that emotional existential crisis component includes the following aspects: emotional pain, despair, helplessness, disturbed sense of integrity, emotional vulnerability, guilt, fear, anxiety and loneliness.

Emotional pain

Emotional pain is one of the emotional aspects of an existential crisis. Frankl (2010) mentions that one of the fundamental aspects of existence, which can take away the meaning of life, is pain. Various studies have confirmed that while experiencing an existential crisis, a person

faced meaningful endings and the realization of emotional pain of their own transience experiences (Flaherty, 2012; Yang et al., 2010; Zhang et al., 2010). Individuals suffering from an oncological disease experience their disease as a limited situation, which is associated with high emotional distress and self-awareness in a confrontation with death, the surrounding world and God (Yang et al., 2010). According to Yang et al. (2010), these patients talk about moments of severe emotional pain in which they completely lose trust and hope: "My world fell apart" and "I was staring inside of a black hole" (p. 65). The main reason for such emotional pain is considered to be the ability to imagine the infinite future and realize a loss of a short existence (Flaherty, 2012). The research by Zhang et al. (2010) revealed that in limited situations, when the individual is faced with death, subjects of a younger age experienced more emotional pain than subjects in other age groups. They found that a stronger emotional pain was also experienced by the elderly subjects with an inferior strategy of emotional regulation. Psychological distress and psychopathology is related to the lack of meaning of life (Steger, 2012) which is characterized by an existential crisis. Therefore, emotional pain is an existential crisis aspect that arises when the individual realizes the transience and meaninglessness of his existence.

Despair and helplessness

It has been noted that despair and helplessness are also aspects of an existential crisis. In the present moment, a person is experiencing struggle of opposites between freedom and dependence, which causes inner-pervasive despair (Kierkegaard, 1997). The attempt to deny own individuality and avoid the anxiety of nonexistence causes despair and emptiness in a person's life (May, 1977). The study has shown that despair and helplessness are common amongst patients that endure an existential crisis in disease (Yang et al., 2010). Other authors have based that the meaninglessness that characterizes the existential crisis is associated with hopelessness (Garcia-Alandete, Gallego-Pere, Pérez-Delgado, 2009).

The study of older women revealed that a woman who does not feel like her existence is meaningful stands out with a lack of motivation and lives her life as an existence without inner joy (Butėnaitė and Bulotaitė, 2011). Such a condition may arise in an existential crisis when

a person becomes frustrated with his meaningful life (Thompson, 2013), and disregards any responsibility for their life. It can be assumed that the feelings of helplessness and despair can be a warning of an upcoming existential crisis.

Disturbed sense of integrity

Another emotional aspect of an existential crisis is a disturbed sense of integrity. Kierkegaard (1997) writes that a person is touched by despair manifestations: fragmentation, dispersal, loss of balance and unity. Studies have revealed that in an existential crisis, a person is also faced with an identity crisis, insecurity, self-abandonment, alienation status, lack of motivation (Buténaité and Bulotaité, 2011; Debats, Drost and Hansen, 1995; Fonseca, 2011; Lucas, 2005; Yang et al., 2010; Thompson, 2013). It can be argued that such a person experiences a state of disturbed integrity. For people, the survival of meaning is strongly associated with close relationships with ourselves, others and the world, while the meaninglessness is associated with the state of alienation with himself, others and the world (Debats, Drost and Hansen, 1995). Patients went through an existential crisis which occurred in the form of an identity crisis (Yang et al., 2010). E. O'Neill acknowledges that addiction can cause suffering of separation from other people and from the greater power that gives a meaning to life (O'Neill and Bogard, 1999; as cited in Thompson, 2013). She describes the nature of her suffering as follows: "I will always be a stranger, who never feels like they have found their home... someone who will never be owned by anyone." The study, which analyzed the like experience of the elderly, highlighted the meanings where people felt the sense of security (Fonseca, 2011). Judging existential crisis, it is important to have the courage to face life with the loss of security (Yang et al., 2010). One may assume that the disturbed sense of integrity is the loss of the ability to relate and the loss of security.

