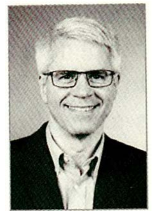
REVISITING EXISTENTIAL CONCEPTS IN THE TREATMENT OF 3 PATIENTS WITH SCHIZOPHRENIA

Philippe Huguelet, MD & Antonio C. Sison, MD, FPPA*



ABSTRACT

In this paper, we describe the basic tenets of existentialism. Then we describe the issue of meaning, a construct involving three components: 1) meaning arising from the perception of the way the world manifests itself to us; 2) meaning as a sense of "purpose" and 3) meaning deriving from a personal construct, related to one's life story. In addition, meaning involves two perspectives: a global perspective about the world and the self i.e. global meaning, and a perspective related to circumstances, such as trauma or grief (meaning making). In this latter case, it consists in a way of coping, often involving spiritual beliefs, and aims to adapt to the situation. Global meaning has been shown to be altered in disorders such as schizophrenia. Concerning meaning-making, many patients with schizophrenia incorporate a spiritual vision of their illness, which entailed positive or negative consequences in terms of coping. Finally we give some examples illustrating how meaning and meaning-making arise in the lives of patients with schizophrenia, followed by some recommendations for the clinicians.

INTRODUCTION

Clinicians must be skilled in psychopharmacology for the treatment of patients with schizophrenia. Yet, they should keep in mind that for many patients, the psychotic episode impacts on their sense of meaning and purpose in life.

Jeffrey A. Lieberman, the well known American Psychiatrist, published in 2015 the book "Shrinks; the Untold History of Psychiatry". In this book, he wrote that "Mental Illness is a medical condition – but also an existential condition." This was a profound statement keeping in mind that this author, one of the pioneers in antipsychotic research, put forward a dimension of psychiatry which was hardly discussed--the existential dimension of clinical care in patients with severe mental disorders such as schizophrenia[1].

For clinicians, there's a need to review the early origins of existential thought in order to appreciate an existential perspective on mental illness. The seeds for existential ideas were attributed to 19th Century, with philosophers such as Søren Kierkegaard and Friedrich Nietzsche, who explored the re-conceptualization of the role of religion and social morality in man's experience of alienation and angst[2].

In the following decades, writers such as Jean-Paul Sartre and Albert Camus wrote scholarly and fictional works on existential themes, such as dread, boredom, alienation, the absurd, freedom, commitment and nothingness[3,4].

So what exactly is Existentialism? Table 1 describes its tenets, according to Bigelow[5]. To note, it describes human condition for everybody, not only patients with chronic and severe psychiatric disorders.

TABLE 1: Basic Tenets of Existentialism according to Bigelow[5]

1. "Existence before Essence"	"Existentialism gets its name from an insistence that human life is understandable only in terms of an individual man's existence, his particular experience of life. It says that a man lives (has existence) rather than is (has being or essence) and that every man's experience of life is unique, radically different from everyone else's and can be understood truly only in terms of his involvement in life or commitment to it."
2. "Reason is impotent to deal with the depths of human life"	"There are two parts to this proposition-first, that human reason is relatively weak and imperfect, and second, that there are dark places in human life which are "non-reason" and to which reason scarcely penetrates."
3. "Alienation or Estrangement"	"One major result of the dissociation of reason from the rest of the psyche has been the growth of science, which has become one of the hallmarks of Western civilization, and an ever-increasing rational ordering of men in society. As the existentialists view them, the main forces of history since the Renaissance has progressively separated man from concrete earthy existence, has forced him to live at ever higher levels of abstraction, has

