

Phenomenological and Process Dynamic Characteristics of Existential Identity Crisis

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Abstract

This article presents the results of empirical research of the problem of experiencing by an individual of the existential crises. The author presents its original methodology and the testing results. Through the use of a questionnaire consisting of 10 scales, there will be established the existence (absence) of an existential crisis and the manifestation of its components, such as: viewing of life as meaningless, dissatisfaction with oneself and one's life, the problems of freedom and responsibility, as well as heavy emotions. In the process of testing of the methodology and empirical researches there was conducted a comparative analysis of the three risk groups - persons with alcohol and drug dependencies and suicidal behavior - and the control group - individuals with normative behavior. In total the study involved 987 respondents of different ages. There was established the absence of existential crisis in the "norm" group-individuals featuring a standard (adaptive) behavior, and the presence of existential crisis of varying degree of manifestation among representatives of different groups of individuals featuring a destructive behavior. It has been evidenced that the most manifested existential crisis was registered among the drug-addicted persons. Individuals with a chronic alcoholism has featured the most discernable dissatisfaction with their present, the problems of freedom and responsibility and a number of negative experiences, and individuals with a history of at least three suicide attempts - hard feelings, such as: despair, suffering, and guilt.

Keywords: Existential crisis; Meaning of life; Emotions; Chronic alcoholism; Drug addiction; Suicidal behavior; Loneliness; Attitude to death

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Citation: Senkevich LV. Phenomenological and Process Dynamic Characteristics of Existential Identity Crisis. Global Media Journal. 2016, S2: 19.

Received: March 24, 2016; **Accepted:** April 05, 2016; **Published:** April 15, 2016

Introduction

Existential problems accompany a human's life since the moment of a "second birth of an individual", that is, adolescence, and to the end of life's journey. Most frequently four basic contradictions may lead to an existential conflict: the awareness of a finitude of one's existence and the desire to prolong it; need for a structuredness and organization of life and the awareness of lack of such structuredness and organization, one's freedom and responsibility for creation of one's personal world; awareness of the fundamental isolation-loneliness in the indifferent world, and need for the contacts, protection and affiliation; need for meaningfulness of life and the perception of the world where an individual has been "thrown", as meaningless [1].

The central problem will be that of searching for life purpose. According to the philosophical and religious position, it gives the individual an opportunity to live according to one's spiritual

entity [2]. In psychology, the problem of meaning of life and searching for life purpose has been connected, first of all, with the phenomenon of self-transcendence of human existence. As noted by V. Frankl, "this notion has to do with the fact that a human existence will always be oriented outwards... to a sense that must be implemented, or another person to whom we are drawn with love. In serving the cause of love to another person an individual realizes oneself... and to the most extent becomes oneself" [3].

The absence of life purpose will lead to an existential frustration or existential vacuum. The existential vacuum will often result in the growing aggressive impulses and focus on pleasure and entertainment. Any attempts to obtain the feeling of happiness bypassing the realization of sense may lead to alcoholism and drug addiction.

The serious hard-to-solve existential problems would create a

special condition which is usually called an existential crisis. An existential crisis may be age-related or be a unique stage of an individual's life journey. Age-related existential crises are usually those crises of 30 and 40 years—a time when one would sum up the intermediate life results and get an opportunity to change the life path in a certain aspect, in the field of the professional or family life. Sometimes the teenage and old ages may be regarded as crisis ones, when a process of reflection on one's life and oneself would take place, and also the youth as the period of building particular life plans and formation of personal identity [4-7].

Existential crises of individual life path may occur during the "spiritual awakening", inclusion into an internal conflict of basic values on which the life plan would be grounded, in situations of grief, loss, violence, severe marital conflict, betrayal, infidelity, professional exhaustion, etc. [8-11].

Methods of Research

Psychodiagnostic methods

For the purpose of establishing the presence or absence of experiencing an existential crisis by representatives of different age categories and risk groups we have developed the method EEC-Questionnaire "Experiencing of an existential crisis". The method is aimed to identify the existential crises on different stages of development of an individual, starting from the youthful age. The theoretical base for this method has been the ideas of V. Frankl, E. Erikson, I. Yalom, A. Langle about the substance and manifestations of the existential crises [1,4,6,12].

That is why the main "cluster" has become "the meaninglessness of life", uniting the three scales—"Meaninglessness of social connections", "Meaninglessness of occupation, profession, career", "Depreciation of human life". This cluster is directly connected with the following two—"unsatisfaction with oneself and one's life" (which includes three scales: "Unsatisfaction with oneself", "Unsatisfaction with the past", "Unsatisfaction with the present") and "the problems of freedom and responsibility", which form a separate scale. The manifestations of existential crisis were "the heavy emotions"; this cluster consists of the three scales—"Despair, suffering, sense of guilt", "Loneliness", "Insecurity".

The first scale - "Meaninglessness of social connections"—reflects the negative ideas about surrounding persons, first of all—about their aggressiveness, inability to understand and sympathize; negative ideas of the most close relationships, i.e., love and friendship, which will be depreciated in the perception of an examinee. Deep relationship will be rejected or cause the fear and will be substituted by the role relations.

The second scale - "Meaninglessness of occupation, profession, career"—demonstrates the absence of work as avocation and the search for one's vocation; professional activity would be seen as a vacuous and routine activity that provokes irritation and leads to personal deformations. The substantial fullness of professional activity will be depreciated as well as the career growth. The interest to an occupation, self-improvement and other socially significant motives will be replaced by the motive of earnings.