Emotional vulnerability

Emotional vulnerability is another aspect of an existential crisis. Studies show that during an existential crisis, people experience emotional vulnerability, a wide range of emotions and a loss of feeling control (Fonseca, 2011; Yang et al., 2010). The authors mention that the sense of deficiency and meaninglessness experienced during an existential crisis are associated with fear, anger, shame, sadness (Steger et al.,

2006), panic (Yang et al., 2010) and depression (Mascaro & Rosen, 2005; Pinquart, 2002; Steger et al., 2009). Faced with their end, people feel emotionally vulnerable and guided by intuition (Fonseca, 2011). Cancer patients going through an existential crisis experience feelings of loss of control, which leads to a state of deep mourning (Yang et al., 2010). So emotional vulnerability in an existential crisis can occur in various ways.

Guilt, fear and anxiety

Existential crisis is characterized by the following specific existential feelings: guilt, fear and anxiety. Guilt can take away the meaning of life, but at the same time, it can be an opportunity to grow and become a better person (Frankl, 2010). It occurs when people deny their potential opportunities, become unable to understand the needs of people beside them, forget their dependence on the natural world (May, 1958). The study has shown that during the existential crisis, where a person is confronted with wrong choices of the past and the inability to change them, they go through an existential anxiety and existential guilt (Lucas, 2005). While improving, a person is faced with ontological anxiety and guilt associated with issues of higher existence (May, 1958). They experience three types of ontological anxiety: the understanding of human life transience, the perception of life senselessness, and the discovery of live value (Tillich, 1952).

In his book "The Meaning of Anxiety," R. May (1977) describes observations as patients struggle with the fear of death. Yang et al. (2010) found that cancer patients felt a strong sense of fear and anxiety while going through an existential crisis. Other studies confirm that the existential crisis caused by the sense deficiency and meaninglessness is associated with neuroticism (Steger et al., 2006), anxiety (Mascaro & Rosen, 2005) and the fear of death (Tomer, 2012; as cited in Steger, 2012). Therefore, existential crisis revealed specific existential feelings which arose from relation between "me" and the others (the world, a person). They can be both life compressive and revealing new possibilities.

Loneliness

Loneliness is an emotional aspect of existential crisis. Studies have revealed that people going through an existential crisis and illness feel lonely (Molzahn et al., 2008; Yang et al., 2010). Study by Young

et al. (2010) confirmed that cancer patients going through an existential crisis experience loneliness. Molzahn and his colleagues (2008) studied the experience of limitation in people with chronic kidney disease. They highlighted that these individuals may experience extremes between communication possession and loneliness. They felt alone, surrounded by relatives, in fear to experience mercy from others and tried to look strong. On the contrary, Moustakas (2008) suggests that loneliness is an experience of immediacy and depth through which a person is faced with his own being and discovers the substance of the relationship. Thus, loneliness is an aspect of existential crisis that not only enhances personal isolation but also helps understand relationships from a completely new perspective.

In summary, these are the emotional aspects of an existential crisis – emotional pain, disturbed sense of integrity, emotional vulnerability, anxiety, fear, guilt, and loneliness. They disturb the functioning of the personality but also reveal its potential. Depending on how these experiences are adopted and made meaningful, the person will be able to continue to develop successfully. The following aspects, which while going through an existential crisis, caused deep mourning and despair, require special attention.

Cognitive component

Excluded cognitive component includes the following aspects: the loss of meaning and purpose, the realization of own end, the loss of values and decision-making.

Loss of meaning and purpose

The loss of purpose and meaning of life is a cognitive component of an existential crisis. V. Frankl (2008, 2010) developed a psychotherapy course named Logotherapy which is based on the discovery of the meaning of life. He emphasizes that the meaning of life helps the negative aspects of life turn positive. As shown by the study of Flaherty (2012), finding the meaning of life is associated with a change of mind, which works for a limited period of time, and emotional pain. Persons experience greater emotional pain when cognitive reinterpretation is inferior. It encourages to pay greater attention to the improvement of positive thoughts.