*University Hospital of Geneva and University of Geneva, Division of Adult Psychiatry, Rue du 31-Décembre 8, 1207 Geneva / SWITZERLAND (Corresponding author), email: philippe.huguelet@hcuge.ch

	collectivized individual man out of existence, has driven God from the heavens, or what is the same thing, from the hearts of men. They are convinced that modern man lives in a fourfold condition of alienation: from God, from nature, from other men, from his own true self."
4. "Fear and Trembling"	"A military officer in wartime knows the agony of choice, which forces him to sacrifice part of his army to preserve the rest, as does a man in high political office, who must make decisions affecting the lives of millions. The existentialists claim that each of us must make moral decisions in our own lives, which involve the same anguish. Kierkegaard finds that this necessity is one thing which makes each life unique, which makes it impossible to speculate or generalize about human life, because each man's case is irretrievably his own, something in which he is personally and passionately involved. His book Fear and Trembling is an elaborate and fascinating commentary on the Old Testament story of Abraham, who was commanded by God to sacrifice his beloved son Isaac. Abraham thus becomes the emblem of man who must make a harrowing choice, in this case between love for his son and love for God, between the universal moral law which says categorically, "thou shalt not kill," and the unique inner demand of his religious faith. Abraham's decision, which is to violate the abstract and collective moral law, has to be made not in arrogance but in fear and trembling, one of the inferences being that sometimes one must make an exception to the general law because he is (existentially) an exception, a concrete being whose existence can never be completely subsumed under any universal."
5. "The Encounter with Nothingness"	"For the man alienated from God, from nature, from his fellow man and from himself, what is left at last but Nothingness? The testimony of the existentialists is that this is where modern man now finds himself, not on the highway of upward progress toward a radiant Utopia but on the brink of a catastrophic precipice, below which yawns the absolute void, an uncompromised black Nothingness."
6. "Freedom"	"Sooner or later, as a theme that includes all the others, the existentialist writings bear upon freedom. The themes we have outlined above describe either some loss of man's freedom or some threat to it, and all existentialists of whatever sort are concerned to enlarge the range of human freedom."

Concerning existentialism in the specific context of psychiatry, Yalom, the well-known American psychiatrist, considers that mental disorders arise not only from our biological substrate, our struggle with repressed drives, a disordered form of thinking, traumatic memories or current life events, but also from a confrontation with our existence. Its premises are that anxiety in human life is related to the following issues: death (in terms of its inevitability), responsibility, existential isolation and meaninglessness[6].

The overall goal of this paper is to provide information showing that the issue of meaning is clinically relevant in the care of these patients and to provide some clues as to how to intervene. Specifically, we will describe what is meaning, in the literature brought by psychology and psychiatry i.e. what gives meaning in humans' lives; explain how meaning is challenged when passing through a major trauma such as the onset of a psychotic breakdown, i.e. the meaning-making process; and finally give examples as to how this issue of meaning appears in the care of patients with psychosis.

Meaning as a Construct

Spinelli[7] underlines that the "distinguishing characteristic of being human" is that we require meaning from the world. Consequently, we are disturbed by lack or loss of meaning. Meaning, as such, is a heterogeneous construct. According to many authors, of those some are described below, it involves three components:

1) Meaning arising from the way the world manifests itself to us[8] and the role we play in it[9]. This includes both social and spiritual aspects, as well as the so called "meaning-making" process (see below), which allows coping with negative events.
2) Meaning in the sense of "purpose", related to the ends we pursue [9, 10, 11, 12, 13].
3) Meaning we built along time related to our life story, that being related to narrative identity [14].

In addition, meaning involves two perspectives:

1) A global perspective about the world and the self i.e.

global meaning;
2) A perspective related to circumstances, such as trauma or grief (meaning-making).

In this latter case, it consists in a way of coping, often involving spirituality and aims to adapt to the situation[15].

According to Yalom in 1980[6], meaning involves two dimensions:
1) Personal life-meaning is concerned with one's goals in life. This may be more impregnating for those who do not believe in a supra entity. Camus[4] and Sartre[3] wrote about this quest for meaning, by emphasizing that human beings should accept responsibility for shaping their life-meaning rather than by discovering a hypothetical meaning from God or Nature. There can be altruistic personal life meanings e.g. living for children, helping in associative network, etc. and self centered meanings e.g. succeeding in studies or fully experiencing the present moment.
2) Cosmic meaning is concerned with the spiritual dimension of our lives: how human life is integrated into the universe. Religions can provide some answers to the believers, by providing comprehensive worldviews.

