# AN EVALUATION OF THE LOGOTHERAPEUTIC TECHNIQUES OF VIKTOR FRANKL

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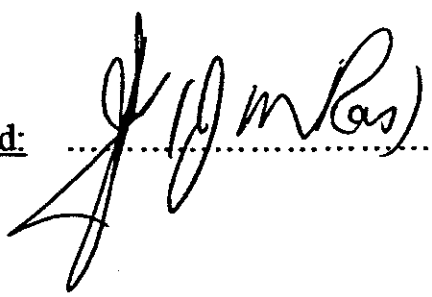
Statement: I hereby declare that the work in this thesis is my own and has not been handed in to any other university for any degree/diploma purposes.

Signed:  Date: 28/9/2000

## SUMMARY

This study is an evaluation of the different logotherapeutic techniques of Viktor Frankl. An evaluation has been given of every technique and some of the major tests that are used by logotherapists. These techniques have been evaluated mainly from a personality, and at times, from an abnormal psychological point of view. The present uses of logotherapy as well as its possible future also have been discussed.

## OPSOMMING

Hierdie studie is 'n evaluasie van die verskillende logoterapeutiese tegnieke van Viktor Frankl. 'n Evaluasie is gegee van elke tegniek en van die belangrikste toetse wat deur logoterapeute gebruik word. Hierdie tegnieke is geëvalueer van hoofsaaklik 'n persoonlike, en by tye, van 'n abnormale sielkundige perspektief. Die huidige gebruike sowel as die moontlike toekoms van logoterapie is ook bespreek.

"We then who are strong ought to bear the weaknesses of the weak, and not seek to please ourselves" – Paul (Rom 15:1)

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# CHAPTER ONE

# METHODOLOGY AND TERMINOLOGY

## 1. Introduction

Victor Frankl, the father of logotherapy, protested at high school level in 1921 that man is much more than "a machine with internal combustion" (Guttmann 1996:3). This protest grew into a full-fledged theory in the 1930s. Hé was a man *par excellence*, who taught that a meaningful and responsible life only begins at the point where, through pain and suffering, man is freed of his selfishness (De Vos 1995:242).

As an European existentialist (Allport 1964:xii), he worked out a technique, called logotherapy, in the light of his experiences in German concentration camps during World War Two. He emphasised that man can transcend his circumstances because man has a will to meaning. To live is to suffer and to survive is to find meaning in your suffering. For him there is a purpose in suffering and in dying and each man or woman must find out for himself/herself what it is.

Frankl was fond of quoting the philosopher Nietzsche who said that "He who has a why to live can bear with almost any how" (Weatherhead 1964:viii). Everyone basically must find meaning in what he/she is doing or experiencing. Meaninglessness leads to boredom, depression, neurosis and even suicide. By implication, if you find meaning in what you are doing or experiencing, then, because you have a "why" to live, you can bear with almost any how. This practically means that man will transcend his problems and difficult circumstances because, *inter alia*, his will to live is stronger that the circumstances in which he/she finds himself/herself.

Victor's contribution to psychotherapy was that he, stronger than anyone else before, emphasised that each person has the ability to choose his or her attitude in a given set of circumstances and that each must accept the responsibility of his/her own choices (Allport 1964:xi). He believed that man is responsible for his/her choices in given circumstances and that he/she alone can decide how he/she is going to deal with it.

He saw the issue of responsibility as one of the central tenets of psychotherapy because he believed it is the patient/client who has to decide what he/she is responsible for, and how he/she perceives life's demands from him/her at a given moment (Guttmann 1996:4). Logotherapy was Frankl's way of emphasising a meaning centered approach to psychotherapy. He said that in the concentration camps some men behaved like swines while others acted like saints. Man has both potentialities within himself; which one is actualised depends on decisions but not on conditions. In other words, whatever the circumstances, some freedom of choice remains. However, one must decide what one's attitude is going to be in that particular set of circumstances (Frankl 1962:134-135; Guttmann 1996:5).

Frankl's approach to man has a certain philosophical color; that man has the ultimate choice to decide what he/she is and what he/she will become. He believed that anyone can transcend the circumstances in which he/she finds himself/herself, and that it is up to the individual to choose whether he/she is going to be influenced by environmental affairs or not. The different logotherapeutic techniques of Frankl and his adherents are *inter alia* based on this anthropomorfic-psychological assumption.

## 2. The problem and reason for this study

Most scholars probably know Frankl for his two logotherapeutic methods called paradoxical intention and dereflection. At the time of its appearance the first method specifically focused on anxiety and phobic disorders (Kendall & Hammen 1995:187). Although a lot of attention already has been paid in the past to these two methods, there are also *other* rather unknown logotherapeutic techniques.

These include: (i) modification of attitudes, (ii) the logoanchor technique, (iii) the appealing technique, (iv) the Socratic dialogue (logotherapy's main tool in helping seekers' search for meaning), (v) the symbolic growth experience (SGE), (vi) the logochart, and (vii) logotherapeutic dream analysis or interpretation.

These techniques, as well as the different tests that are used in logotherapy, like the Purpose in Life Test (PIL), the Seeking of Noetic Goals Tests (the SONG test), the LOGO test, and the Meaning in Suffering Test (the MIST test), are not known to everyone. Exposure to these aspects of logotherapy will acquaint scholars more with these therapeutic methods and aids. Because there is relatively little that is known about the present research that is going on in logotherapeutic circles, this study also wants to make scholars more aware of possible logotherapeutic contributions to the psychological field. An evaluation of the present state of affairs will be done.

Book analyses, focusing on the textbooks published on personality theories, do not reveal much about Frankl and his adherents. This underlines the tendency that he did not get enough attention in the past (Hjelle & Ziegler 1992:ix-xiii). Because there is basically no systematised and evaluative discussion on all the different logotherapeutic techniques that are used by logotherapists, this study wants to address this need.

It seems appropriate that an evaluation is done of the different logotherapeutic techniques at the beginning of A.D. 2000, because there are some who believe that logotherapy will become the main therapeutic tool in the new millennium (Guttmann 1996).

However, in evaluating the different logotherapeutic techniques, one strongly needs to point out that it is impossible to separate the techniques or methods used in logotherapy from the philosophical-theoretical thinking of their therapists. It is their "psychological thinking", their conceptual frameworks, beliefs, philosophical and theoretical "know-how" and ideas that are reflected in these therapeutic aids. This means that one cannot separate the theory from the practice. They do what they do because they "believe" that is how they must do it.

In evaluating the logotherapeutic techniques in a meaningful and more precise manner, it is essential that this study must recognize the inseparability of theory from practice and *vice versa*. The implementation of techniques are based on the foundational philosophical-psychological beliefs of the logotherapist. Ignoring this important matter in this thesis certainly would reflect a *docta ignorantia*.

3. Evaluative point of view

The techniques that are used in a therapeutic setting are a natural reflection and manifestation of the particular psychological stances and viewpoints that psychologists have. Therapeutic methods are based on certain different theories that help us to form a more correct and coherent picture of the specific psychological point of departure and/or position that a psychologist takes in order to help his patient or client.

In order to evaluate the different logotherapeutic techniques in a more meaningful way, it is necessary to specify which theoretical stances are going to be used in order to do the evaluations. De Vos (1995:242-255) has looked at the work of Frankl from a personality psychological perspective. This, in my opinion, is correct. According to Allport (1964:xii), the work of Frankl was at times regarded as coming from the "Third Viennese School of Psychotherapy" (the predecessors belong to Freudian and Adlerian Schools) and he can be described as a European existentialist. This means that logotherapy, at least for Allport, is "soaked" in existentialism.

Although there are a lot of overlapping ideas and matters that existentialists (like Frankl) share with phenomenologists (like Rogers) and humanists (like Maslow), it seems safe to say that Frankl's contribution to psychology was seen as coming from an existential point of view. An acceptance of this broad and rather vague "classification" will enable us to evaluate him and other logotherapists from a personality psychological point of view, using all, or at least some of the other personality psychological perspectives as points of departure.

Hjelle and Ziegler (1992:ix-xiii), for example, discuss the following different theories in personality psychology: the psychodynamic perspective (Sigmund Freud), psychodynamic perspective revised (Alfred Adler, Carl Jung), ego psychology and related perspectives (Erik Erikson, Erich Fromm, Karen Horney), the dispositional perspective (Gordon Allport, Raymond Cattell, Hans Eysenck), the learning-behavioral perspective (Burrhus Skinner), the social cognitive perspective (Albert Bandura, Julian Rotter), the cognitive perspective (George Kelly), the humanistic perspective (Abraham Maslow), and the phenomenological perspective (Carl Rogers).

A meaningful evaluation of the different logotherapeutic techniques or methods can only be done if these above-mentioned perspectives are constantly kept in mind. However, certain of the logotherapeutic methods are used, for example, in a clinical setting. This means, at least in my opinion, that the different theoretical clinical psychological models, operating in clinical settings, must be used at times to evaluate those logotherapeutic techniques that are used in these particular settings.

Kendall and Hammen (1995:31-63), for example, discuss the biomedical models (psychological disorders and biological conditions), psychodynamics (an intrapsychic model), humanism (self-focused views), behaviorism (the learning models), cognitive models (disordered thought processing), and family systems.

In their discussion of clinical models, Nietzel, Bernstein and Milich (1994:35-79) refer to the psychodynamic model, the behavioral model, the phenomenological one (including Kelly's personal construct theory, Rogers's self-actualization theory, Maslow and humanistic psychology, Fritz Perls and Gestalt psychology), the interpersonal perspective (with reference to Harry Sullivan and Timothy Leary), and they also refer to biological challenges to psychological models (1994:78).

These above-mentioned models make us aware of the complexity in evaluating any kind of therapeutic technique. Nietzel, Bernstein and Milich (1994:78) said that in the past two decades the insights from biopsychology, behavioral genetics, and sociobiology have forced clinical psychologists to take the remarks, coming from these disciplines, into account, when they assess and treat people.

Nietzel, Bernstein and Milich (1994:78) said that the growing recognition of biology-behavior relationships suggests that the biological perspective may one day also at-

tain the status of a model in clinical psychology. Kendall and Hammen (1995:31-40) have also recognized its importance. They mention this model as the first of five major models of contemporary psychology. Their term "bio-medical model" is basically the same as the terms "medical, organic, biological" or "disease model" (Kendall & Hammen 1995:31).

A reading of logotherapeutic literature reveals that logotherapy is used by different people in different disciplines, ranging from medicine, through psychology to religion. Strictly speaking, this means, that every person will evaluate the logotherapeutic techniques or methods in the light of his/her own frame of reference and from or within his/her own discipline or field of expertees, using the different theoretical models, known to him/her, to evaluate those techniques that he/she wants to evaluate.

However, it is safe to say that this study basically looks broadly at the different logotherapeutic techniques from a personality psychological, or at times, from an abnormal psychological point of view, depending if the particular logotherapeutic technique that is being discussed, is used, for example, in a clinical setting or not.

Because the main different psychological theories that exist in personality psychology and abnormal psychology are basically the same (Hjelle & Ziegler 1992:ix-xiii; Kendall & Hammen 1995:31-40; Nietzel, Bernstein & Milich 1994: 35-79), insights from these models will be used in order to evaluate the different logotherapeutic techniques. However, the wide range that all the different theories cover make it an almost impossible task to evaluate the different logotherapeutic techniques in a proper and thorough way. The evaluations and criticisms in this study are certainly only the proverbial drop in the "psychological" bucket.

4. Related/previous research

Attention will be given to Frankl's therapeutic methods which originated especially between the fifties and seventies of the twentieth century, as well as to those techniques that developed later. Special attention will also be given to more recent logotherapeutic approaches and publications, especially to those that came into being during the eighties and nineties of this century. A summary of the different techniques in the light of present research and recent findings will provide the necessary framework in order to evaluate these important techniques or methods.

A discussion of the different and present methods used in logotherapy, as well as present research in this field, will be given later in this study. It seems more logical to mention and to give a more elaborate discussion of each logotherapeutic technique or method when it will be discussed in the next chapters. References to where logotherapeutic techniques and/or principles are possibly used will also be given in order to put the present use of logotherapy in more proper perspective. The work of David Guttmann (1996), from a social work perspective, in pointing out the present uses of logotherapy all around the globe, needs recognition. This study has fruitfully made use of his contributions in promoting logotherapy.

5. Hypothesis

Because this study has to do with an evaluation of logotherapeutic techniques, a theoretical-evaluative discussion is given, instead of formulating a research hypothesis.

## 6. Basic concepts of logotherapy

There are different terms used in logotherapy that need clarification. These include *inter alia* the following terms or concepts: "Logotherapy, logos, the will to meaning, existential frustration, noögenic neuroses, noö-dynamics, existential vacuum, supra-meaning, self-transcendence, pan-determinism, collective neurosis, logodrama, height psychology, noetic dimension, existential frustration, existential neurosis" and "the tragic triad." A brief explanation of these terms will assist in a better understanding of logotherapy.

### 6.1 Logotherapy

This is a therapy that focuses on the meaning of human existence as well as on man's search for such a meaning. It focuses rather on the future, that is to say, on the assignments and meanings to be fulfilled by the patient/client in the future (Frankl 1970:98-99). It emphasises a search for meaning that will heal a person. Because every person is unique and his/her life only "happens" once, therefore, nobody else can find meaning for another person. A friend or neighbour, or a therapist, for example, can only assist a person to obtain meaning in his/her life (Ras 1998:155). At present this term is a holistic term embracing all the different techniques or methods that are used in this psychotherapy. However, all these techniques are meaning-oriented and direct the client/patient to a search for meaning.

### 6.2 Logos

Frankl says that "logos" is a Greek word which means "meaning" (1964:98). At another place he says "In fact, *logos* in Greek means not only 'meaning' but also 'spirit'"

(Frankl 1970:103). The general use of this word by Frankl is most of the time in the sense of "meaning" (Frankl 1970: 134). In fact, he described this word in the sense of "meaning." His existentialistic interpretation of this word led him to say and to conclude that *logos* means "meaning."

From a Greek linguistic perspective, Frankl has grossly erred in saying that the Greek word *logos* means "meaning" or even "spirit." Although words, in hermeneutical circles, do reveal meaning, *logos* more correctly must be transcribed as *"loghos"* (pronounce it as "lo-ghos"). Greek scholars always used it in the sense of "word" (Abbott-Smith 1977:270-271; Arndt & Gingrich 1975:477-479). From a semantic point of view no word has "a particular meaning", but it is more correct to say that "meaning has words" (see also Louw & Nida 1987 Vol 2:153).

From an etymological point of view "lo-ghos" is basically not used in the sense in which Frankl has used it. From the earliest time in Greek history up to today, this word did not had the meaning of "meaning." From pre-classical times, right through the periods of classical Greek, Hellenistic Greek (Greek New Testament), patristic Greek (Greek of the early church fathers), the Byzantine period and the early modern and modern periods, *logos* never means "meaning."

This means that Frankl's explanation of what the word really means is strictly-speaking wrong from a Greek linguistic perspective. Although it is incorrect from this point of view to say that "lo-ghos" means "meaning" or even "spirit" (the Greek word for "spirit" is "pneuma" - Abbott-Smith 1977:367-368; Arndt & Gingrich 1975:680-685), Frankl has used *logos* in a hermeneutic-interpretative way. In a more "loose" interpretive sense its means "word, logic, reason, study of" and/or "science."

The "psychological re-interpretation" of the word *logos* by Frankl will be described by Greek scholars (from a strict Greek-semantic point of view) as a serious "Franklian slip" based on erratic-idiosyncratic-illegitimate totality transfer. However, it seems that Frankl wanted to give a "scientific" basis to his kind of therapy. In doing so he has used the word *logos*, from a hermeneutical point of view, in a more "loose" interpretive manner in order to bridge this gap.

Although it is strange that no one before has made Frankl aware from a Greek semantic perspective that his use of the term *logos* is a semantic *faux pas*, the meaning that he has attached to *logos* certainly does not nullify or necessarily degrade this specific method under consideration. However, the correct use of any term certainly will promote more scientific validity. The way Frankl used this term indicates that he had attached deeper meaning to the term than logic and that one must understand his use of *logos* in a more "existential-experimental" and hermeneutic-interpretive light.

6.3 .The will to meaning

This is a fundamental motivational force in every man/woman that makes him/her to seek and to strive to find meaning in their life. This meaning is unique and specific in that it must and can be fulfilled by him/her alone (Frankl 1970:99).
The will to meaning is without doubt connected to the choices that persons make. This means that the whole process of decision-making (that functions at a cognitive level) plays a vital role in logotherapy.

## 6.4 Existence

The term "existence" refers to three things, namely existence itself, the meaning of existence, and the will to meaning (Frankl 1970:102).

## 6.5 Noögenic neuroses

These are neuroses that do not originate in the psychological sphere, but in the noö-logical (the "mind"). The Greek word "nous' (pronounce it as "noes") means "mind" (Abbott-Smith 1977:3-5-306). For Frankl it refers to anything pertaining to the "spiritual" core of man's personality. However, "spiritual" does not have a primarily religious connotation, but refers to the specifically human dimension (Frankl 1970:102-103).

Noögenic neuroses, in other words, are neuroses that originate in the mind of a person, in contrast to neuroses in the usual sense of the word, i.e. psychogenic neuroses (Frankl 1970:102). These neuroses do not emerge from conflicts between drives and instincts but rather from conflicts between various values, in other words, from moral conflicts, or as Frankl puts it, in a more general way, from spiritual problems (1970: 103).

## 6.6 Noö-dynamics

This is defined by Frankl as the spiritual dynamics in a polar field of tension where one pole is represented by a meaning to be fulfilled and the other pole by the man who must fulfill it. To survive in even the worst conditions, Frankl says, one must have the knowledge that there is a meaning in one's life.

Mental health is based on a certain degree of tension, the tension between what one has already achieved and what one still ought to accomplish, or the gap between what one is and what one should become. This means that what man actually needs is not homeostasis, or a tension-less state, but rather, the striving and struggling for some goal worthy of him. Noö-dynamics is this call of potential meaning, waiting to be fulfilled by man (Frankl 1970:106-107).

## 6.7 Existential vacuum

The existential vacuum refers to the loss of the feeling that life is meaningful, manifesting itself mostly in a state of boredom. Sometimes the frustrated will to meaning is compensated, for example, by a will to power, the will to money, or the will to pleasure, like sexual pleasure (Frankl 1970:108-109). Frankl was of the opinion that this vacuum or "emptiness" is present in every man and woman. He has used this "emptiness" to move people into a meaningful direction.

## 6.8 Supra-meaning

This is the ultimate meaning that exceeds and surpasses the finite intellectual capacities of man because *logos* is deeper than logic. It is to endure the meaninglessness of life, but rather to bear the incapacity to grasp its unconditional meaningfulness in rational terms (Frankl 1970:120). This has to do with the world beyond the human world, with another dimension, in addition to the biological, psychological and spiritual dimensions. This other "outer-worldly" dimension is the ultimate or supra-meaning (Guttmann 1996:36).

## 6.9 Self-transcendence

Self-transcendence is a term that refers to the ability of man to transcend himself/ herself. This means that man has the ability to move from "this world" to the so-called "other world" in order to overcome his/her problems and difficult circumstances. This term implies man's ability to overcome his present problems by "reaching out" and "finding meaning" outside himself/herself, and/or by giving and/or attaching meaning to something or someone. At a deeper philosophical-linguistic level, one moves from the so-called "immanent" side of things ("from the here"), to the so-called "transcendental" side of things ("to the 'there'/to the 'outside'/to a 'higher level'").

## 6.10 Pan-determinism

Frankl said "By this I mean any view of man which disregards or neglects the intrinsically human capacity of free choice and interprets human existence in terms of mere dynamics (Frankl 1970:59). This term *me judice* stands in direct contrast to a fatalistic point of view where everything is decreed and ordained to happen in a specific fixed-deterministic, static order.

Frankl never accepted the *status quo* of any human being. People can (and must) change! The term "pan-determinism" was used to say that this humanistic-philosophical view is something that is in conflict to what Viktor Frankl experienced in the German Nazi camps, and in what he believed is correct. He strongly believed that man shapes his destiny because he/she can exercise a choice and has the ability to transcend any given circumstances – no matter how difficult.

