

GRADUATE THEOLOGICAL FOUNDATION

GRADUATE CENTER FOR PASTORAL LOGOTHERAPY



PASTORAL LOGOTHERAPY II: GENERAL APPLICATIONS OF PASTORAL LOGOTHERAPY

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GRADUATE CENTER FOR PASTORAL LOGOTHERAPY*

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The curriculum for the Graduate Center for Pastoral Logotherapy was acquired from the VIKTOR FRANKL INSTITUTE OF LOGOTHERAPY by the GRADUATE THEOLOGICAL FOUNDATION. It was adapted, as needed, for Pastoral Logotherapy with the Institute's expressed consent.

General Applications of Pastoral Logotherapy, 2012
Randy L. Scrapper, PhD

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***Pastoral Logotherapy** is a descriptive term developed and solely used by the Graduate Theological Foundation

Instruction Manual

General Applications of Pastoral Logotherapy

The material for this course includes primary source documents written by Dr. Viktor E. Frankl as well as resources and research pertaining to Logotherapy. Additional selections have been included, with credit. This is to honor the efforts of all who have contributed their time and talent to further Franklian Psychology and the legacy of Dr. Viktor E. Frankl.

Course Overview:

This course will cover general applications of the principles and techniques of Logotherapy: self-distancing, de-reflection, Socratic dialogue, paradoxical intention, and phenomenological existential methods used to facilitate change in attitude, personal growth, and gaining greater self-knowledge through life-review and life pre-view. Logotherapy's relevance to pastoral counseling will be highlighted in this course.

Required Reading:

Instructional Manual: General Applications of Pastoral Logotherapy

The Will to Meaning by Viktor Frankl

The Unheard Cry for Meaning by Viktor Frankl

Supplemental Reading:

Any additional pertinent text(s) assigned by the Instructor

Writing Assignments:

Each of the 6 Modules of this course requires a **reflective essay** (approximately 500–1000 words in length) on the assigned topics.

Final Paper for the course (3,000 words in length) can be a compilation of the amended and edited essays previously written for Modules 1-6.

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FOREWORD

Randy L. Scrapper

Questions that deal with consciousness, existence, purpose and meaning in life are still at the forefront of philosophy, theology, and psychology. “Why am I here and how do I know it?” “What am I responsible for?” “How does my existence relate to meaning and purpose?” These are the questions still seeking helpful answers from the aforementioned disciplines. These and other questions flow from the existential vacuum that is uniquely human.

Ann V. Graber, Ph.D., asks, “Who is there to tend to the psycho-spiritual needs of the people?” She goes on to say, “Pastoral Psychology, a fairly new and green branch on the tree of human services is trying to fill the gap between specifically medical and religious functions. Its tool kit needs more fitting tools for the task than those that were crafted by medical science, psychology, or theology. The unique contribution of this study will be to offer a counseling method to pastoral care-givers that is spiritually based and psychologically sound. It will be a timely method to meet contemporary and future needs of professionals who endeavor to meet the psycho-spiritual needs of those who seek their services. To that end the philosophy and spiritually based psychotherapy of Viktor E. Frankl, M.D., Ph.D., termed *Logotherapy*, has been found to offer the greatest potential!”

In this course the focus will be on the general applications of Pastoral Logotherapy including de-reflection, self-distancing, Socratic dialogue, paradoxical intention, and other phenomenological existential methods. The overview, purpose, and practice of each of these applications will be examined in a general way. Specific uses of these applications will be further examined in a subsequent course in this program. This course will result in a general understanding of these Logotherapeutic methods.

Logotherapy is inherently ecumenical. It is uniquely suited for the global village. Although we each tend to see our life situations through our own cultural or theological preferences, Logotherapy deals with the human condition in a way that addresses the possibility of “accessing the intrinsic human spirit in order to bring about meaningful change that leads to psycho-spiritual wellbeing.”(Graber) This course will briefly note Dr. Frankl’s ecumenical approach to application of Logotherapy. It is the aim of this course to lay a healthy foundation for the understanding and later application of Logotherapeutic applications and techniques.



Please note: Viktor Frankl wrote and taught in an era before “inclusive language” was a mandate. In that context “man” is used as a generic term for human being; “mankind” implies humankind; “he” stands for he or she. Since the intention of this study was to present a concise rendering of Viktor Frankl’s logotherapy, his linguistic style has been retained, where applicable.

Module I

Overview of the Principles and Techniques of Logotherapy

Dr. Frankl writes, “Logotherapy has not only been subsumed under the heading of existential psychiatry but has also been acclaimed, within this province, as the only school which has succeeded in developing what one might be justified in calling a technique. However, this is not to say that we logotherapists overrate the importance of techniques. One has long ago come to realize that what matters in therapy is not techniques but rather the human relations between doctor and patient, or the personal and existential encounter.” (*The Will to Meaning*, p6)

As you will remember from previous study, the principles and techniques of Logotherapy apply to a particular concept of the human being that is based on these three pillars – 1) the freedom of the will, 2) the will to meaning, and 3) the meaning of life. In addition, Logotherapy portrays the human being as a being that is designed to focus outside of oneself in order to be healthy in a meaningful way.

Dr. Frankl was a professor in two fields – neurology and psychiatry, but he was also the survivor of four camps. What he learned in the concentration camps was that even though human beings are not completely free from conditions, he could give witness to the fact that humans are always capable of “resisting and braving even the worst of conditions.”

In general, the principles and techniques of Logotherapy include the ability to detach oneself from even the worst of conditions and situations. This self-detachment also includes humor and self-distancing. Other techniques used in Logotherapy include de-reflection, Socratic dialogue, paradoxical intention, and phenomenological existential methods. One needs to remember that these principles and techniques apply to noological neuroses rather than psychological neuroses. The difference between the two is a dimensional difference that is essential to understand if one is going to understand Logotherapy. While some types of psychogenic neuroses can be helped by the application of principles and techniques of Logotherapy, it is only those that also have noogenic factors that call upon the application of Logotherapy for their treatment.

For Dr. Frankl, the relationship of the human dimensions is one of “higher” and “lower” dimensions, but not in relation to any value judgments – only in relation to inclusivity - the ability of one dimension to encompass another one. In Logotherapy, the higher dimension is always the more inclusive dimension. Note the footnote #5 on page 26 of WTM – “I well remember how insistent and inquisitive the late Paul Tillich was in the question-and-answer period following my presentation of dimensional ontology at a faculty luncheon of Harvard’s Divinity School. He was satisfied only after I had defined the higher dimension as a more inclusive one.”

Each of the successive human dimensions in Logotherapy includes all of the preceding dimension and transcends it. The Somatic dimension includes everything that is biological and physical. The Psychic dimension includes all that is physical and transcends that to include that which is psychological and mental/emotional in nature. The Noological dimension includes all

that is in the Somatic and the Psychic dimensions and transcends them to include all that is meaning-oriented and related.

Logotherapy understands the human being to be an interrelated relationship of interdependent dimensions. Logotherapists seek to understand and provide therapy for those noogenic neuroses that are truly noological in nature. Logotherapy is considered a complementary form of psychotherapy and can find helpful uses for some psychogenic neuroses as well when there are definite noogenic factors present.

Questions for Reflection:

1. What is the difference between “no-thingness” and nothingness?
2. Why would Dr. Frankl consider this to be the lesson to learn from existentialism?
3. How has reification become the original sin of psychotherapy?
4. “How is it possible to preserve the humanness of man in the face of reductionism?”
(WTM, p21)
5. What is the homeostasis principle?
6. What are the difficulties of hyper-intention and hyper-reflection?
7. Is tension to be avoided or welcomed in a “sound” amount?

Overview of Pastoral Logotherapy

Dr. Frankl makes an interesting observation about religion in the conclusion of his book *The Will to Meaning*. “I do not think the trend is away from religion per se. But I do think that the trend is away from those religions, or rather denominations, whose representatives are concerned with attacking and fighting each other. This was my answer after the local reporter of *Time* magazine had called me by telephone and asked me the question, Is God dead? As he told me that this question was going to be a cover story, I first asked whether the editor was going in the end to select God ‘Man of the Year.’

After I had pointed out that the trend is not away from religion but only away from emphasis on the differences between the individual denominations, the *Time* reporter asked me whether I meant that the trend away from denominations is in favor of some sort of universal religion. This, however, I definitely denied. Rather the contrary is true. The trend moves toward a profoundly personalized religion, so that every man will arrive at a language of his own, find the words of his own, when addressing himself to the ultimate being.”

In light of that, it becomes easy to see that the validity of a ministry of Pastoral Logotherapy is both timely and appropriate. (*Will to Meaning*, p 153) Indeed, Dr. Frankl’s observation has been proven very true. In the intervening years (his quote was recorded in 1969), religion has become more personalized. “Non-denominational” groups have flourished in Christianity. Religion has become less doctrinal and more personalized. The need for pastoral ministry in all of the world’s great religions has not abated, in fact, it has grown.

