

The philosophical health compass: A new and comprehensive assessment tool for researching existential dimensions of wellbeing

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Abstract

This paper introduces the Philosophical Health Compass (PHC), a quantitative assessment tool designed to complement qualitative research methods in investigating philosophical aspects of human wellbeing. The PHC evaluates six dimensions of philosophical health identified through previous research: bodily sense, sense of self, sense of belonging, sense of the possible, sense of purpose, and philosophical sense. While qualitative approaches in philosophical health excel at capturing rich individual narratives, their limitations in standardization and scalability constrain systematic research across populations. The PHC addresses this methodological gap by translating comprehensive philosophical concepts into measurable variables, enabling researchers to conduct comparative analyses, and integrate philosophical dimensions into an established wellbeing framework. This instrument is grounded in the SMILE_PH interview methodology introduced in 2023 by Luis de Miranda in the present journal, which has indicated through extensive field application that philosophical and existential health can be systematically explored through these six interrelated dimensions. We present the compass, its theoretical foundations, methodology, and potential research applications. By offering a standardized approach to evaluating philosophical wellbeing, the PHC creates new possibilities for interdisciplinary research while acknowledging that this questionnaire is not meant to replace the depth of the qualitative SMILE_PH dialogue, but rather to facilitate it.

Keywords

Philosophical health, assessment tool, wellbeing, phenomenology, sense-making, SMILE_PH methodology

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Introduction

This paper introduces the Philosophical Health Compass (PHC), a newly developed questionnaire designed to complement the SMILE_PH protocol of dialog and counseling (Sense-Making Interviews Looking at Elements of Philosophical Health) previously introduced in this journal (de Miranda, 2023). The PHC evaluates six dimensions—or “senses”—of philosophical wellbeing identified through previous qualitative research: bodily sense, sense of self, sense of belonging, sense of the possible, sense of purpose, and philosophical sense. Building on recent developments in philosophical health research and practice, particularly the SMILE_PH interview methodology, we present the theoretical framework and initial development of this new and more quantitative assessment tool. The PHC offers researchers and practitioners a fine-grained approach to evaluating philosophical health, defined as “a state of fruitful coherence between a person’s ways of thinking and speaking and their ways of acting, such that the possibilities for a sublime life are increased and the need for self- and intersubjective flourishing satisfied.” (de Miranda, 2022: 1003).

The concept of philosophical health has gained increasing attention in recent years as researchers and practitioners seek to understand the relationship between individuals’ philosophical perspectives and their overall wellbeing (de Miranda, 2024). While qualitative methods like the SMILE_PH protocol have provided valuable insights into philosophical health, there remains a need for a structured assessment tool that can complement these in-depth interviews. If qualitative approaches excel at capturing individual narratives, their limitations in standardization and scalability may constrain systematic research and outcome measurement, where requested. A quantitative instrument facilitates comparative analysis across populations and allows to integrate philosophical health into the discourse of established wellbeing models. The Philosophical Health Compass (PHC) represents a significant step toward addressing this need by offering a structured approach to evaluating philosophical wellbeing. The PHC builds on the SMILE_PH methodology by offering structured and quantifiable insights that complement the depth of its qualitative dialogues. As a complement to SMILE_PH’s semi-structured format (de Miranda, 2023), the PHC further structures the 6 elements of philosophical health (body, self, belonging, possibility, purpose and worldview, enabling scalability and pattern identification across populations.

Contemporary approaches to health assessment have focused primarily on physical and psychological dimensions often behaviorally considered, while the philosophical aspects of wellbeing have remained largely unmeasured (Kingma, 2019; Tyreman, 2011). While the healing aspect of self-examination and the easing dimension of cogito-

based dialogue (inspired by Descartes’ “I think, therefore I am”) is undeniable in unstructured interviews, one might wonder if the philosophical health approach should aspire to a more quantitative approach. Purists of philosophical counselling might answer negatively, but we believe in experimentation before dismissal. The PHC aims not to replace but to complement existing qualitative approaches by providing a more standardized—thus collectively comparable—way to explore and document people’s engagement with fundamental philosophical questions and existential challenges. Unlike tools focused on clinical mental health, behavioral variations, or general life satisfaction, the PHC interconnects multiple dimensions such as bodily sense, sense of the possible and philosophical sense, bridging existential inquiry with structured assessment (Ryff and Singer, 2008; Steger et al., 2006).

This paper outlines the theoretical underpinnings, structural framework, and potential applications of this new instrument, preparing the ground for validation studies to establish its utility and reliability.

Theoretical framework

The Philosophical Health Compass emerges from contemporary developments in philosophical health research. Its structure reflects the six fundamental dimensions identified through the SMILE_PH methodology (body, self, belonging, possibility, purpose, and philosophical sense), which was developed by Luis de Miranda through extensive philosophical counseling practice and validated for instance through a pilot study with persons living with spinal cord injury (de Miranda, 2023). Like the SMILE_PH method, the PHC’s theoretical framework is organized around six interconnected dimensions of philosophical wellbeing, each representing a crucial aspect of how individuals make sense of their existence and engage with the world.

Bodily sense

The foundation of philosophical health interviews begins with our embodied experience. As Merleau-Ponty (1968) argued, we are intertwined sensing bodies within a common “flesh of the world.” The bodily sense dimension examines an individual’s awareness of and relationship with their physical being. This includes experiences of vitality, comfort with one’s body, awareness of bodily signals, and connection to nature both within oneself and in one’s surroundings. The SMILE_PH interviews demonstrated that even in cases of severe physical limitation, individuals can develop new ways of sensing themselves and integrating their bodily experience into a coherent and eudynamic sense of being and becoming (de Miranda, 2024).

