

The Process of Diagnosis in Existential Analysis

Alfried Längle

Abstract:

Within an existential analytical framework, diagnosis can be understood as the process of realizing and coming to an understanding about a disorder. Diagnosis includes the frequency of appearance, the structure and the individual specifications of the disorder in order to provide an orientation for treatment. The diagnosis is used at the beginning of psychotherapy (initial diagnosis), during the process of treatment (process diagnosis) and as a reflected assessment at the end of existential analytic treatment (concluding diagnosis).

The aim of a given diagnosis is to connect the patient's experience (or phenomenon) of the disorder to existential analytic theory in such a way that it facilitates appropriate treatment that is in tune with the patient, the phenomenon and psychotherapeutic ethics. The purpose of diagnostics is to assess the phenomenon in regard to the severity of disturbance (necessity of treatment), in its etiology and connection to other relevant domains (especially somatic participation, social and existential environment). Diagnostics are also used to assess the phenomenon in terms of its prognosis (treatment expectations, obstacles and dangers during treatment) and to coordinate these insights with methods that enhance optimal treatment (this includes an easy communication with other specialists). The Diagnosis is built on anamnesis, tests and phenomenology. Its power of evidence is increased by linking these results to general knowledge.

As a phenomenological diagnosis, the existential-analytical diagnosis begins primarily with what actually moves the patient and focuses its attention on the existential capacities and needs of the patient. Both are ascertained through a clarification of the prerequisites for a holistic existence (represented by the existential fundamental motivations) and the ability to encounter oneself and the world (represented by the method of personal existential analysis). This sheds further light on the dynamic power of the patient and the processing capacities for the prevailing psychopathology.

This work is based upon the published results (1999) of a project that was conducted by Luss, Freitag, Längle A, Tutsch, Längle S and Görtz for existential analysis.

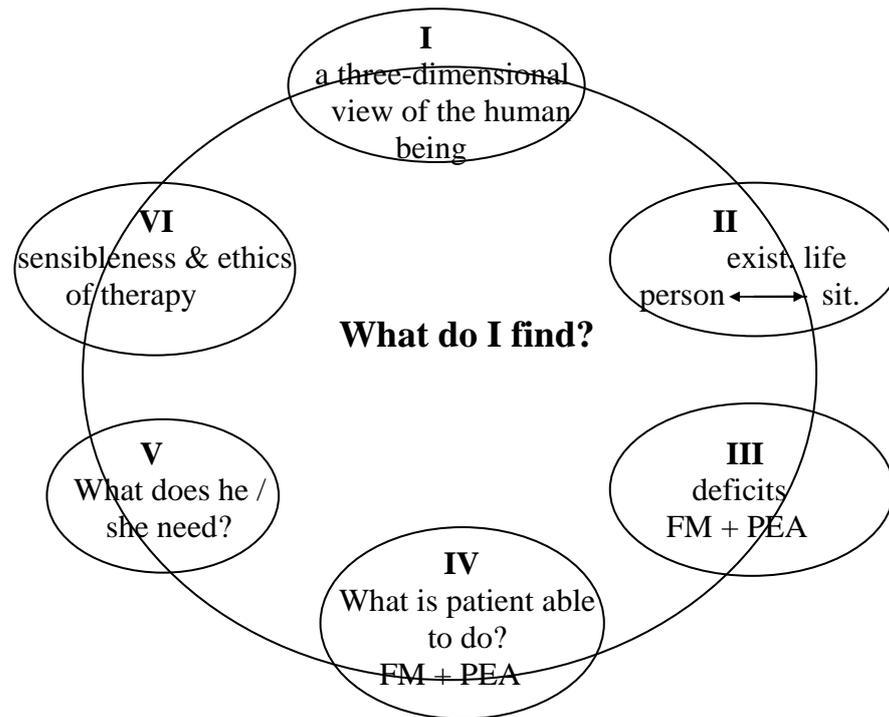
I. Existential-Analytical Cycle of Diagnosis

The existential-analytic process of diagnosis reveals six distinguishable stages by which the symptoms or problems are objectively investigated, including the subjective experience the patients made themselves (and the therapist conducting the diagnosis). To provide this necessary information for existential-analytic therapy, the order of these stages of diagnosis is flexible. The process of diagnosis generally takes place over the course of several sessions of therapy and remains relevant throughout the entire treatment. In order to arrive at a holistic picture of diagnosis, all areas of the diagnostic cycle must be examined at least once.