General Applications of Pastoral Logotherapy

The need for “meaning-centered” pastoral ministry, Pastoral Logotherapy, is not confined to one religion. The development of Pastoral Logotherapy incorporates all of those religions, both organized and personalized, that recognize the existence of ultimate meaning. Dr. Frankl says, “The noological dimension may rightly be defined as the dimension of uniquely human phenomena. Among them, there is one which I regard as the most representative of the human reality. I have circumscribed this phenomenon in terms of ‘man’s search for meaning.’ Now, if this is correct, one may also be justified in defining religion as man’s search for *ultimate* meaning. It was Albert Einstein who once contended that to be religious is to have found an answer to the question, What is the meaning of life? If we subscribe to this statement we may then define belief and faith as *trust* in ultimate meaning. Once we have conceived of religion in this way – that is, in the widest possible sense – there is no doubt that psychiatrists are entitled also to investigate this phenomenon, although only its human aspect is accessible to a psychological exploration.” (*The Unconscious God*, p 13)

Pastoral Logotherapy responds to the need in all religions that believe in an ultimate meaning to offer itself as a “meaning-centered” therapy. The purpose and methodologies of Pastoral Logotherapy are universally applicable to religions that acknowledge an ultimate meaning. Some may question whether or not this can be done without denigrating the meaning of these religions. I am among those who believe that it can definitely be done without denigrating any religion. My own belief system, faith, and religious practice belong to Christianity by choice and by commitment. However, to express that there would be no relationship to meaning by any who are outside of this chosen perspective would be both illogical and counterproductive. It would be illogical in that the world is filled with meaningful experiences participated in and shared by persons outside of this chosen perspective. It would be counterproductive in that the beginnings of “religions” find their roots in meanings that transcend and predate those religions.

I can, at one and the same time, honor my own religion while allowing others to do the same. In fact, it is my firm conviction and my experience that by doing so, we all grow toward a religious, if not a spiritual maturity that benefits from our sharing. Pastoral Logotherapy honors all religions that believe in *ultimate* meaning.

It should become evident throughout this course that the general applications of Pastoral Logotherapy are applicable to persons of a variety of religious backgrounds and practices. Although many of the examples that I will use come from within the context of Christianity, it should be continuously acknowledged that these applications apply equally meaningfully to contexts of other religious beliefs and practices.

“The logotherapist is neither a moralist nor an intellectual. His work is based on empirical, i.e., phenomenological, analyses, and a phenomenological analysis of the simple man in the street’s experience of the valuing process shows that one can find meaning in life by creating a work or doing a deed or by experiencing goodness, truth, and beauty, by experiencing nature and culture; or, last but not least, by encountering another unique being in the very uniqueness of this human being – in other words, by loving him.” (WTM, p69)

Questions for Reflection:

1. Why would it be true to say that it is not religion that brings meaning into existence, but rather it is the existence of meaning that makes religion meaningful?
2. How can Pastoral Logotherapy be beneficial to people with differing religious views?
3. Why would Logotherapy never be considered a “religious psychotherapy?”

General Applications of principles and techniques relating to Pastoral Logotherapy

When someone comes to a pastor with questions about the meaning of life or caught in the existential despair from the apparent lack of meaning in life, Pastoral Logotherapy is called for. In a culture that is increasingly global and essentially economic in nature, more people are exposed to the reduced tensions of a more materialistic lifestyle. It has been about one hundred years since people in the middle part of the United States have had to face the fear of death by an attack from wild animals. Carrying guns for protection and being forced to be willing and able to stop an attack from a wild animal by force is not in the everyday experience of youth and adults in this culture. As more countries join the global culture, the same is becoming true at a rapid rate for countries around the globe.

Those countries that are experiencing a large and rapid growth in their middle class such as China, India, and portions of South America, are also experiencing a growing number of people who are experiencing the joys and the challenges of living in a materialistic culture where people have traded survival tension for questions about how to best use their “free” time. The lessening of survival tension has produced an existential need for other tensions to take its place. As Dr. Frankl noted during the United States of America’s growth period (adolescence?), many turn to sports and other self-inflicted experiences of tension to provide the adrenalin rush that helps one experience tension in the short run.

An unfortunate consequence of this global development is the growing number of people that now also have time to ponder the meaning in their lives. The result is a growing number of people who are experiencing an existential vacuum – a vacuum of meaning in their lives. While this experience can be beneficial when people discover meaning as they search for it and, as a result, become more involved in meaningful activities that help make the world a better place in which to live, it also produces a growing number of people who do not know how to find meaning. These are those who find the pains of an existential vacuum. These are those who can be helped by Pastoral Logotherapy.

As we move through this course we will focus on a variety of principles and techniques of Pastoral Logotherapy. In each of the succeeding modules we will look more specifically at each of the techniques and their application. For now, we will give a brief summary of each of the techniques and their applications.

Self-detachment and Self-distancing

Self-detachment is an integral part of both paradoxical intention and dereflection. The ability is a human ability. Human beings have the ability to focus outside of themselves and see themselves from a different perspective – even to laugh at themselves. As far as we know, no other animal has this ability.

Self-detachment is also known as self-distancing which can lead to self-transcendence. Dr. Frankl writes, “In fact, two specifically human phenomena, the capacity of self-transcendence and the capacity of self-detachment, are mobilized by the Logotherapeutic techniques of dereflection and paradoxical intention, respectively.” (WTM, p116)

The humor that is often such an aid in the use of paradoxical intention can only be practiced when self-detachment is successfully used. Without the ability to get outside of oneself, humor becomes misunderstood and even hurtful. However, with the ability to distance one’s self from one’s self, humor becomes an indispensable ally in the successful use of these techniques in therapy.

Dereflection

Human beings were made to focus outside of themselves. When we do that, our experience includes our conditions and situations. We experience others and the world around us. When we fail to focus outside of ourselves we run the very real risk of hyperreflection. Our relationships with ourselves and with others also break down. Logotherapy offers a technique called dereflection as a treatment answer. Dr. Frankl writes, “One of those domains in which this technique is applied is that of sexual neuroses, whether frigidity or impotence. Sexual performance or experience is strangled to the extent to which it is made either an object of attention or an objective of intention.” (WTM, p101) In a culture increasingly saturated with sexual innuendo and graphic enticement, hyperreflection continues to be a very real problem.

Dr. Frankl never saw the addition of the internet and the new saturation of pornography that has followed. However, the uses of reification and fantasy have always been a part of the development of hyperreflection. Now the addition of false expectations promoted by unrealistic fantasy continues to add to the problem of hyperreflection. When it comes to human sexuality, it is still true that nothing works like love. Derefection and focus on the other person remains a very effective antidote to hyperreflection.

Socratic Dialogue

Joseph Fabry, a student and disciple of Dr. Frankl and author of several books on Logotherapy writes in his book *Guideposts to Meaning*, “. . . Socratic dialogue is the tool that the helper uses most frequently to aid the seeker in the search for meaning. This dialogue brings you in touch with your healthy core, the spirit, so that you can use its resources. One of the basic assumptions of Logotherapy is that, in the depth of your spiritual dimension, you know what kind of person you are, what your potentials are, what is important and meaningful to you. Socrates believed that it was the task of the teacher, not to pour information into the students, but rather to elicit

from the students what they know intuitively. Frankl believes it is the task of the logotherapist, not to tell seekers what the meanings in their lives are, but rather to elicit the wisdom that is hidden within the spirit of each seeker.” (p9)

The term “Socratic dialogue” is also referred to as “maieutic questioning.” In an attempt to avoid unnecessary and unproductive entanglement in academic and philosophical debates about logic, logotherapy’s use of the term maieutic questioning refers to the act of helping to give birth to a latent understanding or idea already present in the life and mind of the seeker. The term literally means, “to act as a midwife.” Both Dr. Frankl and his protégé Dr. Lucas are excellent examples of how to use this important technique.

Paradoxical Intention

“Paradoxical Intention lends itself to the short-term treatment of obsessive-compulsive and phobic patients.” (WTM, 101) This technique was introduced by Dr. Frankl in 1939 and has become a method of choice in many psychotherapies.

Dr. Elisabeth Lukas was Dr. Frankl’s protégé and the director of the South German Institute of Logotherapy. Her grasp of the principles and practices of Logotherapy is unparalleled. Here is a brief comment from her book *Meaningful Living*.

“Paradoxical intention is a wish turned upside down. Patients are guided to wish exactly what as phobics and obsessives they have so frantically feared and so desperately tried to avoid. What we flee from tends to catch up with us, and the more we fight a fear the more we become its victims. On the other hand, if we wish to have happen what we fear and support our paradoxical intention with humoristically exaggerated formulations, the fear dissolves.”

Other Phenomenological Existential Methods

Phenomenology is the language of our self-understanding rather than the language of patterns that have been established for us – outside of our “prereflective” history and understanding. It is the act of experience. It involves the freedom of the will to perceive and choose our understandings.

The existentialist approach is based on putting ourselves in a position where we can identify the evidences of existence, make a choice based on our will, and exercise a commitment to action. Phenomenological-existential methods are related to the understanding that Dr. Frankl espoused in the phrase he used often, “what is life asking of you in this moment?” Dr. Frankl believed that the Logotherapist should be more interested in challenging the conscience of a client than in soothing it. Existence, Dr. Frankl believed, should be lived in transcendence. Each person should be oriented outside of him/herself if the meaning of life is to be experienced.

Methods such as the Life-review and Life-preview are examples of the phenomenological-existential methods that can be used to foster attitude change. The “River of Life” analogy works better for some people. Any method that brings a person face to face with their existence, broadens the horizons with noetic focus, addresses the responsibility of each person to answer the

question of what life is asking of us, and envisions a life focused on outward reality of meaning discovery will come into contact with a purpose in life that embodies the essence of Logotherapy and Logophilosophy.

Questions for Reflection:

1. Which of the methods mentioned sounds most intriguing to you?
2. Do you have personal experience with any of the methods listed?

Module I

Reflective Writing Assignment

(a brief essay of approximately 500 – 1000 words,
for inclusion in your portfolio for later use in compiling the final paper)

**How do the principles and techniques of Logotherapy apply to Pastoral
Logotherapy?**

How is Pastoral Logotherapy a natural extension of Logotherapy?