Sense of self

The sense of self dimension explores how individuals understand and maintain their identity. This includes the consistency of self across different situations, depth of self-understanding, recognition of personal uniqueness, and the ability to take responsibility for self-development. The theoretical grounding for this dimension draws from both phenomenological traditions and contemporary research on identity and authenticity. A unified sense of self seems to be crucial for navigating significant life changes or challenges (Dweck, 1999; Erikson, 1968; Owens, 1993).

Sense of belonging

This third dimension acknowledges our fundamental social nature while recognizing the importance of maintaining autonomy from groupthink. The sense of belonging phase of the interview examines meaningful connections with others, engagement with communities, connection to shared human experience and ideas, and the balance between independence and group participation. The theoretical basis for this dimension integrates insights from social philosophy with practical findings from philosophical counseling sessions, highlighting the importance of what de Miranda (2020) terms “well-belonging.”

Sense of the possible

This dimension represents a central aspect of philosophical health, examining how individuals perceive and engage with potential futures and opportunities. It draws from existential philosophy and phenomenology, particularly Binswanger’s notion of “repossibilization”—the process of helping people rediscover and reclaim their potential ways of being-in-the-world that have become closed off through both physical and mental illness, trauma, or life circumstances. This dimension explores belief in possibilities during difficult circumstances, recognition of opportunities beyond current limitations, and the ability to turn obstacles into opportunities for enrichment. The SMILE_PH interviews revealed this sense as particularly significant for bridging psychological resilience with personal philosophical growth.

Sense of purpose

The fifth dimension investigates how individuals develop and maintain meaningful life directions. This includes inspiration from personal values, commitment to higher purposes, alignment between actions and ideals, and consideration of how one’s purpose benefits others. This dimension draws theoretical support from existential

philosophy’s emphasis on authentic project-making while incorporating insights from contemporary research on meaning and purpose in life.

Philosophical sense

The final dimension examines the individual’s capacity for conceptual thinking and meaning-making, as well as for holding a personal cosmology. This includes the ability to think holistically, notice patterns in life experiences, consider diverse perspectives, and link daily actions to broader principles, values, and worldviews. This dimension represents the integration point where practical wisdom meets theoretical understanding, reflecting what ancient philosophers termed *phronesis* or practical wisdom.

Methodology of the PHC and its background

The development of the Philosophical Health Compass emerged from the proposal to complement (but not replace) the qualitative insights gained through the SMILE_PH interview methodology with a more structured and scalable assessment approach. The questionnaire was conceived and initially drafted by Luis de Miranda, and then refined in dialogue with the co-authors of the present article. Its development followed directly from extensive philosophical counselling practice conducted by de Miranda between 2018 and 2024. The formulation of specific questionnaire items emerged from systematic analysis of counselling session narratives, where recurring themes and client experiences were synthesized into a defined number of stances, one that we believe is sufficiently comprehensive even if it should not be seen as exhausting the nuanced nature of singular philosophical dialogue.

The SMILE_PH methodology provided the foundational framework for understanding how individuals make sense of their philosophical wellbeing. de Miranda’s extensive practical experience in philosophical interviews, combined with theoretical insights from first-person phenomenology and existential philosophy, informed the creation of the questionnaire items. The Sense-Making Interviews Looking at Elements of Philosophical Health follow six elements in a systematic order, typically reserving 45 minutes of one-on-one dialogue for each element: 1 – bodily sense, 2 – sense of self, 3 – sense of belonging, 4 – sense of the possible, 5 – sense of purpose and 6 – philosophical sense. In the beginning and the end of the protocol, 2 sessions of 45 minutes introduce and conclude the 8 sessions of dialogue. There is today a worldwide distribution of practitioners, most of them holding a PhD and half of them working in academia, who are certified in the SMILE_PH method after having followed an intensive training with Luis de Miranda: in Sweden, the USA,

Germany, Australia, the UK, Denmark, Finland and India. This network is called Philosophical Health International.

The Philosophical Health Compass consists of 48 stances, with eight statements for each of the six dimensions. These statements were crafted to capture alternatively positive and negative aspects of each dimension, allowing for a nuanced assessment of an individual's philosophical health profile. The questionnaire employs a 5-point rating scale—Completely untrue (1), Rarely true (2), Undecided (3), Often true (4), and Completely True (5), incorporating alternating positive and negative item formulations to mitigate response biases such as social desirability and acquiescence, thereby enhancing the instrument's reliability. The scale enables respondents to indicate the degree to which each statement reflects their typical recent experience over the past 4–6 weeks.

Each dimension is explored through statements that address various aspects of that particular sense. For example, the “Bodily Sense” includes items assessing vitality, awareness of bodily signals, and connection to nature. The Sense of Self dimension examines consistency across situations, self-understanding, personal responsibility, and the recognition of strengths and weaknesses. This comprehensive approach ensures that each dimension is evaluated holistically through multiple facets of experience. We review below the 48 stances, starting with the bodily sense:

A. Bodily sense

1. I feel full of vitality.
2. I feel discomfort with my body.
3. I experience my body as a source of joy.
4. I don't feel grateful for being in my body.
5. I am aware of and act on my body's signals.
6. I feel disconnected from nature, both within myself and in my surroundings.
7. I move with fluidity around the physical world.
8. I find it difficult to gain insights from my body's experiences.