## 6.11 Collective neurosis

For Frankl this term refers to meaning frustration or existential frustration. This has to do with people who complain about the meaninglessness of life (1970:17). A careful reading of his work reveals that "meaninglessness" has to do with the fact that someone is unable to attach meaning to something/somebody and/or to find meaning in something/somebody. This term was a Franklian effort to describe the different frustrations that come to the fore and what people are experiencing when they lack meaning or purpose in life.

## 6.12 Logodrama

It seems safe to say that Frankl understands logodrama as a real event that someone is busy experiencing while being confronting with questions dealing with the mean-ing of life or suffering. This drama can also be described as a "psychodrama" (Frankl 1970:118). It seems that he imagined or pictured a real situation in which someone finds himself/herself and in which he/she must deal with confrontational-existential questions.

## 6.13 Height psychology

This term was postulated by Frankl as a complement to the prominent "depth psyhology" of Sigmund Freud and his followers. In "height psychology" Frankl places special emphasis on the noetic dimension. The noetic dimension is that human dimension, which has a meaning orientation and where human responsibility (where man must decide what he/she is responsible for, and how he/she perceives life's demands from him/her at a given moment) is one of the central tenets of psycho-

therapy (see Guttmann 1996:4).

### 6.14 Noetic dimension

This dimension, in Frankl's opinion, is a specifically human dimension which has a meaning orientation. This dimension is dealing with man's "mind" ("noes") which is orientated towards meaning. The term "noetic" comes from the Greek word "noes" that means "mind" or "the understanding" – the so-called "faculty of thinking" (Arndt & Gingrich 1975:546).

### 6.15 Existential frustration

The frustration of the will-to-meaning that also may lead to neurosis is called existential frustration (Frankl 1965:xii). This term is born out of his existentialist point of view. Existentialism especially came to the fore after the first and second World Wars when people tried, probably much more than before, to find meaning basically in everything they do/see/experience in the light of the destructions and scars that they had experienced (Heron 1985:22-119; Nietzel, Bernstein & Milich 1994:28-32, 56-57; Brammer, Abrego & Shostrom 1993:34).

### 6.16 Existential neurosis

This is a neurosis that arises because of moral conflict or a conflict of the conscience (Frankl 1965:xvii). Religious matters, for example, may be a root cause for this kind of neurosis because what a person believes may be in conflict with his/her religious background and/or values.

6.17 The tragic triad

This is a term that is used in logotherapeutic circles when logotherapists are dealing with issues of guilt, suffering and death. The triad consists of these three experiences - guilt, suffering (pain), and death (Frankl 1969:ix & Guttmann 1996:45-47). This term, that normally evokes an imaginative triangle-picture in one's mind, is not so well known amongst those moving outside logotherapeutic circles.

7. Delimitation of this study and the modus operandi

Chapter one of this study had focused on basic methodological issues. It included an introduction to this study, the problem and reason for this dissertation, and the evaluative point of view, from which this study will be done. It was mentioned that a discussion of every logotherapeutic technique or method will be given in the coming chapters. No research hypothesis was formulated because this is a theoretical-evaluative study. The basic terminology used in logotherapy has also been mentioned.

Chapter two will focus on the existing different logotherapeutic techniques. These techniques or methods will basically be evaluated from a personality psychological point of view, while chapter three will discuss the major different logotherapeutic tests that are used. The last chapter (chapter four) will evaluate the present uses of logotherapy and the possible future of logotherapy.

The philosophical-theoretical background of logotherapy, what it is, for what it stands, its beliefs and everything that has basically to do with this psychological method, are basically assumed as general knowledge in this study. Because this study wants to evaluate the different logotherapeutic techniques, and not to "reinvent the

'logotherapeutic wheel'", proverbially-speaking, only brief attention is given to those matters that are already known, but is in one way or another connected with the general aim of this study (see *inter alia* the work of Naomi Klapper 1974, Don Muilenberg 1968 & Willem Mostert 1978 for theoretical descriptions of what logotherapy comprises).

# CHAPTER TWO

# THE DIFFERENT LOGOTHERAPEUTIC TECHNIQUES

## 2. Introduction

This chapter focuses on the different logotherapeutic techniques in logotherapy. In order to evaluate these methods it is first necessary to say what these methods are and how they are used in the therapeutic setting.

### 2.1 The different logotherapeutic techniques

The main techniques of logotherapy in the 1960s were paradoxical intention and de-reflection (Frankl 1970:143; 1971:99 & Guttmann 1996:72). The other techniques that developed later were modification of attitudes, the logo-anchor technique, the appealing technique, the Socratic dialogue, the symbolic growth experience and logotherapeutic dream analysis/interpretation. A proper understanding of these different methods is essential in order to evaluate it in a more objective way.

#### 2.1.1 Paradoxical intention

Already before World War II Frankl published case histories in which he used this particular therapeutic method. He said that he had used this method already since 1929 but did not publish it scientifically until 1939. This method had been used with especially good results in the treatment of phobic and compulsive patients, in cases of severe obsessive-compulsive neurosis and for many other problems that cause much anguish and pain where the freedom and enjoyment of life were limited for the sufferers (Guttmann 1996:72).

In the first reported cases Frankl was interested to see whether pharmaceutical therapy with benzedrine was useful for treating some neuroses. He found that the medicine only had the function of a temporary stimulant; the patients needed some other form of psychotherapeutic intervention. As a result of this situation Frankl was looking for a method that could assist in the psychotherapeutic setting. Paradoxical intention was developed while he was busy with cases of obsessive compulsions and stuttering (Frankl 1992:2-6).

How does this method works? Anticipatory anxiety, for example, is an anxiety that often produces precisely that situation of which the patient is afraid. A person who is afraid of blushing when he faces a group of people, will actually blush at precisely that moment. A symptom evokes a psychic response in terms of anticipatory anxiety that provokes the symptom to reappear. The recurrence of the symptom in turn reinforces the anticipatory anxiety, and thus a vicious circle is completed. Within this vicious circle, the patient himself is enclosed; as if he is in a cocoon (Frankl 1986: 221).

To avoid this type of fear, people, according to Frankl, use a characteristic pattern of behavior based on avoidance of those things, or places, that cause the anxiety to appear, such as open places and closed rooms. As a result of this unusual behavior, there develops a phobic pattern of behavior. In obsessive neurosis, for example, the fear is paralled by a fight against the anxiety-producing thought. Here the fear is about the possible actualization of the same behavior that produces the anxiety.

The "fight/struggle" of the client/patient to obtain sexual orgasm, for example, with regard to sexual neurotics, is a typical example of what is called in logotherapy "excessive intention" or "hyper-intention." This excessive intention prevents the ac-

complishment of what the patient desires. According to Frankl paradoxical intention is a logotherapeutic technique in which the phobic patient is invited to intend, even if only for a moment, precisely that which he fears (see Frankl 1986:223). This implies a definite cognitive decision from the side of the patient to get involved. In other words, the patient/client must decide to change.

This logotherapeutic method intends "to take the wind out of the sails of the phobia", and this brings about a change of attitude toward the phobia. The procedure makes use of self-detachment which is a capacity inherent in the other human ability, that of using humor to laugh at one's own weaknesses and fears. This is why Frankl believes that paradoxical intention should actually be used in a humoristic setting (Guttmann 1996:74).

Humor in the therapeutic setting produces an unforeseen mental picture that becomes transparent to the listener. Through using humor, for example, a joke, the listener, is thrust from one "symbolic" universe to another in a sudden change with the aid of verbal connections. According to Frankl he uses humor to reduce exactly that which the patient fears most. He has realised that no amount of argumentation, persuasion, guidance, or explanations will help people who are trapped in their own cocoon of fear. It is only through making an appeal to the human capacity of laughter, via the use of humor, that will lead to the desired result. There is no doubt that paradoxical intention, as analysed and developed by Frankl, requires the mobilization of an individual's sense of humor to counteract his problem (Guttmann 1996:76).

Paradoxical intention is especially useful in short-term therapy, and according to Frankl, it does not belong to the persuasive methods. A patient (or client) does not suppresses his/her fears on rational grounds, but he/she overcomes them by exaggera-

ting them. As a result something happens at a deeper level - an existential reorientation occurs (Frankl 1986:240).

The moment a neurotic person stops fighting his obsessions and instead tries to ridicule them by dealing with them in a humoristic way, he/she overcomes the vicious circle which leads to the disappearing of the symptoms. Frankl was of the opinion that the best way to break out of any vicious circle is to make use of pharmaco-therapy and psychotherapy.

In order to eliminate, for example, agoraphobia, claustrophobia, and phobias that are based in the physiology of a person, Frankl developed a drug in the 1950s that brings about relaxation. Both physiological and psychological means are necessary to remove a phobia. Paradoxical intention was Frankl's psychological aid to effect the therapy.

He believed that confrontation with fear is the best medicine to overcome fear. However, he warned that one must not use this method when patients are suffering from psychotic depression. The therapist must make sure that he/she understands the patient's/client's contextual situation before he/she applies paradoxical intention to their situation. So often people forget that Frankl never intended that paradoxical intention is a psychological aid that must be used on its own when you are dealing with different kind of phobias. He never intended to eliminate any form of physiological help. Paradoxical intention is not a substitute for medicine. It is only a psychological aid.

There are several successful case studies in which paradoxical intention was used to cure a patient/client. These include *inter alia* fear for excessive perspiration, suffering from a writer's cramp, a severe bacterio-phobic obsession, a fear of sleeplessness,

a fear of flying, a fear of heights, stuttering, a fear of elevator riding and a fear of crowded streets (Guttmann 1996:78-84).

Paradoxical intention is a technique, to use military terminology, that can be recruited to make war on people's fears. However, in this war the weapon is offensive, not defensive! It is essentially a modification of attitudes centered on a symptom. However, clients/patients must know 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 would become the captains of their own emotions by their will power. The important role of man's will cannot and must not be underestimated.

One outstanding feature of this technique is that a person/patient/client takes responsibility for their own recovery. A stand is taken, a deed done to act and to eliminate the feared symptoms. When clients indeed do what is explained, change their attitudes, and practice as they are instructed, they gain a new sense of self. It is because of this "new sense of self" that this method has such a long-lasting effect on a client's/patient's behavior after he/she has received treatment. Lukas (1986:77), for example, told a woman who feared crowded streets, that she has the ability to think, to act, to plan and to decide. She did this so that the woman with this specific fear could see the separation between health and exaggerated feelings of fear and obsession.

In the light of what has been said it becomes clear that paradoxical intention as a technique is based on the mobilization of an individual's sense of humor and the 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 unique capacity of human beings to laugh at themselves, turned into a therapeutic device by Frankl, has been found to be of great importance for survival both in the clinical and the communal sense.

In referring to the reality and success of paradoxical intention as a technique, Bulka (1989:58) said that "...through 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."

How do we evaluate paradoxical intention? It is important to remember that this method was meant to be used in conjunction with physiological aids like pharmaceutical therapy. While biomedical models are concerned with the role of disease, individual biochemistry and human genetics in psychological disorders (Kendall & Hammen 1995:62), the therapist using paradoxical intention, will not focus on these issues. He/she will acknowledge possible medical and biological factors that may be present and/or play a possible role in the life of his patient/client, but the intention of Frankl with paradoxical intention was that this technique must focuses on the "psychological aspects", not the medical/biological aspects.

This method is a "method of "opposites" because when you fear you must imagine that you are scared! The use of "symbols" are important; imaginary symbols. The patient/client is cognitively involved in the therapeutic process because he/she must "intend" (a cognitive process). Choice plays an important, if not the decisive role, in the whole healing process. A rational decision must be taken by the client/patient. To put it differently, the client/patient must "decide" what he/she is going to do in the given situation. By taking their own decision, it becomes possible for the client/

patient to change his/her attitude(s).

From a psychoanalytical point of view the past of a person is ignored. Frankl will take note of it but it does not play such an important role. It is more directed to the "now" and the 'future." Instincts, drives and the libido are not taken into account in the therapeutic setting. There are no emphases on sexual impulses (Ross 1992:58). There are also no investigations into the various stages of psychosexual development (Erikson 1963:273). No questions are asked about fixations, for example, the oral, anal, and phallic stages. The unconscious levels of a client/patient does not play an important role. The focus of paradoxical intention is *per se* not on the person, but on the problem.

This method is direct and almost confrontational in nature. The cognitive models of therapy certainly would welcome Frankl's emphasis on the cognitive functioning of a person (Kendall & Hammen 1995:57-57, 3). Especially Albert Ellis' rational-emotive therapy (RET) which tries to confront irrational beliefs, is a typical example of what paradoxical intention as a technique tries to do.

Frankl was not ashamed to acknowledge that instead of laying down on a sofa "to just talk" what "comes up", it is rather more important "to sit on a chair and hear the truth!" Paradoxical intention deals directly with the "thoughts" of a person. A person is scared (the symptom) because he/she "thinks" ((his/her thoughts tells him/her so) that he/she is scared. In this sense, this method is *me judice* closer to the cognitive therapies than to psychoanalytical methods.

The conative aspects of man are important. The "will" to do and to act is vital. Helplessness is tackled because the therapist will confront the patient/client to do

something about his/her situation. This "something" must be "meaningful" and "constructive." There is no room for the proverbial "I-feel-sorry-for-you" attitude that many therapists try to convey. Although empathy is shown, the client/patient is directed towards decision-making and a "getting into action." Action speaks louder than words, is perhaps a good description of what paradoxical intention intends to do.

It is safe to say that therapists who make use of paradoxical intention are people who *inter alia* often move very close to William Glasser's reality therapy (Glasser 1975:9-10; 1980:48-60 & Ras 1998:115-125). Although Glasser's three "R's", namely, "reality", "responsibility" and "right-and-wrong" are used in a different sense, the terms "reality" and especially "responsibility" also operate in logotherapeutic circles. A person is very often confronted to face "reality" and to take "responsibi-lity" for his/her own life/affairs. You are responsible! In this sense, therapists of paradoxical intention and those using reality therapy, meet on common grounds.

Free association is not used in paradoxical intention. Logotherapists almost immediately focus on the exact problem. In short, they will ask a patient/client what is his/her problem and then after identifying the symptoms, they will try to redirect the thoughts of the client/patient. The closest that psychoanalysts come to those using paradoxical intention, is through using "emotional reeducation" where patients are encouraged to convert their newly intellectual insights into everyday living. Emotional reeducation is the final step, after the implementation of other psychoanalytic assessment techniques such as free association, interpretation of resistance, dream analysis and analysis of transference (Hjelle & Ziegler 1992:120-125).

Erich Fromm's humanistic personological point of view with its special emphasis that a person must be understood in the light of "cultural forces" existing at a

particular moment in history (Hjelle & Ziegler 1992:216) has led *inter alia* to his formulation of five human existential needs. One of these five, the "need for transcendence", strongly operates in paradoxical intention, although in a different sense.

All persons need to transcend their "passive animal nature" to become active and creative "shapers of their own lives" (Hjelle & Ziegler 1992:219). This idea of transcendence comes to the fore when paradoxical intention is put into operation. "You can do it! You can get out!" – is the typical-ordinary-modern-persuasive encouraging talk that could be used.

This idea of "getting out" and to "change" forever is used by adherents of Frankl to emphasise that a patient/client must never give up hope because there always is a way out. There is meaning, even if it's very difficult to find. "There *is* meaning! Just transcend! Find meaning! Attach meaning! It's there! You will find it!" These types of remarks are typical in the logotherapeutic setting where paradoxical intention is used as a therapeutic technique. That's why Fromm's remarks on "transcendence", in a certain sense, overlaps with that of Frankl.

However, Viktor Frankl did not put the application of his method in a socio-cultural perspective. The way he applied paradoxical intention implies that he saw it *in praxis* as "a-historical", as "timeless." It seems safe to say that this method is not only regarded as "timeless", but also as relatively "a-cultural" (not connected with a specific culture) and relatively "a-social" (not connected with a particular social setting). You can use this technique all around the globe.

From a dispositional personality point of view, logotherapists who implement paradoxical intention say that the past history of a person is useless unless it can be shown to be relevant to the existing problem that they need to address. In conjunction with Frankl's emphasis on the "nous" or "mind" that a person must use in order to get involve in a responsible decision-making process in order to positively change, Gordon Allport correctly had placed great importance on a person's cognitive processes.

However, the greatest difference between Frankl's and Allport's emphasis on cognitive processes, is that the first-mentioned has emphasised it with the idea to confront the client to make a decision about his/her problems. If he/she is willing to change, he/she must "go" for it! Allport, on the other hand, has emphasised the mind by asking "futuristic questions." The future plans and intentions of a person were of uttermost importance. Allport loved to stress the future plans and goals of a person in order to set him/her free and to heal him/her. Frankl also emphasised the future, but perhaps not as much as Allport (Hjelle & Ziegler 1992:251-252).

In contrast with behaviorists like Burrhus Skinner who have over-emphasized the role of the external environment in determining people's behavior, Frankl was of the opinion that man could transcend the environment. The success of paradoxical intention *inter alia* depends on the client/patient who voluntarily will make a choice to change and to transcend. This Franklian emphasis is important because if a client/patient refuses to decide to change, no logotherapeutic therapy will be complete or successful.

From a social-cognitive point of view, paradoxical intention does not always take seriously into account the continuous reciprocal interaction of behavioral, cognitive and

environmental influences. Although the cognitive aspect does get attention the other two aspects are neglected at times or do not get a strong enough emphasis. Albert Bandura and Julian Rotter especially would have stressed this point (Bandura 1977 & Rotter 1954, 1982).

George Kelly's cognitive-construct theories reveal that he strongly emphasized the ability of human beings to change. Persons comprehend their worlds through transparent patterns or constructs, which means that they interpret experiences in the light of the specific construct that they use. One can point out that logotherapists, using paradoxical intention, will confront "these constructs" if they are of the opinion that the patient/client is using the wrong construct.

Therapists in paradoxical intention as well as those using the insights of George Kelly, are both strongly committed to address cognitive issues like "wrong thinking" and/or "cognitive interpretations." However, although the way they will do it *in praxis* will and may differ, insights, coming respectively from each of these two therapeutical settings, certainly will reveal stimulating and useful material for future consideration (Kelly 1955 & 1963).

Abraham Maslow and others from the humanistic personality-psychological point of view, who strongly believe that people are capable of fashioning their own lives, certainly will welcome the idea of Frankl that people are confronted through paradoxical intention to change. Personality change (including the removal of negative and problematic symptoms) comes into existence and to the fore when people start moving toward the actualization of their potentials. This humanistic emphasis, that also operates vibrantly in therapeutical settings where paradoxical intention is used, will be welcomed by those who are convinced that the increasing of "growth motivation"

("meta-motivation") will lead to a reduction in problematic symptoms – something that logotherapists intend to do with paradoxical intention (Maslow 1987).

From a phenomenological perspective, Carl Rogers would also agree with logotherapeutic therapists that the aims of paradoxical intention, "to change" and to bring about a "change of attitude" and "to reduce symptoms", are exactly what he has in mind, but, the *modus operandi*, how to do that, will differ. A Rogerian therapist is more a "facilitator of growth" (Hjelle & Ziegler 1992:526) than a "challenger" or even one who "confronts" (even in a humoristic way), like in logotherapeutic circles where paradoxical intention is used.

### 2.1.2 Dereflection

Viktor Frankl said that the two unique human features that form the basis for human existence in this world, and those two that are the most relevant for a humanistic psychotherapy, are self-transcendence and self-detachment. Self-transcendence is when humans direct themselves toward something or someone other than themselves; to meanings outside themselves. By being immersed in work or love, one transcends and actualize oneself. Frankl (1980) strongly believes that what motivates a person is his/her own choices.

Self-detachment is the human capacity to detach ourselves from outward situations by our thoughts, fantasies, and memories, and our ability to take a stand toward conditions or situations. Human beings have the ability to detach themselves not only from external situations, but also from internal ones. This capacity is the source on which Frankl has based his logotherapeutic techniques. In the light of these

beliefs of Frankl, he has developed dereflection to counteract human suffering and unhappiness caused by various dysfunctions.

This method was originally used for those suffering from sexual dysfunctioning. The pursuit of happiness, paradoxically produces the opposite results. The more people run after happiness, the more happiness runs away from them. David Guttmann (1996:86) points out that a circle begins, comprising of the following elements.

