Logotherapy and Spirituality

A course in Viktor Frankl’s Logotherapy
By Dr. Arno Steen Andreasen
Thank you for your interest in our Logotherapy and Spirituality training manual. Over the next pages you will be able to read through our training manual and get a thorough understanding of Logotherapy and how to find healing and wholeness through meaning.

Logotherapy is a psychotherapy developed by Dr. Viktor Frankl (1905-1997). Here we present his thoughts but have developed them further.

Who is it for?
The course is relevant for:
- Social workers
- Teachers
- Counsellors
- Doctors, nurses and physiotherapists and others in the health sector
- Community Development Workers
- Pastors and others involved in ministry.
And all those who are working with people, clients and customers.

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After getting acquainted with the material you might like to take your studies further by signing up for an accredited distance learning course in Logotherapy and Spirituality accredited by The Accrediting Commission International.

- Bachelor level: You would study this teaching manual and would receive a portfolio with exercises to be completed.
- Master’s level: Beside the above work you would also be expected to write a 70-page thesis on the theory and practice of Logotherapy.
Further information:
We trust that you will find this material inspiring. If you have any questions, comments or would like to know more about the accredited courses, please contact me by e-mail on info@worldshapers.org.uk or write to us at:
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Blessings

Arno
Introduction

Personal biography

Pastor and Lecturer Arno Steen Andreasen was born in Denmark, and moved with his family to the United Kingdom in 1998 to be involved in pioneering church work. He took a part in setting up a church plant called “New Horizons Christian Fellowship” (www.nhcf.org.uk) and “WorldShapers Academy” (www.worldshapers.org.uk).

Arno’s search for meaning in life led him through employment as varied as financial adviser and boarding school teacher to leadership positions in adult education and television. Most of these work situations gave him the possibility of initiating development projects.

Through his engagement in New Horizons Christian Fellowship for seven years he has been involved with numerous charities and the local authorities, and has made a significant contribution to the improvement in the quality of the lives of many people in his locality.

Feeling a need for new skills to deal with the present demands of his work led him to obtain the “Doctor of Ministry in Pastoral Counselling” degree from Graduate Theological Foundation (GTF), the “Diplomate in Logotherapy” from the Viktor Frankl Institute of Logotherapy, “Diploma in Stress Management Training” from the Stress Consultancy, Certificate in Life Coaching from Newcastle College and the StrengthCoach certification from the Gallup Organization.

He is married to Lillian who is also actively involved in the leadership of the church and the WorldShapers training programme and they have two daughters, Ida and Eva.
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Lillian, Ida and Eva

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The man and his mission
Viktor Frankl was an extraordinary person living through most of the 20th Century. He was born into a Jewish family in Austria March 26th, 1905, and was in four different concentration camps for almost three years. He lectured in most parts of the world and he is the father of Logotherapy.

Viktor Frankl was always learning and enjoyed new challenges. When he was sixty-seven years of age he had his first flying lessons and as a seventy-year-old he was still climbing mountains.

He was Professor of Neurology and Psychiatry at the University of Vienna and he was visiting professor at several universities in the US. He held 29 honorary doctorates from universities in all parts of the world. He also wrote 32 books which have been translated into 26 different languages, and he has written a play.

The start of his interest in Logotherapy goes back to 1921 when Frankl was a high school student. He had a teacher who saw the human being as "nothing more than a machine with internal combustion". Frankl thought that as humans there must be more to life; there must be a higher meaning.

In 1942 Frankl had written the first book on existential analysis, as Logotherapy was termed at that time. This first draft was in his pocket when he was taken by the Nazis to Auschwitz and he was trying desperately to save this only copy from destruction.

"Look, this is the manuscript of a scientific book. I know that you will say that I should be grateful to escape with my life, that that should be all I can expect of fate. But I cannot help myself. I must keep this manuscript at all costs; it contains my life's work. Do you understand that?"

Viktor Frankl,
The time in concentration camp changed Viktor Frankl’s family life dramatically. His father died in Theresienstadt, his mother died in the gas chambers of Auschwitz, his brother perished in a mine in one of the branch camps of Auschwitz, and his wife Tilly probably died of sickness, starvation or exhaustion after the liberation of Bergen-Belsen by the British Army.

Viktor Frankl could have escaped some of the horrors by emigrating to the US. Shortly before the US entered World War II, he was granted an immigration visa. He parents were very happy for him, but he hesitated. What was life asking of him? Should he go to the US and develop Logotherapy and write books or should he concentrate on supporting and protecting his parents. It was a dilemma and he hoped for a hint from heaven.

One day he came home there was a piece of marble on the table. His father explained that it was from the largest Viennese synagogue that had been burned down by the Nazis. This piece of marble was part of the tablets on which the Ten Commandments were inscribed. There was one Hebrew letter engraved on it and his father told him it was from, “Honour thy father and thy mother that thy days may be long upon the land”. Frankl then decided to stay in Austria with his parents.

Honour thy father and thy mother that thy days may be long upon the land
Exodus 20:12

The faith of Viktor E. Frankl

Viktor was a private person with regard to his own faith, his practice of prayer, his rootedness in Judaism, his sense of the holy. Ancient scribes, copying the manuscripts of Scripture, would leave blank spaces instead of writing the names of God — so great was their awe. Viktor had such a sense and seemed incapable of speaking in an offhand manner about the Incomprehensible One. Even to Elly he did not speak often of his faith, but she said, “There were times when I was sure that I was living with a holy man.” He was absolutely grounded, fixed on something or someone greater, and Elly marvelled at it. He marched to a different drummer, as it were. That makes it difficult for most of us to understand him, and it is impossible for sceptics to comprehend how embedded he was in faith.

Somehow Viktor had retained or was given an enduring faith in a benevolent Providence in spite of all that had happened, a confidence that God suffers too and is indeed capable of infinite suffering — for us, because of us, together with and alongside of us. And further, that suffering is now but not forever, that justice will come. Viktor placed his whole weight and eschatological hope with the prophet’s words, apparently certain of an ultimate outcome:

The spirit of the Lord God is upon me
because the Lord has anointed me;
he has sent me to announce good news to the humble,
to bind up the broken-hearted,
to proclaim liberty to captives,
release to those in prison;
to proclaim a year of the Lord’s favour
and a day of the vengeance of our God;
to comfort all who mourn,
to give them garlands instead of ashes,
oil of gladness instead of mourners’ tears,
a garland of splendour for the heavy heart.
Because of his sense of privacy about faith and his aversion to speaking of God casually, not many know that Viktor emerged from the Holocaust a devout Jew or that he remained one to his death. From the crucible of the camps he emerged immovable. He could fuss over daily frustrations and fret or even fume over small irritations, but he seemed incapable of complaint with regard to true suffering, to bitterest memories, or to significant obstacles.

Haddon Klingberg, Jr.,
“When Life Calls Out to Us: The Love and Lifework of Viktor and Elly Frankl”

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WHAT'S NOT IN FRANKL'S BOOKS

Joseph Fabry

For his 90th birthday Viktor Frankl has given the world—at least the German-speaking world—a birthday gift. In this 31st book he becomes very personal and reveals some of the events, feelings, thoughts and memories not contained in all his previous books. He did not plan to publish this material which he had noted down on various occasions during his long lifetime. But he was finally persuaded to let the publisher have what he calls his Lebenserinnerungen (life memories).

His mother, he writes, was a woman of heart and emotional warmth, his father a rational perfectionist with a strong sense of justice and duty. Frankl sees himself as a combination of extreme rationality which comes from his father, and deep emotions inherited from his mother.

Some of his first memories are as unique as his whole character, and foreshadow his life philosophy. How many of us remember to have woken up, as a 4-year-old, realizing that he, too, would have to die one day? This thought, he writes, never left him during his life. It was not the fear of dying that occupied his thinking, but the question whether the eventual death would make his entire life meaningless. As you all know, he found his answer by realizing that it is exactly the transitoriness of life that makes life meaningful. Because the only thing we have securely saved is what we have stored in the granaries of the past. This is a thought that has brought comfort to many, especially the old, nearing their end.

From his father he also inherited the inclination to perfectionism, the tendency to ask much of himself. He tells about his life principles: to perform the smallest task as carefully as the largest, and the largest task with the same tranquility as the smallest. When he is asked to participate in a discussion with a few colleagues, he prepares his thoughts and takes notes. And when he talks before an audience of several thousands, he talks as calmly as he would in a discussion with a few. A second life principle: when he has a task to perform, he does not wait to the last moment but does it as soon as possible. And a third principle: perform the most disagreeable task first, to get it over with.

He admits he sometimes violates these principles. Then he gets mad at himself and, as he puts it, does not speak with himself for days.

Talking about his qualities, he mentions one he is most proud of: he doesn’t forget the good things someone has done for him, and he does not hold a grudge against someone who did him wrong.

This explains also his answer he gives to people who ask him how he could have returned to Vienna after his liberation, after all the Austrians had done to him and his family. He replies that he returned to a city where, among other things, a non-Jewish attorney had secretly supplied him with bread and potatoes when it was dangerous to do so, and where a neighbor had hidden his cousin. When asked how he could forgive and forget all the evil that was done to him, his family, and all the Jews, he answers: "forgive, yes, but not forget." When we consider this answer, we must remember that the forgiveness does not include those who committed criminal or cruel deeds. As he has repeatedly stated, he rejects collective guilt and does not share the view of some purists that the Viennese should rather have gone to concentration camps than remain quiet in the face of the atrocities they witnessed or ignored. Such a stand, he says, could rightly be taken only by those who had been in a concentration camp and knew the consequences of such a righteous position.

Another of Frankl’s life principles is this: when something disagreeable happens to him, he wishes nothing worse should happen in the future. He is equally grateful for everything in the past he was spared. This principle, which is the basis of his attitudinal values, says that one should be grateful for miseries one has been spared, and celebrate them with anniversaries.

The three most thrilling things he can imagine are: to be the first to climb a mountain peak, gambing in a casino, and performing a brain operation.

Brain operations he performed after 1938, in the only Jewish hospital the Nazis allowed for Jewish patients. There was no doctor who was trained to perform these operations, so he did them himself. He was not allowed to observe such operations done by non-Jewish surgeons and had to perform them from books and theories he had learned in school.
Although he had been an enthusiastic mountain climber all his life and has two difficult passes in the Alps named Frankl-climbs, he never achieved a "first" in mountain climbing. Once, when serving as a young doctor in Vienna’s main institution for the insane, he was asked to participate in a first climb but could not get time off.

As to gambling, this seems to be the easiest of his goals, but Frankl who has lectured at many places with famous casinos, never mentions the secrets of his gambling wishes.

Anyone acquainted with Frankl knows his sense of humor, which plays a large role in logotherapy. It is a Viennese tradition to play with words and do some wild punning. Most puns are untranslatable but here are two that are not tied to the German language.

In his early years, before he owned a car, he used to say: "I don’t have an automobile. I travel in a heteromobile, when others take me along."

And when he was asked whether he wanted another cup of tea, he answered: "No, thanks, I am a mono-tea-ist."

During his early years at the insane asylum, he collected sayings of patients which struck him as funny. When he asked a woman whether she had sexual intercourse, she first said no, but after some more inquiries she admitted: "Well, yes, as a child." Another woman, in response to the same question, said: "You know, Doctor, only when I get raped. I don’t get around much."

In his lectures and books, Frankl tells jokes to make a point. In private, he loves to tell funny stories, often with a Jewish flavor. An example is the story of the Jew who shared a train compartment with an SS man. The Jew unpacks a herring, eats it, and wraps the head of the fish carefully and puts it in his pocket. The SS man asks him why he does this.

The Jew explains: "The head of the fish contains its brain. I bring it to my children so they’ll become smart."
"Will you sell the head?" asks the SS man.
"Why not," answers the Jew.
"How much?"
"One mark."
"Here you have a mark," says the SS man and eats the fish head. Five minutes later he goes into a rage. "You dirty Jewish swine, the whole herring only costs 10 pfennigs, and you sell me the head for a mark!"
"See," says the Jew, "It’s beginning to work."

Among his hobbies Frankl, of course, lists mountain climbing which for him was not only a favorite sport but also relaxation and a chance to think. There hardly has been an important decision, he writes, he did not make on his lonely walks and climbs in the mountains.

This striving for height was also expressed by his learning to fly an airplane at age 67 when he did not have the opportunity to climb rocks during the seven winter quarters when he taught logotherapy at the US International University on the flatlands of San Diego on the Pacific.

Striving for the heights of life, reaching for goals and meanings is also evident in logotherapy, which he called a "height therapy" in contrast to the pervading depth therapy.

Among his less serious hobbies Frankl names his interest in the design of ties and eye glass frames. I remember his first visit to Berkeley when he was all excited about a new eye glass design he had seen in Los Angeles. He insisted on talking to my optometrist who was puzzled about the little old man who seemed to know more about eye glass frames than he himself.

Very few people know that Frankl has composed an elegy which was publicly presented by an orchestra, and a tango which was used on TV.

Better known is his talent for caricature. There is hardly a logotherapist visiting Frankl, without being caricatured by him, usually with a witty caption. He sees his talent for caricature related to his gift for psychiatry because here, too, he diagnoses the weaknesses of a person and shows it in a drawing.

Also known is that he wrote a one-act play, called "Synchronization in Birkenwald" in which three philosophers, Socrates, Spinoza, and Kant, visit a concentration camp and make observations about some of Frankl’s favorite topics—time and eternity, life and death, meaning and purpose. I translated the play and it was first performed in Berkeley, with the Frankls present at the first two performances.

Frankl gave his first lecture about the meaning of life when still in high school, at a Viennese adult education center of the socialist movement in which he was active during his high-school years. In this lecture he already spoke of his basic thoughts: that we should not ask life for its meaning, but that it is rather life that asks us, and it is our responsibility to find it; and that there exists a meaning beyond our understanding in which we have to believe, at least in our unconscious.

At that time he had become interested in psychology, and he and his high-school friends spent days discussing not only Marx and Lenin but also Freud and Adler. He devoured Freud’s writings and started to write letters to him which Freud always answered. Frankl sent Freud material
which he thought Freud would be interested in. He personally met Freud only much later. They had only one face-to-face meeting, quite coincidental. He saw Freud on the street and started in introduce himself. Freud stopped him and said: "Yes, yes, Viktor Frankl, Czerningasse 6, door 25, right?" He knew Frankl’s address from their correspondence.

Shortly after that meeting Frankl came under the influence of Alfred Adler who had broken with Freud. Frankl became Adler’s favorite disciple but when he did not support Adler’s beliefs 100 percent, Frankl was expelled from the individual psychology movement. The break came when Frankl insisted that any psychotherapy must deal with the question of meaning. Frankl puts the conflict this way: "The theme that runs through all my works like a red thread is the clear understanding of the frontier between psychotherapy and philosophy, with special attention given to the problems of meanings and values." He wanted to overcome the psychologism of the time which interpreted all pathology through psychology. He still sees psychologism as leading to a reductionism which ignores the entire human dimension of the spirit. Frankl has said repeatedly that logotherapy is an attempt to "rehumanize" psychotherapy and to include the human dimension of the spirit in all therapeutic considerations.

We do not realize--at least, I did not--how early in his life he worked on his own theories. The break with Adler came in 1927, when Frankl was 22 and still a medical student. At that time he had already started to work on his own school of psychotherapy. In 1926, one year before his break with Adler, he used the term logotherapy for the first time in academic circles, in a lecture at the Society for Medical Psychology which he had founded with the Viennese psychiatrist Fritz Wittels. In 1929, still a student, he spoke of the three values through which we can discover meaning: creative, experiential, and attitudinal. In the same year, 1929, he already practiced paradoxical intention, although the name appeared in print only ten years later, in 1939.

After he was expelled from the individual psychology movement, Frankl’s interest shifted from the more theoretical to practical applications. He received his M.D. in 1930 and founded free counseling centers for young people, especially those who feared the extremely strict final examination of high school. Failure could mean the end of an academic career. Every year high-school students committed suicide at the time of these exams. Frankl won the cooperation of many distinguished therapists who realized the potentials of Frankl’s methods. In consequence, 1930 was the first year when no student suicide was

reported in Vienna when the high-school diplomas were handed out.

Professor Otto Pötzl, the director of the neurological-psychological University Clinic of Vienna, made an exception to the university rules and allowed Frankl, even before his graduation, to work independently at the clinic. What Frankl learned from his patients at the clinic and the counseling centers, and from the questions following his many lectures, was a treasure chest of case histories on which he further based the development of logotherapy.

After his graduation he continued working at the university clinic, and eventually at Vienna’s largest mental institution, the Steinhof. There he was director of the department dealing with female suicides. He estimated that some 3,000 patients a year went through his hands. This, he says, further sharpened his diagnostic eye.

In 1937 he opened his private practice which ended only months later when in March 1938 the Nazi troops occupied Austria. Jewish doctors were not allowed to treat non-Jewish patients, but Frankl was allowed to continue as the director of the neurological department of the only Jewish hospital in Vienna, the Rothschild Hospital.

Here Frankl describes an odd situation. Under a Nazi rule, no psychotic patient could be sent to a nursing home but rather became a victim of euthanasia. Frankl took a considerable risk in diagnosing psychotic patients as suffering from physical sicknesses, such as fever delirium, before sending them to the Jewish nursing home. So it happened that Jewish patients suffering from insanity found a haven in the Jewish nursing home, while non-Jewish insane patients were killed through euthanasia.

But this haven did not last long—not for the patients, nor for Frankl himself, his parents, or his young wife Tilly whom he had married in 1937. She was a nurse in the Rothschild Hospital where Frankl worked. He fell in love, not only with her beauty but with the understanding of her heart. He describes the crucial moment of his decision to marry her:

One day she prepared a noon meal in his parents’ apartment for them and him. The hospital called him in an emergency. He immediately left in a taxi, and when he came back two hours later, his parents had eaten the meal, but Tilly had waited. Her first reaction was not "Finally you’re back. I’ve waited for you with the meal," but "How did it go? How is the patient?” Frankl writes. "In this moment, I decided to marry this girl, not because she was this or that but because she was she."

Because of his position in the Rothschild Hospital, Frankl was able to protect himself, his parents, and his wife from deportation. But in 1942 the so-called final solution was strictly enforced. No one was exempted.
His experiences in the camps are well documented in his books. They were a cruel test of his theories: that life had meaning under all circumstances; that the will to meaning is the strongest motivation for living; and that we always have the freedom to find meaning, even if only by finding a meaningful attitude in hopeless situations. It must have required all his logotherapeutic beliefs to survive these hordes. I should like to share with you two of the worst, haunting episodes Frankl describes in his book.

Among the things Frankl was able to smuggle into his first camp, Theresienstadt, was a capsule of morphium. His parents also were there, and he knew his father was dying. He was 81, had had two sieges of pneumonia, and was starving. Frankl used the morphium. He needed two injections until life ceased. Frankl records the following dialogue:

"Do you have any pain?" - "No."
"Do you have any wish?" - "No."
"Do you want to tell me anything?" - "No."
"Then," writes Frankl, "I kissed him and left, knowing I would not see him alive again. But I had the most wonderful feeling. I had done my part. I had stayed in Vienna because of my parents, and now I had accompanied my father to the threshold of death and spared him unnecessary suffering in dying."

The second incident that haunted me when I read the book, recounts the time when Frankl learned that his wife had died in the concentration camp of Bergen-Belsen. It had happened after British soldiers had liberated the camp. They had found 17,000 corpses there, and during the next six weeks thousands more corpses were added, Tilly among them. Frankl was told that gypsies cooked part of the corpses on open fires in large kettles, mainly livers. Frankl writes: "For weeks I was haunted by obsessive thoughts that gypsies were eating Tilly's liver."

During his first days in Vienna, when Frankl learned about the full tragedy of his family, many of his friends were afraid he would commit suicide. One of these friends, the Aryan attorney Bruno Pittermann, who before the war had secretly passed on rationed potatoes to Frankl's family and later became vice-chancellor of Austria, was instrumental in getting Frankl the directorship of the neurological department of the Poliklinik Hospital, which Frankl then headed for the next 25 years.

Another friend, Günter Koehler, who had become the head of the Psychiatric University Clinic, prompted Frankl to write the final version of the manuscript that explained logotherapy and had been lost in the camps. This book is known in English as "The Doctor and the Soul."

This was the challenge he needed. It confirmed one of his basic beliefs that you should not ask what life can do for you but what life asks of you. Life asked him to tell the world of logotherapy, through is work in the Poliklinik and his book.

He threw himself into his work. He dictated for hours at a time, and three secretaries were needed to follow his dictations with shorthand and typing. It just flowed out of him, in unheated, hardly furnished rooms, with window openings covered with cardboard. From time to time he collapsed in a chair, exhausted, and broke into tears. The floodgates had opened.

The next year, in 1946, he met Elli, then only 21 to Frankl's 42. She was a nurse in the surgery department of the Poliklinik Hospital. She came to ask him if the neurology department could spare an extra bed. When he agreed she thanked him with a grateful smile, and he said afterwards to his assistant: "Did you see those eyes?"

In 1947 he married Elli who shared with him many years of struggle and sacrifices, but also years of triumph. He writes: "She supplements me--what I do with my brain, she does with her heart." Or, as Professor Needleman once said: "She is the warmth that accompanies the light."

Reading Frankl's book I could not help noting how closely his life follows his principles. He has been motivated by the three values he formulated in high school. He found meaning in his creative values--writing books, giving lectures, developing logotherapy; in the experiential values of love--his parents, his wife, nature, his rock climbing; and in the attitudinal values to find meaning in the most meaningless situations imaginable, the concentration camps.

He ends his book with an anecdote. The editor of "Who's Who in America" asked him to write to them what he considered the most important goal in life. He asked a group of visiting professors and students what they thought he had sent in his answer. One of the students said immediately: "You have found the meaning of your life helping others to find meaning in theirs."

Frankl concludes his book: "That was true to the point. I really had written this."

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The Role of the Counsellor

What qualities would you look for in a counsellor?

Concepts of counselling

Counsellors prefer different titles and each title creates a different mental picture for the clients. Which title do you feel most comfortable with and why?

Personally, I've been completely satisfied with who you are and what you are doing. You seem to me to be well-motivated and well-instructed, quite capable of guiding and advising one another. Romans 15:14 (MSG)
The effectiveness of different kinds of counselling
There are numerous schools of psychotherapy all with distinct assumptions, methods and techniques. J.S Ablon and E.E. Jones published a study in 1999 where they compared Cognitive Therapy and Interpersonal therapy in working with depressed clients.

The authors concluded that the outcome of these two kinds of therapy were very similar. It was not the specific technique that made the big difference in successful treatment, but whether the clients
- had positive expectation of the therapy,
- felt helped and understood,
- were motivated to commit themselves to the therapeutic exercises.

Encounters and Improvisation
In Logotherapy the above three components are integrated through “Encounters” and “Improvisation”.

James C Crumbaugh offers the following definition of encounters, “The existentialist uses the term encounter to indicate a deeply meaningful personal relationship”. In Logotherapy the counsellors take an active role during the counselling session. It is believed that it is through engagement, dialogue and interaction that encounters take place. It is in these moments of trust that clients gain faith and trust in their journey towards wholeness.

Improvisation is another important ingredient. In Logotherapy there are techniques, a four-step model and a number of Logotherapeutic Treatment Protocols. The purpose of the Treatment Protocols is not to set up a system that has to be followed, but to provide a place to begin. Improvisation and surprise are important as part of the treatment, because the clients’ eyes are immediately pulled away from themselves. It is in this moment the clients might laugh at themselves or experience an epiphany. All the concerns and worries are ceased just for a moment and this gives the clients the opportunity to start thinking about others, to care for others, to love.

Paul Welter writes:

The three cousins – epiphanies, surprise, and improvisation – are similar in that they have great motivation power and they are usually out of our control. The power comes from their ability to suddenly bypass our denying, defensive ways. Surprise serves as a side door into the noetic (=spiritual) dimension. It performs the service of stunning and astonishing us out of our self-centred wits.

Regarding improvisation, Viktor Frankl succinctly stated the predicament of the counsellor, “The psychotherapist is always faced with the seemingly impossible task of considering the uniqueness of each person as well as the uniqueness of the life situation with which each person has to cope. Nevertheless, it is precisely this individualisation and improvisation which must be taught and must be learned”.

The warm, subjective, human encounter of two persons, is more effective in facilitating change than is the most precise set of techniques growing out of learning theory or operand conditioning.

Carl R. Rogers
Five ways to connect with the clients
Paul Welter has suggested ways to connect and create an encounter with clients.

- **Focus on the person rather than the topic.**
  It can be tempting to compare counselling situations and expect to know the symptoms, the root problems and what needs to be done. It is important to listen to the clients even if there are similarities to other cases.

- **Help them to overcome their fears.**
  Do not add to the clients’ fears by sharing worse case stories or pessimistic diagnoses. The need is to calm the clients down by breaking the hyperreflection.

- **Individualising.**
  Each person is unique and needs to be treated that way.

- **Name the problem.**
  When clients are in an emotional turmoil, confusion can easily set in. They feel like they are in a fog and they cannot see clearly. When the counsellors are aware of the problems, it is important to name them, so that the clients can decide if they are willing to do something about them.

- **Help is not help unless it is perceived to be helpful.**
  As counsellors, we can be very eager to help, but it is important that the clients perceive the kind of help that we give as helpful. Counselling is to empower the clients to deal with their problems, but in times of vulnerability, the counsellors can make clients into victims by doing too many things for them.

Five psychological principles
James Crumbaugh has suggested that there are five psychological principles at work in effective counselling.

1. **Catharsis:** When clients experience a sense of release early in their counselling, their hope goes up, “Maybe life can be different?”
2. **Encounter:** Clients who feel that there is no more hope can, through trust in the counsellor, take a step of faith Dr. Sayer says in the film “Awakenings”, “Patients are borrowing the will of another human being.”
3. Prestige suggestion: Clients put their trust in the counsellor’s training, titles and experiences. They put their faith in the counsellor’s ability to make changes.

4. New insights: Clients want answers. Their lives, and their expectancies of life do not match. Their minds are seeking patterns, but they have not been able to come up with a worldview that matches their experiences. When the counsellor can give the clients convincing reasoning, they will follow their suggestions quite a long way.

5. Re-education and commitment to new goals: During counselling there will be new habits to develop and new goals to pursue.

Crisis intervention

Jerry L. Long, Jr. has suggested a model for Logotherapeutic Transcendental Crisis Intervention based on his experience with clients who have gone through a sudden crisis and attempted or contemplated suicide. The model can be helpful for all clients in crisis:

Often counselling is seen as successful if clients return to their prior level of functioning. Logotherapy sees self-transcendence as a sign of health, and would therefore go further than prior functioning. It is important that a higher level of functioning is attained to combat relapse and to maintain health.

Stage one:
Clients’ normal ups and downs in life. There are untapped meanings that are not pursued.

Stage two:
The onset of the crisis where despair sets in. The clients are drained of energy and lose interest in life. Typical symptoms include, sleep disturbance, emotional isolation from others, change in eating habits and substance abuse to decrease the pain. Hopelessness and fear sets in and leads to clinical depression.
Stage three:
This is the time when the clients’ thinking about suicide is put into a plan of action. The counsellors will work on empowering the clients’ human spirit, so that faith and willpower rise within to combat the present hopelessness. The clients will be challenged about responsible behaviour and meaningful endeavours.

Stage four:
The stage of the bottomless pit. The clients feel that they have no choices in life but to commit suicide. They do have the capacity to choose, but they have lost touch with the defiant power of the human spirit. The counsellors will pursue every possible avenue for the clients to be able to embrace life. Many non-suicidal clients need to hit the bottom before they are ready for serious life change.

Stage five:
At this stage it is time to rebuild. The worst crisis is over and it is possible to develop the therapeutic relationship and build a treatment plan. At this stage potential meanings and goals are discussed and the clients are moved towards self-transcendence. They have been through a period of self absorption and need to become aware of the world around them. Moving clients towards self-transcendence is seen as a way to acknowledge that humans are three-dimensional.

"Unless we treat our patients as three-dimensional beings having not only somatic and psychic dimensions, but a spiritual dimension as well, then the only thing separating us from veterinarians is the clientele".

Viktor Frankl

Stage six:
The clients have returned to their prior level of functioning through many improvements. They will be working towards understanding the previous crisis, developing better coping strategies and a better understanding of the warning signs. They will also look at how they can utilise the defiant power of the human spirit and take a stand next time a sudden crisis occurs.

Stage seven:
At this point the clients have reached a higher functioning level than before their crisis set in. They have gained a broader value base, and are actively pursuing the pathways to meaning.

Some of the techniques used would be Socratic Dialogue, Modification of Attitudes, Paradoxical Intention, if relevant, and Dereflection.
Primary intervention
In the Logotherapeutic Treatment Protocols there are typically four steps that are embraced by all therapists. The four steps have been developed by Elisabeth Lukas:

1. Distancing from symptoms.
3. Reduction of symptoms.
4. Orientation toward meaningful activities, experiences and attitudes.

Ann V. Graber described the practical outworking of these four points in her article, “Logotherapeutic treatment planning and interventions for special conditions”:

1. Distancing from symptoms through:
   - Socratic dialogue
   - Paradoxical intention
   - Dereflection

2. Modification of attitudes:
   - The Socratic dialogue serves to activate the defiant power of the human spirit
   - The Socratic dialogue helps the clients to find new insights and meaning, which will give them a new outlook on life.

3. Reduction of symptoms:
   - This will happen as a consequence of the above treatment.

4. Orientation toward meaningful activities, experiences and attitudes:
   - This step is helpful to combat the chances of relapse. The mental focus is being changed toward meaningful activities through the three pathways to meaning.

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The "Ideal" Logotherapist—Three Contradictions

Elizabeth Lukas

I. The Logotherapist Must Be Pessimist and Optimist

The logotherapeutic admonition, "Take people as they should be and help them become what they could be," sounds optimistic; even more so if we attribute to human beings an extra dimension, the spiritual, which lifts them above other life forms and enables them to overcome misfortune. But of course a logotherapist must not stick her head in the sand; she must be enough of a pessimist to recognize reality, to accept it as it is, and to explore the causes and facts that constitute the patient's problems.

Logotherapy attracts therapists who believe in human goodness. Cynics are not interested in logotherapy. But idealists, optimists, and the belief in human nature are not enough to be a responsible logotherapist. Not every illness has psychotic causes, not every depression is noogenic, and not every psychically ill patient suffers from the existential vacuum.

Logotherapists, like any other therapists, are obliged to gather all information that serves to interpret a situation. They have to be aware of possible misinterpretations and must not overestimate their abilities: referrals to other branches of the medical professions are sometimes necessary. Too-case histories will illustrate this point.

Mrs. B. was an adult woman complaining about chest pains. Since the pain increased at times of psychological stress and no organic symptom could be found, the diagnosis "psychogenic" seemed reasonable. The pain diminished with relaxation exercises and logotherapeutic conversation. Finally it disappeared.

Six months later Mrs. B. returned complaining about pain in the lower right stomach area. Her family doctor smugly talked about nerves and sent her to me.

I am much afraid of organically caused pain that is erroneously referred to the psychologist who, under such circumstances, is bound to fail. I was pessimistic enough to send Mrs. B. first to another physician. To be held, this physician who was unbiased and did not know that she ever had psychogenic disturbances, easily diagnosed gall stones. Without my pessimism precious time would have been lost.

Another case: I substituted for a sick psychologist in charge of children in our counseling center. One patient was a girl whose teacher had complained that she was masturbating in class and had asked my colleague for help. The class psychologist thought the girl needed analytical play therapy, and that's what the girl got.

I had the girl examined by a medical doctor. It turned out she had a chronic vaginal inflammation. For that reason she was kept in school and scratched between her legs. Yet for six months she had been treated with therapy. Appropriate medication brought relief within two months.

Logotherapists differ from most of their colleagues in their belief that a chance of recovery exists in spite of the circumstances. The logotherapeutic creed is that every human being, through the resources of the spirit, has the chance-despite past, personal makeup and inherited genes—to change his or her life and fill it with meaning.

It's a wonderful thought, yet again and again I am overcome with doubts and inclined to give up a client as "hopeless." But every time I make a special effort not to deny the patient his chance. Sometimes, when I am desperate, I turn to other patients who themselves are searching for meaning, and tell them about my problem (without identifying the person concerned) and let them find arguments I could use. Many times my own clients helped me in this way, giving me at the same time a lesson in optimism.

A 35-year-old woman, Mrs. R., came to me because of her existential frustration. Her husband had died eight years ago and left her with a small child. She lived in modest circumstances, a homemaker leading an unexciting life. She never went on a vacation, rarely left her house, and had few friends and experiences. She was dissatisfied with her life, critical, in perpetual bad humor, and hence unattractive to others who avoided her.

In long sessions I tried to lead her to see some meaning potentials in her life: professional, social, leisure activities. Even a savings plan was discussed to make short vacations possible. But she found something wrong with everything.

One day it was I who was diseased. A young girl with whom I had worked a long time, had become involved in a crime. I felt in no shape to discuss with my daughter, at the top of it all, to put up with the usual negativism of the frustrated woman. So I told Mrs. R. that this time we would not discuss her situation but that of another patient. I would appreciate her comments. I then reported on the downfall of the girl and my fears that she would not recover from her criminal involvement.

But now my patient found words of comfort and optimism! "The present situation," she said, "may just be a passing phase. Some have to fall before they can rise. I would not condemn her like everyone else does, but let her know that you are willing to assist her in the future if she wants it." I thanked Mrs. R., and recognized that she, in saying what she did, had also helped herself—it was the first time in a long period of negativism that she had adopted a positive stance. From then on it became easier for both of us to look more positively at her own situation (which was much less difficult than that of the girl) and find clues for changes in a direction meaningful to her.

The logotherapist listens to his patients and learns from them—she gives and takes. Therapy cannot be carried on from books but must be developed from the words of the patient and, perhaps more important, from what lies behind the words.

The logotherapist must be a mixture of optimist and pessimist in many ways. She must see the patients' plight but must believe they can escape it. She sees the severe limitations of all chances in some situations but believes to the fact that there exists at least one chance. She knows the patients' weaknesses, yet treats her clients as fully acceptable persons. She recognizes the fetters of childhood and education, yet helps patients to liberate themselves from these straitjackets. She knows about the patients' limitations of action, but encourages their responsibility to act within these limitations. Fanatics, who always need a scapegoat, will not like this attitude; they prefer to blame society, politics, and all civilization for ruining a person's life.

To blame is easier than to help.

I mistrust reformers who begin their reforms by accusing. It is our own weaknesses we see most clearly in others; to accept them is the better way. Those who will not acknowledge their belief in a last island of unconditional freedom in the human spirit, must forego logotherapy. But those who also must be willing to accept themselves as products of mere chance.

II. The Logotherapist Must Explore Causes and Ignore Causes

The logotherapist must ignore causes, especially those that cannot be changed and that dwelting on them produces more harm than good. If you keep reminding a child that grew up in an orphanage that he has been abandoned and that, because of his early childhood experiences, he will never amount to anything, you make him a mausoleum— which he would not have to be as a result of his being raised in an orphanage. It is unpar

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The text continues on the next page.
A married couple was in despair because their 4-year-old foster son liked to play games in women's clothing. The child had come from the slums and they feared he had a genetic disposition toward homosexuality. They watched his every move and interpreted every word in that light. They were shocked by such harmless comments as, "Daddy is much greater than mummy." Had the boy been their own, they probably would have paid little attention to his games and comments. But their worry about his possibly harmful genetic background was felt by the child. He noticed the special attention given him when he put on mother's skirt, he felt important, and repeated the act.

The child's background may well have been the reason for his conduct, yet my advice to the parents was to ignore it. In my talk to them I did not dwell on the alleged abnormal tendencies of the child. I did not claim that the child's behavior was normal but proposed to parent him as if it were. "Don't pay much attention when he puts on a skirt and expresses preferences for his father's affection," I told them. "Build up the father as a model. Let father work with the boy around the house, let the boy watch when father washes the car, tell him stories about brave men. Tell him that he might become such a man himself one day." I asked them to treat the boy as if he were their own natural child.

The foster parents did this, and after some time the symptoms disappeared. I cannot tell what caused the odd interest in women's clothing but the "abnormal genes" could have done a lot of damage if they had continued to preoccupy the parents' minds.

Causes sometimes must be ignored even if they obtrude themselves on the therapist. Go easy when you have a premature "aha!" experience during the first sessions, and look with caution at "obvious causes" presented by the client.

A mother told me, "Our little daughter is afraid of the dark. Unfortunately she was present when Grandma was found dead in bed, and ever since she is afraid of the dark." The explanation seemed plausible. But on further inquiry it turned out that the little girl had been afraid of the dark even before her grandmother died, and had wanted to sleep only when the light was on. I also discovered that the child had been not all that fond of her grandmother, and felt it was actually "quite good" that she had gone to heaven. Therapists, generally, are willing to spend a lot of time to search for causes, but sometimes they have to summon the courage to ignore them. It is not the logotherapist's task to uncover causes but only where it serves a purpose. And sometimes a better purpose is served by ignoring causes.

A related contradiction in logotherapeutic practice concerns the patients: They must learn to accept their fate, and they must also learn to fight their fate. In short: Be able to accept; be determined to resist.

How the logotherapist deals with the patients' causes of illness will influence their approaches in overcoming their illness. When causes cannot be changed, the logotherapist will ignore them and the patient must learn to accept them. When causes can be changed, the logotherapist will attempt to explore them and to activate the patient's forces to combat them. In the first case, the logotherapist might use such methods as modification of attitudes or dereflection, in the second, paradoxical intention or strengthening of the will.

"Be able to accept, be determined to resist," is a precept not popular today. People in our civilization are spoiled. They cannot accept suffering; they want to avoid the pain, they insist on their "right" to live a pleasurable life, and become aggressive-hysterical when faced with hardship. How can such people face illness and death? How can they stand up to economic setbacks, unemployment, and want? Some conditions cannot and need to be fought. But it is a great gift to be able to accept the unavoidable, to have the courage to defy one's weaknesses, to overcome one's insecurities, to rise above one's greed, to transcend oneself. One need not yield to every temptation, fall into a depression because of a disappointment, scream at every provocation, and practice oneupmanship at every opportunity.

To ignore causes and yet tolerate them, to explore causes and fight them—this is a great contradiction in the concept of logotherapy.

III. The Logotherapist Must Have Her Own Value System, And Yet Fully Accept The Value System Of Her Patients

Any therapist accepts the patients' value systems unless the values are unhealthy. She respects other people's religious, political, and moral views even if she does not mean that she herself has no value system. She may be an atheist and yet be able to discuss Orthodox Catholicism with, say, a bride. She must be flexible enough to answer questions in such a way that she neither denies her own attitude nor shakes the patient's faith. The Socratic dialogue is a broom vehicle to reply questions with questions, and thus help the patients find their own answers.

But the logotherapist has an additional obligation. She also gives answers, and these derive from her own value system. Hence her value system must range over a wide spectrum, her spiritual dimension must contain an ample reservoir from which to draw even in cases of the most delicate subject. For example, the question about God can hardly be avoided in many therapeutic exchanges. It would make no sense to say that a logotherapist should belong to a specific religion, yet she will have to have some concept of the divine. The patient may secretly believe in the goodness of mankind, in the true and the beautiful—even yet these represent a communication bridge to the believer. In politics, too, the therapist may have specific alignments, and yet have an understanding for the positive goals of the opposition parties. There is always a meeting ground if one's own value system is abundant enough to dispense with dogma.

I have been able to help patients who believed in the literal existence of the devil, and others who desired the existence of a higher power. I am reminded of a case, quoted by Franklin 1 of an Orthodox Jew who was in despair because he had lost his sons in the concentration camps and was unable to have any more children. During the course of the therapy sessions it became clear that his misery centered around his belief that he was prevented from being reunited with his children in heaven. According to his faith, his children, having died innocently, would go to heaven which would be barred to him, as an earthly sinner. By applying his patient's beliefs, which Franklin himself did not share, he was able to bring about a change of attitudes in the old man. By quoting passages from the Talmud, Franklin helped him see a possible meaning behind his suffering: it is written in the Good Book that our tears are saved for the Day of Judgment. Was it not conceivable that God had demanded the old man's great sufferings so he would be admitted to heaven and thus see his children again?

The logotherapist, in some cases, must even say "no" to the value system of her patients, especially to views reflecting reductionism, pandeterminism, and nihilism. "No, it is not true that you are nothing but an animal that has to respond to its instincts." "No, it is not true that you are a helpless victim of your past. "No, it is not true that nothing matters because nothing is real." The logotherapist must use her own value system at least to the extent to help her patients see that, although they are individual, victims of circumstances, and that negative forces operate in them and the world, they can take a stand against all these drawbacks.

Beyond such exceptions, the logotherapist must be able to draw from her own values without inflicting them on the patient, and she must be tolerant enough to put her own views into the terminology and concepts of the patient. It is vital that the patient understands, and if understanding is helped by using the word "devil" for "illness," or "evil" for "disaster," then the logotherapist is well advised to use these words.

High on the list of the logotherapist's values is concern for the patients. But she must not underestimate her capacities. Many ill cure themselves, and many suggestions offered in good faith cannot be used by the patient. The logotherapist must learn from failures but not take credit for every success. She must be aware of the self-healing powers of her patients and their ability to mobilize these powers to improve their lives. By the same token, people are free to decide against therapeutic help, against their recovery, and perhaps against their own chance. This, too, we must respect, even when it hurts. We cannot do more than place our efforts for
the patient high on our scale of values—the final responsibility remains with the patient.

The value system of the logotherapist plays an important part in another area, too. What we tell our patients is evidence of our own life philosophy. We must be willing to act according to our advice to our patients. We reveal ourselves as genuine to the degree that we stand behind our own words.

Our genuineness must be apparent to our patients if we are to help them, but our genuineness itself contains a contradiction: We must acknowledge our continuing search for meaning, and also show that we have found fulfillment. This contradiction, too, can be resolved because nobody's search for meaning is ever concluded and fulfillment reached once and for all. We all keep searching, all our lives long, and we logotherapists must not be ashamed to admit it.

I have recently begun a book about my experiences as a logotherapist. I had procrastinated, using lack of time and family responsibilities as excuses. Actually, I was scared of the idea of writing a book and also hesitated to plunge into the enormous work connected with it.

Then, one day, I noticed my first gray hair. This is no tragedy but I reflected upon the moment as if being touched by the breath of transitoriness. I still feel young, have many plans for the future, but time passes. I remembered the advice I had given to a client two years ago.

Mrs. H. was 29 but had started to dye her hair since she discovered her first gray hair at the age of 25. She had developed a strong allergy against the dye and was in danger of losing her hair if she continued to dye it. She became so desperate that she considered suicide. I attempted a modulation of attitudes and drew her attention to the fact that the first gray hair can be seen as a warning signal: time is passing. Do what you want to do. Stop postponing. Usually, the warning comes at a later age, but having received it at 25 it gave her more time to do things.

She began to see her gray hair with new eyes: not as a reminder of her aging but of the things she still wanted to do. She started rug weaving, a hobby she had postponed,
Barriers in Counselling
In which situations do you feel like being rebellious?

There are many reasons why clients terminate their therapy before reaching the agreed goals. Some are caused by the counsellors, others by the clients. There can also be a personality clash between clients and counsellors.

Barriers within the clients:
Paul Welter suggests in his book, “Connecting with a friend” six attitudes within the clients, which hinder change. The clients:
1. Think it is not so bad.
2. Haven’t got the ability to exert the will to change.
3. Do not believe that they deserve a better life.
4. Cannot find creative solutions and alternatives.
5. Do not know how to engage others in the process.
6. Are not sure what they value.

Hyperreflection
Hyperreflection is an unhealthy habit where clients concentrate their attention within themselves. They pay a lot of attention to the details of their problems and analyse them at a great length. Their anxiety leads them to want to understand and control the situation but instead of doing so, they exaggerate and become increasingly egocentric.

Clients who are always worrying about themselves will never feel content and at peace because they are constantly seeking signals and symptoms of illness.

Untriggered hyperreflection
For some people hyperreflection has become their habit. They analyse everything in detail. Their fear could concern the following areas:
**Triggered hyperreflection:**
Stressful events can trigger hyperreflection, e.g. a divorce or being made redundant. What starts with healthy reflection and analysis becomes an obsession. In this situation it is easy for clients to feel like giving up, because the situation seems unbearable.

**Hyperintention – when you do not get what you want.**
Clients enter into hyperintention when they make specific demands, e.g. they want a specific amount of sleep of a specific quality. No nightmares allowed.

The demands can come from clients themselves, from their peers, partners, work situation, etc.

With hyperintention the clients want something so desperately that the desire obstructs the possibility of achievement. This stressful situation is the catalyst for the following process:

![Diagram](image)

This self-analysis makes clients miserable. It is in forgetting self that relaxation comes followed by sleep. Sleep is a state of relaxation and a brain that is overloaded with worries cannot relax.

Hyperintention leads to hyperreflection:

![Diagram](image)

This negative process can keep people awake for hours. Some clients will be hyperreflecting on details like another person’s comments or body language. This can lead to a lot of tension and wrong conclusions.

**Anticipatory anxiety – when you get what you do not want.**
On the flip side of hyperintention is anticipatory anxiety. When people fear symptoms, they start to feel them. The body responds to what we focus on. If we look for symptoms, the body will produce them. This is what the feedback effect is about. People hear a statistic on TV and learn about symptoms of a disease, and shortly afterwards the family doctors have an increase of patients with exactly those symptoms.
Anthony Robbins has a helpful illustration in his book, “Notes from a Friend” where he describes a lesson in racing. At some point he was afraid of hitting a wall, so he looks to the wall to make sure that he doesn't hit it. His tutor pushed his head in the other direction. When asked why, the tutor told him that if he was afraid of hitting the wall it was important not to look at the wall, but in the direction he wanted to go. Anthony Robbins concluded, “The reality is that whatever you focus on you move toward.”

**Barriers within the counsellor**
There are also reasons for failure which are due to the counsellor. H.S. Strean developed the following list. His findings are quoted in David Guttmann's book, “Logotherapy for the Helping Professional”.

**The seven reasons**
1. Failing to listen to the clients properly.
2. Answering the clients' questions instead of helping the clients to find their own solutions.
3. Either fearing the clients' anger or overidentifying with the problems.
4. Negative feelings towards the clients.
5. Fearing sexuality or the clients' sexual feelings toward the counsellor.
6. Failing to appreciate the clients' transference fantasies toward the counsellor.
7. When the counsellor identifies with the clients' problems.

Elisabeth Lukas described the six most frequent professional errors in her book, “Logotherapy – textbook”.

**The six errors**
1. When the counsellor focuses more on the dysfunctions than on the healthy parts of the clients.
2. When certain events in the clients' lives are viewed as too serious.
3. When the counsellor shares a negative prognosis without a positive purpose.
4. When a diagnosis is shared without explaining the practical implications.
5. When the counsellor is silent at the wrong moment.
6. When the counsellor shares interpretations that are incomplete.

**Barriers with the client**
In counselling it is tempting to go back in clients' histories to understand the present situation. Some counsellors think that to be able to make a good diagnosis and therapeutic treatment plan, it is important to know the root causes of the present problems.

When we tell people about things that have happened to us, we shape the stories to our audience and our purpose. The amount of detail we give and the slant we give to it depends on our perceptions of our audience and what we think they want to hear.

Barbara Tversky and Elisabeth Marsh, Biased retellings of events yield biased memories.
Fact or fantasy?

Logotherapy is interested in past events, but is focused on the present. The clients might have had some negative experiences and/or genetic weaknesses, but they can take a stand, because they are spiritual beings. Logotherapy would be concerned with the common emphasis on the past, because it generates hyperreflection. Also memory research shows that our memories are easily distorted, and what we think are clear memories, might be fantasy. Continuing to analyse what could be a fantasy creates a problem in itself.

Memory research shows that our memory gets distorted over time. A group of researchers (H Schmolck, E.A. Buffalo & L.R. Squire) tested a group of people three times after the results of the O.J. Simpson trial. They were first asked after three days what they were doing when they heard the surprising result. When they were asked for the third time 2½ years after the trial people's memory had become distorted:

30% gave the same answers as after 3 days.
30% gave slightly wrong answers,
40% gave totally wrong answers.

Clients' distorted memory of the past is a barrier in effective counselling. Putting too much significance on certain past events can lead to iatrogenic neurosis and make the situation worse.
Defence mechanisms
Alvin A. Low suggests fourteen defence mechanisms that can hinder effective counselling in his book, “Healing the Wounded”.

1. Denial: The exclusion of thoughts, emotions or impulses from the consciousness.
2. Repression: Involuntary exclusion of painful thoughts, emotions or impulses from conscious awareness.
3. Suppression: Postponement of painful thoughts, emotions or impulses in order to deal with them at a later time.
4. Distortion: Reshaping or re-arranging external realities to suit one’s own needs.
5. Fantasy: Daydreaming or building castles in the air.
6. Compensation: The parents hope the toys will compensate for not spending time with their children.
7. Withdrawal: Withdrawing from conflicting situations.
8. Controlling: The urge to control others or events to feel important.
9. Compartmentalisation: Isolation of thoughts, emotions or impulses to avoid reality. Living with a value conflict, behaving inconsistently.
10. Projection: Attributing one’s thoughts, feelings or ideas to another because they are unacceptable to the self.
11. Reaction formation: Constantly speaking against habits and attitudes that the person has a problem with in his own life.
12. Rationalisation: Giving a socially acceptable explanation to justify one’s behaviour, thoughts, emotions or impulses.
13. Self-blame: Taking responsibility for other people’s actions, thoughts and feelings.
14. Displacement: The person is angry with one person, but somebody else becomes the receiver of the anger and bitterness.

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**Meaning therapy**

What is the most meaningful thing you have done for someone else?

__________________________________________

__________________________________________

__________________________________________

**Health through finding meaning**

Logotherapy tries to combine different disciplines of the three-dimensional view of man.

**The spiritual dimension:**
Philosophical and theological issues

**The psychological dimension:**
Psychological and sociological issues.

**The physical dimension:**
Physical issues.

When helping clients a Logotherapist will work on all three levels and work together with other health professionals when needed e.g. a doctor or a psychiatrist.

If we believe we can find health through finding meaning, we need to be able to ask and answer the following big questions in life:

- Who am I – identity?
- Why am I here – purpose?
- Where am I going – direction?
- What’s it all about – meaning?

Finding meaning is not a gift but an achievement

Joseph B Fabry
Why Logo-therapy?
The Greek word “logos” has been translated in different ways. The most common one is from the passage in John’s Gospel 1:1, “In the beginning was the Word (Logos), and the Word (Logos) was with God, and the Word (Logos) was God”.

This word has also been translated as, “Deed”, “Action”, “Purpose” and “Meaning”. In Logotherapy it is understood as “meaning” and the goal is to gain health through finding meaning.

Logotherapy stresses what is positive and healthy in the individual and aims to maintain health through a positive worldview.

The search for meaning
Humans are seen as people on a quest for meaning. We need to make sense of our experiences, suffering and conquests. Sometimes we embrace very peculiar views as long as they give us some kind of explanation. It looks as if it is more natural for us to ask, “Why” than “How”.

In “meaning analysis” we focus our attention on the human spirit, which is the key resource in recapturing health and wholeness. We are value-bearers having the possibility of learning from the past and making changes for the future. Whereas animals are instinct driven, we can rise above our instinct and choose to sacrifice meeting these needs for the sake of our search for meaning.

Therefore man is originally characterised by his search for meaning rather than his search for himself. The more one forgets oneself – giving oneself to a cause or another person – the more human he is. And the more one is immersed and absorbed in something or someone other than oneself the more he really becomes himself.

Viktor Frankl, “The unconscious God”
12 avenues to finding meaning
In his book, “Logotherapy and the Helping Professional” David Guttmann describes twelve ways to finding meaning:

• By doing a deed, an activity, or a creative enterprise
• By experiencing a value
• By suffering
• By attaining “symbolic growth”
• By discovering (one’s self)
• By choosing
• By experiencing
• By assuming responsibility
• By promoting self-transcendence
• By feeling guilt
• By having pain
• By encountering death

7 ways to finding meaning
Paul Wong has described in his book, “The Human Quest for Meaning" the seven royal roads for seeking meaning:

1. Achievement:
   - I engage in creative work
   - I like challenge
2. Relationships:
   - I care about other people
   - I have a number of good friends
3. Religion:
   - I am at peace with God
   - I have a sense of mission or calling
4. Self-transcendence:
   - I believe I can make a difference in this world
   - I strive to make this world a better place
5. Self-acceptance:
   - I am at peace with myself
   - I am at peace with my past
6. Intimacy:
   - I have a good family life
   - I have someone to share intimate feelings with
7. Fair treatment:
   - Life has treated me fairly
   - I have received my fair share of opportunities and rewards.

Religion provides man with a spiritual anchor, with a feeling of security such as he can find nowhere else.
Rabbi Yannai

On his way to find the ultimate meaning of life, the irreligious man, as it were, has not yet reached the highest peak, but rather has stopped at the next to highest.
Viktor Frankl
The unconscious God
Logohook – Logohint
The counsellor looks for words, phrases and body language that could express something positive. It might be a positive action, a positive attitude or something that the client finds motivating. We call these Logohints and the counsellor has a very active role in teasing out Logohints from the clients.

These Logohints will be used to move the client from dwelling on the past to possibilities of the future. These hints can have to do with the client’s vocation, hobby, religious belief or commitments. Calling clients to be faithful to their areas of responsibility can be quite a challenge. It could be areas of responsibility like marriage vows, religious commitment and children. We all have areas of uniqueness, where we play a special role, honouring these commitments can be an avenue to meaning and fulfilment.

The client is helped to turn Logohints into possibilities by examining the different alternatives and the positive and negative consequences.

Finding meaning right now
In Logotherapy we look at meaning from two different angles: Finding meaning here and now, and finding ultimate meaning.

Some people find ultimate meaning in their lives, but not all. Some will never even attempt that. On the other hand finding meaning of the moment is key for our mental health and for our feeling of well being. As we look at the issues of what life is asking of us right now, we also recall things that we have committed ourselves to in the past. The situation right now might ask us to go even further in our commitment.

It is estimated that 50% of the workforce are unhappy about their jobs. Some people would like to change their profession but do not know how, do not dare to or do not have the opportunity. If we are stuck in a job, the challenge is to find the meaning of the moment. If not, we might become dissatisfied, tired, stressed and depressed. Knowing why we are doing what we are doing and making the needed attitude changes can bring new stability and joy.

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Logotherapy and the Disabled: 
A Case Study

Martha K. Stavros

The search for meaning is an important challenge for patients in acute rehabilitation. Medical science has developed to the point where the effects of chronic disease and major traumas do not lead to death in many cases as they once did. Millions of patients who would have died of complications of spinal-cord injury or head trauma survive, often under difficult circumstances. Professionals are aware of the stress that grows out of the discrepancy between the promise of life after the onset of terrible physical problems and the apparent value of such an existence. The frustration of patients who ask why they have been left to live out a life that is limited in so many ways is matched by the knowledge of medical staff that survival is not the same as having a productive life.

Solutions are difficult to find. The increased cost of medical care and the reduction of staff make it difficult to do more than chart and medicate the patients' depression.

Logotherapy can be the tool professionals have been groping for, to relieve the darkness of their patients' lives. The following is a report of results in a difficult case. The logotherapeutic approach changed the life of one man dramatically and quickly.

A Threatening Disease

In November of 1989 Bill, 65, was moved by ambulance from a small hospital to a high-tech university setting because within two days he had progressively weakened until he lost all motor control and reflexes below his chin. The hospital diagnosed Guillain-Barre Syndrome, a rare disorder that attacks the peripheral nerves of the body. Its extreme manifestation is complete paralysis. The cause is unknown, but its swift and devastating onset is frightening and sometimes life threatening.

Bill began his hospital stay on a rota-bed, to avoid dangerous accumulations of mucus or pressure sores. His sheets were pulled tight to avoid creases, and bony prominences were routinely massaged to increase blood circulation. He was completely dependent, needing assistance for bowel and bladder function, oral hygiene, eating, and scratching skin that itched from dryness. He had never in his adult life experienced physical dependence, and now he needed help to blow his nose or wipe away unwelcome tears.

In the early days of the hospitalization much energy was spent to save Bill's life. His survival brought encouragement to him, his family, and his treatment team. The euphoria was shortlived, however. Neuro-conduction studies revealed that despite the use of powerful steroids, which sometimes result in swift changes for Guillain-Barre patients, he was going to have to fight for every inch of recovery. The long-term prognosis was not good. The tough man who had felt self-sufficient and able to take care of others began deteriorating under the assault of this strange new enemy.

In January 1990 he slipped into a deep depression. Anti-depressant drugs were prescribed so that his emotional state would not interfere with the grueling therapies required. The decisions to use medication did not come easily because drugs sometimes dull cognition and support lethargy. Nevertheless, the slow progress in relearning elementary movements and still needing someone for every human act was tearing at the patient's courage and resilience.

The Logotherapy Approach

The social worker assigned to Bill had many years of training in adjustment to disability but the recent addition of logotherapy skills offered the treating team an option to drug therapy. A comfortable therapeutic alliance had been established between Bill and the therapist but the patient was disappointed in himself for being depressed and he kept repeating his determination to do better.

Logotherapy concepts were most easily introduced by the story of Viktor Frankl's suffering in concentration camps. Bill was moved by the enormity of Frankl's challenges, but his initial reaction was to view his own depression as a sign of weakness. He could not read Man's Search of Meaning because his attention span was reduced by his depression. But he listened to the recounting of the book, and he heard Frankl's challenge to each person to uncover his or her own unique values as a guide to choosing a response to circumstances, no matter how difficult.

By responding to Socratic questioning, Bill slowly began to uncover the root values that supported the meaning of his previously happy life. He talked about the times he had felt fulfilled, happy, successful. The nature of such a discussion
was not familiar to him but it opened a new avenue that might help.

Bill named several times and achievements that had been important to him. There was a distinctly different sound in his voice, however, when he stated that having five good children was remarkable in this day and age. "Furthermore," he added quietly, "they are all Mennonites." The stillness following this announcement underscored its place in Bill’s value system. The process had uncovered the center spot from which he had drawn the energy for his life. The practice of his religion and the fathering of five good children were the hallmarks of this suffering man’s existence. But he was anguished by shame that his faith was being so sorely tried and by sadness that he could no longer do anything for his beloved family.

In the course of the Socratic dialogue Bill was asked: "If life were thought of as a long and dark road, who held the torches to show you the way?"

He was clearly embarrassed, not so much by the question as by the ready answer he had. He cited the help he had gotten from his wife, his dad, his minister. However, his hesitancy suggested another answer too personal, too special, too deep to spill out carelessly in front of someone who might not understand. A long and thoughtful silence ensued. Finally, lauding his accomplishments in having raised five children who had selected to cherish his own rich faith, the social worker pressed again.

"Who helped you do this? Who provided direction when things were not easy or clear?"

There could be no doubt that this information was not easily shared. Valued very personally, it needed to be held in the same esteem that Bill had for it. He asked for assurance. In fact, he elicited a promise that the therapist would not laugh when he talked about his torch-bearer.

"My leader any time when things got hard...any time at all...was Jesus Christ," he whispered almost inaudibly.

Jesus as model and teacher was obviously intrinsic to Bill. He was hurting in body as well as in spirit. Now, for the first time since his ordeal began he had dereflected from his suffering. Stepping away from his focus on the hellish circumstances of his disease, he was in a position to choose how he would respond.

Next, Bill was asked to imagine that Jesus was sitting in a chair near his bed, and describe his person.

“He is a big man, dark curly hair, suntanned skin, quiet.”

“What would Jesus say to you now, under your present circumstances? What would he who has known you all your life, known your fine children, known your commitment to the Mennonite faith — what would he have to say about this suffering?”

The question hung in the air for only a moment. Bill knew what his role model might say. He spoke the words with confidence, as though he had known them all his life. Jesus’ message was personal and clear. He told Bill that he, Jesus, had suffered, too. That his own patience with the pain of his crucifixion could stand as a model for Bill. In fact, Jesus suggested that although Bill couldn’t do much for his family physically and financially, he could model how to respond to life’s blows when they would inevitably come.

After the “conversation” with his internalized role model there was a visible difference in the sick man’s face. He was clear about what he valued, and now he had found a means of putting it back into his life. To make this discovery concrete, the social worker encouraged him to dictate a letter to his children. This is what he dictated:

My dear children:

I have never been much on writing letters. But today, from my hospital bed, I want to share some thoughts with you. A great depression came over me when I realized I was paralyzed, that I could not do anything for myself. Before I was sick I thought I could handle a depression about anything that came upon me. I believed God walked with me.

In my hospital bed, however, I couldn’t remember that. All I could think of is being paralyzed for the rest of my life. This was my fear.

I want to tell you about this because I know life will sometimes be rough to you, too. You will need someone to help you. God comes to you through people. For me it has been your mother. She never left my side during all I have been through. Another was a social worker. She told me what I knew in my heart and couldn’t quite get to the surface by myself. She helped me remember what I am telling you right now.

There is always a way. God lives within each of us. We need the help of others. God will speak to you through someone if you ask and trust.
I want to be that someone for you. My own suffering has been turned around because I'm looking at it as an opportunity to model for you the way to get through rough times. I know you will suffer, and I hate to see it, but when you do you can remember what I am saying here.

As your dad I am asking you to remember me, and when you suffer try to trust that God has people around who will lift you up under any circumstances so you can again see the light shining through. My own suffering isn't done yet. I don't know how it will end. But I know this: it has gotten easier because I have turned it into an opportunity to show you the way. I will not give time to negative thoughts. I am determined to be as patient as possible and I will hold to my beliefs, no matter what things look like. That is all I can do for you now. I can't work and do physical things for you, but I can do this. As your father I am trying to be your model. Having decided to look at things in this way, my suffering is changed. In some way that is hard to explain, I am happy.

I love your mother. I love each of you.

The value of Bill's change was not merely having found a new frame of reference from which to view his suffering, but that he had found a new direction for his life that was consistent with what he valued most. He changed immediately. He became light, content, cooperative. The therapists couldn't work him hard enough. He laughed at the jokes told by other patients and told a few himself. He seemed almost happy under his dire circumstances, and even when the news of his progress was less than optimal, he remained undaunted.

In fact, on one level, Bill's story doesn't end well. He has not recovered enough function to heed nimbly. The medical center discharged him to a nursing home. His slow progress didn't merit the costs required to do long-range inpatient therapy. He is now in his own home, confined to a power wheelchair, and must have help to get in and out of bed.

On another level, however, Bill's story has a wonderful ending. His story is told at professional conferences to staff who need the encouragement it brings. Bill is a peer counselor of unparalleled dimension. In the nursing home he helped other patients struggling with depression. He and his recreational therapist arranged for a re-enactment of his wedding on occasion of his 40th wedding anniversary, and 200 guests came. Twenty handicapped residents from the nursing home performed as bridal attendants. The local newspaper covered the event with a full page of pictures.

Bill has maintained his joy and purpose. He brings immense pleasure to other patients he visits. What he does for the staff with whom he works is influencing the lives of hundreds of people they serve. After presenting his case at a nursing conference, dozens of invitations followed.

Truly, we search for meaning. Whether it is in the hospital bed where patients face questions of their purpose, or in the staff room where professionals question the goals of their labor, there is a need for a procedure to find meaning. Bill's story demonstrates that logotherapy is a tool to help those who suffer from disabling diseases and for those who serve them.

The latest report about Bill came from his daughter in December 1990. She wrote: "My father has made tremendous strides as he remains in outpatient therapy. To the amazement of the medical professionals he can now stand on his own and even takes a few steps in a walker. All medical tests say standing should be impossible for him. Today I phoned my parents and to my surprise Dad answered and was able to hold the phone to his ear. He's beating the odds. I'm to be married in the spring, his only daughter. He's working toward walking me down the aisle. We both know he'll stand tall to give me away. My father's faith is strong and his spirit joyous. I seldom hear him complain, and it's never about his illness that so devastated him and our family. He continues to fight for the use of his limbs to return. Even from the seat of my father's wheelchair he stands tall."

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**Triads**

In the Logotherapy literature, these are the triads that are often used to explain key concepts:

**Triads**
The foundations of Logotherapy
The meaning triad
Tragic triad
Mass neurotic triad.

**The foundations of Logotherapy**
The foundations of Logotherapy describe three assumptions or tenets that cannot be proven. These assumptions are the worldview of man, which undergird the whole theory of Logotherapy.

**Freedom of will**
Humans are viewed as free beings who can make choices. This freedom of will can be restricted from time to time by various events e.g. sickness, immaturity, or senility.

**Will to meaning**
This is one of the points where the schools of psychotherapy differ. Freud talks about the will to pleasure, Adler about the will to power. Viktor Frankl states that our will to meaning may be frustrated, because individuals try to get their needs met through power or pleasure. When that is happening the will is frustrated and Logotherapy speaks of “Existential frustration”.

Frankl also taught that we are pulled, not driven, by the will to meaning. That means that we have a choice.

When the will to meaning is repressed, self-destructive behaviour follows. The will to meaning has to be nurtured by our decisions.
Meaning in life
Some people are very comfortable with their familiar patterns or even with meaningless routines. They never seem to have the motivation to develop creative tasks or engage with new people, or activities that could lead to a genuine sense of meaning in life.

When you find meaning in life, happiness and pleasure will follow.

The search for a peaceful lifestyle often produces tension and frustration. Humans need tension. If they do not find tension they create it. One of the reasons they experience tension is because of their search for meaning in life. They might be working long hours, but if the job feels meaningless, they are unfulfilled. They live with a hope that life is meaningful and purposeful. It is our task to find meaning of the moment.

Meaning of the moment
A key part of supporting others in a crisis is to help them find the meaning of the moment. We all need something to hold on to, a reason for living, working, staying in a marriage, etc.

I remember being asked to help at a youth rally. They were short of staff and so together with a group of students I volunteered. It was at a very busy time for me and I was quite stressed. When we arrived at the venue we realised that they didn’t need the help they had asked for, but we had to be there the whole day anyway. I was fuming. I knew that this volunteer work would cost me a night’s sleep, because I had work to do. I had a really bad day and was awful to people around me. I didn’t find the meaning of the moment and made a mess of it.

At times people feel squeezed by life, because they have not succeeded in finding the meaning of the moment. Time is seen as the future running through the present into the past. They cannot change the past, only their attitude to it. They do not have to be mastered by the past, but it is the daily decisions that influence the future. A future that will be shaped both by fate and freedom.
Ultimate meaning
Ultimate meaning is found when people see the bigger picture of their lives. It can be a passion in life (e.g. working or supporting Amnesty International or Greenpeace) or a religious calling (e.g. a conversion).

Meaning is not a given, nobody can dictate meaning to others, but we can help each other in our search for meaning.

The meaning triad
Viktor Frankl found that there were three major ways that people find meaning in life:

Back in 1929 Frankl articulated three pathways to finding meaning.

1. Creative Value
Some people find meaning in action. These may be volunteer work, becoming part of the peacekeeping force in Bosnia or develop a new design.

Developing our creative values can be a paid or non-paid position. It can be as part of our job or a hobby. Roger Birkman describes a situation where a head nurse decided that she could no longer take the stress of her administrative responsibilities. They encouraged her to take the Birkman assessment questionnaire, which showed that she was in a job that suited her personality. But the results of the test also showed that she had a great interest in outdoor activities and in artistic pursuits. These findings were discussed with her and she found ways to occupy the children while she developed her interest in oil painting. The Consultancy also talked with her manager and her office conditions were improved considerably. Three months later she told the consultant that she loved her job. “I guess I just didn’t realise how much I had denied my interests”.

2. Experiential Value:
Experiential values deal with the way we relate to other people. Some find meaning in taking care of their children, others in work in a refugee camp and others thrive on meeting other people. Those who find meaning in life through their job through experiential values will typically be working with people.
3. **Attitudinal value**

There are situations where we do not have the opportunity to develop our creative skills or have meaningful encounters with others, such as when we are suffering from illness or an incurable disease. Whatever our limitations no one can take away from us our attitude to life. This might be the only area we can develop at these times. Viktor Frankl had experience of that in the extreme while being in concentration camp. As I am writing this we have just seen the horror of two families who lost their 10-year-old girls. They were missing for 2 weeks before they were found dead possibly killed by the caretaker of their school. The families will never get their girls back. For the immediate future they must work on their attitudes and only later in life will they be able to look at the creative values and experiential values of their lives again.

**Tragic triad**

We all face the tragic triad at different points in our lives; situations that we cannot do anything about. In these situations clients often ask the big questions of life and need philosophical or theological answers to regain health and wholeness.

We cannot deal with these tragic events through creative or experiential values, but only through tragic optimism, which deals with our attitude.

“**Feelings, feelings...**

Most personal problems are not psychological – they are philosophical and concern the way we deal with the existential events we all face.

How we deal with death in the family has nothing to do with psychology. Instead it has to do with the way we look at death, and how we create meaning in time of loss.

When we as teenagers have to face up to the challenge of becoming adults, we feel a pressure to make decisions for ourselves, such as what we are going to do, what kind of job to choose, where we are going to live and how we are going to make money. There is nothing psychological in that, it is just about making choices in what we have to do.

Finding values in life is not a psychological task, because there is nothing psychological in it. It is a philosophical assessment and existential choices have to be made.
The mass neurotic triad
The triad deals with the symptoms of despair:

A common denominator for these three neuroses is despair as people live in an existential vacuum. They have moved from existential frustration, i.e. searching for meaning, to existential vacuum because they didn’t find what they were looking for.

There is a violent side to all three neuroses:

Depression
Some depressed people are so desperate that they attempt suicide. 10 – 15% of depressed people commit suicide and probably twice as many are unsuccessful in their attempts.

Addiction
Such people try to numb themselves or seek pleasure by substance abuse. 25% of all alcoholics and drug addicts commit suicide.

Aggression
Lacking control over their own lives they try to control others through violence.

In Logotherapeutic thinking the despair, and not just the presenting symptoms need to be addressed, if we want lasting change.

Through life we are faced with key decisions, whether we like it or not; whether to marry, choosing a trade, having to grow up, old age, death, etc. and all this makes this one demand on the individual: meaning.

In today’s Denmark it would make more sense for Danish people and for society as a whole to put the psychologists in the refrigerator and start visiting the philosopher.”

Alaxander Sebastian Bak Zinglersen

“Suicide rates are higher in males and older people. Suicide rates are generally lowest in married individuals and highest among those who have suffered a bereavement or separation. High-risk occupations include doctors, especially women doctors, lawyers, people in the hotel and bar trade, nurses and writers. Unemployment increases the risk.”

Lewis Wolpert,
Malignant sadness
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Meaning Triads Overview

Decision making power
↑
Choices
↑
Freedom of will

Foundations
of Logotherapy

Will to meaning
↓
Meaning of life
↓

Frustrations

Existential frustration
↓
Existential vacuum
↓
Aggression

The mass
neurotic triad

Addiction
Depression

Creative values

Pathways
to meaning

Experiential values
Attitudinal values

Unavoidable suffering

Guilt
Death

The tragic
triad
THE THEORY AND PRACTICE OF COUNSELLING

RICHARD NELSON-JONES

SEVEN
Logotherapy

PREVIEW

• Logotherapy’s purpose is to assist clients in their search for meaning. The will to meaning is the primary motivational force in humans. The search for meaning involves both conscious activity and getting in touch with the spiritual unconscious.

• Conscience, the origins of which are located in the spiritual unconscious, can intuitively reveal an individual’s unique meanings in specific situations. The religious unconscious exists within the spiritual unconscious.

• Human freedom is ‘freedom to’ accept responsibility for fulfilling meaning within the confines of death and destiny. Self-transcendence, in which people reach out for meaning beyond themselves, is an essential characteristic of human existence. Sources of meaning include: work, love, suffering, the past, and the supra-meaning.

• The existential vacuum occurs when people suffer from an inner void and lack meaning in life. Existential frustration results when the will to meaning is frustrated. The existential vacuum is not in itself neurotic but can lead to noogenic neurosis. Humanity is becoming more neurotic and the mass neurotic triad consists of depression, addiction and aggression.

• Causes of the existential vacuum include the weak instinctual basis of human behaviour compared to other animals, the erosion of values and traditions, and tendencies to reductionism where humans are viewed as determined rather than determining.

• Ways in which people maintain the existential vacuum include repression, avoiding responsibility and insufficiently emphasizing self-transcendence.

• The goal of logotherapy for the existential vacuum and noogenic neuroses is to help clients find meaning in their lives. Logotherapists are responsibility educators. In addition, goals for the psychogenic neuroses and somatogenic psychoses are described.
Within the context of humane relationships, logotherapy for existential concerns focuses on increasing existential awareness and on assisting clients to find meaning. Methods for focusing on meaning include: teaching clients the importance of assuming responsibility for meaning, helping clients listen to their consciences, asking clients about meanings, broadening horizons about sources of meaning, eliciting meaning through Socratic questioning, using logograms, offering meanings, and analyzing dreams.

Paradoxical intention and dereflexion are logotherapeutic techniques for working with psychogenic neuroses.

Medical ministry, in which logotherapists assist clients to find meaning in the suffering, is advocated for somatogenic psychoses.

INTRODUCTION

The last chapter focused on Yalom and May's existential approach to counselling. This chapter focuses on another leading approach, Viktor Frankl's logotherapy. Logotherapy is sometimes called the third Viennese school of psychotherapy, the other two being Freud's psychoanalysis and Adler's individual psychology. Another way of viewing logotherapy is that it is a supplement rather than a replacement for psychotherapy (Frankl, 1975a). Logos is a Greek word that connotes both 'meaning' and 'spirit', the latter without any primary religious connotation. Humans are meaning seeking beings and the search for meaning in itself is not pathological. Existence confronts people with the need to find meaning in their lives. The main purpose of logotherapy is to assist clients in their search for meaning.

Viktor Frankl

Viktor E. Frankl was born on 26 March 1905 in Vienna, Austria, the son of Jewish parents. As a schoolboy he corresponded with Freud and, in 1924, his first article was published at Freud's invitation in the International Journal of Psychoanalysis. Frankl was both influenced by and reacted against some of the ideas of Freud and Adler. In addition, he was influenced by the existential philosophers, such as Heidegger, Jaspers and Scheler. The origins of logotherapy go back to Frankl's early struggles to find meaning in his own existence. Frankl readily confesses that when a young man '... I had to go through the hell of despair over the apparent meaninglessness of life, through total and ultimate nihilism, until I could develop an immunity against nihilism. I developed logotherapy.' (Frankl, 1988, p. 166).

He coined the term logotherapy in the 1920s and in the 1930s used the word *Existenzanalyse*, existential analysis, as an alternative word for logotherapy. To avoid confusion he mostly refrains from using the term existential analysis in his English-language publications. In 1928 Frankl founded the Youth Adviseemt Centres in Vienna, heading them until 1938. In 1930 he received his MD from the University of Vienna. From 1930–8 he was on the staff of the Neuropsychiatric University Clinic. From 1938–42 he was Specialist in Neurology and Psychiatry, and then Head of the Neurological Department, at the Jewish Hospital in Vienna. During this time he wrote the draft of his first book. Shortly before America entered the Second World War, Frankl was given the opportunity to immigrate to the United States. He let this opportunity pass because he chose to abide by the commandment 'Honour father and mother and you will dwell in the land' (Frankl, 1988, p. 59). He thought that, by retaining his hospital position, he might protect his parents from being sent to a concentration camp.

From 1942 to 1945 Frankl had the harrowing experience of being imprisoned in Nazi concentration camps, including Auschwitz and Dachau (Frankl, 1963). On arrival at Auschwitz, Frankl was shaved of all his body hair. He was number 119,194. The manuscript of his first book was confiscated. During the next three years he survived selections of who should live or die, forced labour, brutal Capos (guards), beatings, malnutrition, disease, the vagaries of fate and the existential challenge to find meaning in his suffering. Most of the time his work consisted of digging and laying tracks for railway lines. Only in the last few weeks of his internment did he work as a doctor.

During this period Frankl had the opportunity to observe human nature under extreme circumstances. Most prisoners made the choice to vegetate. However, other prisoners deepened spiritually and took the camps' difficulties as tests of their inner strength. They rose to the challenge of finding meaning in their lives. Frankl quotes Nietzsche: 'He who has a why to live for can bear almost any how' (Frankl, 1963, p. 121). Despite adversity, these prisoners retained their freedom to choose both in their inner life and in how they behaved towards others. They turned their tragedies into triumphs. Though Frankl managed to survive, his parents, brother and wife died in concentration camps. His sister was the only other surviving family member.

In 1946 Frankl became Head of the Department of Neurology at the Poliklinik Hospital in Vienna. In 1947 he was appointed Assistant Professor of Psychiatry and Neurology at the University of Vienna and, in 1955, full Professor. Frankl has been president of the Austrian Medical Society of Psychotherapy. In addition, he has been Distinguished Professor of Logotherapy at the US International University in California and also Visiting Professor at Stanford, Harvard, and Duquesne universities, among others. Frankl has lectured widely in Europe, Australia, South America, Asia and Africa.

Frankl has been a prolific author writing over 30 books, some of which have been translated into many languages, and numerous articles. His books include *The Doctor and the Soul: From Psychotherapy to Logotherapy, Man's Search for Meaning: An Introduction to Logotherapy* (which by 1992 had sold over five million copies), *Psychotherapy and Existentialism: Selected Papers on Logotherapy, The Will to Meaning: Foundations and Applications of Logotherapy, The Unconscious God: Psychotherapy and Theology, and The Unheard Cry of Meaning: Psychotherapy and Humanism*. Frankl has epitomized his life in the following words: 'I have seen the meaning of my life in helping others to see in their lives a meaning' (Frankl, 1988, p. 160).

ASSUMPTIONS

Freedom of will

Frankl uses the term existential in three ways. First, the term existential refers to *existence* itself, which is a specifically human mode of being. Second, existential refers
to the meaning of existence. Third, existential refers to the striving to find meaning in personal existence or, put another way, the will to meaning. Life is transitory. However, this transitoriness does not make life meaningless. Instead, the transitory aspects of life are potentialities. Humans need to realize the transitory possibilities. They are constantly choosing which of the mass of transitory potentialities will be actualized and which condemned to nonbeing.

Humans possess freedom of will. Alone among animals they possess the capacity for self-detachment. Humans are capable of reflecting upon and judging their choices. What matters is not the particular features of people’s character or their drives and instincts but the stand they take towards them. People are free to shape their own characters and responsible for what they make out of themselves. When people rise above the somatic and psychic dimensions of their existence, they enter a new dimension which is termed the noological dimension. In this noological dimension are located distinctly human functions, for instance reflection, the capacity to make self into an object, and conscientiousness.

Will to meaning

The will to meaning is the fundamental motivational force in humans. People are confronted with the need to detect meaning literally until their last breaths. Frankl writes: ‘Man’s search for meaning is a primary force in his life... This meaning is unique and specific and can be fulfilled by him alone; only then does it achieve a significance that will satisfy his own will to meaning’ (Frankl, 1963, p. 154). As Frankl observed in his concentration camp experiences, people need something to live for. Humans are beings who encounter other people and reach out for meanings to fulfill. However, meaning does not coincide with being, rather it sets the pace for being. Human existence is at risk unless people live in terms of transcendence towards something beyond themselves.

Logotherapy focuses on the will to meaning whereas psychoanalysis focuses on the will to pleasure and individual psychology focuses on the will to power. Frankl acknowledges that Freud and Adler did not use those precise terms. Both pleasure and power are by-products or derivatives of the will to meaning. The will to meaning is not a rationalization of instinctual drives nor concerned with reducing tension and returning to a state of homeostasis. What people need is not a tensionless state but the tension of striving for some meaning that is worthy of them.

The will to meaning also differs as a motivating force from self-actualizing. Frankl views self-actualization as only a side-effect of the will to meaning. People can only actualize themselves to the extent that they fulfill meaning.

Consciousness and the unconscious

What is the source or referent point against which people can detect meaning in their lives? The search for meaning can involve both conscious activity and getting in touch with unconscious layers of the self.

Consciousness

Humans are spiritual beings and logotherapy focuses on their spiritual existence. In this context, the word spirit has no religious connotations. Spiritual phenomena in humans can be either conscious or unconscious. Consciousness implies awareness. Logotherapy aims to increase clients’ consciousness of their spiritual selves. Humans need to be conscious of their responsibility for detecting and acting in terms of the unique meaning of their lives in specific situations in which they are involved.

The spiritual unconscious

Each human has an existential, personal spiritual core. Centred around their spiritual core, people are not only individualized but integrated in their somatic, psychic and spiritual aspects. Though the border between the conscious and the unconscious is ‘fluid’, Frankl regards the spiritual basis of human existence as ultimately unconscious. The deep centre of each human is unconscious.

A sharp distinction exists between the instinctual unconscious and the spiritual unconscious. Freud saw the unconscious as a reservoir of repressed sexual and aggressive instincts. Depth psychology, instead of focusing on repressed instincts, seeks to follow humans into the depths of their spirits. However, the self does not yield to total self-reflection and, in a sense, this makes human existence basically unreflectable. Frankl writes: ‘Existence exists in action rather than reflection’ (Frankl, 1975a, p. 30).

Conscience

The origins of conscience are located in the spiritual unconscious. Logos is deeper than logic. Existentially authentic decisions take place completely unreflectedly and unconsciously. Frankl writes: ‘It is the task of conscience to disclose to man the unum necess, the one thing that is required’ (Frankl, 1975a, p. 35). Conscience can intuitively reveal the unique possibilities for meaning to be actualized in specific situations. Conscience or the ‘ethical instinct’ is highly individual in contrast to the other instincts which work for the greatest number of the species. In addition to moral conscience, Frankl believes love and art are rooted in the emotional, intuitive, nonrational depths of the spiritual unconscious.

Freedom can be considered in terms of ‘from what’ and ‘to what’. The ‘to what’ is responsibility to conscience. Conscience has a transcendent quality. People can only be the servants of their conscience when instead of a monologue they can have a dialogue with it as something other than themselves. Through conscience a trans-human agent is sounding through’ (Frankl, 1975a, p. 53). Conscience has a key position in disclosing the essential transcendence of the spiritual unconscious. Conscience is the voice of transcendence and is itself transcendent.

The religious unconscious

The existential analysis of dreams makes obvious the fact of repressed and unconscious religiousness. Not only is libido repressed but also religio. Conscience is not the last ‘to what’ of responsibleness. Though humans are responsible for themselves, they are not
responsible before themselves. This 'to what' of responsibleness is prior to responsibleness itself. Unconscious religiousness, or the religious unconscious, exists within the spiritual unconscious. Humans have always stood in an intentional relation to transcendence, even if only on an unconscious level. This 'unconscious God' is hidden in two ways. First, the human relationship to God is hidden. Second, God is hidden. Even in highly irreligious people, religiousness is latent.

The religious unconscious is an existential agent rather than an instinctual factor. Frankl calls it 'a deciding being unconscious rather than a being driven by the unconscious' (Frankl, 1975a, p. 65). In relation to Jung, he stresses that unconscious religiousness stems from the personal center of each individual rather than from an impersonal pool of images shared by mankind.

Repression of religiousness, as with repression of other aspects of the unconscious, leads to neurosis: '... once the angel in us is repressed, he turns into a demon' (Frankl, 1975a, p. 70). The existentiality of religiousness needs to be spontaneous. Genuine religiousness must unfold at its own pace. Humans commit themselves to it by choosing to be religious.

### Meaning of life and death

**Meaning of life**

Frankl writes that 'being human means being responsible for fulfilling the meaning potential inherent in a given life situation' (Frankl, 1975a, p. 125). Being human means being at the same time different, conscious and responsible. The concept of responsibility is the foundation of human existence. Human freedom is not a 'freedom from', but rather a 'freedom to', namely the freedom to accept responsibility. Freedom is what people 'are': it is not something that they 'have' and can therefore lose. People have many potentialities within them. They are not fully conditioned or determined. Rather, moment by moment they are free to decide what they will become in the next moment. Their decisions determine which of their potentialities gets actualized. During no stage of their lives can people 'escape the mandate to choose among possibilities' (Frankl, 1955, p. 85).

All the time people are questioned by life. The way to respond is by being responsible for their lives. Working with the matter that fate has supplied them, people are like sculptors who chisel out and hammer unshaped stone so that it takes more and more form. Though always surrounded by biological, sociological and psychological restrictions, humans can either conquer and shape them or deliberately choose to submit to them.

**Meaning of death**

Death does not rob life of its meaning. If people were immortal they might put off doing things indefinitely. Death belongs to life and gives it meaning. People's responsibility springs from their finiteness. Consequently, they need to realize the full gravity of the responsibility that they bear throughout every moment of their lives. Destiny, like death, is essential to the meaning of life. Destiny refers to those factors that are beyond people's power. Freedom can be viewed not only in the contexts of life and death but also in the context of destiny. The opportunities and tribulations that come people's way are unique. Nevertheless, people still can exercise their inner freedom to take a stand against their destiny.

### Self-transcendence

Self-transcendence is an essential characteristic of human existence. Humans are essentially beings who reach out beyond themselves. They become most human when they transcend the boundaries of their selves by either fulfilling a meaning or encountering another person lovingly. Frankl sees the basic human need as a search for meaning rather than a search for the self. Identity is only achievable through being responsible for the fulfilment of meaning. People can become overly focused on themselves. The self-transcendent quality of human life is most apparent when people forget themselves. Frankl regarded the main lesson he learned from Auschwitz and Dachau was that unless life pointed to something beyond itself, survival was pointless, meaningless and impossible.

Suffering from neurotic problems that reflect difficulties in self-transcendence is the converse of people finding meaning by transcending themselves. Hyperreflection and hyperintention are two of the main ways in which people choose not to transcend themselves. Hyperreflection is a tendency to overbearing self-reflection. Hyperintention is a tendency to pay excessive attention to achieving that which one desires.

### Sources of meaning

Frankl suggests that self-transcendence is achievable by discovering or detecting meaning in three different ways: by doing a deed, by experiencing a value, and by suffering (Frankl, 1963). Elsewhere Frankl (1967, 1988) talks of three principal ways in which people can find meaning in life: (1) by what they give to life (creative values); (2) by what they take from life (experiential values); and (3) through the stand they take towards a fate they can no longer change, for instance an inoperable cancer (attitudinal values). In addition, past experiences and religion are two further areas in which people can discover meaning.