Cancer patients experience mourning stage of existential crisis in which healing time is lost, they newly discover and integrate meanings (Yang et al., 2010). Loss of life purpose and meaning during an existential crisis causes deep mourning. Yang et al. (2010) indicate that while addressing the existential crisis, it is important to recognize the loss of the meaning of life. Then there is a new sense in which we discover the relationship with the ego-transcending reality, such as humanity, nature or God. This experience reduces the existential fear, despair, and helps accept the present life and its outcome. This study confirms that individuals with severe disease go through an existential crisis when they re-assess their life from a changed perspective. Thus, existential crisis is an internal process of growth, during which the losses are actually adopted and a relationship with a higher being is discovered.

According to the terms of psychosynthesis, existential crisis arises from an imbalance between personal and transpersonal (spiritual) areas (Assagioli, 1973; as cited in Firman and Gila, 1997). Although persons successfully develop in a personal sphere, develop themselves as an individual and are able to make their own decisions, they experience an existential crisis because they are not satisfied with the meaning of their own life. Maddi (1967) speaks of the existential neurosis, the cognitive part of the meaninglessness and the inability to believe in the truth, the importance and benefits (as cited in Yalom, 1980). The study of the experience of the meaning of life revealed that without a meaning, older women experience their life as existence without inner joy and life goals, and become content with the current situation: "I, as of today, have absolutely no higher purposes, goals or dreams" or "I refused it [life], simply voluntarily" or "I can somehow define it, but if some kind of decisions would be taken, I'm not involved in them" (Butėnaitė and Bulotaitė, 2011, p.243). This describes the experience of existential vacuum, which relates to the loss of meaning of life and loss of purpose. According to Thompson (2013), an existential vacuum arises when an individual's efforts to live a meaningful life are disappointed.

Realization of own end

The realization of own end is characteristic to an existential crisis. The main feature of the existential crisis is a strong awareness of own limitation: "I always knew that I will die one day but now, because of my

disease, I experienced what it is like to face death. And that makes a great difference" (Yang et al., 2010, p. 65). The study found that the existential crisis occurs in individuals at different times, but mostly when they have suffered a loss, when they only become aware of their diagnosis, during treatment or after a relapse. This is confirmed by Frankl (2010), one of the main aspects of existence, which can take away the meaning of life, is death. Imagining a limitless future while subsequently understanding a limited life can cause emotional pain (Flaherty, 2012). Kruse (1995) found that the end perception by the dying patient is associated with the perception of pain intensity, activities of daily dependence on each other, perceived social integration, and the necessary feeling.

The study of Wittkowski (1980) showed that the meaning of life, which includes the prospect of death, helps understand own development and survive the crisis. Subjective perception of the end revealed the meaning of life that was affected by life events: significant unexpected loss, body limitations (Fonseca, 2011). Researchers distinguish the meaning of life which had no impact on the situation: the relationship memories, intuition, paradoxical situation, insecurity, spiritual questioning, emotional vulnerability, perspective change and relationship with existence (Fonseca, 2011). The most important factors for accepting the impending death are religion, future prospects, life satisfaction, self-esteem and social integration (Wittkowski, 1980). Interesting conclusions were presented by Sill (1980). He investigated the residential institutions for older persons. He argued that the realization of the end (i.e. personal estimates of the time left before death) is a better predictor of the person's disengagement (i.e. having no responsibilities) than his or her chronological age.

Elderly persons' perception of the end is characterized by the following main characteristics: death experience during lifetime, experience in a health care facility, the awareness and grief (Giacomin et al., 2013). Study confirmed: the older the person, the earlier and more realistic the grief, loss and the perception of the end. In limited situations, disease and disability cause the feelings of inability to cope with the daily activities and causing trouble to others (Giacomin et al., 2013). Thus, such a life for most may appear worse than death itself. On the contrary, study by Wisniewski (2008) is critical in the possibility of an authentic encounter with the result that acknowledges the value of others. An authentic

encounter with the end cannot be fully resolved in an existential crisis, because a person cannot fully come to terms with the fact of his end.