The **goal** of an existential-analytic diagnosis is to reveal at least the following:

1. Whether an *existential-analytic* therapy is necessary or if *other* help is needed;
2. Which therapeutic *approach* is useful and where to apply it;
3. The personal and environmental (Mitwelt, Umwelt) *resources* available to the patient that are relevant to therapy;

4. Which *problems and dangers* are to be taken in account for the patient, the therapist and the therapeutic work (prognostic value);
5. The *extent and scope of treatment* which is justifiable, given a realistic and responsible assessment of the necessary timeframe for therapy and its financial implications for the patient;
6. The categorization of symptoms according to international psychiatric *systems of diagnosis*. This is necessary in order to facilitate and improve intra and interdisciplinary communication, scientific comparative studies and provide a rationale for the patient's insurance carrier.



FM.....Fundamental Motivations
PEA.....Personal Existential Analysis

Figure 1: *Existential-analytical Cycle of Diagnosis: an overview of the essential elements which are incorporated into a complete, existential-analytical diagnostic.*

Hence an existential-analytic diagnosis follows *two schemas: the methodical*, which sheds light on the specific understanding of psychopathology, anthropology and on the existential understanding of the disorder; as well as the *common diagnostic* schema, which spans across various schools of thought (ICD and DSM). Practically speaking, the diagnosis is a homogenous process in which there is a fluent transition from each step to the other.

1. Step 1 of Diagnosis: Reference to the Three-dimensional View of the Human Being

According to Frankl (e.g, 1990, 198f), the three-dimensional view of human beings offers a preliminary, general grid to determine whether the central emphasis of the disorder lies in the somatic, psychic or personal (noetic, existential) domains. This step is a preliminary and general orientation, one that gives the disorder its appropriate assignment according to the main emphasis of the anthropological structures involved. It clarifies whether other methods of treatment should be employed (e.g., referral to other disciplines and further examination) in addition to existential-analytic psychotherapy.

2. Step 2 of Diagnosis: Existentiality – the Dialogical Exchange between the Individual and his or her Situation.

This next step of diagnosis attempts to locate the individual in his or her existentiality. The *dialogical openness* can generally be disturbed on three levels: the level of input, the process level and the level of output. If there are blocks on any of these three levels, an individual becomes existentially impoverished. These blocks, or hindrances, are the breeding ground for psychopathology. The diagnosis of the patient's ability for relationship and encounter can be ascertained from how s/he reports handling various life situations. Additionally, the *therapeutic relationship* also mirrors the patient's relational abilities and is thus highly relevant for diagnosis. The *degree of disturbance* in the patient's existentiality offers insights into the severity of the psychological disorder.

3. Step 3 of Diagnosis: Psychopathology and Psycho-Pathogenesis

After the existential situation of the patient has been comprehended, the next step of diagnostics is to clarify the *specific suffering* of the patient and its causal connections. The aim of this step is to understand the patient's (conscious and unconscious) desire to seek outside help. This step involves a diagnosis of the patient's *motivation for therapy* and this includes the patient's *subjective understanding of the illness/disorder*. The *attitudes* patients hold towards the disorder as well as their *expectations* of psychotherapy (the subjective aim of therapy) are interconnected themes in this third step of diagnosis.

In addition to the subjective expectations of the patient, *professional assessments* regarding the specific elements of disorder and its causes are also required. On the one hand, such an assessment demands a phenomenological and sensitive approach. On the other hand, it necessitates knowledge of the specific existential-analytic psychopathology in order to find explanations for the disorder based on an accurate *anamnesis*.

4. Step 4 of Diagnosis: Personal Resources “What can the Patient do?”

In this fourth step (and this extends to the fifth step) the disturbed experience, the experience of pain and the pathological behavior of the patient is seen within the contexts of both the theory of the person and the theory of existence. The main focus in existential analysis is on the *personal resources* of the patient. Therefore, the patient's own abilities to solve or improve his/her condition must be recognized at the outset. This facilitates and improves the patient's existentiality. In addition, the psychological, somatic, social, economic and professional resources of the patient must also be addressed.

Inquiry into the resources and personal abilities of the patient provide the *specific groundwork for existential-analytic psychotherapy*. In some cases (e.g., with children) an *outside anamnesis* is helpful or even necessary.

The *structural model* of existential analysis and the personal *fundamental motivations* (Längle 1997, 2002; engl. 2003) are the schematic background for determining the patient's personal resources. This model allows for a systematic exploration of the fundamental conditions of existence in order to reveal which conditions are well-developed and which are blocked. The main “substance” for the existential abilities is elaborated. Several psychological assessments employ specified methods to achieve this purpose (Längle, Orgler, Kundi 2000; engl. 2003; Längle, Eckhard 2001).

In addition, the patient's ability for personal dynamics is also assessed using the personal existential analysis. In order to handle present situations, an individual has four dynamic forms of behavior. These are described in the personal existential analysis (Längle 1993, 2000; engl. 1995) and may also be called “*personal process variables*”.