Peterson[8] considers meaning as a process related to the way the world itself manifest to us. This involves 3 different classes:
1) The meaning of the familiar world,
2) The meaning of the unknown, foreign world,
3) The meaning arising from the integration of the two former.

This model fits to some extent with animal models: complex organisms develop a complete internal model of the world i.e. meaning of the familiar world. When something unexpected occurs, current goal directed actions cease and the autonomic nervous system is activated, in preparation for non-specific actions.

Overall global meaning should be the result of the integration of these two conditions: the known world and the unfamiliar events. This kind of process could be influenced by personality, through distinct "lay theories" i.e. stored assumptions about human dispositions. People would be more or less prone to alter their views over time[16]. Tullett et al.[17] described that the anterior cingulate cortex identifies threat to meaning i.e. the familiar world, that being followed by the recruitment of cognitive resources to prioritize goals.

Why do humans need meaning? As mentioned above[8], animals' "meaning" is related to the need of a clear and reliable environment allowing effective actions. Humans invest a system of meaning involving reliable contingencies. This allows attaining symbolic values. In this model, "people "solve" the problem of mortality by adhering to a cultural worldview that allows them to view their life as embedded in a symbolic reality transcending the biological reality of death."[18]. That means, humans' goal would be to acquire a sense of enduring significance i.e. self esteem, by literal e.g. afterlife or symbolic means. This view is supported by research showing that perception of meaning to life shields one from the awareness of death[19]. Conversely, when we are reminded by our own death there is a need to foster investment in the maintenance of a meaning structure either in the fields of cultural worldview, self-esteem or spirituality.

Sources of meaning

If a need for meaning appears quite obvious, how can people find it ?

For Frankl (1988)[10] an Austrian psychiatrist who developed the "Logotherapy", i.e. a therapy based on meaning, mentions that meaning stems from what people accomplish from their creative work, what people derive from beauty, truth or love and attitude, i.e. what derives from pain and suffering. Yalom (1980)[6] described secular activities likely to confer significance and purpose. Not surprisingly, altruism, dedication to a cause and creativity are mentioned, but hedonism (in the sense of aiming at living fully in the moment) and self actualization i.e. self development are also included.

Maddi[20] underscores that personal meaning arises from one's decision. Human beings can decide "in a way that secures the past" i.e. according to similar or earlier experiences or by "choosing the future". The latter is called "hardiness", i.e. a process involving commitment, control and challenge. Research showed that hardiness may serve as a buffer for stressful circumstances. In this formulation, a lack of hardiness leads to existential sickness i.e. vegetativeness (apathy, boredom), nihilism (finding meaning by disconfirming positive meaning; competitive behavior without clear self-determined direction) and adventurousness (positive meaning related to extreme experiences, in individuals bored by ordinary life).

For patients with psychosis, these principles may inspire a recovery oriented care. Indeed, patients often feature an obvious lack of "hardiness" in the context of their disorder. In clinics, emphasis should be made on choices, by taking responsibility and accepting the uncertainty of choosing rather than "using the past as an excuse".

Baumeister[21] described four needs for meaning: purpose, values, being efficacious and achieving a sense of self worth. Battista and Almond[22] tried to develop an empirical definition of a meaningful life, independent of any particular theory. Living a meaningful life involves: commitment to some

concept of meaningful life, which provides some framework or goal; that life should be related to or fulfilling this concept, which in turn would bring integration, relatedness or significance to one's life.

This involves considering meaning as relativistic, i.e. depending on one's values and cultural background. Reker & Wong[23] described a list of common sources of meaning: personal relationships, enduring values, financial security, religious activities with four factors: 1) Self-preoccupation i.e. maintenance of basic needs, 2) Individualism e.g. leisure, activities 3) Collectivism i.e. social and political cause and 4) Self-transcendence e.g. personal relationships, religious beliefs.