The third scale - "Depreciation of human life"—presents the idea of life deprived of both the human content and the divine purpose. A depreciated human life will lead to boredom and emptiness, and suicidal intentions.

The fourth scale - "Unsatisfaction with oneself"—reflects the low self-esteem, perception of one's unattractiveness in terms of appearance, sexuality, intelligence, self-control, initiative, success, and also experiences of one's sinfulness.

The fifth scale - "Unsatisfaction with the past"—traces the unsatisfaction with the overpassed section of life path, the established relations back then, family as well as friendship ones, the experience of absence of achievements that had been planned in youth, and the abundance of unrecoverable errors.

The sixth scale - "Unsatisfaction with the present"—reflects those disappointments of the actual living situation: the lack of satisfactory close relationships, interesting occupation, significant achievements, sentiment of envy to a more successful surrounding.

The seventh scale—"Problems of freedom and responsibility"—includes the contradictory tendencies: on the one hand—worries in connection with lack of choice, vulnerability to manipulation by others, on the other hand—the fear of making an independent choice and taking responsibility for its consequences.

The eighth scale - "Despair, suffering, sense of guilt"—represents a complex of heavy emotions accompanying the existential crisis: the feeling of guilt towards parents, other relatives and oneself for a failed life, frustration, the fear of life and fear of death. The failures, losses and suffering would be considered as origins destructing the life and one's personality, but not as the necessary conditions for accumulation of life experience and wisdom.

The ninth scale - "Loneliness"—reflects the sentiment of isolation from the immediate surrounding and the society in general, the experience of being misunderstood and the lack of a due appreciation of one's merits and personal qualities, the feeling of falling out of the age cohort.

The tenth scale—"Insecurity"—presents the sentiments of abandonment, helplessness and uselessness. Insecurity would base on the lack of a social support, which may be not the objective but a purely subjective phenomenon.

Each scale consisted of 10 opinions. In total, the methodology contains 100 statements, each of them requiring one of the 5 answer options, which would be evaluated by points (-2) to (+2).

The received testing results of this original methodology have allowed specifying the three levels of manifestation of existential problems: the scale indexes within the interval from (-20) to (-6) points evidence the low degree of manifestation of such criterion; the indexes within the interval from (-5) to (-1) points mean the average degree of manifestation of the criterion; and the indexes within the interval from 0 to 20 points—high degree of manifestation of the criterion.

Moreover, the research has engaged the scale of existentiality, which represents a questionnaire consisting of 46 items; an examinee should give the answers thereto evaluating oneself and one's present life in different aspects.

The final index of General performance will be the sum of the intermediate indexes in the four subscales: Self-distancing, Self-transcendence, Freedom and Responsibility. This research has also involved the methodology "Attitude to death" elaborated by I.Y. Kulagina and L.V. Senkevitch in 2011. The methodology represents a questionnaire consisting of 10 closed questions. Since the attitude to death may be, as it is demonstrated in psychological literature, inextricably connected with the satisfaction with life, the first two questions will be relevant to this aspect of the problem. When choosing the answers to the given questions, an examinee in 8 cases would choose 1 answer, and in 2 items they would choose 2-3 statements. 18 answers reflect the optimistic attitude to life and death, and another 18 answers-the pessimistic one. An examinee may give maximum 13 answers.

During the construction of this questionnaire the expert evaluation method was used. Among the involved experts there were psychologists and clergymen-representatives of Christian confessions, including Farther S. Morgalla, PhD, A.P. of the Institute of Psychology of the Pontifical Gregorian University (Rome, Italy).

Another organizational and methodological instrument of the conducted complex research has been the test for loneliness-a method of the subjective experience of loneliness by D. Russell and M. Ferguson. This diagnostic test questionnaire is aimed to define the level of loneliness, i.e. how lonely an individual would feel oneself.

The phenomenon of loneliness consists in experimenting a feeling of loneliness as an acutely subjective, purely individual and often unique sentiment. One of the distinctive features of loneliness is the specific feeling of utter absorption in oneself. The feeling of loneliness differs from other experiences; it is holistic and all encompassing.

Loneliness is the complex feeling that would bind together something that had been lost in the inner world of an individual. Feeling of loneliness would encourage an individual to an energetic search of means of confrontation to this "disease", since loneliness would act against the basic expectations and hopes of a person and, therefore, will be perceived as a highly undesirable one.

Organization of research

Among the respondents of the first series of the empirical research aimed to detect the presence or absence of the existential crisis in the examinees and conducted by means of the original questionnaire, there were 619 conditionally healthy respondents with criterion behavior, 68 individuals with chronic alcoholic dependence, 170 drug addicted persons, and 130 respondents with the past history of 1 to 4 suicidal attempts. The group of respondents conditionally defined as "norm" included representatives of 5 age periods-youth (17-23 y.o.), young people (24-35 y.o.), maturity (36-60 y.o.), old age (61-75 y.o.) and senility (76-88 y.o.). The groups of alcohol dependent and drug addicted people were represented by three ages: youth, young people and maturity. The group of suiciders included respondents of youth, young, mature and old ages.