### Meaning in work

Work is a major area in which people can reach out beyond themselves. The meaning of work goes beyond a particular occupation to include the manner in which people bring their unique human qualities to their work. For instance, a nurse may go beyond her regimented duties to say a kind word to a critically ill patient. Frankl views all work as allowing such opportunities, though he acknowledges that some jobs are very routine. In such instances, much creative meaning may need to be found in leisure pursuits.

Unemployment is an example of how people can be affected by lack of creative meaning. Frankl views unemployment neurosis, characterized by apathy and depression, as an existential position. Some people respond to the existential
challeng of unemployment by remaining active and involved and so stay free of unemployment neurosis. Employment can also be for good or ill. Some people run away from the emptiness of their existence by taking refuge in their work or profession. Achieving creative meaning in life is not synonymous with work satisfaction alone.

**Meaning in love**

Unlike in psychoanalysis, in logotherapy love is not regarded as a secondary phenomenon to sex. While sex can be an expression of mature love, it is not a form of love in itself. Love as a form of self-transcendence has various characteristics. It entails relating to another person as a spiritual being. As such, love involves understanding or grasping the inner core of the personality of another person. People are moved to the depths of their spiritual beings by their partner’s spiritual core. Infatuation seldom lasts long. When gratified, the sex drive vanishes promptly. Love, however, has a quality of permanence in that the spiritual core of the other person is unique and irreplaceable. Furthermore, love can outlast death in that the essence of the unique being of the beloved is timeless and imperishable.

Another characteristic of love is that, since it is directed at what the other 'is' rather than at the other as a possession, it leads to a monogamous attitude. A further characteristic is that it involves seeing the potential in the beloved and helping him or her achieve this potential. In addition, in a real love relationship there is no room for jealousy since the other person is not treated as a possession.

Frankl (1967) is at pains to point out that love is not the only and not even the best way to fill life with meaning. However, he distinguishes between neurotic failure and failure to attain love imposed by destiny.

**Meaning in suffering**

Human destiny has a twofold meaning: to be shaped where possible and to be endured where necessary. Attitudinal values are inherent in the stand that people take to circumstances that they cannot change, for instance an incurable illness or concentration camp internment. Through attitudinal values even the tragic aspects of human existence – the ‘tragic triad’ of pain, guilt and death – can be turned into something positive and creative. However, people need to be careful not to accept fate too readily. The time to envisi attitudinal values is only when they can be certain that they cannot alter their fates.

Inescapable negative situations give people the opportunity ‘to actualize the highest value, to fulfill the deepest meaning, the meaning of suffering’ (Frankl, 1963, p. 178). People have choices in how they respond to suffering. For instance, life can retain meaning up to the last moment for people with terminal illnesses who accept the challenge to suffer bravely. Frankl quotes Goethe: ‘There is no predicament that we cannot ennoble either by doing or enduring’ (Frankl, 1955, p. 113). Some people can rise to the challenge of suffering and grow richer and stronger because of it. Though people may be helpless victims of fate, they can still exercise the inner freedom to turn their predicaments into accomplishments at the human level.

**Meaning from the past**

Though the search for meaning is primarily oriented towards people’s futures, the past can still be a source of meaning. Often people discount their past experiences as a source of meaning. In Auschwitz concentration camp, Frankl went through considerable soul searching about the meaning of suffering when the manuscript of his first book was confiscated. However, he came to realize that nothing in his past was lost but was in fact irrevocably stored. The meaning of his life did not depend on whether a manuscript of his was printed. His experiences in the past constituted a full granary. Often in times of suffering, but not always so, the search for meaning can entail acknowledging and identifying sources of meaning in the past relevant to creating meaning in the present. Even short lives can still have pasts full of meaning. However, for those who have led sterile lives, their unconditional faith in an unconditional meaning may turn their failure into a triumph (Frankl, 1988).

**The supra-meaning**

People are incapable of understanding the ultimate meaning of human suffering. However, that does not mean that suffering does not have an ultimate meaning. Frankl (1963, 1988) uses the term supra-meaning to denote the ultimate meaning of suffering and life. People cannot break through the dimensional differences between the human world and the divine world. The supra-meaning can only be grasped by faith and not by intellectual means. Unlike in secular existential philosophy, the human task is not to endure life’s meaninglessness. Instead people need to bear their inability to grasp in rational terms life’s ultimate meaningfulness. Trust in God precedes people’s ability to have faith in life’s ultimate meaning. As always, the infinite God is silent rather than dead.

The trend in modern life is not away from religion but away from an emphasis on differences between individual denominations. Frankl (1988) does not advocate a form of universal religion. Instead he sees a trend towards a profoundly personalized religion in which people address themselves to the ultimate being in their own individual language and words.

**The existential vacuum**

The existential vacuum describes a state in which people complain of an inner void. They suffer from a sense of meaninglessness, emptiness and futility. The existential vacuum is an ‘abyss experience’ in contrast to the peak experience described by Maslow.

Frankl suggests three causes of the existential vacuum. First, unlike other animals, humans are no longer programmed by drives and instincts telling them what to do. Second, humans are no longer told by traditions, conventions and values what they should do. Sometimes they do not know what they wish to do and retreat into conformism, doing what others do, or into totalitarianism, doing what others wish them to do. Third, especially in America, students are exposed to ‘reductionism’. Humans are viewed as drives, instincts, creatures of conditioning, reaction formations and defence mechanisms rather than as deciding agents. Frankl cites as an example of reductionism the case of a couple who were told, during the induction into the
American Peace Corps, that they were helping the less privileged because of their unconscious need to prove themselves superior (Frankl, 1975a, p. 94).

Existential frustration

Existential frustration results when the will to meaning is frustrated. Apathy and boredom are the main characteristics of existential frustration. Existential frustration is not in itself pathological nor pathogenic. People’s concern, even their despair, over the meaning of their lives is a spiritual distress rather than a disease. Frankl regards the existential vacuum, with its attendant frustration, as ‘something sociogenic and not at all a neurosis’ (Frankl, 1975a, p. 139). Despair over the meaninglessness of life can be a sign of intellectual sincerity and honesty. In his more recent writings, Frankl (1977, 1988) states that there is no doubt that the existential vacuum is spreading.

Noogenic neurosis

The existential vacuum can lead to neuroticism. The term noogenic neurosis refers to those cases where the existential vacuum leads to clinical symptomatology. Frankl defines the noogenic neurosis as ‘a neurosis which is caused by a spiritual problem, a moral or ethical conflict, as for example, a conflict between the mere superego and the true conscience...’ (Frankl, 1988, p. 89). Existential frustration plays a large part in noogenic neuroses. Such neuroses arise from spiritual conflicts to do with people’s aspirations for a meaningful existence and the frustration of their will to meaning. Doctors and counsellors need to distinguish sharply between the spiritual dimension of problems as against the instinctual.

The mass neurotic triad

Frankl speaks of the neuroticization of humanity because of the existential vacuum. The worldwide effects of the existential vacuum go beyond feelings of meaninglessness and noogenic neuroses. Frankl uses the term ‘mass neurotic triad’ (Frankl, 1975a, p. 96) for the three main effects: depression, addiction and aggression. Regarding depression, there is ample evidence that suicide rates are increasing, especially among the young. Frankl sees the cause as the spreading existential frustration. Regarding addiction, people with low purpose in life are more likely to try to find feelings of meaningfulness in drugs than those with high purpose in life. A frequently cited reason for taking drugs is the desire to find meaning in life. Also, many alcoholics suffer from a sense of meaninglessness in their lives. Regarding aggression, not only does sexual libido thrive in an existential vacuum but ‘aggressive destrudo’. Frankl believes that statistical evidence favours his hypothesis that people are most likely to become aggressive when they are caught in feelings of emptiness and meaninglessness.

ACQUISITION

A sense of meaninglessness is not necessarily acquired through learning. It can be part of the human response to life and, if worked through satisfactorily as in Frankl’s own case, a growth experience. However, Frankl believes that the existential vacuum and existential frustration are becoming more widespread. Furthermore, there is an increasing neuroticization of humanity. If this is the case, individuals are more likely to acquire a sense of meaninglessness because they grow up in cultures and societies in which it is harder to find meaning than in the past. First, the erosion of traditional values and the tendencies to reductionism make it more difficult for many people to find meaning in their lives. Second, because there are fewer people in society who have satisfactorily found meaning, it is more difficult for young people to grow up learning from models who are successful at realizing the spiritual aspects of themselves. Put another way, young people may suffer from a lack of access to meaning educators and exemplars. Despite Frankl’s belief in people’s potential humanness, ‘humane humans are, and probably will always remain a minority’ (Frankl, 1975a, p. 84).

MAINTENANCE

Maintaining the existential vacuum

How do people maintain their sense of meaninglessness? Some suggestions may be inferred from Frankl’s writings.

- Repression. Logotherapy concerns itself with the frustration and consequent repression of the will to meaning. Frankl observes ‘Not eros but logos is the victim of repression’ (Frankl, 1975a, p. 131). People repress their spirituality and religiosity. Thus they remain out of touch with their spiritual centres which are the deepest sources for a sense of meaning. Their repression of the will to meaning blocks their perception of the existence of meaning.

- Avoiding responsibility. Among mechanisms mentioned by Frankl for avoiding responsibility for the search for meaning are conformism, totalitarianism, and taking refuge in the neurotic triad of depression, addiction and aggression.

- Erosion of traditions and values. The erosion of traditions has a continuing influence on creating and maintaining the existential vacuum.

- Reductionism. Reductionist models of psychology and education lead people to believe, and then maintain their beliefs, that they are determined rather than determining.

- Insufficient emphasis on self-transcendence. Much of modern psychology focuses on self-actualization and on self-expression. People continue to be insufficiently helped to realize that happiness and fulfilment are by-products of self-transcendence, forgetting oneself rather than excessively focusing on oneself.

- Neuroticization of humanity. The fact that problems and symptoms of meaninglessness are widespread makes it harder for individuals to obtain assistance in their personal search for meaning, thus contributing to maintaining their inner void.
PRACTICE
Goals
Frankl divides what he terms mental illness into three categories: noogenic (neurosis), psychogenic (neurosis), and somatogenic (psychosis). The existential vacuum is not a neurosis. However, the goals of logotherapeutic counselling are similar whether the existential vacuum is on its own or is a part of a noogenic neurosis.

Logotherapy is the treatment of choice for dealing with the existential vacuum. The meaning of logotherapy is in helping clients find meaning in their lives. Logotherapeutic counsellors seek to confront and reorient clients towards their life's tasks. Logotherapy is an education for responsibility that seeks to unblock clients' will to meaning. With their will to meaning unblocked, clients are more likely to find ways of self-transcendence through creative, experiential and attitudinal values. Clients need to become aware of their existential responsibleness for finding their life's meaning through their conscience. However, making the spiritual unconscious conscious is only a transitory phase in the counselling process. What counselling seeks to achieve is first to convert an unconscious potential into a conscious act and then to allow it to recede back into an unconscious habit. Frankl (1975a) is at pains to stress that, while a religious counsellor may bring religion into counselling, logotherapeutic counsellors have to refrain from setting preconceived religious goals.

The overcoming of symptoms of existential frustration, such as apathy and boredom, is a byproduct of searching for and discovering meaning. Furthermore, when clients find more meaning in their lives, any symptoms they possess from the mass neurotic triad of depression, addiction and aggression are likely to get better if not disappear altogether.

The psychogenic neuroses include obsessions-compulsions and phobias where the counselling goal is to overcome clients' tendencies to hyperintention or trying too hard. Also the psychogenic neuroses include sexual and sleep problems where the goal is to overcome clients' tendencies to hyperreflection or excessive self-consciousness.

With the psychoses, such as endogenous depression and schizophrenia, logotherapy may be used in conjunction with medication that addresses the somatic aspect that has become diseased. Logotherapy itself deals with the healthy part of the personality and frequently its goal is to help clients find meaning in their suffering.

A broader goal of Frankl's logotherapy is the rehumanization of psychiatry. Psychiatrists and counsellors should not view the mind as a mechanism and the treatment of mental illness merely in terms of technique. Within the limits of their environment and endowment, humans are ultimately self-determining. In the concentration camps, some chose to behave like swine and others like saints.

Logotherapy for the existential vacuum
How does the logotherapist deal with clients in states of existential vacuum? Though Frankl has not systematically listed his methods, below are some suggestions drawn from his writings.

A humane relationship
Frankl (1988) observes that counselling usually consists of both strategies and I–Thou relationships. He also stresses that logotherapy cannot become too individualized. Thus, though the logotherapist is a responsibility educator, it is in the context of a committed and caring relationship which respects the uniqueness of each client. Frankl appreciates humane humans and is concerned for the rehumanization of psychiatry. His work shows much compassion and wisdom. By offering humane relationships, logotherapists provide contexts for assisting clients to find their own meanings.

Diagnosing the existential vacuum
Logotherapists are alert to overt signs, for instance saying 'My life lacks meaning' and covert signs, for instance apathy and boredom, that indicate clients feel an inner void. Issues of meaning are considered legitimate areas in which clients can work, though noogenic neuroses account for 'only about 20 percent of the case material accruing to our clinics and offices' (Frankl, 1988, p. 68). Often Frankl reassures 'non-patients' that their existential despair is an achievement rather than neurosis. It is a sign of intellectual depth rather than of superficiality.

Increasing existential awareness
Following are methods by which Frankl increases existential awareness of the finiteness of life and the importance of responsibility.

- **Explaining.** Explaining that finiteness gives meaning to human existence rather than robs life of meaning.

- **Offering maxims.** One of Frankl's leading maxims is 'Live as if you were living for the second time and had acted as wrongly the first time as you are about to act now' (Frankl, 1955, p. 75).

- **Using similes.** Clients can be instructed to imagine their lives as moving pictures that are being 'shot'. However, the irreversibility of life is brought home to them by being told that they cannot 'cut' anything and that nothing can be retrospectively changed. Another simile is that of clients as sculptors who have a limited time span for completing their works of art, but are not informed of when the deadline will be.

Focusing on finding meaning
Frankl stresses that meaning is an individual matter. Logotherapists must both individualize how they work and improvise. Logotherapy is neither teaching, preaching or moral exhortation. Frankl (1963) uses the analogy of the ophthalmologist who enables people to see the world as it really is. Similarly, the logotherapeutic counsellor's role is that of widening and broadening clients' visual fields so that the whole spectrum of meaning and values becomes visible to them.

Following are some methods by which Frankl focuses on issues of meaning.
Teaching the importance of assuming responsibility for meaning. Frankl views his task as helping clients achieve the highest possible activation of their lives. He shares his views that human life never, under any circumstances, ceases to have a meaning. Clients need to learn that they are always responsible for detecting the meaning of specific situations in their unique lives. Logotherapy teaches clients to view their lives as an assignment. For religious logotherapists working with religious clients, this can go one stage further in that they assist clients to see that they are not only responsible for fulfilling their life’s tasks but they are also responsible to the taskmaster.

Assisting clients to listen to their consciences. Frankl often says that meaning must be found and cannot be given. Clients are guided in their search for meaning by their consciences. A client requires an alert conscience if he is to listen to and obey the ten thousand demands and commandments hidden in the ten thousand situations with which life is confronting him (Frankl, 1975a, p. 120). Though counsellors cannot give meanings to clients, they can provide existential examples of their commitment to the search for meaning.

Asking clients about meanings. Counsellors can ask clients about creative accomplishments they might bring about and support them as they search for answers. Clients can also be helped to explore and identify meanings in their relationships and in their suffering.

Broadening horizons about sources of meaning. Logotherapeutic counsellors can assist clients to obtain broader views of sources for meaning. Frankl (1955) cites a client who declared her life was meaningless and that she would only get better if she found a job that fulfilled her, such as working as a doctor or nurse. Frankl assisted her to see that it was not only the job that she did but her attitude towards how she performed her job that might allow her a unique opportunity for fulfilment. Furthermore, in her private life outside her occupation she could find meaning as a wife and mother.

Eliciting meaning through Socratic questioning. Frankl (1988) gives the example of the female client who expressed concern with life’s transitoriness. Frankl asked her to identify a man whose accomplishments she respected and he named her family doctor. Then by means of a series of questions he led her to acknowledge that, even though the doctor died and even though through lack of gratitude some patients might not remember what they owed him, the meaningfulness of his life remained.

Eliciting meaning through logodrama. Frankl (1963) gives an example of eliciting meaning through a ‘logodrama’ in a counselling group. A woman, admitted to his clinic after a suicide attempt, had lost a son who died aged 11 and was left alone with an older son who had infantile paralysis. Frankl first asked another woman in the group to imagine she was 80 and to look back on a life that was childless but full of financial success and prestige. This woman ended by saying her life had no purpose. Frankl then asked the mother of the handicapped son similarly to look back over her life. During her reply she realized her life was full of meaning because she had made a better and fuller life possible for her crippled son.

Offering meanings. Frankl provides the example of an elderly and severely depressed doctor who could not get over his grief for his beloved wife who had died two years earlier. First, Frankl asked him what would have happened if he had died first. The doctor replied that she would have suffered terribly. Whereupon Frankl replied: ‘You see, Doctor, such a suffering has been spared her, and it is you who have spared her this suffering; but now, you have to pay for it by surviving and mourning her’ (Frankl, 1963, pp. 178–9).

Analysing dreams. Logotherapists can work with clients’ dreams to lift spiritual phenomena into consciousness. Frankl (1975) gives the example of the woman who dreamed that, along with her dirty wash, she took a dirty cat along to the laundry. On going to pick up her wash, she found the cat dead. Her free associations indicated that ‘cat’ was the symbol for ‘child’ and ‘dirty’ was the ‘dirty linen’ of gossip surrounding her daughter’s love life, about which the mother had been very critical. Frankl saw the dream as expressing a warning to the mother not to keep tormenting her daughter or else she might lose her. Religious logotherapists may also analyse dreams to bring the religious unconscious into consciousness. Frankl believes that many people conceal and repress their religiousness because of the intimate quality inherent in genuine religiousness (Frankl, 1975a, p. 48).

Logotherapeutic techniques for psychogenic neurosis

Paradoxical intention and dereflection are the two main logotherapeutic techniques for the psychogenic neuroses (Frankl, 1955, 1975b). Both techniques rest on the essential human qualities of self-transcendence and self-detachment.

Paradoxical intention

Paradoxical intention’s use is recommended for the short term treatment of obsessive-compulsive and phobic clients. With phobias, paradoxical intention targets anticipatory anxiety whereby clients react to events with fearful expectations of their recurrence. These fearful expectations cause excessive attention, or hypertension, which prevents clients from accomplishing what they want. In short, anticipatory anxiety brings about the very things that clients fear.

In paradoxical intention, clients are invited to intend precisely that which they fear. Their fear is replaced by a paradoxical wish through which ‘the wind is taken out of the sails of the phobia’ (Frankl, 1955, p. 208). In addition, paradoxical intention enlists clients’ sense of humour as a means of increasing their sense of detachment towards their neuroses by laughing at them.

Frankl provides many examples of paradoxical intention, for instance a young physician who was afraid of perspiring on meeting people. Whenever he met someone who triggered his anticipatory anxiety he said to himself: ‘I only sweated out a litre before, but now I am going to pour out at least ten litres!’ (Frankl, 1955, p. 139). After one session of paradoxical intention he freed himself of a phobia that had lasted four years. Another example is that of the medical student whose fear of trembling led him to begin trembling when the anatomy instructor entered the dissecting room. She overcame her problem by using the paradoxical intention technique. Whenever the instructor came she said to herself: ‘Oh, here is the instructor! Now I’ll show him what
a good trembler I am - I'll really show him how to tremble!' (Frankl, 1955, p. 140).
However, whenever she tried, she was unable to tremble.

While obsessive compulsive neurotics also display fear, their fear is more fear of
themselves than 'fear of fear'. They fear the potential effects of their strange thoughts.
However, the more these clients fight their thoughts, the stronger their symptoms
become. If counsellors succeed in assisting clients through paradoxical intention to stop
fighting their obsessions and compulsions, their symptoms soon diminish and may
finally disappear.

An example of paradoxical intention with an obsessive compulsive is that of a
married woman who had been suffering for 14 years from a counting compulsion and
a compulsion to check whether or not her dresser drawers were in order and securely
locked (Frankl, 1955, p. 143). Her doctor demonstrated how to practise paradoxical
intention. She was shown how to throw things carelessly into her dresser and to say to
herself 'These drawers should be as messy as possible!' After two days her counting
compulsion disappeared and after the fourth day she felt no need to recheck her dresser.
She continued her improvement and, whenever occasionally any obsessive-compulsive
ideas returned, she was able to ignore them or make them into a joke.

Dereflexion

Just as paradoxical intention tries to counteract hyperintention, excessive intention,
dereflexion aims to counteract hyperreflection, or excessive attention. Frankl (1988)
considers the compulsive tendency to self-observation particularly a problem in the
United States. Paradoxical intention tries to assist clients to ridicule their symptoms,
while dereflexion assists clients to ignore them.

Sexual neuroses, such as frigidity and impotence, are one area for dereflexion. Clients
must be dereflexed from their disturbance to the task at hand. Frankl (1963)
provides the example of the young woman who complained of being frigid. In her
childhood she had been sexually abused by her father. However, this event in itself did
not cause her frigidity. Then, because she read popular psychoanalytic literature, she
feared all the time that her traumatic sexual abuse experiences would create sexual
difficulties. As a result of excessive intention to confirm her femininity and excessive
attention to herself, the orgasm was no longer an unintended effect of her commitment
to her partner. When her attention was dereflexed from herself and refocused towards
her partner, she experienced spontaneous orgasm.

Another example of dereflexion is that of a woman who became very thin because
she compulsively observed her swallowing and feared her food would go down the
wrong way. The client was dereflexed by the formula: 'I don't need to watch my
swallowing, because I don't really need to swallow, for actually I don't swallow, but
rather it does' (Frankl, 1955, p. 235). She learned to trust the automatically regulated
functioning of her organism.

Medical ministry for somatogenic psychoses

Frankl (1988) uses the term medical ministry for how the logotherapeutic counsellor
works with somatogenic cases where the somatic cause cannot be removed. Frankl
regards it as a responsibility of the medical profession to comfort and console the sick.
The medical ministry is not to be confused with the pastoral ministry. Where possible,
the logotherapeutic treatment of clients with endogenous depressions and psychoses is
aimed at working with the non-diseased part of clients to assist them in finding meaning
in the attitude that they take towards their suffering. A residue of freedom is left even
to people with psychoses and their innermost core is not touched by their psychosis. It
is extremely demoralizing for sick people to believe that their suffering is meaningless.

An example of medical ministry with a somatogenic case is that of a 17-year-old
schizophrenic Jewish youth who had been institutionalized in Israel for 2½ years
because of the severity of his symptoms. The youth started doubting his Jewish faith
and blamed God for having made him different from other people. Frankl suggested to
him that perhaps God wanted to confront him for a specific period in his life with the
task of his confinement. The young man said that is why he still believed in God and
that possibly God wanted him to recover. Frankl responded that what God wanted was
not only his recovery but that his spiritual level should be higher than before his illness.
Afterwards the youth improved dramatically and Frankl believes that he enabled him
to find meaning 'not only despite but because of psychosis' (Frankl 1988, p. 131).

CHAPTER REVIEW AND SELF-REFERENT QUESTIONS

Chapter review questions

1. What is the will to meaning?
2. How does Frankl distinguish between consciousness and the unconscious? What
   are some important characteristics of the unconscious?
3. What is the role of conscience?
4. What are Frankl's ideas on freedom and responsibility?
5. What does Frankl mean by self-transcendence?
6. Describe each of the following sources of meaning:
   meaning in work;
   meaning in love;
   meaning in suffering;
   meaning from the past;
   the supra-meaning.
7. What is the existential vacuum?
8. What is existential frustration?
9. What are the characteristics of the mass neurotic triad?
10. What are some ways in which the existential vacuum is acquired?
11. What are some ways by which the existential vacuum is maintained?
12. What do the following terms mean:
    noogenic neuroses;
    psychogenic neuroses;
    somatogenic psychoses?
The Faith Factor

How would you define faith?

Hope can bring tangible change in the way people think, act and heal. In the following we are looking at three areas; Crumbaugh's five psychological principles, placebo and faith.

Crumbaugh’s five psychological principles

The five principles are based on his experience in the field of psychotherapy and it is interesting to note that four out of five principles enhance the placebo effect. The principles are explained in the session, "The Role of the Counsellor".

1. Catharsis.
2. Encounters.
3. Prestige suggestion.
5. Re-education.

Catharsis supports the placebo by bringing release to the clients. If the therapy shows itself to be effective from the beginning, the patients’ trust in the counsellors grow.

When clients and counsellors have an encounter trust will be built. This is the environment where openness grows and the hidden struggles can come into the open more easily. When there is rapport between clients and counsellors, the placebo effect grows.

There are interesting dynamics in titles, "Counsellor, Therapist, Dr.,” and the counsellors’ reputation. They can produce expectancy. This expectancy will increase the placebo effect. For some, the titles of the counsellors will make them feel secure because they are the experts. Others, who have had a good experience, refer others to the counsellors. These testimonies increase the positive attitude of clients and help the healing process.

When clients gain new understanding about their lives, their trust in the counsellors will grow; “They know what they are talking about”. “I can trust them with information about my life”.

The four points above all support the placebo effect. The fifth point deals with the re-education of the clients, which only really happens if the four other points are in place. Clients will not take advice and radically change their life styles, attitudes, etc. from somebody without a track record. This track record can be with the individual client or with somebody they know. When starting from scratch, the counsellors will have to work hard on the first four points.
The placebo effect
Herbert Benson suggested in his book, “Timeless Healing” that the body has an in-built ability to recover, to heal. He has named this ability Remembered Wellness. He suggested that Remembered Wellness has three components:
- Belief and expectancy on the part of the patients.
- Belief and expectancy on the part of the caregiver.
- Belief and expectancies generated by a relationship between the patients and the caregiver.

This confirms some of Crumbaugh’s five psychological principles.

Norman Cousins suggested that the placebo effect is directly proportional to the relationship between the clients and the counsellors in his book, “Anatomy of an Illness”. He quoted a research project where patients with bleeding ulcers were divided into two groups.
- One group was told about a new powerful drug that would undoubtedly help them with their disease. Seventy percent of the patients responded to the drug treatment.
- The other group was told about an experimental drug where they didn’t know the effects of it yet. Twenty-five percent of the patients responded to the drug treatment.

Both groups were given the same drug and the drug was a placebo.

This shows the power of suggestion. None of the patients should have responded to the drug, but seventy percent did, when they were told that it would definitely help them. This trust released the body’s ability to heal itself.

Cousins wrote about the placebo effect on a number of diseases:

Dr. Henry K. Beecher discovered that across the broad spectrum of these tests, 35 percent of the patients consistently experienced “satisfactory relief” when placebos were used instead of regular medication for a wide range of medical problems, including severe postoperative wound pain, seasickness, headaches, coughs, and anxiety. Other biological processes and disorders affected by placebos, as reported by medical researchers, include rheumatoid and degenerative arthritis, blood-cell count, respiratory rates, vasomotor function, peptic ulcers, hay fever, hypertension, and spontaneous remission of warts.

There is an ethical problem with this: The patients were manipulated to believe a lie. It is important for pastoral counsellors not to do so, but to counsel on the basis of integrity and honesty. This will build them a reputation for being trustworthy, which in the same way releases the placebo effect and the body’s and psyche’s potential ability to heal.

The faith factor
The area of faith is important for pastoral counsellors. Religion has been labelled:

A psychotic episode.
By P.C. Horton in American Psychoanalytic Associations Journal.

Temporal lobe dysfunction.
Religion does not get a good press even though research clearly shows that faith is vital for achieving and maintaining health and wholeness.

Dale Matthews wrote in his book “The Faith Factor”:

From a strictly scientific point of view – recommend religious involvement to improve your chances of being able to:

- stay healthy and avoid life-threatening and disabling diseases like cancer and heart disease.
- recover faster and with fewer complications if you do develop a serious illness.
- live longer.
- encounter life-threatening and terminal illnesses with greater peacefulness and less pain.
- avoid mental illnesses like depression and anxiety, and cope more effectively with stress.
- steer clear of problems with alcohol, drugs, tobacco.
- enjoy a happier marriage and family life.
- find a greater sense of meaning and purpose in your life.

Matthews reviewed different research projects in the above book:

**Quality of life**
In 1978 a study was carried out with 2,164 American adults to assess what gives quality in life. The areas covered were marital status, age, income, race, education and health. Religion came out as the single strongest predictor for positive quality of life.

**Re-offending**
In 1997 religious involvement was being assessed in the lives of prison inmates. The inmates who took part in Bible studies conducted by Prison Fellowship fourteen percent re-offended versus forty-one percent of the prison population in general.

**Addiction**
In 1991 a study took place to find out the religious factor involved in people who have been addicted to alcohol who had achieved long-term sobriety (four to sixteen years). Beside their participation in AA groups, all said they meditated or had a quiet time daily, all prayed regularly and ninety-seven percent read a meditation book daily.

A study was conducted in 1981 among 248 men. They had all been using opiates for more than eight years, mostly heroin. The clients who had been on religious rehabilitation programmes were almost ten times as likely as the others to remain abstinent from heroin use one year after the programme ended.

**General health**
A study of 1,077 students in Illinois showed that the actively religious students had better overall health, less sickness, fewer doctor visits, and fewer injuries than their less religious or non-religious friends.

**Life expectancy**
A study was performed in the Netherlands among Adventists. They found that the religious men lived on average nine years longer and the women four years longer than their counterparts.

Scientific studies show that religious involvement helps people prevent illness, recover from illness, and – most remarkably – live longer.

Dale Matthews
The benefits of the faith community
Herbert Benson reflected on the benefits of being part of a religious fellowship in his book, “Timeless Healing”. He concluded that:
- Married people enjoy better health than single, divorced, or widowed people.
- People who help others on an ongoing basis reported better health than peers in the same age group.
- Ninety-five percent of those surveyed indicated that helping others in a personal, ongoing way gives them a physical, good sensation. They also reported long-term effects of greater calm and relaxation.

Coping
A study by Johnson and Spilka showed religion’s role for women with breast cancer:
88% considered religion to be important or very important.
85% felt religion helped them to cope with their illness.

Perhaps this tendency of humans to worship and believe is rooted in our physiology, written into our genes, and encoded in our very makeup.

Herbert Benson

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**Dimensional Ontology**

For what in your life do you feel most grateful?

The three dimensions of human nature

Over the years it has become popular to talk about a holistic worldview, meaning that people are not to be treated as machines that just need to be fixed. Instead the focus has shifted to try to understand all the different aspects of humanity. That has led to many alternative therapies and alternative reasoning, including the embracing of many Eastern practices.

One of the criticisms of Logotherapy is that some clinicians find it difficult to accept the assumption that people consist of three dimensions: Physical, psychological and spiritual. For many, the spiritual component sounds too religious, which has led many Logotherapists to talk about the Noetic (Greek for spiritual) dimension instead. In Logotherapy this dimension can be understood both in philosophical or religious terms.

Pastoral Counsellors do not have any problem with seeing people in three dimensions. Due to their faith they are used to that. A holistic worldview is in no way foreign or new to those familiar with the Bible.

**To be human**

Viktor Frankl has tried to explain what it is to be human in ten statements. The following is a modified version from his book, “The Unconditional Human”:

1. Each person is an individual and needs to be seen as a unity.
2. Each person is a whole and it is impossible to completely define the person by a group, e.g. a race or class.
3. Each person is an absolute novelty created by God.
4. The person is spiritual.
5. The person is an existential, decisive being.
6. The person is “I – bound” and not dictated by his/her psychological dimension.
7. The person is integrative. The body, psyche and spirit are glued together.
8. The person is dynamic. The person can rise above circumstances.
9. The person is not an animal.
10. The person is a metaphysical whole, and is understood as the likeness of God. He will only understand himself in relating to God and the conscience is the “place” where the transcendent makes itself known.

Now may the God of peace make you holy in every way, and may your whole spirit and psyche and body be kept blameless until that day when our Lord Jesus Christ comes again.

1 Thes. 5:23 (NLT)
The defiant power of the human spirit

Logotherapy explains people's ability to rise above their circumstances and to make meaningful sacrifices by their use of the defiant power of the human spirit. In 2002 in the UK, there was an awful storm. One of the stories that came out of that stormy weekend, was that of a young boy who rescued his brother's life, but lost his own. This kind of heroism is seen as an illustration that people are not driven by their instincts, like animals, to look after themselves, but can choose self-denial for the sake of others.

Manfred Hillmann refers to a story by Elisabeth Lukas in his talk, "Spirituality and Logotherapy". Lukas went to visit a home for AIDS-patients in Sicily. At this home some of the staff were trained in Logotherapy and they set up an icon workshop. Many of the patients had been tempted into drug abuse by the Mafia and had as a consequence experienced rejection by their families.

The patients were asked to paint an icon and dedicate it to a person who would receive it after their death. Each patient would choose a piece of wood of a manageable size. The result of the year-long pilot was a significant reduction in the consumption of analgesics, there was less fear of death and all patients finished their project before they died. Elisabeth Lukas concluded, this "signifies a grandiose triumph of the spirit over the body".

Frankl's First Law of Dimensional Ontology

Viktor Frankl has described the human make-up through two laws of dimensional ontology. Both laws are described in his book, "The Will to Meaning".

“One and the same phenomenon projected out of its own dimension into different dimensions lower than its own is depicted in such a way that the individual pictures contradict one another."

This first law shows that counsellors can draw quite different conclusions depending on their worldview. The chart show a three dimensional cylinder, but the image is different when it becomes one-dimensional. When counsellors are making a diagnosis it is important to have an overview of the whole person in all three dimensions.
Frankl has therefore created his own system to classify disorders based upon the symptoms’ origin and present manifestation.

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<td>Physical and/or psychological dimension</td>
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<td>Midlife crisis</td>
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Frankl’s Second Law of Dimensional Ontology
The first law showed that one object could project in different ways that were not a full and true picture of the object (situation). The second law states:

“Different phenomena projected out of their own dimension into one dimension lower than their own are depicted in such a manner that the pictures are ambiguous.”
The second law shows that different objects can look the same when they become one-dimensional. In this illustration, three different objects look the same in the psychological dimension, but are truly different when seen as a whole. In practice this means that just because some clients have the same behavioural pattern it does not follow that they have the same disorder. That is why improvisation and individualisation are key components in Logotherapy.

Different Logotherapists have tried to develop the three dimensional model. In the following, four different theories will be presented. Two by Logotherapists and two by theologians.

**Paul T.P. Wong**

Wong also was inspired by Frankl and also looked at the three dimensions, but asked questions about psychosomatic diseases and religious experiences. He then concluded that man lives in a sociocultural context with five human dimensions.

Wong added two extra dimensions to Frankl's and created overlaps between the dimensions. He called the overlap between the physical and psychological dimension the psychosomatic dimension. In the same way he introduced the noetic as the overlap between the spiritual and the psychological dimension. The noetic dimension is the area that Frankl talks about. The conscience is placed in this dimension and helps people to discern right from wrong. The defiant power of the human spirit would be within the noetic dimension.

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**Spiritual:**
- Awareness of the spiritual realm.
- Capacity to know God.

**Noetic:**
- Will to meaning.
- Moral understanding.
- Spiritual beliefs and values.
- Positive attitudes in suffering.

**Psychological:**
- Perception.
- Learning and meaning.
- Cognitive processes.

**Psychosomatic:**
- Emotional states.
- Stress reaction.
- Physical pain.

**Physical:**
- Physical health.
- Biological drives.

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Based on, "Spirituality, Meaning and Successful Aging" by Paul Wong.
For Wong there is an extra spiritual dimension that people of faith use to engage with the spiritual world. It is in this dimension that people know God, and hear God’s voice.

**Hiroshi Takashima - Humanistic Psychosomatic Medicine**

Hiroshi Takashima developed a four-dimensional view of man where he combined Frankl’s three-dimensions with the Japanese concept of tai, gi and shim.

Putting the two traditions together he concluded that people consist of four-dimensions:

- **Tai**: The physical dimension
- **Gi**: The nervous system and the psychological dimension
- **Shim**: The spiritual dimension.

**The search for a Biblical view of man**

Different theologians have tried to define a Biblical view of man. They have come up with varying conclusions. The Biblical material is quite extensive. There are about 900 verses about the psyche, about 700 verses about the heart, about 500 about the spirit. Add to these verses Scripture about emotions, feelings, thoughts, etc, and the task of getting a good overview is quite challenging.

The author of Genesis gives us the first clue in Genesis 2:7 when he describes how God created Adam. In the Bible it is always important to go back to the first incidence and work from there. That is the seedbed for understanding the concept or principle.

And the LORD God formed man of the dust of the ground, (physical dimension) and breathed into his nostrils the breath of life (spiritual dimension); and man became a living soul (psychological dimension).

*Genesis 2:7 (KJV)*

From this Biblical account the psychological dimension is created when spirit reaches the body. The Greek tradition would say that the psychological dimension or the soul is immortal, but that does not fit a Biblical point of view. The psychological dimension is only relevant for the living.
Another aspect of the creation story is what Freud called the will to sex and power. The Bible does agree that these two aspects are part of our purpose in life, but they do not control us if we let the human spirit direct our lives.

God blessed them; and God said to them, “Be fruitful and multiply (sex), and fill the earth, and subdue it; and rule (power) over the fish of the sea and over the birds of the sky and over every living thing that moves on the earth.”

Genesis 1:28

Dallas Willard

This view of man comes out of the Spiritual Formation Movement. Willard’s concern is the transformation of man to become more like Jesus. The assumption is that people are formed spiritually even if they are not aware of it. Every decision, every encounter is part of the formation of the human self. People condition the six aspects of the human self every time they make a decision, every time they choose to respond in a certain way.


Sow a thought and you reap an act.
Sow an act and you reap a habit.
Sow a habit and you reap a character.
Sow a character and you reap a destiny.

Willard’s assumption is that life only makes sense when people try to understand the basic components of life and how they interrelate to form the whole.

Cassell’s Thesaurus:
Condition: Adapt, educate, equip, make fit, make ready, outfit, prepare, ready, teach, train, habituate.
It is the psychological dimension, which holds all six aspects together. This dimension is that which tries to make sense of life. Willard suggests that it is only when the psychological dimension is directed by the human spirit that people will experience health and wholeness. This human spirit can unfortunately also be conditioned to do wrong by suppressing the voice of the conscience and by hardening the heart.

Pharaoh in the Old Testament hardened his heart to God’s will three times. Thereafter God gave him over to his hardened heart and he experienced the consequences of it through the Ten Plagues. God gave Pharaoh many chances to change, but he didn't want to listen. His evil decisions influenced a lot of people negatively. He did soften his heart after he lost his first born son due to his own awful attitude. This softening only lasted for a short time, because his heart had been conditioned by habitual evil responses. The Bible is clear that in those situations, there is a need for a whole new beginning:

Moreover, I will give you a new heart and put a new spirit within you; and I will remove the heart of stone from your flesh and give you a heart of flesh. I will put My Spirit within you and cause you to walk in My statutes, and you will be careful to observe My ordinances.

Ezekiel 36:26-27 (NASB)

Watchman Nee
In his book, “The Spiritual Man”, Nee suggests that people without a Christian faith live a two-dimensional life. The psychological dimension controls their lives. To change that situation, people would need not personal development but conversion.

Nee compares the personal make-up with the ark of the covenant with its three dimensions.

Our old sinful selves were crucified with Christ so that sin might lose its power in our lives. We are no longer slaves to sin.

Romans 6:6 (NLT)

For the word of God is living and active and sharper than any two-edged sword, and piercing as far as the division of psyche and spirit, of both joints and marrow, and able to judge the thoughts and intentions of the heart.

Hebrews 4:12 (NASB)
The body is the outer court that can be seen. The soul is the holy place and the spirit is the Holy of Holies.

Two of the dimensions contain three aspects:

The soul consists of:
- The mind or intellect – Pro 2:10
- The will power – Jud 10:16.
- The emotions – Job 7:15.

The human spirit consists of:
- Conscience – the decision-making organ – Pro 20:27.
- Intuition – the ability to know things – Mk 2:8.
- The communion – the place to meet with God – Rom 8:15

Possessed by spirits
In Logotherapy the spirit can be blocked but can never be ill. The blocking can happen when people suffer from psychotic disorders. They find it difficult to rise above their circumstances, because they cannot engage their human spirit.

Theology would go a step further and conclude that it is possible for people to be possessed by evil spirits. Gregory Boyd has written several very helpful books on understanding a Biblical worldview and the spiritual conflict. One of his conclusions in “God at War” is that people never deserve demonisation. Jesus describes the difference between Satan and himself in John 10:10 (NLT) “The thief's purpose is to steal and kill and destroy. My purpose is to give life in all its fullness.” Jesus therefore always treated people who had been demonised as casualties of war.
When demonisation has taken place, there is a need for spiritual action. Talking therapies will not be able to handle this kind of power encounter. The Bible states, that these situations can only be dealt with through:

Prayer - Mk 9:29
Faith - Mt 17:20

**Multidimensional treatment**
The understanding of the human makeup is helpful in diagnosis, but also in treatment. To this end the case of a 25 year old drug addict has been chosen. In WHO's Classification of Mental and Behavioural Disorders (ICD-10), addictions come under a special category called, "Mental and Behavioural Disorders due to Psychoactive Substance Use". The following will show how to use Frankl's classification of disorders.

**Diagnosis – origin:**
**The physical dimension:**
Multiple drug use incl. methadone.
Psychoactive substance use.

**The psychological dimension:**
Abusive childhood – not confirmed.
Left home when he was 14 – not confirmed. Homeless.

**The spiritual dimension:**
Nothing to fight for except survival.
The mass neurotic triad.

**Diagnosis – symptoms:**
**The physical dimension:**
80ml methadone daily otherwise withdrawal symptoms.
Cravings.
The need for instant gratification.

**The psychological dimension:**
Anxiety.
Nightmares.
Effects of abuse.
Bitterness, aggression and anger.
Manipulation.
Depressive mood.

**The spiritual dimension:**
Lack of responsibility.
No regret when committing crime.
No regret when abusing others financially.
Lack of purpose.

**Classification**
A Logotherapeutic conclusion would be; a reactive neurosis, because the origin is in the physical or psychological dimension, and the symptoms are in the psychological dimension.
Treatment
The physical dimension:
Detoxification:
- Methadone.
- Other drugs, e.g. heroin.
- Other tablets.

The first stage for the Logotherapist to deal with is the physical dimension. The drugs block the spiritual dimension, which is key to helping to sustain health and decreases the chance of relapse.

During this time, it will be possible to work on the other two dimensions, but breakthrough will not come before this first dimension is dealt with.

The psychological dimension:
- Attitude modification in the area of former injustice, e.g. abuse in the home.
- Nightmare analysis for meaning potential and decisions about the changes suggested by the dreams.
- Alternative List Making to strengthen his self-distancing capacity.

The spiritual dimension:
- Socratic dialogue: Joseph Fabry’s five-steps to help the client find meaning potentials, take responsibility, look for ways to self-transcend, etc.
- Help the client find the meaning of the moment, incl. meaning in suffering.

The purpose of treatment in the spiritual dimension is to help the client to break the mass neurotic triad by conquering the existential vacuum. When this has been done, the temptations are still there, because of years of conditioning of his human nature. This conditioning needs to be undone by putting in new meaning, new areas of responsibility, new areas of motivation, etc. so that new habits can be formed.

The client is very likely to relapse if the treatment is only centred around the physical dimension. It is the same if the treatment is focused on the physical and the psychological dimension. Without new meanings, the client might have raised his self-esteem, he might have some victories under his belt, but there is still a need to find a reason for living. In self-transcending the client will stop the hyperreflection that has been part of creating the misery. Elisabeth Lukas described the following observation in her book, “Logotherapy – Textbook”: When dealing with all three dimensions, Alvin Fraiser experienced a forty percent success rate at his rehabilitation centre in California, compared with an average of eleven percent.

The will to live is a window on the future.
Norman Cousins

Fabry’s five-steps
2. Choice.
3. Uniqueness.
4. Responsibility.
5. Self-transcendence.
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Logotherapy's Place for the
ceremony. The tortures are so bizarre that non-survivors, including therapists, often disbelieve what ritual abuse survivors tell them. Ironically, this disbelief protects these cults: since survivors are not taken seriously, few people investigate into these odious groups. Also, survivors are usually too scared, due to brainwashing and threats made by cult members, to speak out.

My parents joined a "branch" of the Satanic cult in New York when I was eight. By the time I left home to go to college, I had completely repressed what had been done to me during my childhood years. I was plagued by low self-esteem, withdrawn, depressed, and suicidal. Consequently, I looked for help in counseling.

My first breakthrough occurred in my sophomore year with Laurie, a former intern at UCLA's psychological services center. One day, feeling suicidal as usual during that time, I told Laurie that before our session I had been waiting by one of the fountains on campus. I must have spoken affectionately about that fountain because she pointed out that I had a deep ability to appreciate things. No one had ever told me that. When Laurie made me aware of my ability to appreciate I clung to that, literally with my life. I realized that even during the roughest times I could search for something to appreciate and hang onto. Giving attention to the positive in the midst of a negative wasteland would later lead me to see the possible place of logotherapy in the treatment of abused survivors.

Later the same year I recovered my first memories of incest, though memories of the ritual abuse had not yet surfaced. The memory was triggered on a hot summer day in New York when several men on the street made sexual remarks to and about me. Terrified beyond what the incident merited, I ran home, sat on the floor and wept as for the first time I remembered my father fondling me. My world was caving in; everything seemed chaotic. My next memory came when I was receiving massage therapy from a friend. Being touched around the hips brought back the feeling that my father had done more than fondling.

The summer before graduation I spent three weeks in Paris. The moment I arrived I felt a freedom I had never experienced in the States. I was starting life over again, experiencing freedom from parents for the first time, speaking a new language, joining a different culture, acquiring both new friends and a sense of my strength. I decided to return to the States, finish my studies, then head back to Paris.

I stayed in Paris for four years, earning my living with computer work and a French radio show. I found a counselor who helped me remember and work through the incest. I studied flamenco dance, wrote poetry in English and French, and began drawing. I became more and more daring, giving poetry readings and dance performances. I also began to date men and had my first intimate relationship.

I felt that I had come to terms with the incestual aspects of my childhood, but sensed that there still was something ominous to be uncovered. I returned to the States to do graduate work in psychology at J. F. Kennedy University in Orinda, California. Within a few months I recovered memories of sexual abuse by my mother, brother, and maternal grandparents. But the biggest shock came during an art therapy class where we students were instructed to do our own drawings, sculptures, and sand-tray work. At one particular meeting, I watched in horror and amazement as my hand drew a series of devil's heads. Bit by bit, drawing by drawing, I recovered important information about the ritual abuse.

Over the next years I regained memories of increasingly painful events. My role in the cult had been that of "breeder." At thirteen, as part of a ceremony, I was raped repeatedly by a man dressed as the devil. The goal was for me to give birth to a child that later actually was sacrificed in the name of Satani. Between the ages of eight and thirteen I had been the victim of various group rapes by men and women in the cult, including my father, mother, and brother. These rapes resulted in my having to undergo two abortions which were performed within the cult. Also, other children and I were forced to hurt each other with whips and lances as cult members watched with delight. After that, my function in the cult was over, but occasional incest by my father continued.

I sought therapy with a variety of counselors. Some didn't believe me. Most had preconceived notions about what my difficulties "must" be, including that I "must" have a multiple personality because many survivors of ritual abuse do. Still others insisted on my returning again and again to the past to dig into wounds that had already begun healing.
Logotherapy's Place

I first heard about logotherapy through a friend who lent me Viktor Frankl's book Man's Search for Meaning. Frankl's emphasis on life goals and tasks had a huge impact on me, especially since it's easy to lose sight of one's life goals if therapy sessions cover only a person's pain. Frankl wrote of a mother who was about to commit suicide, and how he motivated her to live because her child would need her. Frankl convinced another suicidal person not to give up, because he was the only one who could finish a specialized science book. While not all potential suicides are parents or brilliant scientists, the principle remains the same: to focus on goals, or what I like to think of as "our mission on earth."

My exposure to logotherapy through books and counseling confirmed and strengthened my will to follow and enjoy my life goals. I became aware that some paths to my recovery were based on logophilosophy. Among them are:

- Emphasizing the positive achievements, large or small, and tragedies turned into triumphs.
- Working in the present as well as the past.
- Distinguishing between events that cannot be changed and areas where we still have choices. Past abuses clearly cannot be undone - they are events without meaning; but meaningful attitudes can be found toward those cruel and meaningless traumas. We can free ourselves from the areas where we are helpless by giving attention to those we can master.
- Finding meaning not only in changed attitudes toward past events (having learned from my experiences, grown from them, gained insights and understandings) but also in meaningful activities and experiences. Meaningful activities include self-transcending acts, for example using my past traumas to help other ritual abuse survivors. Meaningful experiences include creative activities, awareness of the wonders of nature, and relationships.
- Finding the resources of the human spirit: unique personal meanings and goals, the defiant power of the spirit, and the ability to listen to and follow our innate inner wisdom - all of these help to defeat behavior patterns ingrained by the cult.

Although many memories of the ritual abuse still elude me and will need to be worked through when they surface, I lead a full and joyous life.

Marian

Last year I worked at a halfway house in Oakland with Marian, a ritual abuse survivor only a few years older than I. She spoke incessantly of the tortures to which she had been subjected. The exasperated counselors couldn't handle details of these horrors, which included cannibalism. They frequently told Marian to stop lying. She had a history of temper tantrums, and these were aggravated by the counselors' behavior; the more they told Marian to stop acting out, the more she became infantile and domineering toward other residents.

The first time I saw Marian, she immediately began to talk about the horrors of her childhood. She was amazed that I listened to her and acknowledged what she had been through. From then on Marian seemed relieved to see me and would give me a hug. She was always calm when we spoke. After several sessions she took me to her room to show me her drawings. She had stunning talent! I told her that she could almost certainly sell her work and encouraged her to continue. When I mentioned her drawings to the other counselors, it became apparent that they knew nothing about them. I realized that I had been privileged to see Marian's art.

Once, Marian showed me a collage she had made from newspaper clippings. She had included a lot of "evil" things: shocking headlines, photos of dead bodies, words and pictures that had a demonic quality. But with the instinct of a true survivor, she had also added beautiful things, such as flowers, picturesque images, and life-inspiring phrases. Survivors, and perhaps humans in general, have an innate sense of balance. The worse the horrors we go through, the stronger and more beautiful are the images we choose to counteract these horrors. I've seen this over and over. It confirms the incredible ability of the human spirit to overcome the ills done to us. Looking at Marian's collage, I was careful to acknowledge each image of evil. This was to counteract the disbelief to which she was so frequently exposed. My stance was the same as the American dictum of being innocent unless proven guilty. I had no reason not to believe what Marian told me. On the contrary, my experiences had shown me that certain people are capable of any act.

Marian and I discussed each positive aspect, too, of her collage. She seemed grateful. Over time, I continued to confirm Marian's experiences while focussing on her positive activities and goals.

I have since stopped working at this halfway house to devote more time to my studies and to take on related part-time
I have since stopped working at this halfway house to devote more time to my studies and to take on related part-time work. Several months ago I happened to run into Marian. She told me she had moved back into the community, was taking art classes, and lived independently. She seemed in good health and good spirits.

Ritual abuse is actually fairly frequent. In one Oakland meeting for survivors I have seen 30 participants. A friend who is also a survivor knows of 70 others in the San Francisco East Bay alone. This is not counting ongoing meetings in San Francisco itself.

JENNIFER LADD, an assumed name, is a graduate student getting her Master's Degree at J. F. Kennedy University, Orinda. She has advised more than 200 therapists on how to work with ritual abuse survivors and continues to consult and counsel survivors of cults. She can be reached for questions and comments at P. O. Box 4575, Berkeley, CA 94704.

Variations on this flower appear over and over in my artwork. It is the physical form of my inner healer. With beauty, grace, and a long root to keep me grounded, this flower signifies clarity and strength which survive trauma.

Stress

The following case is an adapted version from Stress Management Training by The Stress Consultancy.
How would you diagnose the client?

Case Study:

Description of the Individual
David is a single man in his late fifties, employed as an Office Manager. He lives with and cares for his frail elderly mother. David was an only child and there are few close relatives. David has few friends, his one close friend having died six months previously.

Nature of the Problem
David has been suffering from panic attacks at night for several months; he reports having been anxious since he was a child and describes the symptoms of Social Phobia.

Effects of the Problem
Night Panics ➔ Causing fatigue and depression
Absences from work.

Anxiety ➔ Contributing to panic spiral

Past attempts to deal with the problem
David’s night panics have only occurred in the last three months, though he has suffered from anxiety and Social Phobia for most of his life.
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Origin</th>
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<tr>
<td>Physical</td>
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<tr>
<td>Psychological</td>
<td>Psychological</td>
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<tr>
<td>Spiritual</td>
<td>Spiritual</td>
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<tr>
<td>Mental</td>
<td>Mental</td>
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<tr>
<td>Emotional</td>
<td>Emotional</td>
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<tr>
<td>Relational</td>
<td>Relational</td>
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</table>
King Solomon had everything. He was wise, rich and in power. The book of Ecclesiastes describes his hunger for meaning as he tried to find it through many different activities. Solomon was longing for ultimate meaning and he found it in God. One of his conclusions was:

There’s nothing better than being wise. Knowing how to interpret the meaning of life.
Ecc 8:1 (MSG)

Anthony Campolo did a sociological study in which fifty people over the age of ninety-five were asked just one question, “If you could live your life over again, what would you do differently?”

The answers fell into three categories:
- If I had it to do over again; I would reflect more.
- If I had it to do over again; I would risk more.
- If I had it to do over again; I would do more things that would live on after I am dead.

This study is helpful in understanding existential frustration. There is a need for reflection, risk taking and investing in other people’s lives. Solomon was determined in his search even though he went through many frustrating times. At some point he found an answer to life that we are still reading and finding helpful thousands of years later.


Guilty of a wasted life!
I watched a secular documentary last weekend about five young Aussies (Australians) who cycled for about 3,200 kilometres over a period of two months throughout the remote regions of Outer Mongolia.

The interviewer: “Why did you do the trip?” He said that when he was a young boy, in a dream, he stood at the end of his life before five judges who were there to pass judgement on his life. After a long silence, one of the judges threw down the gavel and said, “Guilty of a wasted life”.
Feeling guilty of a wasted life is the key experience for people suffering from existential frustration. They feel that life goes round in circles and that nothing will ever change.

**Definitions**
In short, existential frustration is an experience of meaninglessness and existential vacuum is the experience of emptiness.

<table>
<thead>
<tr>
<th>Existential frustration</th>
<th>Existential vacuum</th>
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<tbody>
<tr>
<td>The feeling of meaninglessness.</td>
<td>The feeling of inner emptiness</td>
</tr>
<tr>
<td><strong>Consequences</strong></td>
<td><strong>Consequences</strong></td>
</tr>
<tr>
<td>Lack of motivation.</td>
<td>Depression</td>
</tr>
<tr>
<td>Distress.</td>
<td>Addiction</td>
</tr>
<tr>
<td>Boredom.</td>
<td>Aggression</td>
</tr>
<tr>
<td>Anxiety.</td>
<td>Attraction to cults.</td>
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<tr>
<td>Never contented.</td>
<td>Copying what other people do.</td>
</tr>
<tr>
<td>Excessive dependency on others.</td>
<td>Trying to live up to other people's expectations.</td>
</tr>
<tr>
<td>Irresponsibility.</td>
<td>Abyss experience.</td>
</tr>
<tr>
<td>Lack of goals.</td>
<td></td>
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</tbody>
</table>

There is a three step journey towards certain common disorders:

1. Some clients experience existential frustration; life has become meaningless and without purpose.
2. When this feeling of meaninglessness meets the feeling of emptiness, which is characteristic of the existential vacuum, it can lead to the disorders of the neurotic triad.
3. The feeling of emptiness, of a wasted life becomes unbearable for some clients and they become aggressive, depressed or addicted.

The will to meaning urges us to become explorers of life.
Culture and existential frustration

The Danish “Quality-of-Life Research Centre” conducted a survey among 10,000 people to find the keys to life quality, health and wholeness. The centre leader Søren Vendtegodt, M.D., concluded in the report:

"This age will die, not from sin, but from lack of passion."

Søren Kierkegaard

Life energy comes from experiencing that life has meaning…. I will with this book try to give evidence for my thesis that to know the meaning of life and to live a life according to this knowledge, is the source to health and wholeness. I also want to show that by finding meaning in life people can experience new health and wholeness.

Søren Vendtegodt,
Livskvalitet (=Life quality)

The report also showed that people were not motivated for change when they experienced constant frustrations. Their experience told them, that this was what they could expect of life. When they didn’t have any power over today, they lost hope in tomorrow.

One of the Logotherapeutic assumptions is that people have a “will to meaning”. This means that everybody will feel frustrated when they perceive their situation as meaningless.

Frankl would state that the frustration in itself is healthy. It is a pointer to help people clarify their priorities, attitudes and goals in life. If this feeling is ignored it leads towards existential vacuum and the tragic triad. This is one of the reasons why Logotherapy is so focused on helping clients find the meaning of the moment. Meaning helps them to deal with the tension that otherwise often is numbed by unhealthy habits.

Tension or homeostasis

Tension is the salt of life. Everybody needs a healthy tension to be excited about life. Whenever people try something new, they will feel tension, but it has the potential to be transformed into excitement. Even though many dream about a quiet life where homeostasis reigns, they often experience that life then has become routine and boring after some time.

Frankl concluded that people will then create tension. Homeostasis has the ability to create apathy, whilst frustrations challenge people to engage in life.

Mental well-being is maintained when there is a healthy tension between where clients are at, and where they want to be. There is always the potential for new skills to be learned and healthier attitudes to be embraced.
Some of the ways that people create tension is through extreme sports and speed. Becoming a dare-devil gives the emotional rush that they are longing for. Others create tension through addiction.

Dallas Willard commented on the relationship between feelings and addictions in his book, "Renovation of the heart".

The modern sensibility, with its emphasis on “spontaneity” and enjoying the “rush” or the “buzz” of feeling, can provide a way into addiction…. People want to feel, and to feel strongly. Feeling is sought for its own sake; and as feeling fades, stronger feeling and greater stimulus is demanded….. Addiction is a feeling phenomenon. Addicts are those who, in one way or another, have given in to feelings of one kind or another, and placed them in the position of ultimate value in their lives.

What is the way forward?
Logotherapists would often use the PIL and SONG test to assess the existential vacuum. This will be the foundation for helping the client through Socratic Dialogue to find new meaning and causes to fight for. Apathy needs to be replaced by a passion for life.

Elisabeth Lukas has also developed a practical tool, where clients can identify what they can change and what cannot be changed.

<table>
<thead>
<tr>
<th>Fate</th>
<th>Freedom</th>
</tr>
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<tbody>
<tr>
<td>Things you cannot change</td>
<td>Options and possibilities.</td>
</tr>
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</table>

There’s a minus that no one remembers. Their loves, their hates, yes, even their dreams, are long gone.
Ecc 9:5 (MSG)

When is it the last time, that you tried something for the first time?

Never exchange a hard life for an empty life.
Elisabeth Lukas

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IV. Filling the Existential Vacuum

*The Samaritan Woman: John 4:4-27*

The story of the Samaritan woman at the well is the story of any person whose life is characterized by an inner emptiness, by a spiritual vacuum. A major contribution of Frankl is his insistence that the most fundamental human need is to fill this emptiness, to find a personal meaning for life. All of the needs, whether the need for satisfying hunger or for gratifying the sex drive, or for achieving status, or for attaining power are secondary to the basic search for meaning.

The capacity of man to endure hardships when he has a firm grasp on the meaning of life is quite limitless. During the years which he spent in concentration camps, Frankl observed that the ones who could not survive the rigors of the camp life were often those who had lost all sense of any meaning in life. “The prisoner who had lost faith in the future—his future—was doomed.” ¹ Nietzsche’s statement underscores Frankl’s conviction: “He who has a why to live for can bear with almost any how.” ²

In the more common experiences of life, too, it is clear that the finding of meaning gives a reason for living. Frankl tells of an elderly general practitioner who was in a deep depression for two years following the loss of his dearly beloved wife. By reminding him that his wife had been spared the kind of suffering he was going through, the old doctor was given a new perspective on his suffering. “In that very moment,” Frankl writes, “his mourning had been given a meaning—the meaning of sacrifice. The depression was overcome.” ³

Much longevity can be ascribed to a strong sense of meaning in life. The great German poet Goethe lived just two months beyond the completion of the second half of his masterpiece, *Faust*, dying at eighty-three. Writing of him, Frankl notes: “I dare say that the final seven years of his life he biologically lived beyond his means. His death was overdue but he lived up to the moment in which his work was completed and meaning fulfilled.” ⁴ Most of us are acquainted with the sudden physical deterioration that can set in on an apparently healthy man as soon as he retires. Without work, without the meaning that having a job to do provides, there is hardly any point in continuing to exist.

To be sure, secondary goals do, on occasion, become the primary ones. Hunger, for example, can become the all-consuming need. But Frankl points out that such a secondary goal functions in a primary fashion only where the search for meaning has been lost sight of or has been given up. Refuting Freud’s insistence that under conditions of starvation, the one unsatisfied instinct of hunger takes precedence over everything else, Frankl notes: “In the concentration camps we witnessed the contrary; we saw how, faced with the identical situation, one man de-
generated while another attained virtual saintliness.” It is where the search for meaning has been abandoned so that a vacuum exists that secondary goals become primary ones. In an attempt to fill the vacuum, goals that are inappropriate for man take priority. Such was the situation with the Samaritan woman at Jacob’s Well.

The Samaritan woman presents a vivid picture of what Frankl calls an “existential vacuum.” The meaningless, monotonous routine of her life is expressed graphically in the spontaneous cry which came from her after Jesus had penetrated through her outer defenses: “Give me water, that I may not thirst, nor come here to draw.” The more precise meaning of the Greek text might be rendered as follows: “Give me this water that I need not keep coming in this dreary drudgery, day after day, to draw water in the meaningless routine of everyday existence.” The ritual of daily tasks held nothing but weariness for her because she had lost any sense of meaning in her life.

Any contemporary psychological counselor can testify to how common this experience of an existential vacuum really is. In an astute observation, psychologist Edith Weisskopf-Joeson notes that the usual psychoanalytic classification has no clear place for “existential vacuum.” She observes that in Freud’s day neurotic patterns fell into rather clear-cut categories: hysteria (converting emotional problems into physical symptoms), obsessions and compulsions (being obsessed with an idea or feeling compelled to perform a specific act), and phobias (inappropriate and groundless fears); today, however, the commonest symptoms fall into none of these syndromes but are characterized instead by a sense of emptiness, a feeling of meaninglessness, by a treadmill quality in daily life and by a fuzziness about values.

It is to be noted, as Frankl does, that this sense of being lost in the universe is not a sickness in a pathological (i.e., abnormal) sense. Existential vacuum does not describe an illness so much as a condition that is often present where there is no pathology at all. To be sure, existential vacuum may also exist where there is acute illness, and in such cases must be recognized and treated along with other symptoms that are more abnormal. But for the most part, the sense of aimlessness in life is a characteristic of those who are physically and mentally well but spiritually sick. To refuse to recognize the existential vacuum for what it really is, a loss of the sense of meaning, and to try to treat it without reference to the world of values, is to fall into the common fallacy of psychology which sees value concerns only as secondary defense mechanisms rather than as primary legitimate conscious concerns.

One of Frankl’s patients volunteered one occasion how her interest in the spiritual life had been scoffed at by therapists over the years:

Why is it that I feel ashamed about all religious things, that they appear embarrassing and laughable to me? Well, I know exactly why I am ashamed of my religious needs. The basic emphasis of psychological treatment as I have experienced it for 27 years from other doctors and clinics, has always been that such spiritual longings are old-maidish, foolish speculations; for only that which one sees and hears is important, and everything else is nonsense, created by traumas, or is only a flight into sickness (in order to evade life). So when I spok of my need for God, I had to fear that by doing so the straight-jacket would be brought to me. Every kind of treatment until now has always missed the mark.
It is notable that Jesus dealt with the Samaritan woman in terms of the value conflict in her life. The brief and obviously telescoped account of the incident does not make it clear how Jesus knew about the woman's marital entanglements, but a clear hint is given in the fact that she sought water by herself at about noon (the time corresponding to the Hebrew sixth hour) rather than joining the other women of the town at the usual early morning period of sociability. To miss the usual exchanges of friendly gossip seems to indicate a serious rupture in her relationship with the women of the town. To this issue Jesus directed his attention with forthright directness.

It would be quite possible to excuse this woman's way of life in terms of early conditioning forces or of insurmountable economic and social factors. Our culture readily finds an explanation for behavior in psychological or sociological conditioning. The fact of the matter, however, is that to deal with conditioning factors is to deal with only one part of the picture, albeit a very important and necessary part. The decisive factor does not lie in the conditions; the determining element is found in personal response to the conditions. “Freedom,” as Frankl puts it, “is freedom to take a stand toward conditions, but it is not a freedom from conditions.” Man is responsible for how he handles the conditions which life presents to him.

The directness with which Jesus confronted the Samaritan woman with her immorality reminds us that some human problems are simply the result of irresponsible action and are not to be explained away by psychodynamic interpretations. Great as the contribution of depth psychology has been to our deeper understanding of forces at work beneath the surface in man, we are in danger of overlooking the most human aspect of life, if we fail to hold man as accountable and responsible for his action in the present and in the future. Conscious decision with a definite goal in mind can break the circle of behavior dictated by past conditioning. Indeed, even within the psychoanalytic world a new stress is being given to ego psychology in which the ego is conceived not merely as an umpire among conflicting instinctual forces but as an executive directing behavior forward into the future. Life can be pulled by goals, as Frankl phrases it, just as surely as it can be pushed by drives.

But the goals need to be adequate ones. To indicate to this woman the futility of finding happiness sought through the doorway of sexual pleasure was a major emphasis in Jesus’ ministry to her. Recognizing that she had tried to fill the existential vacuum with the pursuit of pleasure, Jesus did not hesitate to make an issue of the matter. If he could help her, like the prodigal son, to come to herself, she could be helped to see that self-realization through pleasure seeking is invariably a dead-end street. Over and over again in his ministry Jesus underscored the folly of making as an ultimate goal that which is only a by-product of more significant goals. Pleasure comes, not by seeking it, but by finding the satisfactions of filling one’s responsible place in life. In the significant study of “creativity” now being carried on at the University of California, a tentative finding is that the most creative person turns out to be closer to the prototype of the responsible professional person than to that of a San Francisco beatnik.

The reaction of the Samaritan woman to being confronted with the moral problem in her life is highly instructive. Her first reaction was to change the subject with a bit of flattery thrown in. Religious discussions are often a way of avoiding real in-
volvement on a personal plane. Most study groups conducted under religious resources that fail are failures not because of a lack of vital material to deal with but because the material is so commonly unrelated to immediate personal life situations. The Samaritan woman’s reference to the appropriate place for worship, although a timely question, was in reality a “red herring” designed to interest the religious leader but to divert the conversation to a safe, impersonal level. The continuation of the conversation into the debatable question about the coming of the Messiah only demonstrated how hard it was for her to look at herself. Indeed, from the beginning she had been on the defensive, throwing up a barrier even in the presence of a simple request for help in getting a drink of water. So defensive was she that she could not even accept a friendly overture but felt compelled to be suspicious and restrained, to fall back onto the prejudices of the day.

But Jesus was not taken in by her defensiveness. He recognized it for what it was, an uncertainty fostered by the unresolved moral issue that plagued her life, a protective barrier behind which she could hide her private unacceptable behavior. Unlike the kind of response to which she was accustomed, he did not respond defensively. He accepted her and her defensiveness without retaliating in kind. He refused to reject her as she rejected him; but he refused, also, to allow her to dictate the terms of their relationship. Refusing to move away from her and her predicament, he nevertheless took the topic of conversation offered to him, redirected it into an area of personal relevance for her, and related her need to the larger dimension that included God. The implication was very clear; the only way to the kind of life that held real meaning for her (“living water”) was to clear up the moral problem which made impossible a true relationship either with her fellow human beings or with God.

Jesus did not hesitate to confront this woman very directly with her problem. It was not his practice to evade difficult issues. His very presence in Samaria made this clear, for whereas other Jews often chose to avoid Samaria by roundabout detours, he chose to go straight through on his journey from Judea to Galilee. The King James translation uses picturesque words to describe the event: “He must needs go through Samaria.” Being the kind of person that he was, he “must needs” confront her. Note, however, that the real confrontation was made only when she had invited a serious discussion about her predicament.

A refusal to ignore the kind of immoral relationship that is destructive of real, loving relationships is recognized as good procedure in any competent counseling. An acceptance of destructive behavior is only “pseudo-permissiveness” and actually works against the best interests of the counselee. The reaction of the Samaritan woman rings true. Rather than rejecting the confrontation made by Jesus, she acclaimed his deep understanding of her life situation, even forgetting to complete her original errand of drawing water in her distress at the new hard look which she was compelled to give to herself. Her invitation to others to talk with Jesus is the best possible proof of the effectiveness of his ministry to her. She wanted help in getting to the rest of the meaninglessness in her life. She needed help in learning that life, directed to different goals, could become meaningful.

Existential Frustration

What signs of existential frustration and/or existential vacuum to you see in the letter?

Describe the symptoms and the origin. Place your findings in the six-dimensional structure.

“I am finding it generally difficult to cope and I don’t know what to do.

I am a 17 yr. old and am at college studying A Levels, I feel severely depressed, to the point at which I am preoccupied with death and suicide. My mum constantly threatens to kill herself, even when only relatively mild problems arise. I feel I have so many problems, am paranoid about whatever anyone says to me... try and analyse anything anyone says.

One of my friends died when I was 12 and I feel like this was my fault, for a variety of complex reasons. I also had an argument with her a few days before she died, which cannot be resolved.

A long term relationship I was in last year broke up because of my problems.

My parents are divorced. I seem to have to deal with every problem that arises.

I am unable to sleep, feel unattractive, fat and altogether worthless. I have plenty of friends and behave confidently in their presence, so no-one realises anything is going on, I just feel as if I need a sense of closure. When I try and articulate how I’m feeling no-one seems to listen to me or try to sort things out; this is another source of frustration.

I am finding it generally difficult to cope. I don’t know what to do.”
**Self-Transcendence**

When as a child you were sick, what was the best thing your parents did to make you feel better?

Being truly human

Animals are driven by instinct. They might even be social animals, but in the end they will always look out for themselves. They do not choose self-denial or self-sacrifice for the sake of others. Humans have the capacity to self-transcend, to look beyond themselves and to rise above circumstances.

In Logotherapy self-transcendence is seen as the highest stage of development. It is a sign of mental health.

Self-transcendence is when people:
- Engage in active listening.
- Forget themselves.
- Do something for others expecting nothing in return.
- Love.
- Have an encounter with God or with other people.

How to pursue happiness?

The most direct way to happiness is a detour! Some people pursue happiness directly, but will often find that this kind of instant gratification, does not satisfy their needs or is immoral or unethical. Instant gratification is concerned about self and is mastered by feelings.

In Logotherapy the pursuit of happiness works in a similar way to the promise in Matthew 6:33 (MSG) “Steep your life in God-reality, God-initiative, God-provisions. Don't worry about missing out. You'll find all your everyday human concerns will be met“.

A man is known by his actions.

Pro 21:8 (TLB)

Happiness is like a kiss.

In order to get any good out of it, you have to give it to someone else.

Zig Ziglar

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<tr>
<th>Concept</th>
<th>Technique</th>
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<tr>
<td>Self-Transcendence</td>
<td>Derefection</td>
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<td>Self-Distancing</td>
<td>Paradoxical Intention</td>
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“Here is a simple, rule-of-thumb guide for behaviour: Ask yourself what you want people to do for you, then grab the initiative and do it for them. Add up God's Law and Prophets and this is what you get.”

Matthew 7:12 (MSG)
This Logotherapeutic model shows how delayed gratification can lead to happiness. It is through doing something meaningful, that people feel content and good about themselves, which releases happiness.

![Diagram of Delayed Gratification]

With each decision people make, there is a price to be paid. There are only two options:

- **Pay now – enjoy later.**
  - Delayed gratification

- **Enjoy now – pay later.**
  - Instant gratification.

The focus with self-transcendence is not on personal happiness, but on making others happy. “It is more blessed to give than to receive” - Acts 20:35 (NLT). People who pursue happiness, will make costly shortcuts and lack self-control. Instant gratification is a kill-joy. It is a bit like the hangovers people experience after excessive drinking. After a shortcut to happiness there will often be something to deal with afterwards, be it a guilty feeling, relationship difficulties, etc.

**Dereflection**

The goal of self-transcendence is to reduce unhealthy hyperreflection or hyperintention by finding something new to focus on. To this end Logotherapists use the dereflection technique.

**Reflection**

Francis of Assisi (1182-1227) wrote a prayer that has become very famous. It talks about a life focused on other people. It is a prayer for spiritual formation. It is a prayer about making meaningful sacrifices to uphold peace and unity.

As you read the prayer, you are asked to reflect on it's use in a modern society and especially in your life right now. How does it challenge your lifestyle? How does it challenge your natural reactions?

Men of genius are admired. Men of wealth are envied. Men of power are feared, but only men of character are trusted.

Arthur Friedman
Lord, make me an instrument of thy peace,
   Where there is hatred, let me sow love,
       Where there is injury, pardon,
       Where there is doubt, faith,
       Where there is despair, hope,
       Where there is darkness, light,
       And where there is sadness, joy.

   Divine Master,
Grant that I may not so much seek to be consoled as to console,
   To be understood as to understand,
       To be loved as to love,
       For it is in giving that we receive,
It is in pardoning that we are pardoned,
   And it is in dying that we are born to eternal life.

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Self-Transcendence in Marital Therapy

Jim Lantz and Karen Harper

Almost 60% of all marriages in the United States end in divorce. At least three of every five children will experience parents divorcing before they turn eighteen. The divorce rate has climbed rapidly in the 1980's and there is no evidence that this trend will be changing in the near future.

One reason for this high divorce rate is that we are formally and informally taught inadequate philosophies about marital life, and as a result are ill-equipped to make marriage succeed. This article outlines two inadequate yet prevalent marital philosophies, and an alternative, healthy and more useful philosophy of marriage based upon Frankl's concept of self-transcendence. Awareness of these different marital philosophies may be useful to therapists who wish to help troubled marriages.

The Narcissistic Marriage

In the narcissistic marriage both partners get married so that the other will take care of him or her, and meet all needs. Both members feel a sense of entitlement. Each feels as the center of the universe, around whom everything should revolve. Neither desires to give to the other, and when such giving occurs, it is a form of manipulation to promote more effective taking. In no way does it resemble true giving for the sake of the other.

Some narcissistic marital couples use anger and assault as a way of controlling the other. Threats, rage, and physical attack are used to "force" the other to "give" and take care of their own needs. Or they use depression, sadness and a show of apparent weakness to "trick" the other member into meeting these needs by pretending to be inadequate and/or "sick." Whatever the method, the marriage fails to provide either partner with an enjoyable, meaningful, and satisfactory experience of human intimacy.

The Social-Exchange Marriages

In the social-exchange marriage, the partners believe that marriage is a social contract in which both members should "give and get" at an equal rate of exchange. It is an equilibrium model in which no more is given than received and no more received than given. The partners seek a "balance" of giving and getting that is "fair" and "equal."

There are two major problems with the social-exchange model. The first can be called the procrastination problem. Both members of the marriage are willing to give as much as they receive but each wants the other to "start first." As a result neither gives anything. Each waits for the other to give first. This can last a long time as both "wait it out." Such marriages can last for 30 or more years while both practice their procrastination skills.

The second problem with the social-exchange marriage is the "accounting" problem. Both members put a great deal of time and energy into "measuring" and "counting" how much they and their partner have been giving. In this kind of marriage, anxiety and obsessive-compulsive symptoms rush in to fill the existential vacuum which results from the effort that the couple puts into counting rather than loving.

The Self-Transcendent Marriage

The healthy marriage is a self-transcendent marriage. Awareness and discovery of a sense of meaning in marital life occurs reactive to the self-transcendent relationship with the other. This relationship is neither narcissistic nor a form of social exchange. It is a connection with the partner resulting in a feeling of communion. This self-transcending concern for the partner paradoxically results in a more meaningful and strengthened sense of self.

Andrews' points out that the successful marriage is one in which both partners consistently attempt to help the other "win" in both life and marriage. In Frankl's terms, this is self-transcendence. This concern for helping the other "win" is very different than the focus upon "winning over" the partner in narcissistic marriages or the focus on "having a tie" in social-exchange marriages.
Helping Couples Change

From a logotherapy point of view, helping couples change may be most effective when it is done in pre-marital therapy. Logotherapeutic activities such as Socratic questioning, therapist reflection on interactional patterns, and provocative comments can be used to help the couple develop awareness about the kinds of relationship problems they may have in the future. In ongoing marital therapy, the same treatment can be used to help the couple identify and make use of the self-transcendent "marital meanings of the moment" that occur during the time of the therapy.

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REFERENCES:
Self- transcendence

Develop a strength hierarchy

What do you have to give to the world?

| How can you use your talents for others / a cause / something meaningful |
|---|---|---|---|---|
| Strength 1 | Strength 2 | Strength 3 | Strength 4 | Strength 5 |


The divided heart – What are you willing to sacrifice?

Things you are passionate about

Which ideas are you most passionate about?

Other people’s needs        Work demands

The needs of your family
The 90 day challenge – what do you really want?

Set a:
- personal goal
- positive
- present tense
Self-Distancing

Share an embarrassing moment

Self-distancing is the first step in Logotherapeutic treatment. The idea is to help clients to look at themselves from the outside. This self-distancing might happen through the use of Paradoxical Intention, The Fast Forward Experience or by rising above the circumstances.

Logotherapists understand the human condition by considering a person as having three dimensions: the physical, the psychological and the spiritual. Because of these three dimensions it is possible for humans to rise above their circumstances by the defiant power of the human spirit.

Dallas Willard has tried to define a Biblical view of man and how spiritual and personal transformation takes place. The following is an adapted version from his book, “The Renovation of the Heart”.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Technique</th>
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<tbody>
<tr>
<td>Self-transcendence</td>
<td>Dereflection</td>
</tr>
<tr>
<td>Self-distancing</td>
<td>Paradoxical Intention</td>
</tr>
</tbody>
</table>
The following is an adapted version of Dallas Willard's understanding of the human self or nature:

These together make up human nature:
1. Thoughts (images, concepts, judgements, inferences)
2. Feeling (sensation, emotion).
3. The human spirit (will, decision, conscience, heart).
4. The body (action, interaction with the physical world).
5. Relationships (God and people).
6. The psyche (the factor that integrates all of the above).

His thesis is that it is the soul (or the psyche) that holds it all together. It is the psychological dimension that tries to make sense out of our experiences. When the psychological dimension is healthy it is because of its relationship to the heart, the will or the human spirit. When the psychological dimension is under the direction of a well-kept heart, under the direction of God, the person will react in a healthy and consistent way.

The human spirit is conditioned by our experiences and by God. Dallas Willard writes:

“I have a spirit and it has been formed. The spirit within us takes on whatever character it has from the experiences we have lived through and the choices we have made. That is what it means for it to be “formed”.

How we live in the world now and in the future is, almost totally, a result of what we have become in the depths of our being – in our spirit, will or heart. That is where we understand our world and interpret reality. From there we make our choices, act and react, try to change the world. We live from our depths – and we understand little of what is there.”

The Logotherapeutic assumptions are very close to this model. Humans are seen as people with a spirit who can take a stand. Animals will not be able to do so, because they are instinct driven. Humans are pulled by the spirit and are able to choose delayed gratification because of future rewards or on moral or ethical grounds.

In Logotherapy it is recognised as being possible for humans to block the input of the spirit by not paying attention to their conscience and through substance abuse. When people do not pay attention to their spirit, the drive for self-gratification leads them to a life without boundaries and responsibility. The Bible states that, “Like a city whose walls are broken down is a man who lacks self-control” Pro 25:28 (NIV). Life becomes a mess.

Both Logotherapy and Willard believe that the spirit is the centre of human life and it is here that decisions and choices are made for the whole person. People might not follow the lead of the spirit, but they can look for direction.

Self-interpretation and self-image
So how does self-distancing work in practice? How can clients get in touch with the defiant power of the human spirit, so that their psychological dimension does not master them?
Self-distancing works through a number of avenues like humour and laughter, through surprise, creative exercises and self-interpretation.

People will often be looking for ways to understand and know their personality, that is, who they are. The problem is that our personality or self-interpretation/self-image changes over time. Sometimes it happens very quickly, for instance, when people fall ill. For some people their identity changes within seconds from being “Joe Bloggs” to “I am a cancer patient” Robert S. McGee writes in his book, “The Search for Significance“, “Too often, our self-image rests solely on an evaluation of our past behaviour, being measured only through a memory. Day after day, year after year, we tend to build out personalities upon the rubble of yesterday’s personal disappointments”.

Logotherapists will help the clients to self-distancing by looking at their self-defeating language:

<table>
<thead>
<tr>
<th>Self-defeating language:</th>
<th>Self-distancing language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- I am a failure</td>
<td>I have failed.</td>
</tr>
<tr>
<td>- I am a cancer patient</td>
<td>I have cancer.</td>
</tr>
<tr>
<td>- I am an alcoholic</td>
<td>I have been drinking too much.</td>
</tr>
<tr>
<td>- I am drowning</td>
<td>I have had enough.</td>
</tr>
<tr>
<td>- I am hopeless</td>
<td>I have made a mistake.</td>
</tr>
<tr>
<td>- I am depressed</td>
<td>I have depression.</td>
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</table>

Self-distancing will take clients from “I am” to “I have”. If the clients define themselves by, for instance, the disease, they cannot take a stand. Their character has changed and they have no say. On the other hand, if they have a disease, then they can choose to let go of it. The disease or habit does not possess them. When people redefine themselves based on their actions, habits or diseases the problems will escalate and things become more hopeless. Over time, self-distancing empowers people to take a stand by acknowledging and releasing the defiant power of the human spirit. They are not hopeless victims of fate, of hormones or of their environment.

The great I am
Jesus defines himself in seven ways in John’s Gospel. All the statements start with, “I am” and all of the statements are positive:

“I am the bread of life; he who comes to Me will not hunger, and he who believes in Me will never thirst” - John 6:35

“I am the Light of the world; he who follows Me will not walk in the darkness, but will have the Light of life” - John 8:12

“I am the door; if anyone enters through Me, he will be saved, and will go in and out and find pasture” - John 10:9

“I am the good shepherd; the good shepherd lays down His life for the sheep” - John 10:11

“I am the resurrection and the life; he who believes in Me will live even if he dies” - John 11:25

“I am the way, and the truth, and the life; no one comes to the Father but through Me” - John 14:6
Jesus could have chosen to define himself as:
- I am persecuted.
- I am a refugee.
- I am hated.
but he chose not to. In the same way our clients need to find security in knowing that they are loved and that they are much more than just a bad habit or a disease. Being human gives them access to the defiant power of the human spirit. It is not time to give up – but to look up.

Humour
Logotherapy uses humour as a way to break the ice, but does not use it to belittle clients in any way. Humour can be used in a very sensitive way. There are a lot of advantages in using humour in therapy.

<table>
<thead>
<tr>
<th>Humour and Mental Health:</th>
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<tbody>
<tr>
<td>- Humour reduces stress.</td>
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<tr>
<td>- Humour changes the way people behave.</td>
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<tr>
<td>- Humour increases energy and motivation.</td>
</tr>
<tr>
<td>- Humour changes people’s biochemical state by decreasing stress hormones and increasing infection-fighting antibodies.</td>
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<tr>
<td>- Humour is good for mental health because it feels good.</td>
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<tr>
<td>- Humour helps people to stop hyperreflecting.</td>
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<tr>
<td>- Humour helps people to bear the unbearable.</td>
</tr>
<tr>
<td>- Humour helps people to become creative. There is only a small step from “Ha-Ha” to “Ah-Ha”.</td>
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</tbody>
</table>

A sense of humour is one of the first things that goes when people are under stress, because “life is no laughing matter”. Clients without a sense of humour will clearly be taking themselves too seriously and be hyperreflecting. Allen Klein shares a story from the September 11th tragedy in New York in his article, “How can You Laugh at a Time Like This?”

Even while fleeing from the attack on the World Trade Centre, a small bit of humour helped some people triumph over tragedy.

A group of office workers, who were running down flight after flight of steps, didn’t know if they had the strength to make it to the bottom. They stopped at the eleventh floor and couldn’t go on. Then one woman suggested that they pretend it was New Year’s Eve. En masse they began a countdown with each flight of stairs and shouted out” .... 10, 9, 8, 7, 6, 5, 4, 3, 2, 1.”

Encouraged by this bit of levity, they all made it to the street and to safety.

Charlie Chaplin once said, that “In order to laugh, we must be able to play with our pain”. As counsellors, it is possible for us to play with the clients’ pain with their permission. One of the ways is through Paradoxical Intention.
Laughter
James Crumbaugh has described five psychological principles that he has found helpful in therapy. The first one is catharsis. Catharsis is described as the "process of releasing strong feelings, e.g. through drama or other artistic activities, as a way of providing relief from anger, suffering, etc." - NativeEnglish

In therapy, laughter is being used more and more to help clients to experience release or catharsis. A few years ago Robin Williams played Patch Adams in the film of the same name. In this film he showed how laughter, enjoyment and surprise helped him as a doctor to connect with his patients.

Over recent years many Laughter Clubs have come into being, so have seminars on laughter and humour. In the 1990s many churches experienced "The Father's Blessing" or "The Toronto Blessing" where many people regained their first love for a God who loves. Often the meetings were saturated with laughter. It was not because the meetings were funny, but people started to laugh without any specific reason due to a touch of the Holy Spirit. There were many testimonies of people's lives being changed, depression and burn-out lifted, etc.