Hedonic functioning may produce well-being, as eudemonia i.e. the happiness that emerges from living a life of virtue and thus provide meaning[24]. Halusic & King[25] reviewed what has been shown to contribute to meaning—religion, social relationship and eudemonic well-being. In addition, these authors underscore the two-way causal relationship between positive affect (PA) and meaning. This association appears to exist beyond a tautological association. Positive mood may serve as heuristic bringing information leading to meaning. Indeed, many studies show that PA may provide meaning, even if other sources are lacking. For these authors, sources of meaning are each potentially sufficient on their own to provide some meaning. Whatever works will be employed to garner a sense of meaning. Even more, the link between PA and meaning may be stronger when other sources of meaning are threatened. Concerning patients with psychosis, these findings suggest that meaning could arise from simple positive feelings despite the sometimes chaotic and harsh experience, with which subjects have to cope.

Meaning and clinical characteristics

Steger[26] described various studies on the parameters correlated with meaning: well-being, positive personality traits, self-esteem and positive self-regard. Conversely, meaning is inversely correlated with negative affect, some personality traits such as psychoticism, hostility and antisociality, post-traumatic stress and depression. (Figure1)

Peterson & Park[27] performed an internet survey involving thousands of subjects. They found an association of different components of meaning with various character strengths e.g. gratitude, perseverance. Interestingly, religiousness (as a strength of character) featured the strongest correlate with meaning. The search for meaning was associated with lower satisfaction in life only for people who had low presence of meaning. Conversely, those who had high presence of meaning and high search for meaning featured a high satisfaction in life. This suggests that, for this latter population, search represents an added value in terms of life satisfaction. The former population, characterized by a lower presence of meaning associated with a lower satisfaction in life, would react to that condition with a search for meaning, without much success. (Figure 1)

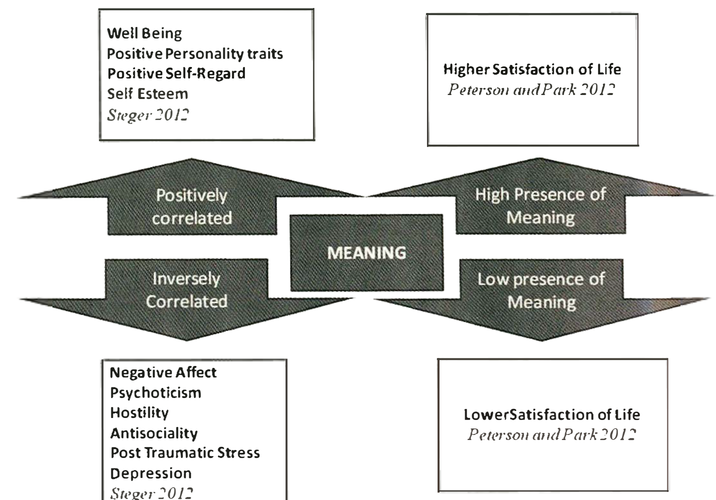


FIGURE1: Adaptation of Steger 2012 and Peterson & Park 2012

Meaning in the case of Negative Event: The process of meaning-making coping

The outbreak of major events in one's life often challenges one's view of the world i.e. global meaning. Globally, meaning-making is an intra-psychic effort to reduce discrepancies between appraised and global meaning. It can involve acceptance, causal understanding, transformation of identity, transformed meaning of the stressor or perception of growth. In this perspective, spirituality is likely to provide tools. Patients may get help through various beliefs e.g. God's punishment, that they will become better as a result of their suffering and so on[28]. (Figure 2)

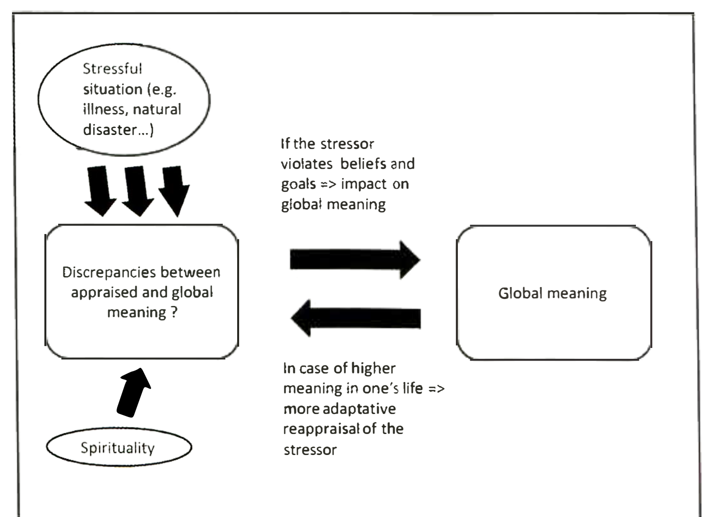


FIGURE 2: Meaning Making Model in Relation to Global Meaning[15].