The "norm" group-on evidence not experiencing the existential crisis-included the students of programs of professional retraining and advanced training courses, as well as their relatives and friends; among which 305 men and 314 women; 405 respondents with higher education, 42-with incomplete higher education and 172-with secondary education. The so called "risk groups"-alcohol dependent, drug addicted and individuals featuring a suicidal behavior-were gathered on the bases of Psychiatric Clinical Hospital, Narcological Clinical Hospital of Department of Health of the city of Moscow, and Moscow Research Institute of Psychiatry of Ministry of Health of the Russian Federation. All the examined at clinical sites have featured absent endogenous symptoms. The sample of individuals featuring the alcoholic dependence consisted of 43 men and 25 women; of which 33 examinees with the secondary education, 16-with higher and 19-with incomplete higher education. The group of drug addicted individuals included 93 men and 77 women; 25 respondents with higher, 85-incomplete higher, 42-secondary, 18-incomplete secondary education. The group of individuals with suicidal behavior included 45 men and 85 women; 78 of the examinees had higher and incomplete higher education, and 52-secondary education.

The research has been conducted individually in all groups; in the "norm" group-by the professional psychologists in domestic conditions, in the risk groups-in the hospital, the psychologist's office or a staff lounge. Each examinee received a standard instruction and a blank form for filling, and had the opportunity to ask questions to a psychologist during their work within the methodology.

The empirical study of the subjective feeling of loneliness (second series of the empirical research) and attitude to death (third series of the empirical research) in the so called "groups of risk" and in the norm group was conducted during 2011-2014. In total the research has involved 1,345 respondents of youth, young and mature ages. The norm group consisted of 948 conditionally healthy examinees with the criterion behavior, 437 men and 511 women, of which the number of individuals of youth age (17-23 y.o.) amounted to 241 people, the sample of young age (24-35 y.o.) included 259 people, and the number of healthy respondents of mature age (36-60 y.o.) amounted to 448. The three groups of risk were represented by the individuals featuring addictive and suicidal behavior in the same periods of ontogenetic development - youth, young age and maturity. The sample of alcohol-dependent respondents consisted of 103 people of youth, young and mature ages, 78 men and 25 women. The group of individuals with chemical dependences included 57 representatives of youth, 70 respondents of young age and 43 respondents of mature age, in total - 171 examinees with opium and poly-drug dependences, of which there were 94 men and 77 women. The third group of risk consisted of 123 suiciders featuring 1 to 4 attempted suicides in their lives, 41 respondents of youth age, 43 young people and 39 mature individuals, in total 45 men and 78 women.

It is important to note that on the background of drug or alcohol psychoses or attempted suicides all respondents were diagnosed with the absence of endogenous symptoms, which was evidenced

by patient histories, pathopsychological and neuropsychological medical reports and the results of interviews with the attending physicians and medical psychologists. At the moment of research all the addicted individuals were brought out of psychoses by means of adequate and efficient psychopharmacotherapy and featured clear consciousness.

Results of the Research

Results of research on the features of experiencing the existential crisis by individuals of the “risk group”

During the testing of this methodology there were obtained the results evidencing the absence of existential crisis in the “norm” group and the presence of existential crises of varying degree in the risk groups (Figure 1).

In the “norm” group the manifestation of indexes would fall within the range minus 7 to minus 12 points. Representatives of this group will be most successful in such parameters as “unsatisfaction with oneself” (-11.8 points), “meaningless of social connections” (-11.2 points), “meaningless of an occupation, profession, career” (-11,1 points), “unsatisfaction with one’s past” (-10,9 points). The weakest point in the system of personal resources which contribute to the avoidance and overcoming of existential crises, will be the problems of freedom and responsibility, however, in this respect the representatives of “norm” group would still remain rather successful (the index of “problem of freedom and responsibility” was registered at -7,2 points). This data will be considered as a reference.

Major manifestation of the existential crisis has been registered within the group of drug addicted. All indexes fell within the range plus one to plus six points, in which the most manifested have been unsatisfaction with one’s present (+5,3 points), problems of freedom and responsibility (+4,8 points) and negative feelings,

such as despair, suffering, sense of guilt (+4,7 points). The less manifested were the unsatisfaction with oneself (+1,4 points) and consciousness of the meaninglessness of social connections (+2,3 points).

The received data reflecting the global existential problems within this very group of risk conform to the idea of a so called narcotic personality. “The change of the semantic sphere of the personality of a drug addicted person is manifested in its literal “drop out” from the holistic context of life in the situational context of a univocally aimed activity... A drug addicted person always knows what he or she would have to do. It releases them from the search of the goals, aims, meaning of what’s happening and, in the end, their life purpose” [13].

The lower indexes registered in two scales are as well of interest, which univocal interpretation would not be possible without a special additional research. The lower level of unsatisfaction with oneself may be related to various factors-from fluctuations of state of health (including the periods of increase in pain threshold, utter physical comfort accompanied by euphoria) to a comprehension of one’s ability to survive in a dangerous and cruel world of illegal drug turnover. The fact that the social connections will not be the most meaningless in life of a drug addict, may be determined by their dependence on the social system “drug dealers-groups of drug consumers”, as well as by perceived and accepted social support during the remission periods.