Some clients find it helpful to watch funny films, read comics, watch and engage with children. All of these activities help people to self-distancing, to get a break from their own world as they perceive it. Dr. Annette Goodheart said in an interview:

Life does not cease to be funny when someone dies any more than it ceases to be serious when someone laughs.
George Bernard Shaw

What laughter will do for your clients:
- Improve their immune system.
- Relieve stress, discharge physical and emotional tension.
- Help them to think more clearly.
- Release and transform emotional pain.
- Encourage them to experience the present.
- Through laughter, clients are able to forget about their pains and diseases.

Interviewer: I think it's hard for most people just to turn on laughter in a stress situation and even more difficult in a painful one.
Goodheart: Sure it's difficult, and it took me a long time to become able to do it. For instance, we could laugh in our family, but we couldn't cry. I've struggled with depression my whole life and still do. I was sexually abused as a child and I was emotionally abused by being ignored, which I think is the worst thing that can happen. I've been through an alcoholic marriage, a divorce, and I've raised three kids virtually alone. I've had several major surgeries, I have tremendous weight fluctuations, and I'm currently going through menopause, which isn't helping my depression a bit. I'm not what you'd call a happy-go-lucky person. Things haven't been rosy for me, but I've laughed all my life because I've had a lot of pain to release".

<table>
<thead>
<tr>
<th>Five Psychological Principles:</th>
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<tbody>
<tr>
<td>1. Catharsis.</td>
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<tr>
<td>2. Encounters.</td>
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<tr>
<td>3. Prestige suggestion.</td>
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<tr>
<td>5. Re-education.</td>
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</table>

He who laughs lasts.
Gael and Patrick Flanagan.

Laughter is the shortest distance between two people.
Viktor Borge
**Paradoxical Intention**

If self-distancing is the concept, then Paradoxical Intention is one of the techniques to strengthen the process of self-distancing.

Paradoxical Intention is one of Viktor Frankl’s brainchildren and uses fun in times of fear. It is difficult to laugh and be fearful at the same time. A description of this method is found under the heading “Techniques”.

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World Laughter Tour. FAQ
LANGUAGE AND SELF-DISTANCING

William M. Harris

The hospital where I work used to have a very special diabetes unit. There people who had diabetes went to school for four days to learn how to manage their disease. It was an excellent program which combined individualized training by specialists in a wide variety of fields including nutrition, nursing, stress management, and foot care. I even had a small part in the program by sharing a few ideas about accessing religious support systems.

The program had a full time psychologist who taught classes. She also had individual counseling sessions with each of the patients and their families. The program suffered a severe blow when the psychologist resigned. As hospital chaplain, I was asked to fill in for the unit psychologist for a few weeks until a new psychologist could be found.

I had not been working with the Diabetes Training Program very long when I observed that patients reacted differently to one nurse than they did to the two others. Shelly (all names are fictitious) was actually a little reticent around other people, yet the patients responded much better to her. They seemed to pay much more attention to what she said. It took me a couple of weeks to figure out why.

The other nurses told patients, “You are a diabetic.” Shelly always said, “You have diabetes.” It was a very subtle difference, but it seemed to make a significant difference to the patients.

Apparently, I was the only person to notice this difference in language. So I proposed that we try an informal experiment. Everyone on the unit would tell a patient that they were a diabetic on the first two weeks of the month. Then everyone would use the language of “having diabetes” on the last two weeks. It was very difficult for our staff to break old habits and speak the “right way” for the time of the month.

Compliance is one of the greatest problems in treating people who have diabetes. Patients and their families may know what to do to control their disease, but all too often they begin to chafe at the restrictions of diet and inconvenience of scheduling. Before long they are eating things they shouldn’t, doing things that harm themselves, and not paying attention to the details of managing their disease. This noncompliance may eventually lead to a series of diabetic crises. These crises may include untimely visits to the emergency room, deterioration of various organ systems, pain, unwanted surgeries, and significant disruption of family life.

The new psychologist came on board during the second month of the experiment. She quickly began a follow-up process to evaluate patient compliance in a more disciplined way. The results were impressive to the staff. It was not long before the unit director issued orders that everyone on the unit was to be careful of the language they used. A person could have “diabetes” or a “diabetic problem,” but no person was ever to be called a “diabetic.” There were a few staff grumbles about political correctness, but we noted that the patients were becoming much more effective at keeping compliant with their prescribed medical routines.

This experience happened long before I ever began learning about logotherapy. Frankl teaches that self-distancing is useful for symptom control. It is essential, for instance, in the use of paradoxical intention. A person cannot laugh at themselves (i.e., have perspective about themselves) if they cannot see a difference between their self and their symptoms.

What I learned from this little “experiment” is that the language we use is very important in whether patients see themselves as distinct from their disease. Yet we professionals often use a disease to describe a person. I remember a time when a nurse might speak of “the gall bladder in room 23.” I am grateful that this type of talk is very rare in that profession today. Yet still we say that a certain person “is a diabetic.” We call a young man “a schizophrenic.” The old woman is “an arthritic.”

Use of Labeling

Certain behavioral health practitioners, especially family systems therapists, have fiercely fought the “labeling” of people. They have done battle with those who assert that it is necessary to have a diagnosis in order to treat a person. It is not possible to responsibly treat a person’s disease without a diagnosis of what you are treating. Yet the argument rightly claims that diagnosis (sometimes) is used to label people. This labeling is dehumanizing and unfair.

Labeling occurs when a person is described as being their disease. Diagnosis occurs when you describe the illness that a person has. It’s a very subtle difference but it makes a huge difference in how a patient is perceived and treated. A person is never a “COPD-er,” but some people do have Chronic Obstructive Pulmonary Disease.

Health care professionals run the risk of unprofessional behavior when they lapse into sloppy use of language. When we call a young man who has a paralysis of the legs a “paralytic” we run the risk of inducing an

Iatrogenic perception of his condition. This may lead him to stronger denial of his condition and greater resistance to learning what he needs to know to cope effectively with life.

In my experience, labeling is most likely to occur when a person has an illness that is either chronic or affects many dimensions of life. This is the reason that we are particularly likely to use labeling with people who have severe and persistent mental disorders. But no human being is a schizophrenic. Some people, however, do suffer from a brain disease called schizophrenia.

People who have serious psychiatric disorders typically develop low self-esteem. This self-perception is often a severe barrier in treatment. The person often struggles with even wanting to fight the disorder because “I’m not worth it.” Mental health practitioners work hard to help people who suffer mental illness to overcome this barrier of low self-esteem.

When a person is described as their disease, several things happen. Their self-esteem suffers. They may surrender to the disease and quit trying. Or they become more resistant to treatment because they do not want to see themselves as being a disease. Some of the very first empirical research in pastoral care was done with people who had cancer. It was observed that women who say, “I have a cancer in my breast” were more likely to survive than those who said, “I have breast cancer.” The former group was using language that separated themselves from their disease, while the latter was accepting that their disease was already a part of them.

Lukas suggests that clients can be led to separate themselves from their symptoms by Socratic dialogue or by the Appealing Technique. Proper use of language to describe a disease process is an attempt to get clients to think about the disease from the outside so they do not identify with the disease.

An Exception to the Principle

I have come to believe that there is only one exception to this principle that a person should never be called by his or her disease or disorder. This exception is for those who suffer from substance abuse. For a long time I was troubled that people addicted to alcohol were being taught to say, “I am Joe. I am an alcoholic.” I was concerned that this was debilitating language that emphasized incapacity rather than pointing a person toward health.

Dishonesty, especially self-delusion, is so much a part of substance abuse. Recovery is virtually impossible if the client does not face the reality of substance misuse, of allowing this misuse to hurt others, and of harm done to self from misuse. Furthermore, recovery requires a recognition that the client’s problems cannot be blamed on other people or circumstances.

Self-deception is a very common and crucial problem in the treatment of substance abusers. The abuser’s behavior must be lovingly yet bluntly confronted. Anything else is likely to be heard as giving permission for the addict to make excuses for his or her behavior. The language “I am an alcoholic” or “I am an addict” contains the bluntness needed to confront the addict’s tendency toward self-deception.

I believe the treatment of substance abuse is the only exception to the general rule. Logotherapists are particularly sensitive to the importance of self-distancing as a useful part of helping people help themselves. The language we use regarding our clients plays an important part in our ability to help people self-distance from their symptoms.

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3. When I first began studying pastoral care some 35 years ago, this series of studies done in the 1920s and 1930s was frequently quoted by my teachers. They were quoted then to cite a shift in pastoral care from the strict use of theological resources to the admission of the empirical study to inform pastoral care giving. Unfortunately, I have been unable to find the original studies to give proper credit to the authors.

The Danger of Self-Love

Describe yourself in four words:

____________________________________________________________
____________________________________________________________
____________________________________________________________

The concept of self-love
For some time there has been a growing interest in the whole area of self. The bookseller Amazon US alone lists over 2,000 titles, which deal in some way with self-esteem. Self-help books are in demand.

Discuss the following list of words. Do you perceive them as positive or negative? What do they mean to you?

Pursuing a Biblical understanding
In the churches it has become just as popular to talk about people’s low self-esteem as anywhere else. People have for instance been encouraged to take “Esther therapy”, where they were spoiling themselves like queen Esther from the Old Testament with wonderful baths, new clothes, hairstyle, etc. Other people have been prayed for with the aim that they would know that they are “wonderfully made”. Other people again have been told that they are loved, not for what they do but for who they are; “we are not human doings, but human beings”.

But is this Biblical or is the church just trying to play catch up with the newest trends in psychotherapy?

Self-esteem is “the extent to which a person believes himself to be capable, significant, successful and worthy”. Coopersmith

Cassell’s English Dictionary
Self-esteem: A good opinion of oneself.

Cassell’s Thesaurus
Amour propre, confidence, egotism, pride, self-appropriation, self-confidence, self-importance, self-regard, self-respect, self-satisfaction, vanity.
If this definition is correct, then people’s self-esteem is based on their own evaluation. Research show that people’s feelings about themselves are only modestly influenced by their actual accomplishments.

**There is always somebody who can do it better**
The Bible tells the story about King Saul. He was head and shoulders above everybody in the kingdom. He was successful, but he had to face somebody who was head and shoulders above him: Goliath. There is always somebody better, stronger, more successful around. When people have their sense of worth in being at the top, then they are in for a difficult ride. Saul was not able to deal with Goliath, but David was. This David was unknown and unskilled in the military field, but he was a good shepherd. His track record involved dealing with the lion and the bear, but more important he could not stand Goliath’s blasphemy. This evoked anger in him and motivated him to take on even a giant. He did so, and was successful. David did something the king could not do.

Such an upcoming star will threaten people who need to be the best at everything to feel good about themselves. Saul became jealous, and wanted to kill David, but it didn’t have to be that way. When David became king, he took the distressed, discontented, indebted and turned them into David’s Mighty Men. David lifted others and helped others to develop and make a difference. Successful people did not threaten him, he trained people to become successful and created a successful nation as a result.

**The self-image triad**
Alvin Low suggests in his book, “Healing the Wounded – Biblical Counselling” that there are three components of self-image:

![Self-image triad diagram]

As stated before, people’s level of self-esteem is not objective, but is bound to their interpretation of the situation. Some people will have a stable interpretation, others fluctuate.

**Trends**
**Becoming self-aware**
The Bible describes how people will become more self-aware and move from a God-focus to a self-focus:

*But realize this, that in the last days difficult times will come. For men will be lovers of self, lovers of money, boastful, arrogant, ....*

2 Tim. 3:1-2 (NASB)
The need for praise
The Bible talks about people’s expectancy to be praised. People will focus on their own accomplishments and expect (read: demand) others’ praise.

*Don’t eat too much honey or always want praise.*
Proverbs 25:27 (CEV)

Assertiveness
It has become popular to attend assertiveness courses to help people be able to stand up for themselves. In CV writing self-praise is expected and important.

*Don’t praise yourself; let others do it!*
Proverbs 27:2 (NLT)

The self-centredness can take two forms:
- The introvert: Their self-centredness results in fear and hiding. A Biblical character could be Adam.
- The extrovert: Their self-centredness results in pride. A Biblical character could be Peter.

Winning through losing
Often clients would like to know more about themselves. They have a need for self-expression and self-awareness, but this search can become an obsession. The Bible talks about losing the psyche or identity to be able to gain it. It is when people want to know all there is to know about themselves, that they get caught up in their own egocentricity and lose the enjoyment of life.

“*For whoever wishes to save his psyche will lose it; but whoever loses his psyche for My sake will find it.*
Matthew 16:25 (NASB)

When people become Christians they become a whole new person. They give up their identity, their agenda, their lives. Jesus showed the way when he gave up his status in heaven and became man. He is challenging everybody to be willing to give up their self-interpretation only to gain a new identity in Christ as sons and daughters of God. One identity has to be given up to be able to have it replaced by another. That is what the adoption into God’s family is all about.

People also win by losing sight of themselves in everyday situations. When people lose themselves in awe and wonder over nature, a piece of music or the birth of a child, they are happy. It is the same with love. Research has shown that people’s self-esteem rises when they are in love. The focus has moved from themselves to the happiness of the one they love.

The value is hidden in creation
Real self-esteem lies in creation. People are created in the image of God. What an honour it is to be in the likeness of God. That gives value and dignity.

*Then God said, “Let us make people in our image, to be like ourselves.*
Genesis 1:26 (NLT)
There is not a lot of dignity and self-esteem in coming from monkeys, but being made in the image of the living God, is quite a different thing. That means that people are created with a spirit, with humour, with the ability to learn concepts, to think laterally and make meaningful sacrifices. People are unique in God’s creation plan.

**Becoming grateful**

It can be tempting to compare your own life with the life of others. Unfortunately this only leads to pride or sadness. The Bible suggests that all people are wonderfully made, but that God is the creator. The praise should go to God, not to idolising other people.

*I will give thanks to You, for I am fearfully and wonderfully made; Wonderful are Your works, And my psyche knows it very well.*

Psalm 139:14 (NASB)

This Scripture also states that within people’s psyche there is knowledge about God’s handiwork and the individual’s uniqueness.

Performance does influence self-esteem to a certain degree depending on the individual’s perception of the achievement. The Bible again suggests that people should not get their self-esteem from these situations, because it will lead to boasting. Gratefulness on the other hand releases a humble spirit.

*It is not that we think we can do anything of lasting value by ourselves. Our only power and success come from God.*

2 Cor. 3:5 (NLT)

*What makes you better than anyone else? What do you have that God hasn’t given you? And if all you have is from God, why boast as though you have accomplished something on your own?*

1 Cor. 4:7 (NLT)

Sometimes people with high self-esteem will be called:

- Overbearing
- Arrogant
- Self-centred
- Narcissistic
- Egoistic
- Smug
- Boastful
- Braggart
- Vain
- Big-headed
- Self-satisfied
- Conceited

Do you agree with these assessments? Why/why not?
Self-consciousness leads to fear
Going back to the garden of Eden and the fall, it is interesting to see the change in Adam and Eve’s perceptions. They had been naked all the time, but after the fall they perceived nakedness differently.

At that moment, their eyes were opened, and they suddenly felt shame at their nakedness. So they strung fig leaves together around their hips to cover themselves.

Genesis 3:7 (NLT)

As they became aware of their body, they felt shame for the first time. Many people feel the same today. It is a matter of perception. Some clients suffering from anorexia, would look in the mirror and see a fat body, even though reality shows that they are underweight. The Fall opened people’s eyes to perception and deception.

The other aspect of self-consciousness brings in fear.

He replied, “I heard you, so I hid. I was afraid because I was naked.”

Genesis 3:10 (NLT)

The new self-consciousness created fear for the first time and withdrawal. Adam and Eve lived happily before the Fall, but the Fall made them self-conscious and responsibility took on a new turning. When asked about the Fall they both passed on the blame. They had become aware of their own short-comings, but it was now more important to keep up appearance and run from their responsibility.

God had created man to look at others. To self-transcend is part of the human physiology. People need mirrors to have a good look at themselves.

How can I love others, if I do not love myself?
This is a popular saying, but it is quickly challenged by the Bible. There is only one passage of Scripture that mentions self-love, and that is in the summing up of the commandments:

“Teacher, which is the most important commandment in the law of Moses?” Jesus replied, ” ‘You must love the Lord your God with all your heart, all your soul, and all your mind.’ This is the first and greatest commandment. A second is equally important: ‘Love your neighbor as yourself.’

Matthew 22:36-39 (NLT)

This verse has been interpreted to say that people are only able to love others if they love themselves. First of all, a neighbour is explained in the parable of the Good Samaritan. A neighbour is a stranger. The commandment is therefore to love a stranger as yourself. Combine this with the following verse:

No one hates his own body but lovingly cares for it, just as Christ cares for his body, which is the church.

Ephes. 5:29 (NLT)

Protecting the ego is a full-time job.
Paul Brownback

The love of our neighbour is the only door out of the dungeon of self.
George MacDonald
This verse is suggesting that people do not really hate themselves. If they did, they would not take care of their bodies. The commandment is to love a stranger in the same way as they take care of their own basic needs. It is not a feeling, but it is an attitude.

Love is also defined as sacrificial:

So now I am giving you a new commandment: Love each other. Just as I have loved you, you should love each other.

John 13:34 (NLT)

Love is not based on self-love, but on Jesus’ example of unconditional love. He didn’t agree with everything the disciples were doing, but he still met them with grace, forgiveness and empowerment. The challenge is for us all to do the same even to strangers.

Meaningful sacrifices
The Bible does not say that people need to self-actualise or to fulfil their potential. This often leads to selfishness and lack of responsibility, but the Bible is radically different:

Then he said to the crowd, “If any of you wants to be my follower, you must put aside your selfish ambition, shoulder your cross daily, and follow me.”

Luke 9:23 (NLT)

The good news is that people do not need a high self-esteem. Instead, it is important to:
- Rejoice because God has created people in his image.
- Be grateful for the abilities and experiences that He has given each individual. “Stop comparing” is the outworking of the Ten Commandments.
- Lose oneself in God identity.
- Help a stranger in the same way as they would help themselves.
- Make meaningful sacrifices.

Self-esteem research
The following is a short summary of some of the findings of Nicholas Emler in his book, “Self-esteem”. He has made a comprehensive review of the available research evidence in the area of self-esteem.

High self-esteem
- Violence resulted from people with a high level of self-esteem.
- People who were most likely to become angry and hostile to others had a high but unstable self-esteem.
- Discrimination was highest amongst those whose self-esteem was initially highest.
- Young adults with high self-esteem were more likely to take part in risky pursuits, including riding motorcycles, driving too fast and driving while under the influence of alcohol.
- Very high self-esteem was far more common than very low self-esteem.
- They had better social skills and were able to form and develop close relationships. They were more open to disclosure about themselves.
- People with high self-esteem were more open to risky practice with respect to sexual behaviour.

**Low self-esteem**
- Low self-esteem did not predict bad health habits like smoking.
- Students with low self-esteem did not do worse in school compared to others, but they didn’t expect to do well.
- Low self-esteem did not predict suicide.
- Family breakdown was a factor in low self-esteem.
- Child abuse and sexual abuse created long-term low self-esteem.
- Behaviour was often based on self-protection rather than self-promotion.
- Low self-esteem was associated with feelings of loneliness.
- Low self-esteem was not the cause of drug use or drug abuse.
- Low self-esteem did not cause bulimia, but it can make the recovery more difficult.

**Other:**
- Self-esteem was quite unrelated to the size of people’s bodies.
- Parents are the most important influences on self-esteem.
- Self-esteem went up after falling in love.
- Real successes and failures do matter, but the perception of the event is more important.

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Meaning in Suffering

What’s the worst disaster you’ve ever been in? What was it like and how did it affect you?

Many clients are afraid of pain, especially psychological pain and suffering. But, pain is a reality, no matter its origin and must be treated with respect.

There are several kinds of suffering. Here are a few:
- Suffering due to an unavoidable situation, e.g. the loss of a loved one.
- Suffering due to a hurtful situation, e.g. public humiliation.
- Suffering due to a life style without meaning, e.g. loss of passion and motivation.
- Suffering due to hyperreflection.

Suffering is an attitude magnifier and will bring about change. Growing personally through pain can be a challenging experience. That might bring about fear, insecurity and the need for radical decisions.

Finding meaning in suffering

The following chart shows how unavoidable suffering causes clients to make decisions that will affect their future.

Do not hesitate to love and to love deeply. When those you love deeply reject you, leave you, or die, your heart will be broken. But that should not hold you back from loving deeply. The pain that comes from deep love makes your love ever more fruitful.

Henri Nouwen
Event: Something drastic happens, e.g. a death in the family or redundancy.

Unavoidable suffering: Suffering sets in. There might be grieving and the feeling of loss. Questions like, “What was the meaning or the purpose of that event?” will be on the clients’ minds. The need to find meaning is increased during times of suffering.

Suffering magnifies attitudes and values: As a consequence of the above search for meaning, clients will start to come up with some answers. These answers can include, the unfairness, guilt, responsibility, etc. In this situation the clients are faced with evaluating their attitudes and values in life. They might change them or they might not. Their attitudes can take them two ways:
- I cannot because...
- I can in spite of...

The first conclusion brings about self-pity, bitterness, anger, etc. the second can lead into Tragic Optimism.

Self-pity and hyperreflection: Some clients would say that a certain situation has messed up their lives.

The tragic event has maybe given some limitations. These can be a stepping stone to personal development through attitude modification or the seedbed for hyperreflection and unnecessary suffering. These limitations can be a constant challenge. Henri Nouwen wrote in his book, “The Inner Voice of Love”:

You wonder what to do when you feel attacked on all sides by seemingly irresistible forces, waves that cover you and want to sweep you off your feet. Sometimes these waves consist of feeling rejected, feeling forgotten, feeling misunderstood. Sometimes they consist of anger, resentment, or even the desire for revenge, and sometimes of self-pity and self-rejection. These waves make you feel like a powerless child abandoned by your parents.
These waves are just as real for clients practising tragic optimism as for clients meditating on self-pity and hyperreflection. Their attitude to these waves determines their decisions and future quality of life.

It is in this phase that clients are encouraged to live with their suffering instead of complaining about it, analysing it or trying to avoid it. Suffering needs to be embraced and taken to heart.

Activism of the future: The new limitations can be used to enhance creativity, bring about closer relationships and the choosing of empowering attitudes. In the article, “The Making of a Hero” a family member is quoted as saying, "When you've done all the other things you want to do, set up a business and help get the best out of people". This advice was followed after Chris Moon had had several serious blows of fate. The suffering wasn't the source of creativity, but it challenged him to tap into the defiant power of the human spirit.

Optimism of the past: Nobody can take away the joys of the past. It can be a happy marriage, a fantastic holiday or a special achievement. When clients experience hurtful events, they can hold onto the joys of the past. It is not easy, but going down memory lane to look for positive happenings can be very healing. One of the things that many people do after losing a loved one, is to look through the photo album and maybe cry their way through pages, reliving the joyful moments that will never be lost. Henri Nouwen wrote:

Love between people, when given by God, is stronger than death. In this sense, true friendships continue beyond the boundary of death. When you have loved deeply, that love can grow even stronger after the death of the person you love. That is the core message of Jesus.

The purpose of suffering
Viktor Frankl suggested that suffering is intended to guard people from apathy. Suffering helps people to stay alive. They are forced out of the numb zone, to feel and to live. The emotions might come out in very strong colours, which can be difficult to handle. The hope of many clients is to get back into a balanced life style again, to experience homeostasis, but there is a journey to go on first.

Suffering challenges people to grow and to become richer and stronger. René Dubos writes in his introduction to Norman Cousins book, “Anatomy of an Illness”, “The response of the organism to disturbances is but rarely homeostatic. Its outcome is more likely to be a lasting change that makes the organism better adapted to future challenges”.

Stories on suffering
The following is a small collection of comments about suffering.

This story was told by Viktor Frankl in his book, “The Unheard Cry for Meaning”:

As a boy I thought: “I will tell them what I saw, in the hope that people will change for the better”. But people didn’t change and didn’t even want to know. It was much later that I really understood the meaning of suffering. It can have a meaning if it changes oneself for the better.

Yehuda Bacon, an Israeli sculptor who was imprisoned in Auschwitz as a boy
Elisabeth Lukas used the following illustration with one of her patients. The story is described in her book, “Psychological Ministry”:

I told her about the oyster, which happily lives at the bottom of the sea until the day when a sharp grain of sand enters its soft tissue and causes pain. Indubitably the creature makes an effort to get rid of the foreign substance – but alas in vain. The pain is immovable. What does the oyster do in this inescapable situation? She works on herself, mobilises resources, encapsulates the grain and transforms it into a pearl. “This”, I said to my patient, “you can do too” transform your suffering into a human achievement and it will not have been in vain.

Elisabeth Lukas wrote about a 12 year old boy with leukaemia in the book, “The Human Quest for Meaning”.

The 12-year-old boy had suffered from leukaemia since his ninth year. His father is a doctor, whom I met at a medical convention. I asked the father whether it was particularly difficult for a doctor to have a chronically ill child for whom he could do little more than relieve symptoms while watching illness progressively worsen.

The doctor thought about this. “You know”, he said finally, “sometimes it seems to me that we have gained more through our son’s illness than we have lost”. This statement fascinated me and I asked him to expand on these thoughts. He then told me that his wife had been depressive for years. Since their son’s 10th birthday, however she had been healthy. What had happened? She had asked the boy what he wanted for his birthday and he had replied, “A happy mommy!” Wringing her hands she had sobbed, “How can I be happy when you are ill?” to which the boy replied, “But mommy, if I can live with my leukaemia, then so can you. Just accept my illness as you accept me.”…

“You have mentioned your wife and the children who, as healthy people, have been taught by your sick son,” I said, spinning the thread further. “How about you? Have you received any inspiration from your son?” “I?” the doctor asked, at a near loss for words. “I have received the most. I have rediscovered prayer”.

Suffering and faith

Many clients find relief and peace through their religious belief system when encountering unavoidable suffering. Their religious belief fulfils their need for meaning reasoning, hope and comfort. Dale Matthews concludes in his book, “The Faith Factor”.

From a strictly scientific point of view – recommend religious involvement to improve your chances of being able to:
- stay healthy and avoid life-threatening and disabling diseases like cancer and heart disease.
- recover faster and with fewer complications if you do develop a serious illness.
- live longer.
- encounter life-threatening and terminal illnesses with greater peacefulness and less pain.
- avoid mental illnesses like depression and anxiety, and cope more effectively with stress.
- steer clear of problems with alcohol, drugs, tobacco.
- enjoy a happier marriage and family life.
- find a greater sense of meaning and purpose in your life.
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A PHENOMENOLOGICAL ANALYSIS OF SUFFERING

Teria Shantall

The sufferings discussed in this article refer only to unavoidable suffering where meaning can be found by the attitudes we take. The meaning in avoidable suffering lies in avoiding it. Frankl’s views on the meaning of unavoidable suffering were authenticated in the concentration camps of Nazi Europe. As an inmate, he found himself part of what he often describes as a monstrous experiment. What will a man be when he is stripped of everything he has—money, power, fame, luck—and when he is left with nothing but himself and his own naked existence? In the white heat of suffering and pain, the human being is melted down to the essentials. What remains is not what we “have”, but what we are called to “be.”

A contemplation and in-depth analysis of Frankl’s observations on suffering can help us to arrive at an essential description of this important phenomenon common to the human experience. Thus, the following exploration was conducted of the phenomenon of unavoidable suffering as it was experienced and subsequently reflected upon by Viktor Frankl in his writings.

Phenomenological Methodology

The method used in the present study in contemplating and analyzing Frankl’s writings on suffering can be described as phenomenological with a heuristic, that is self-exploratory, complement. Frankl describes his understanding of the phenomenological research approach as follows: “Phenomenology speaks the language of man’s prereflective self-understanding rather than interpreting a given phenomenon after preconceived patterns.” Arguing that we can only know the nature of phenomena through our subjective experience, the phenomenological researcher makes every effort to know the essence of some aspect of life from within the framework of the experiencing person. Seeking a truly experiential grasp of a phenomenon, the researcher may also seek to heighten his or her awareness of the phenomenon by a sensitive contemplation of the researcher’s own experience of the phenomenon (the heuristic component of phenomenological research). Phenomenological research approaches move away from the positions of clinical distance, strict neutrality, exactitude, and control; phenomenological approaches involve a discerning personal involvement in problem solving. The steps of a phenomenological type of inquiry, unlike the predetermined and exact research procedures of natural scientific or positivistic research, unfold spontaneously yet are guided by a desire to illuminate the phenomenon. The research process is characterized by periods of deep immersion into the data in order to gain an intuitive, holistic grasp of the phenomenon. As themes emerge, they are recorded and then combined in ways that meaningfully interlink the different components, facets, or faces of the phenomenon. A composite picture or essential description of the data, elucidating the core elements of the experience of the phenomenon, is finally presented. Starting with an in-depth but broad exploration of the phenomenon as it presents itself in experience, the researcher concludes with a description of the essential elements of an experienced phenomenon.

The object of phenomenologically-based research is not to prove or disprove the influence of one thing on another, but rather to discover the nature of the problem or phenomenon itself and to explicate it as it exists in human experience. Phenomenologically-based research is concerned with meanings, not measurements; with essence, not appearance; with quality, not quantity; with experiences, not behaviors.

In the present study, references to or observations on unavoidable suffering and its meaning from the translated works of Frankl were written out. These formed the data of the research. The researcher immersed herself in the data, and contemplated it again and again. During this process the researcher allowed her own intuitive self-understanding of the phenomenon of unavoidable suffering to emerge and to supplement or further elucidate the observations of Frankl on the meaning of suffering.
The process of the explication of the data made explicit what is implicit. The themes that emerged from the explication of the data are presented not only from Frankl's viewpoint but also from the essential understanding of the experiencing person. Studying Frankl's observations on suffering in this way, facets and faces of suffering present themselves.

Suffering Challenges Us

Suffering corners and questions us. This is the very function of human suffering: "Suffering is intended to guard man from apathy, from psychic rigor mortis. As long as we suffer, we remain psychically alive. In fact, we mature in suffering, grow because of it--it makes us richer and stronger." Suffering forces us to look at ourselves and the quality of our own lives. "Suffering establishes a fruitful, one might say a revolutionary, tension in that it makes for emotional awareness of what ought not to be." The "ought" quality of suffering destroys every sense of false security. It makes us aware of our vulnerability and helplessness, of how fragile life is, how easily it can be damaged or lost. We are faced with our own mortality. If life proves to be something we can lose, something we have to give up at one time or another, what have we achieved with it? We have not given birth to ourselves, nor are we able to stop ourselves from dying. Life has been given to us and will be required of us. How are we going to hand it over or give it back? Will our lives testify for or against us? Suffering painfully calls us to account, but it also challenges us to change and grow to a stature that will be able to stand the test or the verdict of our own conscience.

In Grief, Suffering Commissions Us

A powerful function of suffering is to break and soften us through grief. "For the inner biography of a man, grief and repentance do have meaning." Frankl asks us to consider the case of having lost a loved one, for example. Grief is felt not only at having lost a loved one, but of losing the opportunity to make up for the wrong, the hurt we have caused, the many times we have missed to show the deceased our love and appreciation. Nothing can bring back the loved one, however. None of our acts of commission or omission can be wiped off the slate as if they had never been. Nevertheless, "in repenting, man may inwardly break with an act, and in living out this repentance—which is an inner event—he can undo the outer event on a spiritual, moral plane." Frankl quotes Scheler, who said: "Repentance has the power to wipe out a wrong; though the wrong cannot be undone, the culprit himself undergoes a moral rebirth." Repentance cannot change the past, but it can change the present and herald a new future. Our changed, more sensitive and caring lives can become a monument in loving memory of those we have lost. The past, by having served the purpose of changing us for the better, has meaning!

Grief is a commission to the living. Rather than falling victim to survivor guilt, Frankl urges us to rise to a level of survivor responsibility. We can emulate the example of those who could rise from the ashes of the gas chambers to a new life. Those among them who could pick up the pieces and build a new life are those who turned their grief into a mission. They felt imbued with a strong sense of responsibility toward the dead. Living full, rich, and sensitive lives, the survivors could erect spiritual monuments in memory of those who perished. Their deaths served to instill a sense of heightened responsibility in those who survived.

Suffering Inspires Us

A most unique value of suffering is that it can make us aware that we are living, not in some enclosed space, but before something or someone. It is this thought with which Frankl encouraged his fellow inmates. They were to think of themselves as being watched. He urged them to think of themselves as being surrounded by witnesses. It was possible to think that, in the immediate moment, there was someone who looked down on them in their difficult hours—a friend, a spouse, somebody alive or dead, or God—and they would be expected not to disappoint such highly concerned and interested parties. They would be expected to suffer proudly and, not miserably. They were, in fact, to observe themselves and how they were bearing their sufferings. They were to take note of themselves almost as if, at some future date, they would have to relate to someone how they bore their sufferings. Frankl lifted himself above his immediate sufferings as he imagined himself giving a lecture about the concentration camp to some future audience. How he would relate his story to his beloved wife had the most inspiring effect upon Frankl. How proud she would feel if she heard how courageously he suffered! Frankl communicated with her in his own mind. He could hear her answering him, he saw her smile, her frank and encouraging look. "Real or not, her look was then more luminous than the sun which was beginning to rise."

It was in contemplating his beloved, and communing with her in his thoughts, that a truth dawned on him. Love is the highest goal to which man can aspire. "The salvation of man is through love and in love."
He came to the conclusion that by enduring his sufferings in the right way--an honorable way--in such a position humans can achieve a sense of deep and abiding fulfillment. They can be raised to levels beyond the transitory. Enraptured with the thoughts of his beloved, Frankl realized: "Love goes very far beyond the physical person of the beloved. It finds its deepest meaning in his spiritual being, his inner self. Whether or not he is actually present, whether or not he is still alive at all, ceases somehow to be of importance."

Suffering Leads Us to Spiritual Victory

Suffering is like the final stretch toward the finishing line of life, its last challenge or hurdle to overcome. The last thrust in any race is often the hardest. But it is exactly this last stretch, or final opportunity, which is the chance to realize the highest value in life and to fulfill its deepest meaning. There is no real difficulty in experiencing life as meaningful and exciting when we are young and carefree, when there is so much to be done and experienced, so many good things to be enjoyed. But we are meant to mature, to become shepherds of the young. If we embrace only part of life, can we in any way live it fully? Pushing through to the end, taking life to its final conclusions, is to discover that life never ceases to hold and retain meaning even up to its very last moment. It is one's attitudes toward suffering that gives unavoidable suffering meaning.

To discover meaning in suffering is to overcome the hurdle of fear. A basic affliction inherent to the human condition, fear eats at the heart of every person who has not yet come to terms with suffering and death and has not yet discovered its meaning. Plagued with a fear of the unknown, all of life must then be built in defense against the tragic facts of life. We are pushed into the consolations of pleasure or intoxicate ourselves with the dazzle of success. Youthfulness and pleasure become idols. Personal fame, material riches, and comfort become all-consuming ambitions. Since, however, such ways of living are built on illusions--that we can escape pain, sorrow, and death; that there is no God and we will not have to account for ourselves in any final sense--we are devastated when suffering hits us. We are ill-prepared and not able to stand up to troubles which suddenly confront us. Suffering, therefore, can be a blessing in disguise! It exposes the true foundations of life and invites us to stand on the sure rock of meaning.

The Nature of Suffering

Interlinking the above themes, it is possible to describe the essential nature of suffering, and its negative and positive aspects.

A Struggle to Overcome Fear

To find the meaning of our sufferings involves a struggle. We have to find the meaning in the face of fear and threat, of deep anxiety and shock which our sufferings evoke. We have to exercise courage. This courage grows to the extent we are brave enough to do battle with the negative aspects of our sufferings. Indeed, the triumph we experience when we have broken through to a dimension of meaning includes the sense of achievement at having persevered, however strong the temptation at times to give up the struggle. We have struggled through to a sense of meaning despite our fears. We have made it!

A Process

We experience our suffering as a process. There are several aspects to our suffering that are interrelated. We never experience anything in neat steps: one aspect has dimensions of another. However, the nature of suffering in experiencing its pain and distress (its negative side), and discovering its meaning (its positive side), is clarified by singling out what may seem like steps or discernible aspects in the experience of suffering.

Negative Side of Suffering

- Our ordinary ways of being are disrupted by distressful events. Suffering seems to confront us with questions we ordinarily do not consider and may even be reluctant to ask.
- Suffering brings us into the immediate moment, starkly faces us to the here and now. Our past ways of living are disrupted. Our plans are shaken, we are no longer sure what the future will hold for us. Our patterned lives are brought into disarray by the distress that has befallen us. The only thing left is to take things one step at a time.
- Suffering causes the collapse of our secure defenses and strips us of all former securities. We feel as if we are standing vulnerable before an event beyond our control, something bigger than we are, something we cannot grasp. We may become aware of a dimension beyond us, a dimension we now find ourselves confronted with or unnervingly (or awesomely) aware of.
- Suffering presents us with the reality of choice: we have to act one way or another, come to some conclusion, stand, or attitude.
The experience of suffering can act as a watershed. We can, in our panic, defend ourselves against such a state of extreme vulnerability to a dimension beyond us and self-defensively close our minds to it. Several negative reactions are possible—despair, apathy, indifference, cynicism, nihilism, bitterness, spitefulness, anger, and vengefulness. But we can progress beyond the initial, painful, aspects of suffering. This very point of extreme vulnerability or exposure, the uncanny awareness of being in the presence of something bigger than ourselves, can also, in our pursuit of meaning, cause us to move beyond our sufferings. Suffering isolates us; we suffer alone. Yet it is this very isolation that removes from us the clammerings of unessential things, and it allows us, perhaps for this first time, to seriously consider the meaning in our own lives. It allows us to take stock of ourselves. This willingness to take account of our lives, signifies a real breakthrough which moves us from the negative into the positive side of suffering.

What decision we make at this watershed point, therefore, determines the outcome of our sufferings: either as something that hardens and embitters us (in which case our suffering has been meaningless), or as something that causes us to grow in an ethical or moral sense (in which case our suffering has been meaningful).

**Positive Side of Suffering**

- Suffering makes us painfully aware of time. In most cases of suffering, time seems to have been snatched away from us. It no longer stretches endlessly before us. We are aware of the fact that we have limited time left. What previously we have taken for granted, suffering now etches into our minds as infinitely precious. The awareness of limited time commissions us. It is as if we are called upon to embrace these valuable things as tasks in the time we have left.
- As we, with a heightened sense of responsibility, seize the day and live the moment, making the choices immediately presented to us in the light of an awakened or sharpened conscience, we are brought into greater contact with reality; we feel more grounded and sure; in fact, right choices seem to sustain us. Whereas we seemed to have hit the rock-bottom of meaning in our lives, now instead of sinking further, we gain ground, and make inner progress.
- The spiritual side of our nature emerges during our sufferings; we grow in appreciation and understanding; we feel deeper, more real; we think more profoundly. In fact, our old way of life now seems superficial, thoughtless, and immature in comparison. We have a much stronger or more authentic sense of self. We realize that our way of looking at life has changed, that we are now living a changed life.
- We begin to realize meaning in our sufferings; we experience moments of deep intensity, even joy. We have a sense of achievement, even victory. We feel raised to a higher level of being; we feel more mature; we have a greater openness and sensitivity toward life; we have gained in spiritual wisdom.

Extracting from these broadly defined issues a more essential and, at the same time, an explicated description of the meaning of suffering, we can say suffering has a confrontational and questioning character. By cornering us, it challenges us with choice. It brings us into the stark reality of the immediate moment. Our ordinary defenses and securities stripped from us, we can become aware of being addressed by our own consciences. If we do not give in to panic—and do not look for a way out of having what we sense is a deeply personal confrontation, a call to take stock of ourselves—we can begin to discern what course we are called upon to take. Suffering, therefore, commissions us, that is, calls us to personal account (responsibility). What we have previously taken for granted in our lives is presented to us as valuable, as a task (something to appreciate, preserve, and realize). As we heed the call, we find ourselves sustained by these values. We become aware that these values exist independently outside of ourselves. Beyond human manipulation and destruction, those things in life which really matter to us, exist as values in an external sense, on a dimension beyond the transitory. In exercising these values in our daily lives, we become more real, more authentically ourselves. Our lives gain in meaning and content, become unique, irreplaceably valuable. We experience a sense of fulfillment, triumph, and joy which we have not known in quite such depth before. Our lives rise above blind fate. We live in the dimension of meaning!

A final question to determine the core aspects of meaning in unavoidable suffering is the following: “What is essential, however implicit, to the psychological organization of any experience of suffering?”
Extracting from the above synopses, the essential elements, include the following:

- suffering has a confrontational character;
- it exposes us to choice;
- it brings us into the reality of the immediate moment;
- we feel called to responsibility or commissioned;
- things that are precious to us are presented to us as tasks;
- our realization of values in our lives sustains us;
- our lives take on more spiritual content and meaning;
- living in the dimension of meaning, we experience moments of triumph and joy.

Conclusion

The vital and exhilarating truth that can be gained from our analyses of Frankl’s views on meaning in unavoidable suffering is that in suffering—more than in any other less stressful and, therefore, less challenging situation of life—we can realize life’s highest values. In suffering, the choices between right and wrong, what is required or expected of us, are clearest. In difficult circumstances, where the right choices are costly, our conscience is sharpened and acute. Since humans have a conscience, in suffering, more than in any other situation in life, we can, through our choices, become optimally human. Suffering can call us out of the moral apathy and mindlessness of mere existence; it can cause us to grow and mature and live our lives, no longer mindlessly, but responsibly.

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**The Development of Conscience**

What was the best advice you ever received?

____________________________________________________________

____________________________________________________________

____________________________________________________________

**What is it?**

Conscience is a special human organ. It is the voice that helps people to make better decisions. The conscience is bigger than the morals of the family or society. What conscience says is a response to a decision that has been made or is in the making. It is highly personal and it is possible to condition the conscience, so that some people experience an oversensitive conscience.

Logotherapists believe that the conscience is the meeting place with God for people of faith. Theologians would agree, but add that God is bigger than the conscience, advising about right and wrong. Therefore the heart or the human spirit will be the meeting place and the conscience is part of this bigger whole.

One of the differences between Logotherapy and some other psychotherapies is the notion that people are driven by the physical dimension to eat and sleep, the psychological dimension drives them to sex and power, but they are also pulled by the spirit to listen to their conscience. By doing so, people will become more responsible and loving.

**Mental activity**

Hiroshi Takashima has developed the following theory in regard to what it is to be truly human.

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**Cassell's English Dictionary:**
Conscience – Moral sense, the sense of right and wrong, an inner feeling of guilt or otherwise, conscientiousness.

**Cassell's Thesaurus:**
Alert, alive to, awake, mindful, responsive, sensible.

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Hiroshi Takashima, “Humanistic Psychosomatic Medicine”.

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Therefore there is now no condemnation for those who are in Christ Jesus.
Romans 8:1
Takashima suggests that mental activity can be put into the following categories:

a. **Knowledge.**
   This first level is not specifically human. It is possible for a computer to have knowledge and to analyse data. At this mental level, everybody can join in computers, animals and humans.

b. **Instinct**
   The second level goes a bit further. Here the process leads to the showing of emotion and immediate appreciation. Many people have for instance experienced the affection of a pet. They like seeing their masters come home from work, but they have no understanding of time. Their masters will get the same affection no matter if they have been away for five minutes or five hours. At this level, machines cannot follow.

c. **Wisdom**
   This last level is the human level. Humans go even further in their understanding. They can analyse, think laterally, use information creatively, etc. This is a special human trait. It is in this third level that conscience comes in. The conscience helps people to wise-up and make better decisions true to their value system.

**Decision making**

The literature differs when it comes to how decisions are made. Some would say that it is people's thought life that determines their feelings and actions. Others would say that it is due to their behaviour. Others again would say that feelings come before thinking.

If Dallas Willard is correct, then the human self has six aspects and they can all be conditioned to a certain behaviour and action without consulting the others.

![Diagram of the human self](image)

All six aspects interact and influence each other, but they can also work independently. This can be used both for good and for bad.
Paul writes in his letter to the Romans how he is experiencing a war on the inside between the spirit, the mind and the body:

For what I am doing, I do not understand; for I am not practising what I would like to do, but I am doing the very thing I hate.  
Romans 7:15 (NASB)

For I joyfully concur with the law of God in the inner man, but I see a different law in the members of my body, waging war against the law of my mind and making me a prisoner of the law of sin which is in my members.  
Romans 7:22-23 (NASB)

He is describing how his body is almost functioning on its own, fulfilling its own agenda. Another illustration is the psychological dimension:

For as he thinks within his psyche, so he is.  
Proverbs 23:7 (KJV)

In this verse we see that people’s self-interpretation defines their being. People will make decisions based on their conclusion. If they come to the conclusion that they are victims, they will start making decisions based on this assumption.

The human spirit is also part of the human make-up. When this gets corrupted, it can also take on a mind of its own. In the story of Pharaoh in the Old Testament, he hardened his heart three times before God’s intervention. This hardening of his heart (one of the ways the Bible talks about the human spirit), led to many people’s suffering.

People’s thought life can also be conditioned to certain thought patterns or automatic thoughts. These thoughts pop up whenever they encounter certain situations or people. These thoughts might not have anything to do with the present situation, but they still create negative attitudes, pessimistic decisions, etc.

Lastly there is a strong emphasis on feelings in our culture. It is common to ask, “what do you feel about that”, instead of, “what do you think about that”? Both questions are valuable, but strong feelings are bad decision makers. Just think of the emotion “Anger”. Often people who are extremely angry will not be thinking clearly, but react out of this strong feeling, which sometimes has awful consequences.

The conclusion is that healthy decisions are made when all six aspects work together and are under direction of the human spirit. It is easy to focus on one aspect in decision making and lose sight of the fact that people are integrated beings. Health and wholeness is established when people are able to listen and consider the direction of their conscience. This is the only way to satisfy the needs of all six aspects long-term.
The development of conscience
Frankl defines conscience as the intuitive capacity to find the unique meaning in a given situation. People are able to develop this ability by listening and through actions. It is responsible choices and actions that start off the process of developing the conscience. This spiritual voice is intuitive and therefore people can err in the interpretation of the message. It is also possible that the message is negative dependent on previous, habitual decisions. Immoral behaviour or crime can suppress the conscience. By doing so, people will be hardening their heart to be able to cope with the guilt. When the spiritual voice is being quieted, it is possible to continue wrongdoing.

The conscience can also be indoctrinated through spiritual abuse, a dictator or cult leader. These situations can create an oversensitive conscience and it can be difficult to distinguish between the real conscience and the voice of the indoctrinator.

The spiritual dimension
Joseph Fabry has suggested a model for understanding where the conscience is situated.

![Diagram of the conscience model](image)

Fabry’s model shows that there is a dividing line between the psychological and spiritual dimension. The reason is that Logotherapy sees the psychological dimension as a driving force, but the spirit as motivational. These two different styles of “management” collide, they are different in nature.

On the other hand there is a fluid line between the conscious and unconscious. People experience that there are different triggers, which help them to remember the things that were forgotten (become unconscious). The trigger could be a picture, seeing an old school friend or maybe a saying. Often people do not know the trigger, but when that happens the unconscious memory flows into their conscious mind. In Logotherapy, the unconscious is not something to fear, it is just the things people are not paying attention to.
Some people have the opinion that the mind never forgets anything, but works like a tape recorder. Research shows that even what is brought back from the unconscious will be a distorted memory. If hypnosis is used, there is an even greater chance for suggestion.

In Logotherapy the unconscious spirit is the place of faith, creativity and conscience. The Bible states, that the Law is written on the tablets of people’s heart (spirit). In a Logotherapeutic understanding, these values lie in the spiritual unconscious and flow into the conscious mind as needed for decision making or when there is a value conflict.

The purpose of the VAT (Value Awareness Technique) is in a creative way, to become aware of the unconscious values and beliefs that are the foundation for our conscious decision making.

Dreams can come from all three dimensions of the human being. Often they will bring forth either advice from the unconscious spiritual dimension or awareness of perceptions and feelings from the unconscious psychological dimension.

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Social Conscience in Logotherapy

Robert F. Massey

Frankl values conscience as a distinctively human faculty. He sees it as the intuitive capacity to grasp the uniqueness of a situation and to decipher a "unique necessity." He views conscience from the perspective of a self-transcendent Individual. Social conscience is new to logotherapeutic thinking. This article explores the rationale for including social conscience in logotherapeutic thinking.

Frankl links conscience with love. For the individual, both are intuitive capacities. They deal with uniqueness (love with the uniqueness of the beloved, conscience with the uniqueness of the meaning of a situation). It is helpful in an investigation of social conscience to remember that both love and conscience require self-transcendence and are nonreductionist. Self-transcendence connotes that we are questioned by life, that we are called to be responsible in fulfilling meaning. Frankl's metaphor of advocating a Statue of Responsibility for the West Coast of the United States underscores that understanding the oneness of humanity advances the search for meaning.

Personal Conscience

Frankl notes that drives and instincts do not dictate what humans will do. Nor do traditions and conventional values constrain human behavior as decidedly they once did. For some people this results in an existential vacuum of guiding values and prompts them to submit to conformism or totalitarianism. Others, out of fear of confronting an existential vacuum, may engage in centrifugal leisure - a "flight from the self." Authenticity and responsibility to unique meanings sometimes require that we disregard standards of a superego and follow the "premoral understanding of meaning," which flows from conscience. The ought of conscience requires centripetal leisure and provides an irreducible basis for human freedom to be responsible.

Frankl contends that conscience requires the foundation of a sound philosophy. He asserts that the values on which individual conscience relies cannot be taught but need to be lived. Fulfilling values is an active process involving becoming, productive growth, and self-identity.

Social Conscience

Frankl's emphasis on dimensional ontology, self-transcendence, and transsubjectivity provides the seeds for a holistic understanding of the relationship between persons and social structures. He refers to "the four basically different layers (or 'dimensions') of human existence": physical, . . . psychic, . . . social field of force, and . . . mode of existence. He highlights the noetic dimension and underplays the social. A fully holistic theory attends to all four. Human existence is anchored in social processes. An adequate explanation must not "overarch . . . it," Conscience is not a physical process and has been discussed mostly from the psychological and noological viewpoints. To speak of social conscience, we must also discover how conscience is related to the societal field.

Dimensional ontology indicates that a unity incorporates and does not abrogate parts. Social conscience involves both societal processes and unique persons who grasp the unique meanings of situations. Individual conscience frequently has a social reference because it considers the consequences of personal actions on others. Social conscience connotes more than this. It concerns the ways in which unique individuals interrelate with each other so they contribute to and are influenced by a mutual morality. This process respects the uniqueness of individuals and also recognizes that they participate in and are governed by social structures. Persons and the social structures they cocreate form a unity. This union is not explained by the component phenomena and does not exist without them, but occurs as personal and social phenomena interconnect.

This interconnection on the level of meaning occurs through self-transcendence. Humans can engage in self-transcendence because they can think abstractly. Self-transcendence can happen with significant others and through considering relevant public opinion. Viable social structures either provide means to satisfy the fundamental socio-physiological needs, or they need to be reconstructed so they facilitate social cooperation. Participants in viable social structures share common interests, can meaningfully identify with the attitudes and roles of others, and find societal patterns useful in adapting to the environment.

Viewing conscience as "reflective moral conscience" anticipates Frankl's emphasis on conscience as dependent on self-transcendence and underscores the interconnection between...
persons and social structures. “Control by the community over its members provides indeed the material from which reflective moral conscience builds its own situation, but cannot exist as a situation until the moral consciousness of the individual constructs it.”3, p. 84

Frankl3 distinguishes between individual superego and conscience. We can follow this line of reasoning on the group level. When interactions conform to autocratic power or peer pressure, particularly when they lead to destructiveness, they adhere to a superego. But when interactions respect and protect the enhancement of life, including the human potential for consciousness and responsible choosing, social conscience is operative.

The Context of Conscience
Frankl cautions against reductionism and sociologism. Reductionism results from exclusive reliance on psychodynamic explanations for human behaviors. Sociologism or reification of human processes stems from the claim that social structures determine human behaviors. Actually, persons and social structures interconnect. Persons cocreate the social systems which interlink, organize, and regulate them. We can avoid relying on social structures by remembering that in “a system, the sum of the parts is more powerful, but not other than the [interdependent] members.”2, p. 30 Frankl2, p. 60 acknowledges that we view reality through a perspective, and he decries regarding a perspective as the full reality of a phenomenon. From an expanded perspective, we can view “phenomena [such as self-esteem, search for meaning, conscience] in a context.”2, p. 40 Social structures are created by self-transcending processes which modulate human behaviors. In the context of interactions between specific persons and particular social structures, individuals can act on experiential, creative, and attitudinal values in relation to social structures. Valuing occurs in the context of interconnectedness of persons and social structures. Individuals do not exist in isolation. Through socialization they learn how to communicate and interact in patterns of group structure which evolve as the participants influence each other. These patterns become institutionalized. “The construction and modification of social institutions is possible because persons can take the attitude of the other and consequently understand, communicate with, and cooperate with others in creative and meaningful ways.”7, p. 109

When social conscience is actualized in institutions, favorable conditions develop for constructive human living. In these cases institutions promote the increase of self-esteem through fulfillment of creative, experiential, and attitudinal values as persons discover unique meanings. When social conscience is lacking or suppressed by social structures, the free search for unique meanings is thwarted and institutions debase self-esteem or make it dependent on authoritarian or conformist dictates. Then a search for community, based on responsible freedom, calls for a new vision of social conscience, lived out by persons courageous enough to struggle for their own self-actualization in a life-affirming community.

Logotherapy reaches the height of social-explanatory power by exploring the depth of the social processes which support the self, increase self-esteem, encourage the search for meaning, and protect social conscience.

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Responsibility

If your friends and family were willing tell you to bluntly and honestly what they thought of you, would you want them to?

Responsibility: What is life asking of me at this difficult time?

Responsibility is the ability to respond to the demands of life at any given time.

Logotherapy teaches responsibility in the literal sense: it helps an individual to respond to the meaning of the moment, to make him response-able.

Human freedom is not a “freedom from” but a “freedom to” – a freedom to accept responsibility.

Responsibility in decision making

One of the keys to understanding our sense of responsibility lies in how we make decisions.

Do we make decisions:

- Unconsciously due to unknown factors in our unconscious mind?
- Determined by our inherited genes or upbringing?
- Based on a free choice?

As long as we are blaming others for our past, we will not have taken up responsibility for who we want to be...
We can find the answer to this question in our perception of man. Are we two or three-dimensional beings.

It is popular to subscribe to the two-dimensional view of man. We are seen as animals being driven by our biology and psyche: Our hormones and genes play a significant role in our decision making together with our upbringing. One theory states that our moral choices are determined by the first seven years of our lives.

There is therefore this battle going on inside us between our upbringing, between our hormones and genes, and between our psyche and biology. The discussion is about how much we are mastered by each dimension.

If we are two-dimensional then we are driven beings, driven by environment and inheritance. We do not have a free choice, because of the compulsion within us to get our psychological and physical needs met. We will not be totally responsible for our actions.

We must accept responsibility for a problem before we can solve it

M. Scott Peck, “A Road Less Travelled”

It is only because of problems that we grow mentally and spiritually.
M. Scott Peck, “A Road Less Travelled”

You cannot heal a wound by saying it’s not there.
Jer 6.14 (TLB)
If man is seen as a three-dimensional being, we are then beings with decision-making power. We are able to take a stand against our drives (biology) or our learnt behaviour (psyche). We might not be able to change these dimensions in our lives, but they do not have control over us.

If we have decision-making power, we can decide how to respond to different choices. We can choose to follow our physical needs and demands, we can choose to meet our psychological needs, but we can also choose self-denial. Sometimes, following our immediate needs for instant pleasure or relief becomes a shortcut that we regret later on.

There are several factors that characterise human existence in the three-dimensional view:
1. Man’s spirituality
2. Man’s freedom
3. Man’s responsibility

**Attitudes and responsibility**

There are some problematic responses to a given situation:
1. I could plan, but will it make any difference?
2. It is not possible to plan, because things are out of my hands anyway.
3. I choose to give up my personal freedom to plan for the sake of the group.
4. I know how things should be done and I am not going to listen to other people’s suggestions and ideas.

**Discipline is the basic set of tools we require to solve life’s problems.
Without discipline we can solve nothing.**

* M. Scott Peck
These views are problematic. They paralyse the individual and prevent him or her from making plans and searching for a better future. In different ways they are symbols of our fear of responsibility. If we make decisions and plans, there is a chance that we will not reach our goals. We would be seen as failures, because we failed in reaching our dreams.

**Self-sabotage**
When we face a difficult situation our immediate response can be that of taking on an almost childish character; where we need to be told what to do and what to think.

This can also happen during therapy; where the therapist becomes all-wise who can fix us if we just let the therapist advise us on all aspects of our lives.

Regressing into a childlike behaviour takes many forms. In the workplace it would be that we do not dare to take on more responsibility or apply for a promotion. In a family situation, the married son or daughter might consult one of their parents before making even the smallest decisions. The illustration here is not that we cannot ask for other people’s advice, but that it can be crippling and very damaging for a relationship, if mother or father is the third party.

When passing the buck like this, others tell us to “grow up” and take responsibility. In our family we sometimes say to each other, “Is it something you are only going to talk about, or are you going to do something about it”.

**The problem of bad habits and addictions**
One of the problems with bad habits and addictions is that the person feels powerless. It is as if the drug, the tablet or the Internet takes over our lives and there is no escape. This weakens the will power and clouds the mind. If chemically dependent, the body starts to react and the person becomes a slave of desire.
There are two battles to fight: The physical battle against the body’s cravings and the psyche’s emotional turmoil. Addicts often know that they once again are letting themselves and others down, which creates guilt and shame. It can be difficult to hold on to one’s responsibility and take a stand, when the battle is at the highest.

In Logotherapy we talk about a “blocked spirit”. The options are still there and it is possible to rise above the circumstances, but self-denial is not an easy option.

**Noogenic (origin in the spirit) addiction**
Some people become addicts without a cause. They are simply bored with life. Things have become too easy and there is nothing to fight for.

It has been said about Generation X (people born between 1965 and 1980) that they have never had to fight for their lives or for an important cause. The last wars have not really been won either; Saddam Hussein is still in power in Iraq and Ben Laden is still leading the Al Qaeda network.

This feeling of meaninglessness has led to self-pity and hopelessness. It has become too easy to blame the family, the school and society for all our problems, but at the same time there is a whole world to fight for. The need is the call for action, it is up to us to take it.

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Personal Attitudes and the preservation of Life

This capacity to say "yes" is not merely the reverse of the capacity to say "no". It is in some way its precondition. Just as a shadow cannot exist by itself but only in combination with the sun, namely as its non-sunny variant, and just as nonsense cannot exist by itself but only in combination with sense as its contrasting variant, so the "no" does not exist by itself but only as a "no" to something, that a "yes" has made impossible. "No" means exclusion. When I said "yes" to writing down this article, I said also "no" to everything else I could have done during the same time. When I said "yes" to my profession, I also said "no" to all other professions I could have trained for. The "no" deals with the rest of the possibilities; after we have said "yes" to one possibility. Therefore the "yes" precedes the "no", as the sun precedes the shadow, and sense precedes nonsense. And the capacity to say "yes" precedes the capacity to say "no".

We can observe this with psychologically ill and unstable people in two ways. First, those who cannot say "no" are also those who cannot say a credible "yes"; they accept every offer and grant every request because they dare not refuse, but have no inner commitment to the accepted offer and to the granted request. As a consequence they break down sooner or later under the burden of this contradiction.

On the other hand, those who only can say "no" are in truth those who are caught in a condition, where they can say neither "yes" nor "no", and therefore cannot even manage a credible "no". These are, for instance, people who want to study but only know what fields of study are out of the question. Such people lack for successful studies a genuine "yes" for a certain subject, and lack for a successful start in a trade a genuine "no" to their studies. They sit between two chairs, as the saying goes.

The "YES" precedes the "NO"

Patients who

 cannot say "NO"  cannot say "YES"

 can only say "NO"  can say neither "YES" nor "NO"

It is therefore the task of logotherapy to strengthen our capacity to say "yes", which after eons of evolution, has suddenly been given to us. This capacity is the basis for a "yes to life" and if need be, a "yes to life in spite of everything". Because this capacity relates to our capacity for decision-making, and this capacity directs our lives, personally and as a race, I will now summarize the pertinent insights in logotherapy on this subject.

The most significant insight is this, that human decisions are free acts of will that cannot be fully explained. That means, that a "yes" which could not also be a "no", is no genuine "yes". A man who collapses because of his weak metabolism, did not say "yes" to his collapse because he had no chance to say "no" to it. A decision that can be explained by a necessity, is no free decision.

When Alice Miller says that mistreated children can only become mistreating adults, she explains the mistreatments by the adults through their childhood experiences, just as the collapse is explained by the weak metabolism. But in the moment, the mistreatments are explainable, they are no longer based on decisions. A person, who must mistreat, because of drives or psychological impulses, does not decide for or against a specific mistreatment. Every explanation wipes out any decision-making and every decision therefore presupposes a certain amount of inexplicability. (Here theologians speak of the "mysterium iniquitatis").

Logotherapists cannot agree completely with Alice Miller. Karl Jaspers already defined human existence as "deciding existence" in contrast to the "driven existence" of animals.
The same difference also characterizes the difference between the concepts of Viktor E. Frankl and Alice Miller. According to logotherapy, human beings press a switch located between their drives and their actions, and this switch interrupts the automatic circuit between psychological impulses and actions. This switch presents the human decision for or against the transforming of a psychological impulse into human being.

This is to deny the power of drives and the force of the unconscious. We simply focus attention on the place where this power and this force meet with our specific human phenomenon: our free will. We know that among persons who mistreat others are some who have not themselves been mistreated as children. Because they do not fit Miller's explanation, it is presumed that these persons refuse to admit their childhood traumas and have repressed them. We don't believe this. We believe rather, that a human being can decide to mistreat even without a corresponding childhood experience. We also know of persons who were mistreated as children, even severely, but do not harm anyone. They are labelled inhibited in their aggression, but we also have our doubts here. We believe that a person can decide against a mistreatment in spite of strong psychological impulses and drives, and not only because of an inhibition or block, which again would be an explainable force, but because of an unexplainable, free act of his will.

Surprisingly, there exists today hardly one "psychology of the will", although there is an abundance of "psychologies of the drives". This is so, although the will is the specifically human phenomenon, especially the "will to meaning", as Viktor E. Frankl has emphasized. Even human religiosity, which may be termed the "will to ultimate meaning", has been explained through the dynamics of drives, for instance by C. G. Jung, who understands the human being as pushed and forced to belief in the divine by mythical primordial impulses, the archetypes. Genuine religiosity however, is only one we have chosen, not one to which we are driven, as Viktor E. Frankl maintains. True faith is always the result of decision, never forced upon not even forced by a collective unconscious heritage.

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Guilt

How does guilt affect you?

Three kinds of guilt
- Actual guilt
- Neurotic guilt
- Existential guilt

The experience is the same, but the ways to deal with the guilt are different.

Actual guilt
The actual guilt takes two forms:
- The real guilt is where the person has done something immoral, unethical or something that clashes with the person’s value system.
- The situation guilt is when the person has some kind of responsibility e.g. a family member is ill, but he/she only has time to visit and do the shopping once a week, but not meet the needs.

Neurotic guilt
Neurotic guilt is when a person has done no wrong. The person might take other people’s responsibility or takes on the weight of the world upon his shoulders, etc. The language of the neurotic person is, “I ought to”, “I should”, “I shouldn’t”. The neurotic assumes too much responsibility.

Existential guilt
This kind of guilt is experienced by people suffering from the existential vacuum, “There must be more to life”. There is a feeling of emptiness and restlessness and it can be difficult to make decisions and to find motivation. The people know that life demands more of them, but there is nothing to spur them on into action.

Overcare
Guilt can also arise from a situation of overcare. There are situations where we do not just care, but we do it too much e.g. our wish for our children’s well-being changes to fear for their future. The initial support and interest is positive, active and helpful, but fear can be paralysing for both the parent and the child and it is very energy draining.

So then, the person who does not do the good he knows he should do is guilty of sin
James 4:17 (TEV)

Only a being that is free can have fear and only a being that is responsible can become guilty
Elisabeth Lukas, “Logotherapy – Textbook”
What is the caring antidote to the following overcaring feelings:

<table>
<thead>
<tr>
<th>Care</th>
<th>Overcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry</td>
<td>Guilt</td>
</tr>
</tbody>
</table>
| Insecurity |",
| Jealousy |"
| Fear |"
| Uneasiness |"
| High expectations |"
| Comparisons |"
| Perfectionism |"
| Guilt |"
| Depression |"

**Recognised or unrecognised guilt**
Paul Tournier has noticed that guilt is universal, but that for some people it is recognised, but for others it is not. If it is unrecognised it can lead to:

- Lack of awareness of one’s faults
- Aggression
- Anger
- Anxiety
- Fear

**Antisocial Personality Disorder/Psychopaths**
In 1993 there were a couple of very high-profile murders in Denmark that were quickly named, “The Hip Hop Murders” because the murderers were wearing a cap. Within a couple of weeks there were two young boys killed by other youngsters. One of the reasons that this became such a high profile case was the fact that the murderers didn’t regret their wrong-doings. They didn’t feel guilty.

Those small emotional indulgences – worry, guilt, and judgements of our selves or others, for example – cost a lot more than we realise.

Doc Children & Howard Martin, “The HeartMath Solution”

What you think of today, you will do tomorrow.

Leo Tolstoi
Research done about psychopaths or people with antisocial personality disorder shows:
1. They do not care about social behaviour
2. They do not care if they mistreat others
3. You cannot trust them
4. They are very competitive and focused
5. They cannot cope with criticism
6. They are very egocentric.

Dr. Robert D. Hare has written a book called, “Without Conscience”, which is a very thought provoking title.

The point is that there are people who have lost their ability to listen to their consciences and feel guilt for their actions and therefore they do not change.

Recognised guilt can on the other hand lead to:

How can we use guilt as an avenue to finding meaning?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Tragic Optimism**

When we feel guilty we can use the Logotherapeutic method of tragic optimism. We cannot change our past, but we can change the future. When we feel guilty we can make some serious decisions about our future actions, and through that, rekindle hope for the future. Even our biggest sins and shortcomings can become an avenue to finding new meanings in life.

It is a human quality that we can:
- Turn suffering into achievement and accomplishment
- We can use guilt to change for the better
- We can use life transitions to take responsible action

*Life must be lived forward but understood backward*

*Viktor Frankl*
Dealing with guilt
Elisabeth Lukas describes in her book, “Psychological Ministry” three different ways to dealing with guilt.

Her view is, that the feeling of guilt always demands reparation:

```
Justified feelings of guilt
  ↓
Demand reparation
  ↓
On the same subject
  ↓
The damage is balanced by voluntary good deeds towards the person involved.
On another subject
  ↓
The damage is restored by voluntary services towards others not involved.
On a moral level
  ↓
The damage loses its meaninglessness through a change in thinking which leads to the knowledge of what is good.
```

Manipulation
Some people are masters at manipulating others into doing things they normally wouldn’t do. Some people will therefore happily exploit other people’s feelings of guilt to get their way. Personally I have had people appealing to my good will for money for drugs, to pay for a B & B or a meal because I am a Christian. Sometimes they do not ask me directly, but they indicate actions, for instance that they will have to break into somebody’s house to get money for drugs. I am then in a moral dilemma, and it is difficult to see what the wisest decision is. If such people can find an area of guilt or pity in the person, they can successfully establish a relationship with someone who will excuse their failures and shortcomings.
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Finding Meaning Through Existential Guilt

Philip J. Sternig

A client came to me with the complaint that she was depressed and couldn’t do anything with enthusiasm. She felt a gnawing restlessness and dissatisfaction with her life. She said she was happily married, enjoyed her children, and attended adequately to her work as a housekeeper, wife, and mother. Yet, she was dissatisfied and wanted to find out why her life seemed so empty and meaningless.

As we worked together she discovered that she was experiencing the effects of a human phenomenon called existential guilt. What she began to realize was that she was falling short of her own personal potentials and was settling for being far less than she could be as a person. Before marrying, she had dreams of finishing college and of becoming a teacher of handicapped children. She had also hoped to develop her talent for painting. Then she fell in love, left college, married, and began to raise a family, abandoning her dreams and interests in the process. During the years her children were growing up she became caught up in being a “dutiful spouse,” attending to “her responsibilities” as a homemaker and serving the needs of her family. At the time she came to see me she felt totally resigned to this task.

Yet beneath her resignation something within her kept her unhappy with this “fate.” As we worked together she began to recall her former interests and dreams and recognized that nothing in her present situation stood in the way of her attending to those interests and making those dreams become a reality. She realized that an exciting new life could be hers if she took charge and began to reorganize her present reality. Which she did — and her depression, restlessness, and dissatisfaction with life began to change into a new experience of meaningful life for her. She had experienced existential guilt and came through it to a fuller experience of life.

Existential guilt is often confused with guilty feelings or actual guilt. But it has nothing to do with guilty feelings and is only remotely connected with actual guilt. To get a perspective of existential guilt it is important to see it in relation to actual guilt.

Actual Guilt

Actual guilt is a reality in its own right. It takes three forms — real, neurotic, and existential. Real guilt follows after we do something which we consider to be wrong. This type of guilt is a conscious phenomenon following real action. After committing a wrong action, a person can seek expiation and make restitution, thereby alleviating the guilt. Example: the guilt which can follow premeditated murder or theft.

Neurotic guilt, on the other hand, can exist without committing any wrong actions. The very intention or desire to do something wrong is enough to cause neurotic guilt. Unlike real guilt, it has its roots deep in the unconscious mind. Also, unlike the person experiencing real guilt, the neurotically guilty person can’t get rid of the guilt by the usual methods of atonement. Example: someone secretly wishes that an irritating relative would die. The relative suddenly dies of natural causes. Then, the person wishing the death starts experiencing guilt for having “killed” the relative and becomes obsessed with a sense of being guilty or “guilty-bad.”

Existential guilt is different from both real and neurotic guilt. So different, in fact, that it might be more accurate not to call it guilt. Existential or ontological guilt is not so much “guilt” as it is a subliminal preoccupation — a sort of inner nagging, an inner experience of discomfort, of dissatisfaction, of something being out-of-joint and demanding attention. It is a state of being-in-the-present-moment-and-compelled-to-act on something. Namely, to act on our need to adequately relate to the world of reality as it is expressed in three distinct ways: as the world of personal reality or self (Eigenwelt); as the world of other persons (Mitwelt); as the world of nature as a whole, the cosmos (Umwelt). 3

We have an ontological responsibility to relate as fully as possible to ourselves, others, and the cosmos. When we act on that responsibility, the result is a sense of well-being, composure, relative serenity, satisfaction, and fulfillment. When we refuse to act on it, we experience existential guilt, which nags at us until we choose to attend to our personal needs, the needs of others, and of the cosmos.

Three Areas of Existential Guilt

Existential guilt expresses itself in three areas. The first alerts us to actualize individual potentials. If we refuse to accept responsibility for corporeal, intellectual, spiritual (noetic, fully human), emotional, or psychic needs, there will arise a sense of something being wrong — an experience of existential guilt. For instance, corporeally, we might deliberately be careless about good nutritional habits, or about getting adequate exercise or rest, refusing to recognize this as a lack of responsibility toward ourselves. Intellectually, we might consistently refuse to attend to the improvement of the rational mind. Or, noetically, we might refuse to provide adequate time for reflection or for the development of the creative mind, human sensitivity, or even the cultivation of a sense of humor. In each of these personal or self-world areas, the existential guilt pushes us to do something about the refusal to be responsible by causing an experience of dissatisfaction with the status quo.

The second area in which existential guilt expresses itself relates to the world of others. We have a responsibility to understand one another, to relate positively to one another. To act on that responsibility, we need to put aside our short-sighted biases, our first impressions, our projections, harsh judgments, self-righteousness, disrespect, intolerance, and narrow-mindedness. If we refuse to be open to relating positively to other people, we will experience a deep dissatisfaction. That is existential guilt, prodding us on to do something about
neglecting our gifts for creative social interaction.

The third area of existential guilt arises when we refuse to relate to nature as a whole, refuse to relate respectfully to animals, plants, inanimate nature, and the cosmos in general. We possess an innate sense of how we need to relate to the natural world and how the cosmos needs us to relate to it. Yet, in so many ways, we refuse to pay attention to our responsibilities in this regard. As long as we refuse, we will experience the inner nagging of existential guilt. The more we refuse, the more persistently we’ll experience the urge to be responsible.

In any of these three areas, what happens when we obstinately refuse to respond to the urgings of the inner dynamic called existential guilt? If these inner promptings are ignored or repressed, neurotic guilt can develop. Also, a refusal to respond to these inner urgings can usher in depression in the form of existential frustration, with its sense of meaninglessness, floundering, and loss of interest in living. Such a refusal can also set the stage for cynicism, unrestrained anger, and hatred. It would be interesting to conduct research on the possible relationship between the refusal of people to respond to the constructive urgings of existential guilt and the high incidence of suicide and drug abuse, terrorism, child molesting, spouse beating, and ecological devastation.

On the other hand, what happens when we do respond to the deep-seated “call” to accept responsibility toward self, others, and the world of nature? We experience purpose, an awareness of tasks to be done, of needs to be met. We begin to live from the center, loving self and moving outward from self to others and the world with concern and compassion. Existential guilt is a positive, dynamic element within each of us, the presence of which can provide a reason for living— if we are willing to embrace the responsibilities it invites us to recognize. Existential guilt pushes us to accept and to act upon our responsibilities.

Viktor Frankl has said that it is a human prerogative to become guilty and it is a human responsibility to overcome guilt. In the case of real and neurotic guilt his observation is both astute and pertinent. But where existential guilt is concerned, we do not need to overcome it. Because, when it operates in us it is serving a positive purpose. However, we are responsible for learning to live with and to adopt a positive attitude toward the failures in us which give rise to existential guilt.

Logotherapy can help in this learning process. It teaches us to recognize that we are multi-dimensional, as Frankl has pointed out. In approaching the human person as an intellectual-emotional-spiritual-physical being, logotherapy recognizes the individual, social, and cosmic responsibilities of each person and assists people in the task of acting upon those responsibilities. The logotherapist, in dealing with the effects of existential guilt (confusion, restlessness, feelings of emptiness, a sense of meaninglessness) helps clients sort out the demands life is making upon them within all the human dimensions and helps them rise to the challenge of those demands.

Existential guilt points out our failures to us and makes it possible for us to decide what we’ll do about those failures. When we are helped to acknowledge our failures to relate fully to ourselves, to others, and to nature as a whole we learn to creatively utilize existential guilt. Then, when we act upon the acknowl-

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PHILIP J. STERNIG, M.A., is a certified logotherapist and a Ph.D. candidate in transpersonal psychology.

Sleep

Reflect on your bedtime rituals. How do they help or hinder your falling asleep?

__________________________
__________________________
__________________________

Sleep and wholeness
Over the years, statistics show that people are sleeping less. In 1910 it was normal to sleep nine hours a day, where now it is down to just under 7½ hours. Life has become more hectic and many people are afraid that they are perceived as lazy if they do not have a busy schedule. This schedule might be a work schedule, leisure pursuits or watching the television!

Some people’s problems would be easier to handle if they were prescribed more sleep by their counsellor. Research shows that there are many downsides to sleep debt. The following signs are taken from Stanley Coren’s book, “Sleep Thieves”.

<table>
<thead>
<tr>
<th>Itching or burning eyes.</th>
<th>More depressed.</th>
<th>Indecisive.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling chilled.</td>
<td>No desire to socialise.</td>
<td>Feeling guilty.</td>
</tr>
<tr>
<td>Fatigue or sleepiness.</td>
<td>Increase in irritability and snappishness.</td>
<td>Loss of motivation.</td>
</tr>
<tr>
<td>Really hungry and finding it difficult to avoid high-fat food.</td>
<td>Feeling overwhelmed.</td>
<td>Slowing of mental process.</td>
</tr>
</tbody>
</table>

This list shows quite a number of signs that create problems for clients. For some of them more sleep would immediately help them, so that their situation would come into perspective and some emotions would decrease.

1 hour can make a difference
Researchers have tried to find out what difference it makes if people sleep more or less. They found a way to check the impact of the changes between summer and winter time. In Canada they were able to look at a statistic of traffic accidents on specific days.

In the spring when people lose one hour of sleep, the number of traffic accidents increased by seven percent! This increase was eliminated the following week. In the autumn when the hour changed back it was the other way around. There was a decrease in traffic accidents of approximately seven percent, but a week later it was back to normal.

At day’s end I’m ready for sound sleep, for you, God, have put my life back together.
Ps 4:8 (MSG)
Sleep yourself to health

Sleep also influences the immune system. The immune system becomes more active when people sleep. On the other hand the metabolism slows down when people are asleep, which conserves energy and resources. These extra resources can then be used to fight incoming infections. Researchers believe that sleep is part of the body's defence mechanism.

Researchers have also looked into people's use of the family doctor. The average sleeper went to see their doctor 1.6 times a year, but for the short sleeper it was 3.7 times a year.

The immune system is able to fight common infections. A research group made a check list of common infections for young people:
- Viral infections: Colds and flu.
- Fungal infections: Athlete's foot, yeast infections.
- Bacterial infections: Boils, etc.

Normally this type of disease is self-treated.

The research group then tested a group of young doctors who get little sleep due to their work schedules. The result was that they needed antibiotics twice as many times as longer sleepers, because their immune system was not strong enough to fight the diseases.

When some people have an infection they end up sleeping up to twice as much as normal. The body and the immune system need the extra energy to fight the disease.

Why can't people fall asleep?

From the above it is clear that a good night's sleep is necessary psychically and psychologically. But some people find it difficult to fall asleep. One American statistic shows that forty-nine percent of the population has sleep-related problems.

One of the reasons that people cannot sleep is because of a high level of adrenaline in their body. Adrenaline reduces the body's ability to rest, cuts down the need to sleep and creates poor eating habits. Adrenaline can be triggered by worry and anxiety. It can take between two to four hours after work for the adrenaline level to come down low enough for sleep to come.

I love the things money won't buy. It will buy me a house, but not a home, a bed, but not a good night's sleep, pleasure, but not happiness, a good time, but not peace of mind, and a companion, but not a friend.

Zig Ziglar

Then Jesus said, “Let's get away from the crowds for a while and rest.”
There were so many people coming and going that Jesus and his apostles didn't even have time to eat.

Mark 6:31 (NLT)
This is especially important for some people to recognise because of evening meetings, etc. Some people are also plagued by existential sleeplessness, which is unfinished thoughts that race around in their heads as they go to sleep. This is very common after evening meetings, or for people who have a worrying thought pattern. The best thing is to think things through and make some decisions, not try to in enforce sleep.

**Stimulants**
The big three stimulants all have a negative influence on people’s quality of sleep – caffeine, smoking and alcohol. Research shows that caffeine peaks within 30 minutes, but it can take up to six hours to clear the system. Caffeine is found in chocolate, coffee, tea, coke, etc.

Smoking has been shown to influence the brain wave patterns, so that people do not sleep as deeply.

Alcohol helps people to fall asleep, but the second half of their sleep is poorer and more restless.

**Body clock**
The body also has a rhythm for when it is alert and when it is tired. Most people are sleepy between 1 to 4pm – no matter if they have had lunch or not – and again 1 to 4am. On the other hand there are some peak times of alertness during the day. People in general peak between 9 – 11am and 9-11pm. Some people, like shift workers, who come home in the morning ready for bed around 9.00am, might find it difficult to fall asleep, not because they are not tired, but because it is one of the body’s alert times of the day.

**Better habits**
Archibald Hart has given some suggestion in how to improve clients’ sleep habits in his book, “The Anxiety Cure”:

| Go to bed and get up at the same time every day. | Make sure that you have a quiet place to sleep. |
| Do not do any work that gets your adrenaline going after a certain time in the evening. | Make sure that you exercise regularly. |
| As early in the evening as possible, reduce the amount of light in your home. | Learn a relaxation technique. |
| Avoid all form of stimulants in the evening. | Un-trouble your mind before going to bed. |
| Do not force sleep on yourself. | If you wake up during the night, don’t get up unless you absolutely must. |

I lay down and slept. I woke up in safety, for the Lord was watching over me. Psalm 3:5 (NLT)
In WHO’s International Classification of Diseases (ICD-10) they mention six different non-organic (brain-injury) sleep disorders.

- Insomnia – People who cannot sleep.
- Hypersomnia – People who suffer from daytime sleepiness and sleep attacks.
- Sleep-wake schedule – People whose sleep-wake pattern is out of sync.
- Sleepwalking – People where sleep and wakefulness are combined.
- Sleep terrors – People who experience intense panic during their sleep with screams and movements, but without any recollection of it.
- Nightmares – People who experience intense threats to survival, security or self-esteem during their sleep. They remember their dreams.

Many people will complain that they have not slept well, but when tests have been done in sleep laboratories, people have slept much more than expected. There is a group of people who hyperreflect on their sleeping patterns, which increases hyperreflection, worry and anxiety.

**Treatment**

These diseases can be helped in different ways. Logotherapists have had great success in treating people suffering from insomnia with Paradoxical Intention.

Instead of helping people to fall asleep, they are asked to stay awake as much as possible. This will take the tension out of going to bed and they fall asleep.

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Maurice, 7, attends the first psychological counseling session accompanied by both his parents. “The problem is that he can’t sleep at night,” explains his mother. “He gets so upset when we tell him that it is time for him to go to bed that it seems we are sending him to prison. He fears that moment, he is frightened that he won’t be able to fall asleep.

When the preparations for getting to bed begin he gets nervous, he comes and goes to avoid lying down, sometimes he weeps, or he asks to turn on the television, but when it is turned off he wakes up. “We have used different ways to help him fall asleep,” says his father, “counting to one hundred, watching TV, taking him to his mother’s bed; he seems overwhelmed, his eyes turn glassy, he shivers, he goes to the bathroom, he drinks water, he is restless.

“It is not fear of the darkness or of being alone, but fear of not being able to fall asleep. He worries about being tired the next day in school.

“As a consequence, he does not want to go to school, showing a great nervousness and tension. In spite of the fact that he is a child with a high intellectual coefficient, he has low grades at school, with ups and downs in his achievements, and problems relating to his friends.”

At the time of the consultation, this problem has existed for one and one-half months, affecting the whole family. After fifteen days of work applying psychodiagnosis techniques which show symptoms of an obsessive condition, a maturation age according to his chronological age, and after having achieved an optimal level of communication and effective contact, the decision is made to use the logotherapeutic technique of paradoxical intention. An effort is made to develop a game, with attention to all the details called for.

At the next counseling appointment, the boy is led into the counseling room, and after allowing him to work freely with pencils, coloring box and plasticine, and while he talks about his favorite games and his toys Maurice is told: “Here is a new game, Maurice. Let’s play it tonight instead of sleeping. What do you think of that?”

“Well, let’s play, as long as I can’t sleep anyway.”

“The game consists of playing touch-last with Mr. Sleep. He will try to touch you, but you must not let him succeed. You have all night to do whatever you wish: you may leave the light on, take along to bed your toy cars, coloring box, paper to write, draw, paint, travel in your imagination wherever you want. The only thing you cannot do is to fall asleep because then Mr. Sleep will touch you and be the winner of the game. Remember, Maurice, that this is a game, and that Mr. Sleep will try to succeed in touching you by all means, but you must not let him.”

This is explained by the psychologist, and she dramatized the game to show the boy what he could do to stay awake if he felt sleepy, to walk, to play, to wash his face, and so on.

This suggestion is explained to his parents who find it funny but are willing to cooperate in the game, in an amused way, not really convinced about a successful outcome.

They are asked to create a favorable environment for this experience but not to change their usual behavior pattern. That night, before Maurice and his parents go to bed, they get everything ready. They put pillows on his bed to make him comfortable, the child’s toys and the things he may wish to have near him. A red light is left on in order not to disturb anybody else because it is made explicit to him that he must not wake up his parents to play with them.

He enjoys all the arrangements very much, especially when he sees his bed filled with “the things for not falling asleep,” as he calls them.

When everything is ready and his parents are ready to leave, Maurice, before getting into bed tells his father: “Daddy, you know that I don’t want Mr. Sleep to touch me, and each time when I feel sleepy I will wash my face.”

After the house is silent, Maurice starts to play and after fifteen minutes he is peacefully asleep, to the astonishment of all.

The boy takes this as a game and next day he tells everybody that Mr. Sleep has been the winner that night but that he will go on with the game until it is his turn to be the winner of the game, and that he would then pass one night without sleeping.

He tries to stay awake for two or three nights more, without success.

His parents are astonished because of the accomplished change and comment that they have tried all the methods they could think of, but never thought of asking him not to fall asleep.

The logical outcome of this is that things start to change — the boy’s behavior with his companions and his achievements, too.

In subsequent interviews with his parents some behavior patterns of the boy are discussed which show him as too dependent, and an orientation is given about how to help him grow up and be independent.

After two months following treatment Maurice does not show any more sleeping difficulties.

JOVITA RIVEROS DE CARBONE is a licensed psychologist and a member of the Grupo de Logoterapia de Mendoza (Argentina).
Healing Dreams

If you could choose the plot of the dream you will have tonight, what would it be?

There is a great debate over the use of dreams for therapy. Are they just the products of activity in the brain, do they help people to forget events or are they messages with meaning and purpose? Researchers disagree, but dreams have been a focal point in the life of the faith communities for thousands of years. In the Bible alone, there are more than 130 dreams recorded. In the Talmud, Jewish religious teaching compiled from 200 BC to 300 AD, there are discussions on dream interpretation.

Every person dreams, but many people cannot recall their dreams when they wake up. A typical night's sleep follows the following pattern:

The sleep pattern follows roughly a ninety-minute cycle, where the dream period REM (Rapid Eye Movement) becomes longer until the fifth period, which can be around forty minutes. After that the REM period becomes shorter. Research shows that eighty percent of people being woken up during a REM period can remember their dreams. The REM-sleep period is when dreaming takes place.