The foundation of philosophical health begins with our embodied experience. The bodily sense dimension examines an individual's awareness of and relationship with their physical being through eight carefully selected statements, each grounded in philosophical and empirical research.

The first statement, “I feel full of vitality,” draws for instance from Bergson's (1907/2007) concept of *élan vital* and contemporary vitality research. Stern's (2010) work on vitality forms demonstrates how the experience of being alive manifests in dynamic bodily states. This fundamental aspect of embodied existence serves as a primary indicator of philosophical health, reflecting what

Spinoza (1677/1996) termed *conatus*, the essential striving to persist in earthly being.

The second statement, “I feel discomfort with my body,” addresses the phenomenology of bodily alienation described by Fuchs (2005). This negative formulation captures what Leder (1990) calls “*dys-appearance*,” where the body becomes problematically present rather than seamlessly integrated into experience. Research in embodied cognition (Gallagher, 2005) suggests that bodily comfort significantly influences cognitive and emotional wellbeing.

The third statement, “I experience my body as a source of joy,” builds on Nietzsche's (1883–1885/2006) celebration of embodied existence and Spinoza's theory of affects, *joie de vivre* being the mother of all emotions. Contemporary research by Sheets-Johnstone (2011) on the primacy of movement demonstrates how bodily joy forms a foundation for psychological flourishing.

The fourth statement, “I don't feel grateful for being in my body,” explores the relationship between embodiment and gratitude, inspired by phenomenological perspectives on the gift of existence (Marion, 2002) and research on embodied gratitude practices (Emmons and McCullough, 2003).

The fifth statement, “I am aware of and act on my body's signals,” reflects Gendlin's (1978) concept of focusing and contemporary research on interoception (Craig, 2015). This awareness represents a crucial bridge between bodily experience and decision-making, supported by neurobiological studies of embodied cognition (Damasio, 1994).

The sixth statement, “I feel disconnected from nature, both within myself and in my surroundings,” addresses eco-phenomenology (Brown and Toadvine, 2003) and research on nature-connectedness (Schultz, 2002). This dimension recognizes the body as our primary means of connecting with the natural world, a perspective supported by deep ecology (Naess, 1973) and environmental philosophy.

The seventh statement, “I move with fluidity around the physical world,” draws from Merleau-Ponty's (1945/2012) analysis of motor intentionality and contemporary research on kinesthetic consciousness (Sheets-Johnstone, 2011). This proprioceptive aspect of bodily sense reflects what Dreyfus (1996) describes as skilled coping, where expertise manifests as fluid, responsive engagement with the environment.

The eighth statement, “I find it difficult to gain insights from my body's experiences,” addresses embodied knowledge and somatic learning (Johnson, 2007). This metacognitive dimension reflects recent work in embodied cognition suggesting that bodily experiences provide crucial information for decision-making and understanding (Clark, 2015).

These eight statements were selected and refined after extensive philosophical practice. Together, they provide a comprehensive assessment of bodily sense that encompasses vitality, comfort, joy, gratitude, awareness, nature-connection, movement, and bodily insight. The combination of positively and negatively worded items helps minimize response bias (blurring—although not completely preventing—injunctions of desirability or normativity) while capturing the multifaceted nature of embodied experience.

B. Sense of Self

1. I tend to be the same person in all situations.
2. I struggle to recognize what makes me unique.
3. I believe I understand myself deeply.
4. I am confused about certain aspects of myself.
5. I take responsibility for shaping who I am.
6. I find it difficult to recognize my inner wisdom.
7. I achieve success while staying true to who I am.
8. I find it challenging to differentiate my strengths from my weaknesses.

The sense of self dimension explores how individuals understand and maintain their identity through eight statements, each anchored in philosophical tradition and contemporary research.

The first statement, “I tend to be the same person in all situations,” addresses the philosophical problem of personal identity persistence. This draws for instance from Ricoeur’s (1992) concept of narrative identity, which illuminates how selfhood emerges through the ongoing work of maintaining coherence across time and varied life contexts. Contemporary research by McAdams (2001) on narrative psychology supports the importance of maintaining a consistent self-story while adapting to different social contexts. However, this consistency should not be confused with rigidity; rather, it reflects what Erikson (1968) termed integrity or identity synthesis.

The second statement, “I struggle to recognize what makes me unique,” examines individual distinctiveness and self-knowledge. This negative formulation draws from Taylor’s (1989) work on the sources of self and authenticity. Modern research on self-concept clarity (Campbell et al., 1996) demonstrates how the ability to recognize one’s uniqueness correlates with psychological well-being and decision-making capacity.

The third statement, “I believe I understand myself deeply,” reflects the Socratic imperative of self-knowledge and Heidegger’s (1927/1962) concept of authenticity. This metacognitive aspect of self-understanding has been supported by research on psychological mindedness (Beitel et al., 2005) and its relationship to personal growth and adaptation.

The fourth statement, “I am confused about certain aspects of myself,” acknowledges the inherent complexity

of selfhood described for instance by Jung’s (1928/1966) work on individuation. This statement recognizes what Kierkegaard (1849/1983) identified as the necessary tension between self-knowledge and self-mystery, supported by contemporary research on self-complexity (Linville, 1987).

The fifth statement, “I take responsibility for shaping who I am,” draws from Sartre’s (1943/1992) existential philosophy of radical responsibility and agency. Modern research on psychological ownership (Pierce et al., 2001) and personal agency (Bandura, 2006) confirms the importance of actively engaging in self-development and self-creation.