A desired aim is directly strived for and intended to such an extreme that we can speak of hyper-intention. Most often this hyper-intention is accompanied by much self-examination, self-observation, and contemplation about one's self, what Frankl has called "hyper-reflection." When self-observational and self-contemplational behavior occurs, coupled with anticipatory anxiety, or fear of not being able to produce or attain the desired goal, or when one intends to grab pleasure and happiness by force, and these fly away, as they always do when people reach for them, a pathological basis is formed as a vicious circle that only increases the disturbance.

To counteract these elements and to break out of the vicious circle, centrifugal forces must be brought into play, meaning that instead of hyper-intending (to gain pleasure) one should give himself/herself to the other; instead of engaging in hyper-reflection, one should forget about himself or herself. To forget about one's self, one must give of himself. This applies not only to the treatment of sexual dysfunctions but to other human achievements as well (Guttmann 1996:86).

Dereflection has nothing to do with catharsis or ventilation. Catharsis, as practised by Sigmund Freud and learned from the physician Joseph Breuer, is a technique

aimed at the releasing and freeing of emotions through talking about one's problems. Ventilation, on the other hand, releases or discharges emotions that have buildt up and caused the individual to have internal stress and conflict (Barker 1987).

In a social work context, Guttmann (1996:88) says that with ventilation the social worker encourages purposeful expression of feelings by listening, asking relevant questions, listening intently to answers, and avoiding any behavior that seems intolerant or judgmental (Barker 1987:132 & Guttmann 1996:88).

Because catharsis and ventilation and the purposeful expression of feelings in working with clients are insufficient for dealing with fears caused by anticipatory anxiety, and because this neurotic condition is further reinforced by crippling hyperreflection, the client is taught through the technique of dereflection, to ignore the symptoms and to divert his/her capacity to positive matters.

As long as a patient/client is not directed toward positive aspects, dereflection cannot be attained. It is necessary that a patient/client must be dereflected from his/her disturbance to the task at hand or the partner involved (Guttmann 1996:89). He/she must be reoriented toward his specific vocation and mission in life. In Franklian language, he/she must be confronted with the "logos of his/her existence" (Frankl 1986:258). What it means *in praxis* is that a person looks away from himself/herself and his/her problematic symptoms, and focuses on matters that are positive and goal-directed; matters that will set him/her free and will heal him/her.

The cue to cure for logotherapeutic healing is self-commitment. As a technique dereflection opens horizons and widens an individual's circle of meaning, while, at the same time, enriching his/her life. For Lukas (1986) this technique is an aid in which

the essence is to substitute something positive for something negative, and in which symptom reduction is only a by-product, not the aim. She believes that the real aim of dereflection is to enable the client/patient to reduce and completely eliminate the symptom. Once the symptoms are cut off, the doors are opened to discover new meanings in life.

For example, when a woman who had suffered from frigidity for a long time and had constantly thought about what went on in her body during intercourse was told to concentrate on her husband instead, she was able to reach orgasm in a matter of a few days (Frankl 1952 & Guttmann 1996:89). Dereflection, in other words, will work when the client/patient realizes (cognitively-speaking) that he/she must start looking away from the negative symptom to something/something positive.

Because the therapist cannot prevent the client from thinking, he/she can only tell the latter to think of something else that bothers him/her. That is, rather than concentrating on the symptom, the client needs to direct his attention on what is more positive, more valuable, and worthy of effort: on another human being to encounter lovingly or a task to accomplish well. This is where the importance of self-transcendence comes in. The client/patient must be able to transcend out/away from the negative symptoms/circumstances.

Self-transcendence lies at the heart of a person's ability to break out of the circle that holds him/her prisoner of his/her own weaknesses. This holds true whether the preceding behaviors refer to body functions or to socially acquired functions, such as taking an examination, asking a girl or boy for a date, or delivering a lecture before a crowded lecture hall. Concentrating on the task, rather than on the feelings of fear and anxiety is the important matter here. Logotherapists believe that dereflection is

that logotherapeutic technique which will enable the patient/client to achieve this attention-shift (Guttmann 1996:90).

Lukas (1980) points out that in logotherapy one must offer a part of oneself in order to awaken a part of the patient/client to a life of meaning. To gain from dereflection one must be ready to sacrifice. It requires an immense effort and tolerance of frustration by the therapist. However, before applying this technique, one must make sure that there is no physiological cause present, and that it rather safely can be assumed that the roots lie elsewhere, most likely in the client's/patient's exaggerated self-observation or hyper-intention.

How does dereflection work practically? The logotherapist will first reduce the patient's/client's hyper-reflection on himself/herself, an "alternative list" will then be drawn up and lastly one of these alternatives will be selected. The "doing" of the "choice' will assist and help the client/patient to be more goal-directed and to overcome the negative symptom/problem/feeling (Guttmann 1996:101-106).

This technique is based on the human capacity to rise above limiting and constricting circumstances and situations and to take a stand toward them. Rising above and beyond conditions that imprison the human spirit and cause undue suffering opens new doors before the eyes of the sufferer. In short this means that the essence of dereflection is to counteract the negative forces and to turn them into human achievements.

The technique itself serves as a vehicle for directing the individual toward higher and more positive goals in life. Because people, from a religious perspective, have been placed into this world to contribute to its improvement, anything that prevents this must be regarded as problematic. Guttmann (1996:106) correctly said that when so-

meone's spirit is tied down with a relentless pursuit of worldly goods and with all kind of gratifications or when someone's existence on this earth is based on satisfying his/her needs only, without considering the will and interests of other people, the compulsive, hyper-intending and self-negating elements combine to lower the individual to a level not worthy of a human being. This is one of the reasons why Frankl has emphasized so strongly the necessity that a person must find meaning in life and/or attach meaning to other persons/objects, in order to move away from a selfish self-centered point of view and/or lifestyle.

According to David Guttmann (1996:106-107) dereflection's therapeutic power can be successfully used in cases of addictions, chronic, psychosomatic and neurotic conditions, both in group and in case work. The therapist is urged to be careful of the diagnosis and to be aware of potential ethical problems. Before any action is taken, one should anticipate whether there would be the possibility to regret the move. The therapist could experiment with logotherapeutic alternatives and reinforce the positive results achieved by this technique.

This method may be used on its own in cases where normal conditions, for example, sleep and orgasm are forced by the client/patient, and when these functions are blocked by harmful hyper-intention. In such cases dereflection changes the attitude that previously caused the blockage. At times people are trapped and strangled by normal and abnormal behavioral patterns that cause much anguish and suffering. When both conditions are present, the logotherapist may use a combination of logotherapeutic techniques by first liberating the client/patient from anticipatory anxiety, and after that, by removing the blockage and changing the client's/patient's attitude toward the self and others. Many aberrations of behaviour can be eliminated or at least reduced in intensity by a change in direction – from self-punishing, self-lower-

ing and a self-centered path, to a healthy one; one that elevates the human being to meaningful living (Guttmann 1996:107).

In evaluating dereflection as a technique it is imperative to remember that this therapeutic aid is normally not used on its own. It is always in conjunction with other logotherapeutic techniques and/or physiological aids like pharmocotherapy – just like paradoxical intention. However, the purpose of this technique is to assist the therapist to direct the client/patient away from his/her own negative symptoms, to positive ones that will bring about change.

From a rational-emotive therapeutic point of view the rational emphasis on redirecting the thoughts of the client/patient away from the negative symptoms is a positive matter. The client/patient is supposed to "re-work" his thoughts away from the negative matters to the positive. There is "no place" for "self-pity", "self-brooding", and/or any form of "self-centeredness" which negatively influence the client/patient. "Dereflection" actually clearly implies what it wants to do. "Don't reflect on yourself! Look away from yourself! Focus on something else!"

Psychoanalysts are focusing on the past – no matter if it is negative or positive. Consistent reasoning from their side would lead to a more negative than positive evaluation of dereflection because their aim is to "move into the past" of the client in order to establish what are the real causes of the problematic symptoms and/or behavior.

This *modus operandi* practically means that they will in one way or another focus in a "self-centered way" on the patient's/client's negative symptoms and/or life/ lifestyle The difference between logotherapists and psychoanalysts in looking at a patient/ client would be that the first-mentioned start looking at the "present"

negative symptoms and then move to the "future", while the last-mentioned will look at the "present" situation, and then they will move to the "past." Self-introspection automatically, in one way or another, will then come to the fore. This is something that logotherapists will try to avoid.

In criticizing dereflection it is necessary to keep the different philosophical presuppositions of the different personality psychologists in mind. While logotherapists also take neurophysiological and/or genetic factors into account when applying dereflection in a therapeutic setting, behaviorists, with their strong emphasis that all behavior is learned (Hjelle & Ziegler 1992:294), will point out that this is a technique that focuses more on "covert" actions "inside a person" that on overt actions of people as determined by their life experiences.

For Skinner (comp 1953, 1974), behavior is best understood in terms of responses to the environment. While behavioral-psychologists would welcome the choices, the cognitive thought-processes and even the confrontational nature (at times) of logotherapists in dealing with their patients/clients, their treatment are basically based on operant conditioning (Hjelle & Ziegler 1992:300-330). This treatment *inter alia* includes classical conditioning, extinction, reinforcement, aversive stimuli (like punishments), token economy, social skills training, assertiveness (socially-skilled) training, self-monitoring, and biofeedback (biological feedback), which rest on different philosophical-psychological presumptions (see Hjelle & Ziegler 1992:314-319).

The proverbial *Sitz im Leben* ("original setting') of the patient/client is not seriously enough taken into account in logotherapeutic circles - seen from a social cognitive perspective. The social milieu and relevant cultural issues that are part and parcel of modern societies are not genuinely operating very strongly when dereflection is prac-

tised as a logotherapeutic aid. The operation of behavior, personal factors and social forces as interlocking determinants do not come to the fore when dereflection is practised. Albert Bandura (1977), with his strong emphasis on observational learning, would agree with the logotherapeutic emphasis on rationality, but the tendency to neglect the socio-cultural environmental factors, is not acceptable.

If dereflection is focused on the idea to remove the negative symptoms of a client/ patient in a self-actualising way, then humanists like Maslow (1970, 1987) will not object against this logotherapeutic aid, but if not, it needs to be corrected. If it does not make people aware of their potentials, then you are still dealing with what Maslow called the "Jonah complex." This means that there is a fear of success that prevents a person from aspiring to greatness and self-fulfillment.

People who are simply blind to their potentials and/or neither know that it exists, nor understand the rewards of self-enhancement, are those that, in Maslowian language, would develop psychological problems; problems that logotherapists very often try to solve through dereflection. That is why dereflection, without a "self–actualising emphasis," is not healthy for those from a humanistic psychological point of view.

From a Rogerian view point, the actualizing tendency, that is, the inherent tendency of a person to develop all his/her capacities in ways that serve to maintain or enhance the person (Rogers 1959:196), is important. What it means is that the primary motive of any person is to actualize, to maintain, or to enhance himself/herself – to become the best self what his/her inherited nature will allow him/her to be. When logotherapists use dereflection in order to heal their patients/clients, but in the process err in neglecting this Rogerian emphasis, then phenomenological personologists certainly would make them aware of this important matter.

It becomes clear that the real problem for human and phenomenological personologists lies in the exact motive that the logotherapist has in mind with the therapy. If any form of self-actualization and/or self-realization is denied, then it would serve no real meaningful purpose. Logotherapists, in assisting and/or directing the client/patient, strongly need to take this point into account when using dereflection in their therapeutic setting.

The idiographic approach of Gordon Allport (from a dispositional point of view), which is directed toward uncovering the uniqueness of each person as in his "Letters from Jenny" (Allport 1965), is something which logotherapists will emphasized that they have in common with dispositional personologists. It is because of the recognition of the uniqueness of every human being that logotherapists will say that they use dereflection. This aid not only recognizes the uniqueness of every person, but it assists in directing him/her away from his/her problematic symptoms to a more definite goal-directed lifestyle.

Although the psychodynamic perspectives *inter alia* include assessment techniques like free association, interpretation of resistance, dream analysis, analysis of transference and emotional reeducation and nowadays even group or family therapy, and/or medical prescriptions (Hjelle & Ziegler 1992: 120-125), the practical "movement" from the present to the past "life" of a patient/client, is not in line with the *modus operandi* of logotherapists who want to free those who come for therapy. Instead of focusing on the unconscious Freudian "id", the focus is placed outside the person, on "someone/something" else which is meaningful and/or will give meaning to the patient/client, and/or the patient/client is directed to attach and/or to give meaning to "someone else/something."

Emotional reeducation is probably the closest assessment technique in psychodynamics that shares a few insights with dereflection and that does not stand in sharp contrast with this technique. However, it seems that the way in which each and every individual psychodynamic therapist is using emotional reeducation will determine if it has something in common with dereflection.

It seems that the primary motive in both techniques, to direct newly discovered intellectual insights into everyday living, forms a common ground for both techniques. However, in emotional reeducation the client/patient first needs to acquire the insight(s) before he/she can move forward, while in dereflection the patient/client must just choose, for example, to change, and then, even if there is no insight, he/she is directed to something positive. Although some would differ on this point, it seems as if this is the general way it happens in practice (Hjelle & Ziegler 1992:124).

### 2.1.3 Modification of Attitudes

This rather unknown logotherapeutic technique, for those that are moving outside the Franklian circles, is used in the area of attitudinal change toward self and others. Guttmann (1996:121) is of the opinion that this technique is perhaps regarded as the most important logotherapeutic one for finding meaning in life. It is aimed toward relieving the distress or despair of the clients, widening and strenghtening their meaning orientation, helping them discover new potentials, and guiding them to become more mature and responsible adults in their social environment.

According to Guttmann, Lukas, a well-known logotherapist, divides people who come for psychotherapeutic help into two groups, namely, those in doubt and those in despair. The people in doubt are those who are still searching for meaning in their

lives, because their lives are void and without purpose. These people are living in the proverbial "existential vacuum", that is, in a state of boredom and emptiness, without hope of escape, without further growth and development, and without spiritual nourishment. This existential state can lead to depression, neurosis, and even psychosis. Lukas claims that one-fifth of all cases of psychological illness are caused by existential frustrations and value conflicts and the remaining four-fifths of the psychological disturbances are not free of them either (see Guttmann 1996:121).

People in despair are those who once possessed a meaning orientation and have lost it through a blow of fate, or who got tired of their lifestyles and became disappointed. They belong to a group which find their security in life in a so-called "pyramidal value system." This term ("pyramidal") originated in 1968 when it was first used by the Czechoslovakian logotherapist, Stanislav Kratochvil. In this type of system, one large value is at the top, while all other values rank far below. People with pyramidal value systems pursue one goal as their main interest in life and neglect the rest. They tend to absolutization of a relative value. Despair normally overcomes persons who have lost the ability to perceive the entirety of the world and its events (Guttmann 1996:121-122 & Wolicki 1987:50-51).

Guttmann (1996:121-122) said that absolutization of one value, be it love, family, health, or success, carries with it the danger that when it fails people will succumb to despair, nervous breakdowns, or attempts to run away from life altogether. Narrowing the field of vision to just one element or cause worthy of living sets up a person to fall victim to his own device. For when the top value crumbles, the whole life seems to be in shambles. Therefore, the best way to protect oneself from falling into despair is to free the value from its absolute measure, so that when it is lost, one may be sad.

Sadness, however, can be turned around by modification of attitude to the loss, and redirection of one's thinking and feeling from what was lost to what can be gained.

He gives the example of Mr A, age 60, who spent 40 years of his life as a librarian in a scientific library. When he was told that according to law he had to retire, he panicked. He claimed that "he would simply die", rather than retire. My life is empty without my job," he told his therapist. "I don't know what to do, or how I would survive this blow of fate." As the day of his retirement was nearing, he became more and more depressed, or alternatively quarrelsome and confused, and was seen as being tortured by doubt as to his ability to survive in the changed circumstances of his life.

David Guttmann (1996:122) further pointed out that Mr A is a characteristic case of people in despair because of their loss of the pyramidal value that gave meaning to their lives until change was forced on them. Mr A is also in need of logotherapeutic help. His distress needs not necessarily lead too sickness or suicide. "Every cloud has a silver lining" says the popular wisdom. And every distress resulting from a collapse of the pyramidal value contains the possibility for finding new meanings in life.

The "defiant power of the human spirit," as Frankl has taught, can be marshaled to counteract blows of fate and to rise up to the task of widening the meaning horizon of a person. This, instead of dwelling on past "glories" lost, and getting depressed, people need to be helped to discover new meanings and potentials and to set new goals and purposes into which they could pour the energies still stored in their spirits. In other words, the therapeutic goal is to redirect the client's attitudes so that he/she can find a positive and healthy attitude to life (Guttmann 1996:122).

Logotherapy aims at restoring health by drawing on the resources of the human spirit with which clients can combat the blows of fate. Finding meaning in a situation that in itself is meaningless, such as an incurable disease, or an involuntarily ending of a career, or addiction, is not easy. But it can be attained by logotherapeutic help. Modification of attitudes helps clients to turn from the negative, self-destructive, and pathological attitude toward constructive, life-enhancing endeavors. The therapists, as in social work, cannot prescribe different attitudes to life, but can suggest some after trust is established. He/she can help the client to differentiate between healthy and unhealthy attitudes, and can attempt, at least, to influence client behavior, thinking, and feeling (see Guttmann 1996:123).

Modification of attitudes as a logotherapeutic technique means that the therapist uses knowledge, experience, and even intuition in assessing whether a certain attitude displayed by the client is harmful or not. When the therapist discovers negative, dangerous and destructive attitudes on the part of the client, he/she does not shy away from openly discussing them. The therapist does not concern himself with judgments of "good" and "bad" attitudes. Rather, he seeks to weigh whether or not an attitude is healthy.

If a given attitude is found to be unhealthy, the therapist will not hesitate to enter the client's inner world. The body, psyche and spirit (the so-called three dimensions of the human being) of humans are closely interwoven, and each affects the others. If the therapist ignores or disregards the interrelationships among them, he may cause iatrogenic neurosis or harm to the client (Guttmann 1996:123). At the same time, any change in a positive direction in any of the three dimensions of body, psyche, and spirit can provide opportunities for growth (Guttmann 1996:123).

Takashima (1990) said that in diagnosis we must also consider the so-called "functional dimension." This is the fourth dimension (the body, psyche and spirit are the first three). An ulcer, for example, can be an organic illness. The symptoms of the illness can be the result of prolonged anxiety or fear in the psychological dimension, it influences the functional, and causes harm in the somatic dimension.

Logotherapeutic theory claims that the human spirit cannot get sick and that it plays an important role in the treatment of sickness. The origin of sickness can be caused by a conflict between values, or a lack of meaning and purpose in life. According to Takashima the attitude people take toward their illness is of crucial importance for health, survival and death. He is of the opinion that there are six possibilities with respect to the results of an illness:

1. Sick persons can be cured by themselves, or by nature.
2. They can be cured by a physician.
3. They can die without medical treatment.
4. They can die, despite, or even because of medical treatment.
5. They can remain chronically ill, even after medical treatment.
6. They can get healthy from a humanistic and existential perspective, albeit not biological viewpoint, by logotherapy, which helps to change their attitude toward the illness, or to adopt an attitude of "living with the disease" in line with the concepts of humanistic psychosomatic medicine (Guttmann 1996:124 & Takashima 1990:25)

For a chronically ill client living with the disease means acceptance of the fact that the disease cannot be cured. What can be done, therefore, is to concentrate the

remaining energy on goals and meanings in life. And this change in perception requires a modification in the attitude toward the illness and the self.

Takashima (1990:86) claims that he has successfully treated many patients/clients with a mixture of medical intervention and modification of attitudes. He has also seen people who have led healthy lives resulting from their own perception that they have to live with the incurable sickness rather than fight it hopelessly (see also Guttmann 1996:124).

According to Lukas (1980b:25-34 & 1986) there are three interrelated steps that can be used in any sequence of order when modification of attitudes are put into practice. They are: (i) gaining distance from the symptoms that cause distress and despair, (ii) modification of unhealthy attitudes, and (iii) search for new meanings. A brief discussion of these mentioned three steps will illuminate our understanding of how modification of attitudes works *in praxis*.

2.1.3.1 Gaining distance from distressing and depressing symptoms

In order to get rid of negative feelings and despair resulting from human losses, it is vital that patients/clients must be distanced from their distressing and depressing symptoms. They can be helped to distance themselves from their harmful symptoms by pointing out to them values that can be found even in distressing circumstances.