Research on how people react to negative experiences has

shown that most people feature assumptions that the world is a priori a good place into which people receive what they deserve[29]. Hence the world appears as safe and controllable. Negative experiences challenge these assumptions. To resolve the conflict, people modify their appraisal of the situation or their global beliefs. Literature shows indeed that, in case of trauma, victims try to reappraise their difficulties in a positive way. Townsend et al.[30] reviewed how this meaning violation e.g. by uncertainty, dissonance or violation of self-image based or worldview based expectancies, could trigger threat. On the other hand, threat could motivate meaning restoration hence reducing threat discrepancies.

People who cope by disengaging from unattainable goals avoid crisis and influence quality of life and health. That happens with the condition that they reengage goal-directed efforts elsewhere, this second part of the process provides a sense of purpose in life[31]. Patients with psychosis are prone to disengage[32], thus may to some extent avoid such a problem. However, this way of coping is by its very nature not likely to provide any enduring consolation, keeping in mind the difficulties patients have to reinvest goals.

Meaning-making is a lifelong process[33]. The outburst of a mental disorder such as schizophrenia in one's life represents most of the time a catastrophic life event[34]. Getting a better understanding of this understudied process is still needed.

Spiritual coping may be of major importance when facing existential[35] or psychiatric difficulties[36]. This has been studied in cancer survivors[15]. Severe stressors such as cancer may violate the global meaning system. Meaning-making as a means of coping is particularly relevant and adaptive for subjects living in low control situations such as cancer or - the emergence of psychosis, which are not amenable to direct repair. Yet for cancer survivors, Park[37] underscores that the adaptive nature of meaning-making is not always successful. Meaning-making could involve a genuine process leading to the integration of the cancer experience either through deliberate or automatic processes, but for others though, meaning-making may not be adaptive, hence indistinguishable from ruminations. Meaning assigned to cancer predicts adjustment and treatment related decisions[15, 38].

Existential psychotherapy, psychosis and recovery

Corrie & Milton[39] described the relationships between existential and cognitive-behavioral therapies. They proposed that both approaches could be united through common concepts such as "meaning", the search for which could be the ultimate goal of both techniques. Psychotherapeutically-oriented techniques have provided a guide to address meaning in various populations e.g. through the existential approach or the positive psychology approach[11].

Despite numerous contributions to existential psychotherapy though, there's only little work on therapy for severe mental disorders such as schizophrenia. This can be conceptualized by considering the issue of recovery, as described thereafter.

Due to various causes, among which the psychosocial treatments themselves, the identity of patients with schizophrenia may become organized around the very role of the psychiatric patient, thus leading them to become the passive recipients of care[40]. Orienting care towards recovery may overcome this problem. Indeed, recovery involves 1) finding hope, 2) re-establishing one's identity, 3) finding meaning in life and 4) taking responsibility[41]. Treatments based on recovery should include a variety of features that support self-sufficiency[42]. Yet, the "psychological" part of recovery remains to be studied adequately, notably for this question of meaning[43, 44].

Existential therapy involves premises likely to be recovery-compatible: firstly, therapists should not adopt the role of superior or instructor; secondly, they should adopt a stance of acceptance i.e. being open to what is there in the encounter[7]; and thirdly, in addition to these general aspects, existential therapy may help with issues, such as meaning.

The emergence of schizophrenia in one's life may have an impact on meaningfulness and purpose in life. In turn, research has shown that meaninglessness is associated with less well-being and more suicidal thoughts.