The sixth statement, “I find it difficult to recognize my inner wisdom,” addresses the philosophical concept of practical wisdom or *phronesis* (Aristotle, 2009). This connects to contemporary research on intuitive decision-making (Kahneman and Klein, 2009) and embodied cognition (Varela et al., 1991), highlighting the importance of accessing internal guidance.

The seventh statement, “I achieve success while staying true to who I am,” explores the relationship between authenticity and achievement. This draws from Heidegger’s concept of *Eigentlichkeit* (authenticity) and is supported by research showing the positive outcomes of authentic self-expression (Kernis and Goldman, 2006).

The eighth statement, “I find it challenging to differentiate my strengths from my weaknesses,” examines self-evaluation capacity. This echoes James’s (1890/1981) classical work on self-concept and modern research on accurate self-assessment (Dunning et al., 2004), highlighting the importance of balanced self-perception in philosophical health.

Together, these statements evaluate key aspects of self-relation: consistency, uniqueness, understanding, complexity, responsibility, wisdom, authenticity, and self-assessment. The mix of positive and negative formulations is meant to help capture the nuanced nature of self-experience while reducing response bias.

C. Sense of Belonging

1. I experience meaningful connections with others
2. I feel disconnected from the communities around me.
3. I feel a strong sense of connection to the shared human experience.
4. I struggle to feel connected to something greater than myself.
5. I consider life in general as a familiar domain.
6. I struggle to balance time for myself with time spent connecting with others.
7. I maintain my independence while belonging to groups.
8. I don’t feel free to express my thoughts in groups.

The sense of belonging dimension examines how individuals experience and navigate their connections to

others and to broader communities. Each of the eight statements in this dimension reflects crucial aspects of social existence and communal life, grounded in philosophical scholarship and empirical research.

The first statement, “I experience meaningful connections with others,” reflects Buber’s (1923/1970) I-Thou relationship, where one transcends utilitarian interactions to encounter others in their full humanity. Contemporary research by Baumeister and Leary (1995) or Allen (2020) confirms that the need for meaningful social bonds represents a fundamental human motivation. This statement captures what phenomenologists like Schütz (1967) described as the intersubjective nature of human experience.

The second statement, “I feel disconnected from the communities around me,” explores the negative experience of social alienation described in Marx’s early writings and elaborated by critical theorists of the Frankfurt School. Modern research on social isolation by Cacioppo and Hawkey (2009) demonstrates how disconnection from community impacts both physical and mental health. This negative formulation helps identify barriers to what Tönnies (1887/2001) termed *Gemeinschaft*, or authentic community life. It captures the essential tension between individualism and *esprit de corps* in contemporary life (de Miranda, 2020).

The third statement, “I feel a strong sense of connection to the shared human experience,” draws from philosophical anthropology, particularly Heidegger’s concept of *Mitsein* (being-with) and Levinas’s (1961/1969) ethics of alterity. Research on common humanity recognition (Neff, 2003) supports the importance of feeling connected to broader human experience for psychological well-being.

The fourth statement, “I struggle to feel connected to something greater than myself,” addresses what Durkheim (1912/1995) identified as the human need for transcendent social connection. This relates to contemporary research on meaning in life (Steger et al., 2006) which emphasizes the importance of feeling part of something larger than oneself. This stance announces the subsequent exploration into the sense of purpose.

The fifth statement, “I consider life in general as a familiar domain,” reflects the phenomenological concept of life-world (*Lebenswelt*) developed by Husserl and elaborated by Schütz (1967). This sense of being “at home” in the world connects to research on ontological security (Giddens, 1991) and its importance for psychological well-being.

The sixth statement, “I struggle to balance time for myself with time spent connecting with others,” addresses what Simmel (1908/1971) identified as the fundamental tension between individuation and sociation. Modern research on work-life balance and social integration (Greenhaus and Powell, 2006) confirms the ongoing challenge of managing this dialectic.

The seventh statement, “I maintain my independence while belonging to groups,” explores what de Miranda (2020) terms “well-belonging”—the capacity to participate in community while maintaining individual autonomy. This reflects research on optimal distinctiveness theory (Brewer, 1991), which suggests humans need to balance uniqueness and inclusion.

The eighth statement, “I don’t feel free to express my thoughts in groups,” examines what Habermas (1984) termed communicative action—the ability to participate authentically in social discourse. Contemporary research on group dynamics and psychological safety (Edmondson, 1999), along with Yalom’s (1995) work on group cohesion, demonstrates how the freedom to express oneself authentically enhances both individual and collective well-being while preventing groupthink.

Together, these statements evaluate key aspects of belonging: meaningful connection, community integration, human universality, transcendence, social comfort, balance, autonomy, and expression. Here again, the combination of positive and negative formulations helps capture the complex nature of social experience while controlling for response bias. Moreover, from the philosophical health perspective, there are no optimal answers, but rather, a variety of possible eudynamic combinations between the senses such that different forms of life can be made to become compossible.

D. Sense of the Possible

1. I believe many possibilities exist even in difficult circumstances.
2. I doubt my potential to create positive change in my life.
3. I recognize opportunities beyond current limitations.
4. I avoid engaging with creative challenges.
5. I turn obstacles into opportunities for enrichment.
6. I find it difficult to recognize opportunities in uncertain situations.
7. I believe in our shared ability to create positive change.
8. I struggle to balance new opportunities with existing responsibilities.