A recently widowed woman may find consolation in remembering those qualities that made her husband dear to her, qualities that death could not wipe out. A life well lived does not depend on its length, she may say to herself, and gain strength from

this knowledge. Widow's, for example, should be helped through logotherapy to find meaning in their suffering. They are temporarily in an existential vacuum.

Levinson (1989) says that bereavement is not a mental disorder, rather it is a psychologically normal process of transition and an opportunity to discover new meanings. Only when bereavement is prolonged, beyond what in a given society is considered as normal and prevents the individual from getting back to life, can we speak of depression. This situation necessitates a change of attitude and this is where modification of attitudes can assist the sufferer.

To find meaning in suffering, people must transcend themselves, detach themselves from their predicament and change their attitudes toward death, bereavement and self. Rising above and beyond ourselves leads toward new meanings, goals and use of potential noetic power inherent in all of us. Thus, widows can be helped to turn their predicament into personal triumph by using their will to meaning to get out of their existential vacuum. This means that once people have taken responsibility for their own "situations", the healing process gets on its way.

Identifying with their symptoms means believing in a negative and unhealthy attitude to life. There is always the danger of fixation on the symptom and the more one is fixated, the more it is difficult to break out of the vicious circle and gain distance from the symptom. The role of the logotherapist, Frankl has said, is to widen and broaden the visual field of the patient so that the whole spectrum of meaning and values becomes conscious and visible to him (Frankl 1962:110 & Guttmann 1996: 126). This means that the task of the therapist is to assist the client/patient in such a way that there can be a change in the attitudes and/or behavior of the one who needs help.

### 2.1.3.2 Modification of unhealthy attitudes

This may start with the realization by the patient/client that attitudes are not determined by the situation but by the person. Frankl used to emphasise that the same situation in which one finds himself/herself can be interpreted by another person differently. The attitude one takes toward events influences psychological health, or it may lead, if it is negative, to sickness. Guttmann (1996:126) correctly pointed out that people can lead self-fulfilling lives if they acquire confidence in themselves, if they are willing to say "I can", rather than "I cannot", to the tasks at hand.

Frankl's emphasis that, "He that has a why to live can bear with almost any how," underlines an important fact; that is that those who see meaning in their suffering, or those that attach meaning to someone, or something, in a given situation, will be more competent and efficient to handle those situations, than those who are still moving in their existential vacuum and do not see/do not find any meaning, in where they are/or what they do.

### 2.1.3.3 Search for new meanings

Logotherapists believe that the search for new meanings begins when the client/patient has reduced, moved away from or eliminated the negative symptoms. The elimination of negative symptoms is necessary to accept positive attitudes to life because when a client identifies himself/herself with his/her symptoms, he/she normally locks himself/herself into self-centeredness. Excessive attention to negative factors blocks their view beyond themselves (Lukas 1980:35 & Guttmann 1996:126-127). In this step it is necessary to help clients use their liberation from their harmful and pathogenic symptoms to accept positive attitudes to life.

It is clear that this logotherapeutic technique has the general aim of guiding and directing the client/patient in/away from his/her problematic attitude/behavior/situation. It is a method that is specific, goal-directed and futuristically-orientated. It tries to assist the patient/client in such a way that he/she must first make a choice about his/her situation and then deliberately and purposely, in a meaningful way, move away from the "present distressing situation/symptoms" to a more meaningful and positive lifestyle.

The individual decides his/her own fate and no one else can be blamed. This, in short, is what modification of attitudes tries to do. It is a deliberate cognitive process that not only makes a patient/client aware of different meaningful possibilities, but it also tries to definitely move/direct/steer him/her into that direction which the therapist and the client/patient think/believe is the correct one. In a certain sense one can say that the "affective" aspects of a patient's/client's life are confronted in such a way that it is transformed into conative and cognitive goal-directed behavior that is focused on a meaningful "future."

This technique will be criticized from a psychodynamic point of view, because, again, the past of the person is put aside. The *status quo* of a person's present situation is here taken as the point of departure and not the past that actually holds the key to the present symptomatic and problematic situation. Logotherapists will deny this, but the fact is that the past of the patient/client does not really matter. What is more important for logotherapists, is the specific attitude what a patient/client will reveal in that given situation to his/her problems/symptoms.

Ego psychologists like Erik Erikson (1963, 1968, 1979, 1982) would point out that modification of attitudes does not really take the different past stages of a person's life into proper account, for understanding the present situation of the client/patient. The eight stages of psychosocial development (oral-sensory, muscular-anal, locomotor-genital, latency, adolescence, early adulthood, middle adulthood, late adulthood) are actually not analysed or taken into serious account when the therapist tries to direct the client/patient away from his/her distressing symptoms and/or attitude (Erikson 1963:273).

Karen Horney would be of the opinion that logotherapists do not seriously take the socio-cultural background of a person in mind before they direct a person into a specific direction. The importance of cultural and social influences on personality (Hjelle & Ziegler 1992:223) which surprisingly are lacking in the logotherapeutic setting had been explained by Horney (1937, 1939) before World War One. However, although the logotherapists will not deny these influences, they do not think that these influences are the key to get rid of problematic symptoms/attitudes/behavior. What is important, is the decision of the patient/client to change, and the definite and deliberate cognitive move to change your attitude in that given-problematic situation. This "choice" to change will then lead to change.

Although he was a humanistic personologist, Erich Fromm would argue that logotherapists do not take the different social systems, that had influenced, and/or that influence a person, seriously enough into account. Because personality is the product of a dynamic interaction between needs inherent in human beings and the forces exerted by social norms, customs, laws, traditions and institutions, the practical way of implementing modification of attitudes by logotherapists, would be seen as too simplistic and reductionistic (Fromm 1941).

The confrontational and too direct manner in which logotherapists implement modification of attitudes certainly will be criticised by followers of Carl Rogers. Rogerians prefer a non-directive approach where the client/patient themselves must discover what their capacities, talents, and/or potentials are (Rogers 1961). In logotherapeutic circles it is nothing strange that the therapists will actually tell the client/patient what these capacities, talents and/or potentials are. It also seems that while both Rogerians and logotherapists will give direction to a patient/client, the last-mentioned will go even further and point out the "destination."

It is open to debate if logotherapists really seriously take into account the contemporaneity of human motives (comp Allport 1961:220). From a dispositional perspective Allport and other personologists believe that personality is a dynamic and motivated growing system where different human motives play an important role in bringing into existence the present state of a person. One gets the impression that logotherapists do not "analyse" and/or "diagnose" their patients/clients thoroughly enough to see if their "solution" to the problematic attitude/behavior is really the "correct/best" one. However, Allport's concept of "functional autonomy" (where adult motives are not related to past motives) does function strongly in the logotherapeutic environment.

From a cognitive point of view, especially when it comes to rational-emotive therapy, the logotherapeutic emphasis on the "right" cognitive attitude is important. Negative attitudes are very often regarded as resulting from cognitive distortions (Ellis 1962) – something which logotherapists try to address in the therapeutic setting. Rational-emotive therapists will focus on changing pervasive patterns of irrational thinking, rather than on targeting symptoms (Ellis 1971:20; Lipsky, Kassinove & Miller

1980:366-374). Logotherapists, on the other hand, will also target negative symptoms in implementing modification of attitudes. In fact, they will start with the negative symptoms and then proceed to the causes for these symptoms. Then, after identifying the causes, they will redirect the "thought-processes" of the client/patient away from these problematic symptoms to something positive/meaningful. However, this redirection only occurs after the client/patient has made a choice to change.

Insight-oriented therapies like traditional psychoanalysis and contemporary psychodynamic therapies lack the more direct and even confrontational approach that is present in logotherapeutic circles when modification of attitudes are implemented. Both branches of this therapy focus on searching for underlying causes of maladaptation and seek insight as a path to improve adjustment (Kendall & Hammen 1995: 67). This emphasis on the past, in order to discover the reasons for the present state of affairs, is lacking in logotherapy. What is really of more importance for logotherapists, is your attitude in this situation.

The emphases on early childhood developmental stages (developmental psychologists), the bonds between the present and the past (psychoanalysts), and even past conditioning experiences (behaviorists) that are crucial in understanding the present state of affairs in a person's/client's life (Hjelle & Ziegler 1992:252), are not operating strongly in this logotherapeutic technique.

Although it is up to the individual logotherapist to ask questions about the past of their client's/patient's or not, this type of *modus operandi* is not regarded as necessary to change the patient's/client's attitude(s). The outstanding thing is that it is the client/patient who must decide in a given situation what his/her attitude/behavior will be. No past and/or environmental matter is bigger than the transcendental power that

human beings can and must exert in order to bring about change in attitude and/or behavior and/or lifestyle.

### 2.1.4 The Logoanchor technique

Logoanchor, also called logohook, refers to an experience either from the past, or an anticipated one from the future, that is rich in meaning, which can be used as an anchor or hook in a current situation (Westermann 1993). The image of the anchor is actually saying what this technique wants to achieve. It wants to provide an anchor to those that are drifting away on life's ocean.

Multisensory imagery is used in bringing forth, from memory, those experiences that once filled a person with wonder. This logotherapeutic technique guides clients/patients in the search for anchoring experiences in their own lives, when they are in touch with their highest moments, with their intuitive knowing, insight, creativity, and other traits of their noetic (cognitive) dimension.

In one example, where a patient (Lisa) lost all her family and love ones, the therapist looked for times in her life when she felt protected and cared for. She (the therapist) then used these moments as logoanchors for Lisa by dereflecting her from her grief, to change her attitude to life, and to enable her to use meanings in her past as building blocks for the future (see Westermann 1993:29-30 & Guttmann 1996:130).

According to Guttman (1996:129) this logotherapeutic technique is used to bridge gaps in communication between partners, to find motivation for living and to comfort the frightened, the lonely, and the anxious. The direct purpose or aim is to make this technique available spiritually in times of need. It makes people aware of those

instances of the past for use in the present. Practically-speaking, logoanchor is a vivid and imaginary technique that is based on the past cognitive-experiences of a person. It seems that the main criterion for the implementation of this technique is that the patient/client must have attached meaning to that past event and/or has experienced some meaning because of that past event/situation.

This technique is deeply cognitive in nature, although the imagery may be affectively coloured. Based on the reminiscences of the patient/client, logohook tries to bring past "joy" into the present "sorrow." These "joys" then act as a hook or anchor in order to give meaning to the patient/client who feels insecure, unsafe, rootless, or is experiencing a state of distress.

Cognitive perspectives will find this technique meaningful as long as the irrational thoughts and/or behaviors of the client/patient is/are addressed in a proper way. The "move" to the past certainly is in line with psychoanalysts who emphasised the past, but it has absolutely nothing to do with what they are looking for. The past is not used in order to explain present symptomatic behavior, but certain meaningful past events are used as an inspiration and a motivation to face the future in a meaningful way and not to give up hope.

Traditional psychoanalysts move to the past in order to see how the id, ego and superego have functioned a long time ago, how the personality has been formed and shaped in the past and by the past, and how unconscious drives and motives underlie the present behavior of a person (Papalia & Olds 1995:18). In other words, the aim or purpose of logotherapists with the logoanchor technique is quite different from what psychoanalysts try to do with their assessment techniques (Hjelle & Ziegler 1992:120-124).

### 2.1.5 The Appealing technique

This method came into existence due to Frankl's concept of the importance of meanings and values in times of despair and doubt – for helping people to withstand the vicissitudes of life. This technique appeals to the human dignity of a person and rests on the power of suggestion. Paradoxical intention, dereflection, modification of attitudes and the logoanchor, cannot be used with clients who are near to collapse – there is a need first to calm them down, let them relax a bit and still their excitement. The appealing technique is used when the noetic or cognitive dimension is temporarily blocked.

Lukas (1986) has developed a "suggestive training of the will" within the appealing technique. The reason for this is that in logotherapeutic techniques it is the client who alone must decide and chooses his options. Lukas' method leads to the strengthening of the client's freedom of the will. She calls the attention of the clients to the fact that they are not helpless victims of their fates, their emotions, or of their drives. Rather, they can shape their own destinies and live and strive for goals worthy of them.

We can stay well, by using our will power to stabilize our emotional state and thus increase immunity (Lukas 1986). Lukas believes that if stress can be triggered in the psyche, then it also can be prevented by the psyche. She believes the will to live and reach a certain goal strengthens the body's capacity to withstand illness and resist the forces of destruction.

In the gerontological literature there are very often encountering stories how very old and sick people "cheat death" by surviving "only until my granddaughter gets mar-

ried", or "only until Christmas." These people exhibit a strenght of will beyond the ordinary; they prove repeatedly the significance of self-transcendence for survival. For the young, unstable, dependent, handicapped, or addicted, the appealing technique is particularly useful, Lukas claims. For the technique rests on trust in the human being: trust in their sense of dignity and basic orientation to lead meaningful lives.

At times the appealing technique may be combined with assertiveness training, which aims to strengthen the client's self-confidence and self-assurance. Assertiveness training is used in many social work services to teach workers how to express feelings, needs and demands directly and effectively, and to use the same technique for teaching clients in their care to do likewise.

This logotherapeutic technique is useful for two types of addicts: those who became addicts because of derivations, and those who because of their wealth and superabundance became empty and bored with life. It is also very useful for those in the grip of endogenous depression. Frankl (1986) says that in conjunction with medication and shock therapy, the role of logotherapy is to support the patient by repeatedly making him aware of his extremely good prognosis so that he may believe that his/her suffering will pass. Rather than fighting what cannot be changed, the patient should be encouraged to remember the meaning of his/her life (see Frankl 1986:261).

In endogenous depression as in other acute illnesses and negative life events, the therapist's role is to help the clients learn how "to let the waves roll over one's head"; for as long you are under the waves, you cannot see the horizon. The task of the logotherapist is to change the client's "because" to an "although." The client should say to himself/herself that "although he/she was forsaken in childhood, although

nobody supported him/her in his/her struggle for survival and although he/she has an incurable disease, he/she will still show to himself/herself, and others, that he/she is capable of living a decent life" (Guttmann 1996:133).

Lukas (1986a:125) wrote that she tries to reduce the patient's/client's self-pity which is like a whirlpool dragging them down into hopelessness. Self-pity can express itself in many forms; as a raging against fate (why me?), as a blaming of parents or society for everything that goes wrong, as complaints and a resignation (all is useless); or as a harmful form of satisfaction, not one that challenges the undesirable situation, but one that saps all strength.

Patti Coetzer (1992:106) goes further than Lukas and said that she considers being grateful as a way that can be followed even when one is weak and vulnerable. For there are many things to be grateful about. Frankl agrees that gratefulness is a way to realize meaning. This attitude can be used to ease the sufferings of people in the throes of an existential vacuum and can comfort the bereaved.

Guttmann (1996:134) mentions the example of an old man of 79 years who was the only survivor of his family after the Auschwitz holocaust, who did not see any reason for continuing living on – who he (Guttmann) confronted and challenged not to throw his life away, but to share what he had with others. The old man then realised that he was too busy with himself and that he must start behaving like those who did not have what he had but still continued to live an enjoyable life.

A review of the concept of change reveals that self-understanding and experiencing the self in new ways with new feelings are the rational and the experiential components of change. Change principles are aimed at providing the client with the ability

to turn formerly negative attitudes into positive behavior. The therapist should be able to distinguish between client attitudes that can be altered and those that are rather fixed and to which the former must adapt. Changes introduced must be compatible with client values, beliefs, felt needs and the social environment of other people or "significant others" who must be considered.

Because timing, ability and readiness to accept change are critical elements in the change effort of both client and therapist, the logotherapist uses techniques as secondary to the uniqueness of the client and fits them according to client needs, using in the process whatever theory, tools and technique that best helps him/her to attain the therapeutic goal. He/she is guided by the recognition that people have the capacity to change, despite their past or present behavior. They can choose new values, lifestyles and can act to attain them. Belief in the client and his sincere effort to change is therapeutic. By affirming one's sense of self-worth, the road is open for the change sought after (Guttmann 1996:135).

### 2.1.6 The Socratic dialogue

This dialogue is regarded as logotherapy's main tool in helping seekers search for meaning. Ways that are used in this communicative dialogue in order to find meaning include self-introspection, self-discovery, choice, uniqueness, responsibility, accountability and self-transcendence. What is important in this communication setting is the exchange of verbal and non-verbal information between the logotherapist and the patient/client.

The question may arise as to what is the difference between everyday communication and effective psychotherapeutic discourse? For many the difference lies in the

concepts used and how these terms are differently interpreted by the client/patient and the practitioner. In the therapeutic discourse, the therapist's emphasis is *inter alia* on understanding what lies behind the words used by the client/patient. It also has to do with the whole interpretative-process that reveals the real symptoms/problems of the patient/client. Because language is the "talking cure", to use a Freudian expression, the aim is to effect some change in the patient's/client's thinking, perception, attitude and understanding (Guttmann 1996:137).

In psychoanalysis the assumption is that language does have the power to transform the human being, the client, but only in his subconscious, at the roots of his pathology. Changes happen not on the surface of the client's behavior but in his soul's depth. Lakoff (1982) pointed out that language must be perceived as a window that opens on the soul, and the rules of the language as doors that let the soul get out and play.

Guttmann (1996:137) says the role of the therapist is to change the rules of the game for the client. This changing of the rules, not as much in depth as in the client's overt behavior, is the essence of the therapeutic interview. Social workers use it as their major vehicle to accomplish set objectives and goals with their clients, whereas logotherapists engage those they help in Socratic dialogue.

He further states that highly personal revelations from the side of the social worker to the client do not serve any therapeutic purpose because they can create confusion and inconvenience for the client, especially for the mentally ill. Thus, the social worker should be judicious in his use of self-disclosure as part of the interview and therapy.

According to Guttmann it is only when trust and confidence have been established, when the client is sure that he/she is being understood and when the working relationship between worker and client is built on solid foundation, will it be the time to explore problems in more detail (Guttmann 1996:139-140).

The primary role of the logotherapist, especially in a social work context, is to encourage the client to discuss his problems without fear openly and honestly. The therapist may use in this process open- and closed-ended questions and probing messages and should concentrate on specifying the concrete meaning of the problem for the client. This means clarifying of vague statements, verifying facts, receiving details about a certain behavior, or pattern of behavior and determining whether opinions expressed by the client are based in reality or are figments of his fantasy (Guttman 1996:140).

The last phase of the logotherapeutic interview consists of formulating treatment goals and objectives with the client and negotiating a contract. Contracting means the therapeutic procedure in which not only the goals are discussed and agreed on between client and worker, but also the methods, timetables and mutual obligations of both parties to the contract. Hepworth and Larsen (1987) point out that goals are essential because they give direction and purpose to the problem-solving process. They also serve as criteria of the progress made in the treatment and its outcome (Guttmann 1996:140).

Social workers normally use interpretation in counseling to enable clients to see their problems in a different light and from a different perspective. Interpretation can help clients to weigh new alternatives in their approach to a problem and to search for

remedial actions to solve them. This interpetative-process is also present in the Socratic dialogue.

Frankl (1965) developed the Socratic dialogue when he told the story of a woman whose leg had to be amputated and wanted to commit suicide before the operation. The doctor, according to Frankl, who had to do the operation deterred her by pointing out to her that life would be a very poor thing indeed if the loss of a leg actually involved depriving it of all meaning. To put it differently at another level; this means that a person must never allow his/her life to center around one specific core matter that can influence him/her in such a way that he/she cannot cope any longer when, for example, that important matter has been taken away.

Socratic dialogue is a tool or a technique for self-discovery. It helps the seeker (the person seeking help) get in touch with his noetic unconscious. It enables him/her to become aware of his/her inner powers that are hidden from him/her, it directs him/her finding meaning in life, it enables him/her to review his/her past experiences and envision the future, it brings up forgotten peak experiences which were once meaningful to the seeker and it provides opportunities for the seeker to reassess his presence, his power and capability to deal with the problem he/she faces. Just as Socrates' (469 BC – 399 BC) teaching was compared with that of a midwife who helps the mother to give birth, so the use of this dialogue by Frankl can be seen as a logotherapeutic aid.