There are two areas that people never dream about; reading and writing. Researchers have not been able to make a clear conclusion why this is.

People have also been asked to record the frequency of nightmares and bad dreams. When they quoted from memory they scored lower than when they did a test writing down daily what kind of dreams they had had. The research showed that people on average had twelve nightmares and thirty bad dreams per year.
Dreams as riddles
In the Bible dreams are described as riddles - The book of Numbers 12:6-8 and riddles have to be worked on to be understood.

Research shows that there are typically three to four stages in a dream:

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>The setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An introduction to either the characters or the place.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2</th>
<th>The tension:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>The problem or the area of tension is introduced. The plot starts to evolve.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3</th>
<th>The culmination:</th>
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<tbody>
<tr>
<td></td>
<td>The problem takes a new twist, an idea is introduced, or new people come into place to bring about change. Some dreams end at this stage.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 4</th>
<th>The solution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The key to the solution is introduced even in nightmares. This is the stage of hope and help.</td>
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</table>

Themes
Dreams do not tell a story of which the dreamer is already aware. Every dream can be compared with the experience of going to the opening night at the cinema. Dreams will usually display the dominant emotional theme of the person at that moment in time. People who have experienced a traumatic event, will often respond with dreams involving fear, but the symbols and the setting can be different. They might dream about a car crash, an illness, a chase or an epidemic. None of these symbols have a direct connection to their traumatic event. The function of these different symbols and stories is to tell a one-themed emotional riddle: “I am afraid”. Their dreams become the safe place to say it and to acknowledge it.

Involved in a traumatic event some clients might have to put on hold their own fears and emotional turmoil so that they can be as supportive as possible for others. Their own fears may be lived out in dreams. These dreams become a royal road to the unconscious and can help clients to be aware of their own emotional state.

What influences the dream content?
Research shows that dreams can be altered to a certain extent. A group of people was asked to think about an area of strong interest before going to sleep as part of a four-day experiment. They experienced an increase of dreams connected to their interests. When they were asked to think about an area that was not of interest to them before sleep, it rarely showed up in their dreams. Some people have also found that meditation (see Relaxation Response) before going to sleep can help them to have less disturbing fantasies and nightmares.

Dreams are vivid, vital, meaning rich... Dreams often speak to our most troubling, conflict-filled concerns, and offer us guidance, inspiration and hope. Wendy Doniger & Kelly Bulkley.
This research shows that the clients' thinking can influence some of their dreams.

Where does the dream material come from?
The dream material can come from different sources. In Logotherapy, Joseph Fabry suggested that dreams can come from all three human dimensions: Spiritual, psychological and physical.

Others have suggested that they come from:
- Things and situations around us, e.g. a cold room, a telephone ringing. These external “noises” can be incorporated in the dream, but they usually still serve a purpose.
- Their emotional state, fears and concerns.
- Dream material coming from the psychological and spiritual unconscious. This can be forgotten traumas or meaning potentials.
- God.

Biblical dreams
It is possible to divide the Biblical dreams into categories:

In the Bible dreams were taken very seriously and people often acted or repented as a consequence. Some people were able to interpret their own dreams, while others asked for help. The helpers in the Bible stated that they were only able to interpret the dreams with God's help.

In church history dreams were seen as prophetic and the church fathers came together to share their dreams. This dream sharing was an important part of understanding God’s guidance for the churches.

Dream interpretation
Due to their worldview and basic assumptions, different schools of psychotherapy disagree on dream interpretation.

Being focused on meaning Logotherapy considers dreams from a positive angle and uses Socratic dialogue in the search for meaning. Dreams, and the symbols present in them, are seen as personal. Meaning is to be found in the research of the dream. It is not a given.
The Logotherapist would be looking into some of the following areas:
- Themes. The story is told in a context.
- Areas of responsibility.
- Areas of meaningful sacrifices – self-transcendence.
- Suggested life-style changes.
- Answers to troubling questions.
- Value conflicts.
- Signs of hope.
- The message of domineering, stressful emotion: Guilt, anger or worry.
- Creative suggestions.
- Relationship developments.
- Attitude changes.

To understand the different symbols, themes and settings recorded in a dream, counsellors will ask questions such as:
- What does the colour mean to you?
- What does this animal mean to you?
- What does this person represent to you?
- What was going on in the days before and after the dream?
- What new understanding does the dream give you?
- Are there any hints from heaven?

**Nightmares**

Nightmares are dreams filled with anxiety or fear and the dreamers are usually able to recall many details. Typically these dreams happen during the second half of the night where the dream period is longer. The dreams will often take the themes of survival, security or self-esteem. When people wake up they are generally alert and distressed.

**Causes**

Nightmares can be caused by the intake of certain drugs or by quick withdrawal from drugs (including sleeping tablets), illness and fever. Traumatic events can trigger nightmares for a period of time, but these will usually diminish over a period of weeks or months.

Many people are now in psychiatric care because they could not or would not pay attention to their dreams and especially their nightmares.

Arthur Janow

**Themes**

Typical nightmare themes include:
- Falling.
- Being chased or kidnapped.
- Rejection or humiliation.
- Natural disasters.
- Explosions, fire and wars.
- Violent attacks.
- Ghosts.
- Car or plane crash.
- Being paralysed.
- Serious illnesses.
- Serious threats from attackers, thieves or animals.
Nightmares are common as a response to a present stressor, but the keys to the stressor can easily be overlooked because of the strong emotions and the disturbing setting. Questions the counsellor might ask are: What happened in the end of the dream and what new understanding can this dream offer to the clients concerned?

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LOGOTHERAPEUTIC DREAM ANALYSIS
The Royal Road to the Spiritual Unconscious

Joseph Fabry

In Viktor Frankl’s prime period of creativity—the forties and fifties—he wrote more than a dozen books presenting his world view and his logotherapy based on that view. These works contain practically all of logotherapy’s main ideas, sometimes only in hints which later were picked up and developed by his followers (and often, without giving him credit, by other psychotherapists).

One of these hints concerns logotherapeutic dream analysis. That this hint has been neglected is particularly puzzling because Frankl dealt with dreams extensively in his early German writings, and included English translations of these writings in books published in the United States as late as 1975.43

The Royal Road to the Unconscious

Sigmund Freud called dreams the royal road to the unconscious. Frankl agrees, but since he sees the unconscious as part not only of the psyche but also of the spirit, the road leads into a much wider land. In Frankl’s concept, the human unconscious has an instinctual part into which we repress emotions we do not want to face, and also a spiritual part into which we repress our will to meaning. One might say, perhaps in oversimplification, that while our instinctual unconscious contains much of what is wrong with us, our spiritual unconscious contains much of what is right with us, and which we have ignored.1 Repressed traumas can cause neuroses; ignored meanings can cause emptiness, frustration, value conflicts, depressions.

From our spiritual unconsciousness speaks the voice of conscience. One of Frankl’s early case histories gives an example. A successful composer of popular music dreamed that he was trying to phone a certain woman but the dial was so complex, containing hundreds of numbers, that he never succeeded in placing the call. In the dream, he became frustrated. In discussion of the dream with Frankl, the patient stated that he had no erotic relationship with that woman. Nonetheless, a Freudian interpretation would have explored any repressed desires. The patient eventually realized that the number he had tried to reach was not the woman’s but was that of a religious music recording company for which he had done some extremely satisfying but poorly paid work. In a logotherapeutic dream interpretation, he became aware that the dream had placed a value on work before him: to choose between doing some well-paid but meaningless composing, and doing some poorly paid but meaningful work.

The symbolism of the dream becomes a even clearer when we notice that the German word “Wahlen” means both dialing and choosing. Here we was the voice of the conscience speaking through the dialer.2

Another case history from Frankl’s early writings presents a dream that contains a warning from the unconscious. A woman dreamed of taking a dirty cat to the laundry along with her dirty wash. When she picked up the wash, the cat was dead. Later, considering the dream, she came up with the following associations: she loved cats, and she also loved her only child, a daughter, who had developed a lifestyle of which the mother disapproved and which had caused gossip. The mother admitted that she was constantly watching and hounding her daughter. The dream expressed a warning to the patient not to torment her daughter with exaggerated demands of moral “cleanliness” or she might lose her child.3

Many of Frankl’s cases about dreams concern a search for meaning through religious channels, mostly by nonreligious persons. He comments: “What is most striking in such dreams is an ecstatic experience of bliss that was unknown to the patient in waking life. It is simply impossible to insist that behind such an experience there must be a sexual meaning.”43 This observation is confirmed by many logotherapists, who have found that nowadays patients freely talk about their sex lives but are hesitant to discuss their religious longings.

A Springboard for the Socratic Dialogue

The International Forum for Logotherapy has received many reports of new logotherapeutic research, but never in its eleven years of publication has it received a report on logotherapeutic dream interpretation. I have collected samples of my own dreams as well as those of my students. I have found dreams a valuable topic in a Socratic dialogue exploring unconsciously selected goals, repressed values, and ignored meanings. Dreams also offer solutions to conflicts and bring comfort in suffering. Frankl once told me that patients in Freudian analysis dream of Oedipal conditions, while those in Jungian therapy dream of archetypes; it stands to reason that patients in logotherapy dream of meaning. There is a wide unexplored field.

I am a writer and a teacher, and my learning about logotherapy has come mostly from living. But I can hypothesize without being a diplomated scientist. And my hypothesis is that dreams, just as neuroses, can originate in the body, in the psyche, in environmental conditions, and also in the spirit. And that dreams often are a jumble of all these factors. A person suffering from angina pectoris may have a complex dream of being chained across the chest. A person with childhood traumas may dream of fears or sexual misuse, and someone sleeping in an overheated room may dream of dying in a forest fire. Dreams are exceedingly fast story
tellers and can react to a brief incident with an extended story. I recently fell asleep while I was being driven along a highway. I dreamed that I entered a dark room, stumbled along the wall looking for a light switch, bumped into furniture, fell, got up, and eventually found the switch and turned the light on. I woke from the dream just in time to see that we had driven through an underpass, for perhaps a fraction of a second, and that we were coming out from the dark into the light.

I was working at the University of California, we had an unpopular secretary. She did what she could to make our lives difficult, and we never included her in our coffee breaks. One night I dreamed I lay in bed with her and embraced her tenderly. She responded lovingly. When I woke up I wondered if I could possibly have any repressed sexual desire for her. If so, they would need years of analytic digging. Then I looked for a logotherapeutic interpretation. Perhaps the dream told me: Be nice to her, and she will be nice to you. The next day I asked her to have coffee with me. It took two or three coffee breaks until we found that we had common interests such as going to plays, walking in the woods. She became more pleasant, not only to me but to the others in our office as well.

I used my newly acquired insight with a woman in a logopast. In a dream strikingly similar to mine, she had seen herself in bed with her father, kissing him, to which he responded lovingly. Alarmed, she awoke. She had been on bad terms with her father since childhood. He had always preferred his older brother, had never spent much time with her, had never been satisfied with her grades although she was a good student. Did she have any repressed incestuous desires? I told the group my own dream about the office secretary, and one of the group members said, “Why don’t you try?” The woman was doubtful but the next meeting she reported that, after having a similar dream the following night, she called her father, who lived 200 miles away. He immediately suspected that she wanted something from him, which under normal circumstances would have turned her off right away. After the impact of her two dreams and our group discussion, she told him she just wanted to take him out for dinner. He still was full of mistrust, but she forced herself to be kind to him. After that they had dinner together occasionally and talked about her childhood. Eventually her father explained that her brother, having been born with a clubfoot, needed more attention. She was healthy and gifted; her father was proud of her and prodded her so she would get even better grades. He wanted her to go to college and become a lawyer. She began to see her childhood in a different light. Two years later she called me. Her father had died and had told her in the hospital: “I’m glad I got to know you as one adult to another.” The logotherapeutic interpretation of her dream had given them the opportunity to do that.

Comfort from the Moons
That dreams, even nightmares, can offer comfort rising from our spiritual unconscious, was shown me many years before I heard about logotherapy. After the war, in 1945, I heard that my parents and many members of my family had died in concentration camps. I tried to cope with the tragedy the best I could, but I’m sure a lot of repression was going on. One night I dreamed I was walking through a beautiful forest, similar to my childhood memories of the Vienna Woods. Suddenly a huge bird swept down and picked me up. I looked down on meadows and forests, and was not afraid. Then a large area of barren land came into sight, gray and ugly. When we were right over the wasteland, the bird flew lower and I could see a repulsive sight. There were ditches dug in the earth, and they were full of corpses and skeletons as we had seen in pictures of concentration camps. While I stared down in horror, the corpses began to disintegrate and formed humus that filled the ditches. Grass started to grow, and flowers, and trees, and when my bird took me high up again the area looked like part of the rest of the landscape—a forest with birds singing in the trees. When I woke up it took me a long time to become fully awake, and during this period of half-sleep I felt serene as I had not felt in a long time. A religion would say this was a message from God. A logotherapist sees it as a message from my spirit—my Unconscious God. No Socratic dialogue was needed to tell me the meaning.

But often Socratic dialogues are required to unscramble the symbolism of dreams. The founder and owner of a successful company was suffering from headaches and depressions, and also from some marital problems. The counselor tried, in a Socratic dialogue, to explore the man’s value priorities, but with no success. Then the patient reported a dream that puzzled and upset him. He saw himself in a dark cellar with his wife and his children. When his eyes got used to the darkness, he saw that the room was filled with gaily wrapped packages. His wife told him to pick one, which he did. When he opened it, he was disappointed to find in it a bust of Richard Wagner. He didn’t like to go to operas, and especially disliked Wagner. His wife told him to select another package, and again he was disappointed. It contained a monopoly game, which he had not played since his children were small. He had always considered playing games a waste of time. Then his wife told him he would have a third and last chance to unwrap a present. He was disappointed once more. The package contained a plastic Christmas tree and cheap colorful decorations. He had always resented spending money on decorations that were used only once a year, or even thrown away.

In a subsequent Socratic dialogue, the man had an “aha”
experience. He realized that the message of the dream was: Play! Relax! Enjoy! Don’t be a workaholic! Music (Wagner), games (Monopoly), celebrations (Christmas tree). He followed the advice of his unconscious and his depressions disappeared.

Dreams may be simple and clear, or complex and full of symbols. A simple dream was told me by a woman who had lost her husband after forty years of marriage. She was completely lost because there were so many decisions to be made, and her husband had always made them. She dreamed that she went to Tibet to talk to the wisest guru and ask him for advice. While she climbed the steep mountain she knew that she would have the answer, that he could be trusted. The mountain top was shrouded in mist. When she reached the top she saw a figure sitting on a throne. She approached the figure and the mist lifted. Sitting on the throne was herself. Upon waking, the message was immediately clear; it was now up to her to make the decisions. She was her own best guru.

A Running Dream

More complex was the dream of a woman in a spiritual crisis. She grew up in an orthodox Jewish home; her husband was a humanist, her best friend a Quaker. Her parents and her sister kept sending her religious literature, which her husband ridiculed and her friend quietly argued against. She developed a Sunday neurosis, but not the kind Frankl describes as the result of an existential vacuum on the day when there are no job demands. Her neurosis was the result of a conflict of conscience that became explicit on Sundays: should she go to the synagogue with her parents, go sailing with her husband, or try something “in between” like a Quaker meeting? In a dream she saw herself sitting beneath a heavy wall, when she heard a frightening thunderclap. The people sitting around her didn’t hear anything, but she jumped up and ran away. The wall tumbled down, burying all the people. She was the only one still alive. She ran and ran until, all out of breath, she came to a beautiful meadow, full of flowers and the sounds of crickets, the way she remembered it from her childhood. She was sitting happily among the flowers when she noticed a dog standing on its head. Peace radiated from the animal, but when she tried to approach it, it turned into a cobra. To her surprise, spread a feeling of serenity. When she came close, however, it changed into an alligator, and this animal, too, gave her a sense of peace. This happened several times. Every time she approached the animal, it changed its form, but the radiance of tranquility remained. Serenity cuddled her warmly, even though a sudden cloudburst drenched her.

It took a long Socratic dialogue to untangle the noetic message. Another dream gave her the clue. She saw herself as a child in a classroom, where the teacher wrote the word DOG in block letters on the blackboard. She copied the work in her notebook with her left hand (although in her waking state she was right-handed). The teacher changed into the rabbi of the synagogue the woman had visited as a child, and strongly reproached her. She woke up feeling guilty. While she lay there puzzling, still under the influence of the dream, its meaning dawned on her: she had not written DOG but GOD, and orthodox Judaism forbids Jews to write down the name of God. In a Socratic dialogue a few days later, the connection between the two dreams became clear: the dog standing on its head represented God, and the dream told her whatever form the God you see takes, it makes you feel peaceful. She was able to find a satisfying solution talking over her dilemma with her parents, husband, and friend. And what about that sudden drenching cloudburst that woke her up from her first dream? She found out that her husband had turned on the shower in the bathroom next door.

Our unconscious is not neatly separated into a psychic and a noetic part. Dreams are a jumble, also including reactions from our body and environment. And my unscientific hypothesizing also holds that some elements may be incidental and have no message at all. In a logotherapeutic dream interpretation, the therapist lets the patients find meaning in their dreams but guides them in a positive direction—what’s right rather than what’s wrong with them.

Aid in Self-Esteem

This is particularly true with persons who lack self-esteem. It can be depressing, but the logotherapist picks up what affirmative bits they contain. James Yoder, regional director in Kansas City, reports about a young man who was struggling with self-deprecating attitudes, guilt, and the problems of a no-sayer to life. He had complained about few friends, job failures, and fears. In his dream, he wanted to use a power saw but couldn’t because of the rusty power plant from which a tangle of silver wire extended to his heart. During the subsequent Socratic dialogue, he put his hand on his chest, and complained that “the power package inside me is all rusted and corroded. I am afraid to touch it for fear I would be electrocuted.” But Yoder picked up the silver thread and reminded the patient that he did have some friends. “Somehow the energy is flowing through these silver wires from you to others, and you rise above your pain.” The patient began to weep, and the dream became a turning point in his therapy. Yoder commented: “Always the clients are affirmed for their positive and courageous stands amidst all their suffering.”

Patients with low self-worth often report nightmares in which they suffer one failure after another. It only deepens the despair to dwell on such dreams trying to find causes of failure hidden in childhood and life situations over which they have no control. It is often amazingly simple to switch the patient’s attention from the negative to the affirmative. One man repeatedly had dreams in which he saw himself as a
weakening who was pushed around. Once it was a bull who chased him through a jungle-like thicket in which thorny branches blocked his path; then it was a giant who kept pushing him into ditches, and every time he climbed out, the giant pushed him into another ditch; then there was a mean old witch who tripped him up with a stick, and kept after him tripping him again and again. "It's the story of my life," said the man, who saw himself as the helpless victim of brutes. The logotherapists said, "Tell me these dreams again." The man told about the tribulations, being chased through the thorny thicket. "Now tell me how you got out of the thicket," the therapist demanded. "I just kept running until I came to the end," the man said. When he told about being pushed into the series of ditches, the therapist said: "How did you get out of the first one?" The man said, "I just climbed out." "And how often did the bad witch trip you up?" the therapist asked. "Oh, lots of times," the patient said, and then laughed, "I know what you are going to ask me next. I guess I did get up every time she tripped me. There must be something in me that bounces back." The way was open for more self-affirming attitude.

I do not claim that these random examples of dreams present a systematic file of logotherapeutic techniques. But I hope they will encourage logotherapists to explore opportunities that—to use a slight pun—lie dormant. We can explore dreams as a royal road to the noetic unconscious where our healthy self speaks to us through the symbolic language of dreams. Freud and Jung have done pioneer work in this field, but we must not forget the part that Frankl added.

Dreams can help the patient lying on the couch in psychoanalysis; they can also help the client sitting on a chair in the Socratic dialogue.

A Rich Field for Research

But dreams very likely can help us much more than provide a springboard for a Socratic dialogue. There is a rich field for research to explore what dreams can tell us when we see them as messengers from our noetic unconscious and apply logotherapeutic principles to them.

Here are a few areas where more research might yield fruitful results in logotherapeutic dream interpretation:

*What is the relationship between universal dream symbols that may derive from Jungian archetypes and individual symbols that derive from the concept of individual uniqueness that Frankl emphasized?*

*How interrelated are the dream symbols that come from the physical, psychological, and noetic unconscious, or are caused by environmental conditions, and how can we arrive at a holistic dream interpretation that includes them all?*

*Do our dreams contain incidental information of no or little significance, where the usefulness is primarily our personal interpretation? In these cases the dreams would be something like Rorschach tests given to us by our unconscious, and it would be the task of the logotherapist to guide patients to a Franklian interpretation. Is there a danger of hyperreflecting and hyperinterpreting dreams? Can such superconcern even cause iatrogenic neuroses? Is there such a thing as a "dreamogenic neurosis"?

*What part does self-distancing play in dream interpretation—the distancing the psychological from the noetic self, the intuitive night self from the cognitive day self?*

*Is there such a thing as a "brief dream interpretation" just as logotherapy provides "brief therapy"?

*And then there is the whole area of dreams, reported in many reliable sources where dreams provide unexplainable insights—showing events of which the dreamer cannot possible have any conscious knowledge (a father having an accident at the time of the dream) or of dreams that foretell future events. Do these dreams have any connection with what Frankl calls "suprameaning," which takes place in a dimension beyond the human? Do these dreams tune in on this superhuman dimension?*

I should like to conclude my presentation with a dream, not told to a psychoanalyst, but dreamed by a psychoanalyst.

I gave a two-day seminar in Germany to a group of counselors. One of them was a young psychoanalyst, let's call him Fritz, who right from the beginning was skeptical, and kept asking searching question. How could a therapy have lasting effects when it took only a few sessions? How could it remove the causes of an illness if it travelled only on the surface of the symptoms? During the first day Fritz became more and more quiet, and the next morning he told me about a dream he had during that night. He had dreamed that he was visited by the psychoanalyst from who Fritz had taken this training analysis. The analyst insisted to go with Fritz to the logotherapy seminar to show him the errors of logotherapy. They travelled by bicycles which took hours. When they arrived at the logotherapy seminar they were exhausted and bathed in sweat. When the seminar ended, the analyst asked if he could borrow my car for their return trip home. I liked the message of that dream.

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Aggression

Circumstances, events or people that make me angry:

I find that I easily get angry when I go to _________________________

____________________________________________________________

I get angry when someone tells me that

____________________________________________________________

The last time I had a short fuse was when

____________________________________________________________

What is the root of violence?

There seems to be a mix of reasons for violent behaviour, e.g.

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<tr>
<th>Spiritual:</th>
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<td>- Existential vacuum.</td>
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<th>Psychological:</th>
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<tbody>
<tr>
<td>- Fear.</td>
</tr>
<tr>
<td>- Violence on TV.</td>
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<td>- A violent culture.</td>
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<table>
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<tr>
<th>Physical:</th>
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<tr>
<td>- Low cholesterol.</td>
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<td>- Low serotonin.</td>
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Logotherapy suggests that the main reason for violence is the feeling of emptiness. When people enjoy great freedom without responsibility, the result will be frustration, despair, addiction, violence, neurosis and suicide.

When we as individuals do not have something to fight for, when we are bored with life and when we do not take responsibility for our actions, we enter into a state of existential frustration. This existential frustration is recognised by the feeling of meaninglessness. When this feeling of meaninglessness meets an inner emptiness, the clients will be in a state of existential vacuum. Elisabeth Lukas writes in her book, “Meaningful living” that, “Social research has shown that this vacuum may have dangerous consequences. Among them are depression, “inflation of sex”, addiction and violence. Also the frightening attraction of cults may be a result of the existential vacuum”.

A violent life destroys souls.

Pro 11:30

People ask me what advice I have for married couples struggling in their relationship. I always answer: pray and forgive. And to young people from violent homes, I say: pray and forgive. And again, even to the single mother with no family support: pray and forgive.

Mother Teresa
The existential vacuum can lead to what Viktor Frankl called, “The Mass Neurotic Triad”.

All three possible outcomes – depression, aggression and addiction, have an aggressive side. Depression can involve self-harm, e.g. suicide, addiction can lead to aggression, e.g. domestic violence due to excessive drinking, and aggression is per se violent.

To be able to deal with aggression, depression or addiction, there is a need for the clients to find new meaning potentials. It is in finding meaning in life that these symptoms will diminish. Logotherapeutic research shows a clear correlation between lack of meaning in life and problem drinking or the use of drugs.

Psychological reasons:
Documentary prison films attest that where there are violent relationships, there is fear. The inmates were asked about their emotional state during violent crimes, and the majority reported that they experienced intense fear while being violent.

Psychiatrists have also studied children who grew up in violent cultures like war stricken countries. The results show that there is a long-term negative impact coming from such a background.

Clinical studies show that people who watch violent films on TV are affected by it. There are harmful effects due to watching violence, brutality and sadism.

Violence and purpose in life are inversely related.

Physical reasons:
Paul Rosch from The American Institute of Stress described how a study found that psychiatric patients with cholesterol under 160 had twice the rate of suicide as controls with normal levels. Another study showed that people with this low level of cholesterol had a three fold greater incidence of depression and were at greater risk of suicide. Rosch concludes, “Violent behaviour has been significantly linked to low cholesterol levels in a variety of studies.”
Lewis Wolpert wrote in his book, “Malignant Sadness”,

People with a history of impulsive and violent behaviour, like violent criminals and those who commit suicide by violent means, have been reported to have low serotonin levels. Giving drugs to aggressive psychiatric patients, drugs which increase serotonin function, might reduce hostility and violent outbursts.

Paul Welter has described a model of violence development through a process of events.

Stage One: Hurt
When people have been deeply hurt, deliberately or unintentionally, their first emotional response is to be hurt. The victims’ attitude and reaction to this initial hurtful emotion is the deciding factor on whether the situation is going to escalate or not. Forgiveness will lead down one road, anger another.

Stage Two: Anger
If the victims start brooding over the event, soon anger will fill the place of the hurt. The actual situation was hurtful, but the anger is even more intense. During this stage the victims might start blaming others and lose perspective. The victims lose sight of their own areas of responsibility and they become more uncaring and insensitive.

Stage Three: Revenge
When the victims do not deal with their anger, a new layer of pain overtakes the anger. This time it is the emotion of revenge. This even stronger emotion makes it easier to hurt even people that the victims love dearly. The focus is now on getting even, no matter the cost. Revenge is seen as an equaliser and the only way to deal with the situation fairly.

As long as we do not pray for our enemies, we continue to see only our own point of view – our own righteousness – and to ignore their perspective. Prayer breaks down the distinctions between us and them. To do violence to others, you must make them enemies. Prayer, on the other hand, makes enemies into friends.

Jim Wallis

Based on, “Family Problems and Predicaments” by Paul Welter.
Stage Four: Contempt
The first three emotions are all hot feelings, but the fourth stage is ice cold and the seedbed for aggression. This cold attitude makes it easier for the victim to hurt others, because they feel that that is their right. The perpetrators are in their way and the victims feel superior to them. They could never see themselves doing the things that the perpetrators have done, but they still get their own back.

Pastoral Counsellors would often look at the area for forgiveness as a key to disarm the powerful emotions. Martin Luther King writes in his book, “Strength to Love”: “Love is the only force capable of transforming an enemy into a friend.”

Most of all, love each other as if your life depended on it. Love makes up for practically anything.
1 Peter 4:8 (MSG)

The earlier victims can come to terms with forgiveness, the less pain they will feel themselves. Going back to Paul Welter’s chart, it is possible to see the effect of forgiveness. The initial feeling of hurt had a certain pain connected to it. If forgiveness comes in at this time, the victims do not have to live through some of the levels of much stronger and painful emotions.

Other interventions could be:
- Helping the perpetrators and victims to take responsibility for their actions. As Dallas Willas has put it in his book, “Renovation of the Heart”, “I’m not okay and you’re not okay. We’re in serious trouble”.
- Helping the perpetrators to find meaning in life.
- Helping the victims to find meaning in suffering.
- Helping the perpetrators to identify what I have called copied behaviour and take a stand. Why have they embraced the behaviour of maybe a parent or a peer and copied their emotions, actions and attitude?
- Helping the victims to rise above their circumstances by the defiant power of the human spirit.

Violent environments can lead to depression
Lewis Wolpert wrote in his book, “Malignant Sadness”:

Violence is the opposite of strength, for the energy it brings to bear is only the energy of despair.
Georges Gusddorf

The most consistent evidence suggests lack of maternal care and the presence of family violence as predisposing factors. Marital discord and divorce can also contribute.

Marked parental rejection or neglect, violent treatment from a member of the household or sexual abuse roughly doubles the chance of a depressive episode in any one year in adult life.
Logotherapeutic Transcendental Crisis Intervention

Jerry L. Long, Jr. developed a model for understanding the process that leads to self-harm and healing. Part of this model is referred to in the chapter, “The Role of the Counsellor.”

Long, Jr. identified the following signs that could lead up to a possible crisis in his article, “Logotherapeutic Crisis Intervention.”

The clients’:
1. Level of stress.
2. Coping ability.
3. Personality and support system.
4. Attitude to life.
5. Change in behaviour and/or mood.

He also identified a number of factors, which help in determining how serious the potential is for suicide. The clients’:
1. Change in sleep patterns.
2. Experience of the morning blues.
3. Change in interest in life and involvement in different activities.
4. Surprising improvements.
5. Degree of withdrawal.
6. Willingness to communicate with others.

The following chart shows the Jerry L. Long, Jr. development model from the initial trauma to self-transcendence.

Suicide prevention

Alan R. Salthouse has been analysing the downward spiral that leads to suicide and the upward spirit of Logotherapeutic treatment that can prevent suicide.
The Logotherapeutic understanding of this kind of aggression is that it exists because clients experience the existential vacuum. There might be other reasons as well, e.g. recovering from depression, drug and alcohol abuse and stress, but these factors are seen as secondary.

The downward spiral of suicide

```
Existential vacuum
  Repressed will to meaning
  No long-term goals
  Weak value and support systems
  Loss
  "Life owes me"
  Low sense of achievement
  Low self-esteem
  Powerlessness
  Depression
  Distorted perception
  Diminished coping skill
  Addictions
  Inability to see alternatives
  Blocked ability to choose
  Hopelessness
  Ideation
  Means and opportunity
  Suicide
```

I am convinced that if we succumb to the temptation to use violence in our struggle for freedom, unborn generations will be the recipients of a long and desolate night of bitterness, and our chief legacy to them will be a never ending reign of chaos.

Martin Luther King
Salthouse’s model suggests that there are different phases that lead to suicide:
- A repressed will to meaning.
- Long term goals and priorities are lost.
- Lack of support from friends and family.
- Lack of a personal belief system.
- A depressed state of being, where the clients’ perceptions get distorted. Every task and opportunity seems unbearable and the clients become obsessed with their own shortcomings.
- The mental and emotional focus is on self. There is no place for self-transcendence.
- Addiction might set in at this phase. Clients use alcohol or drugs as self-medications with the purpose of making the pain go away. Unfortunately the opposite is to be expected, because drugs increase the clients’ stress level and decrease the brain’s abilities.
- Perceptions and reason become clouded. Clients have a difficulty in finding alternatives to suicide. Clients find themselves trapped in their hopelessness.
- Suicide has become an obsession.

The upward road of meaning
Salthouse offers an upward road to recovery, journeying from despair to meaningful living.

In helping clients to break the negative downward spiral the reality is, that often the inner and outer pressure is still there. To be able to deal with that reality, Logotherapy will look at the whole area of attitude modulation. The clients may not be able to change their circumstances, but they can change their attitude.

This road may include some of the following stepping stones:
Viktor Frankl used a simple but profound test if diagnosing the danger of suicide. He would ask the clients,

Are you planning to commit suicide?

If the answer was negative he would ask the question,

Why not?

This question would take people by surprise. If they were trying to cover up, they wouldn’t know what to answer. This moment of surprise could open the door for reality to break through. Clients would be challenged to use their defiant power of the human spirit to take a stand. They do not have to end in a hopeless state because of inner or outer circumstances. The decision to give up or fight is in the hands of the clients.

But it is not enough to decide to live. People need something to live for. Through Socratic Dialogue the clients will be searching for new meaning in life that can help them to see that they have some options in life. When they are in a tight corner, it is time for creative thinking. They can fail towards success, but it depends on their attitude and willpower.
As clients search for meaning, they will be able to start setting goals and to regain a vision for life. But – there will be setbacks and challenges, which they need to accept and with which they need to wrestle.
Beside the Modification of Attitudes and Socratic Dialogue, Dereflection is very appropriate. The purpose is to help the clients to let go of their hyperreflection.

We need to lose ourselves in awe and wonder like a child.

Paul Welter

It is in losing ourselves that we enjoy life, it is in doing something for others that we experience happiness. The whole purpose of dereflection is to move clients from self-centredness to self-transcendence. This process happens when we have something or somebody to fight for. Helping the clients to be determined to look beyond self is key in maintaining health and happiness.

I rejected violence and began to look for peace, but soon I realised that peace is much more than the absence of war. I wanted something to live for, not just something to fight against.

John Winter

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Values

If you had to move and could only take three things, what would they be?

Decisions are easy to make, when people have clear values. Values can be conscious and unconscious, but they show themselves in attitudes and decisions. People are loyal to their values. When decisions are being made and unmade, it is due to a value conflict.

There are values that people move to and values that they move from. The values that people move to are values that create pleasurable emotions. On the other hand there are values that create pain, so people try to act so that they do not have to face them.

Typical pleasurable values

People have a value hierarchy; some are more important than others. The following list shows ten typical values. Reflect on the list and put them in order of importance for you with 1 being the emotional state you hold most important and 10 being least important.

<table>
<thead>
<tr>
<th>Value</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love</td>
<td>1</td>
</tr>
<tr>
<td>Success</td>
<td>2</td>
</tr>
<tr>
<td>Freedom</td>
<td>3</td>
</tr>
<tr>
<td>Intimacy</td>
<td>4</td>
</tr>
<tr>
<td>Security</td>
<td>5</td>
</tr>
<tr>
<td>Adventure</td>
<td>6</td>
</tr>
<tr>
<td>Power</td>
<td>7</td>
</tr>
<tr>
<td>Passion</td>
<td>8</td>
</tr>
<tr>
<td>Comfort</td>
<td>9</td>
</tr>
<tr>
<td>Health</td>
<td>10</td>
</tr>
</tbody>
</table>
Values conflict and self-sabotage
Some clients have conflicting values. They might have adventure as a pleasurable value, and security as a pain inflicting value. This conflict will show up when they have to make decisions. They might get the chance to do something very exciting, maybe a new job opportunity, but their need for security might stop them from daring to take the risk of taking on a new job.

Anthony Robbins writes in his books about how people would rather avoid pain than gain pleasure. In other words, the pain inflicting values will often win. In the above situation, it would be the fear of feeling insecure that would win over the opportunity to gain adventure. To that end it is important to eliminate some of the pain inflicting values. They need to lose their power.

Pain inflicting values
Reflect on the list and put them in order of importance for you with 1 being the emotional state you fear the most and 10 being least important.

Choosing values
It is possible to choose values. Often people’s values are shaped by their upbringing, by school and their peers. During their upbringing, parents demonstrate their own values in the way they discipline their children. What does the child need to do to experience love, affection, getting treats, etc. In school children quickly learn what to do to get the teacher’s attention and appreciation. These values might be good, but they might not be the right ones for everybody. Each person is unique.

In the Bible it is clear that people have a choice. It is called to walk in the spirit or in the flesh. Jesus uses the illustration of somebody being humiliated. He is quoted in Matthew 5:39 (NLT) as saying, “But I say, don’t resist an evil person! If you are slapped on the right cheek, turn the other, too.” Some people would not turn the other cheek, but would do something humiliating back. An-eye-for-an-eye kind of attitude. Whenever Jesus suggests a pattern for reactions, they are always surprising and the opposite of people’s immediate reaction. That means, there is a choice.
The following is a suggestion of two sets of values suggested by Paul in the book of Galatians.

**Pleasurable values - Gal 5:22-23**
1. To be loving.
2. To be joyful.
3. To be peaceful.
4. To be patient.
5. To be gentle.
6. To be generous.
7. To be faithful.
8. To be humble.
9. To be self-controlled.

**Values to eliminate - Gal 5:19-21**
1. Immorality.
2. Impure thoughts.
3. Pleasure seeking.
4. Idolatry.
5. Participating in demonic activity.
6. Hatred.
7. Hard to get along with.
10. Selfish ambition.
11. Arguing.
12. Causing divisions.
13. Envying.
15. Wild partying.

**Pathways to meaning**
In Logotherapy the three pathways to meaning are also seen as three groups of values. There are creative values – things we do, experiential values – people that we meet and situations we encounter, and attitudinal values – the attitudes we take to things we cannot change.

The following quote by Norman Cousins shows the importance of attitudinal values in people’s lives. At the age of 10 years Cousins was in a TB sanatorium. The quote is taken from his book, “Anatomy of an Illness”.

What was most interesting to me about that early experience was that patients divided themselves into two groups: those who were confident they would beat back the disease and be able to resume normal lives, and those who resigned themselves to a prolonged and even fatal illness. Those of us who held to the optimistic view became good friends, involved ourselves in creative activities, and had little to do with the patients who had resigned themselves to the worst.

I couldn’t help being impressed with the fact that the boys in my group had a far higher percentage of “discharged as cured” outcomes than the kids in the other group.

**How to be satisfied in life**
In his books Viktor Frankl touches on the need for values to govern our lives. Some people will be excited and motivated about something that they will see as a success. It could be a promotion, getting a family or a home. As they get these things, some people still do not feel satisfied. It was nice for a short time, but it does not satisfy their needs long term. What Frankl is suggesting is that it all has to do with our attitudinal values.

Man is able to live and even to die for the sake of his ideals and values.

Viktor Frankl
Achievements or success are not necessarily enough to satisfy people. What fulfils people depends on their attitude. It is interesting to note that in the Bible, Paul’s letter to the Philippians is called the “Letter of Joy”. This letter was written while Paul was in prison. It is not people’s circumstances that determine their sense of fulfilment, but their attitude.

**Search and you shall find**
People are on different stages in their search for meaning. In this search people can be divided into different categories:

- **Distressed**: Some people are distressed because they know what it is to live with meaning. They have now lost the meaning of the moment, and they seem to find it difficult to find their feet again.

- **Discontented**: Some people are still on their search. They know there is something more, but they have not found it yet. They might experience existential frustration.

*Viktor Frankl, "The Will to Meaning."

The only way for us to have long-term happiness is to live by our highest ideals. 
Anthony Robbins
Pyramidal value system: Some people have some clear values. They are built up like a pyramid with maybe just one strong value at the top. As long as their lives form around this value, they are healthy and happy. If they experience some kind of setback where it is not possible for them to pursue this one important value anymore, they feel disappointed.

Parallel value system: This is the most healthy place long-term. Here the people have several values, at different levels. If they cannot pursue one value, their world will not collapse. They are able to switch to another. Counsellors will often be a situation, where they are to help people find parallel values to base their lives and decisions on. If clients face unavoidable suffering, they will have a good foundation, if they have a series of values.

**Universal values**
Viktor Frankl suggests that decision making has become more difficult than it used to be. In the past many cultures had specific traditions and values. These values were not debatable and that decision making was easy. People knew what was expected of them.

In the Western world many of these traditions, values and morals have passed away. Young people question the values and traditions of the older generation. This is healthy if it creates individuals who reflect and make conscious decisions. On the other hand, not everybody wants to go through that process. Then they easily fall prey to conformism – doing as their peers do – or to totalitarianism – doing as expected. Both extremes are dangerous.

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We are what we repeatedly do. 
_Aristotle_
**Logoanalysis**

If you could spend the rest of your life doing exactly what you wanted, what would you do?

What is Logoanalysis?
Logoanalysis is a practical step-by-step application of the main principles in Logotherapy.

Logoanalysis exercises help participants to conscious awareness of their meaning potentials through the three pathways to meaning.

The purpose of the exercises is:
- to help the participants find areas that are meaningful to them
- to set reasonable goals
- to link the goals with values that give meaning to the participants
- to create action plans
- to identify the strengths and weaknesses that can hinder the participants in reaching the goals.

Value Awareness Technique (VAT)
Some of the exercises focus on finding the values that each participant finds meaningful. These exercises take the following format:

a. Expanding conscious awareness: The participants will look at their lives from different angles.
b. Stimulating creative imagination: The participants will brainstorm to find their underlying values.
c. Projecting personal values: The participants will be selecting the most important values.

I cry out to God Most High, to God who will fulfill his purpose for me.
Psalm 57:2 (NLT)
R.R. Hutzell offers the following outline in the article, "How to conduct a 10-session Logoanalysis group".

1. **Introduction**
   a. Introduction: Participants tell who they are, why they decided to attend
   b. Overview: Logotherapy basic information and intended course of Logoanalysis
   c. Discussion: Questions regarding Logotherapy/Logoanalysis
   d. Administration, scoring, and discussion, Assessment relevant to existential vacuum (Purpose in Life Questionnaire)
   e. Explanation: Values Awareness Technique (VAT)
   f. Group exercise (to demonstrate VAT): “What I wanted to be”.
   g. Homework: Beginning exploration of creative values
   h. Individual help: Participants begin their homework and raise questions.

2. **Values clarification – creative values**
   a. Discussion: Progress/difficulties with homework
   b. Worksheet: Distribute values worksheet
   c. Group exercise: Jobs held
   d. Group exercise: Alternative jobs
   e. Group exercise: Satisfying achievements
   f. Homework: Completing exploration of creative values
   g. Homework: Beginning exploration of experiential values
   h. Individual help: Participants begin their homework and raise questions.

3. **Values Clarification – Experiential values**
   a. Discussion: Progress/difficulties with homework
   b. Group exercise: Recent events
   c. Group exercise: Positive people
   d. Group exercise: Artistic expressions
   e. Discussion: Independence vs. dependence vs. inter-dependence
   f. Homework: Completing exploration of experiential values
   g. Homework: Beginning exploration of attitudinal values
   h. Individual help: Participants begin their homework and raise questions.

4. **Values clarification – Attitudinal values**
   a. Discussion: Progress/difficulties with homework
   b. Group exercise: Wise sayings
   c. Group exercise: Taking a stance
   d. Group exercise: My obituary
   e. Homework: Completing exploration of Attitudinal values
   f. Homework: Constructing a values hierarchy
   g. Individual help: Participants begin their homework and raise questions.

5. **Focus on goals:**
   a. Discussion: Progress/difficulties with homework
   b. Elaboration: Values Hierarchy
   c. Group exercise: Setting goals
   d. Group exercise: Alternative perspective on goals
   e. Group discussion: The two just completed goals exercises
   f. Homework: Actual goals
   g. Individual help: Participants begin their homework and raise questions.
6. **Fitting goals with values**
   - a. Discussion: Progress/difficulties with homework
   - b. Demonstration: Analysing goals to fit with personal values (short-term goals)
   - c. Repeat demonstration: Analysing goals (intermediate goals)
   - d. Repeat demonstration: Analysing goals (long-term goals)
   - e. Explanation: Importance of experiencing all of one’s values
   - f. Homework: Participants analyse their goals, become aware of any leftover values
   - g. Individual help: Participants begin their homework and raise questions.

7. **Setting new goals**
   - a. Discussion: Progress/difficulties with homework
   - b. Demonstration: Setting new goals for leftover values (short-term goals)
   - c. Repeat demonstration: Setting goals for leftover values (intermediate goals)
   - d. Repeat demonstration: Setting goals for leftover values (long-term goals)
   - e. Discussion: Ideas related to the topic of setting new goals
   - f. Homework: Participants set/evaluate a new short-term, intermediate, and long-term goal
   - g. Individual help: Participants begin their homework and raise questions.

8. **Planing for goal achievement**
   - a. Group discussion: Homework results, each participant shares new goals
   - b. Demonstration: Goal achievement outline (short-term goal)
      1. Plan
      2. Implement
      3. Evaluate
      4. Adjust
   - c. Repeat demonstration: Goal achievement outline (intermediate goal)
   - d. Repeat demonstration: Goal achievement outline (long-term goal)
   - e. Discussion: Ideas related to the topic of establishing plans to achieve goals
   - f. Homework: Participants set goal achievement plan for each length of goal
   - g. Individual help: Participants begin their homework and raise questions.

9. **Current status analysis:**
   - a. Group discussion: Each participant shares the three goals for which they have established plans
   - b. Group exercise: Assets and deficits
   - c. Group discussion: We are then in a position to make the choice to change or not change
   - d. Discussion and demonstration: Modifying assets and deficits
   - e. Homework exercise: Describe your assets and deficits
   - f. Homework exercise: Incorporating assets and deficits into plans
   - g. Individual help: Participants begin their homework and raise questions.
10. Summary and critique

a. Group discussion: Participants share examples of how they will incorporate assets/deficits
b. Summary: What the course of the group has been, any comments about the group
c. Group discussion: Any changes participants see in themselves as a result of attending
d. Motivation: Getting started
e. Re-administration, scoring, and discussion, assessment relevant to existential vacuum.
f. Distribution. Reading lists of relevant topics and any other take-home materials
g. Critique: Group members critique the logoanalysis
h. End

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**Stress**

What is a typical stressor for you: Guilt, worry or anger? What do you do about it?

What is stress?
When it comes to defining stress, there are a lot of different definitions. Dr. Hans Selye gives this definition: “The non-specific response of the body to any demands.”

Said in another way, stress can be defined as our response (stress reactivity) to a stimulus (stressor).

Stress is usually put into two different categories:
- Distress (from Latin *dis* = bad)
- Eustress (from Greek *eu* – good)

It is good stress for example when people are close to falling off the roof and their body goes into a state of stress, which makes them more alert and helps them to act quickly. It is bad stress, when people’s minds cannot quiet down after a meeting, so that the adrenaline keeps rushing through their bodies. They cannot fall asleep, cannot find rest or be refreshed.

A stressor is defined by Selye as, “that which produces stress”. This stressor can be external or internal. The external stressor could be an illness where an internal stressor could be worry about having money enough to pay the next bill.

People experience the stressors differently. This has do to with people’s perception of the situation and their bodies’ responses are proportional to the magnitude of the perceived danger or threat.

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He makes me lie down in green pastures; He leads me beside quiet waters. He restores my soul; He guides me in the paths of righteousness for His name’s sake. Psalm 23:2-3 (NASB)

It is important that we are not observers of life, but engaging in life. Khatami

Richard J. B. Willis, “Stress Management.”
The protective system
When people are under stress their bodies go into a fight-or-flight response. People’s brains cannot discern if it is an external danger or internal, and react in the same way in either situation. Dr. Hans Selye uses the expression GAS or General Arousal System to describe the phenomena.

There are three components to this protective system:
1. The alarm system. This system is designed to alarm people; something is going wrong and body tissue is being damaged.
2. The resistance system or the activating system. This stage prepares people for the fight or flight response by triggering and sustaining adrenaline arousal. It is time to respond to the stressor.
3. The exhaustion system or the recovery system. This is the time of healing and restoration. People need a lot of rest after a stressful time. This time can easily be neglected. After an illness such as flu, on finding that the temperature is back to normal one could feel ready to return to work, but if the immune system has not had the time to recover, it is easier to catch other diseases. People also find it difficult to fight tiredness.

The stress response
The following two charts show how people’s bodies respond to a stressor.

**Stress is the salt of life.**
Hans Selye
Work performance
People often use stress to help them deal with deadlines. They use the deadline as the motivating factor to get the work done and they are able to work day and night until the project is finished. In this situation people use the stressful situation to focus their minds and to enhance their work performance.
This chart shows why people can work very effectively under stress, but also how too much stress for too long wears people out and their work performance becomes less effective. When I was the Managing Director of a television station we worked under many deadlines all the time. We were a small band of staff working on an ambitious project. Besides our normal deadlines we also created special projects. Although we really didn’t have sufficient time to go through with these projects, we met the deadlines. We just worked day and night. We saw some great results and it was a very creative work environment even though our reality was a struggle against a lack of money, lack of qualified staff and inadequate machinery. The big temptation was to keep on working like this, but as Managing Director I added extra holidays and breaks to try to compensate for the enormous workload. All those working under these conditions needed rest to cope with their stressful lifestyle and time to be with their families.

**Type A and B Personality**

Meyer Friedman and Ray H Rosenman researched the link between our personality type, stress and heart disease.

In short the two personalities are described as follows:
Friedman and Rosenman tested 2,500 people and 50 – 60% could be identified as authentic Type A’s. They also found that Type B personalities didn’t have any heart problems before the age of 70.

This personality profile has since been re-tested, and now the only characteristic held up as a predictor of heart disease is unresolved hostility, which is encouraging.

It would be disturbing if 60% of the population’s natural temperament was a prediction for heart disease. Taken to the extreme it means that people could not take part in sports or in other kinds of competition because of the Type A behaviour that is linked to these kinds of activities.

Logotherapy is the key to dealing with our attitudes and hostility, where we are encouraged to adjust our attitudes even in unjust situations.

**Some of the effects of chronic stress**
When exposed to long term stress, the body will start to be affected.

a. Normally the thymus gland relaxes and expands and in this expansive state it functions to its peak producing lymphocytes that contain cancer-killing T-cells. The thymus gland shrinks during long illness or periods of stress. Under prolonged stress we tend towards illness.

b. Dr. Hart writes, “The anti-pain system becomes depleted. When the demand is unrelenting, the endorphins become depleted. This is one of the reasons why stress-related illnesses are so often linked to feelings of pain all over the body.”

c. “The anti-anxiety system becomes depleted. Under prolonged conditions of stress, however, these natural tranquilisers become depleted and the experience of anxiety goes up. This can make us prone to panic attacks.”

**Common signs and symptoms of stress**
There are at least 50 common signs and symptoms of stress according to The American Institute of Stress. It is a rather too long and non-specific list to be of great use, but maybe what the list is stating, is that when people are under pressure – external or internal – they encounter stress. In our dealing with people’s illnesses, hurts, habits and hang-ups, counsellors will therefore have to find ways to deal with the stress in order to be able to deal with the lifestyle problems.
50 common signs and symptoms of stress

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Frequent headaches, jaw clenching or pain</td>
<td>26. Insomnia, nightmares, disturbing dreams</td>
</tr>
<tr>
<td>2. Gritting, grinding teeth</td>
<td>27. Difficulty concentrating, racing thoughts</td>
</tr>
<tr>
<td>3. Stuttering or stammering</td>
<td>28. Trouble learning new information</td>
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<tr>
<td>4. Tremors, trembling of lips, hands</td>
<td>29. Forgetfulness, disorganisation, confusion</td>
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<tr>
<td>5. Neck ache, back pain, muscle spasms</td>
<td>30. Difficulty in making decisions</td>
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<tr>
<td>7. Ringing, buzzing or “popping sounds”</td>
<td>32. Frequent crying spells or suicidal thoughts</td>
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<tr>
<td>8. Frequent blushing, sweating</td>
<td>33. Feeling of loneliness or worthlessness</td>
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<tr>
<td>9. Cold or sweaty hands, feet</td>
<td>34. Little interest in appearance, punctuality</td>
</tr>
<tr>
<td>10. Dry mouth, problems swallowing</td>
<td>35. Nervous habits, fidgeting, feet tapping</td>
</tr>
<tr>
<td>11. Frequent colds, infections, herpes sores</td>
<td>36. Increased frustration, irritability, edginess</td>
</tr>
<tr>
<td>12. Rashes, itching, hives, “goose bumps”</td>
<td>37. Overreaction to petty annoyances</td>
</tr>
<tr>
<td>13. Unexplained or frequent “allergy” attacks</td>
<td>38. Increased number of minor accidents</td>
</tr>
<tr>
<td>14. Heartburn, stomach pain, nausea</td>
<td>39. Obsessive or compulsive behaviour</td>
</tr>
<tr>
<td>15. Excess belching, flatulence</td>
<td>40. Reduced work efficiency or productivity</td>
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<tr>
<td>16. Constipation, diarrhoea, loss of control</td>
<td>41. Lies or excuses to cover up poor work</td>
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<tr>
<td>17. Difficulty breathing, frequent sighing</td>
<td>42. Rapid or mumbled speech</td>
</tr>
<tr>
<td>18. Sudden attacks of life threatening panic</td>
<td>43. Excessive defensiveness or suspiciousness</td>
</tr>
<tr>
<td>19. Chest pain, palpitations, rapid pulse</td>
<td>44. Problems in communication, sharing</td>
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<tr>
<td>20. Frequent urination</td>
<td>45. Social withdrawal and isolation</td>
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<tr>
<td>21. Diminished sexual desire or performance</td>
<td>46. Constant tiredness, weakness, fatigue</td>
</tr>
<tr>
<td>22. Excess anxiety, worry, guilt, nervousness</td>
<td>47. Frequent use of over-the-counter drugs</td>
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<tr>
<td>23. Increased anger, frustration, hostility</td>
<td>48. Weight gain or loss without diet</td>
</tr>
<tr>
<td>24. Depression, frequent or wild mood swings</td>
<td>49. Increased smoking, alcohol or drugs use</td>
</tr>
<tr>
<td>25. Increased or decreased appetite</td>
<td>50. Excessive gambling or impulse buying.</td>
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</tbody>
</table>

The energy draining triad

Holmes and Rahe created a test to measure people’s level of stress. This test consists of 41 life events, which can all be put into three different categories; Guilt, worry and anger.

![Energy Draining Triad Diagram]

I thought there was a need for a simple tool to use to focus on the right areas during a counselling session. The counsellor will be able to ask the clients what causes most stress for them at the moment; Anger, guilt or worry.
When the clients have made up their minds, it is possible to pursue this area in greater detail. That will involve Socratic Dialogue and different techniques depending on the situation.

All three stressful areas are demotivating and energy consuming. To regain vitality they have to be dealt with and it can also help clients to live longer. As stated earlier a hostile heart can give problems with the heart, which shows the importance of emotional wellbeing under all circumstances.

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THE ROLE OF MEANING IN STRESS MANAGEMENT

Arlen R. Salthouse

A special contribution of logotherapy to understanding stress at all levels is the introduction of the component of meaning. Meaningful activities and relationships create healthy tension; while lack of meaning, and whatever is done to compensate for that lack, create unhealthy stress. Any activity, be it work or play, without purpose or meaning is likely to produce harmful stress. Logotherapy refers to such a deficit of meaning as existential vacuum, and refers to the failure to find meaning as existential frustration.

We experience stress at three levels. The first is the general stress that exists within our society. Examples are the implicit threat of layoffs due to downsizing; or the threat of random acts of violence. This is manifested as a sense of "too much to do in too little time," resulting from the general pressures of living and working in modern times, or increasing isolation from family, neighbors, career, church, etc. Such general stress is experienced, more or less and in differing ways, by all members of the society.

The second level of stress is particular to subculture members, such as ethnic, religious, occupational, or professional groups. There are unique stresses common to groups such as caregivers, the elderly, adolescents, coal miners, airline pilots, therapists, police, fire-fighters, military personnel, schoolteachers, single parents, students, homosexuals--to name but a few. These can be enumerated in terms of the expectations, hazards, attitudes, and values--including the sense of worth, purpose, or meaning--generally perceived within the group.

The third level of stress is unique to us as individuals. It depends on what is going on in our lives, against the background of a lifetime of uniquely personal experiences, and the meaning we have found in them.

It also includes those resources, techniques, and attitudes developed for coping with stressful situations.

What Is Stress?

A common denominator in all forms of stress is change. Some changes are relatively minor and expected; others are major, unexpected, and sudden. The latter tend to be most stressful.

While stress is a reaction to change that affects us physically and psychologically, logotherapy adds the spiritual dimension. The human spirit remains intact at its essential core, thus becoming a primary agent for healing and coping with stress. It is in this spiritual dimension that we find the meaning in life that reduces and helps us manage what otherwise would be destructive stress.

Stressful changes may be explicit, such as a marriage, pregnancy, the birth of a child, a new job, or loss of a spouse. They may also be implicit, such as a surprise visit from a friend, revision of the commuter train schedule, alteration of one's job description or work expectations. Implicit change can also include the way one perceives a situation, such as a task that has become so routine as to seem meaningless; an old friendship that has become tiresome; or an old belief that has lost its significance.

In addition, logotherapy recognizes the stress created by a conflict of values. P, a woman in her late 20's, was experiencing stress-related sleep and digestive disorders. After several counseling sessions, she admitted being "in love with two men"--her husband of five years, as well as an older, recently widowed, co-worker. Until this conflict was resolved by making an intentional, meaningful choice, her symptoms remained. Once that choice was made, the symptoms disappeared.

How Does Stress Affect Us?

Stress affects persons physically, psychologically, and spiritually. At the most basic level this occurs as an instinctive "fight or flight" reaction. Typically, in this primitive stress response, adrenaline starts flowing, the heart beats faster, blood pressure rises, and the rate of breathing increases. It keeps us alert to danger, and enables us to survive in the face of imminent danger. However, the fight or flight reaction, which serves well where the threat is physical and identifiable, falls short where the threat is intangible or hard to identify; as are many of the dangers we face nowadays. New situations, new rules, new roles, new expectations, and new pressures trigger the stress response as they call for adjustment in human behavior and attitudes. Those
bodily adjustments, such as rising blood pressure, that worked well in primitive conditions, are detrimental in the modern context, and work against instead of for us. In contrast to our ancestors, whose stress response stimulated them to enhanced performance, we often find it reducing our ability to perform well. At the extreme, it causes us not to perform at all. We simply become numb.

In addition to the symptoms of the fight or flight reaction, there are numerous other effects of overstress in our lives today. This writer has identified nearly 50 such symptoms which may be considered warning signs of overstress and its unhealthy consequences. Their function is to awaken us to danger and motivate us to alter our lifestyle. These symptoms range from mild tension headaches and tightened muscles to suicide.

Consistent with the logotherapeutic premise that the human being is an entity consisting of body, mind or psyche, and spirit, these consequences of overstress are understood not only as psychological but also as psychosomatic or noosomatic disorders. Psychosomatic stress disorders are those in which the stressed-out mind or emotions cause dysfunction of the body, such as stomach or bowel distress. Noosomatic stress disorders are those in which stress in the poetic or spiritual area, such as existential frustration, guilt, or conflict of values, is at the root of physical disorders.

How Much Stress Can We Take?

Not only is stress normal, but a certain level of stress keeps us alert, energizes and makes us productive. As Frankl states, "What man needs is not a tensionless state but the striving and struggling for something worth longing and groping for. What man needs is not so much the discharge of tensions as it is the challenge of the concrete meaning of his personal existence that must be fulfilled by him and cannot be fulfilled but by him alone. The tension between subject and object does not weaken health and wholeness, but strengthens them."

However, there is an optimal point between stress and productive energy. When stress increases beyond that point, energy levels off, then begins to lag; efficiency plateaus, then suffers; productivity stabilizes for awhile, then diminishes. Beyond that optimal point, overstress becomes counter-productive. The point of optimal stress/energy correlation varies with individuals, depending on how meaningful the stressor is perceived to be; and on the person’s ability to cope with stress. Much depends on our attitude toward stress; whether we view it as destructive or constructive; how much it is valued; or how much we are prepared to bear in order to achieve some desired meaningful end. An athlete, for instance, willingly endures considerable stress on his or her body to win a race or game. Endurance for stress is unique to each person; and it is helpful to know one’s own capacity. In some instances, this self-knowledge is an objective of therapy.

This capacity for stress endurance does not remain static throughout life. The logotherapist seeks to enable the patient to expand that capacity by calling the patient’s attention to past successes in dealing with stressful conditions, or assisting the patient to discover previously unrealized, potential meaning in the circumstance causing the stress. It is amazing how much stress we can endure when we perceive some meaning in the stressful situation.

C, a middle-aged woman, married for 28 years to a verbally belligerent, controlling husband, had three children between ages 20 and 25. The middle child had been treated for cancer seven years prior and was currently in remission. C had a long history of heart disease for which she had had several surgeries. She also was partially paralyzed from a stroke and crippled with severe arthritis. At the time she began counseling, she was faced with the added stress of having discovered her husband’s long-standing affair with another woman. She felt this was "the last straw" and described herself as “at the end of my rope.” When, however, she was helped to see how she had courageously survived so much past stress, C began to view her ability to cope with her present stress in a new and positive light. She came to see herself as a courageous, strong woman. She found new meaning in her situation, and especially in being able to share her experience as an inspiration to others faced with similar stress.

Coping With Stress

Techniques for coping with stress can be physical, psychological, or spiritual. As stress affects the entire person, the most effective way to cope with it is an holistic approach embracing all three dimensions. Spiritual resources, especially the will to meaning, need to be viewed together with psychological and physical means of coping.

The underlying premise for attempting to cope with stress is that human beings possess the ability to change. Just as change is at the root of much of the stress we face, so change is also our foundation for coping with it. The change that engenders stress is largely undesired. Coping requires desired changes—in behavior, attitudes, ways of thinking, and acting. It is also meaningful change—in a more meaningful direction. Logotherapy contends that such meaningful change is always
a possibility, even in the most stress-filled adversities. It is possible, but in highly stressful circumstances not always readily apparent. The function of the logotherapist in this situation is to help clients to see that they have alternatives; then challenge them to accept, and more importantly, to act upon that premise. Frankl explains, "...our assertion of human existence as a self-creating act corresponds to the basic assumption that a man does not simply 'be,' but always decides what he will be in the next moment. At each moment the human person is steadily molding and forging his own character. Thus, every human being has the chance of changing at any instant. There is a freedom to change, and no one should be denied the right to make use of it." 2, p.69

This freedom to change may be blocked in persons experiencing extreme stress. Ways need to be found to unblock it. Here is where some physical and psychological means can work in concert with spiritual resources.

Distancing is a key to stress reduction. This takes place in three ways: distancing from symptoms, distancing from external stressors, and distancing from internal stressors. Symptoms, such as gastrointestinal distress or headaches, may have become a preoccupation for the clients, blocking the road to meaning. Such persons need to be shown that they are more than the symptom. Attention should be paid to such matters as nutrition and exercise. Good diet and daily exercise can reduce stressful symptoms. As persons experiencing high levels of stress frequently turn to substance or food abuse, junk foods, caffeine, alcohol, and street drugs which exacerbate stress must be strictly controlled. The challenge to do this can be a source of meaning. Other ways of distancing from symptoms are through relaxation response, medication, vitamin therapy, music, humor, prayer, and meditation. These, too, can be presented as meaningful vehicles for better living.

Relaxation response is intentional, measured breathing and muscle de-tensioning. It decreases the heart rate and breathing rate, lowers metabolism, and brings the body into healthier balance. Starting at five minutes a day, it can be increased to 20 minutes, possibly divided into four segments during the day. Patients can be encouraged to practice relaxation response at such times as in the car while waiting in traffic, or while "on hold" on the telephone.

Modern medications and vitamins for reducing stress can be prescribed by a physician as an adjunct to logotherapy. Their purpose should be neither to entirely relieve, nor fully mask symptoms, but to reduce the overstress that stands in the way of dealing with the causes of stress. A danger of using medication is that the patient may be tempted to discontinue counseling before having dealt with the issue of meaning. It should be made clear that drug therapy and counseling go hand in hand.

Music, depending on its qualities, can either increase or decrease stress. This writer cites his own experience that in times of heightened stress, listening to a work of Mozart has often had a calming effect. Appropriate music may be recommended as a means of distancing from symptoms of stress.

Humor is another means of distancing from stress and stressors. Paradoxical intention is an effective logotherapeutic technique used to this end. Frankl states, "...humor is a paramount way of putting distance between something and oneself. One might say as well, that humor helps man rise above his own predicament by allowing him to look at himself in a more detached way. So humor would also have to be located in the noetic dimension. After all, no animal is able to laugh, least of all at himself." 2, p.20

The benefits of meditation and prayer in distancing from stress and its symptoms have been well tested in clinical practice. These include slowing of breath and heart rate, decrease in oxygen consumption and skin conductivity, lowering or stabilization of blood pressure. 4, p.191 Prayer has similar characteristics, and, by its self-transcending nature, prayer is secondarily an effective means of reducing stress and its effects.

Distancing from external stressors begins as clients start to identify sources of stress in their lives. They need to ask, "What changes or conflicts have recently occurred in my life?" Logotherapy focuses primarily on changes in the recognition of meaning. It is not the event per se, but how it affects the person, that determines the extent to which it becomes a stressor. Often, simply identifying the stressor begins the process which both distances from it and reduces it. The process continues as one examines the stressor more fully, talking through the concerns and worries it produces. This helps clients to see their situation in a different light, and enables them to distinguish between those stress-producing circumstances that can and cannot be altered. Here clients may need to be reminded of their ability to make a choice. The therapist may need to challenge them to exercise their defiant power of the human spirit to change those circumstances that can be changed. Frequently simple changes in lifestyle free us from bondage to stressful conditions.

Stressors that cannot be changed include irreversible losses, such as loved ones, health, limbs, work, treasured possessions, past failures,
mistakes, hurts, and wrongdoing. In such cases, stress may be manifested as blame or guilt, resentment, or anger. In all instances of stress resulting from irreversible circumstances, logotherapy insists that what always can be changed is one’s attitude, stance, or perspective toward the stressor. Modification of attitudes is always a possibility arising from the freedom of the human spirit or the will to seek meaning in all circumstances.

Internal stressors are stress-producing thoughts or emotions, such as anxiety about change, low self-esteem, negative valuation of one’s competence or ability to learn or perform, self-blame, hyperreflection on one’s problems, deficiency of self-image, and preoccupation with criticism. Fear of failure, along with perfectionism, also cause stress. Much present-day stress is generated and nurtured within ourselves.

This is where logotherapy steps in with its admonition, “You don’t have to take every nonsense from yourself!” The human spirit is able to stand up to stress-producing negative thoughts or emotions. It is here we see the practical value and application of Frankl’s assertion that the human spirit is distinct from the psyche. The defiant power of the human spirit enables us to say “No” to stress-producing emotions. But merely saying “No” is insufficient. Those old negative scripts should be replaced with new positive scripts in which meaning is the theme. Internal stressors are replaced with a meaningful outlook and attitudes.

A was a person who, for most of his life, tended to “catastrophize” situations. He could find the dark cloud in even the sunniest sky; and he caused himself both anxiety and stress by always “waiting for the other shoe to fall.” Years of high stress produced a history of gastro-intestinal problems. As he was helped to see his own role in creating stress, along with his ability to do something about it by making meaningful changes, and as he was challenged to experiment with more positive attitudes, he discovered the freedom and joy of living with less stress and coping with what remained. The outcome was life-changing indeed.

**Safeguards Against Future Stress**

Coping positively with today’s stress will go a long way toward helping us deal with tomorrow’s stress. But there are other ways to safeguard against future overloads of stress. One good way is to learn to relax. The problem for many of us, however, is that the harder we try, the less we succeed. Trying excessively to relax can prove to be highly stressful. Instead of relieving stress, it can actually add to it! While relaxation techniques, such as those mentioned above, are useful when used in moderation, they become counter-productive when we try too hard. When learning to relax becomes a burdensome chore, or when we become uptight about relaxing, that’s when we may be better off quitting the struggle to relax and, instead, give in to the stress. Logotherapy goes even further, offering the option of paradoxical intention. Reuven Bulka proposes a de-reflective exercise: “Resign yourself to the fact that you are going to be tense, and then just concentrate on doing things that you enjoy. Take your mind off relaxing. Remove the pressure of having to relax, and just go about finding things that you like doing and focusing on those things. Then, whether or not you are relaxed will become irrelevant.”

As logotherapy contends, it is impossible to wish for something and fear it at the same time.

Of course, one cannot totally protect oneself against all future over-stress. There are, however, some measures for minimizing the chances of becoming overwhelmed by it. One way is to review and reaffirm old sources of meaning in your life. What brought you joy and satisfaction in the past? What gave you a purpose for living? Answers to questions like these provide clues for finding meaning in the present and future. Sometimes the memories themselves are meaningful. Often they can be reaffirmed by telephoning or sending a note to a long-lost friend or taking up an enjoyable hobby again.

A second safeguard against future stress is to discover and affirm new sources of meaning. Meaning cannot be created, invented, or added to circumstances. It must be discovered in relationships, tasks or creative work, and values. The latter includes one’s faith, convictions, and attitudes. Once discovered, those meanings need to be affirmed by action.

Thirdly, much future over-stress can be avoided by practicing "the meaning of the moment." By living meaningfully in the present we avoid that stress which arises from two things. One is regret, blame, or guilt over past mistakes and failures. Yesterday can never be undone or changed; but one can certainly learn from the past and make the most of its legacy today. The other stress that is avoided by practicing the meaning of the moment is worry or anticipatory anxiety about what might happen in the future. This is not to suggest that we should not plan for the future. Indeed, the meaning of the moment may be to make decisions that positively affect the future. Living with meaning in the present, and finding meaning in the circumstances at hand, is splendid preparation, as well as safeguard against future over-stress.

We can also protect ourselves from much future over-stress by having a strong support network of caring, supportive family, friends, and co-workers. A lot of unnecessary stress is lessened by sharing it
with others. Knowing that others have gone through similar stresses, that they care and stand with us, that they are there to listen and are willing to share our burden—all this lessens stress and enables us to cope with it. But such support rarely comes unbidden. It needs to be developed and nurtured. By befriending others, reaching out to them, listening and sharing, and actively seeking their friendship and support, we create and build our own support networks. Nurturing meaningful relationships now can be invaluable in helping us to deal with future stress.¹, p.228-229

Finally, it is important to continue to build and reinforce stress-reducing, meaningful attitudes. As circumstances change, as crises and conflicts occur and new stressors arise, fresh responses are called for. We cannot merely react with the old fight/flight syndrome. Neither can we react with old scripts or attitudes wrought out of yesterday’s conditions. Each circumstance offers unique opportunities to discover new meaning in our lives. Among these are those meaningful positive attitudes that need to be built and reinforced to safeguard us from future overstress.

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References
The Relaxation Response

What is your most treasured memory?

____________________________________________________________
____________________________________________________________
____________________________________________________________

This treatment model has been developed by Dr. Herbert Benson and is widely described in his books. In many ways there is nothing new in this model, religious people have been practising relaxation response or meditation for thousands of years.

What is Relaxation Response?
The term is used to describe what happens in our body as a response to a focused time of meditation.

People with or without a personal faith can use the relaxation response and Herbert Benson suggests that clients use the following format:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Pick a brief phrase or word that reflects your basic belief system e.g. “Peace”, “Health”, “The Lord is my Shepherd”.</td>
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<tr>
<td>Step 2</td>
<td>Choose a comfortable position.</td>
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<tr>
<td>Step 3</td>
<td>Close your eyes.</td>
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<tr>
<td>Step 4</td>
<td>Relax your muscles.</td>
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<tr>
<td>Step 5</td>
<td>Become aware of your breathing, and start using your focus word or sentence.</td>
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<tr>
<td>Step 6</td>
<td>Maintain a passive attitude.</td>
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<tr>
<td>Step 7</td>
<td>Continue for a set period of time. Practise the technique for only ten to twenty minutes.</td>
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<tr>
<td>Step 8</td>
<td>Practise the technique twice daily.</td>
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I will meditate with my heart, and my spirit ponders.
Psalm 77:6 (NASB)

God never puts anyone in a place too small to grow.
Unknown
This technique is easy. Nothing is required of us except trying to focus on a positive sentence or word. Many people are used to this. We could go for a walk in the forest and enjoy the peace and the quiet. We might even take a few photos to hold on to this memory. When we are home thinking about the walk or looking through the pictures, we can recall the emotions, the calm, even the scents.

The Relaxation Response is built on this principle. By focusing our eyes and mind on the experience we can recall that peace without being in the forest. Dr. Benson’s research shows that meditating on the experience is just as powerful in relaxation as actually being in it. The only thing expected of the client is the willingness to use 20 minutes a day focusing on a positive word or sentence.

There are many benefits from using this technique and they counteract some of the typical stress-related fight or flight responses.

**Comparison of the physiological changes of the fight-or-flight response and the Relaxation Response**

<table>
<thead>
<tr>
<th>Physiological state</th>
<th>Fight-or-flight response</th>
<th>Relaxation Response</th>
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<tbody>
<tr>
<td>Metabolism</td>
<td>Increases</td>
<td>Decreases</td>
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<tr>
<td>Blood pressure</td>
<td>Increases</td>
<td>Decreases</td>
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<tr>
<td>Heart rate</td>
<td>Increases</td>
<td>Decreases</td>
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<tr>
<td>Rate of breathing</td>
<td>Increases</td>
<td>Decreases</td>
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<tr>
<td>Blood flowing to the muscles of the arms and legs</td>
<td>Increases</td>
<td>Stable</td>
</tr>
<tr>
<td>Muscle tension</td>
<td>Increases</td>
<td>Decreases</td>
</tr>
<tr>
<td>Slow brain waves</td>
<td>Decrease</td>
<td>Increase</td>
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Problems are not your problems. It’s not what happens to you but what happens in you that matters.  
John Maxwell,  
It’s just a thought...
These results are very significant. Research shows that in the US 1 in 6 people suffer chronic or severe recurrent headaches. 90% of these headaches are classified as tension-type headaches, because of pain or the feeling of tightness of the muscles of the scalp and/or neck. Dr. Paul Rosch in his article supports meditation as a traditional way to relieve the headaches. The chart above shows how muscle tension decreases by the use of the Relaxation Response. This is just one of the great advantages of using the Relaxation Response.

This simple technique is non-addictive, costs nothing and can be exercised anywhere. It is also very cost-effective for society, as Dr. Paul Rosch mentions in the same article that headaches are responsible for more visits to the GP than any other complaint.

But there are many other aspects that have been proved to be beneficial due to the use of the Relaxation Response.

Relaxation Response can:

- Break the anxiety cycle and relieve the anxiety-related symptoms of nausea, vomiting, diarrhoea, constipation, and short-temperedness.
- Combat attacks of hyperventilation.
- Alleviate the pains of headache, backache, and other pains, such as angina pectoris.
- Effectively treat many types of hypertension and heartbeat irregularities.
- Alleviate insomnia.
- Be utilised in the treatment of cancer.
- Prevent the harmful effects of stress.
- Be employed during exercise.
- Enhance creativity.

The usual sequence of events that can be expected is:

- There is less concern about symptoms or the illness; in other words, the anxiety cycle is broken.
- The symptoms become less severe.
- The symptoms are present less of the time and short periods of complete relief are noted.
- The periods of relief become longer.
- The symptoms are completely gone or remain in a fashion that no longer interferes with everyday activities. In fact, I have found that many patients have difficulty remembering their original symptoms.

Timing

It varies from person to person how quickly the benefits start to be noticeable. It can be a short as one to two weeks, but for others it can take up to a year. Most people can expect improvements to occur within four to six weeks.
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Alternate Diagnosis

What am I grateful about in my life right now? What is there about it that makes me grateful? How does that make me feel?

Counselling will typically consist of three phases:
- The diagnostic phase
- The therapeutic phase
- The follow-up phase

A traditional course of counselling

In a traditional counselling situation the counsellor will spend a significant amount of time trying to identify clients’ main problems to be able to make an informed assessment. During this diagnostic phase the counsellors will look for clues to the root of the problem by asking questions. These questions will typically focus on the present situation and the past.

From a Logotherapeutic point of view, clients will often be in a state of hyperreflection already before entering therapy. Focusing on a past that cannot be changed can easily worsen this state of hyperreflection, because clients will pay attention to all in their lives that has been abnormal and ailing.

Elisabeth Lukas describes the process in this way in her book, “Meaning in suffering”.

Elisabeth Lukas, “Meaning in Suffering”.

Failure is never final.
Robert Schuller

What do you want me to do for you?
Matthew 20:32 (NASB)
The counselling has not helped clients to a state of normal reflection. Clients easily continue to dig into their past, analysing past events in great detail, hoping that something good or an explanation will come out of it. They are looking for causes for their present situation.

Some counsellors have noticed that there is an increase of relapse, if the follow-up period is begun while the client is still in a state of a high level of hyperreflection.

Alternate Diagnosis

Elisabeth Lukas suggests an alternative way of diagnosing. The main idea is to alternate between the gathering of information for an informed assessment and at the same time to work on helping clients to dereflect from problems towards healthy areas of their lives.

The questioning could for instance alternate between:
- The past and the future.
- Past hurts and past victories.
- Present despair and past times of meaning.
- Fear of the future and past times of security.

One of the benefits is that the counsellors are helping the clients towards a more normal state of thinking from the start. This is intentional and takes place through the questioning. The counsellor might ask one question about the present problems, while the next will focus on something meaningful in the past or future.

It can be said that this method slows down the collecting of information, but it facilitates the transitioning from the diagnostic phase to the therapeutic phase in a fluid way. The counsellor might not have a total overview of the situation, but some therapeutic work will take place anyway. The aim is for the clients to experience catharsis – some release - as quickly as possible. This can bring about hope and motivation.
Inspired by the Alternate Diagnosis I have designed a tool for Pastoral Counsellors to use during therapy. The aim of the Healing Journal is to help counsellors keep up high ethical standards (records), use the Alternate Diagnosis in their work and gain a good overview of the problems at hand.

**The Healing Journal**

There is no set way of using the Healing Journal. Counsellors can use the sections that they find especially helpful with each client. The questions in *italic* can be asked the clients if relevant. Other questions are for the counsellors to answer based on their general impressions of the clients. There are also some charts included where counsellors circle the answers based on their perception of the situation.

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**What is most important for you in life?**

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**Is the client ready for lifestyle change?**

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**Focus**

First of all it is important to remember what the clients find relevant and meaningful to work on. There is a reason for their boldness to seek help, and counsellors need to honour that. Counsellors might find other areas that they find more important, but clients need to be empowered to work on the challenges that they are concerned about. If not, clients might feel manipulated because their concerns are not taken seriously.

**The urgency**

Paul Welter describes in his book, “When Your Friend Needs You” a way of discerning the urgency of the problem. When clients seek help is it:

a. A crisis
   - A crisis is often short-termed. There is a sense of urgency and a need to respond promptly and sometimes intensively for a shorter period of time.

b. A predicament
   - A predicament has no easy answers. The situation has been developed over a longer period of time and there is no quick fix. Information is not enough and there is a need for a long-term commitment.

c. A problem?
   - A problem has a solution. It is specific and takes only a short time to deal with.

The difficulty is to discern whether it is a predicament or a crisis. Some clients will be in a predicament, but express themselves as if it is a crisis. A helpful hint can be the duration of the problem. If the serious problem has been going on for years, e.g. addiction or relationship problems, there might be a good chance that it is a predicament.
Discernment in this matter is helpful for counsellors as they try to prioritise their time. With a crisis on their hands counsellors might need to change their schedule, but that might not be necessary with a predicament.

The pathway to action
This is also a Paul Welter hypothesis from his book, “Connecting with a friend”. His thesis is that when people are emotionally hurting they are on a journey from inaction to action. When counsellors know where clients are on their journey they can give better advice for that specific moment in time.

Crisis Intervention
Jerry Long created a Logotherapeutic Transcendental Crisis Intervention model based on his work as a therapist and especially through working with suicidal clients.

The model describes seven stages from pre-crisis living to a better level of functioning after the counselling and the crisis.
1. Normal living.
2. Start of crisis.
3. Despair.
4. Bottoming out.
5. Improvements.
6. Previous living.
7. Self-Transcendence.

Meaning reasoning
Richard Ofshe writes in his very thought provoking book, “Making Monsters” “We desire to create a comprehensive cause-and-effect story out of our lives, and at those times when we seem unable to do this for ourselves, we are most vulnerable to the simple explanations offered by others. The human mind seeks patterns.”
The counsellors are facilitators in helping the clients find explanations and meaning.

**Responsibility**
In Logotherapy, counsellors want to educate clients for responsibility. The purpose of the questions is to tease out, clients’ readiness for taking responsibility.

**Emotional reasoning**
In post-modern society today people are being educated to make emotional responses instead of responsible decisions. One of the points that Spencer Johnson makes in his book, “Yes and No” is that:
- Emotional decisions release a lot of enthusiasm but only for a short while.
- Reflective decisions last longer, but there is no excitement.
Spencer Johnson points out, that good decisions have both an emotional and reflective component. When people engage both their emotions and intellect, they combine zeal with determination. That can in turn create lasting behavioural changes.

Having this in mind, this section looks at clients’ emotional reasoning and uses an exercise developed by Dr. Karamanovski. She suggests that the clients change the action verb in a sentence to find out what they feel about their statement. Her theory is that it is not enough to think positively, people also have to feel positive. It makes quite a difference if a client concludes “I should behave differently” or “I can behave differently”.

**Mental focus**
The next section is concerned with the clients’ thinking. It is mainly an assessment made by the counsellors with the opportunity for the clients to respond in finding ways to grow.

**Values**
The first question deals with important values in the clients’ lives. The values of which they are aware at this moment in time. The question could be supported by some of the different value exercises e.g. Value Hierarchy or Logoanalysis.

**Stressors**
When clients are under pressure, they will experience stress. This can be put into three different categories. Clients will be asked what stresses them most at the moment, Worry, anger or guilt? This will highlight which area to focus on during the counselling session. When the level of stress goes down, clients will better be able to make important decisions.
**Sleep patterns**
Sometimes the best advice is to encourage clients to get more sleep. Sleep research shows that there are a lot of psychological symptoms of sleep debt. These are described in Stanley Coren's book, "Sleep thieves". Some of the symptoms are paranoia, suspicion, depression, anxiety, helplessness and loss of sense of humour.

**Dreams**
Dreams are the royal road to the spiritual unconscious and they can prove helpful in discerning the clients’ perception of themselves and the present situation. Dreams can also hint at creative solutions and forgotten meaning.

Russ Parker quotes Arthur Janow in his book, "Healing Dreams". "Many people are now in psychiatric care because they could not or would not pay attention to their dreams and especially their nightmares."

**Habits**
Some clients will find the word addiction too strong a word to describe their actions, but they will be quite comfortable talking about their bad habits. This section establishes which habits the clients see as their main problems.

Psychology talks about learnt behaviour, but a better concept is copied behaviour. The idea behind copied behaviour is the three-dimensional understanding of human beings, where it is possible to take a stand, to act differently than parents, peers, etc.

This section will look at role models and if clients have chosen to copy their behaviour and why. Techniques like The Warrior can help the clients fight against their habits and addictions.

---

**A balanced life**
The counsellors will establish how balanced the clients are in different areas of their lives. When people are in a crisis there can be a strong pull to one extreme, e.g. Talking but no listening, or thinking without any action.
Responding
Transformation takes place when people are determined, that they want change. This section assesses clients’ seriousness. Are they more interested in talking about their problems or doing something about their problems?

Coping with failure and pressure
Everybody faces failure and pressure in life, and the purpose of this section is to assess clients’ ability to fail forward. Their responses to pressure and failure are a good indicator of how quickly they will bounce back, take responsibility, etc. To help clients to go forward, counsellors look out for hidden meanings that could motivate clients to change their lives.

The Samaritan Aspect
This is a Paul Welter expression. The idea is taken from the parable of the Good Samaritan in the Bible. This mistreated and misunderstood man in the parable is the one that helps a stranger in need. In the same way, clients can self-transcend and recycle their pain by doing something for others. This is the point where counsellors assess the clients’ maturity and health. Healthy people think and care about others.

Tests:
The following section is a summary of different tests that might be used during the counselling sessions.

Symptoms
This section uses Viktor Frankl’s understanding of Classification of Disorders. When diagnosing, Frankl would look at the symptoms’ origin and where they manifest at present. Each combination would result in a diagnosis.

Diagnosis and Treatment
In this last section, counsellors can write down their ideas for treatment for the whole personality.

Dates
The last page is an overview of the therapeutic process, meeting dates, phone calls and/or answered letters with key comments.

Bibliography
Lukas, E. Meaning in Suffering.
Coren, S. Sleep Thieves.
Ofshe, R., & Watters, E. Making Monsters.
Andreasen, A.S. How to Deal with the Stress of Life Through Logotherapy.
Welter, P. When Your Friend Needs You.
Welter, P. Connecting with a friend.
Parker, R. Healing Dreams.
Johnson, S. Yes and No.
**Name:**

### Focus
What is the client’s main aim in seeking help?

<table>
<thead>
<tr>
<th>The urgency</th>
<th>The pathway to action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problem</td>
</tr>
<tr>
<td></td>
<td>Predicament</td>
</tr>
<tr>
<td></td>
<td>Crisis</td>
</tr>
</tbody>
</table>

**Reasoning:** Crises intervention

**Crises intervention**


**Comments:**
### Meaning reasoning

What do you see as the root cause for this present problem?

What enjoyable activities will you get involved in this week?

How can you be an encouragement to somebody else this week?

What attitude can you change right now that will improve the quality of your life?

What do you find meaningful right now?

What makes life worth living?

### Responsibility

Do you see yourself as responsible for the present situation? Why/why not?

What responsible actions could you take to change the present situation?

### Emotional reasoning

How do you see yourself?

Reoccurring emotional themes:

Which wording do you feel is the most helpful in dealing with your present situation:

- I should
- I need
- I must
- I could
- I want
- I can
## Mental focus

<table>
<thead>
<tr>
<th>Mental focus</th>
<th>Positive</th>
<th>Negative</th>
<th>Confused</th>
<th>Focused</th>
<th>Past</th>
<th>Present</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss is felt as:</td>
<td></td>
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<tr>
<td>Questions focus on:</td>
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<tr>
<td>Perception of life:</td>
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<tr>
<td>Decision making:</td>
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<td>Values</td>
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<tr>
<td>Stressors</td>
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</tbody>
</table>

### Values

**What is most important for you in life?**

**Are the values:**

**What other areas are important for you in case you do not get all your dreams and desires fulfilled right now?**

### Stressors

**The energy-draining triad**

- Guilt
- Stress
- Anger
- Worry

**Areas of worry:**

**Areas of anger:**

**Areas of guilt:**
### Sleep patterns

<table>
<thead>
<tr>
<th>How many hours of sleep do you get on average per night?</th>
<th>How many times do you wake up during the night?</th>
<th>What do you do when you cannot sleep?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you do if you are sleepy during the day (caffeine intake)?</td>
<td>Do you follow a routine of when to go to bed and when to wake up?</td>
<td></td>
</tr>
</tbody>
</table>

### Dreams

Describe your latest dream:

How often can you remember your dreams?  How often do you have nightmares?  Logohooks:

### Habits

**The development of bad habits**

How do you deal with tension?