The sense of the possible dimension examines how individuals perceive and engage with potential futures and opportunities. This sense is where research on creativities (de Miranda, 2021) is connected with work on philosophical health. This dimension is particularly crucial as it echoes what Binswanger (1960) termed *Wiederermöglichung* or “repossibilization”—the restoration of one’s sense of life’s possibilities. Each statement has been carefully formulated to capture different aspects of how individuals relate to possibility and potential. They evaluate key aspects of possibility: belief in possibilities, sense of agency, recognition of opportunities, creative engagement, obstacle transformation,

uncertainty navigation, collective possibility, and possibility management.

The first statement, “I believe many possibilities exist even in difficult circumstances,” addresses what Sartre (1943/1992) identified as the fundamental structure of human consciousness—its orientation toward possibilities beyond the bad faith of overestimating past or received obstacles. This statement reflects Heidegger’s (1927/1962) concept of *Möglich-sein* (being-possible) and connects to contemporary research on faith or hope theory (Snyder, 2002). Studies have demonstrated that maintaining a sense of possibilities during adversity correlates strongly with resilience and psychological well-being.

The second statement, “I doubt my potential to create positive change in my life,” explores what Bandura (1997) terms self-efficacy, connecting to philosophical discussions of agency and free will. This negative formulation reveals barriers to *dynamis*—Aristotle’s concept of the potential to effect change—which in its positive expression manifests as eudynamia (de Miranda, 2022). Research by Dweck (2006) on growth mindset demonstrates how beliefs about one’s potential to change significantly impact behavior and outcomes.

The third statement, “I recognize opportunities beyond current limitations,” which proposes a nuance on the first statement, draws for instance from Ernst Bloch’s (1954/1986) philosophy of hope and his post-psychoanalytic concept of the “not-yet-conscious.” This capacity to envision possibilities beyond current constraints connects to research on prospection and mental time travel (Seligman et al., 2013). Studies show that the ability to imagine alternative futures plays a crucial role in planning and motivation.

The fourth statement, “I avoid engaging with creative challenges,” addresses what Bergson (1907/2007) identified as the creative aspect of possibility—the capacity to bring forth genuinely new solutions and approaches. Modern creativity research (Kaufman and Sternberg, 2010) confirms that willingness to engage with creative challenges correlates with both psychological flexibility and life satisfaction.

“I turn obstacles into opportunities for enrichment,” aligns with Nietzsche’s amor fati—love of fate—and resonates with modern positive psychology research on post-traumatic growth (Tedeschi and Calhoun, 2004). This statement exemplifies research on “crealectic intelligence”—the capacity to transform limitations into possibilities, harmoniously and dynamically coexisting possibilities (de Miranda, 2021).

The sixth statement, “I find it difficult to recognize opportunities in uncertain situations,” examines what Kierkegaard (1844/1980) described as anxiety before possibility. Contemporary research on tolerance of uncertainty (Carleton, 2016) demonstrates how the ability to

recognize opportunities amid ambiguity impacts decision-making and well-being.

The seventh statement, “I believe in our shared ability to create positive change,” addresses what Arendt (1958) termed “natality”—the human capacity to bring new beginnings into the world. This collective dimension of possibility connects to research on collective efficacy (Bandura, 2000) and social change beliefs.

The eighth statement, “I struggle to balance new opportunities with existing responsibilities,” explores what James (1890/1981) called the “multiverse” of possibilities and the practical challenges of navigating them. Modern research on opportunity costs and decision-making (Shepard and Bardakci, 2020) confirms the importance of effectively managing multiple possibilities within frames of duty, necessity, or obligation.

E. Sense of Purpose

1. I am inspired by values that are meaningful to me.
2. I lack a strong sense of purpose or direction in life.
3. I remain committed to my chosen purpose even in challenging situations.
4. I sense that my goals are focused primarily on my own success.
5. I can clearly articulate my higher purpose.
6. I find it difficult to align my actions with my ideals.
7. I make an effort to understand other people’s purposes.
8. I do not consider how my purpose benefits others.

The sense of purpose dimension examines how individuals develop and maintain meaningful life directions. This dimension echoes Frankl’s (1946/2006) insight that the search for meaning represents a fundamental human motivation. Each statement in this dimension has been carefully formulated to capture different aspects of how individuals understand and pursue purpose in their lives.

The first statement, “I am inspired by values that are meaningful to me,” addresses what Taylor (1989) calls “strong evaluation”—the capacity to make distinctions about the worth of different desires and purposes based on qualitative assessments. This connects to contemporary research on values-based living by Hayes et al. (2012), which demonstrates how alignment with personal values contributes to psychological flexibility and well-being. The emphasis on inspiration rather than mere recognition reflects Maslow’s (1971) work on self-actualization through value realization.

The second statement, “I lack a strong sense of purpose or direction in life,” addresses what Frankl (1946/2006) termed the “existential vacuum” or what Kierkegaard (1849/1983) more dramatically described as “despair”—the fundamental crisis of meaning and selfhood. Modern research on purpose in life by Ryff and Singer (2008) confirms that the absence of purpose correlates strongly with

decreased psychological well-being and increased vulnerability to mental health challenges. This negative formulation helps identify the presence of what Maddi (1967) termed existential neurosis, distinguished by chronic meaninglessness, teleonomic apathy, and aimlessness.