This dialogue is built upon Frankl's notion that meaning is found within ourselves and that the therapist is a teacher and a facilitator of change, rather than an authoritarian figure. This method is a teaching technique. It teaches the seeker how to use his power, fantasy, dreams and caring for another person to find meaning in life. This

technique is based on questions asked by the therapist, similar to the question-answer method used by Socrates.

The questions bring into consciousness the unconscious decisions of the seekers, their hidden hopes and expectations. They also help in getting to know themselves better. For seekers are asked to take a real good look at themselves and to discover who they really are. Seekers are helped to recall instances in which they felt their lives to be meaningful, when they were full of energy, and to learn from these past events to gain security in their own capabilities for dealing with present difficulties and problems in living (Guttmann 1996:143-144).

This dialogue aims at heightening the self-awareness of the seekers, to make them conscious of their freedom of choice. To learn about the seeker's feelings, the helper asks: What did you do in that situation? To learn about the seeker's decision making concerning values, judgments, and actions, the helper asks: What do you think the present situation demands from you? The dialogue aids the seeker become aware of a commitment to being responsible for his own life and actions. It urges him to look deeper than the surface and to discover what is hidden from the eye (Guttmann 1996:144).

Logotherapists, like social workers, employ empathy in working with the seekers. The logotherapist and seeker form an alliance to search together for exit from the seeker's state of frustration and emptiness. This alliance resembles the contract used in social work practice, but it aims, as in all Socratic dialogues, toward discovering a new meaning in life by the seeker. The logotherapist does not shy away from confrontation with the seeker, if necessary. The confrontation ends when the seeker be-

comes independent of the therapist, when he has gained self-esteem, and when he has become an authentic person.

To discover meaning through Socratic dialogue, logotherapy differentiates among three types of suffering, namely: that which is associated with an unchangeable fate; that which comes as a result of an emotionally painful experience; and that which arises out of the meaninglessness of one's life.

The first of these sufferings needs to be accepted by the sufferer as something that cannot be changed – something that fate had brought upon the individual. Simply put, there are certain things that no one can change. Accept this as a *fait accompli*. Getting old and sick; losing your spouse, friends and loved ones; the loss of a limb; or an incurable disease, are illustrations of this type of suffering (Kimble & Ellor 1989:59-61). To refuse to accept such typical events will result in a constant unhappiness and suffering.

In this situation Socratic dialogue aims at reconciling one with one's fate, and helps one person to recognize one's freedom in this situation. This freedom lies in changing the attitude toward what was, or what is unavoidable, from a negative perception into a positive channel.

In the other two types of suffering, problems in the family, harassments in work or at school, personal failures and other difficulties, the Socratic dialogue can help people make choices: either remain in the situation and continue to suffer, or search for and discover meaning that would bring an end to their suffering. The sufferer is regarded in logotherapy as a seeker for help while the therapist is the helper.

A prerequisite in the Socratic dialogue is trust. Fabry (1979) has emphasised that in an atmosphere of trust the seeker can discover his true self. This dialogue is also used in group sessions. The logotherapist must make seekers aware that they are first and foremost human beings with the capacity to find meaning; that they are not a bunch of fears, obsessions, and depressions, but individuals capable of overcoming their shortcomings (Guttmann 1996:146).

Today, logotherapists use the Socratic dialogue for various purposes. Some use it to help unemployed people to find meaning in their life situations by assisting them to get in touch with their noetic unconscious, spiritual dimension, strength, hopes, achievements and to recognize the meaning potential inherent in that extremely difficult life situation (Greenlee 1990:71-75 & Guttmann 1996:146).

This dialogue is also used with the logoanchor technique (Westermann 1993) where people are suffering from existential dilemmas. Many people feel isolated, lacking satisfying intimate relationships and security and are afraid of death. The logoanchor technique can be of help. This technique is based on rich experience, rich in meaning, either from the past, or an anticipated one from the future, which can be used effectively to comfort frightened and lonely children, to bridge communication gaps between partners, to help heal grief and loss, to face fear of dying and to find motivation for living (Westermann 1993:27-28).

In working with such seekers, the Socratic dialogue, as Yoder (1989:28-39) claims, brings to the surface those "particles of home" and wisdom that exist preconsciously. Thus, seekers are able to comprehend their personal wisdom derived from the past and the present and recognize that it is at their own disposal to be utilized in their search for meaning.

Lantz (1987) relies on the Socratic dialogue as one of his direct approaches for helping families to discover meaning. Using the Socratic method of questions, the helper enables family members to become aware of their spiritual dimension and to use this awareness for solving family problems (see 1987:23-24). According to him this dialogue is one of the direct approaches to help families to discover meaning. Using the Socratic method of questions, the therapist enables family members to become aware of their spiritual dimension and to use this awareness for solving their family problems (1987:23-24).

In evaluating this technique it is noteworthy that the exchange of information is something that can be regard as good. The whole idea of understanding the patient/ client by correctly interpreting his/her language, and by using the right language, is also good. To bring change via dialogue, to be open, transparent and interpretive are all matters that are plus points in this technique.

From a psychodynamic point of view the move to the past (the unconscious) of a person in order to explore geting in touch with his/her noetic unconsciousness, is something that is seen as positive. The deliberate cognitive emphasis is certainly welcomed in cognitive personological circles. The Socratic dialogue emphasises that a person can transcend his/her circumstances and that he/she is more than just a "product" of his/her environment like the behaviorists use to emphasise.

The recognition and awakening of the client's/patient's abilities and/or potentials to break free from the chains of suffering are certainly welcomed by those who move in humanistic and phenomenological-existential circles. The logotherapeutic emphasis on the "inner powers" that are available inside human beings, to those who believe

that these "dynamic forces" are real and present and want to exercise them, certainly is not a negative therapeutic contribution.

However, the ignoring of the social context in which the client/patient at times find themselves is a missing factor from a social-cognitive point of view. Meaning is connected with the social environment in which a person finds himself/herself – something that is not taken into account strongly enough in this logotherapeutic method. To use the Socratic dialogue technique primarily in the basic sense of "self-discovery" is something that is not totally acceptable to those like Gordon Allport who look at this technique from a dispositional perspective. Allport's idiographic approach in order *inter alia* to discover a person's central traits and understand him/her, is nowhere the aim and/or does not form any part in this dialogue (Allport 1942,1965). The dialogue rather wants to assist the client to use his/her inside powers to find meaning within themselves via self-transcendence.

This logotherapeutic emphasis, on assisting a client/patient in order to help him/her to discover meaning, is somewhat different, for example, from the person-centered therapy of Carl Rogers, who tried to use reflection and clarification from a phenomenological perspective in order to help his clients (Rogers 1951 & 1977).

In contrast with the client-centered approach where the therapist's task is to understand the client's/patient's self-perceptions (see also Hjelle & Ziegler 1992:522) by only reflecting back (like a mirror), in a non-directive way, what the patient/client has said in the therapeutic setting, Frankl had used a more direct manner where he not only assisted the client/patient in the "search for meaning", but also gave definite cognitive direction where and when he was of the opinion that is was necessary. In other words, the logotherapist is more actively involved in this dialogue than the Rogerian

therapist who basically just reward, traditionally-speaking, "I responses," in an emphatic way.

Irrational beliefs and behaviors, that are strongly emphasised in rational-emotive therapy (Ellis), are basically not addressed in the Socratic dialogue because the aim is only to make the patient/client aware, via self-introspection and through creating an self-awareness, that there *is* "meaning" inside a person that must "come out." To use a symbol or metaphor: "meaning" is like a "prisoner" inside prison (the self) that must be discovered and be freed. The way to free this prisoner is that the warden (therapist) must assist by opening the prison (the self) by using the right key (Socratic dialogue).

### 2.1.7 The Logochart

Victor Frankl (1986) has differentiated between the "automatic self" and the "authentic self." The first of these two selves refers to what a person's automatic reaction is to a situation. This reaction is the result of that person's genetic make-up, heritage, physiology and social environment. The "automatic self" is "what I have" and not "what I am." The "authentic self" is "what I really am", that is, a person's essence and uniqueness, his/her orientation to responsibility, decision making and meaning.

The logochart, also called "significant others," is a therapeutic technique. It is used by Khatami (1988) for depressed patients. Although he uses the logochart as part of the Socratic dialogue it seems better that this chart must be regarded as a separate method or technique. A person's problems are written on top of the chart, the chart is then divided into three different parts, namely, the self, the automatic self and the authentic self. Questions about cognition, meaning and response/behavior are also

written on these charts. Patients are then helped by these charts to move from the automatic to the authentic self and from the psychobiological to the noetic dimension. It facilitates patients maturation, so that they become able to function in a responsible way.

It is clear that this technique forces the client/patient in a more "visible" way, by seeing in written form what the chart says, to deliberately make a cognitive choice that will assist him/her to be healed. This healing comes into existence the moment he/she orientates himself/herself to "meaning" – that is, to something which is meaningful, or something/someone to whom he/she can attach meaning. This acquiring of "meaning" is directly connected with the client's/patient's ability to transcend himself/herself.

From an object relations personologist point of view, the term "significant others" evokes the idea that logotherapists are moving in the same direction as those that strongly propose the object relations theory like Kernberg (1976) and Mahler, Pine and Bergman (1975). This theory, which developed from within psychodynamic circles, deemphasizes impersonal forces and counterforces and rather focuses on the interpersonal relationships that originate basically from infancy.

It is especially the mother-child relationship that plays a very important role in forming and shaping the child's and later the adult's behavior. The child's early interactions with his mother, father, immediate other, the wider extended family and also those outside the family who act as significant "objects" "outside" the client/patient. This/these relationship(s) does/do not get enough attention when the logochart is used.

The move from the "automatic self" to the "authentic self" via choice and/or decision-making, is something that those in cognitive personological circles (like George Kelly) would approve. All present cognitive interpretations are subject to revision and change (Kelly 1955:15), which means that no patient/client has an "interpretation-free" view of the world and of himself/herself and his/her symptoms/problems (Hjelle & Ziegler 1992:396). Because the logochart challenges the patient/client to do "introspection," and to choose between his/her "self", the "automatic self" or his/her "authentic self," the cognitive perspectives would not stand "apathetic" towards this logotherapeutic aid/technique.

Aaron Beck who studied depressed patients/clients (Kendall & Hammen 1995:80) from a cognitive-behavioral perspective pointed out the importance of their distortions of reality. These distortions are basically the result of distorted thinking. Most depression is as much a disorder of thinking as of mood and many people are susceptible to depression because of their cognitive triad – that is, the characteristic negative ways of thinking about the self, the world, and the future (Beck 1967, 1976). It is an open question if the logochart of logotherapist Khatami (1988:67-75), which he uses for depressed patients/clients, strongly reflect these cognitive distortions which Beck tried to emphasize.

Although phenomenological personologists would question the logotherapist's more direct approach of writing down what he/she thinks is the real problem, instead of verbally and non-verbally giving "I responses' to the client/patient opinions, the use of the logochart for those who are depressed would be acceptable. From a Gestalt therapeutic point of view (Fritz Perls 1970:14), the logotherapeutic emphasis (as manifested on the logocharts) of keeping the patients/clients in contact with their

feelings/symptoms/problems as they occur in the here and now, has an important phenomenological accent.

However, some community psychologists, who believes that an individual's problems can only be solved if changes in both environmental settings and individual competencies are addressed (Rappaport 1977:2), would point out that these charts do not seriously enough taken into account environmental aspects (see Nietzel, Bernstein & Milich 1994:244-257).

While traditional psychoanalysts like Sigmund Freud (1943) would criticize the neglect of the past history of the patient/client, especially psychosexual conflicts that have led to the present distressing behavior (1943), analytical psychologists (like Carl Jung – 1936/1969) would point out that the dynamic and evolving processes that continue throughout a person's life are not actually reflected on the logocharts.

From a psychodynamic point of view, an analytical psychologist like Jung (Hjelle & Ziegler 1992:169), because of his belief that human beings are motivated by intrapsyhic forces and images which are derived from their shared evolutionary history, would ar-gue that logotherapists do not take these beliefs into account seriously enough when they distinguish between the different "selfs" of especially a depressed person. Logotherapists like Khatami (1988), especially would be criticized.

### 2.1.8 The Symbolic Growth Experience

This experience is used normally as part of the Socratic dialogue. Frankl made a distinction between creative, experiential and attitudinal values. Receptivity toward the world, like surrender to the beauties of nature or art is an experiential source of

meaning. In the experiential values as sources for discovery of meaning, the emphasis is on "what we take from the world." Such experiences brings for us "fullness of meaning." These basic passive encounters with meaning and values are most of the time individualistic, unique and they provide symbolic and cognitive elements, that in combination, provide one with meaning.

Frick (1987:34-41) is of the opinion that Victor Frankl has neglected these symbolic and cognitive elements in analyzing experiential values as ways to find meaning. According to Frick symbolic growth experience is when we meet a person or incident that is symbolical and which is nothing in itself, but for a particular moment in time, it stands for some eternal principle (see also Forster 1962:149). This symbolic growth experience is a conscious recognition and interpretation of the symbolic dimension of an immediate experience that leads to heightened awareness, discovery of meaning and personal growth (see Guttmann 1996:148).

A classic example, quoted by David Guttmann (1996:148-149), of how this experience represents a special moment of opportunity, is that of the symphony conductor Bruno Walter, who described that when he heard the Second Symphony of Gustav Mahler, he realised that his life's task was to focus all his energies on Mahler's creations. The power and beauty of the music (the "symbol") which he had experienced, led Walter to a "cognitive level" where he has decided what to do.

This logotherapeutic example emphasises that a patient/client must be make aware of some "symbolic experiences" ("special moments") in his/her life to which he/she can hold/cling, in order to get a grip upon himself/herself to continue in a meaningful way with his/her future. One experiences a particular symbol (like music) that leads you to a cognitive level where one can make a decision that can change one's life.

Guttmann (1996:149) says that social workers probably will call this technique "insight", self-understanding and awareness of one's feelings, motivations and problems, but that logotherapists see it more as "a process of meaning discovery." Basically you are "conceptually" orientated, when, followed by cognitive processes, you move to the discovery of meaning. This "discovery of meaning", based on the past "experienced symbol", will assist/help you to continue with a meaningful life/ lifestyle.

The logotherapist Frick (1987:34-41) has pointed out that he teaches people to recognize and to value moments of experience and to discover meaning in their symbolic elements. Patients/clients are asked to select some past experience they recall as highly significant to them and to explore it in detail. Socratic questions are then used like "What where the possible symbolic elements contained within this experience?", or, "What might this experience represent?", or, "What special meanings might have been discovered within these symbolic elements?"

The discovery of meaning by the participant (patient/client) in these symbolic growth experiences enables them to work through past experiences and to use the newly gained recognition for constructive tasks and goals in life in the present and the future. The logotherapeutic pattern in this healing process is (i) to discover an experiental symbol in the patient's/client's life, (ii) to use it as a meaningful "logoanchor" or "lever" to move to the cognitive level of the patient/client, (iii) so that the patient/client cognitively can choose to continue with a meaningful life/ lifestyle in the present and the future.

Traditional psychoanalysts would welcome the "past search" of the logotherapists and the patient/client from the present to the past, but they would disagree with the

"object" or "target" of this search. Logotherapists look for some "symbolic past experience that is meaningful", while psychoanalysts look for symptoms and/or problems that were deeply rooted in early childhood experiences, motivated by unconscious factors (Hjelle & Ziegler 1992:120).

From a psychodynamic point of view, especially from an object relational view point, the purpose of gaining insight about internal representations of significant others and developmental changes in the patient's/client's way of viewing interpersonal relations, is lacking. There is "insight" in the sense that the patient/client discovers that there is meaning to be found in an experienced symbol, but there is no particular insight in the important role of transference and counter-transference issues that are central for object relations personologists (Kernberg 1976 & 1986).

From an ego psychological point of view (Hartmann 1939), logotherapists do no take the conflict-resolving functions of the ego thoroughly enough into account in the healing process. The logotherapeutic aim or purpose is rather simple. Just find an experienced symbol and elevate the patient/client to a cognitive level where he/she will discover that there is something meaningful in the past symbolic experience that can assist him/her to transcend to a new better present and future life/lifestyle. Ego psychologists would argue that human beings are far more too complex to simply effect real change in the life of a patient/client by simply discovering "past meaningful experiential symbols."

Interpersonal personologists like Harry Stack Sullivan (1953) would also criticize the way this logotherapeutic technique operates because "symbolic meaningful experiences" cannot be separated from social phenomena that are very often, for example, rooted in parent-child relationships (Kendall & Hammen 1995:71). Although logo-

therapists would not ignore the social context in which a "symbolic experience" has taken place, they are of the opinion that the human capacity to transcend puts the important role of the social context aside. Frankl's well known saying, quoted from the philosopher Nietsche, "He who has a way to live can bear with almost any how", would be a typical answer to this type of criticism.

From a humanistic personologist point of view, the Rogerians emphasise that the therapist must not tell the client/patient what to do, he/she must not interpret their actions and must not offer solutions to the patient's/client's problems (Kendall & Hammen 1995:72). These are all matters that are *in praxis* neglected in the logotherapeutic setting. In the symbolic growth experience the therapist very often "interprets" the past symbolic experiences of the client/patient in order to show the "meaning" of the past experience. This more "directive" approach in the logotherapeutic symbolic growth experience, is exchanged, in person-centered therapy, for a nondirective and nonjudgmental approach.

The Maslowian emphasis on detachment, as a characteristic of self-actualizing persons, where people rely on their own inner resources (Hjelle & Ziegler 1992:475 & Ras 1998:85), is not emphasized enough in the symbolic growth experience. The important role of a patient's/client's inner resources, in order to cope/to survive/to actualize, is only weakly reflected in the reliance on the symbolic "experience" itself.

What humanists like Maslow probably would say, is that there is "more" inside a person, on which he/she can rely in order to find meaning in life, than just one specific "symbolic" experience which must motivate him/her to get into "action" again. The Rogerian approach (person-centered therapy) is more "peripheral", in the sense that the therapist is not as much in the center of the therapeutic setting as in logotherapy.

Unlike logotherapy, the client/patient must discover for himself/herself, in person-centered therapy, what is the real problem and how to get healed. "Genuineness", "accurate empathy" and "unconditional positive regard", that are key concepts in Rogerian circles, are very often lacking or play a minor role in the logotherapeutic settings (Rogers 1951, 1961; Kendall & Hammen 1995:72).

Behaviorists would point out that logotherapists, in applying the symbolic growth experience technique, are not paying careful enough attention to what clients/patients are saying to themselves. The important role of their (the patient's/client's) own cognition, and not the facilitating cognition of the therapist, is often neglected. The idea that one gets when studying how logotherapists implement the symbolic growth experience is that they (the therapists) are very often the persons who directly point out to the patients/clients what is the "meaning" in the past "symbolic experiences."

### 2.1.9 Logotherapeutic Dream Interpretation/Analysis

Logotherapeutic dream analysis can be regarded as the royal road to the spiritual unconscious (Fabry 1989:70-78). According to Guttmann (1996:150) this technique, in addition to the symbolic growth experience and the Socratic dialogue, brings to the fore the unconscious experiences of the patient/client which are rich in meaning potential.

Logotherapy uses the Socratic dialogue to help patients/clients get into contact with their spiritual unconscious. When a person's will to meaning has been repressed causing an existential vacuum, it again must be made conscious in order to make life meaningful. This is the only way a life worthy of living can come into existence.

Fabry (1989:70-78) is of the opinion that the same way repressed traumas can cause neuroses, so ignored meanings can cause emptiness, frustration, value conflicts and depressions. He says that the human unconscious is part of the psyche and spirit in that it contains both an instinctual part into which people repress emotions they do not wish to face and a spiritual part into which people repress their will to meaning.

In logotherapeutic interpretation dreams present value choices before the dreamer. They also present warnings from the unconscious and search for meaning through religious channels, mostly in non-religious persons. Dreams can originate in any one of the three dimensions of a human being. According to Fabry (1989:70-78), the only person who has actually published something on this method within logotherapeutic circles, dreams offer solutions to conflicts and bring comfort in suffering. They are also excellent storytellers.

The Socratic dialogue is sometimes required to unscramble the symbolism of the dream. At other times the explanation is so simple that there is no need to use it to understand it. Dreams can also serve as aids in raising a patient's/client's low self-esteem. Fabry (1989:70-78) said: "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."