The realization of death does not necessarily cause an existential crisis (Young et al., 2010). For example, when a patient is following his previous experience (own age or previously experienced fatal diseases), a meaningful system has already been developed. Otherwise, on the basis of a physical point of view, or fighting their own mortality, a person cannot recognize the fact of his death. Consciously denying their deadly disease and concentrating on the recovery, patients do not realize their own mortality and do not survive existential crisis. Ettema (2013) revealed the paradox that death is both recognized and denied. De Oliveira and colleagues (2013) found that it is important for medical professionals to see death as a part of human existence and to reflect on their own death. Death-actualization is a very personal thing, which is found in sharing with others and integrating their experience of what it means to be a limited person (Ettema, 2013). Thus, in the existential crisis, its adoption and its actualization help to understand the existence and limitations authentically.

Loss of personal values

Another aspect of an existential crisis is the loss of personal values and the discovery of other values. Brandtstädter with colleagues (2010), while researching the awareness of life, personal goals and rational perspectives, discovered that the person is released from the egoistic-individualistic concerns and takes the ego exceeding targets when he knows his actual remaining time of living. When the future becomes unsafe, fewer still make sense to defer satisfaction and refuse to take advantage of future opportunities (Fantino, 1995: as cited in Brandtstädter et al., 2010). Therefore, life limitations, experienced in an existential crisis, strengthen our eternal values – it helps a person to maintain their life limits (Brandtstädter et al., 2010). It can be assumed that the existential crisis experience in limited situations can encourage a person to overestimate his life and discover new spiritual values.

Existential crisis arises when a person is not satisfied with a spiritual need (Assagioli, 1973: as cited in Firman and Gila, 1997). A study by Fonseca (2011) found that existential crisis leads to understanding the effect of intuition, spiritual questioning, the prospects of change in relationship

to their existence, and so on. Yang et al. (2010) study confirms that individuals with severe disease go through an existential crisis during which they experience a fresh look at life.

Decision making

Existential crisis is characterized by decision-making. According to V. Frankl (2008), it all depends on whether a person is aware of his options. Freely choosing, a person decides on the possibility in a way of “that will be condemned, and that will be implemented” (Frankl, 2008, p. 113). R. May (1977) describes his observations how patients struggle with the fear of death. Patients who were too optimistic, hopeful and believed in healing, usually died. Those, who accepted their disease and dealt with it, survived. In this case, a person’s survival depends not so much on medical treatment but more on acceptance and awareness of the situation. In every moment, he must decide what his final decision will be.

On the contrary, the decision may be understood wrong. For example, a deep desire to go back and change the past experience occurs when a mistake is made at the moment chosen not according to their own beliefs, values, needs growth (Lucas, 2005). According to Lucas (2005), the existential crisis arises from a confrontation with the result of past choices, inability to change the past, and the loss of freedom in the past.

Thus, it can be concluded that the perception and reflection of the cognitive aspects in an existential crisis can help integrate them into their experience and help make the right choice that may help resolve an existential crisis.

Behavioral component

Behavioral component includes: restraining actions, rituals, relationship loss, health problems, addictions, anti-social behavior and the need for therapy.

Restricted actions

Restricted actions are a behavioral aspect of an existential crisis. In limited situations, disease and disability cause a feeling – an inability to cope with the daily activities and causing trouble to others (Giacomin et al., 2013). As the authors note, such a life may appear worse than

dying itself for most individuals. The older the person, the earlier and more realistic grief, loss, and the perception of the end is (Giacomin et al., 2013). A study on the medical professionals' understanding of death and dying has shown that the medical professionals are required to gain experience cases of patients dying (De Oliveira et al., 2013).

May (1958) emphasizes, there is always a false choice when a person is faced with improvement, the greater questions of existence. When they make a mistake that cannot be resolved in accordance with their values and beliefs, human actions and choices become constrained (Lucas, 2005). Thus, in an existential crisis, constrained actions can determine both situation and self-determination.