Module II

SELF-DISTANCING IN PASTORAL LOGOTHERAPY

Principles that relate to Self-distancing

Self-transcendence is the essential quality of human life. It is the foundation and essence of existence according to Dr. Frankl. The quality of self-transcendence is the very quality that allows self-distancing to operate. It is one of the significant differences between Logotherapy and many other forms of psychotherapy.

Dr. Frankl writes, “The main mistake of appointing self-realization as ‘the ultimate motive’ is that it again devaluates the world and its objects to mere means to an end. As a matter of fact, A. H. Maslow explicitly contends that ‘the environment is no more than means to the person’s self-actualizing ends.’

So now we must pose the crucial question of whether or not man’s primary intention, or even his ultimate destination, could ever be properly described by the term self-actualization. I would venture a strictly negative response to this question. It appears to me to be quite obvious that self-actualization is an effect and cannot be the object of intention. Mirrored in this fact is the fundamental anthropological truth that self-transcendence is one of the basic features of human existence. Only as man withdraws from himself in the sense of releasing self-centered interest and attention will he gain an authentic mode of existence. This rule finds its clinical application (and clinical validation) in the Logotherapeutic techniques of dereflection and paradoxical intention.” (PE, p 56).

Self-distancing plays a vital role in the practice of both dereflection and paradoxical intention. The ability (innately human) to distance one’s self from the strict identification that a person normally has with the problems and issues that he or she is experiencing is what allows that person to gain an ultimate freedom from those problems and work through the issues to definite changes in attitude and action. Both dereflection and paradoxical intention count on the use of this uniquely human trait.

Love is portrayed as one of the primary ways in which self-transcendence is involved in meaning discovery. Dr. Frankl writes about a conversation he had with a suicidal man in one of the concentration camps. Dr. Frankl pressed him to answer the question, “What does life still ask of you (in the midst of your suffering)?” The man told him of his child who was living in another country that would need him after the war was finished. This realization caused a change in focus from death to life and helped him discover his reason for living.

The subjective experience of love is one of the ways in which meaning can be discovered. Instead of making people and things the “object” of our attention and love, the subjective experience of love shows how self-transcendence defines the character of love as something that promotes the genuine welfare of another without expecting anything in return.

Dr. Frankl describes his own awareness of this reality in this way:

“In spite of all the enforced physical and mental primitiveness of the life in a concentration camp, it was possible for spiritual life to deepen. Sensitive people who were used to a rich intellectual life may have suffered much pain (they were often of a delicate constitution), but the damage to their inner selves was less. They were able to retreat from their terrible surroundings to a life of inner riches and spiritual freedom. Only in this way can one explain the apparent paradox that some prisoners of a less hard make-up seemed to survive camp life better than did those of a robust nature. In order to make myself clear, I am forced to fall back on personal experiences. Let me tell what happened on those early mornings when we had to march to our work site.

There were shouted commands: ‘Detachment, forward march! Left-2-3-4! Left-2-3-4! Left-2-3-4! Left-2-3-4! First man about, left and left and left and left! Caps off!! These words sound in my ears even now. At the order ‘Caps off!’ we passed the gate of the camp, and searchlights were trained upon us. Whoever did not march smartly got a kick. And worse off was the man who, because of the cold, had pulled his cap back over his ears before permission was given.

We stumbled on in the darkness, over big stones and through large puddles, along the one road leading from the camp. The accompanying guards kept shouting at us and driving us with the butts of their rifles. Anyone with very sore feet supported himself on his neighbor’s arm. Hardly a word was spoken; the icy wind did not encourage talk. Hiding his mouth behind his upturned collar, the man marching next to me whispered suddenly: ‘If our wives could see us now! I do hope they are better off in their camps and don’t know what is happening to us.’

That brought thoughts of my own wife to mind. And as we stumbled on for miles, slipping on icy spots, supporting each other time and again, dragging one another up and onward, nothing was said, but we both know: each of us was thinking of his wife. Occasionally I looked at the sky, where the stars were fading and the pink light of the morning was beginning to spread behind a dark bank of clouds. But my mind clung to my wife’s image, imagining it with an uncanny acuteness. I heard her answering me, saw her smile, her frank and encouraging look. Real or not, her look was then more luminous than the sun which was beginning to rise.

A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth – that love is the ultimate and the highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: *The salvation of man is through love and in love.* I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring his sufferings in the right way – an honorable way – in such a position man can, through living contemplation of the image he carries of his beloved, achieve fulfillment. For the first time in my life I was able to understand the

meaning of the words, ‘The angels are lost in perpetual contemplation of an infinite glory.’” (MSM, pp56-59).

Questions for Reflection:

1. Why does Dr. Frankl believe that self-transcendence could never be the effect of intention?
2. Why would Dr. Frankl write that self-transcendence is the essence of existence?

Overview of Self-distancing

Here is one of the most important insights in Logotherapy in Dr. Frankl’s own words.

“I never had nightmares about those rigorous final exams in high school, as many Austrian students did. These finals are called the *Matura* in Vienna – a test of maturation. But I still have nightmares about life in the concentration camps; this was the true test of my maturation. Actually, I could have escaped these *Matura* exams if I had immigrated to America. There I could have developed Logotherapy; there I could have finished my life’s work, fulfilled my task. But I did not emigrate, and so I ended up at Auschwitz. It was the *experimentum crucis*. The two basic human capacities, self-transcendence and self-distancing, were verified and validated in the concentration camps.

This experiential evidence confirms the survival value of ‘the will to meaning’ and of self-transcendence – the reaching out beyond ourselves for something other than ourselves. Under the same conditions, those who were oriented toward the future, toward a meaning that waited to be fulfilled – these persons were more likely to survive.” (VKR, p97).

Teacher and Logotherapist James D. Yoder, Ph.D., writes about the use of self-distancing in the second chapter of his book, *Meaning in Therapy – a Logotherapy Casebook for Counselors*:

“Logotherapists believe that it is the duty and task of the therapist to direct their clients to this recognition that each person has this healthy spiritual center of consciousness that can decide and take a stand.

In the therapy process, we begin with the first existential step, ‘self-distancing.’ As I have already mentioned that step is based upon the discovery that feelings belong to the objective world. They are external to consciousness, though they buttress up against and nudge consciousness. They belong to the psychological dimension, and affect the physical dimension, and even, if left unattended or ignored, may lead to an existential frustration and noogenic neurosis. Regarding such movement of reflective consciousness to step away from human objects or phenomena, feelings, compulsions, phobias, etc., Dr. Frankl states:

‘Self-transcendence and self-detachment are irreducibly human phenomena and exclusively available in the human dimension (spirit or noetic). From this it follows that we cannot really help man in his predicament if we insist that our concept of man be patterned after the ‘machine model’ or after the ‘rat model’ . . . After all there are no computers that laugh about themselves, nor are there animals that care about meaning and purpose in their existence. (Frankl, 1975. P. 111).’”

Questions for Reflection:

1. In what dimension of the human being does self-distancing work?
2. What examples of self-distancing can you identify in your own life?

Relationship to Pastoral Logotherapy

Having learned a bit more about the practice of Self-Distancing in Logotherapy, it is now time to think about how this relates specifically to Pastoral Logotherapy. No one states this better than Dr. Ann Graber in her book *Viktor Frankl’s Logotherapy*.

“Self-Distancing

When clients present with their problems or symptoms, the first step-after hearing their story-is to help them gain some distance from the burden they carry, and through which they often identify themselves. This distancing will provide a clearer vision for courses of action open to them or, if that is not possible, to areas of freedom still available to take a stand toward their conditions.

The first task of the logotherapist is to help the client realize that he is not identical with his symptoms (Lukas, 1979). The resources of the spirit are tapped, its defiant power is awakened so that the client sees that fears, obsessions, depressions, feelings of inferiority, and emotional outbursts are not an integral part of who he is but qualities he *has*, which he can modify, and possibly overcome. He learns that he is not the helpless victim of his biological shortcomings, his psychological drive, and his environmental influences; that he is not fated to remain the way he has been, and that there is no situation in which he cannot change unwanted patterns, either in fact or, where this is not possible, in the attitude he takes toward an unchangeable circumstance like the death of a friend or the loss of a limb.

The logotherapist helps clients overcome their feelings of helpless dependence on circumstances ‘beyond their control’ which they sometimes use only to explain their symptoms and their personalities to themselves, and which, in turn, result in a negative feedback that further reinforces their symptoms. And, the logotherapist makes his patients conscious of what they unconsciously know: That they are, first and foremost, human beings with the capacity to find meanings; only secondarily are they individuals who have certain shortcomings which can be overcome and unwanted patterns which can be broken.

To break unwanted patterns, clients have to be led to see themselves from outside, as observers, and not from inside their traps, as victims. How the therapist manages to bring distance between a client and his symptoms is not decisive, It may require some techniques and much improvisation and patience (Fabry et al, eds., 1979, 96-97).

One approach that has worked well for this logotherapist is to invite the client to become the audience to the situation in his life that is problematic. The way this can be accomplished is by saying something along these lines:

“In order to make sure that I (the therapist) understand the full extent of your distress (problem, situation, circumstance, symptom, pain, etc.), let me enter the theater of your life with you. Let’s put your situation on the stage of this theater as if it were a play and together we’ll watch it unfold. Would you (client) please join me in the audience and describe to me what is going on on stage. Only you can adequately see and feel and describe the play unfolding before us.”

If the client is receptive to this, by becoming the *observer* he begins to *self-distance*; and, by telling the problem from the observer’s vantage point, possibilities for optional endings and *changes in attitude* emerge. This is bound to lead to insights and awarenesses that were not available to him while he had totally identified himself with the problem.