Do you know of anybody who has the same habits as yourself in dealing with tension?  Why have they become your role models?
**A balanced life**

<table>
<thead>
<tr>
<th>Task</th>
<th>Relationships</th>
<th>Listening</th>
<th>Talking</th>
<th>Forgiving</th>
<th>Revenge</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Flight</th>
<th>Flight</th>
<th>Reflection</th>
<th>Action</th>
<th>Disciplined</th>
<th>Undisciplined</th>
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</table>

**Responding**

<table>
<thead>
<tr>
<th>Does the client respond to advice?</th>
<th>Does the client respond to spiritual direction (if relevant)?</th>
<th>Is the client ready for lifestyle change?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Coping with failure and pressure**

<table>
<thead>
<tr>
<th>Assess the client’s ability to bounce back:</th>
<th>Impression of hardiness/resilience:</th>
<th>Logohooks:</th>
</tr>
</thead>
<tbody>
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</table>

**The Samaritan aspect**

*How will you use the pain that you have experienced to help others?*

**Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Test</th>
<th>Test</th>
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</thead>
<tbody>
<tr>
<td>Score</td>
<td>Score</td>
<td>Score</td>
</tr>
<tr>
<td>Conclusion:</td>
<td>Conclusion:</td>
<td>Conclusion:</td>
</tr>
<tr>
<td>Symptoms’ origin</td>
<td>Symptoms’ manifestation</td>
<td></td>
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<tr>
<td>------------------</td>
<td>------------------------</td>
<td></td>
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<tr>
<td>Physical:</td>
<td>Physical:</td>
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<tr>
<td>Psychological:</td>
<td>Psychological:</td>
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<tr>
<td>Spiritual:</td>
<td>Spiritual:</td>
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</tbody>
</table>

**Diagnosis**

**Suggested treatment**

<table>
<thead>
<tr>
<th>Physical:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Psychological:</td>
<td></td>
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<tr>
<td>Spiritual:</td>
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</table>

<table>
<thead>
<tr>
<th>Physical:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological:</td>
<td></td>
</tr>
<tr>
<td>Spiritual:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological:</td>
<td></td>
</tr>
<tr>
<td>Spiritual:</td>
<td></td>
</tr>
</tbody>
</table>
Classification of Disorders

Do you view psychological disorders differently to physical illnesses? Why/why not?

---

I’m not okay, you’re not okay. We’re in serious trouble’!
Dallas Willard

We live in a world of disorder. There is chaos around us and there is chaos within us. WHO’s Classification of Mental and Behavioural Disorders (ICD-10) suggests 300+ disorders!

Language

The psychological language is constantly changing. Frankl talked about Classification of Neuroses, but today the medical field talks about disorders. In the past there was a division between neurosis and psychosis, but that distinction is not made any more. Disorders are now arranged in groups according to major common themes or likenesses. Specific disorders have changed names, for instance hysteria is called a Dissociative Disorder and Manic-Depression is called Bipolar Disorder.

The word disorder used instead of psychological illness, disease or handicap.

Classification

WHO has developed an international guideline for clinical and diagnostic practice (ICD-10). They have suggested the following structure:

<table>
<thead>
<tr>
<th>List of categories – WHO</th>
<th>Include disorders like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic, including symptomatic, mental disorders.</td>
<td>Disorders caused by brain injury or diseases: Alzheimer’s, dementia, delirium.</td>
</tr>
<tr>
<td>Mental and behavioural disorders due to psychoactive substance use.</td>
<td>Disorders caused by substance abuse: Psychotic, depressive, manic, amnesic syndrome.</td>
</tr>
<tr>
<td>Mood (affective) disorders.</td>
<td>Mood disorders: Manic, bipolar, depressive.</td>
</tr>
<tr>
<td>Mental retardation.</td>
<td>Disorders caused by an incomplete development of the mind.</td>
</tr>
<tr>
<td>Disorders of psychological development.</td>
<td>Disorders developed during childhood: Speech, reading, Asperger’s.</td>
</tr>
<tr>
<td>Behavioural and emotional disorders with onset usually occurring in childhood and adolescence.</td>
<td>Attention deficit disorders: Conduct, tic, stuttering, social functioning.</td>
</tr>
<tr>
<td>Unspecified mental disorder.</td>
<td>Other.</td>
</tr>
</tbody>
</table>
Frankl on the other hand suggested a simpler model based on the origin and the effects of the symptoms. For some diseases there is not enough research yet to determine the origin of the symptoms. That is why WHO and The American Psychiatric Association (APA) have decided on quite a number of categories. Where WHO uses 11 categories, APA uses 17. Frankl still placed all disorders within the following structure.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Origins are in</th>
<th>Effects are in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychogenic disorders:</strong></td>
<td>Psychological dimension</td>
<td>Physical and/or psychological dimension</td>
</tr>
<tr>
<td>Anxieties and phobias</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual dysfunctions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Somatogenic disorders:</strong></td>
<td>Physical dimension</td>
<td>Psychological dimension</td>
</tr>
<tr>
<td>Psychosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer's</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychosomatic disorders:</strong></td>
<td>Physical and psychological dimension</td>
<td>Physical dimension</td>
</tr>
<tr>
<td>Some headaches</td>
<td></td>
<td></td>
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<tr>
<td>Some back pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some ulcers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reactive disorders:</strong></td>
<td>Physical or psychological dimension</td>
<td>Psychological dimension</td>
</tr>
<tr>
<td>Addictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iatrogenic neurosis</td>
<td></td>
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</tr>
<tr>
<td><strong>Noogenic disorders:</strong></td>
<td>Spiritual dimension</td>
<td>Psychological dimension</td>
</tr>
<tr>
<td>Extreme behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midlife crisis</td>
<td></td>
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</tr>
</tbody>
</table>

Before commenting on the above classification, it might be opportune to mention two of Frankl’s attitudes:

- A way to help clients to healing and wholeness is by moving them from self-concern to self-commitment. When they are concerned about themselves, they are only focused on themselves. This leads to hyperreflection and an increase of symptoms. The challenge is to help them to self-commitment, which means, committed to helping others. As they self-transcend they will pay less attention to their own symptoms (pain?), which will make them happier.

- Logotherapy is a discovering, not a uncovering, psychotherapy. Logotherapy is more concerned about the present and the future, than the past. Uncovering and understanding a phobia doesn't solve the problem. Discovering ways to deal with the phobia does. Discovering choices, attitudes and meaning can make a significant change in the clients' lives.
Treatment and classification

Frankl would say that there are some disorders where Logotherapy would be applicable as the main kind of treatment, but there are other disorders, where it would be secondary such as those requiring medical treatment.

Psychogenic disorders

These disorders have their origin in the psychological dimension, but the effects can be in both the physical and psychological dimension. These disorders can be treated with Logotherapy as the primary model of treatment, because of its psychological origin. The disorders would include phobic anxieties, Obsessive-Compulsive Disorder and sexual dysfunctions such as orgasm or erection problems.

The treatment would include Paradoxical Intention and Dereflection, because of the fear involved. The basis for a phobia is a fear of symptoms. The clients will expect to have the symptoms and this anticipatory anxiety gets the fear going. In Logotherapy this fear is seen as a fear of death, because the most common phobias deal with death or physical damage that can lead to death. The following are three common fears:
Other typical fears are the fear of heights, snakes and choking. These fears of death lead to three typical disorders:

Psychiatry identifies three different categories of phobias:
- Agoraphobia: The fear of open places.
- Social phobia: The fear of gatherings like a party, personal presentations, etc.
- Specific phobias: Animals, injections, heights, storms, water, etc.

In the US phobias are the most common psychiatric disorder in women and the second most common in men over age 25. Specific phobias strike more than 1 in 10 people and they usually first appear in adolescence or adulthood. Adult phobias tend to be very persistent and only twenty percent vanish on their own without treatment.

**Test: Fear or phobia?**
Looking at clients' behaviour will show if it is a fear or a phobia. Quite a number of people are afraid of heights. If it is just a fear they would still visit a friend who lives on the top floor. A person with a phobia would not do that. People suffering from phobias would avoid the thing or situation they fear.

Phobias are irrational and can therefore be treated with Paradoxical Intention, which ridicules the symptoms and suggests outrageous behaviour. Deflection strengthens the clients' ability to self-transcend, which will help them out of the dungeon of self-concern.

**Somatogenic disorder**
Somatogenic disorders have their origin in the physical dimension, but the symptoms are psychological. The primarily treatment is medical and they cannot be cured by psychotherapy. This group contains disorders like psychosis, dementia, Alzheimer’s and physical disabilities.

What psychotherapy and Logotherapy can offer is to help clients live with their disease through modification of attitudes, including their attitude to continuous medication.

This group can be divided into three categories:
- Functional diseases.
- Physical disabilities.
- Psychosis.
**Functional diseases**

There are a number of diseases which are physical in their origin, but the symptoms are in the psychological dimension.

**Hyperthyroidism**

The thyroid controls the body’s growth and development. In this state it results in:
- Physical: Increased metabolism.
- Psychological: Agoraphobia.

When treated with the right medication the psychological disorder disappears.

**Tetany**

This condition is due to lack of calcium. In this state it results in:
- Physical: Breathing problems and muscular spasms.
- Psychological: Claustrophobia.

In the same way, the psychological disorder disappears with the right medication.

**Physical disabilities**

Clients with significant physical disabilities can react to this condition in the psychological dimension. It is the same with the diseases originated in the brain due to, for instance, brain-injury. These diseases cannot be cured, and the clients are faced with unavoidable suffering. The logotherapist would therefore use modification of attitudes to improve the clients’ quality of life.

The following chart shows the interaction between the three dimensions:

<table>
<thead>
<tr>
<th>Spiritual dimension</th>
<th>Physical disability</th>
<th>Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Closely connected. The clients’ attitude will influence both dimensions positively or negatively at the same time</td>
<td>Can be restricted or blocked without medication and a positive attitude.</td>
</tr>
<tr>
<td>Psychological dimension</td>
<td>Restricted</td>
<td>Restricted and closely connected due to the physical dimension’s dominance of the psyche.</td>
</tr>
<tr>
<td>Physical dimension</td>
<td>Restricted</td>
<td></td>
</tr>
</tbody>
</table>

Research indicates that stress might be a factor in the onset of schizophrenia. In one report on 68 pairs of identical twins, one of whom was schizophrenic, there were 28 instances or forty-one percent where the other twin remained completely normal. They had identical genes, but it didn’t result in the same disorder. It is therefore possible to conclude that there also is an environmental factor in the onset. Another study concluded that forty-six percent of schizophrenic patients had experienced some significant stressful event three months before the first symptoms were recognised.
Psychosomatic disorders
These disorders might be more common than we realise. Statistics show that 75 to 90% of visits to the family doctor’s surgery are the result of stress-related disorders. In this category the origin can be in both the physical and psychological dimension, but the symptoms will be in the physical dimension. Some of the common disorders are headaches, ulcers, backache, etc. but they are not always psychosomatic.

The treatment is mainly dereflection.

Physical weakness
Elisabeth Lukas describes in her books, “Meaning in Suffering” and “Logotherapy – Textbook” the conditions for the development of a psychosomatic disorder.

In this situation clients have a weak physical area, the stomach. Normally this does not show up and the clients will not pay any attention to this, but it changes under pressure. A situation occurs where clients are made redundant. This is a psychological stressor. This stressor puts pressure on clients, maybe because they do not know how to pay the next bill or because they thought they were safe with this company. They react with anger. The HeartMath Institute has done some research on anger’s influence on peoples’ lives and their results show, that the immune antibody secretory IgA concentration is lowered for six hours if a person is angry for five minutes.

This puts pressure on the immune system and it is in this situation that the ulcers show up. The precondition has been there all the time, but when the immune system is under pressure the weakness comes to the forefront and becomes a physical disease. The stressful event did not cause the ulcers, because the precondition was already there. It became noticeable when the immune system got under pressure.
Psychological weakness
In this illustration the psychological preconditioning is depression.

In this situation the stressor is physical: The clients get flu. This makes them extremely tired, because the immune system needs a lot of energy to combat flu. They might sleep up to twice as much as normal. This makes them sad. They are not able to do what they normally do, they cannot fulfil their duties at work or to their family. This sadness leads to the outbreak of a depression, which is the weak psychological area in their lives. This preconditioning might be genetic or environmental.

Reactive disorders
These disorders have their origin in the physical or psychological dimension, but the symptoms are in the psychological dimension. Common disorders are addictions, anorexia and iatrogenic disorder.

Sow a thought and you reap an act.
Sow an act and you reap a habit.
Sow a habit and you reap a character.
Sow a character and you reap a destiny.
Samuel Smiles

The Logotherapeutic treatment would include modification of attitudes.

The development of bad habits and addictions
The following is one model of how bad habits and addictions develop. The clients experience either a physical trigger or a psychological trigger, e.g. depression. Some clients will feel that they are powerless in this situation. They cannot get out of bed, they do not feel motivated to do anything. The feeling creates a tension within and it takes them out of homeostasis. Frankl has called this state for noö-dynamics. The frustration encourages the clients to make a decision.
For about 50% of all depressed clients, this decision leads to self-medication with alcohol. They experience that it helps them to feel a bit better, so it develops into a habit. One of the problems is that alcohol influences their sleep negatively and dulls the thinking and the defiant power of the human spirit. This makes it more difficult for clients to deal with their problem.

It all started with a trigger, the feeling of being powerless – having no choices – that led to tension, which led to a bad habit and finally this bad habit leads to guilt. After that it all repeats itself.

Herbert Benson writes in his book, “Timeless Healing” that the things people do continuously become wired into the brain. It is a bit like learning the times tables. When pupils have calculated quite a number a times that 8 times 7 equals 56, they do not need to make this calculation anymore. We call it learning by heart, but physiologically it is because this calculation has become wired in the brain. It is the same with people’s habits. They become wired and therefore difficult to change.

**The addiction cycle**


There is a moral baseline in each individual. This baseline shows what the individual feels comfortable with. The things above the baseline are acceptable behaviour, but the things below create pain.

The good things above the baseline can create a rush and euphoria just like a ride in a roller coaster, but so can addiction. The tension runs between “rush” and “decline”, but often the rush is not so great the second time around, so more is needed: More drink, other drugs, sexual experiments, etc. At this point the ups and downs are no longer above the baseline, but moving downward. Some clients feel that their lives are totally out of control, because of the emotional need of a rush. They have become addicted to an emotion.
The work would be three fold:
- Physical dimension: Cold turkey – stop the addictive behaviour.
- Psychological dimension: Attitude modification towards the triggers.
- Spiritual dimension: The understanding of choices and making meaningful sacrifices. When the clients are Christians, it would be possible to pray for them for God to empower them to stand.

The forming of a habit
John Maxwell sheds a bit more light on the forming of a habit in his talk, “Keys to Creativity”. He has developed a model with six aspects starting with the clients thought life.

His challenge is that people do not stop the negative cycle by thinking differently, but by acting differently.
The trigger in this model is the thoughts. People cannot control what comes to mind, but they can control what becomes their focus. This focus becomes a thought that they meditate on, think about and consider. After some time they might make a conscious decision to follow through on the thought. This leads to an action, which can become a continuous action. When that happens over a period of time it develops into a habit.

In Maxwell’s view, people all too often try to change their thinking to be able to change their actions. His thesis is, on the other hand, that people need to change the continuous action and work backwards.

**Noogenic disorders**

These disorders have their origin “out of the spirit”, but the symptoms will be in the psychological dimension. The disorders have their basis in existential frustration, a lack of meaning in life or a value conflict.

Frankl would say, that the disorder is “out of the spirit”, not in the spirit, because the spirit cannot become ill. He would say though, that the spirit could be blocked.

People suffering from noogenic disorders might choose extreme behaviour or extreme sports to deal with the vacuum they feel on the inside. Midlife crisis would also fall into this category. Disorders could be headaches, depression, etc.

Depression is one of the disorders that can fall into several categories.

- Somatogenic: The origin of some depressions is in the brain, due to a lack of neurotransmitters. Clients will find help through the right medication and possibly psychotherapy.
- Reactive: The origin might be due to an external stressor for instance verbal abuse. Clients will be able find help through psychotherapy.
- Noogenic: The origin is out of the spirit, for instance the feeling of guilt. The clients might have to do things that are counter to their value system to keep a job that they cannot afford to lose.

The logotherapist would use modification of attitude to help clients suffering from noogenic disorders. This could include value clarification, Socratic dialogue, Alternative List Making, and, if relevant, philosophical or religious thinking and reasoning.
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Iatrogenic Damage

What are two of things you remember about your grandparents? How did you remember? Did anybody tell you about the them or have you seen a picture of them?

Memory
One of the problems in counselling is the delay between the occurrence of a hurtful situation and seeking help. In some cases such as when this occurred in childhood, this gap can cover decades.

Research into memory shows that people’s memories are not as good as they think they are. If the therapy is strongly based in searching the past, it is easy to make wrong conclusions, which could lead to iatrogenic damage.

Forgotten sins
Watch the film "Forgotten Sins" about Paul Ingram (who is called Matthew Bradshaw in the film) and sexual and ritual abuse. Most of this lesson will be based on this film.

Main characters:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Real name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dad</td>
<td>Matthew Bradshaw</td>
<td>Paul Ingram</td>
</tr>
<tr>
<td>Mum</td>
<td>Roberta Bradshaw</td>
<td>Sandy Ingram</td>
</tr>
<tr>
<td>Daughters</td>
<td>Rebecca and Laura Bradshaw</td>
<td>Ericka and Julie Ingram</td>
</tr>
<tr>
<td>Rev</td>
<td>Ralph Newton</td>
<td>Rev John Bratun</td>
</tr>
<tr>
<td>Dr.</td>
<td>Richard Ofshe</td>
<td>Richard Ofshe</td>
</tr>
<tr>
<td>Dr.</td>
<td>Peter Kelson</td>
<td>Richard Peterson</td>
</tr>
<tr>
<td>Lady from church</td>
<td></td>
<td>Karla Franko</td>
</tr>
</tbody>
</table>

Town: Olympia, California. Church: Church of Living Water.

Iatrogenic damage
The film and the evidence show that Paul Ingram was influenced by the pastor’s theology, suggestion and the style of police investigation. Ingram ended up making written statements of things that he could imagine and he signed these imaginings as facts. This is an example of iatrogenic damage, which cost him many years in prison.

Iatrogenic (Greek) = caused by the doctor.

Victimhood has become a celebrated identity in our society. Pamela Freyd & Elianor Goldstein
The facts

This case is well covered on the Internet. It is possible to read the detective’s report, the medical report, etc. These reports show the following facts:

<table>
<thead>
<tr>
<th>There is no evidence of any scars on the daughter’s body.</th>
<th>There is no evidence of any abortions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The daughter had told the physician that she had never been sexually active.</td>
<td>There are no evidence of murders and burial of corpses.</td>
</tr>
<tr>
<td>She had denied ever being pregnant.</td>
<td>They never found any pictures.</td>
</tr>
</tbody>
</table>

The spiritual involvement

One of the reasons for Paul Ingram’s problem about his memory was the teaching of his local church. The family were active members of The Church of Living Water. The church taught the following about memories:

a. Satan can cause people to do really awful things. After they have done these acts, he can then wipe their memory clean, so they have no recollection of their actions.

b. God would prevent Paul Ingram from recovering any false memories (= he would not be able to imagine wrong things).

Their minister, Reverent John Bratun told both Paul and Sandy Ingram that they were eighty percent evil. Bratun conducted an exorcism with Paul to help him to get rid of his demons. Sandy on the other hand started counselling sessions with him.

Karla Franko went to Ericka Ingram and told her that the Holy Spirit had told her that her dad – Paul Ingram – had been abusing Ericka sexually. Ericka could not remember anything about sexual abuse, but started counselling with a therapist who used Recovered Memory Therapy.

Paul and Sandy Ingram had always told their girls to tell the truth, so he became alarmed when Ericka told him about the abuse. He thought that he must be guilty, even though he couldn't remember a thing about any abuse, because she would only speak the truth. He therefore concluded that Satan had wiped his mind clean of these incidents as he had been taught in church.

The Police investigation

There are serious of problems about the Police investigation, which created false memories and confessions.

As long ago as 1932, Frederic Bartlett showed that memory is reconstructed and that it can be influenced by many things such as our attitudes, our current expectations and our concerns. When we have a memory, we take bits and pieces and reconstruct a story that makes sense to us in the here and now, rather like filling in the blanks. Sometimes our memories are historically accurate, sometimes our memories are a mixture of accurate and inaccurate information and sometimes they are false. Pamela Freyd & Eleanor Goldstein.
He didn't get sufficient sleep. | Some of the interview techniques worked like hypnosis.
---|---
They convinced Paul Ingram that he suffered from Dissociative Identity Disorder (= Multi Personality Disorder). | He confessed how he might have done the abuse, but he maintained that he had no recollection of actually doing it.
He was told that it was common that abusers could not remember anything, but it would help if he started confessing. | He was guided to visualise a detailed picture of the alleged incidents. He should describe the room, find a calendar on the wall to date the memory, and see a watch to tell the time.

**Important statements**
Paul Ingram made a number of statements during the investigation, which should have caused people to doubt. He said:
- I would have done this.
- I see this.
- Boy I feel like I’m making this up.
- I feel like I’m watching a movie.

These statements show that Ingram is using visualisation to find his memory, but also that he is not sure if the mental pictures are trustworthy.

**Methodology**
Paul Ingram used a four step model to try to remember the accusations:

1. He would pray on his own.
2. He would relax his body and push away all external stimuli.
3. He would empty his mind of all thoughts and create a white fog in his mid.
4. He would then meditate on the images with which he was confronted during interrogation.

This is a way to self-hypnosis. Research has shown that people using this method not only can generate memories, but also the belief that these “memories” are true.

This makes it very difficult for counsellors to know what is being imagined and what is the truth. Whenever possible it would be desirable to get the memories verified if they are going to be the foundation for the counselling. In this case it is interesting that there was no confirmation of others’ statements.

**Test**
Paul Ingram was tested by Dr. Richard Ofshe to see if he would generate memories or remember memories. Ofshe had talked to Ingram's son and two daughters. They agreed that they had at no time been forced by their father to have sex with each other. Ofshe then asked Ingram if he had ever forced his children to have sex. He denied it, so Ofshe asked him to go back to his cell and think it through.

It is possible "to have vivid recollections of things that never occurred. Once you have such recollections, they are very hard to change. Our study shows that this can happen even in the ordinary course of events, without any particular outside suggestion."  
U. Neisser
Ingram entered a trance-like state and generated a detailed scenario about how he might have forced the children to have sex with each other. He wrote a multi-page confession and signed it. This incident had never taken place, but Ingram confessed to it.

Ofshe also challenged the memory of Ericka Ingram. She was not able to provide any details about the content of the rituals at the Satanic group meetings even though she had attended about 400 meetings and these meetings lasted three hours. She could not remember the format of the meetings where she was asked to eat the flesh of her own foetus.

**Conclusion**

On the basis of the evidence available, Paul Ingram was not guilty of the accusations, but a victim of iatrogenic damage. There were quite a number of aspects in the case, such as:

- The prophetic message was not verified.
- The theology of the church concerning the demonic.
- The conclusion of the pastor that the Ingrams were eighty percent evil.
- The interrogation using relaxation exercises combined with visualisation.
- Paul Ingram’s methodology and the acceptance of his confessions without any proof.
- Lack of physical evidence of people sacrificed during the meetings.

**How well do you remember?**

Researchers tested 200 students and colleagues after a plane crash on 4th October 1992. The plane’s engines had stopped and the plane crashed into an 11-storey building.

They asked the 200 people the following questions.

1. Did you see the TV clip about the accident where the plane crashed into the high-rise?
   
   55% said yes, but the TV clip didn’t exist.

After the plane crashed into the building, it caught fire. People were asked:

2. When did the building catch fire?
   
   a. Just after the accident.
   b. Few minutes later.
   c. I do not remember.

Nobody knew, but 80% said a or b.

This research shows how people try to make sense and meaning out of a situation. Clients will do the same with their painful experiences regardless of how long ago they occurred.

**Hypnosis**

Hypnosis is sometimes used to help clients remember past events. In one study the participants were hypnotised and regressed to four years of age. 20% of the participants reported that they had played with a “Cabbage Patch” or “He-Man” doll even though those were not manufactured until years later.

Recollections obtained during hypnosis can involve confabulations and pseudomemories and not only fail to be more accurate, but actually appear to be less reliable than non-hypnotic recall.

American Medical Association.
Guided imagery
Guided imagery has been used in treatment and to recover memory. A study was performed where a group of students were interviewed three times about a series of true events and one false event. Their parents supplied the information. They were put into two groups. One group used guided imagery. After the third interview 37.5% in the guided imagery group had created a false memory, but only 12.4% in the control group. The group using guided imagery was more confident about the veracity of the false memory.

The power of suggestion
The last case is a study where an older relative presented the participants with four stories about heir childhood. Three of the stories were true and one was a false event, e.g. being lost in the shopping centre. All participants were interviewed twice and asked to recall as much as they could. 68% of the true events were remembered, but also 25% of the false events were recalled fully or partially at the first and second interview.

It is important how counsellors ask questions. If they suggest feelings, emotions or events, they can be incorporated as a false memory, only to make bad things worse.

Conclusion
Research shows that people can come to believe that they have been involved in an event, if they have thought about it a lot, imagined it or fantasised about it, seen it on TV, read about it or heard about it.

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A LOGOTHERAPEUTIC APPROACH TO THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER

Geoffrey Hutchinson

Obsessive-compulsive disorder (OCD) is a lifelong anxiety disorder that hits about 2 percent of Americans, roughly about 5 million people (Robins & Regier, 1991). People plagued with OCD often have obsessions, described as intrusive stress-producing thoughts, and many engage in ritualistic behaviors designed to decrease anxiety, commonly known as compulsions. OCD has traditionally responded well to behavior therapy and the use of selective serotonin reuptake inhibitors (Steketee, Pigott, & Schemmel, 1999). However, there is still a minority of patients who are treatment-resistant or achieve limited gains, especially when they suffer exclusively from obsessions (Jenike & Rauch, 1994; Salkovskis & Westbrook, 1989). It is this author’s view that logotherapy can offer hope to patients afflicted with OCD, especially when other forms of therapy offer limited success.

Creative, Experiential, and Attitudinal Values

In order to reorient themselves to the outside world and cut down on obsessions, OCD sufferers may benefit from actualizing their creative and experiential values. Frankl contended that human beings can not only “enrich the world by our actions,” but also “enrich ourselves by our experience” (Frankl, 1986, p. 45). Experiencing the riches of life, such as music, art, poetry, nature, and social gatherings, can help OCD sufferers reduce the depression that often accompanies their disorder. OCD sufferers also can be challenged to become creatively absorbed in new tasks and to write down positive aspects of their world in a daily journal. Decreasing depression in OCD sufferers also may help them respond better to behavioral treatments designed to reduce their compulsive symptoms (Tallis, 1995).

People with OCD often feel like slaves to their disorder and often feel like they have little control over their symptoms. Therefore, OCD sufferers need to be challenged to accept their disorder with dignity and courage, and yet to take a stand against their symptoms by living a meaningful life. Frankl refers to this as the attitudinal value, which can be the highest or ultimate way a human being can find meaning (Lukas, 1986). People with OCD can turn their tragedy into triumph by transcending their own need to be obsession-free, and become a tower of strength for others. They may have a unique ability to relate to people who face all types of "unfair" circumstances in their life by sharing how they deal courageously with their inner turmoil. Interestingly enough, this self-transcendent motivation may buffer them from forming new obsessions and compulsions as well.

Craziness and Humor

One of the core components of OCD is that people afflicted with this disorder often fear they are “crazy.” They believe that their obsessions will make them dangerous or immoral, and that they will act out on these thoughts. OCD sufferers are not aware that many people who do not have OCD also have many random, nonsensical thoughts, and yet are able to live productive lives. Logotherapists may wish to present OCD clients with a list of “intrusive thoughts” gathered from a community sample of people who do not present for therapy to show them that their thoughts are not that abnormal (Freeston, Rheume, & Ladouceur, 1996). Once this fear is reduced, logotherapists can continue helping OCD clients change their attitude toward their disorder. The goal is to have the OCD client develop a relaxed attitude toward his or her symptoms. This can include using humor to ridicule the symptoms, and to help the client ultimately laugh at him or herself.

OCD sufferers are encouraged to use humor to creatively distance themselves from their symptoms, such as singing their obsessions or replacing frightening images with fanciful cartoons (Foel & Wilson, 1991). They also can gain some control over their symptoms by making a paradoxical wish to face the “fateful event” that is causing them so much anxiety. OCD sufferers can face their obsession for
extended periods of time, until they have become habituated to their fears (Foa & Wilson). Over time, the obsessions may begin to diminish as the person learns that these thoughts are not that scary. Once the person’s fear begins to decrease, the person with OCD can disengage him or herself from the obsessions, and fulfill life tasks that are awaiting him or her.

**Derefection**

Derefection also can serve as a good buffer against hyper-reflection and hyperintention. It is all too tempting for people with OCD to want to fight their obsessions, often by engaging in an extensive analysis of what these thoughts might “really mean.” Unfortunately, the more the person “gets involved” with the obsessions, the more the obsessions may persist and perhaps intensify. In this case, the person with OCD over-concerns him or herself with the obsessions and misses the meaningful opportunities of life that are presented to him or to her. OCD clients are notorious hyper-reflecters in this sense, and often spend a considerable amount of time trying to “fix” their OCD. In fact, OCD represents a pathological human phenomenon that is often seen on a sociological level. Frankl (2000) alluded to this when he wrote about the world’s general obsession with self-interpretation.

For OCD sufferers, dereflection can help them decentre their obsessions as they fulfill meaningful tasks. As the person with OCD begins to accept the obsessions as part of fate and becomes involved in life tasks, the symptoms may begin to remit. The OCD client even may learn to ignore the obsessions as he or she focuses on concrete goals. As these goals are fulfilled, OCD clients may feel happier, and overall decrease the dysphoria connected with their disorder. If the obsessions feel too distracting as he or she is pursuing goals, the person may want to postpone them until a later time, perhaps until a scheduled “worry time.” The person may wish to delay the thoughts for increasing amounts of time, starting as little as 5 minutes and working up to several hours (Foa & Wilson, 1991). During these periods of delay, the person also could focus on self-transcendental tasks, that is, activities designed to benefit others.

Schwartz (1996) developed an excellent self-help behavioral program used to reduce obsessions and compulsions. Interestingly enough, it has some striking parallels to the logotherapeutic concepts of dereflection and value actualization. In his program, people with OCD are instructed to attribute their symptoms to their medical disorder (OCD) and not to their Self. This resembles logotherapy’s position that in the spirit the human being “is” never sick, even though he or she may “have” a sickness. Schwartz also encouraged people to note their level of anxiety at the time their desire to obsess or compulsive is prominent. He recommended that they not give in to the OCD, but rather fill the next 15 minutes or so with a task they enjoy. After this time, people should notice their anxiety has decreased, along with their desire to perform their original compulsion. After repeated attempts, people with OCD should be able to switch gears, in a sense, and “unlock” their brains, breaking the compulsive rituals.

It is the author’s contention that Schwartz’s (1996) approach is a type of dereflection. OCD sufferers can begin to disengage from their habitual mental ruminations and prove to themselves that they can decrease their obsessions by working around them. Creating a new task or encountering a new experience for a short duration, while still feeling the effects of OCD, can show OCD sufferers that they paradoxically can control their OCD by learning not to control their OCD. The augmentation of creative and experiential values, along with the technique of dereflection, may transform the obsessions into background noise. This is consistent with Frankl’s notion that a person with OCD even may learn to ignore his or her obsessions as he or she pursues meaningful goals. Schwartz’s (1996) book may prove to be an excellent resource for logotherapists attempting to treat OCD. It also has the potential to help the OCD sufferer become more self-directed in his or her approach to living with the disorder, without having to rely on the therapist for prolonged support.

**Conclusions and Future Directions**

Logotherapy can offer comfort and courage to OCD sufferers who have not fared well with conventional treatments. The use of creative, experiential, and attitudinal values can help these people not only stand bravely against their disorder, but help them derive more enjoyment and fulfillment out of their lives. In particular, they can learn to experience the world despite their disorder and become a tower of strength for others. Logotherapy also can help OCD sufferers...
develop a sense of humor, teaching them that they are not “crazy” as is often believed, but often suffer from thoughts that befall all of humanity. Learning to accept the disorder and dereflecting from the obsessions also are key components to living with the disorder. When people postpone their thoughts and become involved in meaningful, purposeful goals often designed to help others, they may be able to decrease their excessive brooding. Ultimately, as the OCD sufferer begins to focus on the meaning fulfillments that await him or her, the obsessions may decrease and possibly remit.

Logotherapy may wish to examine other areas related to the “obsessive compulsive spectrum.” This spectrum includes disorders that have many features similar to that of OCD, such as body dysmorphic disorder, hypochondriasis, and eating disorders. Logotherapists may wish to use similar Franklian concepts to offer relief to these clients who may have received limited gains elsewhere. Logotherapy also could explore the themes of hyper-responsibility and scrupulosity (excessive religiousness) that permeate the lives of many OCD clients. Logotherapy may prove to be one of the best therapeutic modalities to study these concepts, given its existential therapeutic nature and its sympathy towards moral and religious values.

In sum, the author believes that logotherapy may have some powerful philosophical and technical advantages over other therapeutic modalities, and can serve as a powerful adjunct to conventional therapies used to treat OCD. Its treatment incorporates the use of creative, experiential, and attitudinal values, a sense of humor, paradoxical wishes, dereflection, and acceptance of the disorder.

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References
A LOGOTHERAPY TREATMENT PROTOCOL FOR MAJOR DEPRESSIVE DISORDER

Maria Ungar

Criteria for major depressive episode include the presence of at least five out of nine symptoms for the duration of at least two weeks, during which a significant change from the previous level of functioning of the patient can be seen (DSM IV-R, 1994; p. 327). The symptoms usually develop in a couple of days, to a couple of weeks, and, in their untreated form, can persist for up to six months, or longer. Two or more Major Depressive Episodes, in the absence of any manic phases, are diagnosed as Major Depressive Disorder (DSM IV-R, 1994; p. 339).

Several theoretical orientations offer practical suggestions for the treatment of depression. Among them, the medical, psycho-dynamic, and behavioral approaches (Weissman, 1984). While to date, there are no consistent findings about any one type of psychotherapy being superior than any other treatment for depression (Imber, 1990; Dobson, 1994), there appears to be a growing body of research to suggest that treatment effectiveness can be accounted for, not only by the treatment method used, but by the quality and the availability of consistent follow-up with a health care provider (i.e. Weissman, 1984; Imber, 1990; Dobson, 1994).

Logotherapy's Contribution to the Diagnostic Process

Through its unique anthropological foundation [dimensional ontology; Frankl, 1994; p. 81], the value of upholding the humanity and dignity of the patient is inherent in Frankl's logotherapy. However, in addition to this qualitative element, Frankl's dimensional ontology contributes to a careful distinction among the various sub-types of depression, depending on the etiology of those symptoms listed by the DSM IV-R manual: (1) Endogenous Depression refers to the symptoms of depression caused by somatic (physiological) factors; (2) Reactive Depression refers to depressive symptoms arising as manifestations of responding to emotionally challenging (psychological) reasons; and (3) depression that accompanies Noogenic Neurosis (depressive symptoms that accompany existential distress).

While a combination of the above factors is most often observed in the reported experience of clients, the current protocol is concerned with the logotherapeutic treatment of somatogenic, Endogenous depression.

Case Study

[Below is a case example in which Major Depressive Disorder was diagnosed. All identifying information has been changed, or omitted]:

Ms. Mary Lou K. (28) is the mother of two children, Kevin (8), and Paul (6).

Reportedly, she experienced mild symptoms of "depression" in her early teen years, including "feeling irritable," "moody," and "isolated myself from my friends and family." She said that these symptoms occasionally interfered with her studies in the past. She stated that her father and two brothers have been diagnosed with depression. Both have received treatment in the past for this condition.

She reported that she started to experience more severe symptoms of depression in 1996, including "fatigue, loosing weight, emotional upset, irritability, feeling tired most of the time." She reported several other episodes, characterized by depressive moods between 1998, to December, 1999. At this time, her symptoms were reportedly moderate to severe in nature and included "irritability, easily upset, emotional, lost weight." The symptoms reportedly affected her work performance and her relationship with her husband. At work she reported getting easily upset, "introverted," "distancing myself from other people," "as if I was not myself," "feeling sad." Reportedly, she experienced the same symptoms at home, which "made it difficult for me and my husband to get along, and to take care of the children."

In January, 2000, she reported experiencing severe symptoms of depression (reported "lack of motivation, sadness, tearfulness, lack of sleep, lack of concentration"). Reported having been "easily upset, irritable, withdrawn, anxious, uncomfortable dealing with customers," reportedly isolated herself from co-workers and customers, and felt unable to carry on with her usual duties at work. At home she reported feeling very tired, and "exhausted," needing to
“sleep in, a lot.” Reportedly, at this time, she sought medical attention and was prescribed antidepressant medication by her family doctor, which she started taking two weeks ago (February 1, 2001).

On February 16, she reported that since taking the antidepressant medication, her condition improved, however, she was still experiencing what appears to be mild to moderate symptoms of depression (“difficulty concentrating, sadness, tearfulness, and sleeplessness”).

A Logotherapeutic Treatment Protocol

1. Diagnostic Phase: The symptoms of endogenous depression can be discerned from a careful clinical interview, using the “alternate diagnostic method” (as described by Dr. Lukas, 1986; p. 42). Patients with endogenous depression usually report that there is family pre-disposition for this type of illness. Their symptoms usually have started in early, or late adolescence, with mood swings, marked by reported irritability, difficulty concentrating, learning difficulties, or conduct disorders. The symptoms usually are reported to have had a pattern of coming in “waves,” “sometimes feeling better,” “sometimes worse.” In adulthood, a hallmark of endogenous depression, in addition to those described in the DSM-IV-R, is a tendency not to able to get up until late in the day, or afternoon, when patients usually feel more energized and able to attend to some of their duties.

Psychological symptoms that accompany endogenous depression are irrational and excessive feelings of guilt, low self-esteem, self-blame, inability to experience pleasure, and emotional “numbness.” Existential distress can accompany these symptoms in the form of hopelessness, not seeing meaning in life. Suicidal ideation can be related to a sense of worthlessness.

The above mentioned symptoms can be clearly seen in the case of Mary Lou, whose symptoms fluctuated in intensity, especially during the period of 1998 to the present. We can clearly infer somatic causation from the family history of depression, from the fluctuating nature of the typical symptoms of depression, and from the severity of the concerns, which, reportedly, interfered with her functioning at home and at work.

2. Therapy Phase: Therapy, in general, starts with attention to the safety of the patient. Suicidal thoughts, which can increase in frequency, have to be monitored. Patients need to be asked directly about them: “Do you have thoughts of harming yourself?” (Ask for details, to determine if hospitalization is necessary). Frankl (1982; p. 233) devised this question to ascertain that patients are not only simulating not wanting to harm themselves: If the therapist asks them “Why do you want to go on with your life?” those patients who really are not thinking of harming themselves can give reasons. Those who are at risk of harming themselves, on the other hand, will have no arguments against harming themselves. In the arguments against harming oneself, we can already recognize the healthy attitude that patients are choosing toward their illness. With those patients who are at risk of harming themselves, Frankl, of course, advised hospitalization.

As evidence of her inner strength, Mary Lou reported that thinking about her children helped her continue to seek ongoing treatment in the past.

Even if someone needs to be hospitalized for safety reasons, Frankl does not consider pharmacotherapy (causal therapy) alone to be the best option for treatment. His choice is “supportive therapy” that is a “somato-psychological” simultan-therapy (Frankl, 1982; p. 232). Namely, a combination of pharmaco-therapy and psychotherapy, that addresses the causes and reasons of depression.

The challenge for endogenously depressed patients is first of all, not to blame themselves for their symptoms (Frankl, 1982; 1993). They have to learn to recognize the symptoms of depression for what they are, symptoms caused by biochemical imbalance and their lack of motivation not a matter of weakness of will, or will power, that they can increase.

It is clear that in logotherapy, the psychological symptoms that accompany endogenous depression, or noetic conflicts that can follow it, are not treated as the cause of depression. Rather, the psychological and spiritual conflicts that accompany endogenous depression are seen as the manifestation, and expression of an illness that has somatic roots. The identifiable psychological symptoms of depression are seen as creating a temporary block to patient’s ability to seek meaning in their lives. Thus, resulting in added suffering for clients, exactly because their otherwise healthy existential strivings are thwarted by the experienced symptoms of depression.

Frankl (1993; p. 73) used the metaphor of the “low tide” and the “rocks,” to illustrate that when one’s spiritual resources are not fully accessible, or one is still not in a stable mood emotionally (“low tide”), the problems (“reefs and rocks”) become visible. To focus on these visible problems (i.e. self-reproach and guilt) as the causes of endogenous depression would be as wrong as to think that the “rocks” are the cause of the “low tide.”

For example, Mary Lou frequently reported symptoms of guilt and remorse during the initial interview. She perceived that her mood swings affected her daily functioning. The alternate diagnostic process helped the therapist avoid focusing on past trauma, or mistakes, when doing so would...
have unnecessarily jeopardized the effectiveness of the therapy process. Namely, when asked about her concerns, she reported that it is her children's well-being that she felt most worried about. And, this, is exactly because of the symptoms of depression that have reappeared. In the past, she enjoyed spending time with them. Only recently, when the symptoms of depression have reappeared and intensified, was she concerned: “How will she take care of them?” Thus, one can see that the reason of her concerns was not a weak will, but, rather, the attitude of that of a conscientious mother!

Frankl’s advice during this phase of therapy (to therapists, and to family members) is this: “Do not blame, do not command; do not argue; and do not patronize” depressed patients. But, “do reassure them that their symptoms are not only in their head; that the illness can be cured; that the illness is not a result of their weak will-power” (Frankl, 1993, p. 70).

Logotherapy as a specific therapy has a significant role in the therapeutic phase of treatment. Namely, the psychological and existential correlates of endogenous depression, in each case, represent something from the patients’ attitude toward depression. (Thus, contributing to the manifestation of the triage of symptoms that accompany the vegetative symptoms of endogenous depression, such as feelings of guilt, low self-esteem, etc. As mentioned earlier, these symptoms are reactive, in their nature, and existential. They are called the “pathoplastics”—the manifestation of a particular illness, influenced by the unique attitude and orientation of each individual).

As such, the task of the therapist is to help the client assume an attitude toward the depression that is health-producing, rather than further contribute to the depressive illness.

Modification of attitudes (Lukas, 1986; p. 49) is the vehicle employed in this task. In particular, clients are helped to see the symptoms of depression for what they are: the symptoms of an illness that has endogenous (somatic causes). However, by making the symptoms objective, therapists aid in clients’ self-distancing, and assuming a stand toward these symptoms.

When therapists take an active role in identifying the symptoms of depression, and tell their patients of the exact symptoms of depression, and their cyclical nature, this understanding will help patients confirm the diagnosis in the future (and be reassured of good prognosis). Here the task is to see the symptoms as the sign of the depressive illness, nothing more, and nothing less. Only by taking the depressive illness seriously and objectively will clients learn how to take its symptoms “lightly” (Frankl, 1982; Lukas, 1998).

With regard to endogenous depression, the therapist explained to Mary Lou that this illness originates in the dimension of the body, or soma, where we are vulnerable because we genetically inherit strengths as well as predispositions for certain illnesses.

In general, I found it most helpful in this stage of treatment to address (1) the distinction between vulnerability of body and mind, and intactness of spirit; (2) the distinction between who we are (in spirit) and what we have (regarding the symptoms); and (3) distinction between one’s areas of fate and freedom.

I found that most patients listened very attentively and participated very willingly in such conversations. They said that they felt “understood.” Other feedback that I received is that the above concepts and explanations “make a lot of sense.”

Metaphors, such as “let the symptoms of depression pass, like dark clouds in front of the sun” (Frankl, 1993; p. 72) help patients not to blame themselves during the depressive phase. It helps them to learn not to make value judgments during periods of depression, and not demand too much from themselves, either. It helps them to remind themselves that the symptoms will, in time, lift.

As illustrated above, the significance of modification of attitudes is to draw attention to “what is left,” and “what is still possible,” for clients. This technique can be used not only to alleviate the psychological and existential correlates of depression, but more so, to orient clients toward creative, experiential, and attitudinal resources, that may be available to them, even during depressive episodes. As such, these resources create a bridge between depressive episodes and periods of optimal emotional stability.

While one cannot prevent depressive episodes from reoccurring with hundred percent certainty (because of physiological factors), through logotherapy, one can find a healthy attitude toward the symptoms (that has both preventive and curative roles in fostering optimal mental health).

3. Follow-up: When medication and supportive psychotherapy have been successful to the point of alleviating the vegetative symptoms of depression, and helping clients distance themselves from psychological symptoms of depression, their natural search for meaning resumes. They are able to gradually return to work, attend to their daily duties, or to their families. Their quality of life increases, and they are usually very happy about this. The therapists’ role continues to be mainly supportive in nature, occasionally addressing family or relationship issues, issues related to work, or other issues related to clients’ resuming their previous activities or developing new interests.
Therapists “stand by” should clients need more intensive care at some points of their therapy, or, if some points need to be re-captured and re-emphasized. Periodic recurrences of the depressive episodes also are monitored this way. However, the more clients learn how to recognize the signs of depression—and have managed to overcome depressive episodes in the past—the more this success reaffirms their will to meaning.

Conclusion

The logo therapeutic diagnostic system enables therapists to go beyond the symptomatic description of the symptoms of a Major Depressive Disorder, and to conceptualize its treatment in light of etiology. In the case of endogenous depression, logotherapists recognize somatic causation, that is manifested in depressive symptomatology, as described by the DSM-IV-R manual. However, in addition to somatic causes, logotherapists pay attention to psychological reactions, and noetic conflicts, that can ensue as a result of untreated, repeating depressive episodes. While pharmacotherapy has the paramount role in the treatment of endogenous depression, a somato- psychological-simultaneous-supporitive-therapy (Frankl, 1993; and Lukas, 1989) through logotherapies’ modification of attitudes are most helpful in upholding clients’ will to a meaningful living.

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References


ALCOHOL USE DISORDERS: ALCOHOL DEPENDENCE

Rosemary Henrion

The existential feature of substance dependence, including alcohol, is a cluster of cognitive, behavioral, and physiological symptoms describing individuals who continue to use alcohol despite significant substance-related problems. A pattern of repeated self-administration of alcohol leads to tolerance, withdrawal, or compulsive-taking behavior. Physiological dependence is indicated by increased tolerance or withdrawal symptoms. Withdrawal denotes a more severe clinical course overall.

Definition

Dependence is defined as three or more of the following symptoms occurring at any time in the same 12-month period:

- Need for greatly increased amounts of alcohol to achieve intoxication or desired effect.
- Need for increased amounts of alcohol when a markedly diminished effect is created with continued use of the same amount of alcohol. The clinician will need to assess the degree of tolerance since it varies individually.
- Withdrawal – a maladaptive behavioral change with physiological and cognitive concomitants occurring when blood/tissue alcohol concentrations decline in individuals who have maintained prolonged heavy use of alcohol. When individuals begin to experience unpleasant withdrawal symptoms, they will take alcohol to relieve or avoid the symptoms.

Neither tolerance nor withdrawal is necessary at the time of diagnosis to determine alcohol substance dependency. Past history of tolerance or withdrawal associated with a more severe clinical course (higher levels of alcohol intake and greater number of alcohol-related problems) may determine the diagnosis.

Some individuals experiencing compulsive alcohol dependency may take the substance in larger amounts or over a longer period than originally intended by continuing to drink until severely intoxicated despite having set limits of only one drink. They also may have had many unsuccessful efforts to decrease or discontinue the use of alcohol. Their daily activities may eventually revolve around alcohol and they may eliminate important social, occupational, or family activities. In other words, alcohol becomes the center of the individual’s life.

Treatment and Introduction of Logoanalysis

Behavioral and cognitive therapies have been the major treatment modalities utilized with alcohol dependent individuals. In 1975 James Crumbaugh developed a five-step specialized program in Logotherapy named Logoanalysis. This program received Frankl’s approval and was implemented at the Gulfport Division of the Biloxi VA Medical Center, especially for veterans diagnosed with alcoholism (Crumbaugh, 1980). Crumbaugh retired in 1980, and this author became the primary therapist for treatment modality. Over the years Logoanalysis has proven to be therapeutic for veterans who needed real meaning and purpose in life after sustaining repeated losses. The medical and nursing staffs acknowledged that veterans who completed Logoanalysis were less likely to be readmitted to the Substance Abuse Program. In 1983 support groups were initiated in the Outpatient Department of the Gulfport Division for veterans who completed the program and chose to return to the group on a monthly basis. This group was therapeutic since the veterans knew they would obtain assistance from their peers in resolving conflicts in their personal or work life.

In 1988 the Logoanalysis program was revised to a seven-step program and in 1992 it was implemented at the Pensacola VA Outpatient Clinic, Florida. Thousands of veterans were referred to this program by the mental health treatment teams and other professionals.
Logoanalysis: A Seven Step Protocol

Three phases constitute this logoanalysis program: didactic content, realistic and workable exercises, and logo-psychotherapeutic sessions. Sessions are scheduled 1½ hours, twice weekly, for 4 weeks. Homework assignments include exercises for individuals to complete and return to class for a discussion on the significance of how the content relates to their present situation in life. The past is discussed only if it is connected with events occurring presently. Individuals verbalize the therapeutic effectiveness of each step since it is applicable in their daily life. At the end of the program they are able to assess the status of their past life, the influences concerning their present one, and the choices they make to alter their life for a more productive and meaningful future. The seven steps of Logoanalysis Protocol consist of the following clinical interventions: Choosing a view of life, Loss and grief, Developing self-confidence, Creative thinking, Initiating meaningful encounters, Derelection, and Commitment.

Two Views of Life

In 5,000 years of recorded history two views of life continue to exist. One belief system is mechanistic; the other one is teleological. We, as individuals, must choose one of the belief systems if we wish to discover a genuine meaning and purpose in life (Crumbaugh, 1980). Even those individuals who are unable to make a choice initially, will ultimately select one.

Individuals who choose a teleological view of life develop more positive attitudes and transcend to the noetic dimension (human spirit) to become survivors. Individuals who are mechanistic, experience a negative attitude, remain victims, and escape their emotional pain through the use of alcohol or other drugs to become oblivious to their problems.

Loss and Grief

If individuals live long enough, they will experience loss either through health, family, job, or relationships. When a significant loss occurs, individuals usually experience shock, denial, numbness, depression, and anger. Ultimately they begin to accept what has happened to them. In my clinical experience, if individuals have not worked the initial stages including anger, they are unable to begin to think about discovering goals for a meaningful future. The time frame for these stages varies since individuals are unique and they react differently to trauma. The logotherapist does not permit individuals to remain victims any longer that necessary. They are encouraged to transcend to the noetic dimension reflecting survivorship. Their inner strength is more resilient and the individuals progress to the next level of attaining high values. At this point the "defiant power of the human spirit" becomes activated.

After the acceptance of loss, individuals usually develop self-confidence by becoming more consciously aware of having changed their attitude from a negative to a positive one. They also take control of their life. Some life experiences will occur beyond their ability and it is important that individuals assume the responsibility to change their attitude. Attitudinal value is more significant than the other two values--creative and experiential.

Developing Self-confidence

The veterans' first homework assignment begins with this step. It is the Power of Freedom Exercise (Crumbaugh & Henrion, 2001) which contains self-assuring statements that are repeated twice daily (a.m. and p.m.). This exercise must be completed as directed for optimal therapeutic benefits. It is based on the fundamental assumption of Logotherapy that human beings have an area of free will and all life is not completely determined by conditioning plus heredity. Consequently, individuals may choose freely in all situations and direct themselves toward chosen goals.

The second exercise assigned for this step is the Projection of Creative Meaning. This exercise assists individuals to make their best choices, utilizing a balance of intuition checked by reason. They select the wisest action for them under the present circumstances. When individuals return to class, they discuss the content with their peers who provide them with feedback. By this time the group has developed a connectedness, feeling comfortable with one another. Only in a few instances are some individuals unable to make the connection. The veterans are informed that they will need to make a
number of decisions and choices while progressing through this program. They concur and are willing to take the challenge.

Creative Thinking

As veterans continue to increase their self-confidence, they begin to think creatively about goals concerning their careers. Some of them change careers, transfer into a related field, or plan to become entrepreneurs. The Socratic Dialogue is therapeutic through the process of this treatment and brings to a conscious level answers that are already there. The veterans feel that having meaning and purpose in their daily activities eliminate the need for drinking alcohol to cope with this boredom and emptiness. This does not mean that they do not have the desire to have a drink periodically, but they know they can never take another drink successfully for the remainder of their lives.

Initiating Meaningful Encounters

In existential terms an encounter is defined as a deep, meaningful relationship between two human beings with trust as the basis of this union (Crumbaugh & Henrion, 2001). A number of people never progress through the superficial level to even begin to learn to trust. Two people will need to proceed through sharing openly their thoughts and feelings that they would not share with just anyone. After a series of meetings and discussing intimate topics, a level of trust begins to emerge if they know that both parties will keep the topics confidential. This is time consuming, but it is worth every effort to experience such a genuine relationship. Crumbaugh states in the last analysis the real meaning and purpose in life is in relationships (1980).

The assignment for encounter lasts two sessions since individuals with alcohol dependency usually experience broken relationships. The bottle becomes the center of their life and these individuals are willing to risk everything, even loved ones, for their periods of escape. An exercise is available for those individuals who are very shy and find it difficult to initiate a conversation with others. The Act As If exercise is recommended. It includes five steps, progressing from solo, stranger, acquaintance, personal friend, to conflict settings.

Derefection

The core of the logotherapeutic process is dereflection, a term coined by Frankl. When individuals dereflect from shortcomings to their successes and assets, they go beyond their self-centered needs and extend themselves to be needed or to serve others (Henrion, 1987). This process gives them the feeling of being worthwhile and they are motivated to develop meaningful goals. These individuals will also develop potential in being the best they can while progressing to higher values. Some of the people are very surprised that they can accomplish much more in life than they ever thought they could.

Another significant component of dereflection is prioritizing one’s value system by completing the Meaning in Life Evaluation (MILE) Scale. This is a 20-item scale in which each individual chooses the top five values. The individual develops goals as to how he/she will arrive at obtaining these values. From these chosen values will become the individual’s meaning and purpose in life at the present time. It is recommended that the MILE Scale be reevaluated annually.

Commitment

Commitment is the final step in this program, and it is very important that individuals continue to develop their potential while proceeding to higher values. Through higher values, individuals will have continuing goals to accomplish while increasing their abilities to be the best possible. A number of veterans expressed that this step is very significant since it may be the last viable opportunity to become that somebody they have always wanted to be. Perseverance and determination are very important in following this seven-step program successfully. If these are not developed, the first difficult day after discharge from the hospital may be too overwhelming and the individual will revert to alcohol dependence to escape painful reality.

Each veteran is pretested with the Purpose in Life test to determine the level of existential vacuum manifested by boredom and emptiness. A posttest is given at the completion of the program to assess the decline of the two symptoms. Logoaanalysis is the first formal program in Logotherapy to be taught in the United States. It contains elements of Frankl’s Logotherapy to make it a therapeutic and viable program.

Case Presentation

Tom is a male, divorced, and recently retired from the Navy with the rank of Lieutenant Commander. He is the father of three teenage sons and one school-age daughter. Three years ago Tom was treated
for cancer. He admits to having a problem with alcohol dependency and has not been treated for this disease. Tom read about the Logoanalysis program in the newspaper and called to request admission to this program.

This veteran was reared in suburban area of a midwestern city. Tom’s family was a typical Midwest family who believed in traditional values. His parent’s role-modeled these values, and he felt that he always had high expectations of himself and others. He also applied these values to his Naval duties around the world.

Tom graduated from the Naval Academy with honors. He married 2 years after graduation to a person who was an introvert. At that time he did not realize that she would have a problem adjusting as a naval officer’s wife particularly with socializing with other wives or attending Naval command festivities. Tom was away on assignment most of the time, and his wife was responsible for the children and all of the duties of a military wife. After 15 years of marriage, Tom began drinking alcohol more heavily since he felt he was unable to change things at home. The only time he felt any peace was when he was on assignments in the Navy.

Logotherapeutic Interventions

1. View of Life—Tom chose the teleological view since he believed in a Higher Power and felt that he was part of a plan to fulfill his life in a meaningful manner. He attended church regularly with his family but he stopped going to church after he entered the Navy. Now he wants to become active in the church again. The spiritual aspect provided him with the inner strength to face daily challenges.

2. Loss and Grief—Tom became consciously aware that he wanted a family like the one he grew up with, but it did not happen. The loss of family after leaving the military also affected him deeply. The private sector is very competitive and Tom found the adjustment to civilian life difficult. His alcohol dependency increased during these stressful times. Since Tom was a private individual, he did not openly share problems with others. Through the process of logopychotherapeutic sessions (Socratic Dialogue) Tom began to resolve some of the problems and his peers provided the emotional support that Tom really needed.

3. Building Self-confidence—Tom admitted, in-group, that he felt he was a failure in marriage and had lost self-confidence upon discharge from the Navy. In the Navy he was a member of a large family and he felt he was a Somebody with a personal identity. Tom began using the Power of Freedom Exercise as directed. He reaped the therapeutic benefits when he realized there is an area of free will in all situations in which he has some control. He would need to change his attitude to a positive one by transcending to the noetic dimension.

4. Creative Thinking—Tom requested an appointment with the vocational psychologist to be tested for a second career. As a result of the testing, Tom registered at the local university to pursue a Masters Degree in Criminal Justice. He was very pleased with the choice.

5. Initiating Meaningful Relationships—Tom continued to become even more consciously aware of what lead to his divorce. He and his wife did not have similar interests. She was unable to provide him with the emotional support as an officer’s wife since she did not like military life. Consequently, Tom’s wife felt isolated and their relationship disintegrated after 22 years of marriage. Tom discussed the kind of woman he would like to marry if he had the opportunity “to meet the right one.”

6. Dereferential—Tom completed the Meaning in Life Evaluation Scale and he prioritized his five top values. From these values he began to work immediately in achieving the goals to experience the chosen values. He was not surprised when he selected authentic relationships as one of his top values. Tom verbalized that he felt comfortable with military retirees at social events. This was a beginning to meet others and possibly discover an authentic relationship with another woman. He hoped to have a happy marriage and family.

7. Commitment—Tom’s expectations of the therapeutic value of Logoanalysis were met and he learned how to cope effectively in the psychic (emotional) dimension and he transcended to the noetic dimension (human spirit). He also appreciated his
uniqueness as a human being in pursuit of a meaningful and fulfilling future. Consequently, Tom made the commitment to join the Logotherapy group meeting monthly in an Outpatient Clinic. Results of the Purpose in Life Test for Tom were: Pre-test score = 68 = no meaning and purpose in life, Post-test score = 115 = definite meaning and purpose in life.

Evidence of an existential vacuum, boredom, and emptiness had decreased significantly. I continue to communicate with Tom by phone annually at New Years. He completed the Masters Degree in Criminal Justice and is employed with the Military. He was transferred to Germany where he arranged a meeting with Dr. Frankl. A few months before the planned meeting, Tom was diagnosed with a recurrence of cancer and he returned to the states for treatment. Tom related that he has not been depressed nor had another drink. In 2001 when I spoke with him, he stated that he is teaching a friend how to cope with cancer using the principles of Logotherapy.

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References
APPLICATION OF LOGOTHERAPY TO HEADACHE

Ingeborg van Pelt

This paper discusses the use of logotherapy in Medical Services and Healthcare. It speaks directly to the use of Frankl’s ideas by medical physicians.

Medical Services and Healthcare are in the forefront of our concerns in society today. Unfortunately, these terms are used interchangeably although in the true sense they represent two different entities: Medical Services encompass everything that leads to the detection and elimination of disease—not only diseases of the body but also of the psyche; Healthcare, however, refers to caring for health/wellness.

My 40 years in medicine reflect my professional journey towards an understanding of both illness and health. It began with the acquisition of pure scientific knowledge, which I assumed would disclose all secrets of disease and dysfunction of the patient, and would provide a blueprint for cure. I soon learned that science alone cannot cure a patient from disease and dysfunction—the outcome of scientific inquiry and of medical intervention is only partially predictable. I learned about the importance of observing my patients, and of listening to them and to their relatives’ stories. This insight led me to study further the impact and interrelationship of physical, psychological, and environmental factors on both illness and health. Finally, I discovered Viktor Frankl’s logotherapy, which helped me to become a better physician.

Frankl emphasized that we have the capacity for strengthening our body and our psyche if we are able to keep the flame of our human spirit alive. Frankl’s hope, and his determination to stay alive because of a task to be completed, fueled his inner chemical defense resources and helped him survive the concentration camp. His concept of the human being as an entity of body, psyche, and spirit—his tri-dimensional ontology—convinced me of the relevance of logotherapy for medical practice.

From the Medical to the Human

A number of years ago a young administrator of the college where I practiced medicine came to me for evaluation and treatment of daily, severe headaches for the prior 14 days. After a thorough medical history and a physical examination I could not find any particular cause for his severe headaches for the prior 14 days. After a thorough medical history and a physical examination I could not find any particular cause for his headaches. I reassured him, and I suggested some anti-inflammatory pain medicine and a later re-evaluation.

Since I still had a little time left, I shifted my discussion to a troubling subject on campus: a recent cross burning and a student protest and occupation of the administrative building. Immediately, the patient straightened out and started to unburden himself—he had participated in the sit-in. He showed outage about the incident. He then paused and exclaimed: “That’s when my headaches started!” During the next few minutes I expressed my support for his action; and I applauded his courage to join the students, to take a stand when he was no longer a student himself. At the end of the conversation, he observed to his and my amazement that his headaches had lessened remarkably. When I saw him again several days later, his pain had ceased even though he had hardly used the pain medication.

This remarkable self-healing incident became the inspiration for me to pursue my interest in evaluation and treatment of patients with headaches. It also became the inspiration for me to explore the benefits of logotherapy in medical practice.

This incident of the young man presents three areas of concern: organic pain, emotional turmoil, and disturbing environmental events. I had addressed the pain according to my medical training—I relied on his clear mind to give me an accurate, objective medical history. When I was unable to detect a medical reason for the symptom, I suggested abolishment of the headaches with medication and return later if the pain did not cease. However, after I shifted the conversation to human concerns we hit upon his center of conscience—the human spirit. Then both of us suddenly became aware of an interrelationship of physical pain, emotional distress, and environmental malaise. We also learned that by unburdening himself and receiving my approval of standing up against evil, self-healing was ushered in.

Addressing Suffering from the Center of Strength

In logotherapy the crucial element is the Human Spirit—the healthy core. I now approach all my patients as human beings who are endowed with this inner intactness, even if it is hidden under physical and emotional pain. They come to see me as motivated individuals able to reach out for advice. This shows their inner strength even if they also bring to the office their uncertainty—uncertainty about the meaning of their symptoms, and uncertainty about possible social consequences that may ensue from disease. They usually are anxious and fearful, even
when they try not to show it.

How do I gain the trust of my patients? Most importantly, they need to feel at our first encounter that I respect them, that I care about them, and that I am interested in them rather than in their malfunction and disease. With a non-judgmental way of greeting them, I open the door to a trusting relationship.

Each patient needs an individual approach. One person may need to be complimented at the first handshake about their courageous decision to come for a visit. Another one may need immediate sympathy with their obvious suffering. Other patients may need to greet with curiosity and expectation: whom will I encounter, who is this human being? To all of them I try to convey that we meet as equal, unique human beings – although one of us is in need of a consultation while the other is ready to provide counsel and relief from illness or pain.

If I want my patients to share their story and their medical history, I not only need their trust, but also a certainty that they are able to relate to me. In other words, I have to sense their inner strength and their coping ability. Therefore, I begin our visit by taking a few minutes for finding out about their life, their present situation, their worries, and their hopes. In this way I show that I am interested in them and that I am aware of their humanness even as they are suffering from pain and other physical symptoms, from uncertainty, anxiety, and fear. Patients who recognize that I will walk with them without judgment will be more ready to engage in a healing dialogue.

Responsibility in the Patient–Physician Partnership

Success in medical practice depends on the patient’s willingness to take some responsibility for his or her care. We rely on their compliance to follow instructions – if they fail to do so, and, if the treatment is not successful, we tend to blame the patient for the failure.

In logotherapy we avoid giving orders that unilaterally transfer responsibility to the patient. Instead, we arrive at a joint treatment plan after all the options have been illuminated thoroughly and explained. Then patients are more willing to follow through or to re-consult the health care provider before they make changes in their treatment plan. This partnership between physician and patient optimizes the outcome of treatment because it enhances the patient’s ability for responsible action, and it reaches far beyond mere medical and emotional decisions.

The importance of taking responsibility applies to me as physician-logotherapist as well as it applies to the patient. I can expect responsible choices of the other only if I present my expertise convincingly on the matter of discussion. I often do this by explaining with charts, graphs, and diagrams the headache mechanism, with particular emphasis of the numerous triggers that can lead to the nervous system’s psychosocial stress response of pain. Once I sense that the patient understands and accepts my elaborations, I can move forward and engage in a Socratic dialogue about the best approach to address the problems. The treatment plan becomes that of the patient; it is no longer the prescription, the order of the physician. This sharing of responsibility reduces the frequent problem of the medical profession about non-compliance of the patients.

A medical history demonstrates the point: A patient came to see me because of a long history of frequent migraine and tension headaches. She had tried numerous over-the-counter pain medications that gave only short relief or no relief at all. She was discouraged, had lost work and study time, and hardly dared to make plans for enjoyable events. She asked me for pain medication. I understood her dilemma, but I knew that medication alone would not solve her problem. She needed to understand that drugs only lessen the symptom – pain – but do not touch the source of her problem. She needed to understand the reasons for her headache attacks. I explained to her the headache mechanism: the numerous triggers – particularly stress and emotional distress – causing an excitement of her nervous system until it finally “explodes” and answers with a headache attack and other symptoms. Was she ready to explore her situation?

Yes, she was eager to engage in a Socratic dialogue and assess her headaches from this central viewpoint of the healthy human spirit. We looked together at her physical, emotional, and environmental concerns: pain and other organic symptoms; emotional stress and distress; and environmental factors including fumes, odors, weather; and also social circumstances that influenced and interfered with her well-being. When she had recognized the areas of immediate concern, she was ready to map out options where improvement would be possible. Throughout this process she had been in charge. I, the physician, had become the facilitator, the adviser. The responsibility for acting on her plan was hers.

Her headaches markedly improved. She later reported joy and satisfaction.

Controlling Pain through Attitudinal Change

Logotherapy is viewed most often in the context of the search for meaning in life. This may explain why relatively few physicians are attracted to logotherapy. Even if they knew about creative and experiential values as part of the meaning concept, they would comment: “How often do patients raise such questions in medical offices?” For the
medical profession, I emphasize the concept of Attitudinal Values. Again and again I have witnessed patients who were overwhelmed by pain but who would suddenly leave the despair behind and find a joyful beginning.

For example: A 53-year-old woman came to see me because of five years of daily headache attacks. She related that she woke up every night at 3:00 a.m. with severe, one-sided pain that lasted for two to three hours and then spontaneously resolved. Because she was extremely tired for the rest of the day, she had to discontinue her work as a nurses’ aide, a job she loved. She did not dare to visit others or travel because of her headache condition.

Here, I congratulated her about her courageous step to make an appointment at the headache clinic and seek medical advice. I then stepped back from medical inquiries and asked about her family. She felt comfortable enough to share the stories of her children. She had lost one son due to drug overdose; another was imprisoned with murder charges. The other five children were doing all right. Her daughter had suggested arranging the visit at the headache clinic.

What did I have to offer? How should I begin? My evaluation concluded that she was suffering from cluster headaches, which are responsive to medication during the acute stage but much less so once they have become chronic. She also qualified for the diagnosis of chronic depression, likewise treatable with medication. Was that what she needed most?

This woman needed to be lifted up! She needed hope after years of suffering in silence. I reassured her that we would get her headaches under control. But what would she like to do once her headaches had improved? With other words, I offered her an opportunity for de-reflection away from pain toward envisioning a brighter future. This invitation suddenly brightened her face. I noticed an energy surge. She replied: “I would love to finish my high school education and get the GED-diploma; and I would like to go back to work.” I then expressed my joy over her decision, and I set up an appointment for her with a social worker in order to discuss how to make her dream come true. (The social worker shared with me later that the patient’s headaches ceased the day after our visit.)

When I saw the patient eight weeks later, she was in good spirits. In fact, she had planned a vacation with her husband.

However, she went on to state that her headaches had returned twice, which was of concern to her; she wondered, did she need more medication? At this point it was important that she understand the reason for her previous remarkable recovery: with her hopeful attitude — seeing a brighter future ahead of her — she had freed herself from the vicious circle of pain, anxiety, and fear. But new anxiety about the failing health of her mother caused the reoccurrence of her pain. If she wanted to gain control over her headaches, she needed to leave the distress of uncertainty behind and make the best possible choice for the welfare of her mother.

She left reassured and confident. Her positive attitude, and the newly discovered tool of appropriate response at a time of crisis, allowed her to take satisfying, meaningful actions rather than be incapacitated by pain.

Overcoming Suffering by Facing Existential Despair

Suffering and despair occur not only in people who are suffering from incurable diseases, but also in persons suffering from other diseases, including chronic headaches. Here, the physician can bring relief from despair with a logotherapeutic approach; namely, helping the patient find an open door that leads them into a space of freedom.

The following case history is an example: A 20-year-old student who immigrated to this country many years ago consulted me because of five years of frequent headaches that lately had become daily and intolerable. She indicated in a questionnaire that in addition to headaches: “I am constantly sweating, even when freezing. I can sleep anytime. I am not living now. This can’t go on like this. Does depression lead to headache, or does headache lead to depression? I contemplate more when I feel like dying, and this horrible indifference within me.” She then described physical symptoms of her headaches.

Medically I could have stopped my inquiry here because I had all the information that I needed for diagnosis: tension type headache, probably occasional migraine headache, and severe depression. I could have provided her with medication. This would have diminished her symptoms, but would it have restored her health/wellness? If I wanted her to feel well, I needed to know more about her.

She saw as her goal for the next year: “graduate with all A’s; I know I can do it, if it wasn’t for the headache.” Regarding hopes for the future, she answered: “to find meaning in life.” Here was a lively spirit in spite of all the despair!

How could I help this student? Would medication help her to “graduate with all A’s” and “find meaning for life”? I saw here in front of me a young woman in a desperate struggle: she wanted to get rid of this pain in order to reach her goal, but on the other hand she felt like dying with the horrible indifference within her.

I considered the factors of a Human Being. I knew about her physical and her emotional/psychic pain. What kind of an environment did she live in? —would it give me a clue about her dilemma? The answers in the rest
of the questionnaire guided me in the right direction. She was one of 12 children – 6 older and 5 younger than she. She was the only one so far who had entered an institute of higher education. She planned to become a journalist and a writer. When I asked what this meant to her and to her family, she responded in an angry voice: "my family does not care about me studying. They are only interested in me getting married, having children, and going to church." Then, with the same breath she exclaimed: "I need proof that there is a God. If there is none, life is not worth living."

At this point we entered into a brief conversation about how people of all backgrounds and nations throughout human history have looked for answers to the question of the existence of a God. Some converted to the Judaic or Christian religions, some followed the Islamic faith, others became Buddhist monks. She interjected repeatedly: "I have been thinking of that!” I suggested some books to her. I ended our discussion with the remark that perhaps one day she could receive a Nobel Prize in literature because of the exquisite portrayal of her struggles.

Her response after a pensive pause was: "Do you think this could be the cause of my headaches?" I acknowledged the possibility.

What had happened during this half-hour encounter? We were able to bring her various areas of suffering into connection with her inner source of insight and strength – her human spirit. Her problems were not solved; an answer was not found for her deep concerns about her spiritual needs and perhaps a higher meaning in life. She was, however, able to see her headaches in perspective and realize a possible meaning associated with the pain. She regained her inner balance and moved on to the next meaningful task; namely, pursuing her academic plans and hopes.

She left my office with a mild drug for tension headache that also would help her sleep better at night and regain her physical strength. She carried a note for her professor asking for an extension for papers in one class; for other courses, she envisioned possibilities for strategizing the workload.

On return one week later she was practically headache-free and in very good spirits. She wrote to me several months later that she had enrolled in a Judaic study course and that she was doing well.

She has remained headache-free for the past two years with only occasional tension-related headache episodes. On a recent survey she commented: "Your approach to headaches is extraordinary. You do not treat it with medication, but find the origin of the headache."

I felt overwhelmed by the blossoming of her human spirit, by the self-healing energy within her! I would have loved to sit down with her again and share with her these reasons for the successful outcome of her visit. However, in contrast to counseling services, medical physicians usually “lose” their patients as soon as they feel improved.

Health and Wholeness

The relevance of logotherapy for medical practice goes beyond the meaning concept. It rests with Frankl’s model of the human being: we have a body and psyche, but we are human because of our human spirit that embraces body and psyche and makes us whole. Interestingly enough, this concept of “whole” has the same origin as “health.” Both words derive from the Gaelic word “hale,” meaning “whole,” perhaps even “holy.” We medical practitioners equate health with the absence of disease or dysfunction – has the time come that we recognize the true meaning of “health” again? If we claim to be healthcare providers, all of us need to assist our patients in understanding and striving for health that goes beyond repairing the body, alleviating physical pain, and calming the mind. We need to help our patients become aware again of their inner strength that not only stimulates the natural healing forces of the sufferers, but also helps them endure and live peacefully with unchangeable circumstances and dysfunction of body and/or psyche. Viktor Frankl’s logotherapy provides the necessary source of reference for propagating the human approach in scientific medicine.

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LOGOTHERAPY AND CONDUCT DISORDER

Stefan E. Scholenberg

Conduct disorder is a danger to society in terms of its pervasive impact on people and property. Conduct disorder is a complex cluster of behaviors that involves aggression towards others (e.g., initiating fights), property destruction (e.g., fire setting), deceitfulness/theft (e.g., shoplifting), and serious rule violations (e.g., running away). The purpose of this article is to describe how logotherapy may aid in the understanding and treatment of conduct disorder. Although the diagnosis of conduct disorder applies to both children and adolescents, this article is written with the adolescent in mind. It should also be noted that conduct disorder (a mental health diagnosis) is not necessarily the same construct as juvenile delinquency (a legal term), although both overlap in that they involve antisocial acts.

Understanding Conduct Disorder

Youths diagnosed with conduct disorder may also have a variety of related problems. These may include poor interpersonal relationships (with parents, teachers, peers), problems with school performance/academic achievement, and deficiencies in problem-solving and social skills (e.g., misinterpreting social cues). Perhaps because of the many areas of functioning directly influenced by conduct-disordered behavior, treatment is a complicated process that has been described as an “unproven territory” despite a variety of treatment modalities (psychopharmacology, individual therapy, group therapy, family therapy). However, more recently, it has been noted that treatments for conduct disorder have significantly advanced, with a variety of promising treatments available (parent management training, problem-solving skills training, functional family therapy, and multi-systemic therapy).

Working with the family structure can sometimes be effective, but this intervention may be complicated by the abusive/neglectful/chaotic nature of some families, necessitating more patience, flexibility, and creativity on the part of the therapist. Parents of youths diagnosed with conduct disorder are more often inconsistent in their discipline styles, tend to exhibit poor child supervision practices, are more likely to experience discord in their marital relationships, and to experience psychiatric problems of their own. A history of childhood physical and sexual abuse also appears to be associated with conduct disorder.

Many teenagers diagnosed with conduct disorder have other psychiatric problems, such as major depression, schizophrenia, substance abuse, anxiety disorder, attention deficit/hyperactivity disorder, and posttraumatic stress disorder. Readers further interested in the complexities of conduct disorder are referred to Quay and Hogan's Handbook of Disruptive Behavior Disorders and the work of Kazdin.

Conduct Disorder: A Logotherapy Case Formulation Approach

A psychotherapy case formulation is essentially a hypothesis about the causes, precipitants, and maintaining influences of a person’s psychological, interpersonal, and behavioral problems. The case formulation is important because it organizes information, guides treatment, and facilitates understanding of the client on the part of the therapist. The case formulation approach targets the core of why a person behaves the way they do, and the “nature of this hypothesis can vary widely depending upon which theory of psychotherapy and psychopathology the clinician applies.” How, then, might logotherapy aid in the understanding and treatment of conduct disorder?

Logotherapy and the Existential Vacuum

One of logotherapy’s main principles is that a person needs to strive toward meaningful activity, and if a person’s participation in meaningful activity is blocked or thwarted in some way then existential vacuum (feelings of meaninglessness) may result. The main manifestations of existential vacuum are boredom and apathy.

Fabry noted many maladaptive ways that people try to deal with their existential vacuum (defying authority, sex, alcohol, watching television). He also noted that the problem of existential vacuum, or a feeling of inner emptiness, is prominent among youth. Given that defiance of authority and related constructs such as violating rules and the rights of others are aspects of conduct disorder, the question arises: Do some youths use conduct-disordered behavior to fill their inner emptiness when their Will to Meaning is frustrated?

In some cases it may be that conduct-disordered behaviors are used to fill the existential vacuum; however, it is more likely that conduct-disordered behaviors are related to the Will to Pleasure (“I will do this because it feels good”) or the Will to power (“I will hurt them so they cannot hurt me”), instead of the Will to Meaning. Conduct-disordered behaviors may temporarily serve to artificially fill the inner void, but
because they are not a genuine means, they will not suffice as a method of achieving authentic meaning. This lack of authentic meaning may serve to perpetuate further maladaptive behavioral/emotional expressions in a vicious cycle where further conduct-disordered behaviors are demonstrated as an ineffective means of dealing with existential vacuum.

Logotherapy suggests that there is hope for youths with conduct disorder. For instance, in his work with male juvenile delinquents (the legal term), Barber noted that people have the ability to change through their ability to make choices; that is, they can choose who they are and who they will become. During adolescence, youths make important decisions about their identity. Logotherapy may be an effective means of assisting youths with developing their sense of who they are through its emphasis on taking a positive attitudinal stance. Logotherapy empowers youths to make positive changes should they choose to do so. Barber concluded that there is a significant relationship between a person's self-concept and their values, with changes in self-concept and value structure being critical components to a successful intervention. Working with self-concept and the process of valuing are core strengths of logotherapy.

Conduct Disorder and the Mass Neurotic Triad

Although there are multiple variables influencing the development of conduct disorder (genetic, environmental), logotherapy emphasizes the individual's internal state. From the existential vacuum comes the mass neurotic triad of addiction, depression, and aggression. Conduct disorder is clearly aggressive behavior, and therefore these behaviors may, at least in part, be an expression of the existential vacuum. Frankl noted that "people are most likely to become aggressive when they are caught in this feeling of emptiness and meaninglessness." Barber, as cited by Frankl from Barber's work with juvenile delinquents, indicated that meaninglessness is "a decisive factor driving youth to criminality." Barber demonstrated that juvenile delinquency may be effectively treated with principles of logotherapy. However, Barber's program was reportedly eclectic, relying on non-logotherapy principles as well.

From the logotherapy perspective, the underlying dynamic of aggression is despair, and people use violence in their despair in an attempt to control other people. Despair also underlies depression and addiction, and also helps to explain the co-morbidity between conduct disorder, substance abuse/dependence problems, and depression. The logotherapy curriculum indicates that the "etiological factor of underlying despair needs to be addressed, not just the presenting symptoms, to bring about a lasting change. The person needs to be helped to choose a life with meaning that will replace the existing despair." Given that the existential vacuum may play a role in the development of conduct disorder, what are the ways to adaptively deal with the existential vacuum? Lukas noted that dealing with the existential vacuum is one of the times that logotherapists explore a client's past in depth, in order to discover old avenues to meaning that may be used to lead to meaningful activity in the present. Lukas further noted that the purpose of exploring the past is not to relive unsuccessful experiences, but rather to discover meaning through asking questions (e.g., What was meaningful in the past for the client?). Thus, in the case of logotherapy as applied to conduct disorder, exploring the client's past, posing questions, and teaching the client to ask his or her own questions are ways to ameliorate symptoms more effectively and in more meaningful ways.

Given that logotherapy concepts are applicable to conduct disorder in certain instances, how might such an intervention be applied?

Conduct Disorder and the Phases of Logotherapy

The phases of logotherapy have been described as self-distancing from symptoms, changing attitudes from negative ones to positive ones, reducing symptoms, and securing the client's mental health for the future.

Self-distancing from Symptoms

Logotherapy's emphases on finding meaning, participating in meaningful pursuits, making adaptive choices, being responsible, and the uniqueness of each human being foster a strong and positive relationship between client and logotherapist. Although the nature of the therapeutic relationship is important for a positive outcome, it is especially critical when working with someone diagnosed with conduct disorder. These youths are often resistant to participating in therapy, and may be particularly difficult to engage. Logotherapy regards the client as an important person in his or her own right, not just as a cluster of symptoms. This is important because it is not desirable for the person with conduct-disorder to over-identify with the diagnosis. These youths may be mislabeled a "bad kid", a "juvenile delinquent", or a "criminal", but this does not have to be the case. Clients are free to take a stand, to act in more meaningful ways. Those diagnosed with conduct disorder are human beings who choose to express harmful acts. The logotherapist may help these youths to learn the importance of making responsible and meaningful decisions. The logotherapist does not accomplish this through persuasion. Persuasion may instill in clients a sense of resistance. Instead, techniques such as Socratic Dialogue become increasingly
important, for as clients answer questions posed by the therapist they develop their ability to come to their own conclusions. These conclusions tend to be stronger if realized by themselves, not through the interpretations of therapists.

**Changing Attitudes from Negative Ones to Positive Ones**

"Once patients have gained distance from their symptoms, they are open to new attitudes toward themselves and their lives." Fabry noted that the new attitudes are not forced upon clients; rather, the therapist seeks from the client signals of a direction that the client might like to take. Even if choices do not work out, then the client has at least learned that there are choices that may be made. In the case of youths with conduct disorder, they may be redirected toward more meaningful pursuits, such as participation in school or after-school employment opportunities. Youths have the ability to become more open to learning how their attitudes create opportunities to discover authentic meaning.

**Reducing Symptoms**

Fabry noted that once a change of attitudes has been fostered, then symptoms become more manageable. Youths with conduct disorder, once they learn that authentic meaning may be achieved through more adaptive pursuits, may be able to achieve a measure of success in their endeavors. Being more successful in work, school, and relationships may enhance self-esteem, decrease feelings of negative affect, and improve sense of purpose. These youths may also learn that in order to gain respect from others they must learn to respect themselves and other people. Moreover, they may benefit from an increased ability to make decisions that are adaptive, positive, and meaningful. Controlling others is not desirable because it is manipulative and pathological, and does not lead toward the discovery of meaning. If clients are able to self-distance from their behaviors, and they are able to express positive attitudes, then logotherapy posits that conduct-disordered behaviors should decrease.

**Securing the Client’s Mental Health for the Future**

The final stage of logotherapy involves teaching clients to assume responsibility, to use their time and energy in more meaningful ways. For the client with conduct disorder, participating in meaningful activities such as after-school employment, extra-curricular school activities, sports, volunteer work, and/or helping out more around the house are desirable activities because they may enhance sense of purpose, self-esteem, and orientation toward assisting others (self-transcendence). Problem-solving and social skills training may further assist clients with navigating their environments with greater effectiveness as they learn to overcome encountered obstacles as they strive to participate in meaningful activity. Exploring the client’s past may offer clues as to not only what is meaningful, but may lead to adaptive methods used in the past to overcome difficulties.

**Suggestions for Future Research**

It is imperative that researchers investigate constructs of meaning in youths with conduct disorder. Do these youths experience feelings of meaninglessness, and, if so, to what degree? Are certain aspects of conduct disorder more strongly associated with feelings of meaninglessness than others? Do people with conduct disorder have statistically significant differences in life purpose than persons not exhibiting conduct disorder? Logotherapy instruments such as the Purpose-in-Life test and the Life Purpose Questionnaire are potential means for conducting research with this population.

Barber found that a program that incorporated principles of logotherapy, designed for males adjudicated as juvenile delinquents (Anglo-White, Mexican American, and African American 15 to 16 year olds), improved Purpose-in-Life test scores over a 6-month period (a mean change of 86.13 to 103.48). However, the number of participants was relatively small (N = 15), and the data applied to the legal designation of juvenile delinquent not necessarily to conduct disorder. This study should be replicated with youths with conduct disorder. The number of participants should be much larger, with a wider range of demographic background variables being studied. The increase in the number of participants tends to allow for greater power in making statistical inferences. Once norms for logotherapy instruments have been established for populations diagnosed with conduct disorder, then these measures may become useful adjuncts to the clinical assessment of conduct disorder, and they may have efficacy with regard to providing benchmarks for the effectiveness of the therapeutic intervention.

Although there is a clinical rationale to use logotherapy with conduct disorder in certain cases, the extent of logotherapy’s potential effectiveness in the treatment of conduct disorder has not been empirically established. Outcome studies must be conducted to this end. An outcome study is a "systematic investigation of the efficacy of a therapeutic technique, or of the comparative efficacy of different techniques, with one or more disorders." Outcome studies should include evidence of the effectiveness of logotherapy at the termination of treatment, as well as long-term effectiveness. How well does logotherapy work with conduct disorder? Does logotherapy achieve better treatment results when combined with other approaches (e.g., parent-management training), and, if so, which ones? Moreover, which modalities of
Logotherapy (individual therapy, family therapy, group therapy, milieu therapy) tend to be most effective, and in what combinations?