In the case of chronic alcoholism the existential crisis will be expressed more poorly than in case of drug addiction, and existential problems therein may be considered as problems of average level of manifestation. The least acute problem for alcohol dependent individuals will be the problem of acceptance of oneself: unsatisfaction with oneself is manifested weakly (-4,8 points). This, apparently, may be explained by the “elective non-critical thinking” of the patients with chronic alcoholism, their inflated self-concept, and the impoverished idea of themselves

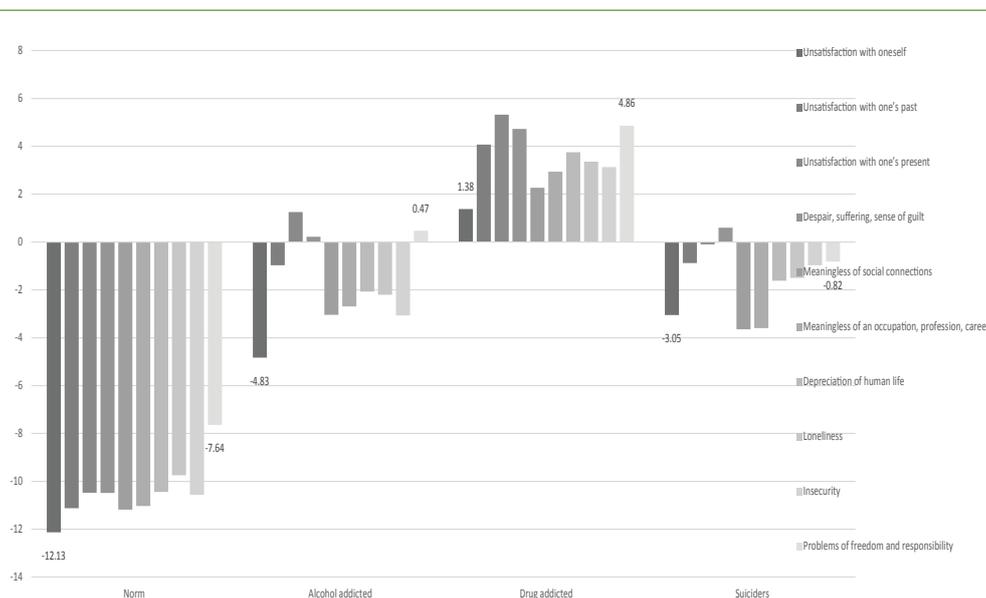


Figure 1 Manifestation of existential problems among the respondents of different categories.

[14,15]. Representatives of this group of risk who tend to overestimate their abilities and react aggressively to anything that might impede them to satisfy their pathological need, will be rather satisfied with themselves.

The most problem areas in case of chronic alcoholism will be dissatisfaction with the present (+1,3 points), freedom and responsibility (+0,5 points), and also negative emotions-despair, suffering, sense of guilt (+0,2 points)-same as for drug addiction case. We may suppose that in the course of disruption of mediation and hierarchy of motives the development of existential crisis would start or would mostly be manifested in these aspects. A particular note should be made for the presence of negative experiences associated in case of drug addiction with the emotional intolerance and general anxiety [16].

Existential problems of individuals with suicidal attempts history will not be as difficult and global as those of the drug addicted. For the existential crisis in this group of risk the least manifested will be the central problems of meaning of life-social connections (-3,7points), occupation, profession, career (-3,6 points). Besides, rather small will be dissatisfaction with oneself (-3 points). The weakest point when experiencing an existential crisis will be heavy emotions-despair, suffering, and sense of guilt (+0,7 points).

Research results for features of experience of loneliness by the individuals of the “risk group”

The **Table 1** and **Figure 2** represent the average indexes of loneliness in the norm group and the groups of risk. As seen on the **Figure 2**, the highest degree of the subjective sensation of loneliness (36,32 points) was registered in the sample of individuals with opium and poly-drug addictions, and the lowest one (18,47 points)-in the norm group.

Statistical analysis has evidenced the significant, at the high level of significance, differences in the indexes of subjective sensation of loneliness between the norm group and the three risk groups (**Table 2**): loneliness in the sample of conditionally healthy respondents with criterion behaviour has been considerably lower (with $p < 0,001$) than in the groups of respondents with alcohol and drug addictions and suicidal behavior. Besides, significant differences were revealed in the indexes of loneliness between the group of drug addicted and all other samples: the subjective sensation of loneliness significantly (with $p < 0,001$) higher in the drug addicted group than in the groups of norm, alcohol addicted and suiciders' sample.

Thus, drug addicted individuals to the greatest extend will be prone to experience the subjective loneliness. The analysis of protocols of answers of these respondents to the “Loneliness

Table 1 Average indexes of degree of loneliness for conditionally healthy, alcohol addicted, drug addicted, and respondents with suicidal behavior.

Group of the examinees	Average index	Satndard deviation	N
Norm	18,4706	10,00791	948
Alcohol addicted	27,0746	11,76192	103
Drug addicted	36,3182	13,97998	171
Suiciders	29,8217	16,71753	123
Total	21,8116	12,88443	1345

scale” has evidenced that in most cases the following statements of the questionnaire were marked as “often”: “I feel the lack of friendly communication”, “None of the surrounding people would share my interests and thoughts”, “There are no people around me who would sincerely be ready to support me”, “I have no deep affections (deep emotions)”, “I am unhappy because I miss communication with the understanding and interesting people”. Pairwise comparisons have evidenced the absence of significant differences in the degree of loneliness between the two groups of risk: alcohol addicted and suiciders: average indexes in both samples have been quite equal (27, 07 and 29, 82 points, respectively).