In a logotherapeutic dream analysis the therapist lets the seeker find meaning in his/her dreams and guides him/her toward positive directions especially if the seeker lacks self-esteem. Logotherapists are encouraged to explore the opportunities inherent in dreams. The idea is that the therapist not only will assist the patient/client to find meaning in his/her dreams, but actually to help them to find meaning in such a way that he/she can continue with a meaningful life and/or lifestyle.

How does the traditional psychoanalytic technique dream analysis differ from the logotherapeutic one? Freud considered dreams as direct avenues to the unconscious and the contents were determined by repressed wishes. He believed that dreams were to be understood and interpreted as essentially symbolic wish fulfillments whose contents partially reflect early childhood experiences (Hjelle & Ziegler 1992:122-123; Kernberg 1976; Kendall & Hammen 1995:69 & 96). Logotherapist most of the time do not make this connection. Dreams are not interpreted in the light of wish fulfillments and as childhood experienced reflections.

In psychodynamic circles the purpose of dream analysis is to lead the patient/client to obtain insight into his/her unconscious. What psychoanalysts do is to distinguish between manifest and latent meanings of a dream. The first one is the content of the dream as remembered by the client/patient, while the latent meaning is the search for the contents of dreams, which contain repressed conflictual material in a disguised form. Psychoanalysts interpret the latent content of the dream in relation to the client's/patient's personality, daily activities and symbolic meaning of events and objects in a dream (Kendall & Hammen 1995:69).

Logotherapists emphasize that the purpose of interpreting or analyzing dreams is to bring meaning to the fore. The patient/client must discover meaning through his/her dreams that can lead him/her to a more meaningful life/lifestyle. *In praxis* it very often happen that if the client/patient does not see meaning in his/her dreams, then the therapist will help him/her to attach meaning to some of the "symbolic elements" in the dream. In other words, the general impression that one gets is that the therapist uses any dream interpretation in such a way that the client/patient must see and/or attach meaning to someone/something that was/were present in that dream. This is to ensure that the patient/client can proceed to a meaningful life/lifestyle.

### 2.1.10 The "common factor(s)" in all the logotherapeutic techniques

In the light of the above-mentioned discussion it becomes clear that all the different logotherapeutic techniques that have been evaluated focus in one way or another on the question of "meaning." The search for meaning and/or the attachment of meaning to something/somebody is/are the "common factor" that binds all the different methods together. This search for meaning, or, the "will to meaning", forms the "glue" that puts all the different logotherapeutic techniques together.

Behind all the techniques, the philosophical-theoretical thread that runs through everything, is the simple fact that humans can and must transcend their circumstances through living a meaningful life. "Meaning-potential" lies within man, it must just be awakened. All the different techniques work with this idea of "meaning" that must be found in order to set clients/patients free. In other words, to get healed, you need to discover and/or to attach meaning and all logotherapeutic techniques, press or urge you to go in that direction.

# CHAPTER THREE

# AN EVALUATION OF DIFFERENT LOGOTHERAPEUTIC TESTS

## 3. Introduction

Different tests have originated *elapso tempore* when logotherapeutic influences have starting to spread. However, the three most widely used tests are the so-called PIL-test (the Purpose in Life test), the SONG-test (the Seeking of noetic goals test), and the LOGO-test. A brief discussion and evaluation of these three major logotherapeutic tests will assist us in better assessing the therapeutic value of this type of intervention. Other logotherapeutic tests will also get brief attention.

Frankl was normally eager to show that logotherapy has more than just a theoretical-philosophical basis, namely, that its major tenets about a will-to-meaning, the motivation to find meaning-in-life, and existential-vacuum can be measured and validated through research, even with the most sophisticated research methods and statistical procedures (Guttmann 1996:174). The three different mentioned tests are widely used today by logotherapists.

Very often these tests are normally administered before therapy starts in order to evaluate the "state of mind" of the client/patient. Then, in the light of the test results a specific logotherapeutic technique is implemented to start with the "healing process." This means that the tests and the consequent techniques very often cannot be separated because the tests assist in the therapeutical process, or even determine the method or aid that is going to be used. Therefore, the interrelationship between tests and techniques cannot be overlooked and ignored.

## 3.1 The Purpose in Life Test (PIL-test)

This test was created by Crumbaugh and Maholick and measures a person's "will to meaning" and "existential vacuum." These two concepts are well known in Franklian circles. This test is actually an attitude scale and was validated, standardized and reported in 1968 and 1969. The research value of this test has been demonstrated in well over 200 doctoral dissertations and the test has been translated in many languages – the latest one being Chinese (Guttmann 1996:176 & Shek 1993:35-41).

One of the logotherapeutic beliefs is that failure to find meaning in life may result in a state of emptiness and boredom, or in existential vacuum, and, if not relieved, this state may lead to noögenic neuroses, especially in neurotically predisposed persons, who then require additional treatment. In order to detect the "existential vacuum" in a person's life, Crumbaugh originally developed the PIL-test.

The PIL is divided into three different parts. Part A consists of a 20-item psychometric scale that evokes responses about the degree to which an individual expe-riences "purpose in life." Part B consists of a 13-item "incomplete sentences" part that is designed to indicate the degree to which an individual experiences purpose in life. Part C, a biographical paragraph about the participant's life goals, ambitions, hopes, future plans and motivation in life in the past and at present, is used for clinical purposes (Guttmann 1996:178).

As based on the original 1 151 cases on whose scores Crumbaugh cross-validated his instrument, raw scores of 113 or above suggest the presence of a definite purpose and meaning in life, while raw scores of 91 or below suggest lack of clear meaning and purpose in part A of the instrument. Most subjects can complete the scale within

10 to 15 minutes. The administration of the PIL is quick and easy. The two major functions of this test are to detect the presence of existential vacuum in a given population, and to use the PIL as a research tool, particularly for measuring the degree to which an individual has developed a sense of meaning in life.

The development, technical aspects and statistical elements of the PIL are not adequately documented, but this test remains the most frequently used test to come out of Frankl's logotherapy (Hutzell 1988:99 & Guttmann 1996:178-179). Logotherapists believe that the PIL was able to show that it is a useful tool for measuring not only existential vacuum but also the effects of therapy with alcoholics. In one of the most recent uses of this test in logotherapeutic circles, Guttmann and Cohen (1993: 38-55), used it as one of the instruments in a study of meaning in life and excessive behaviors among active elderly in Israel.

The positive contribution of this test is that it seriously tries to measure a client's/ patient's will to meaning and his/her existential vacuum – something which is normally very difficult to determine because of factors like subjectivism, uncertainty, the possibility of lies on the side of the patient/client, unwillingness to "reveal" himself/ herself via a questionnaire and the "fixed type" of questions with the very often "neutral" type of answer. The structure of the 20 questions of part A is basically a version of a scale of Rensis Likert. "Neutral" for Crumbaugh and Maholick implies "no judgment" either way (Guttmann 1996: 220).

From a psycho-linguistic point of view it is not always clear if the concepts/terms that are used in this questionnaire were operationally defined so that everyone knows exactly what the researcher specifically had in mind when they formulated it. Concepts are basically abstract labels placed upon reality and although we may know what

these terms mean theoretically, we may have different viewpoints about them (Miller & Whitehead 1996:23).

From a psychodynamic point of view there are no questions dealing with the past life of the patient/client which may reveal something about his/her past struggles, possible influences of other persons like the mother and/or "significant other." No attempt is made to find out of there is any socio-cultural and/or historical-political influences that may play a role in a patient's/client's decision to answer the PIL's questions in a specific way.

Although the questions basically focus on the patient's/client's purpose in life, it is doubtful if the purpose of a person's life can be separated from the socio-economic, socio-cultural and historical-political environment in which he/she finds himself/herself. However, the logotherapeutic belief that man can transcend his environmental circumstances makes this critical remark, at least from their perspective, not really relevant.

The important role of the environment that constantly and dynamically influenced any person is absent in this test. Behaviorists certainly will criticize the test. However, the emphasis on the importance of the person's will and his/her choices is something that is a plus point for those moving in cognitive personologist circles. The PIL at least tries to "sincerely" identify the "exact" state of mind of the patient/client in order to assist him/her via logotherapeutic intervention and/or treatment.

A remarkable thing to see is the constant use of the word "I" (the "me-part of the client/patient) in the 20 questions of part A. This is highly subjective and reflects the idea that the patient/client will and must know himself/herself very well in order to

answer these questions. This may create a problem, especially when the person who is completing the questionnaire is neurotic, depressed, and/or already in a situation where he/she is seeking for help because he/she has already lost all hope and/or meaning in life. A person who completes this questionnaire, for example, after losing a loved one, very often will be in a psychological state which will reflect "I have no purpose in life." In other words, "when" and "how" the PIL-test is used is just as important as the "what" of the questions.

### 3.2 The Seeking of Noetic Goals Test (the SONG test)

The Seeking of Noetic Goals Test (SONG) is another attitude scale. Like the PIL it was invented and developed by James Crumbaugh in 1977 (Gutmann 1996:179-180). While the PIL-test measures the degree to which one has found meaning and purpose in life, SONG is a complementary scale to the PIL, which measures the strength of a subject's motivation to find meaning in life.

According to Guttmann (1996:179) the combined use of the two scales has proved helpful in determining the probability of successful therapeutic intervention. If a subject, for example, scores a high PIL and a low SONG this means that he/she has a satisfactory level of life meaning and lacks motivation to find more. If he/she scores low on PIL and high in SONG it means that a person lacks life purpose, but has motivation to find it.

There are 20 items in the SONG-test similar to the 20 items in the Pil-test, part A. Administration is simple and the test can be used for most high school populations and adults. The respondent must circle the number of his/her choice on the continuum for each statement. Scoring, like the PIL, is merely the arithmetic addition of

the 20 circled numbers. The range of possible scores being from 20 to 140. The normative cutting score is 79, halfway between the means of 73 for "normal" and 85 for "abnormal" populations. The standard deviation for normals is approximately 14, whereas it is 15 for patient populations.

Crumbaugh warns the user of both the PIL and SONG that these tests are subject to motivational distortion, especially in competitive situations, as well as to other sources or error variance that increase the possibility of unreliable individual scores. Therefore these scales should never be used alone in making important decisions concerning a particular individual. They are useful as research and screening devices, as they are able to select the most promising cases for treatment when facilities are able to accommodate only a limited number of patients (Guttmann 1996:180).

In evaluating this test it is important to remember that this test is a complementary one to the PIL and that it was not designed to stand on its own. As mentioned, the main goal of this attitude test is to find out how strongly motivated a person is to find meaning in life. As an attitude test, it measures the attitude of a client/patient with regard to his/her dedication and/or earnestness to find meaning in life. The stronger the motivation to find meaning, the higher he/she will score in this test.

Mostert (1978:190) pointed out that a person who is experiencing an existential vacuum is not always motivated to find meaning in life. This is where the logotherapist can assist the client/patient by using logotherapeutic techniques in order to motivate him/her to find meaning in life. However, in order to find out more precisely if a person is motivated to find meaning or not, the SONG-test was invented.

Just like the PIL-test, the emphasis is focusing exclusively on the internal feelings of the patient/client. He/she is actually revealing how he/she is experiencing and/or seeing life. Introspection, subjectivism, and a verbalization of your own "outlook" on things are key issues that are addressed in this test. The "I" of the client/patient stands in the center from beginning to end.

What are lacking in this test questions are, for example, questions about the past successes and failures of a person and the present factors that are influencing him/her to experience the feelings and thoughts that he/she is now experiencing and trying to verbalize on paper.

The avoidance of "getting into the past experiences of a patient/client" would be seen as negative by those moving in psychoanalytic circles. The SONG-test put a strong emphasis on the "feelings" of a patient/client. In other words, what the patient/client is busy experiencing, is now seen or taken as the "real state of affairs." The problem is that many of the possible remarks of patients/clients may reflect the "irrational" and/or "distorted thoughts" of a person, and not necessarily his/her real attitude toward meaning in life - something that rational-emotive therapists would point out as a definite weak point in the test (Ellis 1962,1971).

Depressed persons are often caught in spirals of negativity and distorted feelings and thoughts that do not necessarily reflect the true nature of their perception, about how, and if they are motivated, to find meaning in life. It is possible that a person is depressed because he/she is motivated to find meaning in life but cannot reach that goal within a certain time-span. People who have completed a SONG-test questionnaire may fall within the above-mentioned example. For logotherapists any

form of excessive negativity is unhealthy. What matters is rather "healthy thinking" (Kendall & Hammen 1995:81-82).

Environmental factors as emphasized by behavioral schools do not get enough emphasis. In fact, they are basically overlooked and regarded as unimportant due to the logotherapeutic belief in self-transcendence and the will-to-meaning as latent or present in every person. The patient's/client's possible "uncertainties" about life and life's meaning are reflected in the different questions.

From a traditional psychoanalytic point of view these questions do not reflect anything about Freud's id (motivated by instincts and drives) and superego (the "conscience of society"). The scale is rather focused on the "subjective self" of the patient/client. It seems that the affective components of a person "("how he/she feels") is the main emphasis, although a quick look at these questions give the impression that the accent is more on the cognitive aspects ("thought-world") of the client/patient.

There are no definite attempts to ask questions about the past, like in psychoanalysis, or even an attempt to try to put these questions in a milieu or setting that reflects a desire to establish if there are any socio-cultural or political-economic factors that may influence the patient's/client's present answers. It appears that the client/patient "hangs" somewhere in the air or is present in a vacuum where he/she is away from any possible influences.

The direct nature of the questions would be welcomed by reality therapists like William Glasser (see Glasser 1980:49-58; Richards 1982:168-170 & Ras 1998:116-118) who prefer direct confrontation to a typical Rogerian non-direct approach (Hjelle &

Ziegler 1992:522-523). What we get in the SONG-test is a questionnaire that challenges and confronts the patient's/client's "subjective world." The questions of this test are in line with the phenomenological perspective which holds that what is real to an individual is that which exists within that person's internal frame of reference. This includes everything in his/her "awareness" at any point in time.

Phenomenologists would agree with the SONG-test's philosophical presuppositions, namely, that these questions reflect what logotherapists believe; that is that each of us, phenomenologically-speaking, responds to events in accordance with how we subjectively perceive them. Effective reality is not necessarily a "mirror-reflection" of the outside world, but it is reality as it is observed and interpreted by the reacting patient/client (Hjelle & Ziegler 1992:496).

Because every person contrues his/her own reality, the SONG-test reflects how the patient/client sees himself/herself in the light of his/her "perceived" reality of the world and his/her position and/or "future" in "his/her constructed world." In other words, although logotherapists say that the SONG-test actually measures the strength of a person's motivation to find meaning in life, it actually measures the present "psychological reality" of a person.

It is interesting to note that the 20 questions of the SONG-test do not really reflect Frankl's belief that meaning in life may be found in four different ways, namely through the meaning of work, love, suffering, or death (De Vos 1995:246-248). In other words, Crumbaugh, in drawing up these questions, did not ask questions dealing with these four (work, love, suffering & death) mentioned issues. It seems, even if it is not in line with the original intention with the SONG-test, that the 20

questions rather want to capture the present view of the client/ patient regarding a "meaningful life/lifestyle", as he/she perceives it at a given moment in time.

### 3.3 The Logo-test

Elisabeth Lukas (1986) developed this test in 1971. It measures "inner meaning fulfillment," "existential frustration" and "noological illness." The last-mentioned illness develops in the noological dimension of a human being due to lack of meaning in life. This test is based on Lukas' theoretical structure of logotherapy which is unseparably linked with the three dimensions of human beings.

These three dimensions, the biological, the psychological, and the spiritual play such an important role in psychotherapy that no dimension should be disregarded. In each of these dimensions the dependency on given circumstances is different, that is, the feedback mechanisms work differently in each dimension and the principle of homeostasis has a different validity. Therefore, no dimension should be disregarded in psychotherapy. Lukas found significant (correlational) relationship (all with a probability of 99%) within three clusters of variables (1981:116-125 & 1985:7-10).

1. Objective high meaning orientation; few indications of frustrations, subjective high meaning orientation and good general psychohygiene.
2. Low general psychohygiene, tendency to noetic depression, tendency to noögenic neurosis, many indications of frustration and objective low meaning orientation.
3. Positive attitude to suffering or success, objective high meaning orientation, good general psychohygiene and high psychological ability to adapt.

The Logotest consists of three parts with a total of 18 questions and statements in the test. Part 1 consists of 9 statements centering around the following potential meaning orientation that may be present, or absent, in the subject's life: his/her own well-being; self-actualization, family life, occupation, social involvement, interests, experiences, service and overcoming distress. The subject may answer "yes" or "no" to any of these statements. Unanswered questions denote uncertainty or refusal to take a stand. Scoring is done in the following way: Each "yes" answer gets a 0 point; "no", 2 points; and questions left open, 1 point. Higher point values indicate a lesser degree of perceived inner meaning fulfillment, while lower point values point toward greater degrees of perceived inner meaning fulfillment (Guttmann 1996:180-182).

Lukas is of the opinion that inner meaning fulfillment develops when the client/patient perceives his/her action as being worthwhile and appropriate with the meaning of the moment. She claims that health comes through meaning, and logotherapy provides us with a view of human nature that helps us retain and regain our health. People cannot be driven to, nor conditioned to find meaning. Personal gains are not, and should not be, the goals of our pursuit of meaning.

The search for meaning and the will to find meaning in life are universal. People everywhere have a quest for meaning. Lukas points out that it is present in the healthy and the sick (1981:116-125), while Preble (1986:*in toto*) showed that it occurs in people with different cultural and ethnic backgrounds. Even different socio-political systems present in geographical areas like Hungary and in Eastern Europe reveal that people everywhere have a search for meaning present in their lives (Guttmann 1994: 67-73 & Stecker 1981:79-82).

This lack of inner meaning fulfillment is especially evident in the presence of an existential vacuum. Inner meaning fulfillment is based on a sense of responsibility. Belief in one's ability to rise up to the demands of the moment is tied to physical and emotional well-being, whereas helplessness is associated with morbidity and mortality. In the light of this, part 1 of the Logo-test thus measures the degree to which a person has attained a sense of inner meaning fulfillment, or lacks it.

Part 2 consists of 7 statements to which the subject must respond. These statements measure the perceived degree of existential frustration a subject has at the time of testing and his reactions toward them. The 7 statements encompass aggression, regression, overcompensation, flight reactions, a coming to grips with the situation, neurosis, and depression. All these mentioned matters have to do with intrapsychic phenomena with which the subject is grappling at the time, and are based on experimental psychology which has found these 7 reactions indicative to an existential frustration.

Scoring basically works like this: for each "often" answer, a person gets 2 points, for "once in a while", 1 point, and "never", 0 points. For statement number 5 scoring is done in the opposite direction where "never" gets 2 points, "once in a while", 1 point, and "often" 0 points.

Part 3 of the Logo-test consists of three brief paragraphs. In the first part, persons of the same sex in different life situations are depicted. In the second part, persons of the opposite sex are depicted. In the third part, the patient/client is asked to describe his/her own situation. This self-inventory is coded with respect to two values: "meaning" and "attitude." For the former the subject may receive 1 of 4 points and for the latter 1 of 3 points. Based on the scoring the subject can be classified as to the

degree of his having or lacking inner meaning fulfillment, existential frustration, and noögical illness.

Traditional psychoanalytic critics would again ask questions why the past of persons is ignored, in relation to the present experiencing of meaning in their lives. Meaning and experiencing of meaning are interconnected with the instincts and drives of the past that *inter alia* motivate a person to a meaningful life/lifestyle. The present questions in the Logo-test do not reflect this idea. The important role of "significant others" in attaching meaning is also absent from an object-relations point of view.

The influence of different cultures and socio-economic and historical political influences are not taken into account seriously enough by logotherapists, in posing the questions found in the Logo-test. In fact, they are lacking. The focus on the individual and his/her "perception" of how he/she is "experiencing meaning" and/or the lack thereof is too strong. While classical behaviorists like Burrhus Skinner would emphasize the strong role of the environment upon the patient/client in shaping his/her lifestyle, social-cognitive critics like Albert Bandura and Julian Rotter, would point out that meaningful behavior is influenced by the environment, but that people also play an active role in creating the social milieu and other circumstances in which daily interactions take place (Hjelle & Ziegler 1992:336, 383-384).