The uniquely human quality of self-distancing or detachment enables us to step away from ourselves, look at ourselves from the outside, to oppose ourselves if need be, and even laugh at ourselves at times. This capacity for self-distancing manifests itself in the *defiant power of the human spirit*, the human capacity to take a stand even against oneself. *“I don’t have to take every nonsense from myself!”* was one of Dr. Frankl’s emphatic phrases.

We see this self-distancing quality perhaps most clearly through the sense of humor. As Frankl points out in *Man’s Search for Meaning*, ‘Humor is another of the soul’s weapons in the fight for self-preservation. It is well known that humor, more than anything else in the human makeup, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds’ (p. 63). In other words, Logotherapy uses humor as a means of distancing self from behaviors and fears. This ability to laugh at oneself and one’s situation is a critical element in the healing process for individuals. Sometimes by stepping away from ourselves and looking at ourselves with a sense of humor we are able to see the ridiculousness of our behavior and fears. Frankl was fond of quoting Gordon Allport’s observation: ‘A patient who is able to laugh at himself is on the way to recovery’ (Fabry et al., *Logotherapy in Action*, 1979, p. 8).

The moment we laugh at our fears, some sense of the fear dissipates. The laughing is not the kind of nervous laughter that comes when we are unsure of what will happen next. This is a genuine humor, a laughing at the exaggerated situation. However, both client and counselor must understand that the target of humor is the ridiculous fears and emotional absurdities, not the client. This is why self-distancing is so important. Clients need assistance in creating distance between self and the behavior or fear before they are able to laugh at or ridicule the behavior or fear (Rice, et al., 2002, Chap. VI).

Self-distancing needs to be understood as a process that will lead from distress to a healthier state of being. It is a tool in the tool kit of the therapist that is particularly useful at the beginning of therapeutic interventions. Once the client has gained some separation from his symptoms or problems, orientation toward meaningful goals must begin. Only then will lasting change, beyond temporary reduction of symptoms, take place.”

Questions for Reflection:

1. How does self-distancing help a person overcome feelings of dependency upon the symptoms of their problem?
2. What is one warning to remember about the use of humor?

Module II

Reflective Writing Assignment

(a brief essay of approximately 500 – 1000 words,
for inclusion in your portfolio for later use in compiling the final paper)

Topics to consider for this essay:

How have you used self-distancing in meaningful ways?

How could you envision using self-distancing in Pastoral Logotherapy?

Why would you envision self-distancing to be a valuable tool in Pastoral Logotherapy?

Module III

DE-REFLECTION IN PASTORAL LOGOTHERAPY

Principles that relate to De-reflection

Dr. Paul Welter writes the following in his guide to the course on Attitudinal Change concerning De-reflection:

“While paradoxical intention ridicules the symptoms, another Logotherapeutic method, *dereflection*, seemingly ignores them.

A number of difficulties in normal life-psychosomatic illnesses, paranoia, or fixation on a thought-exist as long as we pay attention to them, become worse if we brood about them (in ‘hyperreflection’), but disappear when ignored. The problem is that most people cannot ignore them. In these cases the Logotherapeutic technique of dereflection is a great help, and it is amazing how many severe difficulties can be eliminated. The goal is to find a thought content that is so impelling and meaningful that, in the decisive moment, patients will focus attention on it, and thus dereflect from self-observation and the fearful expectation of symptoms-which do not occur.

Dereflection has become known in the treatment of sleep disturbances and sexual dysfunction. In both cases patients try to force a physical reaction, and the result is exactly the opposite. Patients are then directed to think about something else. The natural, healthy reaction (falling asleep, erection, orgasm) occurs when not intended. That is why patients are told to think through a certain problem before falling asleep, or are forbidden to have intercourse while paying attention to their partner, leading to the desired result.”

Elisabeth Lukas writes in her book *Meaningful Living*:

“Dereflection - using the human capacity of self-transcendence - has proven effective for sleeplessness, sexual dysfunction, addiction, and when problems are caused by excessive self-observation. The aim is to free clients from unhealthy self-reflection by focusing their attention on other interests. Dereflection uses our ability to ‘forget ourselves’ and brings about a therapeutic reordering of attention – turning it from the problem toward other and positive contents of our thinking; it widens and enriches our circle of meaning.

Dereflection can be combined with every kind of reinforcement. When turning *toward* a new interest is successful or is rewarded, turning *from* intense self-observation is more likely to succeed. The essence of dereflection is substituting something positive for something negative. Symptom reduction is only a by-product – but what a by-product!” (ML, Lukas, p 38-40).

Questions for Reflection:

1. What would you say underlies the successful use of dereflection?
2. How does the “freedom of the will” relate to the use of dereflection?

Overview of De-reflection

Dr. Frankl writes in *Man's Search for Meaning*:

“A realistic fear, like the fear of death, cannot be tranquilized away by its psychodynamic interpretation; on the other hand, a neurotic fear, such as agoraphobia, cannot be cured by philosophical understanding. However, Logotherapy has developed a special technique to handle such cases, too. To understand what is going on whenever this technique is used, we take as a starting point a condition which is frequently observed in neurotic individuals, namely, anticipatory anxiety. It is characteristic of this fear that it produces precisely that of which the patient is afraid. An individual, for example, who is afraid of blushing when he enters a large room and faces many people will actually be more prone to blush under these circumstances. In this context, one might amend the saying ‘The wish is father to the thought’ to ‘The fear is mother of the event.’

Ironically enough, in the same way that fear brings to pass what one is afraid of, likewise a forced intention makes impossible what one forcibly wishes. This excessive intention or ‘hyper-intention,’ as I call it, can be observed particularly in cases of sexual neurosis. The more a man tries to demonstrate his sexual potency or a woman her ability to experience orgasm, the less they are able to succeed. Pleasure is, and must remain, a side-effect or by-product, and is destroyed and spoiled to the degree to which it is made a goal in itself.

In addition to excessive intention as described above, excessive attention, or ‘hyper-reflection,’ as it is called in Logotherapy, may also be pathogenic (that is, lead to sickness). The following clinical report will indicate what I mean: A young woman came to me complaining of being frigid. The case history showed that in her childhood she had been sexually abused by her father. However, it had not been this traumatic experience in itself which had eventuated in her sexual neurosis, as could easily be evidenced. For it turned out that, through reading popular psychoanalytic literature, the patient had lived constantly with the fearful expectation of the toll which her traumatic experience would someday take. This anticipatory anxiety resulted both in excessive intention to confirm her femininity and excessive attention centered upon herself rather than upon her partner. This was enough to incapacitate the patient for the peak experience of sexual pleasure, since the orgasm was made an object of intention, and an object of attention as well, instead of remaining an unintended effect of unreflected dedication and surrender to the partner. After undergoing short-term Logotherapy, the patient’s excessive attention and intention of her ability to experience orgasm had been ‘dereflected,’ to introduce another Logotherapeutic term. When her attention was refocused toward the proper object, i.e., the partner, orgasm established itself spontaneously.”

Joseph B. Fabry, one of Dr. Frankl's closest friends and a fellow practitioner of Logotherapy, refers to the same incident and adds the following information from his book *The Pursuit of Meaning*:

“The third method Frankl developed is dereflection. It is applicable in cases where the symptom results from ‘hyperreflexion’ or ‘hyperintention,’ where the problem is caused by excessive attention given to a normal bodily function. A typical application is to sexual dysfunction, for which Frankl originally developed dereflection. Here again a pattern developed and has to be broken, and again it makes little difference how it started. A man may first have experienced impotence because he was tired, drunk, or whatever. It can happen to anyone. But if the next time he anxiously watches himself to see if he will have an erection, another failure is likely. If this circle is to be broken, dereflection has to be applied.

The difficulty with applying dereflection is in how to distract the patients' thoughts from their concern. How do you get an impotent man, about to have intercourse, to think about something other than his potency? How is a frigid woman in the same situation to stop observing herself in anxious anticipation of orgasm?

Frankl published an early case in 1962: Ms. S. came to him seeking help in overcoming her frigidity. As a child she had been sexually abused by her father. But it turned out not to be the traumatic childhood experience *per se* that had caused her frigidity. Influenced by popular psychoanalytical articles, she had expected the trauma to cause sexual neurosis. Frankl told her he would accept her as a patient but could not start the treatment for two months. In the meantime he told her not to worry about her dysfunction – it would be cured in the course of her treatment. But he advised her to see to it that her husband was not shortchanged, to pay attention to *his* sexual pleasure. As Frankl had foreseen, Ms. S. came back two days later, reporting she had experienced orgasm for the first time. Shifting attention from herself to her partner had resulted in the very thing she had prevented by her hyperintention and hyperreflexion.

Frankl found some forty years ago what recent research has confirmed: that what lies at the root of sexual dysfunction is anticipatory anxiety of sexual failure, excessive intention of sexual performance, and excessive attention to sexual experience. Accordingly, he recommended avoiding situations that place an impotent patient in a setting where he or she feels under pressure to perform. The pressure can come from the partner (sexual demands), the situation (a weekend together), or the patient (a sexual ‘schedule’). Such pressure must be avoided and the patient tactfully led away from self-reflection and sex intention until the spontaneity of the sex act is restored.

Both dereflection and paradoxical intention break unwanted patterns. Paradoxical intention makes use of the human capacity for self-detachment (looking at ourselves from the outside, with a sense of humor); dereflection makes use of the human capacity for self-transcendence (reaching beyond ourselves to other human beings or to meanings). As Frankl puts it, paradoxical intention enables patients to laugh their neuroses away while dereflection enables them to look past their symptoms.”