Within the norm group the low degree of loneliness has been registered, and in all groups of risk-the average one. Now, let us analyze the age-related dynamics of loneliness in all four samples. **Figure 3** illustrates the age differences in indexes of loneliness in the norm group, the groups of alcohol addicted and drug addicted and in the group of suiciders. Healthy respondents without signs of deviant behavior feature a sustainable low level of the subjective sensation of loneliness in all three stages of their ontogenetic development: youth, young age and maturity. There is a slight decrease in the level of loneliness from youth to young age period and then again a slight increase of this index in maturity period. No significant age differences in the indexes of loneliness have been revealed in the norm group (**Table 3**). There have been revealed the differences at the level of trend for this parameter between the healthy respondents of the young and mature ages: within the norm group young people featured the lowest index of the subjective sensation.

In both groups of alcohol addicted as well as drug addicted respondents the age dynamics of experience of loneliness will be similar: in youth period in both risk groups with addictions there were registered the lowest indexes for this parameter; in young age the indexes of loneliness will increase and the yet higher level of loneliness in these samples will be registered in the mature period. With this, when in the groups of individuals with alcohol addiction, as well as in the norm group, no statistically significant age differences in the indexes of loneliness were registered (the differences in the level of trend have only been revealed between the alcohol addicted examinees of young and mature ages), in the sample of examinees with opium and poly-drug addiction the significant differences were registered between all age

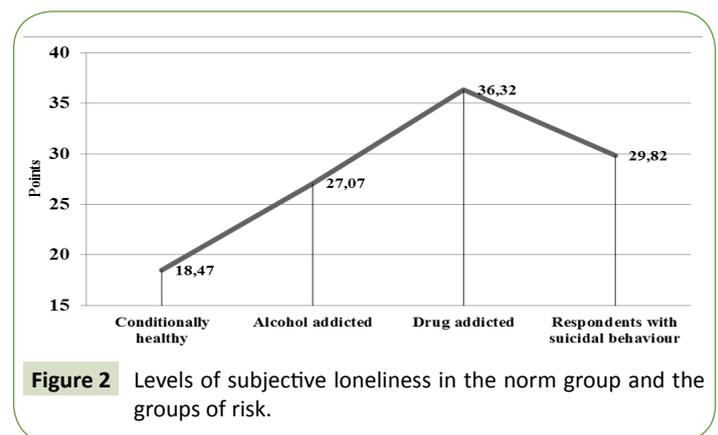


Figure 2 Levels of subjective loneliness in the norm group and the groups of risk.

Table 2 Differences in the indexes of loneliness.

Multiple comparisons						
Dependent variable: Loneliness						
Minimal significant difference						
(I) Group of the examinees	(J) Group of the examinees	Average difference (I-J)	Standard. Error	Significance of differences	95% confidence interval	
					Lower limit	Higher limit
Norm	Alcohol addicted	-8,6040*	1,43434	0,000	-11,4178	-5,7901
	Drug addicted	-17,8475*	1,05289	0,000	-19,9131	-15,7820
	Suiciders	-11,3511*	1,06364	0,000	-13,4377	-9,2644
Alcohol addicted	Norm	8,6040*	1,43434	0,000	5,7901	11,4178
	Drugaddicted	-9,2436*	1,70429	0,000	-12,5870	-5,9001
	Suiciders	-2,7471	1,71095	0,109	-6,1036	,6094
Drug addicted	Norm	17,8475*	1,05289	0,000	15,7820	19,9131
	Alcoholaddicted	9,2436*	1,70429	0,000	5,9001	12,5870
	Suiciders	6,4965*	1,40663	0,000	3,7370	9,2560
Suiciders	Norm	11,3511*	1,06364	0,000	9,2644	13,4377
	Alcoholaddicted	2,7471	1,71095	0,109	-,6094	6,1036
	Drugaddicted	-6,4965*	1,40663	0,000	-9,2560	-3,7370

Based on the observed average indexes.
Margin of error-Average square (Error) = 129,087.
*Average difference significant at the level 0.05.

Table 3 Significance of age differences in the indexes of loneliness in the norm group and the groups of risk.