### 3.4 The Life Purpose Questionnaire

Hablas and Hutzell developed this questionnaire (LPQ) in 1982. It is based on the PIL-test of Crumbaugh. It measures the degree of life meaning experienced by an individual. The LPQ consists of 20 statements. It has been used *inter alia* for geriatric neuropsychiatric inpatients and younger alcoholic inpatients. This question-

naire is easier to understand and to administer than the PIL.

Kisch and Moody (1989:40-45) concluded in their research of psychopathology and life purpose amongst alcoholics, after using the LPQ, that low life purpose is related to neurotic, psychotic and sociopathic variables. They found that their scores suggest, for alcoholics, a lack of meaning and purpose, as well as a moderate degree of existential depression. This questionnaire is a reflection of logotherapeutic belief that people must experience/see and/or attach meaning to someone/something in order to be "healthy and mature."

Majer (1992:86-89) found that the longer clients (chemically dependent persons) are committed to therapy, the greater the likelihood to find meaning in life. The longer logotherapy is administered to the client/patient, the greater the score-indication that the treatment has empowered the subject to find meaning and/or purpose in life.

From a phenomenological point of view the subjective emphasis on the individual (patient/client) that alone can say if he/she has meaning and/or a purpose in life, certainly is positive. This underlines the logotherapeutic emphasis that only the individual can attach meaning to somebody/something, and that everyone is creating his/her own "subjective world" in which meaning is to be found. The important philosophical belief that *homo sapiens* has the inner ability and potential to self-transcendence, no matter how harsh the circumstances, is figurating behind these self-introspect and penetrating statements/questions.

Although the emphasis on the "self", that reveals "himself/herself" via these statements in a subjective way would be welcomed from a phenomenological-existential perspective, the rather one-sided focus on "purpose in life", while ignoring the impor-

tant role of the situation/environment, in which a person finds himself/herself, is from a behavioristic point of view, certainly unacceptable. Man does not exist in a vacuum. For behaviorists this mean that environmental factors certainly influence our behavior, thoughts and provide reasons why we believe what we believe and do what we do. The LPQ does not take sufficient cognizance of these influencing and determining environmental factors.

From a psychoanalytic view point the lack of statements, with regard to past instincts and intrapsychic conflicts, that determine human behavior and have a direct bearing on the present meaning that one may experience, must be pointed out (Hjelle & Ziegler 1992:440). Humanists would agree with the logotherapeutic emphasis on the intrinsically good abilities of the human nature to transcend and to deliberately move away from present "distress" to future "meaning/purpose" in life.

Kelly's (1969:223) cognitive belief, that the therapist's role is one of encouraging and helping the client/patient to change his/her overt behavior, in order to alter his/her perception and construct about himself/herself in new innovative ways, is in line with the logotherapeutic belief that man can transcend and can find meaning in life. However, a deliberate cognitive decision to change must be made by the client/patient. The task of the logotherapist, is to direct the patient/client to make this decision to change, in order to find or attach meaning. In the light of this belief of both psychological groups, cognitive personologists would accept many of the LPQ's statements.

From a learning-behavioral point of view the questionnaire lacks a functional analysis of what Skinnerians' believe is present between a person's overt behavior and the

environmental stimuli that control it. Differently put, actions (overt behavior) are the result of environmental factors playing a role in the life of the patient/client. Because meaningful actions (behavior) are intrinsically connected with the environment, the questionnaire must reflect this. However, this is lacking in the LPQ (Hjelle & Ziegler 1992:300).

Skinner (1956) liked to quote the Russian physiologist Ivan Pavlov who said: "Control your conditions and you will see order." In terms of the LPQ, Skinner probably would say that the environment brings meaning, and/or it influences a person to find meaning/to attach meaning. The absence of these influences in the statements/questions of this logotherapeutic questionnaire certainly opens the door for criticism from a behavioristic point of view. Behavior-environment interactions are not strongly enough taken into account in the LPQ (Hjelle & Ziegler 1992:301).

From a dispositional point of view, Gordon Allport would point out the lack of statements that are dealing with traits. A person's behavior and thought (including "meaningful behavior") are determined by a dynamic organization of internal psychophysical systems, which *inter alia* result in cardinal, central or secondary traits (Hjelle & Ziegler 1992:285-286). These traits account for a patients/client's behavioral consistency over time and across situations. This means that a person's behavior is very often the results of the traits present in him/her. This means that meaningful and/or purposeful behavior are/is very often the result of traits. This Allportian belief is not reflected in this questionnaire.

## 3.5 The Minnesota Multiphasic Personality Inventory Existential Vacuum Scale

Hutzell and Peterson (1985:97-100) have developed this scale (the EVS). It is a screening device whose function is to detect groups of people, with or without existential vacuum, who have completed the MMPI. The Existential Vacuum Scale is based on Frankl's concept of existential vacuum while the MMPI is the most frequently used psychological test of personality (Guttmann 1996:186).

This scale consists of 13 items where each item is scored either with a "F" (false) or a "T" (true). High scores of 6 to 11 indicate the presence of existential vacuum, low scores of 0 to 1 indicate the absence of this state, and 2 to 5 shows uncertainty. This scale was developed in the light of the MMPI and the logotherapeutic PIL-test and is used not independently from the more well known MMPI and PIL-tests (Guttmann 1996:186-189). In fact, it complements the MMPI.

The existential vacuum originates because people have often lost their instincts which give them security in their behavior, and also because they have lost the traditions which guided their behavior in the past (Crumbaugh & Henrion 1988:106). This vacuum manifests itself mainly in boredom, but Frankl has pointed out that there are many masks and guises under which it appears. This practically means that there is no measuring instrument that can measure all the guises under which this phenomenon is hiding. This also binds the EVS.

In criticizing the EVS, psychoanalytical approaches again would point out that this scale does not take the past history, that influences the individual, into serious account. It appears that logotherapists do not really take the past seriously. This of course has to do with their belief that man has the ability to transcend and that no past

or any present circumstances can overcome this inner ability of man. However, it is the responsibility of man to choose what will become of him/her.

Behaviorists who deny that man has a free will and that he/she is a definite product of the environment, would disagree with this scale that tries to measure if a patient/ client is experiencing an existential vacuum or not. Skinner believed that any form of behavior is lawfully determined, predictable and environmentally controlled (Ras 1998:65). The whole idea of measuring an existential "vacuum", that is present "somewhere inside man", is not in line with Skinner's rejection of an "inner autonomous man", as the cause of human actions and that also can find meaning in life.

From a phenomenological-existential perspective the belief is that meaning is to be found in the subjective-existential world of man. Because phenomenological approaches share a respect for the client's/patient's subjective experience and a trust in the capacity of the client/patient to make positive and constructive conscious choices, the measuring of an "existential vacuum", in itself, is no problem (Brammer, Abrego & Shostrom 1993:34). Criticism rather would be focused on the meaning that is attached to the term "meaning" and how it is measured.

From a constructivistic-strategic point of view (see Mahoney 1991: *in toto*) there is no normal model of individual development or a "valid" way to live one's life. "Each" person with his/her "own story" of reality (e.g. frustrations, problems) creates and/or attach his/her own subjective meaning to someone/something – which *inter alia* necessitates the measuring of matters like "existential vacuums."

It seems, from a Gestalt point of view, that the purpose of the EVS-scale to measure meaning and the existence or not of an existential vacuum, does not pose a threat

simply because logotherapy is a process, that *inter alia* can help people live more full lives, through increasing self-awareness and assuming more responsibility for satisfying their needs. The measuring of the existential vacuum will certainly assist the patient/client in increasing self-awareness; something that Gestalt psychologists do not oppose (Brammer, Abrego & Shostrom 1993:40-41).

Rational-emotive therapists would point out that distorted and/or irrational beliefs may influence a patient/client in such a way that he/she is not competent enough to honestly give correct answers to the questions. However, the present use of the EVS in conjunction with the MMPI and/or PIL-tests does not nullify this scale.

The two logotherapeutic concepts, "meaning-in-life" and "existential vacuum" are closely connected (Guttmann 1996:189). Failure to find meaning in life normally would lead to existential vacuum. Because finding meaning in life is interconnected with the will to meaning and the deliberate choice to take responsibility to change, any type of measuring a possible existential vacuum is not necessarily a threat to those moving in cognitive personologist circles.

In these circles the constructs of people, whether good or bad, are taken seriously into account. However, these contructs or "perceptions" are not "interpretation-free", but are always subject to change. The measuring of existential vacuum is inseparably connected with the "thought-world" (cognitive aspects) of the patient/client. Kelly believed that reality is only in the mind of the beholder. In terms of the EVS it means that this scale measures, what the patient/client cognitively (but subjectively) believes is the precise or exact state of his/her existential vacuum and/or his/her experience of a meaningful life/lifestyle.

In terms of Kelly's "constructive alternativism" (see Kelly 1970:1), people think in a cognitive way about their life, no matter if they experience problems and/or meaning or not. Because the EVS measures meaning and/or existential vacuum that is a part of a cognitive process, this scale is not out of line with cognitive personological thinking.

However, it is safe to point out that cognitive thinking and phenomenological-existential thinking share the idea that "subjectivism" plays an important role in the life of the patient/client, because what he/she is experiencing as meaning and/or existential vacuum, is purely a "subjective creation and interpretation" of what the patient/client perceives to be the truth about himself/herself.

### 3.6 The Meaning in Suffering Test (MIST-test)

This test was developed by Patricia Starck and is an instrument that measures the extent to which an individual has found meaning in unavoidable suffering experiences. Logotherapists believe that it is not sufficient to just treat people who are suffering. To treat the symptoms of suffering means nothing (Goldberg 1986:97-104). What is needed is to go deeper into the origin of suffering and what it means for the person who suffers.

The MIST-test assists in this regard to help logotherapists find out if the meaning is experienced as positive or not, and/or if the sufferer is trying to find meaning in the process of suffering. Results of patients, with physical or mental pathology that were tested with the MIST-test, revealed that suffering had meaning and that some good came from it.

The MIST has 2 parts; part 1 consists of 20-items based on the scale of Rensis Likert, and the 2nd part consists of 17 additional statements that gather information about individual features that may be of assistance in therapy (Starck 1985:41-43 & Guttmann 1996:196). Although this test is regarded as very reliable and valid it does not have the importance of the PIL-test.

A quick glance at the test itself reveals that it is totally introspective and it deals with the "beliefs" of the sufferer. Every one of the 20 statements starts with the phrase "I believe...." From a phenomenological-existential point of view these questions look meaningful because they try to reveal what the patient/client (the "sufferer') honestly has to say about his/her "believes" about his/her suffering and also about the way he/she "sees" and/or has "experienced" this suffering. The subjective nature of these questions are prominent.

From a cognitive point of view the perceptions of a client/patient are inseparably linked with the cognitive constructs that he/she has. The manner in which individuals perceive and interpret things and persons in their environments, forms the heart of this perspective. Most cognitive personologists probably would find the statements in the MIST meaningful, because the way the 20 statements are structured, do not deny the presence of personal constructs of the clients/patients who answer them.

However, from a dispositional point of view, the statements do not include any statements regarding possible traits that influence the perception of the patient/client. What is lacking in these statements is the presence of possible social, political, cultural, historical-political and environmental factors. The "I believe..." formule is formulated in an almost a-historical way which underlines the logotherapeutic emphasis of self-transcendence and the belief that humans are greater than their cir-

cumstances (environmental factors/influences). Behaviorists disagree with this. According to them the influence of the environment cannot be separated from a person's behavior.

The statements do not reflect the idea that the past of a person and/or his/her environment can shape and/or contribute(s), and/or is the cause for the present suffering of a person. Psychoanalytic thinking is not reflected in the type of statements that were made. Ignoring the past suffering and events that led to the present state of suffering, as well as a possible finding of meaning in the "now", are basically absent. It is clear that the way the statements were originally formulated and structured in the MIST-test was not made in the light of psychoanalytic presuppositions, reasoning and thought-processes.

Although the purpose of the MIST-test is to ascertain the client's/patient's perception of the extent to which he/she has found meaning in suffering experiences (Guttmann 1996:216), the over-emphasis on the "I believe..." (perception) of the client/patient, seems superfluous. These statements deliberately ignore the past and possible environmental influences that have influenced the present "meaning-perception and experience(s)" of the client/patient.

In the light of this the present test would be totally unacceptable to those who are of the opinion that man is not living in a historical vacuum, but is part and parcel of a specific historical-socio-cultural setting. We cannot take man out of his/her historical-cultural environment. We must understand him/her in the light of his/her historical-cultural setting that influences him/her. Everyone stands and is firmly rooted in his/her *Sitze im Leben*. Ignoring this fact, is to deny that man is a historical reality that is shaped by events and matters around him/her.

In criticizing the MIST-test, it is also important to point out that these statements did not sufficiently considered insights from structural (Minuchin 1974; Minuchin & Fishman 1981), intergenerational (Bowen 1978), and strategic (Watzlawick, Weakland & Fish 1974) family therapies. It is clear that logotherapeutic presuppositions and theoretical-philosophical beliefs form the heart and background of Starck's MIST-test. Her "deliberate-ignorance" of the important fact that systems-approaches have shown that one can only truly understand perceptions and behavior in the light of their social context (Brammer, Abrego & Shostrom 1993:54), is pro-minent in this logotherapeutic test. It seems that logotherapists *ex uso* negate the influences of historical-social contexts.

### 3.7 The Belfast-test

This test was published by Giorgi (1982:31-37) and was an attempt to provide a new psychometric approach to logotherapy. The test consists of a 20-item questionnaire designed to measure client's/patient's difficulties in finding meaning to circumstances beyond their control. Diseases and death are typical of matters with which subjects struggle to cope. It also looks at the actualizing values of patients to overcome problems such as discrimination (Guttmann 1996:198).

This test, just like the PIL and MIST-tests, measures meaning. While the PIL measures the subject's will-to-meaning and his/her existential vacuum, and the MIST the extent to which an individual find meaning in unavoidable suffering experiences, this test more specifically measures the difficulty of subjects' in finding meaning to circumstances beyond their control. The Belfast-test is also based on Victor Frankl's concepts about the ways in which meaning in life can be found. However, logotherapists still prefer the PIL-test to the MIST and Belfast test.

This test is rather one-sided because it only purports to measure "meaning." The deliberate under-emphasis on a person's past (psychoanalytic approaches), his/her traits (dispositional approaches), and the possible influences of the environment (behaviorist approaches), in contributing to a person's sense and/or perception of meaning, are obviously lacking in this test. It again underlines the presuppositions and theoretical-philosophical beliefs that logotherapists apply *in praxis*.

The subjective, and at times, idiosyncratic emphasis, on what the subject believes and is experiencing, underlines the phenomenological-existential background of logotherapists. Although this test can be regarded as a "sincere" logotherapeutic-psychometric attempt from Giorgi, to more precisely measure the difficulties in finding meaning in exceptional difficult coping-circumstances, the reality today is that it is rarely used on a large scale.

What is absent in this test is *inter alia* the important role of past behavior in the life of the patient/client that was shaped and/or influenced by his/her drives and/or instincs (traditional psychoanalytic point of view), the role of significant others (object-relations), and the important role of the environment in determining behavior (behaviorism). It seems that the rather "subjective" interpretation and perception of "meaning" by the client/patient in this test, is not outside the line of thought of those moving within phenomenological-existential circles.

# CHAPTER FOUR

# AN EVALUATION OF THE GENERAL USES OF LOGOTHERAPY

## 4. Introduction

In the previous chapters attention and an evaluation were given of the main techniques and tests of this psychotherapeutic method. This chapter wants to expose the reader to different researchers/scholars and/or authors who fruitfully have made used of logotherapy and/or its principles in different areas. These remarks *inter alia* show the present applicability of logotherapy all around the globe.

Since the sixties of the previous century logotherapy has gained worldwide recognition (Fabry 1981:3-11). A few important questions come to the fore. How was logotherapy used in the past and for whom? Where was it used? How is it used today, and what is its future? Will it still exist and survive beyond the year 2000? These are *me judice* some of the questions that need to be addressed in this chapter.

## 4.1 Logotherapy and clients/patients

What is the relationship between logotherapy and the clientele? To put it differently. What benefits do clients/patients get from this therapy? Although every individual certainly will testify and say what he/she is gaining (or not) from this therapy, it seems safe to say that logotherapy basically does not deal primarily with the "sick" but with those who have lost faith and hope. To use an image; logotherapy is there for those who are drifting on the ocean, for those drifting like a ship without a steer, for those without hope.

It is especially for those without a vision for tomorrow. For those who believe that they stare death right in the face. For those who are frustrated, those who feel themselves trapped without help and rescue. It speaks to those that are depressed and for those that walk in the proverbial "valleys of death" (Ps 23). It is invented to direct those who want to give up, to those who say, "I can't continue any longer!"

According to logotherapists it specifically tries to assist and to help those who have lost all hope and who do not see a future. Viktor Frankl strongly believed and has shown that even in the worst conditions – known to men or imagined, one thing cannot be taken away from a human being – his freedom to take a stand against the circum-stances of his/her life. This logotherapeutic belief, that humans have the ability to transcend their circumstances is the main reason why a person's/client's "future" lies in his/her "own hands." Logotherapy, so Frankl believed, can bring and again can re-store hope, faith, and believe in the future. It brings meaning. It gives meaning. It attaches meaning.

Guttmann (1996:6) pointed out that there is general consensus that health is the result of biological, psychological, and spiritual influences. This means *in praxis* that there is a closely related interaction between "body and soul." This interwoven human state led Frankl to introduce the concept of noetic dimension as a decisive force and factor in human health. In the light of this logotherapeutic belief one can view logotherapy in a certain sense as therapy for the sick (biological), as support for the sufferer (a psychology), as education for the confused, and as a philosophy for the frustrated (meaning in life).

The clientele of logotherapy consist of a rather large group of people. Many are suf-

fering from various forms of noögenic neuroses. These are neuroses that originate in the noetic or spiritual dimension of humans. Logotherapy has developed methods for dealing with clients who suffer from phobias in their sexual behavior, for those with incurable diseases and for those who lead empty and meaningless lives.

It is especially for the last-mentioned, those suffering from "meaninglessness", that logotherapy has a word to say. The human capacity to transcend suffering, trauma, and terror by finding meanings and meaning opportunities in suffering and tragic circumstances, is a well-known logotherapeutic belief. Logotherapy can also serve as a complement and/or supplement to conventional methods of psychotherapy in cases of addictions, victims of accidents, the physically disabled who have lost limbs and those with other losses, especially in cases in which the losses are accompanied by lack of meaning (Guttmann 1996:6).

## 4.2 Logotherapy and family therapy

In recent years the family group was understood as an excellent chance, opportunity and basis for meaning awareness. An understanding of the meaning potentials in family living and the importance of helping the family gain awareness (reflection) and make use of these meaning potentials, was the central idea in the Franklian approach to existential family therapy (Lantz 1993:x).

Logotherapy or "meaning therapy" has been devised as a treatment approach toward helping people find meaning in their existence as human beings. Frankl's concentration camp experiences have been described as a laboratory in which logotherapy principles were tested under the most severe conditions possible (Lantz 1993:3). These

principles were buildt into existential family treatment programs. It is believed that logotherapy can help family members find meaning in their existence as a group. According to Jim Lantz (1993:8), in logotherapeutic-existential family treatment the family process is normally facilitated in four primary ways: (i) by using paradoxical intention to help family members control symptoms that cloud *the discovery of meaning*, (ii) by using dereflection to help them control symptoms that *cloud meanings*, (iii) by using Socratic dialogue *to stimulate members to search for meaning* within the family's daily life, and (iv) by using provocative comments of the therapist *to stimulate a change* in family interactional patterns that are inhibiting the family's search for meaning.

Paradoxical intention is used in family logotherapy to break the vicious circles that have developed as a result of anticipatory anxiety, while dereflection is used when client/patient symptoms result from hyperreflection or hyperintention (Lantz 1993: 8-10). Dereflection in the family setting would mean *in praxis* that the family members are helped in such a way that their attention is directed to something else. This new focus would then decrease hyperreflection and hyperintention. This is *inter alia* done by guiding, for example schizophrenic families, to develop activities and interests not connected with this problem and to start enjoying and finding meaning in a variety of new outlets (Lantz 1993:10-13).