5. Step 5 of Diagnosis: Analysis of Needs of the Patient

Closely connected to the previous step is the analysis of patient needs. In step 5 the therapist *evaluates*, on the basis of his or her professional knowledge and observations, the imminent needs required to improve the actual life-situation of the patient. This professional assessment also requires the therapist to use the same abilities of personal existential analysis. This fifth step of diagnosis leads to the establishment of a *therapeutic plan* based on a summary of the gathered information from the previous steps. The overview of the patient's dialogical blocks may also lead to the realization that the disturbance may lie more predominantly at a systemic level or at the pathology of the patient's partner rather than within the patient themselves. In addition, this general diagnostic picture also facilitates a prognostic assessment.

6. Step 6 of Diagnosis: Self-Assessment of the Therapist

In order to round off the psychotherapeutic diagnostic within the framework of a phenomenological oriented approach, the therapist also needs to *assess* his/her *own competence*, motivation, personal sense of responsibility, and the sensibleness (meaning and purpose) of therapy. A diagnosis of the therapist's own personality, mirrored by the personality, symptoms and problems of the patient, is important in order to protect the patient and to ensure an efficient progress in therapy as well as for the therapists own protection and psychological hygiene.

This self-assessment can be made in theoretical conformity with the four fundamental motivations of human existence.

After the initial existential-analytic diagnosis has been undertaken (or while this is being done) a second **theoretically extrinsic diagnosis** is made. This diagnosis is conducted according to the current diagnostic schemata, which are established by the various international commissions. The aim is to serve as a corrective for specific methodical diagnosis, to reveal possible "blind spots" on the basis of anthropology and methodology and, to make use of the wide experiential range within the discipline. On account of its standardized and schematic structure, the diagnosis of psychopathology becomes more precise. Employing an interdisciplinary diagnostic system facilitates and improves communication with representatives from other disciplines who use alternative methods for arriving at a diagnosis.

II. An Overview of the Process of Diagnosis

The following figure, in the shape of a cone, represents the process of diagnosis. It is based on the theoretically specific diagnostic process. As abstraction increases, a uniform picture forms. In the figure, the peak of the cone symbolizes this uniformity. It is at this point, at the most abstract level, that the theoretically extrinsic diagnostic is attached. The results that are achieved supply the basis for practical treatment. This, in fact, is the main task of diagnostics. The insights gained become practical. What moves the patient is now reflected by his or her needs to find his/her way out of suffering and to solve the problem. For this the same tools are used like at the initial phase of diagnosis: Anthropology, the structural elements of existence and the process dynamics. The insights gained become increasingly tangible in this step. Silvia Längle proposed the double-cone shape to illustrate these complex processes and provide a clear overview of them (cf. Fig. 2). The double-cone clarifies the epistemological steps of diagnostic. At first the steps are increasingly abstract. However, as these steps progress in the opposite way, they become more and more concrete. In terms of content and method, this model summarizes the process of diagnosis in existential-analysis.