Dependent variable: Loneliness						
Norm group						
(I) Age group	(J) Age group	Average difference (I-J)	Standard. Error	Significance of differences	95% confidence interval	
					Lower limit	Higher limit
1 (youth)	2 (youngage)	1,5636	1,00693	0,121	-0,4124	3,5395
	3 (matureage)	0,0625	0,89812	0,945	-1,7000	1,8249
2 (youngage)	1 (youth)	-1,5636	1,00693	0,121	-3,5395	0,4124
	3 (matureage)	-1,5011	0,86147	0,082	-3,1916	0,1894
3 (matureage)	1 (youth)	-0,0625	0,89812	0,945	-1,8249	1,7000
	2 (youngage)	1,5011	0,86147	0,082	-0,1894	3,1916
Group of alcohol addicted respondents						
1 (youth)	2 (youngage)	-1,7111	4,48506	0,704	-10,6710	7,2488
	3 (matureage)	-7,2020	4,33877	0,102	-15,8697	1,4657
2 (youngage)	1 (youth)	1,7111	4,48506	0,704	-7,2488	10,6710
	3 (matureage)	-5,4909	3,05919	0,077	-11,6024	0,6205
3 (matureage)	1 (youth)	7,2020	4,33877	0,102	-1,4657	15,8697
	2 (youngage)	5,4909	3,05919	0,077	-0,6205	11,6024
Group of drug addicted respondents						
1 (youth)	2 (youngage)	-7,9895	2,61281	0,003	-13,1590	-2,8200
	3 (matureage)	-14,5299	2,76559	0,000	-20,0017	-9,0581
2 (youngage)	1 (youth)	7,9895	2,61281	0,003	2,8200	13,1590
	3 (matureage)	-6,5404	2,86660	0,024	-12,2120	-0,8688
3 (matureage)	1 (youth)	14,5299	2,76559	0,000	9,0581	20,0017
	2 (youngage)	6,5404	2,86660	0,024	0,8688	12,2120
Group ofsuiciders						
1 (youth)	2 (youngage)	20,2491	3,19852	0,000	13,9189	26,5794
	3 (matureage)	15,2070	3,25872	0,000	8,7576	21,6564
2 (youngage)	1 (youth)	-20,2491	3,19852	0,000	-26,5794	-13,9189
	3 (matureage)	-5,0421	3,23975	0,122	-11,4540	1,3697
3 (matureage)	1 (youth)	-15,2070	3,25872	0,000	-21,6564	-8,7576
	2 (youngage)	5,0421	3,23975	0,122	-1,3697	11,4540

subgroups (**Figure 3**). High-level significant ($p < 0,003$) differences have been registered among the drug addicted individuals of youth, young and mature ages. Also, the significant differences (five percent significance value) were revealed in the indexes of the subjective sensation of loneliness among the young and mature drug addicted patients (**Table 3**). Whereas with the drug addicted respondents of youth and young ages the indexes of loneliness have not exceeded the average level, the chemical dependent individuals of mature age have featured the high level of the subjective loneliness (the average index in the subgroup of middle-aged drug addicted exceeded 43 points). Another age dynamics of loneliness has been registered in the group of suiciders. In this sample there have also been registered the high-level significant age differences for this parameter: among the respondents of youth and young ($p < 0,001$), and youth and mature ($p < 0,001$) ages. However, within this group of risk a higher limit of loneliness has been registered in the youth subgroup of suiciders (41,46 points), when in the subgroup of young suiciders this index has been almost two times lower (26,25 points).

Therefore, the existential loneliness might be one of the main factors for suicide precisely in the youth period.

Results of the research of attitude to death in the mixed-aged and mixed-culture groups

According to the data for Central Russia (Moscow), in youth age the students of the humanitarian universities would feature the optimistic attitude to death, though a low-level one: the average point has been 3.29. When considering the population dynamics from young to mature ages, it can be noted the level of attitude to death would slightly decrease, which lead to the ambivalent index among the professors of humanitarian universities: average point 2.55 (**Table 4**).

In the Caucasus region (Yerevan) the attitude to death has featured a lower level: it has been ambivalent in young and mature ages-in students and professors of humanitarian universities. Analogous dynamics can be noticed-slight decrease of level of attitude to death from youth (2.26 points) to mature age (1.81 points). Same as in Central Russia, in Armenia the age differences have been statistically insignificant (**Table 4**).

Similar indexes and general trend of age decrease of attitude to death in Moscow and Yerevan may be connected with the existing ideas of life and death inherited from the pre-perestroika times. This assumption may be to some extent enforced by significant differences registered between the indexes of students and professors of the humanitarian (secular) university units in Italy.

In Italy (Rome) the optimistic attitude to death will be slightly higher in youth (3.46 points) and considerably higher in mature age (6.37 points), than in the post-Soviet space-in Central Russia and Armenia. The dynamics will be reverse here: the substantial increase in the level of optimistic attitude to death in mature age.

Table 4 Differences in the indexes of attitude to death between the age groups of Moscow, Yerevan and Rome (average indexes, Mann — Whitney U-test).

Attitude to death	Moscow			Yerevan			Rome		
	Youth	Mature age	p	Youth	Mature age	p	youth	Mature age	p
Average index	3.29	2.55	0.187	2.26	1.81	0.529	3.46	6.37	0.000

The age differences will be significant at the high level ($p \leq 0.001$) (**Figure 4**).

As seen from **Figure 4**, the age differences would manifest differently in different regions. Therefore it is of interest to define the significance of differences among the indexes of respondents of each age group in Moscow, Yerevan and Rome (**Table 5**).

For youth period the statistically significant differences have been registered only in the indexes of attitude to death of Yerevan and Rome ($p \leq 0.05$). Optimistic attitude to problems of life, death and dying that had featured Rome students has been considerably higher than the ambivalent attitude to these problems of the students in Yerevan. At the same time the differences in indexes of youth respondents in Moscow and Yerevan, and also in Moscow and Rome, were statistically insignificant.

For mature age, when the level of attitude to death will decrease in Moscow and Yerevan and increase in Rome, there have been observed significant differences not only between the indexes in Armenia and Italy, but also between Central Russia and Italy ($p \leq 0.001$). The ambivalent attitude to death characteristic of university professors in Moscow and Yerevan had a nearly level, so there have been no significant differences for these indexes (**Table 5**).

Thus, the major regional differences in the attitude to death would appear just in maturity age.

In order to define the gender differences we will consider the features of attitude to death in youth and mature ages-in different regions.