Rituals

Another aspect of an existential crisis – rituals. According to Turner (1969), rituals help move liminal life situations, such as transitional stages of the lives, and solve existential crisis. Van Gennep (1961) breaks down ritual process into three phases: separation, finite period, a new assimilation (as cited in Turner, 1969). These ritual stages are designed to move the liminal life situation. As stated by Turner (1969), this is an intermediate state, which is considered as an exit of time and place, away from the usual social activities, and is designed to test its core cultural values. The main element of the ritual is the opportunity to transition to a new status of the new approach to society. In the first stage of separation, a person who, crossing a certain limit, experiences impermanence, refuses the normal social context and situation. This can be perceived as going through an existential crisis, which is regarded as a death, because the individual is not completely dead in his old life, nor fully alive in his new life.

Loss of relationships

Existential crisis is characterized by the loss of relationship. During this, cancer patients lose their social relations, which causes deep mourning (Yang et al., 2010). Also, meaninglessness experienced in an existential crisis is related to the alienation state and with other worlds (Debats, Drost and Hansen, 1995). A study of elderly women showed how changes in social relationships affected their lives (Butėnaitė & Bulotaitė, 2011). For example, a woman caring for her husband has experienced more difficulty in communication with her husband because

of the illness, because it impaired his speech: a brief “yes”, “I can”, “I cannot” (p. 245).

Molzahn with colleagues (2008) studied people with chronic kidney disease and revealed limit experiences, where most described their relationship with the environment: dependence/independence with links/loneliness, freedom/restriction, normal/abnormal. Patients’ stories revealed their distress of daily treatment – it is perceived as the thin line between the life and the death. Individuals describe their experience of existential crisis as follows: “Finally, I felt like there was nothing that could help me” and “I felt that my horizon has changed. Now I had to live differently, I had to do what was prepared for me” (Molzahn et al., 2008, p. 16). Therefore, one can assume that the loss of relationships, changed relationships, can enhance the isolation of people and complicate the experience of an existential crisis.

Health problems

Existential crisis is characterized by health problems. The existential vacuum, inherent to the existential crisis, can accelerate the emergence of neurosis that causes psychological and somatic symptoms and personal doubts on the existential essence (Frankl, 2010). Study by Buténaité and Bulotaité (2011) showed that women, who do not feel the meaning of life, stood out with their negative state and complaints about health issues. One of them stated: “Hard, hard... high blood pressure and the heart strikes, everything is happening because of my weak nerve system” (p. 243). Stories of patients with kidney disease revealed limit experiences, including both health improvements and deterioration (Molzahn et al., 2008). Thus, existential crisis can affect a person’s health.

Addictions

Addictions are characteristic to an existential crisis. The lack of meaning, which is a common trait of an existential crisis, is linked to the abuse of harmful substances (Newcomb and Harlow, 1986). Studies on addicted people revealed that they positively describe their experience of intoxication (Thompson, 2013). Gregoire (1995) concluded (as cited in Thompson, 2013) that alcoholics drink and get drunk trying to find time transcendence and meaning. Trujillo (2004) discovered (as cited in Thompson, 2013) that cocaine users experienced dizziness as the highest state of consciousness which is described as inspiring a respect

for the beauty of the world and liberating thinking. However, this is a false existence experience because it is short-term and disastrous since the existential vacuum still remains.

Experience of existential vacuum is often caused or exacerbated by the needs for pleasure and power, which can be difficult to distinguish from the need for meaning in life (Frankl, 2010). Pleasure needs are characterized by carnal satisfaction achievement, i.e. sexual mania or drug addiction, and pursuit of power demand causes materiality and increased aggression. The satisfaction of pleasure and power needs prevents a person from experiencing the meaning of life. These needs reinforce the existential vacuum experience, forcing the person to continue looking for cheap satisfaction and hoping to avoid internal voids. In this way, a cycle of uselessness is formed and the person might experience neurosis.