Papers on meaning and severe mental disorders[45, 46] showed that global meaning was altered in cases of schizophrenia, borderline personality disorder, bipolar disorder and eating disorder. The authors also identified factors associated with meaning e.g. values, self-esteem and depression. Concerning meaning-making, research showed that many patients with schizophrenia incorporated a spiritual vision of their illness, which entailed positive or negative consequences in terms of coping[36].

A clear determination as to how existential therapy could help address meaning in recovery oriented care remains to be determined[47]. Laing described the subjectivity of psychotic experience as an extreme form of existential misery[47]. Despite some disputable views, Laing fostered the understanding of psychotic experience, which was indicative of how patients relate to the world[47]. Existential-phenomenology inspired projects, such as Soteria[48]. The Soteria-project was fully "recovery-oriented", as its premises were based on a non-intrusive relationship and the elaboration of common realistic goals in the context of holistic care, respectful of patients' needs. Yet, despite these quite old, and sometimes controversial contributions, much work is still needed to establish how recovery oriented care should address the

concept of meaning[44].

Schizophrenia and other severe and persistent mental disorders deeply affect the life of patients. One might ask how those who suffer from these disorders ever restore a sense of meaning. Taking into account his own experiences, Frankl[10] stated that "…a man who finds himself in the greatest distress […] can still give his life a meaning by the way he faces his fate, his distress."

What are the Existential Concerns of Patients with Schizophrenia?

Even if there are to date no therapy specifically addressing meaning in patients with severe mental disorders, we observe that: 1) This issue may arise in the care of patients, either in a psycho-analytically oriented, cognitive- behavioral or even in supportive treatment related to psychopharmacological treatment; and 2) In patients who feature psychotic symptoms, existential issues may involve the "healthy" part of the patients; alternatively, they may be enacted through metaphors in delusions. In all these cases, this material can be discussed, actually like any other. The following cases exemplify that claim.

Case 1. Laura, 26 year old female, Swiss living in Geneva

Laura was adopted and came from France to Switzerland when she was 10 years old. Her parents, both drug abusers, repeatedly abused her physically. Positive psychotic symptoms appeared when she was 25 years old, just after finishing accountancy course in college.

From that time, she received many medications, until clozapine 200 mg/ day provided significant clinical improvement. Despite her symptoms, she could engage in coherent conversations. She had a full time job as a secretary that involved basic tasks. She had difficulties in keeping her thoughts coherent thus had to stop working for a while then resumed as part time secretary. She had a boyfriend, but had difficulties in understanding him, due to deficits in social cognitions e.g. misunderstanding what he thought or misinterpreting his behavior, which led to frequent quarrels.

Mostly she felt "empty" and often worried that she wouldn't be able to keep her job, which was an "existential" concern. Problems in mentalization related to her psychotic condition prevented her from gaining benefits from her social relationships. Despite some residual symptoms, she had the ability to figure out her situation.

Hence her major concern was a lack of meaning in her life, despite some capabilities that allowed her to work and socialize. This lack of meaning appeared to be closely related to her inability to attune to other people, which didn't allow positive interpersonal relations.

Case 2. Nina, 23 year old female Filipino, Roman Catholic living in Manila

There was a period of time in Manila when newspapers and television featured reports of people seeing the "dancing *Santo Niño* (Infant Jesus) statue".

Having a family history of schizophrenia, Nina was a high school graduate, unemployed and brought in by her family due to disruptive behavior. Prior to admission, she had placed a small *Santo Niño* statue on her palm and to her amazement, it started to move. This created excitement in their poor community and soon after, people began to flock to their house to witness the phenomenon. Some claimed that Nina was a saint and some conducted prayer vigils in their shanty. As this progressed the patient was noted to talk incoherently and would have impulsive behavior. Soon after, she started to claim to hear voices of God and the Devil. Her incoherent behavior initially led the family to bring the patient to a healer where she received traditional remedies without improvement of her symptoms. Then, she became combative and was hurting family members. Hence she was eventually admitted to the psychiatric unit.

She was started on typical anti-psychotics and her behavior began to improve. During one of the sessions, she asked the therapist why she did not hear the voices of God and the Devil anymore as she feared that she may have offended God and therefore had stopped talking to her.