Questions for Reflection:

1. What does dereflection do to the focus of the person who is having difficulty with hyperintention or hyperreflection?
2. How does dereflection help a patient look past his or her symptoms?

Applications for Pastoral Logotherapy

Dr. Lucas words about the relevance of Logotherapy to medical ministry are as appropriate today as they were when she wrote them a quarter of a century ago in her book *Meaningful Living*:

“Dereflection is also applicable where medical help is no longer possible, as in cases of incurable sickness and dying. In the face of death all psychological methods lose their significance. There are few words of comfort a healthy person can say that will reach the dying. But the possibility exists up to the last moment to dereflect the thoughts of the dying from their impeding death onto the meanings of their lives, their past accomplishments, which no one can take away from them. Here dereflection is reinforced by a modification of attitudes, away from feelings of futility to those of achievement. In this extreme situation the entire spiritual potential is mobilized so the inexorable fate becomes transformed into a splendid human achievement of which the client can be proud up to the last breath.

Similarly, dereflection can be used for patients who suffer from symptoms whose causes cannot be eliminated, such as some psychoses, attacks of epilepsy, organic deficiencies, and even endogenous depressions. Patients wait for the attacks, constantly observe themselves for signs of symptoms, or are preoccupied with the state of their mood. It is important to counteract this hyperreflection, even when the symptom cannot be removed.

In cases of endogenous depressions Frankl proved that patients may be suffering from what he calls ‘piggyback depressions,’ secondary depressions which ‘ride piggyback’ on the primary depression. In such cases the endogenous depressions, caused within the patients’ physical dimension, is now joined by a second depression that originates in the psyche: the patients are depressed about being depressed. In some cases one can see how patients weep about their tendency to weep, and are sad about their sadness, and thus reinforce their depression. Dereflection enables such patients to at least free themselves from their ‘superimposed’ depression and to reduce their suffering to a level that is unavoidable.

Dereflection, which counters hyperreflection and hyperintention, requires a different plan of treatment than paradoxical intention which counters phobias and obsessive compulsion. Paradoxical intention begins with a self-distancing from one’s symptoms, followed by a change of attitude, a reduction of symptoms, and the discovery of meaningful activities and experiences.

In dereflection the fourth step comes much earlier in the treatment. The patients are helped toward finding new life content that dereflects their attention from their unhealthy preoccupation with a problem. But before this goal can be achieved, it is necessary to expand their attention

toward a field of meaning potentials beyond their own selves, to arouse their capacity for self-transcendence, the reaching out toward someone to love or a cause to make their own.

If the therapy succeeds in freeing the clients from focusing on themselves and guiding them to a meaningful object outside, the symptoms become more manageable and often disappear. And as soon as the clients have experienced the healing power in self-transcendence, their attitude begins to change.

The four steps of a treatment plan using dereflection, therefore, tend to have a different sequence from that used in paradoxical intention and most other methods of Logotherapy:

1. Self-transcendence.
2. Finding meaningful tasks and goals.
3. Reduction of symptoms.
4. Change in attitudes.

Self-transcendence is more than mere dereflection. It presents a direct contrast to that most difficult of all psychological sicknesses, egocentricity and narcissism. Persons who think of nothing but their own wellbeing will always detect disturbances and symptoms, and no one will be able to cure them completely. True human happiness lies in the ability to forget oneself. This truth is hard to communicate to today's men and women who are inclined to be self-centered. That makes dereflection one of the most difficult, yet most important, therapeutic methods.

Case #6

A little girl had the greatest difficulty in learning how to swim. The mother who had learned dereflection in conquering her own sleep disturbances, tried the same idea on her daughter. The girl did not learn swimming because she anxiously observed the rhythms of her motions which prevented natural body movements and landed her under the water. This increased her anxiety and exaggerated her self-observation which in turn interfered with arm and leg rhythms.

The mother took a tape recorder to the beach and played a cassette fairy tale loud enough so the girl could hear it while learning to swim. She learned it in four days and on the fifth had to be admonished not to venture too far out.

Interested listening automatically achieved a reduction of 'hyperreflexion' (exaggerated attention) and hyperintention (exaggerated wish to enforce something). While the child thought of the fairy tale, and not of her swimming, natural body movement took over.

This simple example confutes the homeostasis principle. Today we are primarily concerned with self-finding, self-strengthening, self-actualization, and similar ego-centered goals, and yet, an exaggerated occupation with the 'beloved ego' is harmful. We are basically self-transcending beings, focusing on a reality – even by way of a fairy tale.

Suffering or neurotic persons, too, may become healthy to the degree they direct their attention to the reality beyond themselves and ignore the ego with all its weaknesses and problems. In

General Applications of Pastoral Logotherapy

therapy, it is dangerous to encourage unhealthy focus on the ego or to arouse self-pity in suffering people. In disregarding the patients' self-transcending qualities, we feed an egoism that can be fatal to spiritual life.

Therapeutic counseling places a heavy responsibility on therapists. They must provide comfort – and refrain from taking away comfort. I am talking about the 'iatrogenic damage' (helper-caused damage) that did not exist before consultation. The damage can be the result of something the therapist says or does (or does not say or do) which the patient misunderstands: people can become sick if the visit to the therapist or doctor leads them to suspect they *are* sick.

Such suggestive or placebo effects are well-known in medical circles. In psychotherapy the suggestibility of psychologically unstable or suffering persons may be much higher, so feedback effect of therapist on patient is greater than in ordinary medical practice. 'Self-fulfilling prophecies can have positive or negative effects. Positively, they contain the chance to improve wellbeing; negatively, the words of the therapist, however meant, may create hopelessness.

I once heard a lecture of a well-known psychotherapist on the subject, 'Are depressions curable?' One must assume that maybe people in the audience came because they suffered from depression or had family members afflicted with this problem. The speaker, however, paid no attention to this consideration, and explained for more than two hours along strict deterministic lines, how depression can be predicted from early childhood deficits, how they recur throughout the lives of such 'victims of childhood experiences,' and have all the more terrifying consequences the more the patient tries to repress them. Eventually, the speaker said, such and such a percentage of patients were bound to end in suicide because they were not able to suffer through depressions.

During the entire lecture I desperately tried to understand how a therapist could give such depressing and hopeless scientific explanations before an audience that might not be able to assimilate such material. The reaction was predictable – distressed silence, and occasional sobbing, moist eyes."

Questions for Reflection:

1. How would you see dereflection as a technique to be helpful in a pastoral setting?
2. Do you think that this technique could be used in group settings such as preaching and teaching?

Module III

Reflective Writing Assignment

(a brief essay of approximately 500 -1000 words,
for inclusion in your portfolio for later use in compiling the final paper)

Topics to reflect on for this essay:

How would you explain the technique of De-reflection?

What would trigger the use of De-reflection in a pastoral setting?

Module IV

SOCRATIC DIALOGUE IN PASTORAL LOGOTHERAPY

Overview of Socratic Dialogue

The following is from an article written for the *International Forum for Logotherapy*, 1990, XIII, 89-96, by Randy L. Scaper, Ph.D.:

The Art and Science of Maieutic Questioning within the Socratic Method

What student of Logotherapy can ever forget Frankl's question to a physician client of his who was increasingly overwhelmed with grief at the death of his wife, "How would your wife have felt if you would have died first?" The question helped deliver meaning to the physician that gave awareness of meaning and purpose in his suffering.

Or who can forget Lukas' question to a female patient of hers overcome with depression, "Why do you stand in the middle of the flowers and pick the weeds?"

These are excellent examples of Socratic questions. Such questions are not new. They have been used with great benefit for centuries. The Christian scriptures record that Jesus asked his disciples, "Why do you seek the living among the dead?"

Socratic Questions: *Maieutic* Questions

The Socratic Method consists of a dialogue, which contains a series of easily answered questions designed to lead a person to the awareness the questioner is presenting. Within the Socratic Method, there exists a particular form of question known as a *maieutic* question. The *maieutic* question helps deliver a new idea or awareness from within the consciousness of the person being questioned in much the same way that a "midwife" helps in the delivery of the birth of a child. Learning to identify and use *maieutic* questions is both an art and a science.

It is important to note that, just as the baby exists on its own apart from the delivery and yet is inextricably attached to the delivery for its life, the meaning which a Socratic question helps to deliver is already present and being nurtured in any given situation. The meaning which a Socratic question helps deliver will either aim someone forward, or move someone further toward an understanding of purpose in their life. For this reason there is great power in Socratic questions. It is quite normal for us to remember them and it is desirable for us to know when and how to form and use them.

Formulating Socratic Questions

Context

The context for use of Socratic questions is very important. The situation needs to be conducive to meaning discovery. This means that counseling situations as well as meaningful friendly conversations are excellent opportunities for using such questions. Arguments, heated discussions, or other negatively charged emotional times are not the best times to use Socratic questions, but even in these situations I have experienced a rare moment when the posing of questions has successfully helped deliver truth that was meaningfully received.

Socratic questioning needs to be separated from questions that are used for information gathering or clarification. While the use of such questioning is useful in many therapies, Socratic Questioning is different in nature and purpose. The timing and placement of Socratic questions in the course of a conversation can be crucial to their successful use. This makes them both an art and a science.

Essential to the successful forming and use of Socratic questions is the development of a good understanding of the client's situation. Socratic questions are formed in response to a client's situation. The helper must be patient and open to the client's own meaning discovery. The helper is encouraged to hear his or her own questions that help to connect disparate meanings as they arise. This helps foster and nurture the context for meaning discovery and the resultant formation of Socratic questions.