The current authors seek to understand Logotherapy models proposed by Frankl (2010) to explain the links between life meanings, the meaning of life experience, existential vacuum, existential frustration, neurosis, power and pleasure needs (Joshi et al., 2014). Joshi and his colleagues (2014) conducted a study that confirmed that the two models explain the needs for power and pleasure as results of neurosis or as its causes. The first model confirmed the fact that noogenic neurosis and its symptoms arise from the failure in the search of the meaning of life, leading to undiscovered meaning of life, which may cause an existential vacuum. By this model, it has been shown that an existential vacuum causes noogenic neurosis, which leads to the experience of power and pleasure needs. The meaning of life becomes less understandable and the existential vacuum increases, while noogenic neurosis weakens the ability to enjoy the life. The second model showed that the existential frustration was caused by the strengthening power and satisfaction needs. Existential frustration increased the existential vacuum experience, which weakened the meaning of life and intensified the search for the meaning of life. Existential frustration and diminished sense of life reduced the feeling of satisfaction with life.

In summary, an addiction is very likely to form while the person is experiencing an existential crisis. This occurs in order to avoid a vacuum, and the meaning of life is compensated by power and pleasure needs.

Antisocial behavior

Anti-social behavior is another behavioral aspect of an existential crisis. This is supported by the fact that existential crisis is caused by meaninglessness associated with hostility, antisocial behavior and aggression (Steger et al., 2008), suicide (Edwards & Holden, 2001), negative life events and the tribulations in life (Edmonds & Hooker, 1992; as cited in Steger, 2012). According to May (1967), in the absence of meaning and purpose, people engage in self-injurious behavior. Therefore, the existential crisis of a person can become dangerous to himself and others.

Need for therapy

A person experiencing an existential crisis is characterized by the need for therapy. It was found that people who suffer from the lack of meaning in life express the need for a stronger therapy (Battista and Almond, 1973; as cited in Steger, 2012). These individuals often suffer from various health and mental disorders (Steger et al., 2006; Mascaro & Rosen, 2005; Pinquart, 2002; Steger et al., 2006; Steger et al., 2009; Steger et al., 2008; Steger, 2012). This reveals the need for a stronger therapy. According to Thompson (2013), most therapy clients said they do not have a meaning that would make life worth living. Despite their successful lives, they experience boredom and different feelings that arise from the experience of meaninglessness (Thompson, 2013). It is worth noting that a person experiencing an existential crisis should be able to seek for help from professionals.

In summary, we can say the rituals and the need for therapy are useful aspects that can help overcome an existential crisis. Its experience may be obstructed or impeded by these behavioral aspects: restricted action, anti-social behavior, addictions and the loss of relationships.

CONCLUSIONS

Based on the analysis of the experience of an existential crisis, it was differentiated between these components and aspects of an existential crisis. The emotional component includes these aspects: emotional pain, despair, helplessness, disturbed sense of integrity, emotional vulnerability, guilt, fear, anxiety and loneliness. The cognitive component includes

these aspects: loss of meaning and goals, realization of own end, loss of personal values, decision-making. The perception and reflection of these aspects can help integrate them into personal experience and help make the right choice that may help resolve an existential crisis. The behavioral component is characterized by these aspects: restraining actions, rituals, relationship loss, health problems, addictions, anti-social behavior and the need for therapy. The rituals and the need for therapy are useful aspects that can help overcome an existential crisis.

Now we can talk about the existential crisis not only through the existential prism but also through the emotional, cognitive and behavioral components. Comparison of these existential crisis components and existential realities distinguished by Yalom (1980) has revealed that a new and interesting finding is the behavioral component that has not been emphasized before. It was revealed that the existential crisis is conceptualized over how it unfolds in the experience, rather than on the basis of theoretical concepts.

Existential crisis can be defined as a confrontation and an experienced relationship of the existential realities, therefore, a crisis becomes an existential crisis. The feelings that are inherent for the condition are: emotional pain, disturbed sense of integrity, hopelessness, helplessness, anxiety, guilt, fear and loneliness. Existential crisis is characterized not only by negative consequences but also by the positive aspects – the discovery of new meaning and personal values.