There have been no registered significant differences in the attitude to death among young men and women (**Table 6**).

However, a certain trend will appear in Central Russia and Armenia, i.e. on the post-Soviet space: in their experience of problems related to death young men have been more optimistic than young women (**Figure 5**). Young women in Moscow and Yerevan have featured more anxiety in perception of these

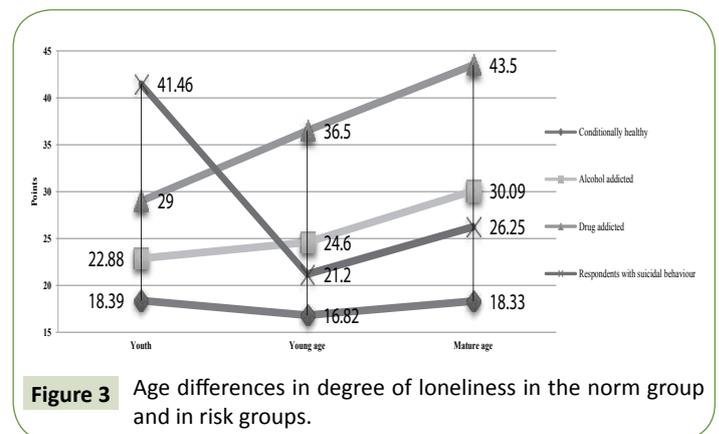


Figure 3 Age differences in degree of loneliness in the norm group and in risk groups.

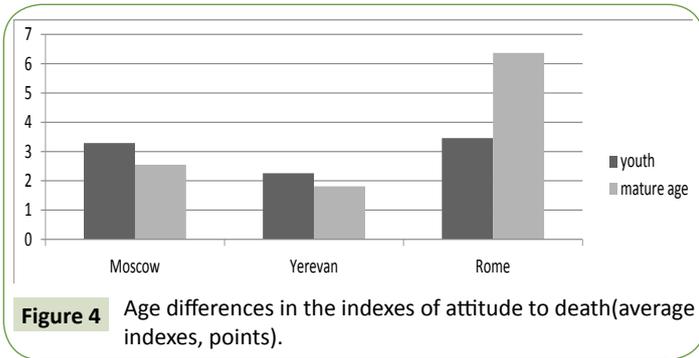
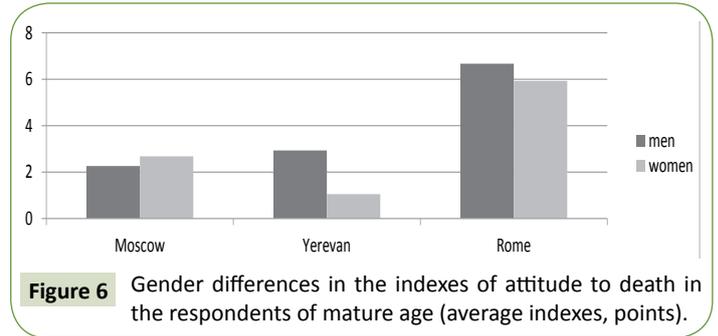
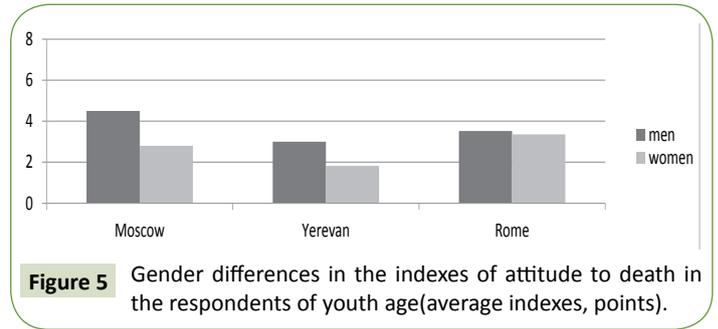


Table 5 Regional differences in the indexes of attitude to death among the respondents of youth and mature ages (pairwise comparisons, Mann-Whitney U-test, W-criterion by Wilcoxon).

Comparison of indexes	U statistics Mann-Whitney	W statistics Wilcoxon	Asymptotic value (bilateral)
Youth			
Moscow-Yerevan	468.500	1098.500	0.088
Moscow-Rome	589.500	1219.500	0.786
Rome-Yerevan	449.000	1079.000	0.050
Mature age			
Moscow-Yerevan	1538.000	2241.000	0.198
Moscow-Rome	548.500	5301.500	0.000
Rome-Yerevan	149.000	852.000	0.000

problems, and their attitude has become ambivalent. These data may be explained by their earlier personal maturation compared to that of the young men, and their more serious attitude to the evaluation of a rather short life path, their relations with relatives and attitude to the issues of religious context. Apparently, young men of 18-23 years old would make a simpler and easier judgment on these problems, which can be the result of lack of a special interest to existential moments as well as the defensive reaction, not allowing them to immerse into the traumatic content of life.