Paradigm Shifting

Often the most restrictive factor involved in preventing the formation and use of Socratic questions and their resultant delivery of meaning is the fact that current relationships to meaning may be bound in rationalization. Certain psychic paradigms alienate meaning discovery. For instance, some people truly do not see the trees for the forest, or perhaps in true Logotherapy fashion we could say they do not see the flowers for the weeds! The process of rationalization can impede the process of conceptualization that needs to take place in order to aid transcendence. When one's thinking is bound by what "makes sense" to that individual, a Socratic question is often the catalyst for a paradigm shift. Helping a person "see things" (including themselves) from a different perspective encourages the transcendence that can have positive effect on meaning discovery.

Question Construction

Successful Socratic questioning is both an art and a science. On the "science" side, I offer three possible techniques that I have found to be helpful.

- **The Comparison Technique** – Examples of this technique include Lukas' question which compares "weeds" and "flowers", or Jesus' statement which compares the "living" and the "dead." The delivery of meaning rests heavily on the comparison and the

invitation to the listener to see the situation in a different way, i.e., the way that is guided by the comparison.

- **The Transcendence Technique** – Frankl’s question cited at the beginning of this article is a good example of this technique. Through his question he helps the physician transcend his pain and grief to experience an alternative view. It is this view – his understanding that had he died first his wife would be experiencing great pain of loss – that helps him find a purpose in his own suffering. Being able to transcend one’s own situation is key to the meaning discovery, and the Socratic question is the vehicle for facilitating that transcendence.
- **The Contemplation Technique** – This technique requires taking time to hear one’s own questions and discover how these questions connect disparate meanings. The ability to think critically about the client’s situation as well as gain an understanding of the client’s current meaning paradigm are the keys to this technique.

Conclusion

Even though Socratic questions have been around for a long time, the Science of forming and using Socratic questions is a fledgling endeavor. There is a noted lack of scientific literature on the subject. The great power present for positive change through the use of Socratic questions invites us to help grow this much needed “art and science” forward. Why should we settle for asking question when we could help give birth to meaning?

Questions for Reflection:

1. Why would the formulation of maieutic questions be referred to as both art and science?
2. How have you been helped by the use of maieutic questions?

Applications of Socratic Dialogue

Dr. Paul Welter writes the following about maieutic questions in his course on Attitudinal Change:

Guidelines for Developing Maieutic Questions

1. “Join” clients with entering their world

When Frankl stated the patient’s perspective, he began to enter his patient’s world. *Empathy* and the therapeutic relationship are assumed by Frankl and Lukas. This joining is vital to treatment and must not be overlooked.

2. Ask a Two-legged question

When we use *maieutic* questions we need to honor the client’s agenda and goals while offering another perspective.

Another example here is Lukas' question to a depressed client, "You stand among the flowers and water the weeds. Why?" (ML, 136) Her client's perspective consisted of weeds that were thriving under her care. Lukas recognized that, then offered a second vision that included flowers, hitherto unseen by her client. This is the two-legged question.

3. Offer only a few, carefully formulated questions

Notice in the case studies and verbatims of Frankl and Lukas that the typical *maieutic* dialogue consists of some questions, but most of their responses are statements. Too many questions tend to control and confuse clients. A few good questions help clients to become free, and to see their world more accurately and clearly. Also, depressed clients have little energy, and responding to questions can be draining. The *maieutic* dialogue contains a few awakening questions, along with ample time for thinking and responding. These guidelines have implications for teachers who would like their students to gain healthier attitudes as the result of a dialogue. Hilda Taba said that questions were "the single most influential teaching act." (Quoted in *Questions, Questioning Techniques, and Effective Teaching* William W. Wilen, Ed., National Education Assoc. of the U.S., 13)

A research study reported in the Wilen book noted that one distinguishing factor between ineffective and effective teachers is that ineffective teachers provide a second or less of wait time, while effective teachers provide two to three seconds or more. Another research project found that increased wait time following teachers' questions had the following positive effects:

1. The length of student responses increases between 300 percent and 700 percent.
2. More inferences are supported by evidence and logical argument.
3. The incidence of speculative thinking and student-generated questions increases.
4. Failures to respond to questions decrease and classroom discipline improves.
5. Student achievement on cognitively complex test items improves. (Wilen, 36)

Lao Tzu spoke of the value of *emptiness* and *silence* in a different way:

We put thirty spokes to make a wheel;
But it is on the hole in the center that the use of the cart hinges.

We make a vessel from a lump of clay;
But it is the empty space within the vessel that makes it useful.

We make doors and windows for a room;
But it is the empty spaces that make the room livable.

(Quoted in Rollo May, *Freedom and Destiny* (N.Y.: W. W. Norton & Co) 165)

4. Develop new attitudes

The goal of a *maieutic* question is to enable the client to develop new, healthy attitudes. In Frankl's famous (*Ecco homo!*) interview with the 80-year-old woman who had untreatable cancer

(WM, 120ff), notice her attitude at the beginning of the session was one of despair: “All my wonderful experiences will now be lost.” One week later, her last words were “My life is a monument.” She had changed to a new, a triumphant attitude that all was saved.

5. Maieutic questions are surprising

Note that in many of Lukas’ sessions her client was surprised by a question which “came out of nowhere.” Later she would understand its relevance. The surprise enabled Lukas to outflank her client’s resistance. The client did not know where to defend her neurotic behavior because she didn’t know the purpose of the question. Clients who may typically “lead with their left” are caught defenseless, with their arms at their sides, thus opened to receiving a new attitude.

Questions for Reflection:

- 1 Why would joining with the client be important in the formation and use of Socratic dialogue and maieutic questions?
- 2 What “rookie” mistake is made by most “questioners”?

Relevance for Pastoral Logotherapy

Socratic dialogue and the use of *maieutic* questions is extremely relevant to Pastoral Logotherapy. While one would rightly hesitate to proclaim one Logotherapeutic technique more valuable than another, as each is valuable in the appropriate setting, it should be somewhat clear that Socratic dialogue and the use of *maieutic* questions would be very much at home in the pastoral setting.

Pastors and pastoral counselors are “at home” in the preaching and teaching settings as well as the pastoral counseling setting. It could certainly be said that preaching and teaching, at their best, are activities of “mass” counseling – no puns intended! Pastoral Logotherapy includes the use of Logotherapeutic techniques in any of the pastoral functions.

While paradoxical intention and dereflection are certainly useful in the pastoral setting, they were created to be useful in a counseling relationship and find their use aimed toward the clinical setting. Socratic dialogue and the use of *maieutic* questions, while useful in the clinical setting, find themselves aimed at the more didactic pursuits of preaching, teaching, and pastoral counseling.

Developing the “art and science” of *maieutic* questioning as well as Socratic dialogue is very helpful in drawing parishioners into a place of help as well as leading groups of people, whether they be in a worshiping congregation or a learning small group, into a more meaningful understanding of their own lives and their relationships with others.

Never underestimate the power of these techniques to engage people wherever they are and move them into a deeper relationship with meaning.

Questions for Reflection:

- 1 Can the use of maieutic questions be beneficial in other than one-on-one settings?
- 2 How have you used Socratic dialogue and/or maieutic questions?

Module IV

Reflective Writing Assignment

(a brief essay of approximately 500 – 1000 words,
for inclusion in your portfolio for later use in compiling the final paper)

Topics to reflect on for this essay:

What are the essentials of Socratic Dialogue?

How would you envision the positive use of Socratic Dialogue in Pastoral Logotherapy?

Module V

PARADOXICAL INTENTION IN PASTORAL LOGOTHERAPY

Overview of Paradoxical Intention

Elizabeth Lukas is Dr. Frankl's chosen protégé. She is an excellent author, counselor and teacher. She is the director of the South German Institute on Logotherapy. Few if any scholars or practitioners excel in the knowledge and practice of Logotherapy as she has.

In the following article from the *International Forum for Logotherapy* in 1982, Dr. Lukas gives and unparalleled overview of Paradoxical Intention and its use in Logotherapy.

The “Birthmarks” of Paradoxical Intention

Elizabeth Lukas

The question sometimes is raised whether the psychotherapeutic technique of Paradoxical intention has anything to do with the concepts of Logotherapy. In my twelve years of practicing Logotherapy I have never doubted that paradoxical intention is a true child of Logotherapy, even though it is frequently adopted, under various names, by other schools of psychotherapy. Its Logotherapeutic origin, however, can easily be identified.

Paradoxical intention has characteristic marks – one might call them birthmarks – which reveal its origin and account for its success. Behaviorists use certain paradoxes which produce similar effects in reducing symptoms but they do not possess those “birthmarks” and therefore differ in their effects from those of paradoxical intention.

It is my hope to make clearly visible the connections between paradoxical intention and the Logotherapeutic view of human nature, and thus to eliminate all doubts about the conceptual godparents of this successful method when future practitioners of this psychotherapeutic tool may wonder where it all had its origin.

Change of Attitude

One of the birthmarks of paradoxical intention is the phenomenon of change. Logotherapy might be called a great “quick-change artist” because it succeeds again and again to transpose the meaningless into the meaningful situation or to elicit a value in apparently meaningless events. In accomplishing these changes, Logotherapists – as all quick-change artists – know the real connections. Their “tricks,” if such are used, are based on a knowledge of human nature – otherwise they would not work.

Paradoxical intention, however, does not produce “trick changes” in surface behavior which can be easily manipulated, as is often believed. In contrast to other techniques on the psychotherapy market, paradoxical intention brings about a change of inner attitudes, not temporarily but essentially a lasting new attitude toward oneself and one’s feelings.