References

- Brandtstädter, J., Rothermund, K., Kranz, D., Kühn, W. (2010). Final decenterations: Personal goals, rationality perspectives, and the awareness of life's finitude. *European Psychologist*, 15(2), 152–163.
- Brown, J. A. (1980). Child abuse: An existential process. *Clinical Social Work Journal*, 8(2), 108–115.
- Butėnaitė, J., Bulotaitė L. (2011). Vyresnio amžiaus moterų gyvenimo prasmės išgyvenimas. *Gerontologija*, 12(4), 240–249.
- De Oliveira, P. P., Amaral, J. G., Viegas, S. M., Rodrigues, A. B. (2013). The perception of death and dying of professionals working in a long-term care institution for the elderly. *Ciência&SaúdeColetiva*, 18(9), 2635–44.

- Debats, D. L., Drost, J. Hansen, P. (1995). Experiences of meaning in life: A combined qualitative and quantitative approach. *British Journal of Psychology*, 86(3), 359–375.
- Edwards, M. J., Holden, R. R. (2001). Coping, meaning in life, and suicidal manifestations: Examining gender differences. *Journal of Clinical Psychology*, 57, 1517–1534.
- Ettema, E. J. (2013). Death: 'nothing' gives insight. *Medicine, Health Care and Philosophy*, 16(3), 575–585.
- Firman, J., Gila, A. (1997). *The primal wound: A transpersonal approach to trauma, addiction and growth*. NY: SUNY Press.
- Flaherty, M. G. (2012). Time and the Horizon of Poignancy: Notes on Temporally Induced Sorrow. *KronoScope*, 12(1), 90–103.
- Fonseca, J. (2011). Ageing-Towards-Death. *Journal of the Society for Existential Analysis*, 22(2), 325–343.
- Frankl, V. E. (2008). *Sielogyda – gydytojo rūpestis siela*. Vilnius: Vaga.
- Frankl, V. E. (2010). Žmogus prasmės akivaizdoje. Vilnius: Katalikų pasaulio leidiniai.
- Garcia-Alandete, J., Gallego-Pérez, J. F., Pérez-Delgado, D. E. (2009). Purpose in Life and Hopelessness: an Empirical Study. *Universitas Psychologica*, 8(2), 447–454.
- Giacomin, K. C., dos Santos, W. J., Firmo J. O. (2013) The anticipated grieving before the awareness of finitude: life and the fear of "not being able to cope," "giving too much trouble" and dying. *Ciência & Saúde Coletiva*, 18(9), 2487–96.
- Gilliland, B. E., James R.K. (1993). *Crisis intervention strategies* (2nd ed.). USA, CA: Thomson Brooks/Cole. 3–26.
- Yalom, I. D. (1980). *Existential Psychotherapy*. United States of America: Basic Books.
- Yang, W., Staps, T., Hijmans, E. (2010). Existential Crisis and the Awareness of Dying: The Role of Meaning and Spirituality. *Journal of Death & Dying*, 61(1), 53–69.
- James, R.K. (2007). *Crisis Intervention Strategies* (6th ed.). USA, CA: Thomson Brooks/Cole.
- Joshi, C., Marszalek, J. M., Berkel, L. A., Hinshaw, A. B. (2014). An Empirical Investigation of Viktor Frankl's Logotherapeutic Model. *Journal of Humanistic Psychology*, 54, 227–253.
- Kierkegaard S. (1941). *The sickness unto death*. New Jersey: Princeton University Press.
- Kruse, A. (1995). Patients in the terminal phase and their caregivers as a "dyad": how do they perceive the finite stage of life, how do they cope with it?—Results of a longitudinal study. *Zeitschrift Für Gerontologie Und Geriatrie*, 28(4), 264–72.
- Lucas, M. N. (2005). Existential Regret. *Journal of the Society for Existential Analysis*, 16(2), 336–346.
- Maddi, S. R. (1967). *The existential neurosis*. *Journal of Abnormal Psychology*, 72(4): 311–325.