At the same time such trend has not been registered among the Italian youth. In Rome both young men and young women will be rather optimistic. Getting a secular and not a religious education, and living in better social and economic conditions compared to their age-mates from Russia and Armenia, they probably consciously or unconsciously would avoid the analysis of the hard side of life (Figure 5). A rather comfortable and happy living in Rome would reflect mostly on the attitude to death of men and women of middle-age. Both men and women would feature an increased level of optimistic attitude to death—from 3.52 points in youth period to 6.67 points in mature age for men, and—3.36 points in youth period to 5.93 points in mature age for women (Figures 5 and 6). Although the Italian women would feature a slightly lower level of an optimistic attitude than the men, there will be no significant gender differences (Figure 6). The reverse trend has been registered in Central Russia and Armenia: instead of increase of optimism, there is a decrease and aggravation of the ambivalent attitude in men in Moscow and women in Yerevan.



Discussion of the Results

The data received during the course of the first series of the empirical research reflecting the global existential problems within the group of drug addicted individuals, conform to the idea of a so called narcotic personality. “The change of the semantic sphere of the personality of a drug addicted person is manifested in its literal “drop out” from the holistic context of life in the situational context of a univocally aimed activity... A drug addicted person always knows what he or she would have to do. It releases them from the search of the goals, aims, meaning of what’s happening and, in the end, their life purpose” [13].

According to the obtained data of the first series of the empirical research, the suiciders would feature a safer value-semantic sphere than the individuals with chemical addictions. However, at the same time they will be immersed in current adverse situation evoking the negative emotions of great strength. It is known that in youth period the suiciders would feature depression, anxiety, high level of everyday stress, and the preference for such inadapative coping strategy as the avoidance [17-19]. It is possible that these personal characteristics will be preserved at later age stages and will contribute to the maintenance of negative experiences, suicidal thoughts and intentions.

During the second stage of the empirical research the analysis of answers to the questionnaire “Scale of loneliness” of the individuals with alcohol addiction and the respondents with history of suicide attempts has evidenced their unsatisfaction with family life, lack of necessary social support, sensation of being misunderstood and isolated from the surrounding people. Moreover, the answers of suiciders’ group have featured the feeling of inability to handle relationships with other people, and the tendency not to reveal the depth of their feelings and experiences to anyone.

According to the results of the third stage of the empirical

Table 6 Gender differences in the indexes of attitude to death in the respondents of youth and mature ages of different regions (average indexes, Mann-Whitney U-test).

Age period	Moscow			Yerevan			Rome		
	Men	Women	p	Men	Women	p	Men	Women	p
youth	4.50	2.80	0.174	3.00	1.82	0.139	3.52	3.36	0.881
Mature age	2.26	2.68	0.340	2.93	1.05	0.042	6.67	5.93	0.396

research, the attitude to death of multicultural groups will differ on the significant level of differences [20,21].

It bears reminding that according to the statements of S.L. Rubinstein and representatives of the existential-humanistic trend in psychology, which has been reflected in the problems of this original methodology, the attitude to death would depend on a number of factors-satisfaction with life, acceptance of its finitude, absence of the substantial fear of death and dying process, confidence in one's courage in the face of death and in the nearest social surroundings capable of supporting in the final stage of life. Such high indexes of the optimistic attitude to death registered in Rome will probably evidence the presence of most of these factors in the mind of this category of intellectuals. Perhaps, the satisfaction with life in mature period would be related, in particular, with the external conditions, which would be rather favorable in an economically developed European country.

The increase of ambivalence among Moscow male humanitarians that was revealed during the third stage of the empirical research, would be related to the dissatisfaction with one's life in the expensive and maximally socially stratified metropolis. The decrease of the level of attitude to death and aggravating of existential problems among women in Armenia could be explained by the traditions of Caucasus region (where a woman would be less focused on social achievements and mostly dedicated to a family and household), as well as the specifics of the current social and economic situation in the country, when men are often forced to leave their families in search of better earnings, and the burden of considerable family difficulties would lie on the women on the background of the recurrent loneliness. It is precisely in Armenia where there were registered the statistically relevant gender differences in the attitude to death.

Conclusions

The conducted theoretical analysis and the empirical researches

have evidenced that the existential crisis could be considered as a stage in the individual life path which is accompanied by the sensation of meaninglessness of life, dissatisfaction with oneself and one's life, the problems of freedom and responsibility, and manifested in such heavy emotions as despair, suffering, sense of guilt, loneliness and insecurity. By means of the original methodology there has been conducted a comparative research of the features and manifestation of the existential crisis in cases of chronic alcoholism, drug addiction and suicidal behavior. It has been evidenced that the major existential crisis was characteristic for drug addicted individuals. Healthy respondents with criterion behavior of all youth, young and mature ages have featured the absence of the existential crisis; they also featured a low level of the subjective sensation of loneliness. It is important to note that in case of alcohol addiction loneliness would increase from one stage of ontogenetic development to another: the growth of the alcoholic defect will be accompanied by the loss of social contacts, destruction of professional, friends and family relations, the social network would narrow considerably, due to the dominant biological motivation. However, the age differences in this risk group will be expressed at the level of trend.

The drug addicted individuals with the increase of years would feature the increase of sensation of isolation, separation from the surroundings, and feeling of helplessness, hopelessness and personal inadequacy. The distinct age differences in manifestation of the existential crisis will be characteristic for individuals with suicidal behavior; with this the level of the subjective sensation of loneliness within this group of risk will reach the maximal indexes in suiciders of youth age, and would decrease considerably from youth to young age. Thus, the received empirical data would establish the certain logical correlation between the experience of the existential crisis and its consequences, which dictates the need for further researches in order to develop the efficient programs of psychological assistance to individuals of the groups of risk.

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