The third statement, “I remain committed to my chosen purpose even in challenging situations,” draws for instance from Nietzsche’s concept of *amor fati* and the Stoic tradition of maintaining purpose through adversity. Contemporary research on grit and perseverance (Duckworth et al., 2007) demonstrates how commitment to long-term purposes correlates with achievement and life satisfaction. This statement captures what the philosophical tradition calls practical wisdom (*phronesis*)—the capacity to maintain ethical direction amid life’s complexities. *Phronesis* arises from ongoing reflection on values as one moves through life. This thoughtful, observant way of being brings people a fluency in judging their perceptions of the world and making sound choices when needed. It is of the first importance in living a meaningful, authentic life. Some people achieve it only in restricted spheres: for example, one might have *phronesis* as a physician, making expert diagnoses as a result of keeping up with medical science and astutely studying many particular cases. Philosophical health is more interested in holistic purpose and existential *phronesis*, rather than fragmented expertise.

The fourth statement, “I sense that my goals are focused primarily on my own success,” examines what MacIntyre (1981) identified as the tension between individual achievement and broader social goods. Research on eudaimonic well-being (Ryan and Deci, 2001) demonstrates that goals focused solely on personal gain rarely yield lasting satisfaction, making this statement crucial for assessing whether an individual’s sense of purpose transcends self-interest.

The fifth statement, “I can clearly articulate my higher purpose,” reflects the philosophical tradition of examined living exemplified for instance by Socrates. Modern research on meaning in life (Steger et al., 2006) demonstrates that the ability to articulate one’s overall purpose correlates with life satisfaction and psychological well-being. This metacognitive aspect of purpose connects to what Taylor (1989) calls “strong evaluation”—the capacity to reflect on and articulate our fundamental commitments.

The sixth statement, “I find it difficult to align my actions with my ideals,” addresses what Frankfurt (1971) termed the relationship between first-order desires and second-order volitions. Contemporary research on value-behavior consistency (Sheldon and Elliot, 1999) shows how misalignment between ideals and actions can lead to decreased well-being and life satisfaction. This statement helps identify practical challenges in purpose realization.

The seventh statement, “I make an effort to understand other people’s purposes,” explores the intersubjective dimension of purpose described by phenomenologists like Schütz (1967). Research on empathy and perspective-taking (Davis, 1983) demonstrates how understanding others’ purposes and theory of mind contributes to social cohesion and mutual understanding. This statement reflects the social embeddedness of purpose-formation.

The eighth statement, “I do not consider how my purpose benefits others,” probes what Singer (1981) and other moral philosophers describe as the critical expansion of ethical concern beyond self-interest to encompass wider human welfare. This was also Kant’s concern when conceiving the universal categorical imperative. Modern research on prosocial purpose (Damon et al., 2003) shows how aims to benefit others tend to provide more lasting satisfaction than purely self-focused goals. This negative formulation helps identify limitations in the scope of one’s purpose orientation.

Together, these stances evaluate key aspects of purpose: value inspiration, purpose presence, commitment, scope, articulation, implementation, understanding, and beneficence. The combination of positive and negative formulations helps here once more to capture the complex nature of purpose while partially controlling for response bias.

F. Philosophical Sense

1. I face problems via conceptual thinking.
2. I don’t think about situations from a holistic perspective.
3. I notice patterns that help me make sense of life.
4. I rarely consider diverse perspectives when making decisions.
5. I link my daily actions to broader principles and values.
6. I struggle to make meaning out of my experiences.
7. I recognize how my worldview influences my decisions.
8. I struggle to stay reflective during challenging moments.

The philosophical sense dimension examines how individuals engage with conceptual thinking and meaning-making in their lives. This final dimension represents the integration point where practical wisdom meets theoretical understanding, reflecting what the ancient Greeks termed *sophia*—the highest form of wisdom. Each statement has been carefully formulated to capture different aspects of philosophical engagement with experience.

The first statement, “I face problems via conceptual thinking,” addresses what Kant (1781/1998) for instance identified as the fundamental human capacity for abstract thought and category formation. Modern cognitive science research on conceptual processing (Barsalou, 2008) aligns with Kant’s (1781/1998) understanding of the transcendental unity of apperception, demonstrating how

this ability underpins both comprehension and problem-solving. This negative formulation reveals barriers to what Piaget termed formal operational thinking—the capacity to manipulate abstract concepts and ideas, beyond mere perceptions or emotional responses.

The second statement, “I don’t think about situations from a holistic perspective,” explores what Hegel (1807/1977) termed speculative thinking—the ability to grasp the interconnected whole of experience. Contemporary research on systems thinking (Senge, 2006) confirms how holistic perspective-taking enables understanding of complex situations and adaptive decision-making. As Bowen (1978) noted, the systems way of thinking includes both the emotional and intellectual perspectives, aligning with what phenomenologists call the horizon structure of experience—the broader context within which particular experiences make sense. This is also where the Leibnizian idea of compossible intelligence plays a role (de Miranda, 2024).

The third statement, “I notice patterns that help me make sense of life,” draws for instance from gestalt psychology and philosophical work on pattern recognition, as well as Wittgenstein’s (1953/2009) concept of “seeing as.” Recent research on meaning-making processes (Park, 2010) demonstrates how pattern recognition contributes to coherent life narratives and psychological well-being. This statement captures what hermeneutic philosophers call the interpretive dimension of human understanding. De Miranda speaks of “proprioconception,” the capacity to feel one’s thinking in spacetime through an intercreative dialogue with the world.

The fourth statement, “I rarely consider diverse perspectives when making decisions,” addresses what for instance Mill (1859/2003) identified as the importance of considering multiple viewpoints. Modern research on perspective-taking and cognitive flexibility (Davis, 1983) shows how considering diverse viewpoints leads to better decision-making and more nuanced understanding. This negative formulation helps identify limitations in philosophical openness.