- May, R. (1958). Contributions of existential psychotherapy. In R. May, E. Angel and H. F. Ellenberger (Eds.), *Existence: A New Dimension in Psychiatry and Psychology*. New York: Basic Books.
- May, R. (1967). *Psychology and the Human Dilemma*. USA: van Nostrand.
- May, R. (1977). *The Meaning of Anxiety*. London: Norton & Co.
- Mascaro, N., Rosen, D. H. (2005). Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of Personality, 73*, 985–1014.
- Molzahn, A. E., Bruce, A., Shields, L. (2008). Learning from Stories of People with Chronic Kidney Disease. *Nephrology Nursing Journal, 35*(1), 14–20.
- Moustakas C. E. *Vienatvė*. Kaunas: Žmogaus psichologijos studija. 2008.
- Newcomb, M. D., Harlow, L. L. (1986). Life events and substance use among adolescents: Mediating effects of perceived loss of control and meaninglessness in life. *Journal of Personality and Social Psychology, 51*(3), 564–577.
- Pinquart, M. (2002). Creating and maintaining purpose in life in old age: A meta-analysis. *Ageing International, 27*, 90–114.
- Sill, J. S. (1980). Disengagement reconsidered: awareness of finitude. *The Gerontologist, 20*(4), 457–62.
- Steger, M. F. (2012). Experiencing meaning in life: Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications*. New York, NY: Routledge, 165–177.
- Steger, M. F., Frazier, P., Oishi, S., Kaler, M. (2006). The Meaning-in-Life Questionnaire: Assessing the presence of and the search for meaning in life. *Journal of Counseling Psychology, 53*, 80–93.
- 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*, 199–228.
- Steger, M. F., Oishi, S., Kashdan, T. B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *Journal of Positive Psychology, 4*(1), 43–52.
- Thompson, G. (2013). A Meaning-Centered Therapy for Addictions. *International Journal Mental Health Addiction, 10*, 428–440.
- Tillich, P. (1952). *The Courage to Be*. USA: Yale University Press.
- Turner, V. (1969). Liminality and Communitas. In V. Turner, *The Ritual Process: Structure and Anti-Structure*. Chicago: Aldine Publishing, 94–130.
- Wittkowski, J. (1980). Coming to terms with death – a determinant of successful aging? *Zeitschrift Für Gerontologie, 13*(6), 552–9.
- Zhang, X., Ersner-Hershfield, H., Fung, H. H. (2010). Age differences in poignancy: Cognitive reappraisal as a moderator. *Psychology And Aging, 25*(2), 310–20.

EGZISTENCINĖS KRIZĖS KOMPONENTAI: TEORINĖ ANALIZĖ

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Santrauka. Mokslinė problema. Psichoterapeutams ir psichologams, dirbantiems su įvairiais sunkumais besiskundžiančiais asmenimis, svarbu suprasti jų egzistencinės krizės patyrimą. Egzistencinės krizės perspektyva atskleidžiama per patirtis, susijusias su baigtinumu ir begalybe. Siekiama pateikti bendrą egzistencinės krizės sampratą, išskiriant pagrindinius egzistencinės krizės komponentus ir jų aspektus. Tai išsiaiškinus, atsiras galimybė įvairiapusiškai pažvelgti į egzistencinės krizės teorinius ir empirinius tyrimus. **Tikslas** – išskirti ir išanalizuoti egzistencinės krizės komponentus ir aspektus. **Metodas** – teorinė analizė, kuri apima mokslinės literatūros lyginimą, apibendrinimą ir duomenų interpretavimą. **Rezultatai ir išvados.** Išskirti šie egzistencinės krizės komponentai: emocinis, pažintinis ir elgesio. Emocinis komponentas apima emocinį skausmą, nevilgtį, bejėgiškumą, sutrikusį integralumo jausmą, emocinį pažeidžiamumą, kaltę, baimę, nerimą ir vienišumą. Pažintinis komponentas atspindi prasmės ir tikslo praradimą, savo paties baigties suvokimą, vertybių praradimą, sprendimų priėmimą. Elgesio komponentui būdingi: suvaržyti veiksmai, ritualai, santykių nutraukimas, sveikatos sutrikimai, priklausomybės, antisocialus elgesys ir poreikis terapijai.

Pagrindiniai žodžiai: egzistencialai, ribinė situacija, emocinis skausmas.

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