The Socratic dialogue or self-discovery discourse is directed to help family members get in touch with their noetic unconscious. Questions are asked to make members more aware of their own spiritual dimensions, their strengths, their hopes and their achievements. Lantz (1993:14-15) pointed out that this dialogue is used with both the Milan systemic approach and the Franklian approach to family treatment. In the Milan approach, if Lantz is interpreted correctly, questions are asked of each family

member in such a way that new information about everyone come to the fore. The Franklian approach asked questions that help family members make meaningful connections.

Provocative comments in family logotherapy have the primary goal of helping family members change dysfunctional patterns of family interaction and it assist every family member to discover the unique meaning of the individual situation. The second goal is to help all family members developing skills in discovering unique meanings within the family setting. These meanings are discovered especially within the family logotherapeutic interview.

An example of a provocative comment would be: Therapist to an angry wife: "You say that you wish to be closer to your husband. Why not try to speak softer and hug him more often? He might respond to that." This type of thought-provoking comments must be used by the logotherapist from a position of care, concern and respect. These comments are very effective in family logotherapy when members are directed to find their own family meanings. It is important that individual family members find meaning in their own and each other's existence, otherwise self-destruction will occur because the will to power and pleasure will dominate the importance of experiencing meaning/finding meaning/attaching meaning (Lantz 1993:16-17).

Although Lee, Choe, Kim and Ngo (2000:211-222), in their recent publication on the construction of the Asian American Family Conflicts Scale did not make use of any logotherapeutic insights, it seems that logotherapists can make a valuable contribution to these type of scales because of their meaning-orientation. Family conflicts

are very often the result of existential vacuum and the lack of meaning that family members are experiencing in their lives. This is something that *me judice* cannot be overemphasized.

## 4.3 Logotherapy and therapists/counselors

Logotherapy has been expanded from Frankl's psychiatric circle to those in an ordinary counseling setting. This method's bridging function between the scientific orientation and the religious realm has made it into a natural therapeutic method for pastoral counselors (Leslie 1985:22-27 & Stones 1983:22-27). The fact that logotherapists pay special attention to the spiritual realm especially contributed to this factor. Frankl (1975:71-72) believes that in even a manifestly irreligious person there must be latent religiousness. This belief *inter alia* contributes to the inseparable link between psychotherapy (logotherapy) and theology (religion) that manifests itself in the therapeutic/counseling setting.

There are a few reasons why logotherapy has become a helping aid in the pastoral setting. The logotherapeutic belief that people have the unique capacity or ability to make choices, even in situations of extreme stress, is one reason. Another contributing factor is the belief that the therapist/counselor must use at times direct confrontation to challenge the erroneous beliefs of their patients/clients and the view that self-transcendence could be naturally integrated into the tenets of pastoral counseling, are all matters that made this method expand amongst therapists and/or counselors.

Starck (1985:41-43 & 1993:94-98) said that nursing can also benefit through including logotherapeutic methods and thinking in areas like prevention, health promotion, illness care, and rehabilitation. He believes that the three dimensions of logothera-

peutic thought (body, mind, and spirit) are compatible with the holistic view of nursing. In caring for the sick nurses can benefit from logotherapy in the sense that they now can use its methods at each stage of the process: in assessment, in determination of meaningful alternatives, in the implementation of lifestyle changes and choice of the most suitable one by the patient.

What makes logotherapy especially applicable to the nursing profession is the goal of assisting the individual to live a meaningful live. Both nursing and logotherapy are aimed at bringing consolation and healing to *homo patients*, the suffering human being (Guttmann 1996:7). The moment a patient sees meaning in his/her suffering, then he/she is "healed" – not physically, but psychologically.

Logotherapy is well suited to geriatrics as well. Geriatricians can help the elderly deal with the crises of old age, and especially with the trauma of incurable disease. Elderly people need assistance with the difficulties they face in their struggle for survival. Papalia and Olds (1995:530) pointed out that the prevailing attitude toward older people is a negative one, which affects older people's feelings toward themselves as well as society's manner of treating them. This situation especially necessitates the need of the elder to find meaning in their diminishing circumstances. Logotherapy can be of great assistance in this regard. The elderly can overcome the unavoidable suffering by searching for new meanings in their lives (Boschemeyer 1982: 9-15).

### 4.4 Different areas and/or places of application

Logotherapy is a method that can restore the dignity of people. It adds and gives meaning to those who are searching. In a world where education and work is too

technical-orientated and where human dignity is lost, this kind of therapy can help patients/clients to get meaning in their lives and/or dignity. In the South African setting the new constitution (Act 108 of 1996, chapter 2, the Bill of Rights, article 10) explicitly mentions that everyone has inherent dignity that must be respected and protected. Logotherapy can assist to restore dignity to those who feel that they have lost it.

Eisenberg (1985:44-46) claims university teaching needs to be rehumanised because students need to be educated to reaffirm their spiritual sources and to develop empathy that they normally don't have. What this basically means is that the important role of finding meaning in something and/or to attach meaning to someone/something is not part of university teaching. Students must be made aware that they have spiritual inner resources to find/attach meaning that will help them to cope and to live meaningful lives.

Social workers practicing in hospices could be assisted in their own search for an identity and relieved from some of the pressures faced in that demanding work in applying logotherapeutic techniques. Logotherapy is well suited for psychosocial care by hospice members because this method brings consolation and spiritual relief to the dying and suffering (MacDonald 1991:274-280). This technique make patients aware that their present suffering and even their coming death has meaning and that no-one can take that away. In a certain sense one can say that logotherapy, applied in this setting, brings acceptance and peace.

Lukas (1985:7-10) claims that because basic logotherapeutic guidelines encourage self-help and do not take away responsibility from the clients, clinical psychologists need a complementary knowledge of logotherapy because the therapeutic techniques

used by them at times may plunge patients into deeper illness. She opted for meaning-orientation because it is only when you see meaning in what you are doing/suffering that you can really life a meaningful life.

Industries can benefit from logotherapy because dissatisfaction and/or unhappiness of employees, as well as alienation from the daily routine are usually all associated with a lack of meaning in one's work. Because logotherapy strives for the individual's growth, self-discovery, and meaningfulness (Neikrug 1982:134-145), this therapy will greatly assist in bringing a greater productivity in industries. If people find meaning in what they do then productivity will increase. In fact, when people are happy in their work environment they will work better. The belief is that higher productivity will lead to more money and/or profits that may benefit a whole country.

In another article by Yoon and Thye (2000:295-316) dealing with supervisor support in the work place, they recommend the fostering of strong lateral relationships with co-workers that may strengthen vertical ties with supervisors. From a logotherapeutic perspective this is only possible if every individual has opted for a meaning-orientated lifestyle. If logotherapeutic insights can be implemented in workplaces all around the globe, then it will contribute not only to the strengthening of ties between workers and their supervisors, but it will also have a positive stimulating effect on matters like productivity and mutual respect.

Alienation or estrangement from work at the executive level is a dysfunction that manifests itself in the form of apathy, boredom, impotence, vagueness and even social withdrawal. The result of these behaviors is doubt about one's self-worth and self-esteem. Family conflicts are very often expressions of a person's inability to find meaning in his/her work. Humberger (1981) said logotherapy is suitable to

counteract the negative tendencies and lead a person to discover new meanings in his/her work and relationships by emphasising the values of commitment and responsibility and helping him/her to build up the necessary self-esteem that is lacking.

In short, a meaningless life at work brings conflict and stress. It leads to unhappiness and behavioral patterns that are negative and destructive for the individual and the particular family involved. Frankl was of the opinion that meaning in life may be found in four ways; through the meaning of work, love, suffering and death (De Vos 1995:246-248 & Ras 1998:156-158). The belief is that mental health is promoted by tackling the tasks of life in a meaningful and intentional manner. If we find meaning in what we do we will be happy and healthy.

It already has been pointed out (point 4.2) that logotherapy is used in family settings. Where family-life is creating problems, logotherapy is especially suitable to bring meaning back into the family circle (Lantz 1986:124-135). It assists the family in discover new meaning and to realize that no matter how difficult circumstances, members have the ability to transcend and to discover meaning in their relationships to one another.

Logotherapeutic techniques are employed in family settings such as gaining trust, finding satisfactory communications between therapist and client and assisting the client to discover new meanings in his/her life. Simply put, the central idea behind these techniques is that there is meaningful relationships that can exist amongst members and that ways must be find to make it work. This process starts with every individual member who must discover meaning in his/her life and then attach meaning to those around him/her and/or find meaning through interacting with others (Fraillon 1982:11-19).

Logotherapy can be used when you work with prisoners (Eisenberg 1989:89-94, Whiddon 1983:34-39, Wood 1982:53-56) in individual and/or group treatment. Whiddon's method in working with a group of prisoners consisted of five phases: (i) psycho-educational training in the principles of logotherapy, (ii) expansion of self-awareness, (iii) restructuring of self-esteem, (iv) dereflection toward values and their societal implications, and (v) development of personal meaning and goals for the future (Whiddon 1983:*in toto*). These phases were succesfully applied and resulted in preventing criminals, who partook in the training, to fall back to crime.

Similarities have been found between prisoner groups receiving logotherapeutic group treatment in Israel (Eisenberg 1990) and in the United States (Whiddon 1983; Wood 1982) in terms of methods employed and results obtained. In another study, Lieban-Kalmar (1984:261-268) has successfully integrated logotherapy in her work with the disabled. By applying logotherapeutic techniques and methods students are able to sort out short- and long-range goals, purposes in their lives and gain a positive attitude to life. This, in turn, helps them to develop further and take responsibility for their actions. She has tried to teach the disabled to help themselves.

Logotherapy is also helpful to the social worker who works with addicts, especially alcoholics. Crumbaugh (1981:29-34 & 1983:47-49) has pioneered a method based on logotherapeutic principles of assisting problem drinkers. He created six video-types to teach clients to understand motivation, to choose a suitable lifestyle, to build self-confidence, to stimulate creative thinking, to establish interpersonal relation-ships and to form a commitment to therapy.

Axis IV in DSM-IV (Diagnostic and Statistical Manual of Mental Disorders - 1995) deals with psychosocial and environmental problems. This manual, that guides

*inter alia* psychiatrists and clinical psychologists in making diagnoses, is a team effort because more than 1000 professional people have helped in the preparation of this document (1995:xiii). Axis IV is for reporting psychosocial and environmental problems that may affect the diagnosis, treatment and prognosis of mental disorders.

A psychosocial or environmental problem may be a negative life event, an environmental difficulty or deficiency, a familial or other interpersonal stress, an inadequacy of social support or personal resources, or other problem relating to the context in which a person's difficulties have developed (see DSM-IV 1995:29-30). The problems that are quoted as examples that belong to DSM-IV's Axis IV are all problems that logotherapists certainly would like to address from their phenomenological-existential perspective. The following groups of problems are listed in DSM-IV:

Problems with primary support group include: the death of a family member, health problems in family, disruption of family by separation, divorce, or strangement, removal from the home, remarriage of a parent, sexual or physical abuse, parental overprotection, neglect of child, inadequate discipline, discord with siblings, and/or the birth of a sibling. Problems relating to the social environment include *inter alia*: the death or loss of a friend, inadequate social support, living alone, difficulty with acculturation, discrimination, and/or adjustment to life-cycle transition (such as retirement). Educational problems are also listed and include: illiteracy, academic problems, discord with teachers or classmates and inadequate school environment (DSM-IV 1995:29).

Other problems that are listed on Axis IV where logotherapy can be used successfully include occupational problems like unemployment, threat of job loss, stressful work

schedule, difficult work conditions, job dissatisfaction, job change, and/or discord with boss or co-workers. With regard to housing problems, matters that logotherapists can address are homelessness, inadequate housing, unsafe neighborhood and/or discord with neighbors or landlord.

DSM-IV mentions other problems listed on Axis IV that may lead to mental disorders. A mental disorder is defined as a clinically significant behavioral or psychological syndrome/pattern that occurs in an individual and that is associated with present distress, or disability, or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. These problems include: economic problems like extreme poverty, inadequate finances and insufficient welfare support. Problems with access to health care services include: inadequate health care services, transportation to health care facilities unavailable and inadequate health insurance.

Other problems that are listed include problems related to interaction with the legal system/crime, for example: arrest, incarceration, litigation, and/or victims of crime. The last problem that is mentioned on this axis includes exposure to disasters, war, other hostilities, discord with non-family caregivers such as counselor, social worker, or physician, and/or the unavailability of social service agencies (DSM-IV 1995:29-30).

Because logotherapy, with all its different therapeutic aids, is primarily focused on meaning-orientation, these psychosocial and environmental problems, as mentioned in DSM-IV, are not really seen as problems but as challenges. In a discussion dealing with cognitive-behavioral interventions with young offenders, Hollin (1990:152) recommends training and motivation of any staff/family involved in these type of

programs. The introduction of "meaning-orientation" from a logotherapeutic angle will *me judice* greatly assist in this "motivation-process."

In studying logotherapeutic literature it becomes clear that logotherapists would use problems as "golden opportunities" to direct the patient/client to meaning-orientation. The inner ability of man to transcend his/her external circumstances forms the core or central point of their belief that he/she who has a why to live can bear with almost any how. In the logotherapeutic setting it is up to the individual to decide if he/she is going to remain in his/her present distressful situation, or to "spread his/her wings and to fly" – via self-transcendence.

## 4.5 The future of logotherapy

What is the future of this therapy? Frankl survived the concentration camps of Auschwitz and Dachau. He suffered, but he survived. The same can be said of his therapy. Logotherapy has been neglected by many, but it has survived. No matter what type of criticism will be brought against this existential therapeutical method, it will overcome all its obstacles.

Franz Sedlak (1994:89) said that logotherapy, with regard to human beings, "...sie appelliert an seinen Willen zum Sinn." Although a precise translation of this German phrase is not possible, what it means is that human beings are confronted to account for their search and/or lack of meaning. It "forces" humans to do introspection, so to speak and to address the issue of meaning in their lives. No matter if people are experiencing "existential vacuums" or not, they are confronted to answer and to address the issue or not of meaning in their lives. This makes logotherapy and its different possible applications relevant for the new millennium.

Frankl (1975:15) once wrote that if religion is to survive it will have to be profoundly personalized. In a certain sense this is true. The same can be said of logotherapy. It needs to be personalised. People need to personalise the philosophical and theoretical principles of logotherapy and to apply its principles *in praxis* in order to reap its benefits. They need to accept and to internalise the logotherapeutic beliefs and to see that they identify themselves with these principles. Then they will not only disdiscover meaning but they will also experience healing.

Although Judith Jordan's (2000:1015) article was not written from a logotherapeutic perspective she is of the opinion that "healing occurs in the meaning making." Her remark, that must be understood in the light of the relational/cultural model, was made when she discussed the role of mutual empathy in relational cultural therapy. Logotherapists would agree with her statement. Although Jordan probably did not had logotherapeutic insights in mind when she wrote what she has said, it seems logical from logotherapeutic circles that this "truly" can only become a reality when their insights are part and parcel of *inter alia* relational/cultural therapy.

Almost twenty years ago, Frankl (1982) said that the future of logotherapy depends on the independence of logotherapists and their innovative spirit. Logotherapy was seen by him as an open system in two ways: towards its own evolution and further development and in cooperation with other schools of psychotherapy. Because it focuses on making human life as meaningful as possible, it can be perceived as part of the human rights movement. Therefore, it has a universal message in the sense that human life is not reduced to "tiny cogs in a large machine" (Guttmann 1996:10).

Frankl was convinced that logotherapists must create their own lines of thought in line with basic logotherapeutic teachings and that everyone must see how he/she

could expand his/her thoughts. This can only happen when creativity and innovation are taken seriously. Logotherapy has expanded during the 1980s and 1990s remarkably. It is firmly established in different countries in all five continents; North America, South America, Asia, Europe, Africa, and Australasia. Viktor Frankl has received 29 doctorates from universities all around the globe. This indicates that his work had a tremendous influence on those who academically had honoured him.

In Tanzania his theories and methods are considered relevant and applicable to solving conflicts between the social order and individual strivings (Klitzke 1981:83-88). The African (Tanzanian) desire to experience "uhuru" ("freedom") from diseases, poverty, ignorance and weaknesses (see Du Preez 1982:20) certainly can be addressed via logotherapeutic intervention. Logotherapy addresses meaning and once a person finds meaning, he/she is stronger and more capable to address life's problems.

Frankl's concept of human nature as a totality of three dimensions, body, psyche, and spirit (see De Vos 1995:242-255), corresponds to what many Christians believe about man. They believe that God created human beings as body, soul ("mind") and spirit. The body is described in terms of ectoderm, mesoderm and endoderm, the soul in terms of the will, intellect and emotions, and the spirit consists of the conscience, Holy Spirit and gifts (Peterson 1980:46).

Althought there are those who see the soul and spirit as referring to one and the same thing, the basic idea is that there is a definite distinction made between the body and the soul. These distinctions make it easy for those moving in Christian circles, to borrow from logotherapy, whenever they feel it is necessary. Guttmann (1996:11) pointed out that the Franklian concept of human nature corresponds to an old Japanese idiom. In Japanese culture the unity of Shin, Gi and Thai correspond to the lo-

gotherapeutic distinction of body, soul and spirit. However, the specific contents and interpretation of what each specific dimension comprises have slight differences.

Logotherapy is also connected to Buddhist thought. Similar to Frankl's theory, the Buddhist emphasizes what is left, not what was lost; in the same way Frankl has emphasised the future, rather than being preoccupied with the past. The Buddhist concept of living with an incurable disease, rather than fighting it in vain, corresponds to the logotherapeutic idea of accepting the unavoidable, while making the most of what is still available for finding meaning in life (see Takashima 1985).

Hiroshi Takashima (1990:88), a practicing physician, has successfully incorporated logotherapy into his psychosomatic medicine and has mentioned good results. This corresponds to what Frankl originally said about the use of logotherapy. He said that logotherapy must be used in conjunction with medicine (pharmacotherapy), not on its own. Logotherapy, like paradoxical intention serves as an aid to assist the physician in the healing process (Guttmann 1996:72).

The way Zen Buddhism is practiced in Korea is another example of how logotherapy can be used in harmony with different beliefs. Ko (1981:89-93) pointed out that there are no culturally determined boundaries and limitations to universal truths. The reason is to be found in the dimension of the spirit. Because the spirit is regarded as the noetic dimension of man, it transcends all cultures and races. Ko is of the opinion that the dimension of the spirit makes logotherapy applicable to all human circumstances. The logotherapeutic belief that the human spirit has the ability to transcend must never be underestimated.

In his summary of the possible future of logotherapy, David Guttmann refers to the present world-order. He said that as the world we live in turns increasingly violent, cold and impersonal, technical, computerized, automated and atomized, the more there is a need for a theory that elevates men – rather than pulls them further down. He wrote that while psychoanalysis is slowly fading away, making way in the process to new schools of psychotherapy, the "height psychology" of Viktor Frankl is making inroads to every part of the globe.

Countries experiencing tremendous economic and political changes, such as in the former Eastern bloc, are particularly ready to accept Franklian ideas, but the same applies to countries in Central and South America, Africa, and Asia, as well as in the industrialized parts of the world. Guttmann is among those who believe that logotherapy will become the therapy of the 21st century because of its humanistic credo (1996:12).

Logotherapists openly would say that their techniques and/or methods are not exclusive methods that must be used on their own, but they are all aids that can assist in the therapeutic or healing process. However, again it is the client/patient that must decide and must make a choice about the way he/she is going to deal with the particular psychosocial and/or environmental problem.

Jim Davis (1998/1999:46) said in his article, rethinking the process of globalization, that globalization *inter alia* means that one understands where things are coming from and where they are going. This remark is important, especially in the light of the present tendency of many who want to move towards economic and political globalization.

Electronically-speaking the world is already seen as a "global village" via the internet and satellite-telecommunications. With regard to the remark of Jim Davis and the present globalization-process, logotherapists would emphasize from their side that without meaning-orientation there is no way a person will be able to truly understands where he/she fits into this global process.

Viktor Frankl's belief, based on the philosopher Nietsche, "He who has a why to live, can bear with almost any how", is not just another proverbial saying. It reflects the deep-seated and deep-rooted experience of a man, who *in facto* could testify about the truth of this belief. This belief, with regard to meaning-orientation, makes logotherapy at present one of the greatest psychological aids and/or therapeutic techniques in history, even beyond the year 2000 – at least in the eyes of its practitioners.

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