Conduct disorder is a problem that affects so many areas of functioning that it is unlikely that a single treatment approach or modality will be effective. A proliferation of outcome studies investigating the impact of principles of logotherapy on conduct disorder (and other mental health problems) is warranted. Such studies may also assist logotherapy in becoming a part of the growing empirically-validated treatment literature for mental health problems.

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References
Logotherapy as an Answer to Burnout

Reuven P. Bulka

Burnout is a state of mind that can afflict those who work with other people, often but not exclusively in the helping professions, and who receive less from their clients, supervisors, and colleagues than they give. It is "the result of constant or repeated emotional pressure associated with an intense involvement with people over long periods of time."15 p. 15

The behavioral cluster associated with burnout includes exhaustion, detachment, boredom and cynicism, impatience and irritability, a sense of impotence, suspicion of being unappreciated, paranoia, disorientation, psychosomatic complaints, and depression. Although burnout is usually associated with one's job, it can manifest itself in almost all spheres of life, including young adulthood, parenthood, and marriage.16 Students face particular stresses which make them prone to burnout. Parents are locked into roles which condemn them to drudgery, with nothing to show for it. Marriages too can be worn by boredom, a feeling of dis-ease, a climate which may escalate petty annoyances into a conglomeration of upsets potent enough to rupture the relationship.

But it is in the workplace that burnout is most prevalent. Frustration at not making a significant contribution, the feeling of going around in circles, of aimlessness, helplessness, and hopelessness, have invaded the workplace with the overwhelmingness of an epidemic. People in ostensibly prized positions leave suddenly, inexplicably. Many in responsible positions lose their lust for work, and simply go about as automatons, going through the motions and picking up their paychecks. This office malaise often spills over into the home, and vice versa. Disenchanted workers can easily become disenchanted parents or partners, thus making burnout a massive problem which threatens to eat away at the very fiber of society.

Societal Sources of Burnout

Burnout derives from choice. We choose a profession or job but the results of that free-willed decision are not the choicest. The budding frustration and eventual desire to move out, to change jobs, are expressions which emanate from having the freedom to opt in, opt out, and search for different goals. However, while freedom may be the component which allows the burnout syndrome to evolve, the conditions which cause burnout are a different matter. Sweeping generalities may explain the causes but, being generalities, cannot hope to be all-encompassing universals.

If the search for meaning is the primary motivational force in humans,6 p. 154 then the loss of a sense of meaning is undoubtedly a major factor contributing to burnout.10 p. 145 Freudenberg calls burnout "a demon born of the society and time we live in and our ongoing struggle to invest our lives with meaning."16 p. 2

We live in a disjointed society. Parents are separated from children and grandchildren, the work scene is far removed from home life, the people we pass on the street are faceless strangers. Performance pressures rob us of vital human experiences which every human being needs, to feel a part of the world. Uniqueness and irreplaceability were once inextricable parts of the social fabric, and could be attained in such tasks as running errands, babysitting, or mending the store. These values have given way to a specialized spoiled society in which experts fill these roles. Where a sense of meaning and importance is missing, one searches even more desperately for it and subsequently is made ever more vulnerable. Where everyday gratifications are denied, we search for the "Big Payoff," but still we are likely to be confounded.9 p. 1847

The irony of burnout is that precisely those individuals who are idealistic and meaning-oriented are most susceptible to it. Freudenberg asserts that "I've never met a Burn-Out who didn't start with some ideal in mind."9 p. 12 Similarly, it has been observed that the "people who start out with the highest ideals...are likely to experience the most severe burnout."10 p. 34 As opposed to job alienation, which stems from an "I don't care" attitude, burnout is directly linked to an "I care" attitude. "In order to burn out a person needs to have been on fire at one time,"11 p. 4

Burnout is often a search for meaning gone haywire. It remains to be seen whether this is an empirical indictment of the proposition which places meaning in the center stage of authentic human endeavor, or whether burnout is rather a case of a well-intentioned but improperly based search for meaning.

Another factor contributing to burnout is the assembly-line syndrome which characterizes the North American work pattern. The age of specialization has sacrificed a superior being in favor of a superior product. Specialists in hooking up steering columns have a narrow field of interest, the repetitiveness of which dooms the practitioner to boredom and anomie. Often the workers are so distanced from the finished product that they cannot gain a sense that the job is useful. In social services a feeling of malaise may develop because, in spite of excessive expenditure of time and energy, the individual or group situation does not perceptibly improve. The helping ideal is far removed from the frustrating reality.

Many professionals suffer from lack of recognition and acknowledgment for their efforts, however successful they may be. Two groups which often fall prey to this reality are nurses working with terminally ill cancer patients, and dentists. The nurses deal with clients who, being doomed to imminent death, are understandably irritable and unlikely to show appreciation for the nurses' efforts, despite massive emotional energy expended by them. Dentists may do excellent work, but their patients, being in varying degrees of pain, are eager to leave as quickly as possible. These patients then return to the next encounter anticipating new pain, by which time they have forgotten the good job done by the dentist in the past.

Some components of burnout, then, may be unchangeable, others reflect
subjective interpretation and are thus adjustable. What follows is a suggested use of logotherapy to approach the problem, showing how logotherapeutic concepts and techniques can be helpful as preventives and potential cures for burnout.

The eight areas where logotherapy may reverse burnout are: (1) philosophy of work; (2) dereflection; (3) experiential values; (4) self-detachment; (5) facing the unavoidable; (6) appreciating finiteness; (7) self-transcendence toward meaning; (8) human ingredient in work.

**Philosophy of Work**

According to Frankl, “life is a task.” Work, or the individual’s calling, should not be confused with the individual’s life task. What we work at is not necessarily what we are or the vehicle toward becoming what we ought to be: “There is a false identification of one’s calling with the life task to which one is called.” It is possible to achieve the life task through work, but not only through work.

Orientation around a task in life is crucial to individual wellbeing. In Frankl’s words, “There is nothing in the world, I dare say, which helps man as efficiently to survive and keep healthy as the knowledge of a life task.”

Finding a task in life requires trial and error. We must be prepared for the possibility that the approach taken is not the correct one.

It sometimes happens that one task will not yield to man’s efforts, while another, with its complement of values, presents itself as an alternative. Man must cultivate the flexibility to swing over to another value group if that group and that alone offers the possibility of actualizing values. Life requires of man spiritual elasticity, so that he may temper his efforts to the chances that are offered.

Additionally, it is useful to harness our “spiritual elasticity” toward recognizing that there is more to life than work, and that often we will not find the answers to life in work, but outside it.

Thus, a healthy attitude to work that tempers idealism with reality and sees work as just one component of life, is helpful in preventing inflated expectations from causing disappointment and burnout.

**Dereflection**

Burnout, however, may be triggered by more than inadequate rewards. “Hyperrefecting” upon rewards may work against the professionals who expect them. The awareness of not being rewarded leads them to seek reward, but even after having received a reward, they remain less than satisfied and desire more. These individuals possess a frame of mind which says “I am not really appreciated,” hence it becomes extremely difficult for that frame of mind to change, no matter how much appreciation is shown. Nothing is enough; even a testimonial dinner may be followed by the blues.

One way of countering this situation is to expand our reward horizons, by looking for recognition from coworkers and clients instead of only from supervisors or management.

A possible alternate approach is the logotherapeutic technique of dereflection. In instances characterized by a fight for a pleasure or reward, logotherapy recommends dereflection as a technique to counter the hyperrefection on the self and on what we expect or desire. For sexual neuroses rooted in hyperattention and hyperrefection, the patient is dereflected from striving for potency or orgasm and is reoriented toward the partner, making the self and concentrating on the other. This approach is a specific application of the logotherapeutic view that pleasure and happiness “cannot be pursued but rather must ensue.” Happiness, pleasure, even self-realization, are not achieved through intention but as by-product of the fulfillment of meaning, or of loving another human being.

This technique may also have specific relevance to burnout. While it is debatable whether burnout resulting from inadequate reward is a case of “hyperattention” upon reward, it is nevertheless clear that some level of intention on reward is present. Learning to dereflect from expectation of reward, and instead applying ourselves almost onedailyly on the job at hand to elicit meaning, is potentially advantageous. By not expecting reward, there is no disappointment at not receiving any compliments. If compliments are offered, they are like manna from heaven, an unexpected gift which is doubly appreciated because it was not anticipated. Through dereflection, quantitatively small rewards are inflated into qualitatively significant accolades. Dereflection is thus a useful tool in confronting burnout.

**Experiential Values**

If burnout is related to placing too much emphasis on work as the central motif of life, and expecting too much from work, then the logical antidote to this pattern would be in finding sources for fulfillment outside work. Instead of placing so many identity eggs in the work basket, it is helpful to be open to other aspects of life, be they the love of a spouse, the development of a child, or the setting of the sun. Hence, we can effectively “inoculate ourselves against burnout by getting into the habit of noticing and nurturing the unspectacular good things that happen to us. This may require a conscious effort at first, since we are unaccustomed to viewing our lives from this particular vantage point, but it will prove to be a worthwhile effort.”

Mikalay Csikszentmihalyi describes the internally motivated person who engages in “autotelic” experiences as less likely to be prone to burnout. During an autotelic activity, we experience a sense of “flow,” with little distinction between the self and the environment, or between past, present and future. These flow, or peak experiences, can have a far-reaching effect on us, giving a sense of coherence and meaning even in the face of the seemingly meaningless work activity.

Frankl’s notion of different types of values in human life relates directly to this aspect of the burnout syndrome. Creative values are what we give to life, and experiential values are what we take from the world in terms of personal
experiences. If work constitutes that area of life which is most conducive to creative values, the world outside of work is open to the experience of beauty, kindness, and warmth. Even if we are frustrated by the lack of fulfillment at work, there is still another world out there waiting to be experienced, with many opportunities for a peak experience, that single moment which “can retroactively flood an entire life with meaning.”\footnote{pp. 126-127 where, through the proper attitude, we may transcend the suffering.}

When speaking of suffering in job burnout, it seems appropriate to include the workplace as one of the areas where we may be called upon to “face fate without flinching.”

Because “in the vast majority of cases of burnout the major cause lies in the situation,”\footnote{pp. 8 some situations cannot be changed. “One of the ways we can strengthen ourselves is by learning to acknowledge that the world is the way it is and accepting that fact as one of the conditions we have to live with.”} we may have to adopt a realistic attitude to unbearable realities.

Often the burnout stems from the disparity between the ideal and the real, and from the frustration deriving from this disparity — the frustration of trying to change reality to conform to the ideal and finding that we are knocking our head against a brick wall. One preventive of burnout is a balanced enthusiasm which strives toward a helping ideal within inherent limitations. With diminished expectations based on the “unavoidables,” we are less likely to be disappointed, and rather learn to live with reality instead of fighting it. This should not be interpreted as a defeatist attitude. Every individual must make a sober judgment about what can be changed, should be changed, and whether one possesses the strengths and capacities to effect these changes. As Frankl puts it, “Things are bad. But unless we do our best to improve them, everything will become worse.”\footnote{pp. 15-16 To do our best is the imperative, but that means realizing limits as well as expanding horizons.}

Appreciating Finiteness

Victims of burnout often suffer this fate “because they’ve pushed themselves too hard for too long. They started out with great expectations and refused to compromise along the way.”\footnote{pp. 12 The high expectations may relate to work, or to one’s self. Those who take on too much and refuse to come to grips with reality are pushing themselves to the burnout brink. “We must be aware of our realities and limitations as human beings.”}

With an awareness of limitations, one is less likely to become the all-consuming executive who must be at all meetings, reply to all letters, and take care of all matters personally. Instead, in recognizing limits, one can delegate to others, or have others take up part of the slack.

Limitations within the logotherapeutic framework notwithstanding, “we must never be content with what has already been achieved. Life never ceases to put questions to us, never permits us to come to rest.”\footnote{pp. 105 Because the human being is constantly confronted with new frontiers, there is always room for more achievement. But what matters is the striving, not the attaining.}

That he must aim at the best is imperative; otherwise his efforts would come to naught. But at the same time he must be able to content himself with nothing more than approaching nearer and nearer, without ever quite attaining his goal.\footnote{pp. 49}

Self-Detachment

The dedicated worker has a sense of commitment to the job, but the burnout victim is often overdicated. Overcommitment means an all-consuming emotional or intellectual bondage to an idea or cause.\footnote{p. 34 Instead of the person having the ideal, the ideal “has” the person.}

Overidentification with work has been implicated as a major factor in burnout cases. The workers have merged the self with the job, leaving themselves open to the loss of self and increasing vulnerability to disappointment, disenchantment, and even depression from a job that cannot satisfy human needs.

“The most idealistic and highly committed ‘social servants’ are the ones who have the greatest difficulty detaching themselves and as a result tend to burnout relatively soon.”\footnote{To counter this difficulty, a “detached concern” is recommended, a combination of concern and detachment, which conveys sympathy and understanding but at the same time retains an element of distance in order to maintain objectivity. Again, a logotherapeutic notion seems to have particular applicability to this aspect of burnout. In developing the concept of an individual's free will, Frankl speaks of the human capacity for self-detachment. Instinct, heredity, and environmental factors partially determine human behavior but we can accept, reject, or manipulate these factors according to our will. We can rise above the psychic and somatic determinants into a new, distinctly human, dimension of the spirit. From the vantage point of this dimension, we can look down at the potentially dehumanizing forces and decide whether and how these forces will steer us. In the neologistic domain, we exercise the distinctly human phenomenon of self-detachment, detaching our self from ourselves and deciding our future. For the potential burnout, self-detachment is a useful exercise. We look at ourselves with a sense of distance that we usually reserve for looking at others. Whether through thinking, talking, or writing about ourselves, the sense of distance admits objectivity into self-awareness, and also maintains a sense of self which can prevent merging the self into work, a condition which often is the first step to burnout.}

Facing the Unavoidable

Frankl, in speaking about human suffering, emphasizes attitudinal values — the attitude we take to a situation of suffering. “The right kind of suffering — facing your fate without flinching — is the highest achievement that has been granted to man.”\footnote{Frankl is concerned not with unavoidable, unnecessary, and possibly masochistic suffering, but with unavoidable suffering where, through the proper attitude, we may transcend the suffering.}
The human being is finite, therefore imperfect. These imperfections make for individual uniqueness and irreplaceability, and also make perfection impossible. To attain perfection would make the person existentially dead, with nothing more to achieve, inviting the dreaded existential vacuum. Human reality is lived out in continued striving which militates against ultimate attaining, or actualizing the infinite. “A human being, it is true, is a finite being. However, to the extent to which he understands his finiteness, he also overcomes it.”6, p. 86

Coming to grips with our finiteness is important. “This acceptance of finiteness is the precondition to mental health and human progress.” while the inability to accept it is characteristic of the neurotic personality.”6, p 47 The inability to accept finiteness and limitations is also characteristic of the burned-out individual.

Self-Transcendence toward Meaning

Professionals who devote many years to study and training for a career enter that career with the expectation that it will provide a steady challenge and opportunity for self-actualization. However, when this does not materialize, when their talents and skills are stifled, they become candidates for burnout.10, p. 154 Additionally, in such areas as the social services, the emotional flow goes one-sidedly from worker to client, leading to a possible emotional depletion, with any emotional “refill” highly unlikely. Thus, those come into their professions with high ideals, hoping to find a meaning, instead become burnout victims. Is this a case of the search for meaning gone haywire, an argument against the primariness of the search for meaning? After all, the search leads to a dead end.

A careful understanding of logotherapy and a more precise reading of the burnout scene indicates that the fault lies not in logotherapy but rather in the burnout victim’s distortion of the search for meaning. Some degree of value distortion is implicated in most burnout cases.

Frankl, on practical grounds, pleads for self-transcendence, and not self-actualization, as a primary human focus:

The true meaning of life is to be found in the world rather than within man or his own psyche, as though it were a closed system. By the same token, the real aim of human existence cannot be found in what is called self-actualization.

Human existence is essentially self-transcendence rather than self-actualization. Self-actualization is not a possible aim at all, for the simple reason that the more a man would strive for it, the more he would miss it. For only to the extent to which man commits himself to the fulfillment of his life’s meaning, to this extent he also actualizes himself. In other words, self-actualization cannot be attained if it is made an end in itself, but only as a side effect of self-transcendence.6, p. 175

Frankl is not moralizing, he is advising. On a purely pragmatic basis, self-actualization as an intended goal does not work. There is a subtle but pronounced difference between self-actualization and the authentic quest for meaning. In self-actualization, we actually yearn for self-satisfaction. In the authentic quest for meaning, we yearn for the fulfillment of an other, be it an ideal or a person; we indulge in self-transcendence.

The self-defeating nature of self-actualization and the ultimate viability of self-transcendence as the primary human dynamic in striving for meaning is best encapsulated in the following.

Time and again we have found that, in a given organization, individuals hunger for appreciation. While these people feel unappreciated, they almost never reach out to show appreciation of someone else’s work. In our experience, we have found that one of the best ways for individuals to encourage other people to pay attention to their work is to start acknowledging the good work of others. When individuals, on their own, reach out to give each other needed support and needed appreciation, the reaching out mushrooms and grows exponentially.26, p 12

In sincerely focusing on others, we not only deferect from ourselves, we also create the ambiance of praise and acknowledgement, and unexpectedly find the fulfillment which is so elusive when intended. Precisely because they enter with an expectation of a self-actualizing experience, this goal is frustrated for so many human-service professionals. The burnout syndrome is thus an empirical validation of logotherapy. Moreover, it becomes clear that the logotherapeutic concept of quest for meaning is a dynamic force to avoid burnout.

Human Ingredient in Work

Many dentists who are frustrated by lack of appreciation respond by taking on more patients. In effect, they have given up on being appreciated, and decide that they may as well get rich. However, the dentist who is deeply affected by the emotional coldness of the profession can make a self-transcending leap which will bring in less money but can create a happier environment and invest life with deeper meaning. This is a worthwhile trade because studies have shown that "people who received appreciation, satisfaction, and a sense of significance from their work were more likely to be content with their income, no matter how low it was."9, p. 72

For dentists, the way out of the debilitating trap called burnout is to have fewer patients and more patience. If they were to spend more time with their patients, allowing them to express their fears, and then allaying those fears or putting them into an optimistic perspective, and also explaining what they are doing and why, dentists will have added the vital human ingredient in an heretofore purely mechanized technique.26, p 4 Instead of treating a root canal they would be treating a person. Instead of being dentists they would be human beings practicing dentistry. This can spell the difference between a morose patient and a grateful one, between a burned-out dentist and a reinvigorated one.

Long before burnout became a popular issue, logotherapy was proposing an attitude toward work which, if adopted, would have prevented many instances of burnout. For the specific case of the medical doctor, Frankl observed:

The meaning of the doctor’s work lies in what he does beyond his purely
medical duties; it is what he brings to work as a personality, as a human being, which gives the doctor his peculiar role. For it would come to the same thing whether he or a colleague gave injections, etc., if he were merely practicing the arts of medicine, merely using the tricks of the trade. Only when he goes beyond the limits of purely professional service, beyond the tricks of the trade, does he begin that truly personal work which alone is fulfilling.1 p. 96

And, in general, concerning any occupation, Frankl comments:

The job at which one works is not what counts, but rather the manner in which one does the work. It does not lie with the occupation, but always with us, whether those elements of the personal and the specific which constitute the uniqueness of our existence are expressed in the work and thus make life meaningful.2 p. 95

It is through the investment of the human ingredient that any worker is unique and thus irreplaceable, and infused with a sense of meaning and purpose which does not allow for the burnout pattern to evolve.

There are obviously many factors — extraneous, situational, intrinsic, and subjective, as well as combinations of these factors — which contribute to burnout. Each individual situation is unique and should not be explained away through nonspecific generalities, but it would appear that logotherapeutic philosophy and technique can be useful tools in tackling this twentieth-century phenomenon.

Through the eight categories presented here — philosophy of work, dereflection, experiential values, self-detachment, facing the unavoidable, appreciating finiteness, self-transcendence toward meaning, and the human ingredient in work — logotherapy offers a wide range of possible approaches to each burnout situation. Logotherapy can serve as a mid-course corrective for burnout and as prevention. It is up to the counselor to ferret out the factors causing the burnout, and thus decide which particular aspect of logotherapy to apply in the given situation.

Burnout may be seen as the condition in which the fire, the spark which ignites the individual, peters out. The fire has gone out because there is no more wood to burn. Frankl’s system provides the logs, in the form of log-o-therapy, to feed the flame of the human spirit.

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LOGOTHERAPY AS THE TREATMENT OF CHOICE WITH EATING DISORDERED CLIENTS: TWO CASE STUDIES

Paul R. Welte

Abstract

Addiction is one of the disorders of Frankl’s “mass neurotic triad.” The eating disorders of anorexia nervosa and bulimia are addictive in nature. Therefore, they yield to a logotherapeutic approach. This paper presents a strategy for such an approach. The logotherapeutic steps in counseling are illustrated by two case studies. One of the clients was anorexic and the other bulimic. The progress is followed with each client as they move from a need to control to a search for their meaning and mission. In this way they overcome, or neglect, their addiction.

Eating-disordered persons severely limit their food intake (anorexia nervosa) or purge (bulimia). Both actions may be interpreted as statements that they can get along without food—that there is more to life than food. They are starved for meaning in life and are making a desperate call for help.

The eating-disordered clients I have counseled have all suffered from malnourishment in the area of meaning. This is not to say there were no other contributing factors.

THE RATIONALE FOR A LOGOTHERAPEUTIC APPROACH TO EATING DISORDERS

Eating disorders are addictive in nature. Bulimia and anorexia nervosa are like alcoholism in a number of ways. Eating disorders and alcoholism are denied and kept secret by the addict. Both conditions are destructive and can ultimately be fatal. Both conditions constitute a desperate attempt to control one’s life. Both result in the loss of control. The family needs to be involved in the treatment of both conditions. Finally, in both conditions when an addiction-free life style is achieved, the individual is at risk of resuming the addiction at a later time.

How can the person addicted to an eating disorder be treated effectively? Viktor Frankl has discussed the “mass neurotic triad”—depression, aggression and addiction. Frankl noted that “alongside depression and aggression, addiction too is at least partially to be traced back to the feeling of meaninglessness.” He also referred to research which connected addiction to a felt lack of meaning and purpose in life. A sense of futility, of meaninglessness, helps ignite and fuel an eating disorder. The anorexic and bulimic spend more and more time reflecting on themselves and their condition, and thereby depart from a sense of mission to others or to a cause. They thus move from self-esteem to hyperreflection, immobilization, and self-destruction. And they move from a search for meaning to a plan for control.

Logotherapy is the treatment of choice for eating disorders because it addresses the remedy for this particular addiction—restoring and assisting the meaning quest.

THE GENERAL TREATMENT STRATEGY

The anorexic and bulimic must be helped to reverse their steps. Whereas they had moved away from meaningful control to control and move toward freedom and a renewed search for meaning. Fortunately, logotherapy has some clearly marked stepping stones that make this reverse passage possible. Fabry has noted that “The logotherapeutic treatment of neuroses usually consists of four steps based on Frankl’s original discoveries and sharpened by the clinical experiences of Elisabeth Lukas.” These steps were followed in the case studies presented below. The clients were assisted in taking these steps by the use of dereflection, Socratic questions and dialogue, paradoxical intention, and other logotherapeutic methods.

The Four Steps

The first step is to help clients distance from their symptoms. They do not lose their symptoms, but the symptoms, at least momentarily, lose their power. One may have a painful headache but forget it while attending to a television program, a play, or an interesting task. Later we notice the headache “come back.” It never went away, except from our awareness. This first step is a helpful one because when eating-disordered clients are separated from their depression, anxiety, or other symptoms for a little while, they may find new freedom and energy to take and active role in their recovery.

The second step is assisting clients to change their view of life, usually by moving toward more realistic attitudes. Frequently this means moving from unhealthy to healthy attitudes. An unhealthy attitude might by, “Bulimia has me. It is in control.” A healthy attitude (suggested by logotherapists) is the self-distancing, “I have bulimia. Therefore, I can let go of it.”

The third step of logotherapy is the actual reduction or disappearance of symptoms. The bulimic client begins to gorge and purge less often. This improvement may have been helped along by the counselor’s questions in individual counseling, by interactions with a physician or a nutritionist, or a friend, by family counseling, a walk in the rain, a random thought, or some other serendipity.

According to Fabry, “The fourth and final step of logotherapy, then, is prophylaxis, to secure the patient’s mental health for the future.” Eating-disordered clients have built their lives around their addiction, usually for many years. Now, before counseling is terminated, they need to discover new meaning in a non-symptomatic life.
A Team Approach

If the eating-disordered client is not already seeing a physician and a nutritionist or dietitian, I refer the client to these professionals. The physician monitors and treats all the organic concerns, including chemical imbalances. The nutritionist/dietitian monitors and educates the client on healthy food intake.

Family Counseling

Meeting with the total family one or two times, or more if necessary, is an important part of logotherapy treatment. The family usually has great meaning for the client. The family is often a contributor to the problem, but more importantly, the family nearly always brings healing resources to the client. It is useful whenever possible for parents and other siblings to come so that the total family system can be utilized and influenced. Vacations or other natural gathering times afford an opportunity for family counseling, even for adult siblings living out-of-state.

THE CASE STUDIES

Case Study #1—Donna

Donna was a twenty-year-old college sophomore. She started gorging and purging as a high-school sophomore. When she began counseling she was vomiting her food about fifteen or twenty times a week. She was perhaps 5 to 10 pounds overweight for her medium height. She viewed herself as “quite a little overweight.” I saw her a total of eight times, one of which included her total family, over a period of three months. Her mother had died when Donna was nine. Three years later her father remarried. Also her two older sisters married that same year. During the first session we worked at length on her grief connected with the loss of her mother. We discussed her suffering, first with the loss of her mother, and now with bulimia. Then I asked her a question often used by Frankl, “What is it that life asks of you?” She replied that her work as a resident assistant in a college residence hall had some meaning for her. She felt as if she were out of control and she wanted to stop gorging and purging. I imposed no limit on gorging and purging. However, I told her that I would ask her each session for an accounting of the food she ate and the number of times she vomited. She began to keep a journal and logged these events. The purpose in giving her freedom to gorge and purge was to help her distance a little from the pain of her suffering.* She replied that the first step of logotherapy is the new freedom set the stage for her to become responsible. We went over some of her personal strengths and also discussed her suffering. I referred her to a physician and nutritionist.

She started session two by saying she was very much afraid. I asked if she had bulimia or if bulimia had her. This Socratic question was meant to help her move from self-distancing to step two—changing her attitude about her situation. She replied at first that bulimia had her; she could not let go of it. I challenged that point of view, and asked what she needed to do. She said, “I need to stop running, turn around, and face it.” She then described her binging and purging pattern. She said that she had a good time with a close friend during her meals, but then she went back to her residence hall room by herself where she would throw up the food. In response to a question about her interests and goals, she said she would like to mountain climb. She checked out some library books on the subject and then instead of going on head trips fearing bulimia after her meals, she spent some time on studying and preparation for climbing or she would talk with her good friend about it.

During the third session Donna brought up her moodiness. She said it was very hard to explain to her friends. We talked about the fact that her moodiness was natural and that suffering was an unavoidable part of her healing. She said that she had had a hard week, but that she had purged just four times during that week. At this point we had reached step three of the logotherapy sequence. She was experiencing a reduction of symptoms.

She expressed many fears. She was afraid that her friends would abandon her if she was too much trouble for them. But she said that she wouldn’t do that to them. We did role play so she could learn how she might talk with her friends if she wanted to level with two or three of them about this secret of her moodiness. We arranged for her family to come a week later. She was very worried that her family would be hurt. That is why she had kept struggling and pretending that she had continued helping her purge cycle as a college student. I assured her that I would ask for a second session with the family if I felt there was unresolved hurt present.

Donna came with her father, stepmother and two other sisters for session four. I began the session by playing a cassette recording of Placido Domingo and John Denver singing “Perhaps Love.” We then talked about the meaning of love to each family member. Music at the beginning of the family counseling session helped relax the family members and myself, it provided a common focus, and it served the purpose of dereflection, another logotherapy method. They had come to the session hyperreflecting on bulimia. Donna had shared the secret with them before this session.

I explained that Donna first lost her mother, which changed the family. Then her father remarried and the family was again changed. When her two older sisters married, the family structure was altered once more. This constant changing family left Donna without a firm home base. This information helped the family understand how much Donna wanted to be in control of something in her life, even if it was only her weight. Her father and stepmother had many questions about bulimia. The family worked through some painful issues regarding the mother’s death.

Donna came to session five saying that she had purged only twice that week. Also she revealed that she precommitted herself to vomit. If she decided to purge, she ate much more than if she...
decided she would not. I suggested that she put off the decision. Instead of deciding to purge or not to purge, she would just ‘decide not to decide’ until after she ate. She said that this would be very difficult for her but that she would try it. This method of indecision was another attempt to help her move from being controlled to becoming free.

During the sixth session she had thrown up only three times. Sunday was the worst. This was the day when she missed her family the most. Also it was the day before a calculus test. I told her that if I had a calculus test the next day I would throw up, too.

The Arsenal

We used this session to go over an arsenal of resources. I affirmed her sense of humor and loaned her a joke book. She decided to call home on Sundays. We talked about her spending time with her close friend. Also we worked again on delaying a decision to throw up her food. I suggested that she would probably soon begin to neglect the bulimia. Bulimia was an old friend, but a toxic one. The way to get rid of such friends is by creative neglect. She said it had taken an immense amount of her time and she would like to neglect it and get on with her life. I asked how she could find some meaning in her suffering. She talked about becoming free and ‘becoming herself’ as her purging declined. She had a strong faith so I was able to affirm her spiritual resources.

She came in for her seventh session surprised. She had not vomited during the Christmas vacation period of four weeks. She was most surprised that she had not even felt like it. She decided to continue seeing her nutritionist for a couple of times and make a plan for eating now that eating was not centered around her bulimia. This was a part of step four of logotherapy--planning for a non-bulimic lifestyle. She said she would like to see her director in her residence hall and ask if she could serve as a resource person for others who were suffering from eating disorders.

I asked her what worked--what enabled her to stop. She said it was the idea that we had talked about that she should not worry so much about purging, but should concentrate on building her defenses so that whenever she did get the urge to rid herself of her food, she would have such a strong arsenal of defenses that the bulimia would simply be no match for her at the medical center.

She stopped by my office a year and a half later to say that she was well and she had not purged in that time. She was now married and was commuting back and forth to college.

Case Study #2--Cathy

Cathy, an eighteen year old who was completing her senior year in high school, was referred by her family physician. She had been diagnosed at a medical center as having anorexia nervosa. She refused a residential treatment program at the medical center because of the cost to her parents and because she did not want to be "locked up." When she came for the first counseling session she weighed 91 pounds. Her usual weight had been 123 pounds. She was seeing her physician and a nutritionist weekly. I counseled with her for eleven sessions, once a week the first seven sessions, then every other week.

She came with her family for the first session. Her parents were in their early forties. Her brother was twenty. Cathy said her high school teachers and her parents wanted her to go to college. She was firmly opposed to college and preferred to work and then get married. She said college held no meaning for her. I explained to the family that I would help Cathy as she sought greater meaning in her life--meaning great enough to cause her to eat to stay alive, even though she did not want to eat. Her family was very supportive of the counseling. I told them I would probably ask them to come back later, but that I would be seeing just Cathy for a few sessions. Before the first session ended Cathy talked about the daily activities that had meaning for her. These included mostly outdoor activities, except for baking and painting. I asked her to bring some of her paintings.

She began session two by saying she was gaining weight very, very slowly. She is repulsed and fascinated by food. She spends many hours a day at home preparing it, creating it, and serving it. She says everyone pushes food and she is rebelling against it. She said lately her mother had been pushing food.

I talked of her ability to stop eating when her weight got to an appropriate point. She said through this she could. We also talked of her suffering and the meaning of that suffering. She said that if she put on weight it could be for the sake of those she loved and not for herself. She also talked of the family member who had queried her about her. I told her I agreed with her that there were many activities in life more meaningful than food intake. One such activity was using her gifts to create objects. We talked about her creative talents. Lukas has noted these talents of Cathy don’t deal primarily with what is sick in patients; it teaches them to use what is healthy." 2

Focusing on creativity is a useful way to begin the first step in logotherapy--helping clients distance from their symptoms by dereflection.

She brought a number of paintings along to session three. They were beautiful outdoor scenes. She talked freely of many concerns. She spoke about her boyfriend she had been dating for about a year and a half. She brought up doubts about her faith. She had been a Catholic all her life and recently her father and explained that Cathy was concerned with some spiritual issues and questions about the meaning of life that many others look at only when they get considerably older. Thus I reframed Cathy’s situation in a more positive way for the physician. In

When she came for session four, her number one goal was to stop crying whenever people looked at her. She considered looking at her an invasion of privacy. They insisted on seeing her as a little girl. She felt helpless and violent. I told her that crying was as natural as laughing, but since she wanted to stop I would help her do that. So I used paradoxical intention with her. She was able to control her crying by using this method.
In session five she mentioned a friend who was sixteen and bulimic. She wanted to know whether she should talk with her. I agreed that she should. She did not want her to suffer like she
had suffered. Also she knew an eleven-year-old who was bulimic. I talked with Cathy about the depth of her caring. At this stage she was on step two of the logotherapy sequence. She had changed her attitude from that of a victim to a helper.

We talked about her waves of sadness. She doesn’t know they come from. I explained that suffering is always part of giving up an addiction. We also talked about her bitterness and how she takes things out on her mother. She said that her mother does not allow her to have a secret. I asked her how she could find the courage to talk with her mother about this in a strong, non-accusing way.

In session six she was very discouraged and distant, and yet she worked. She did not have a list of things to talk about as she usually did. She reported that she could still do almost no activities because she was weak. However, she was beginning to bike ten minutes a day because she was gaining weight very, very slowly. She was not able to take a job yet. She wanted to get married and she asked if I thought she was ready. I said no. When she asked why, I explained that if she crawled from one nest to another she would never learn to fly. She was angry with me. She wanted to move our counseling sessions to every two weeks. She felt that she was getting better. I told her that I would meet with her doctor and nutritionist and her.

For session seven I met Cathy at the medical clinic with her nutritionist and physician. She was on the third step of logotherapy—symptom reduction. She had now gained from 91 pounds to 101 pounds. She wanted to go back to work soon. The nutritionist and physician thought that she was getting to the place where she could be able to work at least part-time. Cathy and I changed to every-other-week sessions.

In session eight, she said that she and her mother were
closer. She had told her mother something that was very difficult
for her to tell, and her mother became angry and left the room. Cathy remained calm and did not accuse her mother. Her mother came back, and they both cried. Now they have a relationship more like
two adults. I recommended she bring her family with her next time.

Her total family came for session nine. They all felt Cathy
had made good progress. Her mother said, “We can talk about things
now”. Cathy said, “We have more open communication, and we can cry
together”. Cathy mentioned that she had just come from the clinic and that she had gained three pounds. Her parents and brother
called. However, when I asked Cathy how she felt, she cried and
said, “I don’t want to talk about it”. I explained to her family
that Cathy had gone through great pain when she had lost her weight. Now she was also going through suffering in gaining the weight back. I felt they started to realize the great cost of her regaining weight, and that they began to appreciate her discipline
and the hard work that she was doing. She appeared to feel their
affirmation.

together which were designed to help her to be released and to be
herself. She talked about a trouble-maker at work and we worked
on that issue. She told me again of her concern for a couple of
other people who had eating disorders.

I met her at the clinic for the last session. She weighed 106
pounds now. She still liked her job. The nutritionist saw her
every two weeks and planned to continue seeing her until she weighed 115 pounds, and then go to once every month. At the end I talked with Cathy alone about the way her life had been organized
around her weight. Was this still true now? She said that she
rarely thought about her weight. She wanted to get on with life. We terminated counseling since she had taken step four of
logotherapy—she was reoriented to a meaningful, non-symptomatic
life style.

She and her boyfriend married about six months later. Then they came for marriage counseling about a year after they were
married. She was still thin but not emaciated. She was working
regularly. They were able to resolve their conflicts and
terminated counseling after several sessions.

Summary

The strong will to meaning discussed by Frankl is clear in
Donna and Cathy’s move towards health. Their addictions gave way to
a more powerful force—the discovery of meaning in their lives.
Their journey might be seen as a heroic quest in which they left the
safety of a controlled (though neurotic) world, to walk with fear
and great courage into a new world of freedom. Following the
logotherapy stepping stones, they were able to reach the realm of
responsibility. Here they discovered, to their joy, that their
addictions had dropped off along the way.

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LOGOTHERAPY CONCEPTS
APPLIED TO GRIEF AND MOURNING

Patricia E. Haines

After 14 years in remission, Betty's cancer reoccurred. At first, chemotherapy seemed to be working. Her spirits were up, and she continued daily activities. Then the worst scenario happened. The chemotherapy was no longer effective. Gradually her physical condition deteriorated. We watched in awful dread. Our feelings of helplessness increased as Betty's ability to function decreased. We shed our tears in private. Then, toward the end, we all shed tears with her.

Before Betty's decline, I made it a point to look intently into her snapping eyes. I closed my eyes to take in the total effect of her infectious laugh. I savored the meaningful moments. I refused to focus on the end of her days because to do so would have denied me the meaning of the present.

Working with the Recently Bereaved
Sensitivity and responsiveness to mourners are very important during early bereavement. We acknowledge, with understanding, the reality and depth of their grief. Those close to the deceased may display erratic, agitated, irrational behavior or even hysterics or rage. They may be stunned and inconsolable for days, unable to benefit from words intended to comfort.

In these situations talking about meaning is premature. The comment, "One day you will enjoy meaningful memories of your loved one," can bring angry responses because feelings of loss are overwhelming and pervasive.

Survivors say they particularly resent attempts to soften the impact of their loss. They point out that sayings such as, "It's God's will," or "This too shall pass," or "I know how you feel," are intolerable to mourners. They would be much more comforted by a simple, "I'm sorry." A recent widow said that the most welcomed words were "How are you" from people who really wanted to know the answer.

Words are not always necessary. Sometimes we can best comfort our bereaved friends or clients through what chaplains call the "ministry of presence" — just being there as a comforting presence. Self-transcendence through silent strength can do wonders.

Sarah's Denial
Sarah's 29-year-old brother died in an auto accident. The untimely death devastated Sarah. Her life had been wrapped up in her brother's accomplishments. She saw no other meaning of her own. For months after his death she sat in his apartment surrounded by his possessions. She hung his laundered clothes neatly in his closet. She paid the rent, monthly claiming she needed more time to go through his belongings. His cremains were stored in a shoebox inside the closet. Every evening she returned to her own home and dialed his number just to hear his voice on the recorded message. She believed "He is gone, but he is still here. Someday he will come back if I can keep him alive."

In this situation the denial became pathological. Sarah was not able to move forward. Her ability to find meaning in the memory of the sibling love they had shared was blocked.

Facing Denial: Difficult, Necessary
Although death is a normal process in life, and is a part of logotherapy's Tragic Triad, we live in a death-denying culture. However, as Frankl states, despair ends only when meaning begins. The bereaved begin to make new friends, participate in new activities, commit to carrying on with life, and, if widowed, become acclimated to living as a single person.

Meaninglessness in Grief
Bereaved individuals feel a myriad of emotions, including: futility, senselessness. sadness, desperation, frustration, loneliness, anger, and despair. These are experienced within the stages of grief, which Levinson describes as:

- Denial
- Estrangement
- Meaninglessness
- Acceptance
- Normalization
- Existential resolution

Welter affirms that feelings of meaninglessness are a part of grief. He states, "Love has great meaning because it is a connectedness. We are
born with some kind of innate equipment that yearns for such a connection that has been established, forcing us to grapple with the meaningfulness.  

Sub-stages of the Meaninglessness Stage

Often meaningfulness is compounded because families witness loved ones endure immeasurable suffering before death. Lukas states that "one area beyond our comprehension is unavoidable and unexplainable suffering. Logotherapy deals with the entire range of human problems, from those we can change to those we cannot. Its concern is to comfort, its goal is to find the best possible help, its empathy is to patients who are led to realize that suffering is not meaningless."  

I believe there are several sub-stages within the stage Levinson labels as the Meaninglessness stage:
1. Disbelief that something of this magnitude can happen to them
2. Reinforcement of a belief that life is tragic and meaningless
3. Search for quick coping techniques
   Drinking
   Overeating
   Abusing Drugs
4. Absence of potential for meaning
5. Deepening of the existential vacuum
   Depressed feelings
   Seeing self as helpless
   Failure to use available resources
6. Existential despair
   If unresolved, posttraumatic stress disorder or suicide

Feelings/Behaviors/Thoughts during Meaninglessness

The sub-stages of the Meaninglessness Stage of grief lead to feelings, behaviors, and thoughts that can be expected. Education about these should permeate each counseling encounter during this stage of grief. Some, but not all, of the expectations are:
* "Having emotional ups and downs.
* Feeling overwhelmed by the trauma of loss.
* Having "in touch" experiences.
* Experiencing periods of intense anger or even rage.
* Wondering if normalcy will ever return.
* Experiencing depression.
* Experiencing sleeplessness.
* Having a poor appetite.
* Longing to be in touch with the loved one.

* "Experiencing a sense of amnesia of the deceased person. "I try to picture his face and I can't."
* "Wandering about in a daze."
* "Crying and sobbing spontaneously."
* "Feeling "weird" inside."
* "Experiencing sporadic episodes of anxiety and panic."
* "Having anniversary anxiety."
* "Feeling alone in the universe — no sense of family, no anchor."

Logotherapy Process of Grief Resolution

1. Protective Bubble—"I function as though nothing major has happened. I know I should feel grief, but I don't feel anything."
2. Existential Awakening—"This is beginning to hurt. I have this gnawing pain in the pit of my stomach."
3. Transitional Existential Despair—"I'm feeling the absolute reality of my loss. My nerves are raw. I flare at the least little thing. I cannot imagine life without the presence of my loved one."
4. Opening an Existential Path to Meaning—"I think I can survive this blow in my life. I can begin to face the death of my loved one and to cherish the memory. Gradually I will begin to integrate the memory and presence of their spirit into my daily activity."
5. Existential Commitment to Memory—"I am fully engaged in daily activities. At times throughout the day, memories fill me with warmth — more warmth than sadness. Memories of times shared surface during the day, which bring about meaningful connectedness with my loved one. As time passes, the meaning associated with the person deepens until the cherished memory occupies a permanent place in the center of my living core."

Healing Through Meaning

So, it is clear that a Counselor's task, when the bereaved person has reached the Meaninglessness stage of grief, is to help the bereaved person move toward meaning. Lukas states: "No suffering can defeat us if we are prepared to search for its meaning, no loss is conceivable that does not hold the possibility of at least one meaning — that is the answer we owe to those who seek our counsel."

Starting with the Individual's Spiritual Base

A starting point is the existing spiritual base of the bereaved person. Counselors can determine the spiritual base of the bereaved through talking to them. A person's response to a death can reveal much about their belief system. Does the person talk about the loved one's passing in spiritual terms? Does the individual attend a place of worship? Is the
person turning to faith for comfort? Does the person belong to a twelve-step program? How does the person cope with adversity and pain? What is the level of meaning in the person's life? If the person does not have a religious spiritual base, does he or she have a concept of a strong inner core which can act as a spiritual base?

The grief process seems to come to a resolution more satisfactorily for persons who have a pre-existing sense of meaning in their lives. They take the time needed, transcend their pain, and move toward spiritual peace. Eventually, they reach a degree of acceptance that enables them to remember deceased loved ones fondly. Though they experience sadness, anxiety, panic, or yearning, these feelings occur less frequently and are less disturbing.

**Dealing with Blockage Stemming from Guilt and Shame**

Often the client's guilt and shame stemming from the feelings of not doing enough to prevent the death, not visiting enough, or not doing enough for the deceased while alive, diverts mourners from their journey toward meaning. Instead, they focus on what they believe they "should" or "ought" to have done, berating themselves for negligence. The counselor's task is to dereflect these self-recreations to prevent hyperreflection of the self-defeating admonitions of guilt, shame, self-pity, and remorse. Derelection can be accomplished by reminding individuals that they cannot expect to have responded perfectly to this stressful situation, and the responsibility of the person's care was not exclusively theirs. In the case of the sudden death of a loved one, the "shoulds" and "oughts" may be amplified since there is no longer an opportunity to say words left unspoken or to share precious moments together.

In the situation where self-recreations are severe and inhibiting, exercises such as listing activities that individuals did to help their loved ones may be beneficial. In the situation of sudden death people can write a letter expressing to the deceased person their feelings and remembrances. They might be encouraged to read the letter aloud to the person. In both situations, they are asked to recount meaningful conversations with the deceased individual.

**Experiences of Application in a Group Support**

For several years now, the Pastoral Care Department of a local hospital has held a non-religious grief support group. Following a death, family members and close friends are given information about the group and encouraged to attend. Newcomers are given the opportunity to tell their stories. Often they have a need to relate the events surrounding the dying, down to the last detail. At this point feelings may be submerged and numbed, or they may be at the surface and ready to spill out.

Participants are helped, mostly by other bereaved people in the group, to manage their feelings one day at a time or even one minute at a time if need be. Above all, they are helped to realize they have a core of inner strength that will enable them to handle the emerging pain in the caring atmosphere of people who have had the same experience reaching out to another.

**Specific Cases**

Recently, a member said, "This is the safest place for me. I can say or feel anything I want. People here understand as no one else does."

Ben, 45, came to the group saying he was embarrassed to need help because his wife had died eight months ago. He had hoped that increasing his activities would take care of the grief. However, after months of trying to suppress his feelings without success, he decided he had to do something. He admitted that sharing in a group intimidated him, and crying humiliated him. Group members were able to put him at ease. Gradually, when he realized that others, including other men, were describing the same feelings and frustrations he felt, Ben became a full participant and exhibited significant personal spiritual growth.

**The Value of Sharing Groups**

Fabry states, "In the deepening climate of trust, members of sharing groups can be led to see several areas in which meaning suddenly may illuminate their life". He pointed out that even in the most serious despair, and despite all limitations, individuals have a center of choice in everything which can result in meaningful or meaningless existence.

Group participants learn to recognize meaning that exists in prior "mundane" events. They marvel at their loved one's behaviors that once were taken for granted. Sharing special experiences, and laughing and crying together, creates a lasting bond among them. In most situations the facilitator does not have a major role because participants take the lead. Education and insight happen, usually not through lecture, but rather through the group process. Some members bring poetry they have written, readings that are especially meaningful, or articles that bring comfort. Each year a candlelight memorial is held at Thanksgiving for current and past group members. At that time the participants are encouraged to bring photographs or other remembrances of their deceased loved ones.

**Measuring Success**

What constitutes success in grief counseling? One measure of success is related to the meaning realized by the participants.
After one year a member of our grief support group wrote about her growth and meaning derived from the group experience. She wrote, “One year ago I was in complete despair, convinced that I would never want to move on. Through this group, I felt nurtured and supported during my darkest hour. No one told me not to cry or to get ahold of myself; or, worse yet, that I should be over this by now. Through your caring and love, I had the courage to establish my identity and move on. I believe I am ready to move on.” This woman was on the path to meaning, incorporating the changes which occurred so abruptly in her life. Her journey was different than what she had planned, but she was moving toward meaning none-the-less.

Actor John Travolta spoke of love and loss:5,6

“I've lost lots of people that I love. But I guess I finally learned that, when it comes to loving people, you really don't have a choice. If you want to feel alive and experience something wonderful, you have to risk great loss. Relationships mean too much to me to ever walk away.”

This is the essence in the healing of loss. The healing lies in the blessing of memory, which keeps alive the loving remembrances of lives that have touched ours.

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References


Logotherapy on Hysteria

Elisabeth Lukas

Hysteria is among the great challenges to the therapist. Unfortunately it has become a pejorative term. In Freud's time its symptomatology was reported widely; much less so later, and at present it is experiencing a comeback.

Hysteria sufferers are fascinated by negatives and resist anything positive. This means that for the patient a cure is not necessarily the goal of therapy. Often patients participate in therapy until the goal is in sight, and then suddenly start subverting the goal. The therapist may help the patient resolve numerous problems but when the therapist says, "Now we don't need any appointments for a while, you are able to be on your own," hysterics tend to respond, "If you don't give me an appointment soon I'll have a relapse." Instead of being glad of having retained stability, they are willing to sacrifice it in order to retain the therapist's attention. Rather than thanking the therapist, hysterics are inclined to use blackmail to continue therapy.

Frankl lists three characteristics of hysteria patients:

- Lack of authenticity. Hysterics lack authentic inner experiences such as genuine joy, genuine love, genuine grief. Everything is a stage setting, even their sickness is part of that setting. As a result, they crave experiences of any kind. Even negative experiences are better than none.
- Pathological egoism (narcissism). Hysterics crave attention at any price, even if it ultimately hurts them. They constantly draw attention to themselves and punish others who neglect to pay adequate attention to them.
- Manipulative thinking/behavior. Their behavior is calculated to meet their own desires. They are rarely interested in a matter per se, but have ulterior motives.

A basic characteristic of hysteria is that sufferers do not self-transcend. Instead, they demand the attention of others at any price, even if that is totally unrealistic.

Hysterics usually use their symptoms to manipulate others into behaving contrary to their own convictions. This meets the patients' needs but is also the cause for their extreme unpopularity. People tend to avoid them and as a result hysterics feel isolated and unhappy. To draw attention and sympathy from others, they may even harm themselves.

The ultimate result is a vicious circle - they receive less and less sympathy while they continually "up the ante."

The basis for hysteria is not only the patients' character disposition, but also their childhood experiences. Usually these patients were either neglected or overindulged as children. Both have the same result. Neglected children have to sacrifice much while they are small; they no longer want to do that once they grow up. Overindulged children, on the other hand, never learn to make sacrifices, so they remain ignorant in this aspect, even as adults. This explains why hysteria was so widespread in Freud's time - there were many neglected children. It also explains why hysteria is making a comeback today - there are many overindulged children.

Attitude Modification

The treatment of hysteria requires a re-education of the total person. Patients must be motivated by the therapist to give up their hysterical behavior. This is possible only through a number of attitude modifications.

Attitude modification aims at changing a person's negative attitude into a positive, in circumstances that are either unchangeable or can be changed only through a different attitude. Or the circumstances present meaningful possibilities that have gone unnoticed. Every attitude modification aims at a healthier, better, ethically more valuable or more positive attitude. The attitude "I can't do anything right, I'm a total failure" is unhealthy. A healthy attitude opposes anything destructive, derogative, and paralyzing, it offers a strong protection against psychological illnesses, and fosters a strong ability to bear suffering in crisis situations. A positive attitude is in harmony with one's own conscience.

Two examples:

A mother suffered for many years from anorexia and poor eating habits. When she was finally cured, she was not satisfied that her eating habits were normalized. She worried that her small daughter might develop the same symptoms. Because it was risky to burden the daughter with her mother's negative expectations, an attitude modification was conducted with her mother. She was advised: "Don't keep observing your daughter for symptoms. That could only interfere with her healthy development. Rather, work on yourself so one day you can say to yourself: I don't mind her following my example." The mother was deeply impressed by the thought that even now she could be an example for her daughter. It motivated her to give up her exaggerated anxiety about her daughter. She
reconsidered her own behavior as well and began to change in a positive direction.

The second example concerns an elderly woman who was to go to a special clinic for a minor operation. Two years previously her husband died in the same clinic after severe suffering. Because of this painful association she refused to go to that clinic - the only one in that area equipped to perform her operation. It was gently suggested that a return to the place where she parted from her husband might present an opportunity to come to terms with the parting. It might lead to a feeling of thankfulness that she had been able to be with her beloved partner to the very end - to be at his side in his hour of greatest need. The clinic could be seen as a symbol of her love for him, a place she could enter with confidence and a clear conscience. After this discussion the woman no longer resisted going to the clinic.

**Small Sacrifices**

Logotherapy can help hysterics by motivating them to develop a willingness to make small sacrifices. Of course they will do it only if they know what for. This “what for” will have to be explained to them because the way to great meaning contains in it through small sacrifices. The unintended side effect of great meaning contents is “happiness.” Conversely, acquiring small immediate gratifications is incompatible with making small sacrifices, and as a result great meanings remained unfulfilled and the unavoidable side effect is unhappiness.

A person, for example, who wants to study medicine, must make a series of small sacrifices, such as preparing for an exam instead of enjoying an evening or weekend. But this person can realize a great meaning content through these sacrifices by becoming a physician holding a responsible and important position. If this student does not want to make these small sacrifices but seeks immediate gratification in dancing, skiing, and other pleasurable activities, the great meaning content of a professional career evaporates and may eventually lead to a humdrum, disliked job.

**Heart Neurosis**

Sometimes hysteria takes the form of a heart neurosis. Every time the family is happy and celebrating, mother develops a heart condition. The celebration is spoiled, everyone is concerned about her, and happiness is gone. The display of the heart condition brings immediate gratification to the mother because she is the center of attention. The long-term consequences, however, lead to unhappiness. The children will leave the home earlier, the husband may file for divorce. Ultimately the woman’s health may actually be affected and she becomes progressively bitter and lonely.

Therapy should aim at uncovering this threatening catastrophe, not by way of reproach but out of genuine concern for the patient. Somehow the therapist should signal to the patient: “I like you but not your hysteria.” To differentiate between what a person *is* and what a person *has* is important in logotherapy.

What does the mother, in the heart-neurosis example, *have*? A few hours of enforced attention from her family; and even that she is likely to lose. But what *is* she? A sick woman. Nobody likes to be with her because everybody is afraid of the next hysterical outburst. She will be like that to the end of her days if she does not change her attitude radically. Even after her death she will be remembered as the woman who was shunned - *being* is forever, even if it is a *being-in-the-past*.

Therapy must focus on the person the woman could be—a beloved wife and mother, visited gladly by every family member because she makes people feel good. Is that perhaps what she wants at the bottom of her heart? If this should be the case, the logotherapist can show her the way. But it requires giving up her melodramatics, being prepared to take the back seat once in a while, and allowing others to enjoy themselves. The way leads from *having* to *being*.

**Treating Hysteria**

The hysterics' talent for melodrama can be utilized in a positive way. The therapist can describe a new role and challenge the patient to play-act this character. In the case of the woman with the heart neurosis, the role of a selfless, lovable mother might be tried. One might argue: what good is it if she only plays a better character, it is not genuine. This is not the case with hysteria because here transition between the conscious and unconscious, between the genuine and false, are fluid. In fact, one of the greatest dangers with hysteria patients is that they identify so strongly with their initial, faked, unhealthy character that they cannot shake it off even when they want to. It is as if hysterics have no textbook for enacting a positive character, and it is up to the therapist to provide one. The symptoms may take on a life of their own. In our example it is possible that the mother actually develops heart-arrhythmia, whether she wants it or not. If for hysteria...
suffers the transitions between the unconscious and conscious are so fluid, why shouldn't they be able to identify with a positive role, when in the long run it gains so much more attention than the negative one? At some point the patient must be made aware of this possibility.

It is, however, not the therapist's job to play along with the hysteric's melodramatics. They love long-term therapy because it provides them with what they need: they are the center of attention with an understanding listener. If they have alienated the rest of the world, the therapist may be the last person who cares to listen. In exchange, they pay not only with money but with stories, whatever the therapist wants to hear - from terrible childhood experiences to wild dreams or sexual fantasies. But that does not solve any problems. If the therapist determines that the therapeutic arguments are not taken seriously, and the patient refuses to play a positive role or declines to make a meaningful sacrifice for the sake of realizing genuine values, or uses therapy as substitute for meaning, the therapist must end the treatment.

Therapists cannot help all persons but must not harm them either. Playing along with hysterical behavior is harmful. Today, sociogenic factors support this playing along. Hysteric are tempted to fill their leisure time by undergoing therapy, on the other hand jobless therapists are only too willing to provide this "leisure activity." This results in people being harmed by therapy and therapy sinking into disrepute.

It has been my experience that, with some regularity, one week before my vacation several of my patients have "attacks" and are at "death's door." This is supposed to give me the message: "How dare you go on vacation and be unavailable to me?" They want me to know that, if I must go on vacation, at least I should go with a heavy heart and a bad conscience. Certainly, persons suffering from hysteria are emotionally handicapped; they can, however, still be responsible for their actions. That is exactly what they have to learn, even if it is a slow and difficult process.

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Meaning-Centered Family Therapy

Elisabeth Lukas

How Logotherapy Works

Logotherapy is meaning-oriented psychotherapy. Its basic idea is that meaning fulfillment in life is the best protection against emotional instability and the best guarantee for psychological health.

Meaning is transsubjective. That means, we cannot decide arbitrarily what is meaningful to us in a given situation. We only can discover the meaning inherent in a situation. We are like archeologists studying hieroglyphs, deciphering, decoding, discovering. Logotherapy is a discovering, not an uncovering psychotherapy.

The best means for this discovery is our conscience whose antenna is directed toward meaning as a Geiger counter is directed toward radiation. Logotherapy tries to strengthen personal conscience (which is not identical with the superego or traditional morality) and to motivate people to listen to, and follow, this inner, intuitive voice.

In therapy, the patient wants to reach a state of health but there is an obstacle (depression, fear, psychosomatic illness, and others). Traditional psychotherapy focuses on the obstacle, tries to understand its causes, and reduce it to size. Logotherapy focuses on a meaningful goal (logos) beyond the obstacle, and motivates the patient to jump over it in pursuit of meaningful goals.

When they choose to jump, they do not receive an immediate reward and relief. Instead, exactly what they feared happens: they go down to the bottom of the water. Only then do they experience something wonderful: they are buoyed up again! They are lifted up, the water is carrying them. The jump has freed them to become healthy.

The same often happens in life: we decide to do something meaningful despite obstacles of fear, pessimism, despair, or anger. We jump over the obstacles to reach a goal or, to change the metaphor, we enter a tunnel until we see light again. We go through addiction, anxiety neuroses, suffering, family crises. But in the end the light burns brighter than ever before.

*Let's look at the aim of the jump* (the "what for"): Not every aim is meaningful. A jump from firm ground into the unknown can be fatal. We have to read the signs; we cannot determine meaningful aims arbitrarily. In family crises a meaningful goal is not what is of advantage of one member but what serves the whole family. The meaningful goal for each member is what decreases suffering and increases hope for the entire family.

*Let's look at the human being*: Within systemic family therapy the individual is seen as a function of the system. Within logotherapy, the individual is seen as a unique person who acts, not merely reacts or acts out. The person is free to act, even if a certain way of acting is difficult or not pleasurable. The action can be chosen willingly; what cannot be chosen willingly is the meaningfulness of the action. The family member is able to decide to jump or not to jump. If the family system is bad (unhealthy models, reinforcement of not-jumping, no assistance) the jump is difficult but the person still has the freedom to dare it.

Logotherapy's message to the human being is twofold: It shows the freedom to act which exists under all circumstances. It helps to find the meaningful goal of a certain action.

The "I could" and the "I should" add up to the person's responsibility to act in a meaningful way. Logotherapy, in this manner, strengthens the person's voice of the conscience.

*Let's look at the jump* (overcoming the obstacle to reach a meaningful goal): Patients face the obstacle like a person standing on a diving board afraid to jump. Such people have three choices: they can wait until the fear goes away—this is hopeless. They can climb down, capitulate, and flee—this results in illness. Or they can jump in spite of their fear, using the defiant power of their human spirit, and get well.
You are free to jump despite all obstacles, fears, difficulties. This meaningful goal needs your jump, is calling you, is important.

Logotherapists keep patients from brooding about obstacles by helping them deflect from their difficulties and by showing them their inner power and abilities. At the same time, logotherapists show patients the importance and necessity of devoting their power to something valuable in the world.

The (hidden) ability of the subject (the patient) \( \leftrightarrow \) The (hidden) value of something transsubjective (the logos)

This produces an arc of tension between the patient and the logos (meaning), and this tension serves as additional motivation to jump into meaningful actions (go through the tunnel and arrive in the light).

**Model for Couples Counseling**

A couple describes a conflict situation they have gone through without solution. Both partners are sad or angry about the event, and deeply hurt.

*Example:* They had a serious quarrel one evening last week and have not spoken to each other since.

**Step 1**

*The counselor asks the man:* "What do you think was the actual element that upset your wife? What bothered her, what made her sad?"

*The man:* "I think she didn’t like me coming home later than she had expected. She hates waiting for me."

*The counselor asks the woman:* "What do you think was the actual element that upset your husband? What made him so angry, what hurt him in his innermost being?"

*The woman:* "I don’t know. He suddenly shouted at me."

*The counselor insists on an answer:* "Look, what we do is like a guessing game. Try to guess what the essential problem was for your husband in this conflict."

*The woman:* "During the quarrel I said that he was never punctual and reliable, not even when he was young, and that something was wrong with his character. Perhaps this offended him because he once did a silly thing in his early days and doesn’t want to be reminded of it again and again."

*The counselor asks a check-question of both:* "Is it correct what your partner presupposed? Did he or she guess the element of your pain?"

If one or both fail to agree, they can correct the presumption which is an important piece of information for the other.

*Example:* The man agrees but the woman says: "My problem was not really that my husband came home later than promised. I understand that he sometimes cannot stop his work and leave it unfinished for the next day. What upsets me is the way he comes home. When he is tired, it is like I am not even there. He doesn’t notice me. He mumbles a short greeting and hides in his room. I am a nobody to him."

After correction, or if both agree, Step II is initiated.

**Step II**

*The counselor asks the man:* "In a similar situation, do you see any possibility to prevent your wife from getting so upset? Can you imagine any little change in your behavior that would help your wife endure the situation better?"

*The man:* "Well, before going to my room I could sit down with her for a few minutes and explain why I was late and what has gone on in the office."

*The counselor asks the woman:* "Do you see any possibility to prevent your husband from becoming so upset in a similar situation? Do you have any idea what, if you change, would make it easier for him to get through the situation without such strong negative emotions?"

*The woman:* "The only thing I can do is to let the past be past and avoid accusations about former times. If I blame him, it should be for present reasons without connections to old stories and his faults of yesteryears."

*The counselor asks the check-question of both:* "Would the change of behavior your partner mentioned really alleviate your conflict and bring relief to you? Would it indeed help you in similar critical situations?"

If one or both fail to agree, they can describe what instead would help them, but they are not allowed to make greater demands.

*The woman may say:* "For me, it’s not so important that my husband explains, with a lot of excuses, why he is late. A little sign of tenderness, a kiss of the cheek after arriving at home, would be enough." (This is a true correction.)

*The man may say:* "She should not only let my past be
past but also not attack my parents for bringing me up badly." (These are greater demands.)

The counselor stops him: "We are speaking now about the possibility of your wife no longer bringing up your past problems. The question was: If she would stop doing it, would this be a relief for you in a present crisis?"

The man: "Of course it would."

After correction, or if both agree, Step III is initiated.

Step III

The counselor asks the man: "Are you ready to actualize the possibility you mentioned (or have recognized in our dialogue) and change your behavior in a similar situation? Are you ready to do this regardless of what your wife does, whether she changes or not, whether she thanks you for it or not? Are you ready to do this for the sake of your family? To do it as a contribution to increase hope in your family?"

The man can say Yes or No.

Example for a Yes reply: "All right, if it means so much to her, I shall try to be more attentive and tender after coming home. Even if I am tired and my thoughts are still at the office. She is, after all, my wife and deserve my affection."

Counselor: "And if she again brings up stories of the past, will you then give up your tenderness and attention, or stick with your new line?"

The man: "That's difficult to say, but I shall try to keep my word. This is no business deal, it's my marriage that is in question. Yes, I shall try."

The counselor asks the woman: "Are you also ready to undertake what you offered? Are you also prepared to try in the future what would make life easier for your husband?"

The woman can say Yes or No.

Example of a Yes reply: "Deep in my heart I have known for a long time that nothing is gained by dragging up old mistakes again and again. I do it only when I am angry. But, okay, I won't do it in the future, even when I am angry."

Counselor: "And in case you are very angry because you feel you're being ignored by your husband, will you then punish him by falling back onto your old habit, or will you stick to your new ways?"

Woman: "I don't want to promise anything but I shall try my best. I don't want it to be my fault if our home breaks up."

If both say No during Step III, the couple counseling has to be given up because there no longer exists a true willingness to save the partnership. But in my many years of practicing this type of meaning-oriented family therapy, this has never happened. It is unlikely that two persons who seek the help of a professional to restore their marriage will refuse every cooperation. Normally, at this point both agree in some way. And if only one says Yes, this may suffice as an impulse toward a healing evolution of the partnership.

The counselor asks the check-question of both: "Are you happy about the readiness of your partner to change a little bit? Can you accept the change as genuine, can you trust in this readiness? Are you prepared to be surprised positively by your partner's change in behavior without having to demand it?"

If one of the partners has problems with answering the check-question, the counselor should not discuss these problems but just respect them and repeat the importance of the fact that every change of the self can be realized without preconditions, whether the partner believes in it or not or whether the partner reinforces the change. If the change occurs under these conditions it is a gift, never an act of calculation; it is a small sign of love, no more or less - and that's a lot!

After the answers to the check-question it is time to end the session and let the couple leave together, making a new appointment within a few weeks.

The counselor may say: "I congratulate you because you have discovered meaningful goals for you both to develop further, and I wish you success in your endeavor. And don't forget: there won't be immediate positive results. First comes a tunnel to go through, and later, when you have succeeded in passing through this tunnel of bad habits, and old wounds are still bleeding, then perhaps the sun will shine again in your family, and the wounds will close forever."

Observations from Experience

My experiences with this questioning scheme have been encouraging. These observations are worth noting:

- Most partners know exactly what the element is that upsets the other, or what changes would make the other one happy. They seldom guess wrong. The problem of marriage conflicts is mostly not lack of information, but of good will.

- Meaning-centered family therapy strengthens in each partner the ability to self-transcend. The family member is not asked what hurts him or her but what hurts the other. The partner is directed to see the wounds of the other, and at this moment pity and compassion naturally arise. This supports the renewal of good will (the "will to meaning") and the readiness to take action. If instead the family member is asked what hurts him or her, focused is directed on their own wounds. This
blocks the renewal of good will and the readiness to do something for the other.

"Often the partner's offer of good will is regarded as too small, and more is demanded. The counselor should not give in at this point. At the center of meaning-oriented family therapy are not the demands on the other but the vision of improved behavior demanded from oneself - demands for no other purpose but to save the partnership, which is a high value.

"Even if only one partner changes behavior in a meaningful way, the hope for the whole family increases. I have had cases when one partner was not ready to change for the sake of the other, but the other was ready to do so. When both came to the next therapy session, however, both had changed. The good will of one shamed the other who, in the end, didn't remain as unmoved as originally stated. We must keep in mind that all work done on oneself to make living together a bit easier for the other is an expression of still-existing love. The moment you receive an expression of love, it touches the heart - and who of us is unresponsive of love?"

As mentioned before, logotherapists help people overcome their inner obstacles by helping them discover meaningful goals and tasks waiting beyond the obstacles. They confront patients with the "I should" and the "I could" to evoke their feeling of responsibility. Guided by the questioning scheme described here, patients discover what their "I should" is within the present family situation, and they are motivated to say Yes to the "I could" and to jump over the inner obstacle.

As symbolized by the metaphor of the diving board, the first jump is hard. Expressing good will is one thing, but acting upon it without expecting immediate feedback is another. After each jump, a long fall occurs. Patients must be prepared for this. But without jumping into self-responsibility and without some period of uncertainty and loneliness, no new beginning in a partnership is attainable.

It may happen that one partner jumps, and the other doesn't. It is possible that the partnership cannot be maintained because one partner refuses to contribute at this final stage. It can happen that despite therapeutic assistance separation and divorce are unavoidable. But even then, the one who jumped to rescue the partnership is the one who will emotionally better survive its breakdown. Because once one has jumped (which means, developed further), one will be able to do so again, to overcome new obstacles and, if need be, master life alone.

Goethe wrote: "Also from stones thrown onto your path something magnificent can be built." Obstacles inside and outside of us are also material to build a monument of dignity.

**Questioning Scheme for Couple Counseling**

**Step I**

The couple describes a conflict situation which they have gone through without solution.

_Counselor:_ "What do you think was the actual element that upset your partner?"

Both answer.

_Counselor:_ "Is it correct what your partner presupposed?"

If one or both fail to agree, they can correct the presumption.

**Step II**

_Counselor:_ "If a similar situation occurs again, do you see any possibility to prevent your partner from getting so upset?"

Both answer.

_Counselor:_ "Would this change of behavior your partner mentioned really help you in similar critical situations?"

If one or both fail to agree, they can describe what instead would help them, but they are not allowed to make greater demands.

**Step III**

_Counselor:_ "Are you ready to realize the possibility you mentioned and change your behavior - regardless of what your partner does?"

Both say Yes or No.

If only one says Yes, this may be enough to increase hope for the family.

_Counselor:_ "Are you happy about the readiness of your partner to change him or herself a little bit? Can you accept it as genuine?"

No discussions anymore, end of sessions.

**ELISABETH LUKAS, Ph.D., is director of the South German Institute of Logotherapy, Förstenfeldbruck, Germany. The above article is based on her address at the University of Santa Clara, California, during the Eighth World Congress of Logotherapy.**

Multiple Personality Disorder and Logotherapy
R.R. Hutzell, T. Gonzalez-forestier, and M. Eggert Jenkins

Multiple Personality Disorder (MPD) is much less rare than previously believed by mental health professionals. Logotherapists are finding themselves working with persons with MPD. Following a presentation on MPD at the World Congress of Logotherapy VIII, six members of the audience reported work with MPD clients. Successful treatment of MPD is long, complicated, and requires the various personalities to come to a working agreement for internal cooperation. This agreement is one of the difficult aspects. A logotherapy technique, the Values Awareness Technique (VAT), has proved useful.

A recent publication describes successful treatment with the VAT of two patients with two personalities each. This article describes a more complicated case of a patient with eight alters. At the time of this writing, the patient has not completed therapy, but sufficient work has been done to illustrate use of the VAT.

Overview of the Disorder
MPD is a dissociative disorder, a disturbance in identity, memory, or consciousness. MPD is diagnosed when two or more distinct personalities (or personality states) exist and recurrently are in full control of an individual. Each personality has its own relatively enduring pattern of perceiving, relating, and thinking.

Most persons with MPD are not correctly diagnosed initially. They average around seven years (and three or more misdiagnoses) for a correct diagnosis. So, typical cases have a history of much failed previous treatment.

Many psychiatric and somatic symptoms coexist with MPD, such as depression, severe headaches, mood swings, suicidality, insomnia, amnesia, nightmares, sexual dysfunction, conversion symptoms, fugue episodes, phobias, panic attacks, depersonalization, substance abuse, somatization, self-mutilation, eating disorders, and unresponsive periods. Many symptoms can lead a diagnostician not keenly alert to the possibility of MPD.

A notable clue to MPD is that the patient often exhibits obvious changes, including fluctuating symptoms, changing appearance, and poorly modulated affect states. In roughly one-third of the patients, clinicians suspect MPD only after having observed periods of marked change in the patient's appearance and behavior.

MPD patients may admit to time distortions or time losses, lasting a few minutes to several hours. They may report discovering unfamiliar belongings or "waking up" in settings without knowing how they arrived. They report others telling them of actions they are unaware of having taken. But in only about one-fifth of the cases do the patients report awareness or suspicion of alter personalities. Often time distortions are attributed to alcohol/drug usage. Because severe brain disorders (e.g., tumors) also can produce time distortions, many medical practitioners conduct extensive brain evaluations before, during, and even after a correct diagnosis of MPD.

MPD patients usually have more than one alter. Although some patients have many alters, the majority have fewer than ten. The number of alters revealed at diagnosis typically is much smaller than the number detected during therapy. Chris Sizemore (Eve, of The Three Faces of Eve) actually had 22 personalities rather than the three her therapists initially believed.

Alters vary widely. A child alter seems the most common type. Others include: different ages, possessing continuous awareness, protector, and persecutor (including mutilations and attempts to kill other alters). Half the cases have at least one alter of the opposite gender, and some have alters of a different race. In most cases, one or more of the alters are angry, depressed, suicidal, substance abusing, sexually promiscuous, or combinations.

Different alters of the same individual may have different responses to a single stimulus. One study found that 74% of the persons with MPD reported somatic symptoms, such as headaches, were specific to certain alters. They found 46% reported different responses across alters to medications; 39%, different responses to the same foods; 35%, different responses to alcohol. Twenty-six percent reported allergies differing across alters. Changes in dominant handedness were observed in 37% of the patients.

The initial development of an alter usually follows childhood traumas, typically sexual and/or physical abuse. It
has been suggested that dissociation is a spontaneous self-hypnotic primitive defense reflex to protect oneself when traumatized. Usually, alters have different proper names, with a specific reason for each name. Some alters have functional names (e.g., Trouble) or go unnamed.

Parents and children of MPD patients are likely to have psychiatric problems. Most frequent for parents are alcoholism/substance abuse, schizophrenia, and major depression. One study reports that 40% of the children of MPD patients have psychiatric diagnoses. Another study suggests that an average of 1.5 first-degree relatives of MPD patients are diagnosed with MPD, and an additional 2.0 first-degree relatives are suspected of having MPD.

Therapy for MPD is similar to other intense, insight-oriented psychotherapies, except that the patient’s personality initially is un-unified. A major element of the psychotherapy typically is abreaction (i.e., reliving, desensitization, and reframing of dissociated trauma). Hypnosis often is used. The goal of therapy is integration, an agreement for cooperation within the system of personalities. Fusion is achieved whenever possible – combining all separate personalities into a unified whole. Therapy preceding integration might be seen as group therapy with the various personalities of a single individual. Pharmaceuticals may be useful to therapy when they can help alleviate the coinciding distress and physical symptoms, but the core symptoms of MPD are not known to respond to drugs.

Case History

The patient was a middle-aged, never-married male who had been hospitalized because of depression, self-neglect, and a suicidal gesture. He had worked as a clerk for many years. He reported physical abuse by his stepmother and showed a special interest in the wellbeing of children, as they reminded him of his own unfulfilled needs for affection during childhood. He had periods of memory lapses. After first eliminating possible medical explanations for the patient’s symptoms, assessment and treatment were directed toward MPD.

The patient agreed to hypnosis, and proved to be remarkably suggestible. During the first few months of therapy, several personality alters acknowledged their presence. When each alter made its appearance, it was distrustful of therapy, including fear that the therapist would try to eliminate it. Often the defensive attitude included self-righteousness, demands that “things will be done my way,” raw anger, and occasional threats of violence.

On at least four occasions the vows, threats and self-harm gestures made by various alters led to the patient’s return to acute-care wards and even to a legal commitment for three months. As each alter was given feedback about the patient’s condition and the alter’s role, the alter became less righteous, more cooperative and concerned about the patient’s treatment outcome, sometimes making statements to the effect that helping the patient “is what I am here for.”

The patient’s history was pieced together largely from statements made by him and his alters. He had received physical, sexual, and emotional abuse, primarily from his stepmother. He was locked in a small basement closet for hours after being severely beaten by her, his puppy was kicked to death in front of him, and he was abused by an uncle. His stepmother was an alcoholic who eventually died from her drinking, and also experienced periods of dissociation apparently unrelated to her drinking.

The patient began to show signs of dissociation during grade school in the form of marked daydreaming. Between ages 5 to 10 he developed an alter that allowed him to escape the pain of physical abuse. Another alter developed at age 10 and exhibited curiosity about his stepmother’s promiscuity.

At the time of this writing eight alters had made their presence known, six male and two female. All but one reported proper names.

The different alters, identified here by letters for confidentiality, are briefly described below. The alters change over time and become more moderate. The descriptions below are based on their initial presentations:

(A) A sensitive, colorful, effeminate male;
(B) An extroverted, confident, fun-loving male who disappears when pain is experienced;
(C) A matter-of-fact, observant male who carried memories of various abuses; often takes the role of helping the therapist understand the patient;
(D) A raging, fist-shaking, initially mute young male who occasionally reveals a very painful, sensitive side; his role seems to be seeking vengeance and scaring off the stepmother;
(E) A dramatic, strong-willed, gregarious female with exaggerated feminine mannerisms, apparently the
result of attempts at gaining closeness and communication with the stepmother through the expression of feminine qualities;

(F) A "go-for-the-gusto", motorcycle- and leather-loving young male who seems to embody a sporting enjoyment of life;

(G) A calm and reasoned female who apparently has the role of providing insight and judgment;

(H) An angry, hurting male who stores memories and pain related to perceived physical deformities.

One of the challenges the therapists faced during months of intense therapy was conflict between the patient's desire for relief from his painful memories of abuse and his resistance to attempts at therapeutic abreaction. Still, the patient made progress during the two years of therapy (two or three sessions per week). On numerous occasions he made significant gains in overcoming the grip of his memories of victimization.

As therapy progressed, conflicts emerged among the alters and added to the patient's resistance to even discuss integration. Thus, the logotherapy approach was suggested because it had proven useful in previous treatment of persons with MPD.

At this writing, the patient is not cured and, as will be seen, the logotherapy is not yet completed for all eight personalities. The patient shows partial integration in the form of cooperation among his still separate personalities much of the time.

The Values Awareness Technique (VAT)

The VAT provides a practical application of Frankl's logosophy. It was developed as a method for helping individuals clarify the creative, experiential, and attitudinal values they find personally meaningful. It has been outlined in several publications and is available in complete workbook form as well, so it won't be described in great detail here. The small amount of validational work completed to date supports the validity of the VAT.5

The VAT includes a series of paper-and-pencil exercises each following a three-step format:

- Expanding Conscious Awareness,
- Stimulating Creative Imagination, and
- Projecting Personal Values.

The first step allows the person (or personality) to move away from daily patterns and view life from other perspectives. The person searches for meaningful aspects that may get overlooked in every-day living. The person responds to questions for which many responses are possible and chooses an answer that is personally meaningful.

During the second step of the VAT, the person is asked to think of all the possible reasons why the response might be meaningful to anyone at all. That is, the subject considers many possible values that could underlie the response.

At step three the person selects up to three values listed in step two that particularly "fit" the individual's way of thinking at step one. Thus, at the second and third steps of the exercise, the patients project values, found to be personally meaningful, onto responses that they have already selected as important.

The first exercise is followed by others, each incorporating the same three-step process: Expanding Conscious Awareness, followed by Stimulating Creative Imagination, followed by Projecting Personal Values. The creative values (things that we do, such as from jobs) are easiest to clarify, and thus are done first. Experiential values (things that we have experienced, such as from our five senses) come second. The most difficult to clarify, the attitudinal values (things that we believe, such as things for which we take an unpopular stance), are left until last.

The completion of the VAT takes several therapy sessions and may include homework. Productive discussions usually result from the responses. Most people clarify more than 100 values, many of which are repeats across different exercises. To finish the VAT, the repeated values are ranked ordered from most repeated to least repeated so that a values hierarchy is formed for the subject. Values listed only once probably have less meaning to the individual and are disregarded at this point.

Use of VAT in Case Example

To foster cooperation among MPD personalities and demonstrate reasons for them to agree to integrate, each personality completes the VAT separately. To begin, we asked the host personality to read and complete the MPD's workbook. Unfortunately, one of the child alters hid the materials and then destroyed the forms. So we later conducted the VAT in one-to-one therapy sessions.
First, values were clarified for the host personality. Those values that appeared to be essentially the same were consolidated into core values selected by the host.

Next, a female alter E was eager to complete the VAT. We followed the same course as with the host. Then we contacted both the host and the alter to determine common values that were listed as different words - when possible, we sought a single word to describe common values. Then, we continued the same process with the fun-loving child alter F, followed by the adult male alter B. Other alters were unwilling to participate at that point.

For the host and alters who have participated to date, the values are presented in Table 1. These lists of meaningful values were reviewed separately with each participating alter to determine: a) similarities across alters; b) areas in which acceptance of values held by one alter might be of benefit to another alter; and c) areas for possible discussion where any dissonance in values might exist. The assumption underlying this procedure is that basic core values of the alters have similarities because the alters originated via dissociation from the same basic original personality. Alters usually see themselves as vastly distinct from another and express surprise to learn they may have substantial similarities in their underlying values despite obvious differences from how they actualize those values.

How this process fosters agreement for cooperation can be demonstrated by a specific example taken from the work with the host and the female alter E. The host did not want to be associated in any way with E - because of the femininity and the attention-seeking behavior. E considered the host so lacking in interesting aspects as to be beneath consideration. Indeed, the host and E showed dissimilarities at the Expanding Conscious Awareness step of the VAT. The host, when asked about creative values through job interests, chose jobs that permitted solitude and anonymity - park ranger, conservationist. E focused upon jobs that required being the center of attention--model, talk show hostess. It was only at the underlying value level that we saw similarities. Both, for example, found Beauty to be one of their creative values. E actualized the Beauty value by decorating the patient's room in an unusual and attention-seeking manner. The host commented negatively upon the decorating. When we recognized that both held not only Beauty but also Outdoors as creative values, it became easy to convince them that they could both live with the decorating if it reflected beautiful outdoors and nature themes.

Not only could they both enjoy actualization of Beauty through decoration of the room in an outdoors, natural motif, but also they could agree to work together on the project.

Acceptance of values held by other alters was illustrated when E realized that Freedom would make it easier for her to actualize the value of Individuality she regarded highly. Freedom had not surfaced as a value for E, but had surfaced for the host and other alters.

Certain values were not shared, but the alters came to realize that there need not be dissonance when a value was not shared. E, for example, valued Pastime highly, whereas the host did not. However, upon consideration, the host realized that Pastime was not incompatible with any of his values. Thus, although the host did not seek Pastime activities, he realized that he did not need to have a strong sense of opposition to such activities.

The VAT helped the alters recognize that there were more similarities between them than they had realized. Also, it helped each to become more aware of the others' qualities. Each initially tended to view other alters in a unipolar sense, attributing a very narrow range of distinct qualities to each alter. Following completion of the VAT, each was surprised at how many dimensions there were to each of the others. Some of the alters had viewed themselves in a narrow sense, and were surprised to find many dimensions in themselves reflected by the many values that each clarified. As each alter gained increased understanding of the others, each became more tolerant of the others.

Discussion

In the case example, the VAT was used specifically to foster agreement between the personalities to promote cooperation and integration. Convincing the personalities to cooperate and to consider integration is a difficult component of therapy for MPD. The resistance of MPD patients to cooperation appears to stem in part from their belief in separateness and difference between the personalities. However, use of the VAT is based upon the hypothesis that it is only at the surface level (the level of actualization of underlying values) that the personalities differ substantially. Because the personalities are derived from one original personality, it is likely that each of the parts takes some similar values from the common, original value pool.

A drawback to the use of the VAT with complicated cases of MPD is that the technique can take several sessions per
personality to complete. With many alters, the hours required for completion of the VAT rise quickly. In the case example, approximately five hours per personality were required to complete the VAT. And so far we have not been successful in having alters in complicated cases complete the VAT exercises as independent homework. Yet, with hundreds of hours already invested in the more complicated cases, the hours required to complete VAT’s may seem reasonable, relatively speaking, if the results are productive for the therapy.

In our case example, not all the alters agreed to participate in the VAT or other aspects of the therapy. Those that did agree to participate appeared more cooperative and tolerant of the others upon completion of the VAT. The patient reached a plateau at which both the VAT and other formal psychotherapy were halted. The personalities have not been fused. If the patient’s condition deteriorates, it is likely that continuation of the VAT and of other psychotherapy will be suggested. At present, the patient is better integrated than when he started therapy, yet he has considerable therapy ahead of him if he is to eventually become well integrated or fused.

Our case example shows the VAT as one therapy component of MPD. A previous publication\(^7\) demonstrates successful use of the VAT in therapy. For our complicated case presented here, to reach a successful fusion will likely take another several years of therapy.

Table 1. Values of Four Personalities

XX = one of the top 6 value categories chosen by Subject
X = a final value category chosen by Subject
(X) = a value that was surfaced but fit under a different category when the values were combined and a final category (title) was selected.

<table>
<thead>
<tr>
<th>Value</th>
<th>Host</th>
<th>E</th>
<th>F</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Beauty</td>
<td>XX</td>
<td>XX</td>
<td>-</td>
<td>(X)</td>
</tr>
<tr>
<td>Communication</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Control</td>
<td>-</td>
<td>-</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>Emotional Health</td>
<td>X</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>(X)</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Excitement</td>
<td>(X)</td>
<td>(X)</td>
<td>XX</td>
<td>X</td>
</tr>
<tr>
<td>Fitting In</td>
<td>XX</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Freedom</td>
<td>XX</td>
<td>-</td>
<td>X</td>
<td>XX</td>
</tr>
<tr>
<td>Friendship</td>
<td>XX</td>
<td>XX</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Helping</td>
<td>(X)</td>
<td>(X)</td>
<td>(X)</td>
<td>XX</td>
</tr>
</tbody>
</table>

Honesty       | X    | X  | -  | - |
Imagination   | -    | -  | X  | X |
Individuality | (X)  | XX | XX | XX |
Improving Things | X    | XX | -  | - |
Knowledge     | -    | -  | XX | X |
Nostalgia     | X    | X  | -  | - |
Observation/Alertness | - | - | X | X |
Outdoors      | XX   | X  | X  | XX |
Pastime       | -    | XX | -  | (X) |
People        | -    | (X) | XX | (X) |
Physical Health | X   | (X) | X  | XX |
Recognition   | XX   | X  | -  | - |
Relaxation    | -    | (X) | XX | X |
Responsibility | -   | -  | X  | - |
Self-Esteem   | X    | X  | X  | - |
Sensible      | -    | -  | X  | - |
Sensual       | -    | -  | X  | X |
Spiritual     | -    | -  | -  | X |
Survival      | (X)  | X  | (X) | (X) |
Valuable       | -    | XX | -  | X |
Variety       | X    | X  | X  | X |

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SCHIZOPHRENIA AND THE NON-MEDICAL LOGOTHERAPIST: Responding to the Disease in a Responsible and Meaningful Way

Jim Lantis

The ideas I wish to present in this paper are the product of twenty-five years of work with individuals (and their families) who suffer with the disease of schizophrenia. I first became aware of this human problem in 1963 when I got a job as a psychiatric aid at a state hospital in Columbus, Ohio. I later worked with schizophrenic clients and their families in a public assistance agency, a child welfare agency and, starting in 1972, in a variety of community mental health and psychiatric hospital settings. Since 1985 I have served as a practice consultant to a variety of agencies and hospitals in the Midwest region (USA) that provide service to schizophrenic clients and I continue to see a number of schizophrenic clients in my private practice.