Paradoxical intention achieves a calmness in the patient, a return to a basic trust that had been lost, a fundamental confidence that things will fall into place even if we humans do not always understand how. Paradoxical intention brings about a humility that has almost religious undertones – the realization of our own shortcomings which are embedded in a universal order of meaning. A woman who can say to herself, “all right, if I have not locked my door, then let it be open, gapingly wide open, so a whole procession of thieves can walk in and rob me blind,” such a woman is made to feel the relativity of all possessions and material values. She is gently reminded that we humans are mere specs of dust in the works of the world and of time, and that our presumed treasures are insignificant within an infinite universe. A man who smilingly imagines presenting his boss with a sizable puddle of sweat or bombarding him with a broadside of stuttering babble is a man who has realized that there is a higher authority than the boss, and that the boss is merely a human being.

Phobic and obsessive compulsive patients suffer from a distorted perspective which makes details close by appear frighteningly large and important while more remote goals, being apparently out of reach, seem insignificant and not worth striving for. Such patients are like children watching a street from a high tower, mistaking the crows circling nearby for giant monsters, and the trucks on the street below for toys. The morning toilette becomes a complex ceremony, the bus trip to work becomes a frightening journey, the desk – because of the compulsive orderliness – requires a tremendous amount of time, a sharp word from a co-worker causes a flood of tears – that’s the small world of the neurotic. No room for the large outside world which presents a continuous challenge to the human spirit.

Paradoxical intention puts the details in their proper places. During the morning toilette, those millions of bacteria “sitting all over the skin, must not be splashed with water so they won’t get angry as a wet hen.” The bus trip provides the time for a little fainting spell to make up for the lost morning sleep. A hurricane is invited to sweep over the desk to send the pencils dancing. And the co-workers with all their remarks can go to hell.

The profound testimony of these exaggerations is the ridiculousness of wasting precious minutes of our lives on such trifles instead of saving our emotional reactions for important things that remain unattended. Without a change of our inner attitudes, without a shift of our attention from the small to the big, paradoxical intention cannot be accomplished. Therefore, the emphasis of this method is on the word “intention” and not on the technique of the paradox which is used, in many variations, by many psychotherapists.

An experienced marriage counselor told me that he has kept many couples together by advising them to separate. “People love contradictions,” he said. “The grass is always greener on the other side. If he is forced to stay he wants to go across. If he is there he wants to go back.” There was some truth in what my colleague said, yet he applied the paradox only as a trick. Once, I too assumed a paradoxical position with a wife who spent hours complaining about her

husband. I agreed that her husband indeed must be the “most cruel, incompetent, unlovable, and evil man in God’s creation.” She immediately stopped her complaints and suddenly talked about some of his good points. The crucial difference was that she knew my words were not meant seriously, and she was gently admonished by my exaggerations to correct her inner attitude toward her partner, and not to see his minor faults all out of proportion. If I had advised separation, she might have found the idea appealing. A trick may or may not work, but a change of attitudes that will help a person get a perspective is always a gain.

Logotherapy was by far the first, and for a long time the only, psychotherapy which paid attention to attitudes. The emphasis was so strong that it assured attitudinal values a permanent place in psychotherapy. The handling of attitudes is a focal point in a therapy plan that is to lead the psychologically sick back to normalcy. The attitudinal change from attachment to unimportant details (which characterizes phobics and obsessive compulsives) to a grandiose disregard for the unimportant, thereby opening the door to the meaningful things in life, is a typical Logotherapeutic concern which could have originated in no other concept of human nature.

The Self-Dialogue

Another birthmark of paradoxical intention is the dialogue with oneself. The call “know yourself” has been heard in psychotherapy from its inception, and everyone thought all problems would be solved by self-knowledge. The call has become subdued because self-knowledge turned out to be a slippery concept, and the more contradictory evidence was found in the depth exploration of the psyche, the more the original enthusiasm vanished.

Meanwhile Logotherapy, rather unnoticed, found a better approach to the self: attention was focused on influencing rather than understanding the self. This approach is better because it is active. Its results are more tangible than those produced by interpretations and fantasies to which we fall victim when we explore the unconscious and the subconscious in search for “hidden forces.” A meaningful self-to-self dialogue is only possible if we conceive of a dimension of the spirit where the self is in control, and a dimension of the psyche where it is controlled by those hidden forces. This view of the human being is a prerequisite for the discovery of the human capacity for self-distancing and its use as a tool in therapy. Only when Logotherapy offered this view did the idea emerge that the self could be used in its own training.

“Influencing the self” has been enthusiastically received and many books offer advice on how to achieve it, mostly however, without crediting its Logotherapeutic origins. One of the best examples come from the founder of Logotherapy in the form of paradoxical intention and its self-dialogue between the spirit and the psyche. “Good morning, grouch,” one patient will say to himself when he wakes up in the morning, depressed and in low spirits. “Go ahead and spoil my day. We’ll see if you will succeed! But put a little effort behind it, will you – it’s no fun fighting a pushover.” “Now finally I have a good reason to get mad,” another patient will tell herself after having dropped a cup of coffee. “I always get mad with no good reason, now I can enjoy my anger because it is justified!” Such short dialogues with the self immediately chase away the negative mood which, paradoxically, was intended.

I have had patients who freed themselves from their fear through an inner dialogue with the fear itself rather than with the feared consequences which is the rule. But some phobias are so vague that their consequences are hidden in a fog or nebulous threats. In such cases the patients can be encouraged to ask themselves: "Where in the world did I leave my fear today? It would be awful if I had lost it somewhere and couldn't find it any more. It's been my steady companion for so long, I'd miss it terribly." These vague, abstract fears are more prevalent today, in an age of daily reports about nuclear and ecological disaster, than they were in the past when neurotics were afraid to blush at the wrong moment or to have sexual failures.

Therapeutically it is of course easier to get patients to wish to "become as red as a tomato" than to wish for poisoned oceans. All the more important is a paradoxically intended self-to-self dialogue which can counter even vague fears. Without the capacity for self-distancing there is no reasonable basis for a dialogue with one's self – who is to talk to whom if there is no perceptible distance between the *noetic* and the psychological self of one and the same person?

The concept of self-distancing legitimizes paradoxical intention as a true child of Logotherapy because this method constitutes ninety per cent of a therapeutic dialogue with the self. This legitimacy is not invalidated by the many "illegitimate children" – practices used by other schools which do not admit the paternity for methods strikingly similar to paradoxical intention.

Humor

A third birthmark that identifies paradoxical intention as a child of Logotherapy is humor, the ridiculing of symptoms which is like a psychological volcanic eruption. Only rare patients have sufficient sense of humor to see through the tragic nature of their situation and appreciate the comical aspects of the paradoxical formulations. But once they see the ridiculous behind the tragic, they begin to laugh and keep laughing – not only about the nonsensical formulations which they are to repeat but, above all, about the fact that after all those long torturous years of vainly fighting against their fears and compulsions they are able to break the neurotic vicious cycle with a simple trick. (It is, however, neither simple nor a trick). They laugh about themselves, their fears and compulsions, their paradoxical intentions; they laugh themselves healthy.

"I cannot travel by train," declared a rather plump woman. "I always have to think that I'll open the car door by mistake and fall out." "Why by mistake?" I asked her, paradoxically intending. "Why don't you make up your mind to open it occasionally and fall out a little? There is no better way of reducing than somersaulting along the embankment – you probably don't get enough exercise – falling off the train is your great chance because then you can jump back in again and you'll see how those extra pounds will tumble off you!" The woman laughed, and when she came to our next session she still laughed. "I took a train," she panted, "and every time I looked at the door I had to think of your crazy prescription to reduce, and the fear went away. Such nonsense..." She couldn't continue because she had to laugh again. Since then she had no more difficulties traveling by train.

In what conception of human nature does humor have proper place? From what theory of human nature can it be derived? I know only one – the concept of human nature expounded by

Logotherapy which recognizes a specifically human dimension oriented not toward pleasure and pain but toward sense (and nonsense). Sense and nonsense are the anchoring points on which humor is fastened like a balancing wire. The aforementioned patient could not have balanced across that wire of humor if she had not seen the deeper sense in my “nonsensical” words – that she would not fall out if she didn’t want to fall out. When we laugh about a joke, we laugh not about a nonsensical string of words but about the kernel of sense behind the nonsense in which we perceived a meaning, we “understand” the joke.

Paradoxical intention must be humorous or it becomes a dangerous autosuggestion. Think of what would have happened if the patient, instead of paradoxically intending, would have made the autosuggestion to let herself fall off the train! By the use of humor, paradoxical intention becomes part of the meaning dimension of the human spirit, and thus draws closest to the source of Logotherapy. Humor is not only a birthmark of Logotherapy, it is its distinctive feature. Those who can laugh about their symptoms have overcome them. They are carried off, from their sickness and misery, on the wings of their spirit which remains unaffected by the torments of the psyche.

Questions for Reflection:

- 1 How is self-dialogue a birthmark of paradoxical intention?
- 2 What is important about the use of humor in paradoxical intention?

Applications and restrictions for Paradoxical intention

The following is quoted from Elisabeth Lukas’ book *Meaningful Living*.

Paradoxical intention was developed by Frankl in the late twenties and has been adopted, under various names, by other psychotherapies. It makes use of the human capacity for self-distancing in order to break the vicious cycle which traps people who suffer from phobias and obsessive compulsions.

Self-distancing, together with *self-transcendence*, is the most potent force of the human spirit. It enables us to turn our attention away from ourselves and to open the gates to the outside world. *Self-distancing* is the capacity to step away from ourselves and to look at ourselves from “outside,” possibly with humor. *Self-transcendence* is our ability to reach beyond ourselves to people we love or to causes that are important to us.