Abstraction und Concreteness in existential-analytical Diagnostics

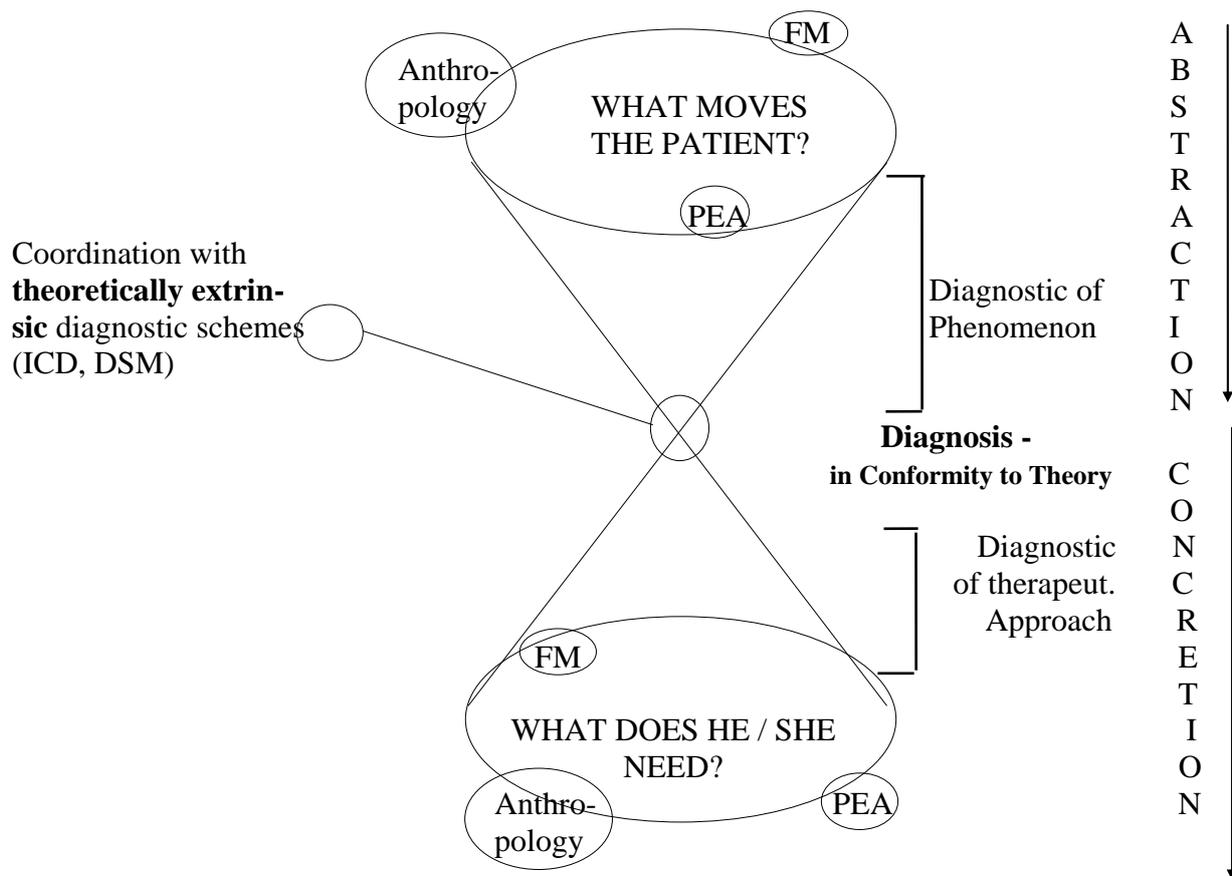


Figure 2: An Overview of the existential-analytical Process of Diagnosis (Luss et al. 1999)

Literature:

- Frankl, V. (1990) Der leidende Mensch. Anthropologische Grundlagen der Psychotherapie, Neuausgabe. München, Piper
- Frankl, V. (1955/1986) The doctor and the soul. From psychotherapy to logotherapy. New York: Vintage Books
- Frankl, V. (1967/1985) Psychotherapy and Existentialism. Selected Papers on Logotherapy. New York: Simon & Schuster
- Längle, A. (1992) Existenzanalyse und Logotherapie. In: Pritz A., Petzhold H. (Eds.) Der Krankheitsbegriff in der modernen Psychotherapie. Paderborn, Junfermann, S 355-369
- Längle, A. (1993) Personale Existenzanalyse, In: Längle, A. (Ed.) Wertbegegnung. Phänomene und methodische Zugänge. Tagungsbericht der GLE 1+2, 7. Wien: GLE, 133-160
- Längle, A. (1995) Personal Existential Analysis. In: Psychotherapy East and West. Integration of Psychotherapies. Seoul: Korean Academy of Psychotherapists 1995, 348-364
- Längle, A. (1997) Modell einer existenzanalytischen Gruppentherapie für die Suchtbehandlung. In: Längle A., Probst Ch. (Eds.) Süchtig sein. Entstehung, Formen und Behandlung von Abhängigkeiten. Wien: Facultas, 149-169
- Längle, A. (2003) The Search for Meaning in Life and the Fundamental Existential Motivations. In: Psychotherapy in Australia, 10, 1, 22-27
- Längle, A., (2000) (Ed.) Praxis der Personalen Existenzanalyse. Wien: Facultas.
- Längle, A., (2002) Die Grundmotivationen menschlicher Existenz als Wirkstruktur existenzanalytischer Psychotherapie. In: Fundamenta Psychiatrica 16, 1, 1-8
- Längle, A., Eckhard, P. (2001) Skalen zur Erfassung von existentieller Motivation, Selbstwert und Sinnerleben. In: Existenzanalyse 18, 1, 35-39 – An English version is available from the author.
- Luss, K., Freitag, P., Längle, A., Tutsch, L., Längle, S., Görtz, A. (1999) Diagnostik in Existenzanalyse und Logotherapie. In: Laireiter, H. (Ed.) Diagnostik in der Psychotherapie. Springer, Wien

Längle, A., Orgler, Ch., Kundi, M. (2000) Existenzskala ESK. Göttingen: Hogrefe-Beltz Längle A, Orgler Ch, Kundi M (2003) The Existence Scale. A new approach to assess the ability to find personal meaning in life and to reach existential fulfilment. In: European Psychotherapy 4, 1, 135-151
Simhandl, Ch. (1997) Diagnostik psychischer Störungen in der Praxis. Existenzanalyse 14, 1, 33-37

My thanks go to Britt-Mari Sykes (Ottawa) and Derrick Klaassen (Vancouver) for the redaction of the English translation.

Address of the Author:

Alfried Längle, M.D., Ph.D.
Ed. Suess-Gasse 10
1150 Vienna, Austria
alfried.laengle@existenzanalyse.org