The fifth statement, “I link my daily actions to broader principles and values,” reflects what MacIntyre (1981) termed practical rationality—the capacity to connect particular actions with general principles. Research on values-based living (Hayes et al., 2012) demonstrates how this connection between abstract principles and concrete actions contributes to psychological coherence and well-being. The alignment between action and thought is a core tenet of the philosophical health approach.

The sixth statement, “I struggle to make meaning out of my experiences,” examines what phenomenologists call sense-making—the fundamental human activity of interpreting and finding significance in experience. Contemporary research on meaning-making (Baumeister and Vohs, 2002) shows how this capacity influences resilience and life satisfaction. This statement helps identify

challenges in what Dilthey called the hermeneutic dimension of human life. The process of sense-making is the backbone of the SMILE_PH method.

The seventh statement, “I recognize how my worldview influences my decisions,” explores what philosophers of science term theory-ladenness—the inherent way our fundamental assumptions shape our perceptions and choices, beyond simple positive or negative valuation. Modern research on metacognition and decision-making (Flavell, 1979) confirms the importance of understanding our own interpretive frameworks. This statement reflects the reflexive dimension of philosophical thinking. An explicit personal cosmology or worldview can mitigate the damage of the hidden ideologies that structure human societies.

The eighth statement, “I struggle to stay reflective during challenging moments,” addresses what the Stoics termed philosophical practice—the application of wisdom in difficult situations. Research on both mindfulness and metacognition (Bishop et al., 2004) demonstrates how maintaining reflective awareness during challenges contributes to better outcomes and psychological regulation. Inspired by Aristotle, philosophical health allows for the composition of a second character, one that reduces the affect-based character inherited from the first decades of life.

Together, these eight statements evaluate key aspects of philosophical sense: conceptual thinking, holistic perspective, pattern recognition, viewpoint consideration, principle application, sense-making, worldview awareness, and reflective capacity. This final dimension completes the Philosophical Health Compass by examining the cognitive and meaning-making capacities that allow individuals to integrate their experience across all previous dimensions. The philosophical sense serves as both a capstone to the assessment and a meta-perspective on the other five dimensions, reflecting the recursive nature of philosophical health.

Questionnaire administration

The PHC is designed to be self-administered, with clear instructions provided to respondents regarding the timeframe they should consider when rating each statement. The questionnaire begins with explicit guidance about considering one’s typical recent experience over the past 4–6 weeks, emphasizing the importance of reflecting on how frequently or consistently each statement applies during this period. The 4–6 weeks timeframe seems psychometrically sound for several key reasons: it is long enough to identify stable patterns rather than temporary states; it allows for observation across multiple life situations; it is recent enough for accurate recall and reduces retrospective bias compared to longer periods. Moreover, it provides sufficient duration to notice shifts in patterns and allows time for reflection on patterns of thinking.

To ensure the questionnaire's clarity and relevance, a feedback document may accompany the assessment tool, which also encourages further self-reflection via co-creation. This document can solicit detailed responses about the comprehensibility of items, the manageability of the questionnaire's length, respondent engagement, and the personal relevance of the items. The feedback protocol could include specific sections for each dimension, allowing respondents to identify any items that may be confusing, redundant, or uncomfortable to answer. The PHC has been used in SMILE_PH dialogue sessions, emphasizing the fact that rather than correct answers it is the reflection on the answers that matters most to cultivate philosophical health. It would be a mistake to consider the PHC as normative, as it is not meant to indicate what form of life is better than others but rather to encourage singular and personal work on what matters eudynamically.

An additional feedback document may also explore broader aspects of the questionnaire's effectiveness, including: overall clarity and ease of understanding; appropriateness of the questionnaire's length; level of engagement during completion; personal relevance of the items; specific feedback for each dimension; and suggestions for improvement.

Discussion and application

In combination with the SMILE_PH method, the PHC serves as a complementary assessment tool that prepares for in-depth semi-structured interviews and enables comparative analysis. The SMILE_PH protocol is a sequential step-by-step inquiry into personal philosophy of life. This protocol is advantageous over other inquiry methods into personal philosophies of life in that it prevents overwhelming the interviewee with abstract conceptions—an issue that frequently occurs when philosophical questions initiate conversations. The SMILE_PH protocol functions as an innovative tool for structuring in-depth semi-structured interviews because it enables capturing personal narratives by establishing a framework with semi-structured flexibility, allowing for adaptation to participants' responses.

As a qualitative method, SMILE_PH contributes to research on philosophical health by informing reproducible and comparable interview design on personal philosophy of life that can be used with populations lacking formal philosophical training (de Miranda, 2023). However, the benefits for research in philosophical health reach limitations regarding standardization and scalability, which limits scientific development and interdisciplinary advance. The PHC compensates for this gap in quantitative research methodology. This quantitative instrument enables outcome tracking and thereby opens a new field of philosophically-grounded comparative studies on wellbeing.

Quantitative instruments in research, such as the PHC, could enable comparative analysis across large-scale groups, and consequently integrate philosophical health into established wellbeing frameworks by measuring philosophical flourishing. As established previously, the PHC offers a significant step toward this desideratum. By carefully typologizing specific dimensions of philosophical health within the SMILE_PH methodology, the PHC makes it possible to scale data collection and identify patterns across wider populations.