I believe that schizophrenia is a physical, psychosocial and existential human problem and that effective treatment and service must address all three aspects of the problem in a holistic manner. I hope that this paper will be helpful to two kinds of mental health practitioners: to those psychiatrists who have considerable expertise in the physical and psychosocial aspects of schizophrenia but who have little understanding of the existential or poetic aspects of schizophrenia; and to those non-medical logotherapists who have had little practical experience with schizophrenic clients. The article will summarize some material which has been previously presented in the International Journal for Logotherapy but will also add some new material as well as a clinical illustration of a fifteen-year treatment relationship with a client who suffers with schizophrenia.

Schizophrenia

Schizophrenia has been called a physical disease, a dysfunctional style of living, a logical method of existing in an insane world, and a unique psychosocial reaction to stress. In recent years many authorities have concluded that schizophrenia is both a basic biochemical illness and a reaction to stress. In this view it is assumed that the schizophrenic client has a core perceptual and integrative deficit which results in an increased vulnerability to emotional and external stress. This core deficit is considered to result from a physical biochemical disturbance, and supportive psychotherapy to help minimize the occurrence of such stress and to maximize the client's skill in reacting effectively to such stress. The author, as well as a number of other logotherapists, believes that a third component, seldom discussed in the literature, should also be included. This component can be called the poetic, spiritual, or existential component.

Clients with schizophrenia often experience illusions, hallucinations, delusions, ideas of reference, an affect flatness, ambivalence, autistic behavior, and disturbed thinking. The basic feature of schizophrenia seems to be a thought disorder, believed by many experts to be associated with an imbalance in the receptor sites of the central nervous system that affects brain system functioning. Such an imbalance makes it difficult for the schizophrenic to accurately perceive and evaluate stimulation and expressed feelings in the social and family environment. Effective treatment includes antipsychotic medications to help control the thought disorder and psycho-social intervention to modify environmental factors and to decrease the level of stress and stimulation. Lieb and Slaby suggest that stress plus vulnerability to the disease results in schizophrenic symptoms.

Schizophrenia is an extremely painful condition. Mental-health workers who cannot tolerate the personal empathic pain that develops in caring relationships with such clients, often avoid work with the schizophrenic client. The flight of many mental-health workers away from this client population may indicate that such clients experience more pain than much of the mental-health community is willing to tolerate. Providing such clients with medication without the provision of sincere empathy may be internally safe for mental-health workers, but it probably has resulted in both inpatient warehousing and outpatient neglect.

The Medical Aspect of Schizophrenia

Although schizophrenia is considered a neurological disease, stress is considered an important element which often triggers the manifestation of schizophrenia symptoms, a great number of authorities agree that the disease process itself is most likely a biochemical imbalance within the central nervous system which can be partially managed (but not cured) through the use of antipsychotic medications. Antipsychotic medications frequently used in the United States to help schizophrenic clients control the symptoms of this disease include the following (brand name) medications: Thorazine, Halodol, Mellaril, Trilafon and Prolixin. Congentin and Benadryl are (brand name) drugs frequently used in the United States to help control the side effects which often occur when using antipsychotic medications.

In my opinion, the non-medical logotherapist should not work with schizophrenic clients unless he or she is providing service to the schizophrenic client in collaboration with a competent psychiatrist or neurologist. Although the antipsychotic medications prescribed by medical practitioners can have dangerous side effects, it is also dangerous to keep schizophrenic clients from obtaining appropriate medications which can help control schizophrenic symptoms.

The non-medical logotherapist has no legal sanction to prescribe or withhold such drugs and is not adequately trained to decide whether or not such medications are indicated. As a result, the
non-medical logotherapist should refer all clients who appear to be suffering from a schizophrenic disorder to an appropriately trained medical practitioner for consultation. If the client is suffering with schizophrenia, the medical practitioner and the non-medical logotherapist can develop a specific treatment plan which includes medical, psychosocial and existential intervention.  

The Psychosocial Aspect of Schizophrenia  

Psychosocial intervention with the schizophrenic client includes case management, social skills training, day treatment service, supportive psychotherapy, and some form of family treatment.  It has been my experience that frank's technique of dereflection is extremely helpful in the psychosocial, family treatment of schizophrenia. 4,5 As was reported earlier in this paper, the schizophrenic client can be understood as having a core perceptual and integrative deficit which results in an increased vulnerability to external stress and particularly to external emotional stress. This increased vulnerability probably results from a biological-chemical disturbance within the receptor sites of the central nervous system. Family interaction in the schizophrenic client's family is often overly emotional, stressful and chaotic. 1,4,5,8,19 It has not been determined that dysfunctional family interaction creates schizophrenia or that schizophrenia creates dysfunctional family interaction. It has been determined that the two processes reciprocally influence each other. 1,4,5,19  

Two major forms of overemotional interaction in schizophrenic families tend to stimulate increased symptomatic behavior in the schizophrenic client; criticism and overinvolvement. Decreasing criticism and overinvolvement often improves prognosis of the schizophrenic client and may prevent hospitalization or rehospitalization. 1,4,5,19,20  

In this author's experience, 4,5,19 overemotional criticism is most often associated with the family's hyperintention to "cure" the schizophrenic because of his or her symptoms. This hyperintention is generally unrealistic and leads to anger and frustration among the non-schizophrenic family members. Emotional overinvolvement in the family of the schizophrenic is often the consequence of guilt which is, in turn, triggered by hyperreflexion about the schizophrenic's problem and the family's possible role in the development of these problems. Both hyperintention to "cure" the schizophrenic and hyperreflexion about the schizophrenic process and the family's possible role in this process result in an increased level of emotionality within the family. 1,4,5,19 This in turn is experienced as stress by the schizophrenic because of his or her hypersensitivity to emotionality. As a result, the schizophrenic family member will then increase his or her manifestation of symptoms. A vicious circle occurs. Dereflection by the family members in their daily life can decrease family emotionality and help the schizophrenic decrease the manifestation of symptoms. 1,4,5,19,20  

The most practical method to decrease hyperreflection and hyperintention is to help clients direct attention to something else. This author has found three methods of dereflection to be particularly useful in helping the family of the schizophrenic think about subjects other than the schizophrenic: a) teaching the family about the chemistry of schizophrenia; b) challenging the family role as "psychotherapist;" and c) helping the family develop non-schizophrenic-connected interests and activities. 1,4,5,19,20  

The first form of dereflection provides the schizophrenic's family with some basic information about the chemical aspects of schizophrenia. For instance, the dopamine hypothesis of chemical imbalances within the receptor sites of the central nervous system is explained in as clear and simple language as possible. Charts and diagrams are used to explain this theory of causation and the importance of chemotherapy in the treatment of many forms of schizophrenia. In addition, the family members are told that it is important to help the schizophrenic client stay involved with his or her psychiatrist. 1,4,5,19,20  

Teaching the family members about the chemical theory of schizophrenia is useful as a method of dereflection because it helps them decrease their feelings of guilt. Hearing that such chemical problems may well exist within the schizophrenic's central nervous system will often help the family members realize that it is not 'all our fault.' This type of information tends to dramatically cut down the family members' hyperreflection about the schizophrenic process and their possible role in this process. This dereflection reduces emotionality within the family and has positive benefits to the schizophrenic family member. 1,4,5,19,20  

Challenging the family role as "psychotherapist" is a second way to reduce hyperintention in the client's family. Overemotional criticism of the schizophrenic by other family members is often a result of their frustration caused by their unrealistic hyperintention to cure the schizophrenic. To decrease family emotionality it is important to help family members give up their role as "psychotherapist." In this method of dereflection, too, the therapist is directive and gives the family members precise guidelines as to which family behaviors are helpful and which are less helpful. In general, the family members are told: set up a few simple rules that the client must follow, and to tell him or her about these rules in a matter-of-fact way. Family members are encouraged to discontinue highly emotional, stereotyped conversations with the schizophrenic and to avoid arguing about his or her hallucinations and delusions. Such guidelines are often helpful to the family members because it gives them a reason or an excuse to decrease their hyperintention to the ill family member. 1,4,5,19,20  

A third way of dereflection is to help the family develop activities and interests not connected with the schizophrenia. The therapist guides the family toward enjoyment and meaning found in varied new outlets. Members identify their interests and begin to respond to their home situation in healthier ways. 1,4,5,19,20  

A clinical illustration of the use of dereflection in such a
practice situation can be found in my previous article about
derection which appeared in The International Forum for
Logotherapy." 

The Noetic Aspect of Schizophrenia

Although the schizophrenic client often has great difficulty
responding adequately to the emotional stimulation presented by
members of the family or community who are depressed or angry about
the client's illness, this does not mean that it is helpful for the
logotherapist to simply avoid the client and/or the pain of the
client's schizophrenic condition. On an existential or noetic level the
logotherapist should make every effort possible to be with the
client as the client is experiencing the painful symptoms of
the disease. The logotherapist's ability to be with the
schizophrenic client is enhanced by an understanding of the four
stages of schizophrenia.

The first stage of schizophrenia can be called the
dissociation stage. In this stage schizophrenic clients lose
their ability to ascribe and utilize commonly understood symbols
to describe reality or the meanings embedded in reality. Some
experts call this stage the breakdown of consensual validation
stage because clients are unable to use a common reality symbols
for effective living. The cause of this first stage of
schizophrenia is unknown. Many authorities have found Freudian and
other psychological explanations inadequate to understand causes of
the dissociation stage. Biological and neurological hypotheses have appeared to be the most productive direction for
current research.

Although numerous authors believe that the dissociation stage
dramatically disrupts the schizophrenic's ability to function
effectively in the psychosocial dimension, few have pointed out
that this first stage also disrupts the person's search for
meaning. It is my hypothesis that during the dissociation stage,
schizophrenics are hampered in their ability to utilize those
meaning symbols they used in the past to discover, recognize or
accept meaning.

Schizophrenic persons are now in the
uncomfortable situation of still being aware of the will to
meaning yet unable to use common consensual symbols for the
realization of meaning. This sets the stage for the second stage of
schizophrenia, the creative stage.

In the creative stage schizophrenics make heroic attempts
to create new meaning symbols with those cognitive and
perceptual abilities that remain after the breakdown of consensual
validation. They search for meaning in symbols that are
skewed by the thought disorder component of the disease.

Schizophrenics attempt to ascribe meaning symbols to experiences
which often appear bizarre, chaotic and illogical to people who do
not have the basic schizophrenic thought disorder.

Helping professionals are often perplexed and at times even
seem offended by the schizophrenic person's attempts to create new
meaning symbols. The somewhat bizarre nature of these creative
meaning symbols can be easily misunderstood by mental health
professionals, and frequently classified as 'simply' a symptom of
the disease process. This reductionist logic contributes to the
existential vacuum experienced by many schizophrenic patients.

It rejects their attempt to fight the feelings of emptiness which
characterize their existence. This rejection and lack of
appreciation for such creative symbolizations leads to a third
stage of schizophrenia, the isolation stage.

In the isolation stage schizophrenics give up trying to make
significant others understand the new meaning symbols they have
created to fight off the existential vacuum. Schizophrenic persons
have experienced that other people reject such creative symbols as
'just pathology,' and tell the schizophrenic clients by word and
action that this last remaining tool for realizing meaning is sick
and meaningless.

Often schizophrenics accurately realize that
empathy for their heroic struggle is not available and that the
continued open manifestation of such symbols will probably result
in punitive forms of mental health intervention. During the
isolation stage, schizophrenic persons continue to use a creative
symbolization to fight off the existential vacuum, but these
symbols are not openly shared with others. On the noetic level the
schizophrenic becomes 'all alone.'

The fourth stage of schizophrenia, the existential vacuum
stage, is a reaction to the isolation stage. Because
 schizophrenics are now alone on the noetic level, their search for
meaning is no longer validated with others. This can and often
does result in complete breakdown of human encouragement.

Schizophrenics experience being alone on two important levels.
They are alone because their meaning symbols are not understood
and therefore not experienced as consensual symbols and
outpatient neglect are all too often the result of the mental health
community's failure to see the schizophrenic client as still
possessing the will to meaning.

Logotherapy Treatment Implications

From a logotherapy perspective, it is appropriate to provide
the schizophrenic client with medication, supportive psychotherapy,
and with environmental modification services such as derefection.
The logotherapist should understand that schizophrenia does have
a physical, and psychosocial component, and that mental health and
psychiatric intervention on these two levels is always indicated.

On the other hand, the logotherapist should remember and model for
others that the noetic component must never be ignored. As
Frankl has consistently pointed out, the noetic component of
human existence never become ill. It may become hidden, repressed, ignored, or unheard, but it always remains as a healthy part of the person. It exists, it remains healthy, and it never loses its importance. Even in such tragic situations, a therapist imersed in the tradition started by Frankl will have a better chance of fighting off the reductionistic trend toward seeing the schizophrenic client as simply a “disease category” that is not open to spiritual growth and self-transcendence. The logotherapist will not try to simply manage the disease but, instead, will attempt to develop a meaningful relationship with a client who is heroically engaged in the search for meaning in spite of a tragic and severe disability."

Sandy: A Fifteen Year Treatment Relationship

The following clinical illustration describes a number of logotherapy concepts and how they can be applied when working with a schizophrenic client. "Sandy" is a 43-year-old caucasian female from an Appalachian cultural background, with no children. She has never been married and has no living relatives. She started working with Sandy in 1974, when she was 29. In 1974, Sandy was living in a state hospital setting, where she had been since the age of 17. During that period, she had been released from the hospital on three occasions but each time had failed to stay in the community for more than three weeks. A review of her hospital record revealed that she had been diagnosed as a paranoid schizophrenic rather consistently during her long hospital stay. At the time of my first contact with Sandy, the hospital staff was skeptical about her chances of making it in the community, but wanted to give her the chance by having her utilize a daytreatment program for adults which recently had been developed and funded in the community. The release plan for Sandy included: a) chemotherapy, b) daytreatment attendance, c) financial assistance, d) an adult, foster-home living arrangement at the time of release, and e) outpatient therapy at a community mental health center. In addition it was planned that Sandy would start both daytreatment and outpatient therapy two months prior to her release from the hospital in order to ease the transition from hospital to community life. At the time of my first contact with Sandy, she was taking a very high dosage level of a major tranquilizer and was also on antiparkinson's medication.

During the first year of treatment, all parties involved with Sandy's treatment focused their attention upon encouraging her to remain in the community and upon teaching her how to live in the community by learning a number of useful living skills. The workers at both Sandy's daytreatment program and her foster home spent considerable time teaching Sandy to ride the bus, how to maintain adequate personal hygiene, how to engage in recreational activities, and other social living skills. I saw Sandy at least twice a week as her primary therapist who focused much attention upon teaching her how to verbalize and talk in a less psychotic way. This process was identified to Sandy as learning to talk to people in a way that they can 'hear.' The worker and Sandy agreed to 'talk psychotic' for part of each session but also to 'talk regular' for part of each session.

At the end of the first year of treatment, Sandy had learned to cook, ride the bus, bowl, shoot pool, maintain good personal hygiene, and finally to 'talk regular' when she wanted to get along with people.

During the second and third years of treatment Sandy remained on medication, continued to live at the foster home, and continued individual therapy and day treatment. In addition, Sandy joined an outpatient treatment group which I facilitated. Sandy was able to use this group to help her cope with stress without distorting reality. She learned to "check out her feelings with others," to "ask for support," and to "tell people when she was feeling agitated," before she needed to become paranoid and to distort reality. Sandy also learned through experience that other people are not necessarily "dangerous" and that living in the world can be an enjoyable activity.

During the fourth, fifth, and sixth years of treatment Sandy stopped attending day treatment and found a job. She moved from her foster home placement into her own apartment. She no longer used financial aid. She joined a social club at a local YMCA and continued individual treatment with me. In addition, the psychiatrist treating Sandy was able to decrease her medication.

When I went to work at a different agency during the fourth year of treatment, Sandy decided to follow and receive treatment services at the author's new agency. Throughout the many years of Sandy's outpatient treatment I have spent a great deal of time helping Sandy discover that she is a 'hero.' I have attempted to show Sandy that she probably never will be 'cured' of her disease but that she can and has 'defiantly' refused to let her illness or her life. From year one (1974) to the present time I have consistently encouraged Sandy to understand the medical, psychosocial and existential aspects of her illness and to realize and remember that her 'noetic spirit' is a part of her which can never become ill. Sandy has been consistently encouraged to discover meaning in her life and to consider her 'schizophrenia' as a 'nuisance' to be transcended. She has learned to find meaning in her life through creative, experiential and defiant values.
Dear Jim:

Thank you for joining me in my crazy world many years ago when I was all alone. Thanks for believing me and helping me remember that I am a human being.

Love,

Sandy

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REFERENCES


THE ROLE OF MEANING IN STRESS MANAGEMENT

Arlen R. Salthouse

A special contribution of logotherapy to understanding stress at all levels is the introduction of the component of meaning. Meaningful activities and relationships create healthy tension; while lack of meaning, and whatever is done to compensate for that lack, create unhealthy stress. Any activity, be it work or play, without purpose or meaning is likely to produce harmful stress. Logotherapy refers to such a deficit of meaning as existential vacuum, and refers to the failure to find meaning as existential frustration.

We experience stress at three levels. The first is the general stress that exists within our society. Examples are the implicit threat of layoffs due to downsizing; or the threat of random acts of violence. This is manifested as a sense of “too much to do in too little time,” resulting from the general pressures of living and working in modern times, or increasing isolation from family, neighbors, career, church, etc. Such general stress is experienced, more or less and in differing ways, by all members of the society.

The second level of stress is particular to subculture members, such as ethnic, religious, occupational, or professional groups. There are unique stresses common to groups such as caregivers, the elderly, adolescents, coal miners, airline pilots, therapists, police, fire-fighters, military personnel, schoolteachers, single parents, students, homosexuals—to name but a few. These can be enumerated in terms of the expectations, hazards, attitudes, and values—including the sense of worth, purpose, or meaning—generally perceived within the group.

The third level of stress is unique to us as individuals. It depends on what is going on in our lives, against the background of a lifetime of uniquely personal experiences, and the meaning we have found in them.

It also includes those resources, techniques, and attitudes developed for coping with stressful situations.

What Is Stress?

A common denominator in all forms of stress is change. Some changes are relatively minor and expected; others are major, unexpected, and sudden. The latter tend to be most stressful.

While stress is a reaction to change that affects us physically and psychologically, logotherapy adds the spiritual dimension. The human spirit remains intact at its essential core, thus becoming a primary agent for healing and coping with stress. It is in this spiritual dimension that we find the meaning in life that reduces and helps us manage what otherwise would be destructive stress.

Stressful changes may be explicit, such as a marriage, pregnancy, the birth of a child, a new job, or loss of a spouse. They may also be implicit, such as a surprise visit from a friend, revision of the commuter train schedule, alteration of one’s job description or work expectations. Implicit change can also include the way one perceives a situation, such as a task that has become so routine as to seem meaningless; an old friendship that has become tiresome; or an old belief that has lost its significance.

In addition, logotherapy recognizes the stress created by a conflict of values. P., a woman in her late 20’s, was experiencing stress-related sleep and digestive disorders. After several counseling sessions, she admitted being “in love with two men”—her husband of five years, as well as an older, recently widowed, co-worker. Until this conflict was resolved by making an intentional, meaningful choice, her symptoms remained. Once that choice was made, the symptoms disappeared.

How Does Stress Affect Us?

Stress affects persons physically, psychologically, and spiritually. At the most basic level this occurs as an instinctive “fight or flight” reaction. Typically, in this primitive stress response, adrenalin starts flowing, the heart beats faster, blood pressure rises, and the rate of breathing increases. It keeps us alert to danger, and enables us to survive in the face of imminent danger. However, the fight or flight reaction, which serves well where the threat is physical and identifiable, falls short where the threat is intangible or hard to identify; as are many of the dangers we face nowadays. New situations, new rules, new roles, new expectations, and new pressures trigger the stress response as they call for adjustment in human behavior and attitudes. Those
bodily adjustments, such as rising blood pressure, that worked well in primitive conditions, are detrimental in the modern context, and work against instead of for us. In contrast to our ancestors, whose stress response stimulated them to enhanced performance, we often find it reducing our ability to perform well. At the extreme, it causes us not to perform at all. We simply become numb.

In addition to the symptoms of the fight or flight reaction, there are numerous other effects of overreaction in our lives today. This writer has identified nearly 50 such symptoms which may be considered warning signs of overstress and its unhealthy consequences. Their function is to awaken us to danger and motivate us to alter our lifestyle. These symptoms range from mild tension headaches and tightened muscles to suicide.

Consistent with the logotherapeutic premise that the human being is an entity consisting of body, mind or psyche, and spirit, these consequences of overreaction are understood not only as psychological but also as psychosomatic or nosomatic disorders. Psychosomatic stress disorders are those in which the stressed-out mind or emotions cause dysfunction of the body, such as stomach or bowel distress. Nosomatic stress disorders are those in which stress in the noetic or spiritual area, such as existential frustration, guilt, or conflict of values, is at the root of physical disorders.

How Much Stress Can We Take?

Not only is stress normal, but a certain level of stress keeps us alert, energizes and makes us productive. As Frankl states, “What man needs is not a tensionless state but the striving and struggling for something worth longing and groping for. What man needs is not so much the discharge of tensions as it is the challenge of the concrete meaning of his personal existence that must be fulfilled by him and cannot be fulfilled but by him alone. The tension between subject and object does not weaken health and wholeness, but strengthens them.”

However, there is an optimal point between stress and productive energy. When stress increases beyond that point, energy levels off, then begins to lag; efficiency plateaus, then suffers; productivity stabilizes for awhile, then diminishes. Beyond that optimal point, overreaction becomes counter-productive. The point of optimal stress/energy correlation varies with individuals, depending on how meaningful the stressor is perceived to be; and on the person’s ability to cope with stress. Much depends on our attitude toward stress; whether we view it as destructive or constructive; how much it is valued; or how much we are prepared to bear in order to achieve some desired meaningful end. An athlete, for instance, willingly endures considerable stress on his or her body to win a race or game. Endurance for stress is unique to each person; and it is helpful to know one’s own capacity. In some instances, this self-knowledge is an objective of therapy.

This capacity for stress endurance does not remain static throughout life. The logotherapist seeks to enable the patient to expand that capacity by calling the patient’s attention to past successes in dealing with stressful conditions, or assisting the patient to discover previously unrealized, potential meaning in the circumstance causing the stress. It is amazing how much stress we can endure when we perceive some meaning in the stressful situation.

C, a middle-aged woman, married for 28 years to a verbally belligerent, controlling husband, had three children between ages 20 and 25. The middle child had been treated for cancer seven years prior and was currently in remission. C had a long history of heart disease for which she had had several surgeries. She also was partially paralyzed from a stroke and crippled with severe arthritis. At the time she began counseling, she was faced with the added stress of having discovered her husband’s long-standing affair with another woman. She felt this was “the last straw” and described herself as “at the end of my rope.” When, however, she was helped to see how she had courageously survived so much past stress, C began to view her ability to cope with her present stress in a new and positive light. She came to see herself as a courageous, strong woman. She found new meaning in her situation, and especially in being able to share her experience as an inspiration to others faced with similar stress.

Coping With Stress

Techniques for coping with stress can be physical, psychological, or spiritual. As stress affects the entire person, the most effective way to cope with it is an holistic approach embracing all three dimensions. Spiritual resources, especially the will to meaning, need to be viewed together with psychological and physical means of coping.

The underlying premise for attempting to cope with stress is that human beings possess the ability to change. Just as change is at the root of much of the stress we face, so change is also our foundation for coping with it. The change that engenders stress is largely undesired. Coping requires desired changes—in behavior, attitudes, ways of thinking, and acting. It is also meaningful change—in a more meaningful direction. Logotherapy contends that such meaningful change is always
a possibility, even in the most stress-filled adversities. It is possible, but in highly stressful circumstances not always readily apparent. The function of the logotherapist in this situation is to help clients to see that they have alternatives; then challenge them to accept, and more importantly, to act upon that premise. Frankl explains, "...our assertion of human existence as a self-creating act corresponds to the basic assumption that a man does not simply 'be,' but always decides what he will be in the next moment. At each moment the human person is steadily molding and forging his own character. Thus, every human being has the chance of changing at any instant. There is a freedom to change, and no one should be denied the right to make use of it." 2, 69

This freedom to change may be blocked in persons experiencing extreme stress. Ways need to be found to unblock it. Here is where some physical and psychological means can work in concert with spiritual resources.

Distancing is a key to stress reduction. This takes place in three ways: distancing from symptoms, distancing from external stressors, and distancing from internal stressors. Symptoms, such as gastrointestinal distress or headaches, may have become a preoccupation for the clients, blocking the road to meaning. Such persons need to be shown that they are more than the symptom. Attention should be paid to such matters as nutrition and exercise. Good diet and daily exercise can reduce stressful symptoms. As persons experiencing high levels of stress frequently turn to substance or food abuse, junk foods, caffeine, alcohol, and street drugs which exacerbate stress must be strictly controlled. The challenge to do this can be a source of meaning. Other ways of distancing from symptoms are through relaxation response, medication, vitamin therapy, music, humor, prayer, and meditation. These, too, can be presented as meaningful vehicles for better living.

Relaxation response is intentional, measured breathing and muscle de-tensioning. It decreases the heart rate and breathing rate, lowers metabolism, and brings the body into healthier balance. Starting at five minutes a day, it can be increased to 20 minutes, possibly divided into four segments during the day. Patients can be encouraged to practice relaxation response at such times as in the car while waiting in traffic, or while "on hold" on the telephone.

Modern medications and vitamins for reducing stress can be prescribed by a physician as an adjunct to logotherapy. Their purpose should be neither to entirely relieve, nor fully mask symptoms, but to reduce the overstretch that stands in the way of dealing with the causes of stress. A danger of using medication is that the patient may be tempted to discontinue counseling before having dealt with the issue of meaning. It should be made clear that drug therapy and counseling go hand in hand.

Music, depending on its qualities, can either increase or decrease stress. This writer cites his own experience that in times of heightened stress, listening to a work of Mozart has often had a calming effect. Appropriate music may be recommended as a means of distancing from symptoms of stress.

Humor is another means of distancing from stress and stressors. Paradoxical intention is an effective logotherapeutic technique used to this end. Frankl states, "...humor is a paramount way of putting distance between something and oneself. One might say as well, that humor helps man rise above his own predicament by allowing him to look at himself in a more detached way. So humor would also have to be located in the noetic dimension. After all, no animal is able to laugh, least of all at himself." 2, p. 30

The benefits of meditation and prayer in distancing from stress and its symptoms have been well tested in clinical practice. These include slowing of breath and heart rate, decrease in oxygen consumption and skin conductivity, lowering or stabilization of blood pressure. 4, p. 101 Prayer has similar characteristics, and, by its self-transcending nature, prayer is secondarily an effective means of reducing stress and its effects.

Distancing from external stressors begins as clients start to identify sources of stress in their lives. They need to ask, "What changes or conflicts have recently occurred in my life?" Logotherapy focuses primarily on changes in the recognition of meaning. It is not the event per se, but how it affects the person, that determines the extent to which it becomes a stressor. Often, simply identifying the stressor begins the process which both distances from it and reduces it. The process continues as one examines the stressor more fully, talking through the concerns and worries it produces. This helps clients to see their situation in a different light, and enables them to distinguish between those stress-producing circumstances that can and cannot be altered. Here clients may need to be reminded of their ability to make a choice. The therapist may need to challenge them to exercise their defiant power of the human spirit to change those circumstances that can be changed. Frequently simple changes in lifestyle free us from bondage to stressful conditions.

Stressors that cannot be changed include irreversible losses, such as loved ones, health, limbs, work, treasured possessions, past failures,
mistakes, hurts, and wrongdoing. In such cases, stress may be manifested as blame or guilt, resentment, or anger. In all instances of stress resulting from irreversible circumstances, logotherapy insists that what always can be changed is one’s attitude, stance, or perspective toward the stressor. Modification of attitudes is always a possibility arising from the freedom of the human spirit or the will to seek meaning in all circumstances.

Internal stressors are stress-producing thoughts or emotions, such as anxiety about change, low self-esteem, negative evaluation of one’s competence or ability to learn or perform, self-blame, hyperreflection on one’s problems, deficiency of self-image, and preoccupation with criticism. Fear of failure, along with perfectionism, also cause stress. Much present-day stress is generated and nurtured within ourselves.

This is where logotherapy steps in with its admonition, “You don’t have to take every nonsense from yourself!” The human spirit is able to stand up to stress-producing negative thoughts or emotions. It is here we see the practical value and application of Frankl’s assertion that the human spirit is distinct from the psyche.3 The defiant power of the human spirit enables us to say “No” to stress-producing emotions. But merely saying “No” is insufficient. Those old negative scripts should be replaced with new positive scripts in which meaning is the theme. Internal stressors are replaced with a meaningful outlook and attitudes.

A was a person who, for most of his life, tended to “catastrophize” situations. He could find the dark cloud in even the sunniest sky; and he caused himself both anxiety and stress by always “waiting for the other shoe to fall.” Years of high stress produced a history of gastrointestinal problems. As he was helped to see his own role in creating stress, along with his ability to do something about it by making meaningful changes, and as he was challenged to experiment with more positive attitudes, he discovered the freedom and joy of living with less stress and coping with what remained. The outcome was life-changing indeed.

**Safeguards Against Future Stress**

Coping positively with today’s stress will go a long way toward helping us deal with tomorrow’s stress. But there are other ways to safeguard against future overloads of stress. One good way is to learn to relax. The problem for many of us, however, is that the harder we try, the less we succeed. Trying excessively to relax can prove to be highly stressful. Instead of relieving stress, it can actually add to it! While relaxation techniques, such as those mentioned above, are useful when used in moderation, they become counter-productive when we try too hard. When learning to relax becomes a burdensome chore, or when we become uptight about relaxing, that’s when we may be better off quitting the struggle to relax and, instead, give in to the stress. Logotherapy goes even further, offering the option of paradoxical intention. Reuven Bulka proposes a de-reflective exercise: “Resign yourself to the fact that you are going to be tense, and then just concentrate on doing things that you enjoy. Take your mind off relaxing. Remove the pressure of having to relax, and just go about finding things that you like doing and focusing on those things. Then, whether or not you are relaxed will become irrelevant.”

As logotherapy contends, it is impossible to wish for something and fear it at the same time. Of course, one cannot totally protect oneself against all future overstress. There are, however, some measures for minimizing the chances of becoming overwhelme by it. One way is to review and reaffirm old sources of meaning in your life. What brought you joy and satisfaction in the past? What gave you a purpose for living? Answers to questions like these provide clues for finding meaning in the present and future. Sometimes the memories themselves are meaningful. Often they can be reaffirmed by telephoning or sending a note to a long-lost friend or taking up an enjoyable hobby again.

A second safeguard against future stress is to discover and affirm new sources of meaning. Meaning cannot be created, invented, or added to circumstances. It must be discovered in relationships, tasks or creative work, and values. The latter includes one’s faith, convictions, and attitudes. Once discovered, those meanings need to be affirmed by action.

Thirdly, much future overstress can be avoided by practicing “the meaning of the moment.” By living meaningfully in the present we avoid that stress which arises from two things. One is regret, blame, or guilt over past mistakes and failures. Yesterday can never be undone or changed; but one can certainly learn from the past and make the most of its legacy today. The other stress that is avoided by practicing the meaning of the moment is worry or anticipatory anxiety about what might happen in the future. This is not to suggest that we should not plan for the future. Indeed, the meaning of the moment may be to make decisions that positively affect the future. Living with meaning in the present, and finding meaning in the circumstances at hand, is splendid preparation, as well as safeguard against future overstress.

We can also protect ourselves from much future overstress by having a strong support network of caring, supportive family, friends, and co-workers. A lot of unnecessary stress is lessened by sharing it
with others. Knowing that others have gone through similar stresses, that they care and stand with us, that they are there to listen and are willing to share our burden—all this lessens stress and enables us to cope with it. But such support rarely comes unbidden. It needs to be developed and nurtured. By befriending others, reaching out to them, listening and sharing, and actively seeking their friendship and support, we create and build our own support networks. Nurturing meaningful relationships now can be invaluable in helping us to deal with future stress.

Finally, it is important to continue to build and reinforce stress-reducing, meaningful attitudes. As circumstances change, as crises and conflicts occur and new stressors arise, fresh responses are called for. We cannot merely react with the old fight/flight syndrome. Neither can we react with old scripts or attitudes wrought out of yesterday's conditions. Each circumstance offers unique opportunities to discover new meaning in our lives. Among these are those meaningful positive attitudes that need to be built and reinforced to safeguard us from future overstress.

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References

LONG-TERM: "BURN OUT"
Lethargy
Inability to pray
Impotence (sexual and general)
Sexual misconduct
Suicidal thoughts
Sense of detachment
Loss of faith
Alcoholism
Disorientation
Eating disorders, especially overeating
Domestic violence
Feelings of guilt
Ulcers, colitis
Heart attacks
Paranoia
Marriage break-up
Addiction (i.e., drugs, smoking, gambling)
Cancer
TRAUMA THERAPY: A MEANING CENTERED APPROACH

Jim Lantz & Jan Lantz

Working with clients who have experienced trauma most always becomes an artistic process that blends the subjective and objective elements of treatment in a meaningful and useful way. Although it is important for the trauma therapist to have a knowledge base and a treatment framework, the real work that is healing to the traumatized client is always unique to the client and to the helper and is generally "newly" or "freshly" created by the helper and the client during the trauma therapy treatment process.6,7,8,9

Viktor Frankl makes this point in his famous treatment formula: T = X + Y.5,5 In Frankl's formula, T = good therapy, X = the unique treatment needs of the client, and Y = the unique characteristics and capacities of the trauma therapist.

Although creativity is the hallmark of effective service with traumatized clients,8,9,10,11 it is our belief and experience from years of work with traumatized clients that such an artistic healing process occurs most frequently when the trauma therapist views the treatment process as a meaning centered approach that helps the client to "hold" the trauma, "tell" the trauma, "master" the trauma, and "honor" the trauma. The present article describes and illustrates the art of helping traumatized clients to hold, tell, master, and honor the traumas that have disrupted their lives. The Figure below illustrates the stages and treatment elements in the authors' meaning centered trauma therapy treatment model.

Holding the Trauma

Trauma experiences often are ignored, avoided, repressed, denied, and/or pushed into the unconscious level of awareness in order to avoid the experience of trauma pain.1,2,5,9 "Holding" the trauma refers to a process of "holding up" the trauma experience so it may be seen, remembered, and re-experienced. Unfortunately (and fortunately), holding up the trauma experience includes re-experiencing the pain and suffering that is always a part of trauma experiences.4,3,4,5,6 "Holding up" the trauma pain includes catharsis. As a client remembers, holds up, and re-experiences the trauma pain, there is often a release of pain that reduces (but does not eliminate) the client's ongoing suffering. Helping the client to hold trauma pain requires that the trauma therapist also hold the client's trauma pain as the client remembers and re-experiences it.9,10,11 Such holding has been described by Lindy as "walking point."

Empathic availability is a committed presence to the "other" and an openness to the pain and potentials of the other even when such openness is difficult and unpleasant.9,13 Urban-Appalachian clients often describe availability as loyalty.8 It has also been described as integrity and as an ability to experience the pain of the other without a loss of personal identity or personal sense of self.9,10,11,12

When manifesting empathic availability, the meaning centered trauma therapist does not hide from the client's pain behind an ardent stance of objectivity or abstraction nor behind a belief in an overly rigid interpretation of the treatment role.1,2,7,13 Although the therapist must remember to stick to the treatment role, such a concern with role should not result in blunted encounter or compassion nor be used to distance the therapist from the client's pain. Empathic availability often provides the traumatized client with the support needed to help tell the story of the trauma experiences.6,10 Empathic availability gives the traumatized client a feeling of being understood.9,11,14

Empathic availability is probably not occurring unless the meaning centered trauma therapist begins to experience secondary posttraumatic stress disorder symptoms.1,2,10 If the therapist is really helping the client to "hold up" the trauma pain, the therapist begins to personally experience bits, slivers, and elements of the client's pain.9,10,11 This process is illustrated by the next Figure.
The meaning centered trauma therapist's empathic availability and willingness to hold and share the client's trauma pain allow the client to hold up and remember the trauma pain. In our experience, the client often is able to remember the trauma or traumas reactive to the therapist's empathic availability; lacking the support of the therapist's empathic availability, the client represses or continues to repress the awareness of trauma pain.

Telling the Trauma

Telling, talking about, and naming trauma and trauma pain is the second phase or element of treatment during meaning centered trauma therapy. Paradoxically, telling the trauma both depends upon the development of empathic availability between therapist and client and powerfully facilitates development of such encounter. Telling the trauma is helpful to the client for two basic reasons. First, such telling is helpful as it places the trauma experience and trauma pain into the interactional world of encounter where the relationship between client and therapist can be used to help process the trauma under conditions of increased support. Telling the trauma brings trauma pain out of the internal, unconscious world of the traumatized client and into the interactional world of mutual awareness, understanding, encounter, and support.

A second reason why telling the trauma is helpful has to do with the power of naming. When a client can describe, tell, and name the trauma or traumas that have been experienced, this is often the beginning of processing and/or mastering the trauma. An example of such telling and naming occurred during treatment with Mrs. Jones, an adult survivor of childhood sexual abuse. During the fourth treatment session, Mrs. Jones was able to remember and tell about how the "man next door" had forced her to perform oral sex (i.e., oral rape) while she was a child. She also was able to remember and tell how this man took nude photographs of her before and after the oral rape. Mrs. Jones reported that "for years" she remained "horribly nervous" whenever anyone tried to photograph her. She said she had always felt "nuts" about this "photo phobia" until she was able to remember and tell about her awful childhood experiences. Telling and renaming the "photo phobia" events helped Mrs. Jones to feel more "in control." In her words, she no longer felt like "a mental case."

Mastering the Trauma

Charles Figley reports that helping a client to find, develop, and utilize a "healing theory" is an important way to help the client master the trauma. To Figley, helping a client to discover and use a healing theory is a process of reflection and experimentation that helps the client find unique healing activities that are personally useful in processing and mastering the trauma. From a meaning centered point of view, helping the client to develop a healing theory means helping the client to find both a meaning/reason/purpose for change and also specific methods/activities of change that are compatible with the client's skills, abilities, and strengths. In our view, Frankl has presented one of the most heroic examples of how to discover a reason, meaning, and purpose for change in a traumatic situation, and Frankl, Brende and Parson, as well as Briere, have presented important techniques that can be utilized to process and master trauma.

Honoring the Trauma

Honoring the trauma refers to the process of identifying and making use of meaning potentials and opportunities that can be found in the trauma situation. To Viktor Frankl, honoring the trauma involves becoming consciously aware of some of the opportunities for actualization of self-transcendent meaning potentials that are embedded in the trauma situation and in the trauma memory. During the process of honoring the trauma, the meaning centered trauma therapist helps the client to find and actualize a desire to give birth to another's joy and/or to facilitate the cessation of another's pain that is reactive to their empathic understanding of trauma and the trauma pain of other human beings. For example:

Sam served in combat in Vietnam during 1966 and 1967. When he came home, he married Sally, and he finished college in 1971. Sam, Jr., was born in 1970. Sam, Sr.,
remained symptom-free for fifteen years, but on his son’s thirteenth birthday, he had his first flashback. During the weeks that followed, he started having more intense flashbacks and intensive memories about the Vietnam War. He started drinking to “control anxiety.”

Sam and his wife were seen in trauma therapy beginning in 1983. During treatment, Sam remembered that he had killed a young Viet Cong soldier who was “about the same age as my son.” Sam realized that his son’s thirteenth birthday broke his repression about this terrible event. Sam and his wife used trauma therapy to find a way to live with their knowledge of this awful event. Sam and Sally learned to be “better parents” and began to volunteer at a youth advocacy agency as a way of giving to the world in “honor” of the young Viet Cong soldier. Sam and Sally eventually adopted two Cambodian refugee children. Sally and Sam are both proud of how they have “honored” Sam’s terrible memory and turned it into meaningful “soldier’s pay.”

Honoring the trauma has been described by Viktor Frankl as a way to fill the existential-meaning vacuum that often occurs reactive to the trauma experience.5,6,7 Gabriel Marcel reports that, in his opinion, only the manifestation of human love can overcome the negative effects of trauma.13 To Marcel, honoring the trauma occurs through the manifestation of human availability in the face of trauma, terror, and trauma pain. In our view, honoring the trauma is both an outgrowth of mastery and a facilitating factor in the development of a trauma client’s sense of mastery and control.10,11

A Clinical Illustration

The following clinical material illustrates the meaning centered trauma therapy process of holding, telling, mastering, and honoring the client’s trauma experiences and trauma pain. The client in the following clinical illustration has granted permission to use the material both in this article and as a teaching example at The Ohio State University. Identifiers have been changed to protect the client’s confidentiality.

Cindy requested treatment in 1985. At that time she felt overwhelmed by anxiety, tension, and depression. She also felt helpless, alone, inadequate, and insecure. She reported that she had no sense of meaning and purpose in her life. Cindy reported that her life style was chaotic and that she used “boozing and sex” to make her feel alive. She reported that she had very few real friends and that she had problems getting along with her parents. Cindy was a college graduate and worked as a case manager with children at a local mental health center. She reported that “my job is the only thing I love.”

During the initial stage of meaning centered trauma therapy, Cindy experienced great difficulty talking and expressing herself. She reported that “I freeze up and can’t think of anything to talk about.” She felt embarrassed about not being able to talk and reported that “I feel like a five-year-old child.” Because Cindy worked as a case manager with disturbed children, the therapist asked what she would do to help a five-year-old who had problems talking. Cindy replied that she would get out some finger paints and help the kid make a mess. After this comment Cindy smiled and stated, “Maybe it would help me to paint.”

Cindy used finger paints during the initial stages of meaning centered trauma therapy to produce a series of messy paintings. She experienced considerable joy about a process where you don’t have to be perfect and do it right. She experienced a good bit of relief that the therapist was non-directive and “didn’t expect me to produce anything.” The therapist encouraged her to mess around with the finger paints as long as she wanted. During the ninth treatment interview, Cindy reported that she had stopped “screwing around” since she had started finger painting and had also “cut back my drinking.” She reported feeling less depression and was doing a better job at work. Cindy did not understand how messy painting could cause such relief. She also reported that “it’s easier to talk now than it was when I first started seeing you.”

On Cindy’s 16th outpatient visit, she brought the meaning centered trauma therapist a drawing that she had done at home with colored ink and felt markers. The drawing included a small section of grass at the bottom of the paper with three gravestones in the grass. One gravestone was a Christian cross; another was square with a curse written on its face; the third was small and circular with no markings. Cindy didn’t know why she had made this drawing, but she spontaneously started talking about her life when she had been in college.
She reported that she had been raped in college and had become pregnant from this rape. She started weeping heavily as she told this story and then reported how guilty she had always felt because "I had an abortion" in reaction to the rape and pregnancy. Cindy reported that she had felt dirty and guilty for years and that having had an abortion "makes me a child killer." She reported that she felt great relief about having finally talked to someone about the abortion. She said that she had started "drinking and screwing around" after the abortion and that she had wanted to talk about the situation for years "but couldn't." The therapist told Cindy he felt it was important for her to talk it out or draw and paint it out, whichever she felt more comfortable doing.

After the breakthrough 16th interview, Cindy produced a series of drawings and paintings about death, gravestones, and cemeteries. One recurrent theme that was drawn was a small, circular gravestone with no name on it and a small potted flower sitting next to it that was droopy and appeared not to have been watered or cared for over a long period of time. A second recurring element in Cindy's drawings and paintings was a gravestone made in the shape of a cross.

After numerous gravestone and cemetery drawings, Cindy decided that she needed to "name my dead baby," have a funeral for the baby, and put a name on the small, gray gravestone. Cindy decided that her dead baby was probably a girl and named her Mary.

After naming her baby, Cindy began a series of colored drawings that were religious in nature. She drew a series of Christian crosses and, while involved in this artistic theme, started to talk about her need to return to church. Cindy reported that she had been born a Catholic but had stopped going to church after the rape, pregnancy, and abortion. She reported that she still wanted to have a funeral for her baby but didn't believe she could have a real funeral until "I get back to church." Cindy still felt dirty and reported that even though she understood intellectually that she could go back to church, "My stomach tells me that I'm too dirty."

After Cindy's religious drawings, she started a new series of drawings that she called her river drawings. These drawings had a cross on one side of the river, Cindy on the other side of the river, and no way for her to "get across." As this series of drawings progressed, stones started appearing in the river and eventually made a small stone bridge across. Toward the end of this river stage of treatment, Cindy drew a river with a stone bridge crossing it, a cross on one side of it, and a Priest and a Nun standing under the cross. The drawing also included herself and the therapist starting to cross the river using the stone bridge. The last drawing in the river stage of treatment included a cross, a Priest, Cindy, a Nun, and the therapist sitting next to a small gravestone with the name Mary engraved on its face. The river was in the background of the drawing. Soon after making this drawing, Cindy returned to church, took confession and communion, and arranged with her Priest at her home parish to have a memorial service for Mary.

After Cindy's return to church and the memorial service for "my daughter," Cindy started drawing pictures of the "kids I work with at the mental health center." Cindy decided to dedicate her work with these children in honor of her daughter.

Cindy terminated therapy in 1987. In 1988 she enrolled in graduate school on a part-time basis. She received her master's degree in Social Work in 1991, and she became a therapist for children at a different mental health center. Cindy got married in 1990. She and her husband became the proud parents of a little boy.

Cindy's treatment illustrates the curative factors and activities of holding, telling, mastering, and, most of all, honoring the client's trauma experiences and trauma pain.

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**Purpose in Life Test (PIL)**

This test has been developed to assess if the client suffers from existential vacuum by James C Crumbaugh and Leonard T. Maholick.

**How to fill out the test**
- Answer each question on a scale of 1 to 7
- The answer to the twenty questions will give you twenty numbers.
- Add those numbers.

You will get a total between a minimum of 20 and a maximum of 140.

### 1. I am usually:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>completely bored</td>
<td></td>
<td></td>
<td>neutral</td>
<td></td>
<td></td>
<td>exuberant enthusiastic</td>
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</tbody>
</table>

### 2. Life to me seems:

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<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>always exciting</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>completely routine</td>
<td></td>
<td></td>
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</tbody>
</table>

### 3. In life I have:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no goals or aims at all</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>very clear goals and aims</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. My personal existence is:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>utterly meaningless without purpose</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>very purposeful and meaningful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. Every day is:

<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>constantly new and different</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>exactly the same</td>
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</table>

### 6. If I could choose, I would:

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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>prefer never to have been born</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>like nine more lives just like this one</td>
<td></td>
<td></td>
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</tbody>
</table>
7. After retiring, I would:

<table>
<thead>
<tr>
<th></th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>like to do some of the exciting things I have always wanted to do</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
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</tbody>
</table>

8. In achieving life goals, I have:

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<thead>
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<th></th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>made no progress whatever</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
</tr>
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</table>

9. My life is:

<table>
<thead>
<tr>
<th></th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>empty except for despair</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
</tr>
</tbody>
</table>

10. If I should die today, I would feel that my life has been:

<table>
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<th></th>
<th>7</th>
<th>6</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very worthwhile</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
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11. In thinking of my life, I:

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<th></th>
<th>7</th>
<th>6</th>
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<th>4</th>
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<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>often wonder why I exist</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
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</tbody>
</table>

12. As I view the world in relation to my life, the world:

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<thead>
<tr>
<th></th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>completely confuses me</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
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</table>

13. I am a:

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<tr>
<th></th>
<th>7</th>
<th>6</th>
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<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>very irresponsible person</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
<td>neutral</td>
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</table>

143
14. Concerning man’s freedom to make his own choices, I believe man is:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>1</th>
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<th>4</th>
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<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>completely bound by limitations of heredity and environment</td>
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<td>2</td>
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<td>3</td>
<td>completely bound by limitations of heredity and environment</td>
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<td>completely bound by limitations of heredity and environment</td>
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<td>completely bound by limitations of heredity and environment</td>
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15. With regard to death, I am:

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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>unprepared and frightened</td>
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<tr>
<td>3</td>
<td>prepared and unafraid</td>
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<td>5</td>
<td>prepared and unafraid</td>
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<tr>
<td>7</td>
<td>prepared and unafraid</td>
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16. With regard to suicide, I have:

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<th>Description</th>
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<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>never given it a thought</td>
<td></td>
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<tr>
<td>2</td>
<td>neutral</td>
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</tr>
<tr>
<td>3</td>
<td>thought of it seriously as a way out</td>
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<td>4</td>
<td>neutral</td>
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<td>5</td>
<td>thought of it seriously as a way out</td>
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<td>neutral</td>
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<tr>
<td>7</td>
<td>thought of it seriously as a way out</td>
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</table>

17. I regard my ability to find meaning, purpose, or mission in life as:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>practically nonexistent</td>
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</tr>
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<td>neutral</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>very great</td>
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<td></td>
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<tr>
<td>4</td>
<td>neutral</td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>very great</td>
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<tr>
<td>6</td>
<td>neutral</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>very great</td>
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</tr>
</tbody>
</table>

18. My life is:

<table>
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<tr>
<th>Score</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>out of my hands and controlled by external factors</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>in my hands and I am in control of it</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>in my hands and I am in control of it</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>neutral</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>in my hands and I am in control of it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Facing my daily tasks is:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a painful and boring experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>a source of pleasure and satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>a source of pleasure and satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>a source of pleasure and satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. I have discovered:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>clear-cut goals and a satisfying life purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>no mission or purpose in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>no mission or purpose in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>neutral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>no mission or purpose in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Numbers in total: ____________

A score of:
- 92 or less shows a low meaning orientation
- Between 92 and 112 shows uncertainty
- 112 or more shows a definite meaning and purpose in life.
**Seeking of Noetic Goals Test (SONG)**

The SONG test measures the strength of motivation to find meaning in life and was developed by James C Crumbaugh.

The test can be used in conjunction with the “Purpose in Life” Test and indicates the client's motivation for therapy.

For each of the following statements, circle the number that most nearly represents your true feeling.

Add up the twenty circled numbers.

<table>
<thead>
<tr>
<th>1. I think about the ultimate meaning of life:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. I have experienced the feeling that I am destined to accomplish something important, but I cannot quite put my finger on just what it is:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. I try new activities or areas of interest, and then these soon lose their attractiveness:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. I feel that there is some element missing from my life but I can't quite define it:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. I am restless:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. I feel that the greatest fulfillment of my life lies in the future:</th>
</tr>
</thead>
</table>
7. I hope for something exciting in the future:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

8. I daydream of finding a new place for my life and a new identity:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

9. I feel the lack of a real meaning and purpose in my life and need to find it:

<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly</td>
<td>Very Often</td>
<td>Often</td>
<td>Sometimes</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
</tbody>
</table>

10. I think about achieving something new and different:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

11. I seem to change my main objective in life:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

12. The mystery of life puzzles and disturbs me:

<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly</td>
<td>Very Often</td>
<td>Often</td>
<td>Sometimes</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
</tbody>
</table>

13. I feel in need of a “new lease of life”:

<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly</td>
<td>Very Often</td>
<td>Often</td>
<td>Sometimes</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
</tbody>
</table>

14. Before I have achieved one goal, I start out toward a different one:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

15. I feel the need for adventure and “new worlds to conquer”:

<table>
<thead>
<tr>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly</td>
<td>Very Often</td>
<td>Often</td>
<td>Sometimes</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
</tbody>
</table>
16. Over my lifetime I have felt a strong urge to find myself:

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Occasionally</th>
<th>4 Sometimes</th>
<th>5 Often</th>
<th>6 Very Often</th>
<th>7 Constantly</th>
</tr>
</thead>
</table>

17. On occasion I have thought that I have found what I was looking for in life, only to have it vanish later:

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Occasionally</th>
<th>4 Sometimes</th>
<th>5 Often</th>
<th>6 Very Often</th>
<th>7 Constantly</th>
</tr>
</thead>
</table>

18. I have been aware of an all-powerful and consuming purpose toward which my life has been directed:

<table>
<thead>
<tr>
<th></th>
<th>7 Constantly</th>
<th>6 Very Often</th>
<th>5 Often</th>
<th>4 Sometimes</th>
<th>3 Occasionally</th>
<th>2 Rarely</th>
<th>1 Never</th>
</tr>
</thead>
</table>

19. In my life I have sensed a lack of a worthwhile job to do:

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Occasionally</th>
<th>4 Sometimes</th>
<th>5 Often</th>
<th>6 Very Often</th>
<th>7 Constantly</th>
</tr>
</thead>
</table>

20. I have felt a determination to achieve something far beyond the ordinary:

<table>
<thead>
<tr>
<th></th>
<th>7 Constantly</th>
<th>6 Very Often</th>
<th>5 Often</th>
<th>4 Sometimes</th>
<th>3 Occasionally</th>
<th>2 Rarely</th>
<th>1 Never</th>
</tr>
</thead>
</table>

If your score is:
- 73 or less, you are not very motivated to find meaning
- Between 73 and 87 shows uncertainty
- 87 or more, you are definitely motivated.

Total: __________
Holmes and Rahe Social Readjustment Rating Scale

Circle the life events that are affecting your life right now.

Add the numbers.

<table>
<thead>
<tr>
<th>Life event</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of spouse.</td>
<td>100</td>
</tr>
<tr>
<td>Divorce.</td>
<td>73</td>
</tr>
<tr>
<td>Marital separation.</td>
<td>65</td>
</tr>
<tr>
<td>Prison term.</td>
<td>63</td>
</tr>
<tr>
<td>Death of a close family member.</td>
<td>63</td>
</tr>
<tr>
<td>Personal injury or illness.</td>
<td>53</td>
</tr>
<tr>
<td>Marriage.</td>
<td>50</td>
</tr>
<tr>
<td>Sacked from work.</td>
<td>47</td>
</tr>
<tr>
<td>Marital reconciliation.</td>
<td>45</td>
</tr>
<tr>
<td>Retirement.</td>
<td>45</td>
</tr>
<tr>
<td>Change in family member’s health.</td>
<td>44</td>
</tr>
<tr>
<td>Pregnancy.</td>
<td>40</td>
</tr>
<tr>
<td>Sex difficulties.</td>
<td>39</td>
</tr>
<tr>
<td>Addition to family</td>
<td>39</td>
</tr>
<tr>
<td>Business readjustment.</td>
<td>39</td>
</tr>
<tr>
<td>Change in financial status.</td>
<td>38</td>
</tr>
<tr>
<td>Death of a close friend.</td>
<td>37</td>
</tr>
<tr>
<td>Change to a different type of work.</td>
<td>36</td>
</tr>
<tr>
<td>Change in number of marital arguments.</td>
<td>36</td>
</tr>
<tr>
<td>Mortgage or large loan.</td>
<td>31</td>
</tr>
<tr>
<td>Foreclosure of mortgage or loan.</td>
<td>30</td>
</tr>
<tr>
<td>Change in work responsibilities.</td>
<td>29</td>
</tr>
<tr>
<td>Son or daughter leaving home.</td>
<td>29</td>
</tr>
<tr>
<td>Event</td>
<td>Score</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Trouble with in-laws.</td>
<td>29</td>
</tr>
<tr>
<td>Outstanding personal achievement.</td>
<td>28</td>
</tr>
<tr>
<td>Spouse begins or stops work.</td>
<td>26</td>
</tr>
<tr>
<td>Starting or finishing education.</td>
<td>26</td>
</tr>
<tr>
<td>Change in living conditions.</td>
<td>25</td>
</tr>
<tr>
<td>Revision of personal habits.</td>
<td>24</td>
</tr>
<tr>
<td>Trouble with the boss.</td>
<td>23</td>
</tr>
<tr>
<td>Change in work hours or conditions.</td>
<td>20</td>
</tr>
<tr>
<td>Change in residence.</td>
<td>20</td>
</tr>
<tr>
<td>Change in educational establishment.</td>
<td>20</td>
</tr>
<tr>
<td>Change in church activities.</td>
<td>19</td>
</tr>
<tr>
<td>Change in social activities.</td>
<td>18</td>
</tr>
<tr>
<td>Small mortgage or loan.</td>
<td>17</td>
</tr>
<tr>
<td>Change in sleeping habits.</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of family gatherings.</td>
<td>15</td>
</tr>
<tr>
<td>Change in eating habits.</td>
<td>15</td>
</tr>
<tr>
<td>Holiday.</td>
<td>13</td>
</tr>
<tr>
<td>Minor breach of the law</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 60</td>
<td>The client's life has been unusually free from stress recently.</td>
</tr>
<tr>
<td>60-80</td>
<td>The client has had a normal amount of stress recently. This score is average for the ordinary lifestyle.</td>
</tr>
<tr>
<td>80-100</td>
<td>The stress in the client's life is a little high, maybe because of one recent event.</td>
</tr>
<tr>
<td>Over 100</td>
<td>Pressures and stresses are piling up and the client is under serious stress. The client needs to begin to look at ways to reduce stress.</td>
</tr>
<tr>
<td>Over 200</td>
<td>This is a very high score and the client is under serious stress, so much so that they could be at risk of developing a stress-related illness. Measures should be taken to reduce the stresses in the client's life.</td>
</tr>
<tr>
<td>Over 300</td>
<td>A serious score, the client is at risk of developing a stress-related illness. Urgent measures should be taken to reduce stress.</td>
</tr>
</tbody>
</table>

**Bibliography**

The Stress Consultancy. *Stress Management Training.*
Coopers Life Stress Inventory

Cooper’s Life Stress Inventory can help measure life change and susceptibility to stress related illness. Place a (X) in the “Yes” column for each event, which has taken place in the last two years. Then circle a number on the scale, which describes how upsetting the event was to you.

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bought house.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Sold house.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Moved house.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Major house renovation</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Separation from loved one.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>End of relationship.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Got engaged.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Got married.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Marital problem.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Awaiting divorce.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Divorce.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Child started school.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Increased care for elderly or ill person.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Problems with relatives.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Problems with friends/neighbours.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Pet-related problems.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Change in nature of work.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Threat of redundancy.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Changed job.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Made redundant.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Unemployed.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Retired.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Event</td>
<td>Scale</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Increased or new bank loan/mortgage</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Financial difficulty.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Insurance problem</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Legal problem.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Emotional or physical illness of close family or relative.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Serious illness of close family or relative requiring hospitalisation.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Surgical operation experienced by family member or relative.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Death of spouse.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Death of family member or relative.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Death of a close friend.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Emotional or physical illness of yourself.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Serious illness requiring your own hospitalisation.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Surgical operation on yourself.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Pregnancy.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Birth of a baby.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Birth of a grandchild.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Family member left home.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Difficult relationship with children.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Difficult relationship with parents.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stress Level</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low stress</td>
<td>1</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

**Bibliography**
The Stress Consultancy. *Stress Management Training.*
**Personality type A or B**

This is a test that measures stress and personality. In these terms there are two basic personality types.

Circle the number that is the closest to where you belong between the two extremes:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't mind leaving things temporarily unfinished.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calm and unhurried about appointments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not competitive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listen well, let others finish speaking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never in a hurry, even when pressured.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to wait calmly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy-going.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take one thing at a time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slow and deliberate in speech.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express feelings openly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a large number of interests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never set own deadlines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel limited responsibility.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never judge things in terms of quantity, just quality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casual about work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very precise.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned with satisfying yourself, not others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slow doing things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Must get things finished once started.

Never late for appointments.

Highly competitive.

Anticipate others in conversation, interrupt.

Always in a hurry.

Uneasy when waiting.

Always going at full speed.

Try to do more than one thing at a time.

Vigorous and forceful in speech, use a lot of gestures.

Hard-driving.

Hold feelings in.

Few interests.

Ambitious.

Often set own deadlines.

Always feel responsible.

Quantity is more important.

Take work very seriously.

Very precise, careful about detail.

Want recognition from others for a job well done.

Fast doing things.
## Type A and B personality

<table>
<thead>
<tr>
<th>Type A</th>
<th>Type B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive</td>
<td>Relaxed</td>
</tr>
<tr>
<td>Achiever</td>
<td>Easy going</td>
</tr>
<tr>
<td>Fast worker</td>
<td>Seldom impatient</td>
</tr>
<tr>
<td>Aggressive</td>
<td>Enjoys pursuits outside the job</td>
</tr>
<tr>
<td>Impatient</td>
<td>Works steadily</td>
</tr>
<tr>
<td>Restless</td>
<td>Not easily irritated</td>
</tr>
<tr>
<td>Hyper-alert</td>
<td>Seldom short of time</td>
</tr>
<tr>
<td>Explosive speech</td>
<td>Moves and speaks more slowly</td>
</tr>
<tr>
<td>Frequently feels under pressure</td>
<td>Not preoccupied with achievement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>110-140</td>
</tr>
<tr>
<td>A</td>
<td>80-109</td>
</tr>
<tr>
<td>AB</td>
<td>60-79</td>
</tr>
<tr>
<td>B</td>
<td>30-59</td>
</tr>
<tr>
<td>B</td>
<td>0-29</td>
</tr>
</tbody>
</table>

Personal score: ____________

---

**Bibliography**

The Stress Consultancy. *Stress Management Training*
**Beck’s Depression Scale**

This questionnaire was developed by Aaron T. Beck to measure the presence and severity of depression.

Circle one statement from among the group of four statements in each question that best describes how you have been feeling during the past few days.

Add the numbers.

<table>
<thead>
<tr>
<th></th>
<th>Most Precise Description</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I do not feel sad.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am sad all the time and I can’t snap out of it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I am so sad or unhappy that I can’t stand it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I am not particularly discouraged about the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I feel I have nothing to look forward to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I feel that the future is hopeless and that things cannot improve.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I do not feel like a failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>As I look back on my life, all I can see is a lot of failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I feel I am a complete failure as a person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I get as much satisfaction out of things as I used to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I don’t get any real satisfaction out of anything anymore.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I am dissatisfied or bored with everything.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don’t feel particularly guilty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I feel quite guilty most of the time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I feel guilty all of the time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don’t feel I am being punished.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I expect to be punished.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I feel I am being punished.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I expect to be punished.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>Statement 1</td>
<td>Score</td>
<td>Statement 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>-------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don't feel disappointed in myself.</td>
<td>1</td>
<td>I am disappointed in myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am disgusted with myself.</td>
<td>3</td>
<td>I hate myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don't feel I am worse than anybody else.</td>
<td>1</td>
<td>I am critical of myself for my weaknesses or mistakes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I blame myself all the time for my faults.</td>
<td>3</td>
<td>I blame myself for everything bad that happens.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don't have any thoughts of killing myself.</td>
<td>1</td>
<td>I have thoughts of killing myself, but I would not carry them out.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I would like to kill myself.</td>
<td>3</td>
<td>I would kill myself if I had the chance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don't cry any more than usual.</td>
<td>1</td>
<td>I cry more now than I used to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I cry all the time now.</td>
<td>3</td>
<td>I used to be able to cry, but now I can't cry even though I want to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I am no more irritated by things than I ever am.</td>
<td>1</td>
<td>I am slightly more irritated now than usual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am quite annoyed or irritated a good deal of the time.</td>
<td>3</td>
<td>I feel irritated all the time now.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I have not lost interest in other people.</td>
<td>1</td>
<td>I am less interested in other people than I used to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I have lost most of my interest in other people</td>
<td>3</td>
<td>I have lost all of my interest in other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I make decisions about as well as I ever could.</td>
<td>1</td>
<td>I put off making decisions more than I used to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I have greater difficulty in making decisions than before.</td>
<td>3</td>
<td>I can't make decisions at all anymore.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don't feel that I look any worse than I used to.</td>
<td>1</td>
<td>I am worried that I am looking old or unattractive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I feel that there are permanent changes in my appearance that make me look unattractive.</td>
<td>3</td>
<td>I believe that I look ugly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>Description</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>0</td>
<td>I can work about as well as before.</td>
<td></td>
<td>It takes an extra effort to get started at doing something.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I have to push myself very hard to do anything.</td>
<td></td>
<td>I can't do any work at all.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I can sleep as well as usual.</td>
<td></td>
<td>I don't sleep as well as I used to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.</td>
<td></td>
<td>I wake up several hours earlier than I used to and cannot get back to sleep.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I don't get more tired than usual.</td>
<td></td>
<td>I get tired more easily than I used to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I get tired from doing almost anything.</td>
<td></td>
<td>I am too tired to do anything.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>My appetite is not worse than usual.</td>
<td></td>
<td>My appetite is not as good as it used to be.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>My appetite is much worse now.</td>
<td></td>
<td>I have no appetite at all anymore.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I haven't lost much weight, if any, lately.</td>
<td></td>
<td>I have lost more than five pounds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I have lost more than ten pounds.</td>
<td></td>
<td>I have lost more than fifteen pounds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Score 0 if you have been purposely trying to lose weight.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I am no more worried about my health than usual.</td>
<td></td>
<td>I am worried about physical problems such as aches and pains, or upset stomach, or constipation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am very worried about physical problems, and it's hard to think of much else.</td>
<td></td>
<td>I am so worried about my physical problems that I cannot think about anything else</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>I have not noticed any recent change in my interest in sex.</td>
<td></td>
<td>I am less interested in sex than I used to be.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am much less interested in sex now.</td>
<td></td>
<td>I have lost interest in sex completely.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
My score: ___________

<table>
<thead>
<tr>
<th>Score</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 10</td>
<td>These ups and downs are considered normal.</td>
</tr>
<tr>
<td>11 – 16</td>
<td>Mild mood disturbance.</td>
</tr>
<tr>
<td>17 – 20</td>
<td>Borderline clinical depression.</td>
</tr>
<tr>
<td>21 – 30</td>
<td>Moderate depression.</td>
</tr>
<tr>
<td>31 – 40</td>
<td>Severe depression.</td>
</tr>
<tr>
<td>Over 40</td>
<td>Extreme depression.</td>
</tr>
</tbody>
</table>
Autobiography

If you were to write your autobiography (= the story of a person's life written by that person), what would you call the book and why?

____________________________________________________________

____________________________________________________________

____________________________________________________________

Often when you write about yourself you end up inward-looking, absorbed in self, recalling only low points, injustices which you feel you have experienced. But in Logotherapy we look not only at low points in our lives but at the highs also and search for the meaning potential of each event.

Elisabeth Lukas has developed a model where the focus is on past and future events. Besides looking at former events and future dreams, each writer will reflect on three questions. The importance is on hidden meanings, the thoughts and emotions in each situation. This will lead to action and self-transcendence. There might be hurt, but how can that be used for good.

Lukas suggests writing nine sections on two pages placed side by side. The first page contains information in chronological order. The second page is the page of reflecting, answering the same three questions.

The question is not if the childhood was pleasurable or not, but if we can find meaning in that part of our lives. There might be people to forgive, acts to apologise for, attitudes to change.

Lukas compares a person's life trauma to a rock in the bottom of the ocean. In ebb tide, it is seen, at high tide, it is not seen. But the rock is not produced by an ebb. During an ebb in the natural course of life, the rocks and traumas are exposed. If life is full enough with meanings, trauma is submerged, if there is no meaning in life, the person will have a lot of symptoms. Health comes by filling up our lives with values and meaning.

It is done...complete
John 19:30 (MSG)

The unexamined life is not worth living.
Plato

You brought nothing in, you take nothing out, so leave a golden imprint behind.
Friedrich Ruückert
The autobiography contains the following nine sections:

<table>
<thead>
<tr>
<th>Past</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents</td>
<td>4. My adulthood (past)</td>
</tr>
<tr>
<td>2. My early childhood</td>
<td>5. My present</td>
</tr>
<tr>
<td>5. My present</td>
<td>7. My distant future</td>
</tr>
<tr>
<td>9. My traces in this world</td>
<td>8. My dying</td>
</tr>
</tbody>
</table>

**Autobiography**

<table>
<thead>
<tr>
<th>The chronological story:</th>
<th>How do I feel about it?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What do I think about it?</td>
</tr>
<tr>
<td></td>
<td>What stand do I take?</td>
</tr>
<tr>
<td></td>
<td>How do I deal with it?</td>
</tr>
<tr>
<td></td>
<td>Do I accept it?</td>
</tr>
<tr>
<td></td>
<td>Is there something yet to be done?</td>
</tr>
</tbody>
</table>

**Bibliography**

McLafferty, C. *Logotherapy Lived.*
Lukas, E. *Logotherapy – Textbook.*

*Only a life lived for others is worthwhile.*
Albert Einstein

*He who has a why to live can bear almost any how.*
Nietzsche
Derefraction

What do you do, when you find it difficult to fall asleep?

Derefraction is the technique that helps clients to self-transcend. It is a technique developed by Viktor Frankl and it takes a lot of creativity. The technique is used when clients hyperreflect on their situation, symptoms, relationships, etc. Derefraction is therefore very useful when dealing with disorders like insomnia, addictions and sexual dysfunctions.

The patient must be dereflected from his disturbance to the task in hand or the partner involved. He must be reoriented toward his specific vocation and mission in life. In other words, he must be confronted with the logos of his existence! It is not the neurotic’s self-commitment, whether pity or contempt, which breaks the vicious circle; the cue to cure is self-commitment.

Viktor Frankl,
The Doctor and the Soul

Derefraction helps clients to ignore their disturbing symptoms through creative means. One cannot tell clients what they are not allowed to think about. By doing so the hyperreflection will increase. However it is possible to increase the positive thoughts and decrease the negative ones, given time and effort. David Guttmann writes in his book, “Logotherapy for the Helping Professional”, “Concentrating on the task, rather than on the feeling of fear and anxiety, is the important matter”.

Suffering

There are two kinds of suffering, “unavoidable” and “unnecessary”, which are described on the following pages. In Logotherapy there are two different techniques to use depending on the type of suffering.

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Unavoidable suffering
Elisabeth Lukas talks about the fate that everybody encounters. It can be physical weaknesses, an illness, an accident, a friend moving away, a death, recession that leads to redundancy, etc. There are areas of people’s lives that they cannot control. This unavoidable suffering can have a different intensity depending on people’s attitude. Will the suffering change them to become bitter or better? Will they be able to turn the situation into a human achievement?

Clients will be encouraged to look at their positive experiences, search for new meaning potentials and self-transcend by finding ways to help and support others, maybe people in the same situations.

Henri Neuwen wrote a very personal book, “The Inner Voice of Love” about a painful time in his life. He wrote:

The great challenge is living your wounds through instead of thinking them through. It is better to cry than to worry, better to feel your wounds deeply than to understand them, better to let them enter into your silence than to talk about them. The choice you face constantly is whether you are taking your hurts to your head or to you heart. In your head you can analyse them, find their causes and consequences, and coin words to speak and write about them. But no final healing is likely to come from that source. You need to let your wounds go down into your heart.

Then you can live them through and discover that they will not destroy you. Your heart is greater than your wounds... You have to let go of the need to stay in control of your pain and trust in the healing power of your heart.

Unnecessary suffering – self-inflicted pain
It is easy to condition the mind to hyperreflect, to worry and think pessimistic, negative thoughts. Whenever this pattern sets in, clients are suffering unnecessarily. As mentioned before, it is not possible to tell clients what they cannot think about, but it is possible to redirect their thoughts through commitment and creative suggestions. This takes time and commitment.

- If a male client finds it difficult to perform sexually, he could be given the advice that he and his partner abstain from sexual intercourse for some weeks. This first of all puts the fear level/ the anticipatory anxiety level down. At the same time he is asked to find ways to give his wife sexual pleasure in other ways than intercourse. He will now have to direct his thoughts towards his wife and think of new ways to have an intimate relationship with her. This will help to take away his own expectation to perform well. After some positive experiences, some clients have experienced that the fear has lifted and they are able to have satisfying intercourse again.

- If clients have a problem with stuttering, they could be given exercises to do, where they have to be moving around as they are speaking. One of the problems with stuttering is the focus on letters with which they have difficulties. Whenever they are going to say a word containing one of those letters they fear that they are going to stutter. This triggers the anticipated anxiety, which makes the situation worse. By asking the clients to talk as they move or do a fun dance routine, it has been shown to be possible to break the fear. Their mental focus has moved from their language problem to the movements they have to perform. As soon as speech becomes secondary, the stressful focus is removed.
This enables them to do better. Some logotherapists would also use Paradoxical Intention to help people who stutter.

- If children on an ongoing basis find it difficult to sleep at night, some have found help in listening to soothing music. This has moved their attention to something pleasant and given them the foundation to relax and forget themselves.

**Alternative List Making**

Elisabeth Lukas suggests a three step model where she incorporates the alternative list making technique:

1. Explain to clients that hyperreflection leads to an increase of their symptoms.
2. Let clients make a list of things they enjoy doing or would like to do.
3. Ask clients to make a commitment to doing one of the things on the list every time they hyperreflect.

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Case Illustrations

The following cases have been assembled from the logotherapeutic literature on the subject of de-reflection. First, the classical cases of Frankl’s own work are presented. These are followed by cases from the therapeutic work of Lukas and others, including the author’s. As in Chapter 5, only 10 cases are presented. These were selected to provide a picture of the uses of de-reflection with a variety of clients and problems.

Case 1: “The Frigid Woman”

A young woman came to see Frankl, complaining of being frigid. Her case history showed that in her childhood she had been sexually abused by her father, but her frigidity, it turned out, was due to her reading psychoanalytical literature, which resulted in the fearful expectation of the toll her traumatic experience would cost her some day. Her anticipatory anxiety led her to pay excessive attention to her own behavior and to hyperintention to confirm her femininity. The result was an incapacitation for orgasm, which she so desired and had made an object of intention—instead of concentrating on her partner and letting nature take its course. With the help of short-term logotherapy, using de-reflection as the therapeutic technique, her attention was refocused toward her partner, and she was able to experience orgasm spontaneously. (Frankl, 1962, p. 123)

Case 2: The “Compulsive Observer of Her Own Swallowing”

A certain Ms. B. has compulsively observed the act of her own swallowing. She anxiously expected that the food would go down the wrong way or that she would choke. Her anticipatory anxiety and compulsive self-observation (or hyperreflection) disturbed her eating to the extent that she became very thin. Treatment consisted of teaching her to trust her body and use the following therapeutic formula for dereflection of her compulsion: “I don’t need to watch my swallowing, because I don’t really need to swallow, for actually I don’t swallow, but rather it does.” And, thus, she was able to leave to the id, the unconscious, and unintentional act of swallowing. (Frankl, 1986, p. 256)

Case 3: The Forgetful Company Director

Mr. A., a 56-year-old director of a large company, had become depressed lately because of his forgetfulness. He saw in his declining memory a sign of old age. He was shocked to read in professional journals that forgetfulness is a sign of premature and declining mental ability. In a hospital where he went for a diagnosis he was told that his problem is a symptom of senile dementia. On hearing this “verdict” Mr. A. was shocked, lost his interest in his work, became depressed, and suffered from insomnia. He tried several other doctors, was advised to get some rest, and some medications, but nothing helped. His depression became stronger, and he could not think of anything else but his progressive loss of memory. The physician and logotherapist Takashima (1990) told him: “I understand that your memory is getting weaker, yet your company is paying you not for your memory, but for your knowledge and judgment. You have a secretary with a better memory, but she is paid for that job. If you wish to remember everything, she will lose her job.”

Mr. A. perceived the humor in this situation and left Takashima’s office with a sense of relief. A few days later he came back to invite the doctor for dinner, saying that his memory may be weak, but his judgment
is good. Therefore, he selected the restaurant, and his secretary would
remind him of the date (Takashima, 1990, p. 88). This is a case of
iatrogenic neurosis, one that was caused by doctors and was treated suc-
cessfully by a doctor with logotherapeutic knowledge, consisting of de-
reflection, paradoxical intention, and modification of attitude—all three
logotherapeutic techniques that at times may be used in combination.

Reinforcement of the gains achieved by de-reflection is important
in all cases treated with this technique. The client needs to learn how
to turn away from intense self-reflection and observation toward new
interests, achievements, and constructive efforts. The following case,
taken from Lukas’s Meaningful Living (1986) illustrates this logothera-
pueutic maxim.

**Case 4: The “Homosexual” Boy**

A young man was deeply unhappy because he suspected himself to be
homosexual. He had a brief homosexual encounter followed by a with-
drawal from contacts with both sexes, as he feared a repetition of that
event. He kept withdrawn, became increasingly shy and unsure of
himself, and was trapped in self-diagnosis. To relieve him from his sexual
self-reflections, the therapist suggested that he do something nice for one
person every day, regardless of who it was, hoping to make him less self-
centered and more open to other people. The young man, however, re-
sisted, saying: “Why should I be nice to others? They never think of being
nice to me!”

Lukas explained to him that he could not expect sympathy, and much
less love, from others, if he was not willing and ready to offer some first.
After some persuasion the young man agreed to try. He was instructed
to observe other people and take accurate notes of the reactions of oth-
ers toward his small overtures—to de-reflect from observing himself.
Shortly afterward he reported that he met a young girl in a rain storm,
helped her to seek cover, invited her into a coffeehouse, and met her
again. This was the end of the therapy as well. For the young man had
“no more time” for therapy sessions; he was busy with his dates. Lukas
adds that she does not believe he needed more therapy, as she was sure
that he did not think about homosexuality while meeting his love (Lucas,

**Case 5: The Suicidal Old Woman**

Every time I meet an older person complaining bitterly about his life, and
summing up his situation by telling me that “there is nothing left but to
die,” I recall my encounter with Miss K., a 75-year-old lady. This woman
was living in a congregate housing facility for the elderly. She was alone,
without relatives. Her husband died 5 years ago. I met her sitting on the
open window’s edge, with one foot dangling out in the air. Her apart-
ment happened to be on the eleventh floor. She took pleasure in fright-
ening the old people watching her sitting there playing with death. She
would also chase away those who dared to come near her, yelling: “Mind
your own business!” But she seemed favorably inclined toward my pres-
ence. Even though I was afraid that she might jump, or fall off the win-
dow, I pretended not to notice the dangerous pose and invited her to
talk about herself. But I also made one condition, namely, that she would
get off from her perch and sit with me like a lady should. The word “lady”
evidently made a change in her behavior. She broke down, and with tears
she told me about her former life, her losses, and constant preoccupa-
tion with death. Her hyperreflection on death had to be broken, or she
would commit suicide, I thought. Thus, I used Frankl’s de-reflection. I
said: “I know that you don’t intend to jump off the window, for you could
do so any time. You only wish to show that you are not afraid of death.
But there is plenty of time left for you to die. Who knows, you may even
live up to a hundred and twenty like Moses, so why do you wish to idle
away your life?” She seemed hesitant for a moment and asked: “So, what
should I do?” The ice broken, we worked out a plan for Miss K. to help
in the office with the running of the tenants’ newsletter, a job she
really liked. And her sitting in the open window became a thing she
wanted very much to forget.

**Case 6: The Depressed Artist**

When I met Mrs. B. she was a 62-year-old lady with a background in
music, theater, and the arts in general. She was also sick with cancer and
had a “bad prognosis.” Nevertheless, she was cheerful and full of vitality—until a follow-up medical examination resulted in a verdict of “ter-
minal illness.” From that time on, all she could think about was her pain
and impending death. She became depressed, withdrawn, and apathetic.
Her talk, which formerly encompassed most everything under the sun,
concentrated on one thing only: her pain and fear of death. I used de-
reflection as Lukas (1980) has recommended. That is, I alternated ques-
tions about the current condition with questions about former hopes,
interests, aspirations, and relationships. Thus I learned about her secret
wish to have her drawings and paintings exhibited in public. She re-
sponded well to the suggestion to begin working on that wish to become
a reality. The new interest gave her a sense of meaning and hope which
were translated into action. She worked hard and had a very successful
exhibit, which gave her a new self-image and a renewed interest in life.
De-reflection can be helpful to clients suffering from chronic pain. These people may be so focused on the pain that they may lose sight of the meanings still open before them. Rather than concentrating on the pain, and on painkillers, clients with chronic pain need to learn how to identify those areas in life that constitute a potential meaning—waiting for them to fulfill. De-reflection is a necessary and integral part of treatment for these people. In applying this technique with people in chronic pain, the therapist switches away the client’s hyperreflection about the pain and his suffering to alternative activities and discovery of new meanings, helping the client acquire in the process new hopes, and goals, and a new self-image.

In treating clients with chronic pain, physiological, psychological, and philosophical elements need to be combined into a “working whole.” That is, medical care for the first, guided imagery and distraction for the second, and logotherapy (de-reflection in the broadest sense) for the third element. Whiddon (1985) has successfully used this combination approach in treating people with chronic painful conditions, such as arthritis, cancer, headaches, and injuries, in his work as a clinical psychologist at the Veterans Administration Medical Center in Knoxville, Iowa, as the following case illustrates:

**Case 7: Chronic Pain**

Jan, a 30-year-old woman, had been hospitalized for depression. She had back pain resulting from an accident. Her other problems in work and family life were related to her depression; these, in turn, have led to a vicious circle of increasing lethargy, depression, and suicidal thoughts. Medical and psychological treatments provided in the hospital would not help her, as these would require her to concentrate on the negative aspects of her condition. Thus, a logotherapeutic approach was needed.

In treating a client with chronic pain, Lukas’s (1980) method of de-reflection was helpful. Jan responded well to the treatment. When encouraged to call on her own human resources, Whiddon says, she reported that energy and positive feelings returned. She redirected attention from negative conditions toward meaning potentials and had actively pursued a meaningful existence. And the by-products of that pursuit included increased satisfaction with life, a more positive self-image, and less physical discomfort. (Whiddon, 1980, p. 80)

Chronically ill people, and these people alone, can bear witness to the mental and spiritual capabilities of human beings under the most difficult conditions. They and their families, who are also in a difficult situation, can testify that acceptance of the inevitable is possible and that peace with the world and with the noological dimension is attainable, even if the illness remains incomprehensible. When they formulate and demonstrate their “Yes to life,” their positive model can inspire thousands of healthy people who may despair of life and, when they bear their fate courageously, may motivate through their example thousands of fearful people who are afraid of life. (Lukas, 1992, p. 97)

**Case 8: A Boy With Leukemia**

A 12-year-old boy suffered from leukemia in his 9th year. His father was a physician. The therapist met him in a medical convention and as they talked she asked if it was particularly difficult for a doctor to have a chronically ill child for whom he could do little more than relieve his symptoms while watching the illness progress. The doctor said that sometimes it seemed to him that the family has gained more through the sick son than lost through his illness. Surprised, the therapist asked him to expand on these thoughts. He told her that his wife had been depressed for years, but she had stopped feeling depressed since their son’s 10th birthday. She asked her son what he wanted for his birthday, and the boy replied: “A happy Mommy.” When the mother asked, with tears, how she could be happy when he is ill, the son replied: “But Mommy, if I can live with leukemia, then so can you. Just accept the illness as you accept me.”

Not only had the mother profited from the boy’s attitude to his illness, but his siblings and the children in the neighborhood. They became more sensitive and mature through contact with the boy. For example, the boy gave a nearly new football, which he could not use, to a child who had been ostracized by the other children because he came from a disadvantaged background. Thus, this poor boy has risen in the group ranking by several steps, was tolerated, and even liked. “And how about you?” asked the therapist of the doctor. “Have you received any insight from your son?” The doctor seemed at a loss for words. Finally, he said: “I received the most. I have rediscovered prayer” (Lukas, 1992, p. 95).

**Case 9: The Remarkable Reverend**

Reverend F. was in therapy a long time without success, until, finally and suddenly, without apparent reason, he helped himself and recovered. When he came to the clinic he was full of anxiety and depression. He could not prepare his sermons, was fearful of calling on his parishioners, and was terrified of the thought that he may be called to visit the sick at the hospital. In the discussion with the therapist, it turned out that he had been happily married, and had a master’s degree, yet his fear was
connected to his sense of losing faith. For he thought that to serve in this parish was beneath his qualifications and he was angry at God for not doing more for him. Using de-reflection, the therapist was able to alleviate the reverend’s fears and move him in a more positive direction. However, when it seemed that success was imminent, the reverend had a second attack of fear and anxieties, combined with feelings of inadequacy, hostility, and guilt. The reverend had insight into his problem, but he refused to act on it. Once, again, de-reflection was applied with similar results as previously, then after 6 weeks he changed suddenly and completely in a way that puzzled the therapist. Instead of being the fearful, hesitant, and withdrawn person, he became an extrovert, lost himself in his calling, and his mission seemed to give his life new meaning. Therapy was terminated. One day the therapist met the reverend on the street and inquired about the latter’s health. “Couldn’t be better,” he said. “I want you to know I’ll always be grateful for your help, and so will my wife. We both feel it was you who cured me.” The therapist replied: “I wish I could take the credit, but I am afraid I can’t. The truth is that no therapist can cure a patient of emotional illness. All I did was to show you how to help yourself. After we explored together the possibilities of your life, your choice to take the action you saw necessary brought about your cure.” (Crumbaugh, 1988, pp.34-37)

Insight, Crumbaugh says, is into the causes of a problem, or even into a possible solution, is never curative by itself. It takes motivation to use that insight constructively. Something gave the reverend a new lease, and the self-confidence and the faith to go on and develop his meaning and purpose in life. Why he did this remains a mystery. And mystery is always spiritual, because it is free. For only man can freely choose his own attitudes (Crumbaugh, 1988, pp. 34-37).

Albert Einstein has said:

“The most beautiful and most profound emotion we can experience is the sensation of the mystical. It is the sower of all true science. He to whom this emotion is a stranger, who can no longer wonder and stand rapt in awe, as good as dead.” (Cited in Crumbaugh, 1988, p. 35).

There is a direct connection between de-reflection (in the Franklilian sense of the term) and spirituality in its nonreligious connotation, says Crumbaugh; the author fully concurs with his approach to de-reflection. This direct connection is evident when we realize that the final goal of de-reflection is to achieve a new spiritual meaning in life, that is, when we realize that one has to turn away from the purely materialistic and selfish goals toward those higher, spiritual inspirations and aspirations that the noological dimension represents. For social workers this can be summed up in the true value of being a “professional altruist.” For finding meaning in life, in the last analysis, is always a spiritual experience.