The psychiatrist in charge responded by saying that she had a psychiatric disorder and that the voices she heard were all part of her brief psychotic episode. She was discharged from the hospital after her symptoms improved and was lost to follow up. She was re-admitted 4 months later as she had stopped taking her medications.

Facing psychotic symptoms, this patient tried to understand her problem through a religious explanation. By this meaning-making process, she created an explanation, which was far more soothing than simply acknowledging that she had a severe psychiatric condition. But the disadvantage of such an understanding of her illness led her to discontinue her medication and hence relapsed into psychosis. Hence the way this patient considered her problem can be considered as a negative meaning making coping.

Case 3. Celine, 38 year old female Swiss living in France near Geneva

Celine suffered from paranoid schizophrenia since 18 and prescribed with risperidone 3 mg/day as she manifested only discrete positive symptoms. Despite many relapses, she worked as an engineer but because she was too pushy, she was fired 3 years ago and started studying in university again.

She lived in with an alcoholic boyfriend for more than 10 years, despite the fact he was sometimes violent towards her. She explained that she needed this relationship to have some meaning in her life, since she had no other friends and little contact with her parents. Being in such a relationship prevented her from feeling anxious or afraid to "die alone", which she experienced whenever her boyfriend was not with her.

She described that her goal in life was to maintain her relationship with her boyfriend and to establish herself professionally. Without prospective job at that time, her fear to "die alone" increased. Interestingly, at that time she would also hear a voice calling her from Hell, telling her to come. This was interpreted as a phenomenon related to her ambivalence toward life and death: she was both attracted to die but also afraid of it. That happened in the particular context of her unemployment and her difficulties with her alcoholic boyfriend, hence preventing her to live a meaningful life.

Luckily, she was able to convince her boyfriend to stop abusing alcohol, thanks to a medical support previously refused; and graduated from the University. Eventually they managed to continue living harmoniously as a couple, thus Celine regained some hope and looked forward to getting a new job.

CONCLUSION

Existentialism is a complex domain, characterized by a profusion of books and papers, not always in full agreement to each other. Nonetheless, concepts such as meaning are highly relevant in clinical practice.

In conclusion, as described in the theoretical part of this paper and exemplified with these three cases, we wanted to underscore the following issues that could provide a new approach when treating patients diagnosed with schizophrenia.

- Patients with severe mental disorders, such as schizophrenia face major adverse events in their lives, the worst being often the outbreak of the psychotic process.
- Despite symptoms that prevent patients from having a clear representation of their situation, they can still be aware of what they miss in their lives; this challenges their sense of meaning in their lives.
- Understanding the causes and the nature of schizophrenia is a challenge that may last for years. This process of "meaning making" may entail religious explanations, sometimes "tainted" by delusional characteristics.
- This process can be positive i.e. by fostering the willingness to be treated or by alleviating guilt or uncertainty; yet it can also be negative i.e. by refusing to be treated or by promoting inappropriate fatalism.

What then is the role of clinicians?

- Overall they should consider this issue when talking to their patients, i.e. both meaning and meaning-making.
- For meaning, clinicians should consider that every patients' goals e.g work, occupational activities, charity work or social relations should be implemented taking into account that it may or may not provide meaning to their lives.
- Taking into account the fact that values provide meaning to life, clinicians should consider how patients' values may be enacted in their lives during their therapy sessions.
- Meaning making is an issue that should be discussed. First by providing psycho-education related to the nature of their disorder and by listening to the way patients understand the nature and the cause of their medical condition.
- For those who may have religious or peculiar explanations for their disorder, clinicians should not contradict their patients but instead establish links wherein the different explanations may be complementary rather than contradictory.
- Some patients may consider their psychosis as God's punishment. In such a case, clinician's role could be 1) to acknowledge the point of view of the patient and 2) to propose that maybe God has also inspired the medical treatment that clinicians want to implement.

Obviously, patients fighting for alleviating symptoms or for earning a living have concerns or priorities other than searching for meaning in their lives. Yet when some financial and social security has been attained as well as stability of mental status and living conditions, this issue is likely to arise. Clinicians should be able and willing to broach this topic.

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