The PHC may then serve as a tool for investigating relationships between philosophical health and other dimensions of wellbeing, such as examining correlations between sense of purpose and psychological resilience, or exploring how bodily sense relates to physical health outcomes. The structured format of the questionnaire could facilitate larger-scale studies than are possible with purely qualitative approaches, potentially enabling researchers to identify patterns and correlations that might not be apparent through individual interviews alone.

Traditional models of mental and emotional wellbeing often neglect or minimize philosophical dimensions, and tend to still rely on behaviorism. With PHC providing validated measures, philosophical wellbeing can offer a more holistic view of overall health. Additionally, a standardized tool enables repeated measures over time and thus facilitates longitudinal research to explore how philosophical wellbeing evolves, whether it responds to interventions, and if it correlates with other mental health or quality-of-life indicators.

Educational applications represent another potential implementation area for research. The PHC could serve as a tool for helping students develop greater self-awareness and philosophical reflection. Its structured approach to examining different aspects of philosophical health might prove valuable in courses on personal development, philosophy, or healthcare humanities.

While the questionnaire provides a structured framework for evaluation, it should be viewed as one component within a broader toolkit for understanding and supporting philosophical health. Because six dimensions assessed by the PHC align with the progressive structure of the SMILE_PH interviews, this allows for triangulation between quantitative and qualitative data. This integration of methods could provide richer insights into the nature of philosophical health and its development over time.

Limitations, challenges, and future directions

Potential limitations of the current version of the PHC must be acknowledged, but they are not exceptional. First, as a newly developed instrument, it requires

extensive validation studies to establish its psychometric—or rather, philometric—properties. The relationship between questionnaire responses and actual philosophical health outcomes needs to be carefully investigated through empirical and qualitative research.

The self-report nature of the questionnaire presents another typical limitation. Individuals' ability to accurately assess their own states of mind may vary considerably, and responses could be influenced by various forms of bias, including social desirability bias and current emotional states. The degree to which questionnaire responses reflect stable traits versus temporary states also requires investigation. This usual limitation of scales is less important within the Philosophical Health framework, because of the primary importance it gives to dialogue rather than relying heavily on measurements.

Cultural considerations present another significant challenge. The PHC has been developed within a primarily Western philosophical framework, and its applicability across different cultural contexts needs careful examination. The very concepts underlying each dimension may be understood differently in various cultural traditions. Having said this, the long experience of philosophical dialogue upon which Luis de Miranda conceived the PHC includes +1000 participants from all regions and spheres of the world: experience shows that humans feel the need to engage in meaning-making even when the Western level of material comfort is not individually attained.

As noted earlier, there is a risk of normativity in the PHC approach, which may conflict with the openness of philosophical dialogue. This is why we insist in combining the questionnaire with the original SMILE_PH method of semi-structured interviews, to preserve individuality and discursive freedom. Inevitably, the questionnaire, being a quantitative tool, if used in isolation, may miss innumerable aspects of our ways of making sense of our existential enrichment or impoverishment. Ignoring the SMILE_PH dialogues to favor only the questionnaire might damage the spirit of philosophical interviewing, which focuses on people's discursive freedom, existential uniqueness, and cognitive singularity, rather than the statistical aspect of their psychology. There is not one unique way of being philosophically healthy.

Nevertheless, the development of the PHC opens several important avenues for future research and development. Validation studies represent the most immediate priority, particularly cross-cultural validation to assess the PHC's applicability across diverse populations, construct validation to confirm theoretical dimensions, and longitudinal studies to examine the instrument's sensitivity to change over time. Such studies should examine and question both the psychometric or philometric properties of the instrument and its practical utility in various applications.

Longitudinal studies will be important for understanding how philosophical health, as measured by the PHC, may change over time and in response to various interventions. Such research could help establish the questionnaire's sensitivity to change and its utility in measuring outcomes in philosophical counseling and other interventions.

Further refinement of the questionnaire items based on systematic feedback from users and practitioners may be essential, with particular emphasis on co-creation approaches involving participants from diverse cultural contexts to ensure the PHC's inclusivity and cross-cultural adaptability. Interviews may be performed with counselees to discuss how they interpreted the statements when completing the survey. A feedback mechanism built into the questionnaire can provide a foundation for this ongoing development process and a dynamic approach that might reduce its normativity by introducing elements of co-creation with the interviewees.

Conclusion

The Philosophical Health Compass represents a potentially important development in the field of philosophical health assessment in particular and applied research in general, offering a structured approach to systematically and collectively evaluating the six key dimensions identified through the SMILE_PH methodology to discuss philosophical wellbeing. By providing a framework for assessing aspects of bodily sense, sense of self, sense of belonging, sense of purpose, sense of the possible, and philosophical sense, the PHC opens new possibilities for more quantitative research to support practice in philosophical health.

However, the true value, very positive or less so, of the PHC will ultimately be determined through its practical application and empirical validation. While the theoretical framework and structure of the questionnaire are grounded in both classical philosophical traditions and contemporary research, substantial work is now requested and invited to establish its psychometric or philometric properties and practical utility across different contexts and populations.

The introduction of the PHC should be viewed not as an endpoint but as the beginning of a new direction in philosophical health research and practice, one that might allow for a quantitative science of the wisdom of the crowd. It invites further investigation, refinement, and development while offering a concrete tool for advancing our understanding of collective philosophical health and its relationship to human wellbeing. A significant risk lies in the compass becoming a *pharmakon*—simultaneously remedy and disease—if it suggests philosophical health is a normative ideal achievable through a fixed set of qualities. The essential pluralism of philosophical health, its

openness to diverse forms of life, must be preserved, and this can be done through dialogue and deep listening.

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