Not every case of compulsion and obsession can be treated with de-reflection, nor are all addictions open to successful logotherapeutic methods. In fact, the logotherapeutic literature speaks of a success rate of 20% to 25% with problem drinkers (Crumbaugh, 1981; Haines, 1987; Henriot, 1987). Of those who participated in the 12-step fellowship program for Alcoholics Anonymous and Narcotics Anonymous for chemically dependent persons, about 15% were classified as having completed the program successfully (Majer, 1992). Of particular difficulty are cases of character disorders combined with excessive hyperintention. These clients are characterized as individuals with maladaptive personality pattern involving inflexibility in thinking, perceiving, and reacting. They can be obsessively meticulous and cruel in an intellectual way (Barker, 1987). They can also be classified as suffering unnecessarily. Yet, they seem to thrive on their suffering and resist de-reflection, as the following case illustrates.

Case 10: The Compulsive Administrator

Miss C., a middle-aged widow, had been serving as administrator of a social service organization for the past year. She had professional training and a background in managerial work before joining the last agency from which she was referred to counseling by her supervisor because of growing difficulties in working with colleagues and staff. The problem described to the therapist was an insistence on having others submit to this client’s way of doing things, even when that way caused the agency loss of standing in public relations. The client had a limited capacity to concentrate on a given task until its completion. Her compulsion to engage in new projects without respect to the financial and professional terms needed caused much anguish. She would be preoccupied with trivial details and rules, had been found to exhibit inflexibility and stiff formality in relationships, and poor ability to make decisions. These traits, coupled with a strong conviction of being “always right” made work with her extremely difficult. Additional problems included a complete lack of a sense of humor, an excessive use of projection on others of her problems, and a frequent resort to tears to avoid the slightest criticism of her behavior. Several counselors tried to work with her, using different meth-
ods of psychotherapy, to no avail. Attempts made to introduce logotherapeutic values and techniques were rejected as well. The client continued to suffer from her own hyperintention. She was driving herself to the point of complete physical and mental breakdown and had to be hospitalized once. Yet she continued to resist friendly advice to slow down and engage in therapy. Using the technique of Frankl’s de-reflection, counselors tried to alter the negative, self-destructive behavior and to channel her thinking toward positive aspects and relationships, but these attempts were rejected. The client remained resistant to treatment, even though it was clear that without professional intervention this client would break down and end up in a mental hospital. The therapist had to conclude that neither de-reflection alone, nor in combination with other techniques, would help.
**Paradoxical Intention**

Is there something you’ve dreamed of doing for a long time? Why haven’t you done it?

Paradoxical Intention is a brainchild of Viktor Frankl. He started using this method back in 1929 and refined its use over the following years.

This technique is helpful for people suffering from phobias, Obsessive-Compulsive Disorder (OCD), insomnia, people who stutter and some cases of depression. It has been very helpful in short-term therapy, but some clients will have to use it for some time before they experience new freedom. This method should not be used with people who are severely depressed or suicidal.

**Fear and stress**

It is natural for people to be scared of heights, snakes and such things that can be harmful. We are hard-wired to fight or flee things that are threatening to our survival. The problem is that sometimes these fight or flight responses get out of proportion and can be very crippling.

Scientists believe that our brain has got hard-wiring and soft-wiring. The hard-wiring controls the things that have the brain’s ultimate priority like ensuring blood and oxygen flow, immune system functions, etc. Herbert Benson compares the brain’s activity to an extraordinary switchboard. The nerve cells transmit messages to other nerve cells with a fantastic speed. Every time we learn new things, new connections are being made. These connections can be good or bad. They are made when we fear and when we feel secure. When we learn new things and practise new ways of thinking we can, over time, replace the old patterns – wiring – of thinking.

Herbert Benson writes in his book, “Timeless Healing”:

All of us have distinct neurosignatures – for wellness, for illness, for strength and endurance, for headaches and nausea, for mobility and pleasure, for pain and disability, for the symptoms you associate with arthritis, or angina, and for the specifics you associate with all the other activities and situations you have faced in life.

When people suffer from anxiety disorders – phobias or OCD – the body reacts as though under stress. The “flight and flight” response sets in. During a time of excessive brain activity, the system can be overloaded and it then becomes more difficult for a person to to learn, to concentrate and to fall asleep.
The nervous system
People have two different nervous systems: The voluntary and the involuntary. The voluntary nervous system can be controlled. People can decide when to walk, talk, move their arms and legs, and they use the voluntary nervous system to put their thoughts into action. It is different with the involuntary nervous system. This system controls respiration, heartbeat and the digestive system and our emotions such as love and hate, including pathological emotions such as phobias and anxieties.

Some schools of psychotherapy will try to understand the root causes of the fears running wild, but even when people can understand why they fear, they still cannot control their fears. That is due to the fact that these emotions are controlled by the involuntary nervous system.

Making fun with your fears
Paradoxical Intention is not a persuasive technique – quite the opposite. This technique does not try to suppress the fears, but to exaggerate them. The purpose is to increase the symptoms by choice. Clients with a phobia are afraid of their symptoms. As they hyperreflect on their fear, anticipatory anxiety sets in and creates the exact symptoms that they fear. This leads to the stressful fight-or-flight response:
- Increases of blood pressure,
- Increase of breathing rate,
- Increase of the speed of metabolism,
- Increase of muscle tension,
- The brain waves become more intense, which hinders creative thinking.

Lukas suggests in her book, “Logotherapy – Textbook”, that there are three commonalities for clients with anxiety disorders:

- A negative anticipatory attitude towards life
- An irrational anxiety (the anxiety neurotic fears for the I, i.e. about himself, the compulsive-obsessive neurotic rather fears himself)
- A tendency to work oneself up into a state of great anxiety about trivialities.

They are simply horror fantasies that are generated out of extreme anxiety of guilt and excessive self-distrust.
The more the clients are able to make fun of their fears, the better Paradoxical Intention works. It is impossible to have fun – laugh – and be fearful at the same time. One of the wonderful things about laughter is that people lose control. For clients suffering from an anxiety disorder, losing control is one of their fears. That is why clients with a phobia try to run away from their phobia and clients with an OCD try conquer their fear, for instance, by washing their hands continuously. When clients lose control, they are on a journey towards wholeness.

**How does it work?**

- If clients cannot sleep, they are encouraged not to. They might have a notebook in the other end of the room, and their assignment is to stay awake and leave their bed every 15 minutes to make a tick in the book.
- If clients feel that they cannot breathe anymore, they are encouraged to stop breathing.
- If clients are afraid of passing out, they are encouraged to do so on the spot or at least 10 times a day.
- If clients fear that they will stutter through a presentation, they are encouraged to stutter their way through the whole alphabet.

The funnier the suggestion, the better the result. The assignment has to be so over the top that the clients feel like smiling or laughing. Their fear is out of proportion and so is the solution. They are encouraged to rise above their behaviour patterns in an ironic way. Laughter helps the clients to distance themselves from their symptoms - emotionally and temporally - and to change their attitude as well.

What is happening is, that the clients are asked to do things that are out of their control. When clients are asked to sweat two pints during a presentation, they are not able to do so, because that process is controlled by the involuntary nervous system. As soon as the clients feel the fear arising, they switch their thinking to the sweating of two pints. They have to work hard on it and as they try to exaggerate the sweating they will end up ridiculing their fears and lose control. Their stress level will go down and so will the activity of the involuntary nervous system. Whenever that happens they have won a battle.

Where there is laughter, there is hope.
Comic Relief 1990
There is often a hierarchy of fears for people suffering from anxiety disorders. Logotherapists would encourage the clients to start working on the smallest fear first.

Elisabeth Lukas has also experienced that Paradoxical Intention works best when clients are relaxed.

**Activity and passivity**

Viktor Frankl views the behaviour of clients suffering from phobic and/or OCD as wrong passivity and wrong activity.

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<thead>
<tr>
<th>Wrong passivity</th>
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<td>Clients with phobias:</td>
<td>Clients with OCD:</td>
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<td>Withdrawal</td>
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<table>
<thead>
<tr>
<th>Right passivity</th>
<th>Right activity</th>
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<tr>
<td>Clients with phobias + OCD</td>
<td>Clients with phobias + OCD:</td>
</tr>
<tr>
<td>Paradoxical Intention</td>
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Clients suffering from phobias will often withdraw themselves from certain activities, places and gatherings. They limit their activities due to their fear of symptoms.

Clients suffering of OCD will on the other hand try to combat their fears through intense activity like cleaning, washing of hands, etc. Their fear leads to frantic activity, which is very time consuming and they are still exposed to the viruses, bugs, etc, which they are trying to avoid.

Right passivity on the other hand is Paradoxical Intention, where the clients with OCD are asked to stop washing their hands and instead make them dirty, so that they can be exposed to as many bacteria as possible. In the same way clients will be searching for new meanings through Socratic Dialogue to find healthy causes to fight for.

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Case Illustrations:

Case 1: Fear of Excessive Perspiration
Frankl (1962), in his often quoted story, tells about a young physician who came to him complaining of his fear of perspiring. He was suffering from his phobia for 4 years prior to his consultation with Frankl. He told Frankl that whenever he expected an outbreak of perspiration, his anticipatory anxiety caused him to experience exactly what he was afraid of—excessive sweating. Frankl advised him to resolve deliberately to show people how much he could sweat—to cut the vicious circle. When the patient came back a week later he reported to Frankl that whenever he met anyone who triggered his anticipatory anxiety, he said to himself: “I only sweated out a quart before, but now I am going to pour out at least ten quarts!” So, after all those years of suffering, he was able to free himself permanently from the phobia after one session with Frankl. (Frankl, 1962, p.121)

Case 2: Suffering from Writer’s Cramp
A bookkeeper who suffered from writer’s cramp had been treated by many doctors without therapeutic success. When he came to see Frankl he was in such despair that he considered suicide. He told Frankl that his cramp was so severe that he would lose his job. One of Frankl’s associates told this man to do just the opposite from what he usually had done. That is, instead of writing neatly and legibly, he should write with the worst possible scrawl and say to himself: “Now I will show people what a good scribbler I am!” But when he tried to do as advised he found that he was unable to do so. In a matter of 2 days this patient was treated for his writer’s cramp and was able to work afterward without a recurrence of his problem. (Frankl, 1962, p. 125)

Case 3: A Severe Bacteriophobic Obsession
In the Vienna Poliklinik Hospital, Frankl’s collaborators treated a 65-year-old woman with paradoxical intention for 2 months. This woman had suffered for 60 years from a severe washing compulsion. When admitted to Frankl, her condition was so severe that Frankl considered a lobotomy as the only available procedure for bringing her relief. She said that life was hell for her due to her fear of the bacteria. She remained in bed all day and was unable to do any housework. After the treatment she was able to “joke about her fear.” Frankl is quick to emphasize that “it would not be accurate to say that she was completely free of symptoms, for an obsession may come to her mind.” However, paradoxical intention applied in this case has cut the vicious circle that haunted this woman for 60 years. (Frankl, 1962, p. 120)

Case 4: Fear of Sleeplessness
The fear of sleeplessness, Frankl says, is due, in most cases, to the patient’s ignorance of the fact that the organism provides itself with the minimum amount of sleep really needed. The fear of sleeplessness results in a hyperintention to fall asleep, which incapacitates the patient to do so. Frankl has advised the patient not to try to sleep but to stay awake as long as possible. Thus, the anticipatory anxiety is replaced by paradoxical intention, which brings about the desired sleep. (Frankl, 1962, pp.128–129)

I have known a 65-year old woman on an Israeli kibbutz, or collective settlement, who was suffering from sleeplessness for many years. She consulted doctors and was given medication, but to no avail. All other methods commonly used by the people there as “folk medicine,” such as “counting sheep,” or “bottles on the wall,” etc., have failed. I have tried to apply Frankl’s paradoxical intention and advised her in earnest not to fight against her sleeplessness but to try staying awake all throughout the night. At first she laughed about this silly suggestion, but once she tried it, she fell asleep in a matter of minutes. She has used this method ever since with good results.

Paradoxical intention has been used by the author many times spontaneously to overcome difficult situations, such as in the following case:
Case 5: Fear of Flying

A middle-aged woman was sitting in the plane next to me at the window. As soon as the pilot announced that the plane was ready to take off, she turned to me and asked in a trembling voice whether I would agree to change places with her. After the exchange of seats was completed and the plane began to gather speed she turned white and asked if she could hold on to my hand. She seemed close to fainting. Her fear of flying was so obvious that there was no point in trying to reassure her that "everything would be O.K."

Spontaneously, I told her to squeeze my hand so hard until all the bones of my fingers would break, whereupon the woman burst into laughter, let go of my hand, smiled, and said that this was the first time in many years that she felt the flight would not cause her anguish. Furthermore, she was intelligent enough to tell herself that from now on every time she has to fly and the fear reappears she will say to herself: "Let's break his bones." The laughter that would inevitably follow would be sufficient to bring about the desired relaxation.

Frankl claims that people may turn to paradoxical intention as a last resort, even unconsciously, because they feel that they have nothing to lose. Thus, paradoxical intention becomes a technique that can be "recruited" to make war on their fears. But in this "war," the weapon is not defensive but, rather, offensive—as in the following case.

Case 6: Fear of Heights

I'd been looking forward to my recruitment to the Israeli Army with great expectations. To serve my country was very meaningful to me. Therefore I decided to do my best, I volunteered to an elite unit, to the parachutists, and many times I found myself in very dangerous situations. For example, in my first jump from the plane I experienced real fear: I was shaking with fear. The more I tried to hide my fear, the worse was my fear and shaking. Then I decided to show my fear and to tremble as hard as I was able to. After some time my shaking and tremblings disappeared. To my surprise paradoxical intention used without thinking about it has fulfilled its function. (Frankl, 1982, p. 193)

A conscious use of paradoxical intention—without knowing about the technique—may result in the opposite of what is expected. This may be the case particularly in stuttering, which is a complex phenomenon. Meshoulam (1982) cites several researchers of this phenomenon to indicate that stutterers are said to experience anxiety as they anticipate the possibility of being disfluent, and that these people perceive fluency as an aim to be achieved by conscious effort. This attempt to control their disfluencies is responsible for bringing about what they so desperately try to avoid. Both psychoanalytical and behavioristic research have failed to identify the causes of stuttering, and have been unable to devise effective methods of treatment. Meshoulam claims that in working with stutterers, the therapist using paradoxical intention should encourage the former to explore unfamiliar ways of dealing with speech performance: "A successful therapy should enable stutterers to untangle and liberate themselves from old, rigid constructions, and adopt new, nonantagonistic attitudes" (Meshoulam, 1982, pp. 182-183).

Paradoxical intention used with stutterers must be applied gradually, and with caution, considering the client's meaning of the stuttering. For only the client can decide what is plausible to try and what is not, thus enabling the client to take part in the invention of his or her own therapy.

Case 7: Stuttering

In one of the former Eastern Bloc countries I met a 30-year-old man who has been working in a medical library as a computer program analyst. This young man has been stuttering for many years. He told me that he was treated by several doctors and psychologists without success. At times his stuttering was so hard that he feared for his job, as people using his services were unable to follow his explanations. Whenever he felt a danger of losing his job he would make an effort to suppress his stuttering, but the results were even more disastrous. There was no physiological basis for his speech disfluency, and his childhood experiences were void of any particular stress or trauma. Thus, the precipitating factors needed to be found elsewhere. The only time he didn't stutter, according to him, was when he wanted to impress his childhood friends with his ability to stutter hard. Then he was unable to do so despite his concentrated effort. Unfortunately this episode was not utilized by his former therapists who lacked logotherapeutic attitude and knowledge. Following my advice, this young man is now undergoing treatment by paradoxical intention and is making slow, but steady progress toward achievement of speech fluency.

Paradoxical intention is essentially a modification of attitudes centered on a symptom, Lukas (1986) claims. And those familiar with its workings know with what ease it can produce successful results. But it
is also imperative that clients should be aware that self-distancing is essential to achieve the desired aim. Clients need to be taught to use their defiant power of the human spirit, so that instead of being helpless victims of their fate, they could become the captains of their own emotions by their will power. Lukas points out that this is the area of freedom that is available to every person, and in this area the logotherapist can apply the technique of paradoxical intention.

Clients, conversely, can practice the technique, after learning its rationale and proper method of application, thus taking responsibility for their own recovery—by taking a stand, and doing a deed, toward the elimination of their symptoms. When clients, indeed, do what is explained, change their attitudes, and practice as instructed, they gain a new sense of self. And this new sense of self is basically the reason why paradoxical intention has such a long-lasting effect on client behavior following treatment.

Lukas (1986) maintains that the formulations the patient learns to use must be humorous enough to eliminate serious misgivings and to defuse the fear. At first, the patient practices these formulations with the therapist; later, alone he faces the feared situation. Fun, mockery, and exaggeration can be used to wrap the fear in ridicule (or rather unwrap the fear from its cocoon, as Frankl has said). Lukas says that what makes us smile cannot cause horror. And she adds that the patients must never get the impression that the therapist laughs at them! They must see that they themselves, with the help of the therapist, laugh about their own ridiculous fears and emotional absurdities. And that’s why the self-distancing between client and symptom is so important. For as long as the clients see themselves as identical with their fears, how can one ridicule the other? (Lukas, 1986, p. 77). For illustration, Lukas cites the following case:

**Case 8: Fear of Elevator Riding**

A client had a horror of elevators, spiral staircases, funiculars, and long echoing corridors. She was afraid she would get sick and dizzy, be unable to breathe, and faint. Before Lukas entered the elevator with this client, she asked her to faint many times on the way up, possibly once between every floor for a total of 20. Lukas promised to wake her up quickly so she wouldn’t miss fainting on the next floor. “As long as we go up 20 floors we want to experience 20 fainting spells,” Lukas said, paradoxically intending to make a clean sweep. The humorous formulations immediately defused the client’s initial fear, which made it possible for her to try the therapeutic experiment. “After we passed the first floor,” Lukas says, “I pretended to be disappointed that she was still erect. On the second floor I shook my head impatiently and urged her to hurry up if she wanted to fill her quota of faints. On the fifth floor I told her angrily that she had promised at least one collapse and it was high time to keep her word, and from the tenth floor on I implored her to use all her efforts to at least break out in perspiration. . . . After the client arrived laughing and unfainted at the top floor we celebrated her victory over her fear in the roof cafeteria with a glass of lemonade, and then went to work practicing elevator riding with paradoxical intention. Before the day was over she succeeded, without my help, to ride up and down city hall without harmful consequences.” (Lukas, 1986, pp. 76–77)

**Case 9: Fear of Crowded Streets**

A phobic patient came to see Dr. Lukas, complaining of her fear of getting out of the house into the busy streets. She said that she could not bring herself to take the bus, for it was so crowded, and so had to walk all the way to her office. Lukas replied: “Did you bring your fear in here with you, or did you leave it on the street?” “At first she didn’t understand what I meant,” Lukas recalls. The patient kept telling Lukas that her fear simply overwhelmed her, and there was nothing she could do. Whereupon Lukas told her that she is a person able to think, act, plan, and decide—despite her occasional fear, which she had not learned to handle properly, but she will—and then the “fear” would not frighten her anymore. And indeed, one day this phobic patient began to respond to Lukas’s efforts and said: “Today I left my fear outside. I can come to you without fear. I know you will help me” (Lukas, 1986, p. 77).

Lukas (1986) explains that once clients see the separation between health, and exaggerated feelings of fear and obsession, they can be introduced to paradoxical intention. She cautions the beginning practitioner that using paradoxical intention seems simple only in theory. In real life and practice, one should be aware of the difficulties in its application. For it is not so simple to bring about a wish for the same horror in which the client has lived before therapy. For such a wish to happen freely, the human spirit of the patient must be activated, and humor—which is the adversary of fear—needs to be applied. Lukas writes:

The first few times that patients practice their formulations they tend to be skeptical, hesitant. They don’t know whether to laugh or weep. They do not really believe in success and feel insecure. Many patients expected therapy of a different sort. They thought the therapist would
explore their past, interpret their dreams, analyze their childhood—rather than question their fears in a humorous manner. That’s why the initial phase is highly critical, and the therapist must make every effort to consider the individuality of each patient. . . . (this is of course a maxim in social work). Experience will teach the logotherapist how to find the right dose of formulations for the patient. The basic trust, the human bridge between patient and therapist, must not be shaken because this is the path on which confidence in success will eventually pass from therapist to patient so that patients will get to the point where they will really wish for what they fear. From then on the therapeutic process continues almost by itself.” (Lakas, 1986, p. 77)

To summarize, paradoxical intention, another of Frankl’s “brain children,” has been introduced as a logotherapeutic technique with wide application for treating various phobias and compulsions. The technique is based on the mobilization of an individual’s sense of humor and defiant power of the human spirit to counter a problem in living. Breaking the pattern of fear by an exaggerated wish for the very same thing that is feared, and replacing it with a healthy attitude to life, may bring about a new sense of self and well-being. The role of the therapist has been highlighted as well, placing emphasis on his or her responsibilities. The unique capacity of human beings to laugh at themselves—turned into a therapeutic device by Frankl, and further developed and applied by others—has been found to be of great importance for survival both in the clinical and the communal sense. As Bulka (1989) has said: “By laughing at defeat, we transcend it; by jesting in the midst of our predicament, we transcend it; by smiling in the midst of depressing circumstances, we retain our individual and group sanity” (p. 58).
Socratic Dialogue

Does your name have a special meaning and/or were you named after someone special? What do you think about that?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Who was Socrates?
Socrates was a Greek philosopher who lived from 469-399BC. He was based in Athens and was sentenced to death by poisoning in 399BC. He is well known for his teaching style, where he would ask questions and try to draw out people’s experiences and knowledge. This was very different from his contemporaries who told people what they should think.

Socratic Dialogue as a tool for change
The Socratic Dialogue is a key tool in the Logotherapeutic toolbox. The counsellor uses this form of dialogue to assist the client in finding meaning. The counsellor might use creative exercises, questions, artwork or drama to help clients become aware of their potential.

One of the assumptions in Logotherapy is that we know intuitively who we are and what we are able to do. Through Socratic Dialogue we work on helping the clients to new awareness and empowerment.

It is said about Socrates that he didn’t believe in pouring knowledge into students, but rather he elicited from the students what they knew intuitively. This is fundamental in understanding Socratic Dialogue. The counsellor engages actively in the dialogue, sometimes offering ideas and suggestions, but it is important not to suggest what the client should feel or think. Saying, “That must really have hurt you” or “You must feel really angry about that” can increase the clients’ pain.

Our youth now love luxury. They have bad manners, contempt for authority; they show disrespect for their elders and love chatter in place of exercise; they no longer rise when elders enter the room; they contradict their parents, chatter before company; gobble up their food and tyrannise their teachers.

Socrates
We can offer suggestions in the brainstorming phase of finding creative solutions for the present problems and challenges, but not in the diagnostic phase. That could increase the clients’ pain and increase the hyper-reflection.

**Communication style**
Every style of communication has benefits and drawbacks. Brainstorm for a few moments about the following ways:

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<thead>
<tr>
<th>Communication style</th>
<th>Benefits</th>
<th>Drawbacks</th>
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<tr>
<td>A meeting</td>
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**A structured dialogue**
Joseph Fabry suggests in his book, “Guideposts to meaning” that the counsellor should use the Socratic Dialogue to go through a five step model. This model helps clients to self awareness, to search for creative solutions, to realise what is special about their experiences, to know their responsibilities and to find ways to help and support others.
**Fabry's Five Steps:**

1. **Self-discovery:** Who are you behind all the masks? How are you when no-one is looking? During this phase the counsellor works on helping clients find their real motives and values.

2. **Choice:** This phase will consist of brainstorming and discussing different choices. The purpose of this phase is to open clients' minds to be aware of solutions that they might not have considered. The more choices the more meaning will become available for the clients.

3. **Uniqueness:** We are all unique, created differently from each other with different experiences and decisions. This step looks at clients' uniqueness and how they would be missed in their absence e.g. in the family, in the job or among their friends. This unique position leads naturally into the next phase.

4. **Responsibility:** When we know that we will be missed if we skip out of a marriage, what is life then asking of us? When we look at the different options, what will be the most responsible thing to do? If we want to mature and learn from our failures, we need to learn to take responsibility. We might not be responsible for the present situation, but we are responsible for our attitude to that situation.

5. **Self-transcendence:** It has been said that, “The love of our neighbour is the only door out of the dungeon of self”. After going through the other phases, it is key to make sure that the focus changes from self to others. Mental health has been defined as our ability to focus on others rather than self. During this phase the counsellor helps the clients to find ways to recycle their pain. How can their unique experiences be of help to their work place, family life or charity work?

**Problem solving**

Elisabeth Lukas has developed a model that clients can use to find solutions to their pressing situation:

1. **What is my problem?**
2. **Where is my area of freedom?**
   - I am not free from fate, but I am free to choose my response
3. **What possible choices do I have?**
4. **Which possible choice is most meaningful**
   - Only one’s conscience can help determine what is best for all concerned
5. **Which choice will I bring into reality?**

Clients find it easy to choose and be creative when their conscience and spiritual dimension are not blocked e.g. by substance abuse. When they are aware of their choices, they are forced to choose which avenue to follow. They are able to choose their attitude, actions and even their response to their fate. Here fate is understood as our inheritance and things that are out of our control. The area of freedom is understood as the areas of life where we have decision making power.
### Options in life

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<tr>
<th>Fate - Things you cannot change</th>
<th>Freedom - Options &amp; possibilities</th>
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<td>- Family background</td>
<td>- Attitude</td>
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<td>- Physical weaknesses</td>
<td>- New initiatives</td>
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<td>- Mental limitations</td>
<td>- Self-transcendence</td>
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<td>- Redundancy due to recession</td>
<td>- Taking responsibility</td>
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<tr>
<td></td>
<td>- Search for the meaning of the moment</td>
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HELPING YOUNG PEOPLE SAY YES TO LIFE
APPLYING FIVE RESOURCES OF THE HUMAN DIMENSIONS

Florence I. Erzen

Abstract

This paper presents logotherapeutic work with children in a school setting. It emphasizes the effectiveness of using the five resources of the human dimension to assist young people to grow. It includes specific examples from social work practice. Logotherapeutic intervention helped these young people shift their attention to the opportunities before them. Opportunities that offer a chance for growth.

Logotherapy is an effective form of therapy within the school setting because it helps young people discern meaning and value in their lives. Logotherapy defines five practical ways to find meaning: self-discovery, choice, uniqueness, responsibility, and self-transcendence. Through self-discovery we discover and affirm who we really are. Through self-discovery we identify strengths, values and direction. Through choice we discover we are not totally bound by any situation, we can choose our attitude toward any event. Frequently young people feel they are victims of adult decisions. Discovering they have choices to make can free them to grow. In uniqueness we discover our unique relationships with others. Responsibility shows us how to respond to the demands of life at each moment. We learn to make choices that serve life and result in growth. Through self-transcendence we reach beyond the limits of our self-interest for the sake of someone else or a cause that means something to us.

One of the joys of logotherapy is sharing in the stories of those who have drawn on their inner wells of strength and understanding. This paper contains highlights of young people's stories. These young people are courageous participants in life. They teach us daily of the wealth that lies within each one of us.

A young boy about six years old was dining with his parents in a very lovely restaurant. After they were seated and had studied the menu a tuxedo-dressed waiter came to take their order. The waiter wrote down the mother and father's requests and then turned to the young boy. “What do you desire, young man?” The waiter listened carefully and thanked him. When the waiter left the table, the little boy turned to his parents in delight and said, “he treated me like I was real!” This to me is an essential element of logotherapy. People are recognized as being real, as unique and essentially whole. In logotherapy we do not relate to clients as a bundle of symptoms or as simply a diagnosis. In my work with children I keep in mind their individuality and help them meaningful discoveries about themselves.

I work in an economically depressed community that once thrived as a steel mill and chemical company center. There are many single-parent families that suffer from unemployment. Many families are cut off from extended family support systems. Most of the young people referred to me are failing in school. They range in age from five years to fifteen years old. Many of these children are disruptive in the classroom. School has meant failure and unhappiness to them. Their behavior has isolated them from peers and adults. By the time they are referred to the school social worker they see themselves as chronic failures, disliked by adults and powerless to change. As one boy often told me, "let's face it, Mrs. Erzen, I just don't have the smarts." I knew immediately that here was a youngster who had already tapped into one of the overriding resources of the human spirit, humor. I have encouraged him to use this humor to view his school experiences from a new perspective. He has also given up demeaning his own possibilities.

Self-Discovery

One of the most significant responses we can give to young people is to treat them as they truly are, to see them as being whole. Many children experience little affirmation. Many are ignored and left to raise themselves. We must communicate to them that we find them to be worthwhile. Make an effort to discover their interest can become the logotherapist's own discovery which can be used to help shift a child from despair and sadness to hope. Logotherapy points to self-discovery as one practical way to find meaning. It is valuable to keep self-discovery in mind when working with children. Self-discovery opens our understanding of who we really are. Some children are caught behind the mask of "troubblemaker" or "always disorganized" or "painfully shy. They have moved from grade to grade with these labels. They feel powerless to shake them. They may be very confused about who they really are.

Ted was a thirteen-year-old seventh grader with a history of marginal performance and school failure. He lived with a relative and had daily contact with his mother who seemed unable to assume responsibility for him. He saw himself as inept, unlovable, confused. He contemplated suicide. Middle school provided a turning point. Ted discovered a new staff that saw him with possibilities. They appreciated his interest in snakes and art. He was gradually able to identify his kindness to others as a positive strength and began reaching out to classmates who shared his isolation. He developed friendships. When he began to slip back into old habits of school failure he would meet with others to discuss the choices open to him. He would rehearse meetings with teachers and then reestablish working relationships with them. He made wonderful "aha" discoveries about himself that spilled over as success in school.
Choice
Young people can find meaning in choice.1 Many children are not aware they have choices. They move through their days reacting to situations with anger or happiness unaware that they can choose to respond in a way that lends meaning to their lives. For several years I have been working with Mark. He is now twelve. When I first met him he was very sad and depressed. He lives with his grandparents who provide structure but no expressions of affection for the grandchildren they are raising. His father is a convicted criminal and his mother has little interest in him. She sees him once a week.

I worked with him for nearly a year on relaxing, learning to play games, decorating my office with art work, creating as Paul Welter says “moments of joy.”2 Gradually we talked of broadening his world by joining after-school sports and activities in which he would have success and receive affirmation. Mark has joined several activities in which he has made friendships with adults and children. This has not been easy for this boy to accomplish. It took great courage to join these activities, but he chose to do it. We have celebrated his courage. The emotional deprivation is acute. He has made choices that contribute to his health. The triumphant power of the human spirit rises up within him and he insists on saying yes to life.

Uniqueness
We also find meaning in our uniqueness. Our uniqueness is evident in our relationships with others. Family relationships are strained for many of the young people with whom I work. Many of them feel they are a burden to their parents and the family would be better off without them. The parents may make it clear to the child that they resent the child’s presence and may be physically and emotionally abusive. Socratic questions opened up the unique place Margaret filled in particular relationships. Margaret is fourteen and in the eighth grade. She is bright but has a problem completing assignments and receiving low grades. She lives with a verbally and sometimes physically rejecting mother who competes with her child. Margaret is very gentle and is well liked by students and teacher. Margaret has been able to discern her importance in the relationship with her baby sister. She spends weekends and holidays in the hospital with her. In this relationship she feels valuable and irreplaceable. She experiences joy in the exchange with this loving child. Margaret has discovered she has a unique role to play in the life of this baby sister. Appreciation for this role has increased her confidence. She now reaches out to other hurting adolescents.

My role as a logotherapist with Margaret has been to affirm her intrinsic value and help her discover truths about herself. As she exercises her new understanding she is able to accomplish more academically and gain increased approval in that area as well. There is much about Margaret’s situation we are unable to change due to court rulings and her parents refusal to seek counseling.

Margaret has made personal gains through appreciation of her uniqueness.

Responsibility
We also find meaning in responsibility.3 We tend to view young people as being self-centered and unwilling to express concern for others. They may be uncertain how to respond to the meanings of the moment because they lack models for ethical behavior. When children are given the opportunity to choose carefully the task to make choices conducive to health and wholeness. When I think of young people and responsibility I think of Patrick. Patrick is fourteen and in the eighth grade. He is in all remedial classes and tests in the borderline range. He is easily distracted. He has great difficulty remembering assignments or even handing in completed assignments. His teachers were losing patience with him when he came to my attention. Through the alternate diagnostic technique4 I learned that Patrick had great strengths. Although he had consistent school failure, he had neighborhood success. He took care of ten yards in the summer and had a double paper route. In the seventh grade he planned and purchased all his own school clothes. Pat needed help to make the transition from irresponsible home behavior to organizing his school work. We helped him see there was meaning in choices that resulted in finished assignments. He needed careful step-by-step guidance in planning and completing assignments but ultimately he followed through. He completed the school year with a new confidence and a sense of accomplishment. On the final day of school he came to thank me for believing in him. I let him know that he had inspired me.

Self transcendence
The fifth practical way to find meaning is through self-transcendence. Self-transcendence represents our ability to reach beyond ourselves for the sake of someone we care about, or for the sake of a cause or an event we are committed to.5 In this case, people every day. Although they may be suffering from great loss and loneliness they reach out in kindness to other children. A vivid example comes to mind of a small boy, Timothy, age seven. He suffers from great sadness. He is confused about his parents’ relationship. His parents are divorced. They have each had a series of partners, just as he begins to establish a new relationship there is a change. In spite of his sense of isolation, Timothy always makes sure I have a significant part to play when we play a game or make a picture. He includes in his suffering to include me. Another group of children I worked with on a friendship tree made sure all the names of the children were represented. They transcended their own natural self-centeredness to include others. They found meaning and unexpected joy in participating positively in the project.

Logotherapy helps young people shift from death to opportunities for growth. It helps them become acquainted with their own inner resources and exercise them in constructive ways.
It also helps them see possibilities for self-transcendence and service to others. Young people can find meaning in the five practical ways outlined in logotherapy. For many of the young people with whom I work these discoveries may save their life.

Being a Logotherapist with Children

The children with whom I work have suffered great emotional losses. They have not had a consistent guardian or parent. Some have been abused. In logotherapy there is a deep human exchange at a spiritual level where we experience each other as persons. The healing relationship is the key to growth and change. The principles of logotherapy help me to remain hopeful in apparently hopeless situations. Lukas reminds us that "logotherapy is more than a method. It is a healthy way of living that can be used in therapy if it is actually lived by the therapist, then - with the help of the therapist - by the patient. Which means: if you do not live logotherapy you cannot use it in healing. Living the principles of logotherapy means offering part of yourself so a part of another person can live a healthier life." My hopefulness has been rewarded by children who come through loss to live with enthusiasm and honesty. Each day I learn anew about the triumph of the human spirit.

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Modification of Attitudes

What did someone say to you this week/recently that really hurt your feelings? What did you do about it?

Suffering can be divided into two categories:
- Unnecessary suffering, which is self-inflicted by hyperreflection.
- Unavoidable suffering, which happens due to sickness, accidents and by facing injustice.

Modification of attitudes is prescribed for clients who suffer due to the experience of the tragic triad.

When faced with unavoidable suffering, guilt or death, clients are in a catch-22 situation. They are facing something that they cannot change. Their reaction to these circumstances, will determine the quality of their lives. Their attitudes will direct how they interpret the situation, they will be like filters for incoming information. These attitudes or frames of mind work a bit like life mottos or life metaphors: Anthony Robbins gives the following suggestions in his book, “Awaken the Giant Within”:

Your attitude should be the same as that of Christ Jesus.
Phil 2:5  (NIV)
The above quotes are all purposely negative, because they show the need for a modification of attitude. If clients react as suggested above, they will have a very negative understanding of life. This negative understanding will hinder them in dealing with unavoidable suffering.

Elisabeth Lukas writes in her book, “Meaningful Living”, “An unhealthy attitude is always in some ways linked with passivity, negation, resignation, and often with despair, stagnation, and indifference.”. When clients use these negative metaphors, there is a good chance that they are also hyperreflecting on their difficult situation. This will make it all worse.

**A positive attitude**

Having a positive attitude does not mean that life is easy or fair, but it is a healthy understanding of life that breeds thankfulness, responsibility and heroism. When the actor Christopher Reeves had an accident that left him paralysed, he had two choices; Would he from now on become bitter or better? Would he choose self-pity or would he become one of the unsung heroes that make a difference in spite of his new limitations?

A positive, healthy attitude does not come naturally. There are many disasters in the world, but people caught up in these can condition their minds to look for possibilities, choices and openings. They will start to ask themselves empowering questions like:

- What do I have left that I can use?
- What is possible?
- What can be hoped for?
- How can I grow through this?
- How can I help others in the same situation?
- What’s next?

**Modification of attitudes**

Self-distancing is the first step in Logotherapeutic treatment and modification of attitudes is the second. This can become a pathway to meaning.

Elisabeth Lukas has described the aim of this step in her book, “Logotherapy – Textbook”, “Every attitude modulation has as its aim a stronger, improved, ethically more valuable more helpful attitude”. It is important that the clients move from seeing themselves as victims to being in control. Old thinking patterns are very ingrained so it takes a lot of energy and motivation to change them.
Joseph Fabry shows in his book “Guideposts to Meaning” how an attitude can be changed via rephrasing:

- I can’t find a new job.
- I don’t want to find a new job.
- I’d like to find a new job.
- I can find a new job.
- I will find a new job.

Each statement has its own emotional response. The clients emotions will be a lot more positive, when they say, “I will find a new job” compared to “I can’t find a new job”.

This modification of attitude has nothing to do with manipulation. As their attitudes are discussed, clients need to come to the conclusion that their language and frame of mind is negative and hinders responsibility and growth. That is easier said than done. One of the ways to deal with that is to ask them to change the action word in the sentence and evaluate their emotions. Dr. Karamanovski has suggested the following wording:
- I should...
- I need...
- I must...
- I could...
- I want...
- I can...

With this exercise clients will at least be exposed to experiential learning even if they are not yet ready to apply it.

Despair or fulfilment?
Success or failure in life does not determine people’s attitudes. It is their perception of fulfilment or despair that makes the difference.
Some people have success in the work place, and in their family life, but still despair, because they have not found meaning in life. Others, failing to make ends meet, still believe or are confident that what they do is meaningful and purposeful. Meaning can be found in all circumstances, at all places and at all times. If clients are in despair, they will be able to work on the modification of their attitudes, and see a turn around. This change in attitude might come through assuming responsibility or looking to the good of the family.

A human being by the very attitude he chooses is capable of finding and fulfilling meaning in even a hopeless situation. 
Joseph Fabry, The Will to Meaning

Becoming aware of healthy and unhealthy attitudes
People’s attitudes come to the surface when they are faced with new challenges. It can be when they experience:
- Limiting factors
- The Tragic Triad: Unavoidable suffering, guilt and death.
- Criticism.
- Spiritual Direction.
- Sudden success or failure.

When people experience something out of the ordinary, their response to the situation will be based on their value system, which will influence their attitudes. It is in these situations that healthy attitudes will help them to keep on living a meaningful and purposeful life.

Spiritual Formation
For the Pastoral Counsellor there will also be the importance of spiritual direction. How can the counsellors help the clients to become more like Jesus and live a life to their full God-potential?

One of the traditions in spiritual direction suggests that clients will be given a Bible text relevant to their situation. They will then prayerfully read through the text and look for personal application. This is a non-directive way of spiritual direction. It is the client together with God who decides what the personal application is. It is not the counsellor’s choice or insights. One of the advantages with this method is that clients will respond out of revelation. They will grow in their relationship with God, not with the counsellor. There is also a greater chance that they will follow through when it comes to putting the personal application into practice, because they have searched for it themselves. The application was not a given by the counsellors.

Another aspect of spiritual formation is discipline. It can sometimes be difficult to accept delayed gratification through discipline, but that is the only way to sustain wholeness and happiness.

No discipline is enjoyable while it is happening—it is painful! But afterward there will be a quiet harvest of right living for those who are trained in this way.
Hebrews 12:11 (NLT)
It can be helpful to look at Dallas Willard’s model of the human self.

Willard suggests that human nature consists of six areas:
- Thoughts
- Feelings
- The spirit
- The body
- Relationships
- The psyche.

All six areas are conditioned through life. He writes in “Renovation of the Heart, “The fact is that spiritual formation of one kind or another happens to everyone... We all become who we are in the depths of our being, gain a specific type of character, by a process of spiritual formation”.

This conditioning happens through our habitual decisions and actions. People need to be disciplined in all six areas of their lives to stay healthy. Sometimes clients try to compromise some areas, but it is important to build up discipline in all six, so that they can stand when unavoidable suffering comes their way.

A few illustrations:
- Thoughts: Everyone has a need to put up boundaries for their thought life otherwise it becomes pessimistic, negative or immoral.
- Feelings: Everyone has a need to put up boundaries for their feelings, otherwise they will make quick emotional decisions, but lack determination and follow through. This will lead to instability.
- The spirit: Everyone has a need to put up boundaries for their spirit, so that they learn to pay attention to their conscience and to know how to protect themselves from deceiving spirits.
- The body: Everyone has a need to put up boundaries for their body, otherwise passions and desires will master their lives.
- Relationships: Everyone has a need to put up boundaries for their relationships because, “bad company corrupts good character” – 1 Cor 15:33

Many clinical psychological symptoms, such as depression, anxiety disorders, eating disorders, addictions, impulsive disorders, guilt problems, shame issues, panic disorders, and marital and relational struggles, find their root in conflicts with boundaries. Henry Cloud & John Townsend; Boundaries
The psyche: Everyone has a need to put up boundaries for their psychological dimension, otherwise they will accept all kinds of reasoning, false memories and unhealthy introspection.

For most people there is a need for the modification of their attitudes in some of these six areas. Some aspects may have been neglected, others may have purposely been violated for the sake of instant gratification or peer pressure. But people who seek healing and wholeness will find great help and relief in making decisions about all six areas and will work on putting up healthy boundaries based on a healthy attitude to life.

Boundaries and discipline are easily perceived as kill-joys. The reality is, that embracing them increase energy and the motivation to be creative. Not having to live with guilt, shame and a negative self-interpretation opens the door to explore life in all its facets and possibilities. Having healthy boundaries helps people to be free to live life to the full.

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"Family First"

Meaning of Love and Family

1988

Following the traces of my honored teacher I want to emphasize, that love is not a means to please for the purpose of gratifying one's needs, as Sigmund Freud once proclaimed. Love is rather an expression that transcends one's gratification of needs. It is, what we call in logotherapy a "co-existential act".

According to Viktor E. Frankl the human being can be seen as a unit of three dimensions: the body, the psyche and the spirit. Therefore in a love relationship the three dimensions correspond to three possible attitudes to love.11

1) The sexual attitude: This is the most primitive form of love, which happens when the physical attributes of a person arouse another person sexually.

2) The erotic attitude: This goes beyond mere sexual appeal or lust to the psyche of the partner. He is infatuated by the partner's psychic qualities: his emotions are aroused by the character features of the other. But, here too, the partner still is exchangeable by another person with similar character qualities, by a person of the same type.

3) True love: This presents the deepest penetration to the spiritual dimension of the partner, the relating to him as a personal being. Viktor E. Frankl writes:

"The true lover does not care about particular psychic or physical characteristics of the beloved person; he does not care about some traits that she "has", but about what she "is" in her uniqueness. As a unique person she can never be replaced by any double not matter

<table>
<thead>
<tr>
<th>spiritual dimension</th>
<th>TRUE LOVE</th>
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<tbody>
<tr>
<td>psychic dimension</td>
<td>EROTIC ATTITUDE</td>
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<tr>
<td>physical dimension</td>
<td>SEXUAL ATTITUDE</td>
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</table>

According to Viktor E. Frankl true love also is no sublimation of sexuality, as Sigmund Freud has argued, but a precondition of human sexuality, which in its humanness always goes beyond a pure sexual actings out.

This difference in thinking is the reason, why Freud defined one of his therapy goals as following: patients should regain their capacity to pleasure; while Frankl modified


this therapy goal as following: patients should regain their capacity to love. This does not mean that they must not become occasionally infatuated, but if there is never a deeper personal relationship, a large area of meaning fulfilment is missing in their life.

Based on these ideas we can observe in practice, that crises in partnerships develop ordinarily where both partners have different attitudes towards loving each other.

<table>
<thead>
<tr>
<th>Sexual Attitude</th>
<th>Erotic Attitude</th>
<th>True Love</th>
</tr>
</thead>
<tbody>
<tr>
<td>True Love</td>
<td>Unhappy or Unfulfilled relation</td>
<td>Optimal relation</td>
</tr>
<tr>
<td>Erotic Attitude</td>
<td>Danger of Sexual blocks</td>
<td>Harmless flirt</td>
</tr>
<tr>
<td>Sexual Attitude</td>
<td>Insignificant sexual adventure</td>
<td>Danger of sexual blocks</td>
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</table>

If both have the same attitude towards love, which is located in the table’s diagonal, a good understanding of each other is possible, even in the case where both are only looking for an insignificant sexual adventure or a harmless flirt. In the case where both are capable of true love, an optimal relationship will take place.

But if both have different attitudes towards love, either unhappy, unfulfilled relationships or sexual blocks will be the result. The danger of sexual blocks exists, where one partner seeks sex, the other emotional ties. Often the partner seeking sex is the male, the one seeking emotional ties the female. Since one of the partners cannot give what the other is looking for, there is no real tenderness, nor can it come to satisfying sexuality.

The place in the table, labelled “unhappy or unfulfilled relation” indicates one partner loves, but not the other. The term “unhappy relation” refers to the person who is not able or does not want to return love shown to him. This being unable or unwilling brings him into inner conflicts and makes him unhappy. The term “unfulfilled relation” refers to the person whose love remains unrequited. Anyway, this person will not become unhappy, although this sounds strange. Because, if the meaning of love is to enable us to see another human being in his or her uniqueness, as Viktor E. Frankl defines it, this seeing of the beloved person’s specific values, existing and potential, is enriching, whether love is requited or not. True love must necessarily enrich the lover. Viktor E. Frankl writes:

“In fact, this inner enrichment partly constitutes the meaning of life, as we can see in our discussion of existential values. Therefore, love must necessarily enrich the lover. This being so, there can be no such thing as "unhappy love", the term is contradictory... We must remember this: that infatuation makes us blind - real love enables us to see.”

From the definition that true love is not “blind” but to the contrary enables us to see the fullness of the partner — in religious terms: as God created him — it follows that the partner cannot be exchanged and the relationship is lasting.

Physical characteristics pass, affection does not last, but spiritual acts remain: love to a person even survives the partner’s death! Death can destroy only the existence of a person, not her essence. The essence of a person, which is the focus of a lover, is not limited by time, as all great philosophers told us in the remarkable knowledge that essence is not dependent on existence. In a similar way true love does not depend on the physical, not on sexuality or on physical nearness, not even on the partner being alive. But of course it wants to express itself through body and psyche: tenderness and sexuality are expressions of love.

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Summarizing we can say: If man and woman grow beyond infatuation to true love, they are capable of fidelity - because the partner is not exchangeable - and permanence - because of the durability of their relationship - and a proper sex life (under normal circumstances) is the natural consequence.

Let us now turn to the family and the question: how family crises can be interpreted and avoided. We know: the health of the family is the basis for the health of its members and where the climate of the family is poisoned, the members can hardly remain well. Medical research proves, that 20% of all illness could be avoided if the family life of the patient were intact.

But how do family discords come about? The theory that all family members always take part in family discords is wrong. In the family too the individual in his uniqueness is important and has the freedom and possibilities of choice about his attitudes and behavior. To explain family conflicts by looking for causes will necessarily fail, because the behavior of one member can always be explained by the behavior of others, all the way back to Adam and Eve. There is no real explanation and leads to a relinquishment of the responsibility of the individual to a "responsibility of the community", which is no real responsibility at all. By trying to uncover the interactions of family members one easily gets stuck in the search for causes and finds only victims, but no culprits any more. As long as every family member sees himself as a victim of other members, help is not possible.

Viktor E. Frankl, who founded a meaning-centered psychotherapy, also planted the seed for a meaning-centered family-therapy, which judges behavior of a family member less by its causal history than by its direction towards meanings and goals. Such a meaning-centered family therapy for example is also interested in why a father is aggressive, but raises the question whether it is meaningful for the family's health that he rages sometimes, and if not, whether he might not quit for the sake of the family, regardless of why he started and whether this reason still exists. If causal chains are interrupted against causality, for the sake of a goal, they continue in a different direction. If the causal chain looks like that: no family likes the father, therefore the father is aggressive, therefore no family member likes him, and so on, and if this causal chain is interrupted against causality in the way that the father suddenly is not aggressive any more although nobody likes him, then there is a good chance, that one day he will be liked again by the other family members and the cause of his aggressiveness has vanished too.

We see that to break this unfortunate circle it is sometimes enough for one family member to perform a "goal-directed pro-action", which gives new meaningful direction to the chain of events. Such "goal-directed pro-actions" are intentional acts or the will, carried by nothing else but true love. They are not caused by anything, one could really act differently or even is inclined to act differently, but one acts goal-oriented.

If causal chains are interrupted for the sake of a goal, they continue in a different direction:

![Diagram of causal chains interrupted by a goal](image)

Sometimes I tell my patients about the comparison of the feelings with the echo. If we shout something negative on a mountain, something negative comes back, so that we again shout something negative - this chain also can only be broken by a "goal-oriented pro-action", once to decide to shout something positive for a change, in spite of the previous negative echo! In contrast to the causal concept here not everyone is a victim but an "initiator", even if the initiative is limited to reacting in a certain way. This leaves responsibility with the individual for the benefit of the family and does not get lost in a hazy common-responsibility, where no one is responsible at all.

A meaning-centered family-therapy in a logotherapeutic sense therefore works mainly with the individual persons. Only occasionally several family members are counseled together.
to draw attention to the whole family, to the goal of the actions of the individual member that benefits the whole family.

For working with families three rules are useful, which are based on the logotherapeutic view of human nature:

1) Meaning awareness in the family is the realization that each member needs and is needed by another member. Without this realization the family becomes meaningless and thus unbearable.

2) Family happiness is independent of favorable outer conditions. Satisfactory family life is only determined by inner attitudes to outer conditions.

3) Development in the family is not predetermined by its history. But the future of the family will partly depend on the present actions of its members.

Rule 3 indicates that "Adam and Eve" are not to blame for present conflicts, because the family history is not a decisive factor for the present family climate - what is decisive are the actions of every member, based on his or her inner attitude. Here every member decides how far he'll allow himself to be influenced by past actions or to be prompted to new actions.

Rule 2 indicates that the vicious circle between inner and outer conditions is not an unchangeable force. For example: single-parent-families have poor outer conditions, causing family conflicts which make it difficult to improve outer conditions, thus no possibility to solve conflicts. This is an unacceptable oversimplification. Decisive is not the fact of the single-parent but his attitude, how the condition of separation and being alone with the responsibility of bringing up a child is handled under the given social conditions.

Now to rule 1: The "need and being needed" within the family means that each member should have a meaningful function within the family, which he has to realize and to fulfill. This determines his happiness within the family and even whether the family is bearable for him. As soon as one member no longer is aware of a meaningful function within the family - where he feels useless or merely "used" by the others - or is not ready to fulfill such a function - where there are other interests, apathy or laziness - or goes beyond a meaningful function - where there are dominance, egocentricity and self-importance - in this moment there is danger that the family will become "unbearable" for one or more members and a crisis breaks out.

Family crises begin when the functions of family members show gaps or collisions, making the harmonious life together difficult or even impossible for all family members. An example of a functional gap is, when the mother does not take care of her children, or the grandparents are excluded.

Each member has a meaningful function within the family

\[ \text{family in harmony} \]

The functions of family members show gaps

\[ \text{family in danger of crisis} \]

The functions of family members show collisions
An example of a functional collision is when parents have contradictory methods in bringing up children, or the father and the son fight about occupational plans. I often compare the family with an orchestra, where each instrument has its unique meaningful voice. The harmony of the music is disturbed either by an instrumentalist refusing to play at the right time—a gap—or by an instrumentalist, playing at the wrong time—a collision.

Like in the orchestra the meaningful function of a family member of course is not always the same. It undergoes changes with time and as the children grow up. So we notice the following guiding principle: A family can only live in harmony if every member has a meaningful function, even the baby or the very old granny.

A last point I want to mention: the criterion of priority. Fulfilling the meaningful function in the family has priority over the fulfillment of other meaningful tasks. This derives from the responsibility of the individual vis-à-vis other family members. No one is forced to start a family, every adult is able and allowed to live alone. But once he has decided on a partnership and family, he accepts the obligation to fulfill the functions necessary to maintain and further this partnership or family. Although this sounds like common sense, because even the keeping of a pet obliges the person to take care of it, it has to be said clearly in our times.

The quintessence of the criterion of priority is the precedence of the meaning fulfillment within the family over others. It is of course possible in some cases that it is so important and meaningful to devote oneself to a matter outside the family, that the family must be neglected and a functional gap develops, but this is possible only if the other family members agree to extend their functions to close the gap. For instance, father wants to go abroad to further his career—if mother and children agree "for his sake", there is no big problem, the functional gap is closed, which does not mean that they will not miss him or that he is replaced, only that the family is not harmed and the situation is "bearable" for all.

Within our comparison we can say, one missing voice is filled by the other instruments to continue the orchestra's playing. It is also possible that a short-term meaningful fulfillment elsewhere is in the long run beneficial for the family. Then too a crisis can be avoided.

For instance, mother goes to a sanatorium for half a year to get well, and the children meanwhile have to go to a children's home. This means a short-term functional gap, which cannot easily be filled by persons who are not familiar to the children. But this is the price to pay that mother later will be fully "functional", when she has restored her physical and perhaps psychic strength. But under normal circumstances a break of the criterion of priority constitutes a real danger to the family and therefore has not to be supported within a meaning-centered family-therapy.

![Diagram](image)

Am I alone or do I have a family?

I am alone

Free choice of interests and meaningful aims

I have a family

How large is my meaningful function within my family?

Criterion of Priority

First I fulfill my meaningful function within my family

Then I choose other interests and meaningful aims in my life

Family first!

Doing without a break of the criterion of priority means growing into the dimension of "true love". True love within the family, however, enables the family members to see, and what they can see, are the others as they are and at the same time in their best possible form ... That is the
deepest or highest goal of all logotherapeutic work with families: to help them love, to help them see. But to help them to do so, the therapist and counselor too must see his patients and clients as they are and also in their best possible form, in order to stimulate them in this direction. Thus, in the final analysis, the work of the therapist is based on love, not between man and woman, but between two human beings. Therefore let me close with a wise saying by Pestalozzi: "You must love people, if you want to change them!"

**Questioning-Scheme for Couple-Counseling**

**Step I**
A couple describes a certain conflict-situation, which they have gone through without solution. (Counselor = C.)

C.: "What do you think was the actual element that upset your partner?"

Both answer.

C.: "Is it right, what your partner has presupposed?"

If one or both fail to agree, they can correct the presumption.

**Step II**
C.: "In case a similar situation occurs again, do you see any possibility to prevent your partner from getting so upset?"

Both answer.

C.: "Would this change of behavior, which your partner mentioned, really help you in similar critical situations?"

If one or both fail to agree, they can describe what instead would help them, but they are not allowed to make greater demands.

**Step III**
C.: "Are you ready to realize the possibility which you mentioned and change your behavior in a similar situation - independently of what your partner does?"

Both say Yes or No.

If only one says Yes, this can be enough to increase hope for the family.

C.: "Are you happy about the readiness of your partner to change him/herself a little bit? Can you accept it as genuine?"

No discussions anymore, end of the session.

* * * *

"I cannot" - that's readily said, so quickly and easily, it hardly requires a thought, only a motion of the tongue. And a possibility is dead.

How would it have been, if it had remained alive?

Would it have made the unexpected expected, the unbelievable believable, the desired available?

Would it have become part of the meanings of the world and become reality of what was waiting to become reality?

"I cannot" - that's readily said, but look, I also can question the "I cannot", it hardly requires much energy, only the will to overcome. And a possibility is born.

How would it be if it remained alive?

Would it change the unchangeable, unlock the locked, awaken the sleeping?

Could it bring back the difficult, the uncomfortable but - seen within the meaning context of the world - immensely blissful "Yes, I can"?

Elizabeth Lukas

Lukas, E. (Year unknown). Psychotherapy with Dignity. Publisher unknown.
The Fast Forward Experience

What do you like best about your life?
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

This is an exercise to help the client to think creatively. Some clients are more problem solvers and find it difficult to set up goals for their lives. Problem solving personalities do not thrive on five-year plans, but they are very good at developing the tasks given to them. They thrive on solving problems and pay attention to detail.

With this exercise we try to accommodate both personalities, by moving far into the future, so far, that they are going to look back at their lives as if it was on their deathbed. This releases new creativity and helps the clients to have a good look at their values, because they need to think through how their lives should have been to be fulfilled.

The exercise goes like this:

Imagine that your life is like a tape or video recorder that you can fast-forward to a future time and then when you are ready, you can reverse it again back to the present.

1. You will need to pick the age at which you think you would die. This is not a self-fulfilling prophecy. It's just a guess.

2. Fast-forward until that last year of you life, in fact to the last day. Your mind is clear, and you turn and look back at your life. As you do a life review, respond to the question:

“What will I need to have done or been in order to feel fulfilled on the last day of my life?”

3. Now scan the material that you have written. Underline, circle or mark in some way things that stand out. Look for:
   - A significant task
   - A significant relationship
   - A meaningful goal
   - Other

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God sat at the organ of possibilities and improvised the world.
Schleich

We must always aim at the bull's eye although we know that we will not always hit it.
Goethe
The Mountain Range Experience

Who was your favourite childhood friend? Why?

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

This creative exercise helps the clients to think about people and their values to them and what they mean to them. It was developed by Viktor Frankl and Florence Ernzen.

The clients are given paper, coloured pens. They develop a mountain range with peaks and valleys. As they look over their mountain range, they place the kind of people who have influenced their lives on the different peaks before them. It could teachers, friends and family, it could be people they have heard about on TV or read about in the newspaper.

After drawing the mountain range and adding the people that come to their minds, clients ask themselves the following questions:

Name two or three of the qualities, which your mountain peak people have?

What surprised you in this experience?

What values do you have in common with your mountain peak people?

On whose mountain peak would you like to appear?

Bibliography

The Movie Experience

This exercise was been developed by Mignon Eisenberg, Paul Welter and Robert Hutzell.

This is a fun exercise but will challenge the clients to use their imagination.

How does it work?
Part one:
Imagine that you are in a crowded room full of your family and friends who have been involved in your life over the years. In the crowd is an unknown person who is a famous Hollywood film producer. The film producer breaks the ice by sharing that he would like to make a film about your life. They all think it could be a blockbuster.

The producer makes the following speech:

"I want you to go out and help us shoot a film of ______’s life up to this point. I will provide you with a director and camera crew and anything else you need. As the people in ______’s life closest to him, we will ask you to re-create those events in his life that were most meaningful. This might include times at home, at school, at work, times of joy, celebration, and suffering. Then when you finish with the filming, bring all the film back and we will have a crew who will work with you on post-production and do the editing. But now I will need to ask _____ some questions before you go out"

The client will then answer the following questions:
1. Will it be a low, medium or high budget film? The client will reflect on money in his or her life.
2. What style of film will it be? Western, comedy, horror, thriller, romantic, heroic quest, science fiction or?
3. The clients will then think which actor or actress their family would choose to play the lead role? The choice has to be made through the eyes of the family or friends.
4. What will be the title of the film?
5. Make a poster advertising the film.

Part two:
The film is a hit and the producer returns because he would like to make a sequel. The next film will be about the future and the client has now the creative control over the film.

The client is then asked to:
Make a brief outline of the script. Put into the script events and relationships that he or she expects will be meaningful.
Then answer the questions 1 – 5 above.

Bibliography
The Logoanchor Technique

Where do you go or what do you do when life gets too stressful for you?

The Logoanchor Technique was developed by Ann Graber. She describes a Logoanchor as, “an experience either from the past, or anticipated in future, rich in meaning, which can be used as anchor in a current situation”.

These anchors can put us in touch with our highest moments and help us to hold on to past victories. The counsellor’s aim is to assist clients to find meaningful anchors that they can hold on to in difficult seasons.

The technique uses a multi-sensory approach, including relaxation, music, and visualisation. Ann Graber offers a tape with a guided visualisation which encourages the client to find answers to questions like, “Was there ever a time in your life when you felt loved and protected?” Answers to this kind of question can be vital for the client to keep on going even if they face incurable diseases. The tape encourages the client to engage in the process using all five senses: sight, hearing, smell, taste and touch/feel.

Some people do not feel comfortable with the style of music but would be happy to use the technique if read by a friend.

I would like to invite you now to participate in a multisensory imagery process by closing your eyes or by focusing on one point to avoid visual distraction. Get very comfortable in your seat, feeling that you are safe in this space and that it is all right to let your mind drift.

Take a deep breath, hold it, exhale, and let go of any physical tensions in your body…. Just relax.

Take another deep breath, hold it, exhale, and let go of any emotional tension you may have… just let it go.

Take one more deep breath, hold it, and when you exhale let go of your mental preoccupations… just let them drift away and be here now, totally present to yourself in this moment in time.

Begin breathing in your own natural rhythm, a rhythm that is uniquely yours, and will help you get calm and centred.

Matthew 7:24 NLT

Anyone who listens to my teaching and obeys me is wise, like a person who builds a house on solid rock.

The crisis of today is the chance of tomorrow.

Elisabeth Lukas
Let your consciousness drift,
The way you do when you daydream.
Let’s go down memory lane in search
Of an experience that filled you with awe and wonder:
To a time when you felt most integrated and alive!
When you were in touch with your uniqueness,
Your humanness in an essential way.

A time when you felt expansive,
  Full of intuitive knowing,
Experience something sacred –
To a moment in your life when you felt transcendence
  Is not only possible, but immanent!

Bring that state of awareness forward to the present moment.

**Imprint it in your memory through multi-sensory imagery:**
- Visual impression: See it clearly in your mind
- Auditory impressions: hear the sounds again
- Gustatory impressions: What tastes were involved?
- Olfactory impressions: notice the smells, odours, aromas that accompanied the experience.
- Tactile impressions. Touch it, feel it.

Put as many of the sensory impressions as you can together now into a holographic image and fully experience that life-giving moment again, knowing that it is still very alive in you and that you can use it again as a Logoanchor whenever you are in need of one.

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**Bibliography**
Graber, A. *Images of Transformation*
Graber, A. “The Logoanchor Technique.”
THE LOGOANCHOR TECHNIQUE

Ann Graber Westermann

In his book Meaning in Therapy, James Yoder describes an encounter he had with Viktor Frankl in this manner:

"In 1980 at San Diego, California, site of the First World Congress of Logotherapy, I stood in a long line to await my turn to greet Dr. Frankl and tell him the meanings brought to me and to my students by his book, and particularly the account of his first night in Auschwitz, when, in the midst of agonizing pain and horror, he could, in spite of pain, step back from it and hear the truth that came to him: 'I'm obliged to live my thoughts rather than merely putting them down on paper.'" (paraphrased)

Frankl shifted his focus. He transcended his current reality to something very life-giving that allowed him strength and courage to go on.

In the preface to the third edition of The Doctor and the Soul, Frankl describes how he limped along painfully in the bitter cold, deploring the misery of his life, when he forced his thoughts to turn to another subject. "Suddenly I saw myself standing on the platform of a well-lit, warm, and pleasant lecture room. In front of me sat an attentive audience...By this method I succeeded somehow in raising the situation, above the sufferings of the moment."8 p.30

This passage intrigued me for years. I wondered: Do we have to be in extremis before we can accomplish this shift in awareness to what might be termed phase transition to non-local time—experiences occurring outside of our usual time/space continuum? My success with what I call the Logoanchor Technique tells me that we do not.

Perhaps our great human challenge is: LIVING OUR KNOWING! The present paper offers a technique for entering that ontological dimension—at will—and having experiences similar to those described by Frankl.

Logophihosophy & Logotherapy is Urgently Needed

In a professional field where great value is placed on quantifiable data, existential therapy is considered, to use Irvin Yalom's phrase, the homeless wait.1, p.21 Symbolic representations and noetic interventions are difficult to measure. Nevertheless, they may be the most applicable in dealing with existential dilemmas that are brought before us.

Acceptable solutions need to be found to many pressing issues. Logophihosophy and Logotherapy can address essential life questions. Among the ones that cross my threshold most frequently, are:

- How to remedy the terrible isolation, rampant in our midst, where so many people experience a lack of belonging and a sense of alienation. Will we reach out, with caring, to bridge these isolated islands of humanity?
- How to deal with the relationship revolution going on between men and women. In our highly prized independence, will we mutually learn to be interdependent, so the uniqueness of each is appreciated and interpersonal intimacy can be fostered?
- How to put security into the lives of developing children who are often exposed to superficial values at an artificially driven pace. So many demands are made on their working parents (with extended families largely unavailable) in a society in transit, and a world in transition. Let us not neglect them or their needs, for they represent our most precious resource. In them lies the hope and the future of humankind!
- How to approach the taboo subject of death. In a society where death is treated with denial, is accountability for one's actions and responsibility similarly denied or deferred? (i.e., the credit-card syndrome, the national debt). How is the prevailing attitude about death reflected in the way we live life? How do we help our clients face their very real existential anxiety regarding death when it presents masks in so many guises?
- How does the logotherapist prepare to assist others to scale these sheer cliffs of human existence? Surely one must first be comfortable with these core issues oneself, in order to be an active listener and serve as a guide to others trying to transcend their existential crises.
- To that end, I often employ what I have come to think of as the logoanchor: An experience, rich in meaning, either from the past, or an
anticipated one from the future, which can be used as an anchor in a current situation. This technique can be used effectively in many situations—for example, to comfort frightened and lonely children, to bridge communication gaps between partners, to help heal grief and loss, to face fear of dying, to find motivation for living.

When one goes to battle on these intense fronts of life, it is best to wear the armor of vulnerability and to reach into the noetic dimension of the human spirit for strength and invincibility. The noetic dimension is where the essence of humanness can be found. This is the High Country to which Logotherapy as a Höhenpsychologie (height-psychology) leads the way.

The Logoanchor Technique

The logoanchor technique guides clients in the search for anchoring experiences in their own lives. Anchoring experiences are times when individuals were in touch with the highest or noblest they are capable of—moments rich in meaning, intuitive knowing, insight, altruistic love, creativity, faith, hope, authentic moments to relive and savor the noetic energies.

It is best to begin the logoanchor process with a brief relaxation. About 15 minutes may be needed initially, but once a logoanchor is readily available, it can be accessed almost instantaneously. At the end of a brief relaxation, I continue as follows:

I invite you now to participate in a multisensory imagery process by closing your eyes or focusing on one point to avoid visual distraction. Get comfortable in your seat, feeling that your body is safe in this space.

Take a deep breath, hold it, exhale, and let go of any physical tensions in your body...just relax.

Take another deep breath, hold it, exhale, and let go of any emotional tension you may have...just let it go.

Take one more deep breath, hold it, and when you exhale let go of your mental preoccupations...just let them drift away and be here now, totally present to yourself in this moment in time.

Begin breathing in your own natural rhythm, a rhythm uniquely yours, that will help you get calm and centered.

Let your consciousness drift, the way you do when you daydream. Let's go down memory lane in search of an experience that filled you with awe and wonder, to a time when you felt integrated and alive! When you were in touch with your uniqueness, your humanness in an essential way.

A time when you felt expansive, full of intuitive knowing, experienced something sacred. To a moment when you felt transcendence was not only possible, but imminent!

Bring that state of awareness forward to the present moment.

Imprint it in your memory through multisensory imagery. Visual impressions: see it clearly. Auditory impressions: hear the sounds again. Gustatory impressions: what tastes were involved? Olfactory impressions: notice the smells, odors, aromas that accompanied the experience. Tactile impressions: touch it, feel it. What emotions were evoked?

Put as many of these sensory impressions as you can together now into a holographic image and fully experience that moment again that was very life-giving, knowing that it is still alive in you and that you can use it again and again as a logoanchor whenever you are in need of one.

A Case Example

Lisa, a young woman with whom I am currently working, has suffered grievous losses in the past two years. First, her mother died. The family had barely adjusted to that, when her father died suddenly. Lisa had been very close to her father. “I felt heart-broken when my dad died and I became ill with bacterial endocarditis.” (Noo-psychosomatic??) Weak from the prolonged illness and unable to function, she lost her job. Instead of doing familiar work competently, she suddenly found herself having to deal with probate matters and other totally bewildering things concerning her parents' legal affairs. Then her brother, John, whom she loved dearly, came to ask her if he could move in. He was dying and wanted to be with her. She nursed John at home between hospitalizations for several months, until he died of lung cancer. “John was my best friend since childhood. Suddenly I have no family. I am so alone. I’m afraid to be alone. I can't sleep. I miss them so much. I feel so forsaken; there is no one who loves me now,” she said, overcome by grief.

Gradually I began a Socratic Dialogue by probing, "Lisa, let us look for a time in your life when you felt loved, protected, and cared for—not necessarily by your immediate family. Was there ever such a time?"
Lisa: “Yes...When I was a little girl growing up...Our neighbors were Catholic and they had built a little shrine in their backyard. I was always welcome there. Often I would pick flowers and put them on the little altar and I would sit there for hours and talk to God and the Blessed Mother. I really thought that God lived in that little shrine! I always felt so at home there; very safe, protected, and loved!”

Dereckton from her present grief and fear of being alone had begun through a shift in focus to an experience that had been supportive in her past. We tapped into that memory and made it more vivid and accessible through multi-sensory imagery. She was to entertain that memory whenever she felt forsaken or when she couldn’t sleep. After practicing this logoanchor for two weeks, on a subsequent visit she happily told me, “We seem to have our family reunions there now! First, John would join me in that little shrine in my mind. It was such fun; I could make him any age I wanted him to be. Then my dad showed up. I was very comforted by his presence. Now mom joins us. It’s great! I feel so much better and I can sleep!”

In the physical dimension she cannot change her situation, nor bring back to life those she loves. In the psychological dimension she was overwhelmed by her losses to the point where she could not function. Only in the noetic dimension is she free to take a stand against her suffering. She chooses to transform her grief into gratitude for all the love she had known in her family and for everything that had been beautiful in her past, which helps her to transcend her tragedy. She discovers rich meanings in her past and uses them as building blocks for her future.

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References
Alternative List Making

Elisabeth Lukas developed this exercise. The first stage encourages depressed patients to make a list of the things that they have always wanted to do, but never had the time to do. This is seen as pre-counselling.

The second stage is for the clients to choose to do one new thing every day and by the end of the day rate the experience:

<table>
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<th>-1</th>
<th>0</th>
<th>+1</th>
<th>+2</th>
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<td>+1</td>
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<td>+1</td>
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<td>Phone a friend</td>
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<td>+2</td>
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</table>

When the clients come back a week or two later, they go through the list with the counsellor. The positive indications will work as a process of healing through dereflection. Instead of hyperreflecting over the symptoms of depression the focus is on the enjoyment of different tasks. By writing down the things that they always wanted to do. The clients find meaning because they are looking at their creative and experiential values.

Rekindling old areas of meaning can be the therapy needed in itself. Elisabeth Lukas describes how some people are healed through this pre-counselling so that a longer period of counselling is unnecessary.

Bibliography
Lukas, E. Meaningful Living.
The Appealing Technique

In which area do you find it most easy to be disciplined? Why is that?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

The Appealing Technique uses the power of suggestion. It is a psychological tool only to be used with clients whose spirit is temporarily blocked due to addiction, handicap or instability. These clients can be too weak to carry out normal treatment of their own will and motivation. The focus of treatment is on strengthening of their wills so that they will be able to make responsible decisions.

Elisabeth Lukas describes in two phases how she would work with people with an addiction.

Phase 1:
1. Physical detoxification.
2. Relaxation exercise
3. Training of the will

Before entering into Logotherapeutic treatment, the clients are encouraged to go through a physical detoxification. Lukas will often ask people who have had similar problems to convince new clients of the benefit of going through detoxification.

When the clients have finished their detoxification programme they usually find it difficult to engage their spirits in making responsible decisions. This is because their physical and psychological dimensions are fighting each other due to withdrawal symptoms and old habits. The Appealing Technique can then be prescribed.
First the client will be taken through a relaxation exercise. This exercise will increase the effectiveness of the training of the will. Thereafter in the relaxed state a text will be read which will focus on the psychological strengthening of the will. Lukas suggests the following kind of manuscript:

"I am not the helpless victim of my drives and emotions. I have free will and I am going to strengthen my will and reshape my life toward goals that are meaningful to me, toward ideals that are honestly mine. I can feel this inner will; it becomes clearer and clearer, it gives me strength to persist. I shall master my life, master it in spite of all the difficulties. The greater the difficulties the greater my strength will be.."

Lukas provides the clients with a tape including a relaxation exercise and the above text. The clients are encouraged to use it several times a day.

This phase will not bring the clients to health and wholeness, but the focus is on strengthening the will, so that it is possible for the clients to engage their spirits in their decision making.

Phase 2:
1. Socratic Dialogue to find meaning in life

After some time, it will be possible to enter into a Socratic Dialogue, where the clients will be searching for meaning. This will be the motivating factor in avoiding relapse.

When meanings have been found, it might be necessary to look also at attitude modification to deal with self-pity.

**Unhealthy attitude:**
Because my parents didn't want me and didn't care about me I took the wrong turn.

**Healthy attitude:**
Although my parents didn't care about me, I'll lead a decent life.

The Maximum Mind
Herbert Benson has been researching the effects of focused meditation followed up by thoughts about life-change. He concludes that the time just after focused meditation or, as in The Appealing Technique, the time of relaxation is the most powerful time for change. Lukas has also experienced this with her clients.

Spirituality is not just a part of life. Defined in the broadest sense, it's the very foundation of life. 
Herbert Benson,
The Maximum Mind
The difference between The Appealing Technique and Benson’s Maximum Mind is as follows:

<table>
<thead>
<tr>
<th>Appealing Technique</th>
<th>Maximum Mind</th>
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<tr>
<td>Relaxation exercise</td>
<td>Focused meditation</td>
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<tr>
<td>Guided suggestion</td>
<td>Self suggestion</td>
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<tr>
<td>Clients with a blocked spirit</td>
<td>For everybody</td>
</tr>
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</table>

Benson found the following benefits of The Maximum Mind:

- Succeed with self-help programs;
- Strengthen self-discipline;
- Achieve difficult exercise and athletic goals;
- Increase your creativity and decision-making skills;
- Enhance the effects of psychotherapy;
- Decrease medications you may be taking;
- Overcome your irrational fears;
- Diminish the tyranny of pain in your life;
- Break your unhealthy and destructive thought pattern; and
- Support and expand your spiritual life.

He describes the process this way:

“The left hemisphere of the brain is largely responsible for controlling much of the analytical, inferential and language-related skills and thinking processes. The right hemisphere is the area in which much of the intuitive, artistic and creative thinking resides.”

“Scientific research has shown that electrical activity between the left and the right sides of the brain becomes co-ordinated during certain kinds of meditation or prayer.”

“Dramatic change is possible. How? By eliciting the Relaxation Response through meditation, prayer or other techniques, you can set the stage for important mind- and habit-altering brain change.”

We can therefore use The Appealing Techniques of suggestion to help clients with a blocked spirit and The Maximum Mind technique for everybody hungry for change or growth.

**Bibliography**

Anderson, N.T., & Park, D.  *Stomping out the Darkness.*

Benson, H.  *Your Maximum Mind.*

Comiskey, A.  *Pursuing Sexual Wholeness.*

Guttmann, D.  *Logotherapy for the Helping Professional.*

Lukas, E.  *Meaningful Living.*
Act as if.....

Who was your hero as you were growing up? How did you try to imitate him or her?

____________________________________________________________
____________________________________________________________
____________________________________________________________

This method deals with our insecurities and attitudes, which from time to time hinder us in trying new things such as succeeding in our workplaces. The method was developed by Joseph Fabry.

Pretending can give you the world! A little boy was visiting me and we were talking and playing. He stood on my porch and acted as if he was fishing, pulling on the pole and even showing through expression that he was really fishing. Or think of little girls playing tea parties. If kids don't have something, they pretend. I learned that imagination is great.

Paul Welter,
Learning from Children

The advice is, “Pretend till you make it”. We don’t always feel up to taking part in the children’s sports day, but we do it anyway. We don’t always feel like attending a staff meeting, but we do it anyway.

The challenge for us is how we act when we do these things. Do we attend grumpily or with a cheerful attitude? We might not feel cheerful, but if we try, we can fake it till we make it. Often the situations are very enjoyable anyway, when we allow ourselves to find the meaning of the moment.

Some people feel so scared of, for instance, public speaking, that they lose sleep for days before having to address a staff meeting. In situations like this, the advice is to decide to look confident, to speak upbeat and joyfully, no matter how they feel. By doing so, they start to train themselves in daring to step out of their comfort zone and achieve what they set out to do.

This method is helpful in unlearning negative attitudes and incorporating new attitudes to our lives. Some people, although short tempered, can act as if nothing bothers them even when they are boiling on the inside. People who are easily bored, can act as if they are very interested through active listening.

Fabry encourages the following exercises and his advice is only to use one a day. The clients move from one to the next when they feel confident enough. The focus is on getting some victories under their belts. Each exercise takes up to five minutes.
Fabry's exercises

1. Alone
2. With a stranger
3. With an acquaintance
4. With a personal friend
5. In a conflict situation

Begin with one of your problems and work through it following this model. Suppose that your problem is lack of confidence:

1. Alone
In the beginning try to work on the issue alone. If the problem is confidence, try to walk, talk and act with confidence. If it is public speaking, then be your own audience. Speak convincingly to the mirror. If the problem is anger, try to think of a situation that really bothers you and think of ways to respond differently. Maybe rehearse your questions and comments orally, which will include working on your tone of voice.

2. With a stranger
Try it out on a stranger e.g. go into a shop and speak confidently to the salesmen.

3. With an acquaintance
Now it starts to become more difficult, because the person knows you a bit. The clients might find it peculiar to pretend to be confident to somebody they know, but the stages move closer and closer to real life situations. If this stage causes anxiety, then repeat this stage until the pressure lifts.

4. With a personal friend
At this point the clients might not need to act any more, as it has become part of their personality. If not, they need to keep on acting. This point is a bit risky, because the clients might get funny looks and comments, but perseverance is important.

5. In a conflict situation
After working on confidence for a time the real test is the behaviour during a time of conflict. Can the client face a conflict with confidence? This is the place to see, if the acting has become a natural part of the personality or not. If not, work the way through the steps again.

Bibliography
Fabry, J. Guideposts to Meaning.
Frankl, V. Man’s search for Meaning.
Logoplan

Who was the best teacher you ever had? What made this person so special?

____________________________________________________________
____________________________________________________________
____________________________________________________________

The logoplan was developed by Patricia Haines with the purpose of helping students on a meaningful journey towards vocational qualifications. The following is an adapted version.

One of the headaches for school administrators is the number of students leaving before they get to their exams. One of the headaches for students is that they lose sight of their goal. The education is only something they are doing to please their parents or for the sake of getting their exams.

Haines suggests that it is possible to use Lukas’ four steps in helping students regain a purpose for studying. These steps can help students get in touch with the defiant power of the human spirit. When that is happening it is possible to engage them in Logoplanning to help them reach their goals.

Stage one
First it is important to help students to work with determination and motivation. There are often setbacks during the years of training/studying: Bad teachers, old-fashioned rules and regulations, last minute changes, standards and disciplines. There are many things that can discourage students from finishing their training.

The first step is therefore to help the students deal with their present challenges, attitude modification and finding new meaning.

a. Self-distancing from the system.
   Students do not need to be identified with the system. They do not need to agree with the system, but they need to find a way to work within the system. If they find that most of the things they are doing are not meaningful to them right now, they can start looking for things to do, classes to attend, volunteer work to be involved in, that can help them stay motivated.

   Sometimes practical tools like speed-reading or creative note taking can be of great help, so that students do not spend too much time on things that can be done quicker, which will in return give the extra time for creative pursuits.

b. Modulation of attitudes.
   The students need to be supported in their search for meaning of the moment. This will help them feel less stressed about their training. Sometimes it can be daunting to think about an education that may take up most of their time for maybe two to seven years. This can be felt as a whole lifetime, which is a draining experience.

The four steps:
1. Self-distancing.
4. Finding meaningful tasks and goal.
Students can also be helped through the Socratic Dialogue. Fabry’s five steps will encourage the students:
- To think through their reasons for applying their motivations in life.
- To think through the choices they have already made and brainstorm new possibilities within the framework of their educational institution.
- To think about their own uniqueness. What do they have to offer the educational institution? In which way would they be missed if they were not there.
- To think through their responsibility for the decisions they have already made. How can their past decisions help them to grow now.
- To think about their opportunities to help others. How can their present experiences be an encouragement and help to people around them.

c. Reducing the systemic effect.
It is easy to find all the faults in any educational establishment. When that becomes the main focus, it will be very difficult to be motivated to study. Modification of attitudes will help the students to find the positive things about their training, their future, etc.

The clearer the goal, the easier it is to stay determined to finish the course during difficult times. It is a decision that needs to be made and remade.

Another change in attitude that is helpful, is when the students see themselves as their own educators. There is an educational system telling them what they have to do, but not all they have to do. They can do more than expected. If they are suffering from theory-overload, they can engage in volunteer work related to their area of study. This will help them to remember why they are going through maybe years of theory. In the UK it is becoming more common for students to engage in volunteer work during their college and university years. It is a helpful way to stay in touch with the world outside the walls, and also to know that they are already doing something of value. It can be extremely frustrating to have to wait for years to be used. Education is a very self-orientated business. Volunteer work helps students to self-transcend and experience the feeling of value.

d. Finding meaningful tasks and goals.
This will be an ongoing process during the time of studying.

**Stage two**
Haines suggests that the Logoplan also consists of these areas:

### Fabry’s Five Steps
2. Choice.
3. Uniqueness.
4. Responsibility.
5. Self-transcendence.
- Goals: What is the purpose of taking this course? How will it benefit you? How will it benefit others? How can you use this education to be engaged in the things that excite you?
- Obstacles: What obstacles are blocking your path?
- Resources: Personal resources: Past accomplishments in learning and present knowledge and experience that will be helpful. External resources, e.g. other students, volunteer work, library, Internet.
- Learning outcome: What would you like to be able to do after finishing this course? What disciplines have you learnt? In which way have you developed personally?
- Reconstruct: Are there changes that need to be made?

Bibliography
Haines, Patricia. *Activating the Power of the Defiant Spirit for Personalised Education through Logoplanning.*
Logoplan
- A Meaningful Journey towards a Vocational Qualification.

Stage one:

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<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>What standards and disciplines do I choose to follow?</td>
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<tr>
<td></td>
<td>What is meaningful for me right now?</td>
</tr>
<tr>
<td></td>
<td>Why did I apply in the first place?</td>
</tr>
<tr>
<td>2</td>
<td>Which choices do I have?</td>
</tr>
<tr>
<td></td>
<td>How can I become more responsible?</td>
</tr>
<tr>
<td></td>
<td>How can I help others?</td>
</tr>
<tr>
<td>3</td>
<td>How can I make my training more enjoyable?</td>
</tr>
<tr>
<td></td>
<td>How can I be useful now?</td>
</tr>
<tr>
<td>4</td>
<td>In which ways would I like to use my education in the future?</td>
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Stage two:

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<td>How will it benefit others and me?</td>
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<td>How can I use this education to be engaged in things that excite me?</td>
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<tr>
<td>Obstacles</td>
<td>What obstacles are blocking my path?</td>
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<tr>
<td>Resources</td>
<td>What are my past accomplishments and experiences?</td>
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<td>Where can I go for help?</td>
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<tr>
<td>Outcome</td>
<td>What would I be able to do after graduation?</td>
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<tr>
<td></td>
<td>In which way have I developed personally?</td>
</tr>
<tr>
<td>Reconstruct</td>
<td>Are there any changes that would be helpful now?</td>
</tr>
</tbody>
</table>
One of the things that the management guru Stephen Covey has pointed out is the importance of being aware of all the clients' roles in life, and then building the week's programme around these roles. When people only put things into their diary as they show up, they will never get time for their family, leisure pursuits, extra training, etc.

It can be of help to have a simple tool for everyday living. Some people live their life by the diary. They cannot remember what they did yesterday or what they are going to do tomorrow without their diary. This tool is therefore created as a system that helps people to organise their lives, and at the same time deal with their hurts, habits and hang-ups.

The Logoplanner is divided into two parts;
- Areas of priority and importance.
- Challenging questions dealing with the three pathways to meaning in life and three questions regarding the areas that drain people of energy and motivation.

The idea is to hold these things together. It is just as important to remember to deal with all the practical issues of life as to make sure that every week has meaningful activities. At the same time, everybody faces things that either make them worry or feel guilty and angry. Decision to do something about these areas can be very freeing and give new energy and motivation.

The Logoplanner helps people to sustain health through a balanced lifestyle.

Bibliography
Andreasen, A.S. How to Deal with the Stress of Life Through Logotherapy.
"We all find time to do what we really want to do."
William Feather

"Decisions are made in a moment, but growth comes from daily discipline."
John Maxwell

**Increasing vitality and passion:**
What enjoyable activities will I get involved in this week?

What steps can I take to manage my anger?

What steps can I take to manage my worries?

How can I be an encouragement to somebody else this week?

What attitude can I change right now that will improve my quality of life?

**Experiencing a fresh breath of life and freedom:**
What steps can I take to manage my guilt?

Ways in which I will build margins into my life

Things that I have put off, that I can do something about now.

Details that I easily overlook that I can focus on now.

Things I want to get done now.
Tasks: W (Writing), P (Phone call), M (Meeting), O (Other)
Bibliography

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**Journals:**


**Cassette tapes:**