Both *self-distancing* and *self-transcendence* must be mobilized to maintain and restore our health. Every time our sight of the outside world is cut off, we experience an unhealthy introspection, a getting hung up on ourselves. This limits the freedom of our spirit and blocks our growth toward our meaning potentials. An animal sees only itself, but for a human being this is not enough.

Logotherapy uses our capacity for *self-distancing* in the method of paradoxical intention, and our capacity for *self-transcendence* in the method of dereflection

Paradoxical intention is a wish turned upside down. Patients are guided to which exactly what for phobics and obsessives they have so frantically feared and so desperately tried to avoid. What we flee from tends to catch up with us, and the more we fight a fear the more we become its victims. On the other hand, if we wish to have happen what we fear and support our paradoxical intention with humoristically exaggerated formulations, the fear dissolves.

Questions for Reflection:

- 1 What does Lukas mean when she says that paradoxical intention is a wish turned upside down?
- 2 What kind of patients does paradoxical intention work best with?

Relevance for Pastoral Logotherapy

The two following paragraphs bear repeating from the previous course. Now that we have had the opportunity to delve further into the meaning and use of paradoxical intention, it is assumed that you will gain more from reading them again.

Paradoxical intention is especially useful in cases of phobia and obsessive compulsion. A behavior pattern of fear of certain situations (height, open place, etc.) makes the person anxious even to approach a feared situation, which increases “anticipatory anxiety”, which in turn increases fear until the phobia increases feelings of being a helpless victim of fear. This can result in running away from the feared situation. Paradoxical intention breaks this cycle of fear by having clients step away from themselves to look at their behavior with a sense of humor, and then face the feared situation with humorous exaggeration. Humorous formulations are agreed upon which clients say to themselves before entering the feared situation. Clients intend to have happen to them what so far they have feared (e.g., strokes, collapses, stuttering, blushing). Intention and fear cancel out each other. If one truly intends to do something, one cannot at the same time fear it. What needs to be exaggerated are consequences of the fear. Therefore, paradoxical intention is not necessarily useful with vague anxieties. In those cases, a modification of attitudes is indicated.

A thorough examination is required before using paradoxical intention to make sure no physical causes of the symptom (stuttering, fast heartbeat) are present. Also, it must be established that the client has a fear and not an inclination of doing something, such as committing suicide. People who fear they might commit suicide and anxiously stay away from all instruments that may be dangerous are candidates for paradoxical intention, because they do not wish to kill themselves. Paradoxical intention is counter-indicated for people who have a real suicidal impulse.

In addition to those situations mentioned in the two preceding paragraphs, I have found that paradoxical intention is not necessarily helpful (and can be counterproductive) in situations where it is entirely possible for someone to cause the results that they fear. Such as someone who has a fear of vomiting or fainting in front of a crowd. In such cases, one should be very careful about proceeding with paradoxical intention.

Paradoxical intention is a technique that was developed in clinical settings. It is a crossover technique that can be used effectively in the pastoral setting even though it is primarily used for clinical situations. Pastoral Logotherapists should take heed of the aforementioned warnings. Be sure that the person you are caring for has had a thorough physical examination by a competent physician. Once that is done and there are no apparent somatic causes, the Pastoral Logotherapist can more confidently proceed with the use of paradoxical intention.

Question for Reflection:

- 1 What warnings should be heeded concerning the use of paradoxical intention?

Module V

Reflective Writing Assignment

(a brief essay of approximately 500 – 1000 words,
for inclusion in your portfolio for later use in compiling the final paper)

Topics to reflect on for this essay:

How would you understand the use and intention of Paradoxical Intention?

When is Paradoxical Intention not useful?

How could you envision using Paradoxical Intention in Pastoral Logotherapy?

Module VI

PHENOMENOLOGICAL EXISTENTIAL METHODOLOGIES USEFUL IN PASTORAL LOGOTHERAPY

Other useful Phenomenological Existential methods

Dr. Paul Welter writes the following about the phenomenological-existential approach;

“Frankl describes phenomenology as follows ‘It’ speaks the language of man’s prereflective self-understanding rather than interpreting a given phenomenon after preconceived patterns (*PE*, 2). This definition has relevance to freedom of the will. The phenomenal world is the world we experience, not the world of preconceptions and presuppositions. We are thus free at the phenomenological level to experience life with freshness and freedom.

Existentialists always place themselves in the arena of evidences, then make a choice, a commitment. Life is faced and experienced squarely with no denial. Existentialists are more interested in risking themselves than in proving some idea. ‘Frankl realizes that the disease of our time is the divorce of thought and life. Existential thinking helps to restore this unity by introducing a robust and intensified humanism’ (Gould, *FLM*, 104).

Existentialists point to the importance of the lonely voice, the voice of one person, and the choice and commitment the individual makes. It is significant that Frankl was kept alive several times in the camps by his choice to respond to what life was asking of him, e.g., by making a decision to help others in the camp rather than to escape. Frankl had a narrow range of freedom of choice in the camps, but he exercised his choice fully within that range.

Rollo May, another existentialist, also saved his own life by his choice-making. He was in a tuberculosis sanitarium dying when he realized nobody else there cared as much as he did if he lived or died. He then decided to live, and to take his life in his own hands. It stands to reason that people like Frankl and May were existentialists before they faced life-threatening situations. They survived not because of insights alone, but because of choices and actions. It is also reasonable to expect that their existential belief systems would be confirmed and strengthened by such tests.

Frankl emphasizes that meaning is not the same as being. ‘Meaning sets the pace for being. Existence falters unless it is lived in terms of transcendence toward something beyond itself’ (*PE*, 12). Frankl refers to Moses as a pacemaker, one who confronted the consciences of his followers. The Logotherapist is more interested in challenging the conscience of a client than in soothing it. This helps clients deal with existential frustration, which Frankl has called ‘the collective neurosis of our time.’ Relative to confronting and challenging the client, Frankl has written, ‘If

therapists wish to foster their patient's mental health, they should not be afraid to increase the burden of one's responsibility to fulfill the meaning of his existence' (*PE*, 69)."

Any method that works from this foundation and accomplishes the end result of deeper and truer meaning-centered orientation as well as a clearer understanding of one's purpose in life is an additional phenomenological-existential approach. As Logotherapy develops, many such phenomenological-existential methods will be added to the "medicine chest" of Logotherapy.

Questions for Reflection:

- 1 How is meaning not the same as being?
- 2 How does phenomenology speak the language of man's prereflective self-understanding?

Gaining Self Knowledge through Life-review and Life-preview

Part 1:

"The patient needs an experience, not an explanation," states Frieda Fromm-Reichman. Dr. Mignon Eisenberg mentioned her use of the Life Review experience in the *International Forum for Logotherapy*. Dr. Paul Welter developed it into a two-movie experience, and Dr. Robert Hutzell further developed it with the use of movie marquees.

It is a light, fun-type experience. It provides participants with a fresh way of viewing the degree of meaning in their lives up to the present moment, and the opportunity to do some meaningful goal-setting provides the necessary element of self-distancing to lessen resistance.

The directions are as follows:

You will get the most from this experience if you approach it in a light-hearted way expecting to have some fun with it. It takes a considerable amount of imagination. We will begin by imagining that this room is a very large room and in it are you and all your family and friends who have known you from birth to now. There's also another person present whom you do not know. These particular friends and your family members are those who have helped you to become what you are now. Most of them have probably made many positive contributions. There may be some in the group who have influenced you in not-so-positive ways.

The person whom you do not know comes up to you and says, 'I am a movie producer from Hollywood. A group of us have decided that we should make a film of your life from birth to now. We believe it will be a block-buster!'

Now, because the film ends at the present you will not have any creative control of the film. The action is already completed. Then the producer makes a short speech to your family, friends, and others:

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I want you to go out and help us shoot a film of ---'s life up to this point. I will provide you with a director and camera crew and anything else you need. As the person in ---'s life closest to her or him, we will ask you to re-create those events in her or his life that were most meaningful. This might include times at home, at school, at work, times of joy, celebration, and suffering. Then when you finish with the filming, bring all the film back and we will have a crew who will work with you on post-production and do the editing. But now I will need to ask some questions before you go out.

You will need to write down some information on a piece of paper:

1. Will this be a low budget, medium budget, or high budget film that is made of your life from birth to now? Some thoughts to help you get an answer to this question might be: How much money has been available to you up to this point? How important has money been to you up to this point? Think through these kinds of questions and come to a decision concerning the budget.
2. What genre of film will this be: Western, comedy, horror, romantic, heroic quest, science fiction, or another type not named here? Take a look at your life from birth until now and write down the type of film.
3. Who do you think your family, friends, and others will choose to be the actor or actress to play this role? Assume that all current or past actors and actresses are available. Remember you are making this choice through the eyes of your family and friends rather than your own. They will want to choose a person who might best represent you.

Having resolved all these issues, the group goes out to shoot your film. They finish the shooting, bring back the film, and edit it. There is one task to perform before the film is sent out to the theaters. What will the title be that your family and friends will put on the Marquee?

Make up a little movie marquee on your paper with these words at the top, NOW SHOWING. Then print in the title of this film. Try to have some fun with it. Put some zing into it, although keeping it somewhat descriptive of your life as your friends and relatives have viewed it **from birth to now**.

Part 2:

You are now back in this room. However, there are only two people present: you and the producer. The producer is jubilant. The film on your life from birth to now was a box office smash hit! It grossed \$100,000,000.00 the first weekend. You know what that means: we need to do a sequel. This next film will be of your life from now on. You will notice that there is no one else around but the two of you. Since this will all be in the future, you now have some creative control. Obviously you do not have complete creative control because there will be some serendipity, as well as some tragedies in your life which you will not write in. But for the most part, you will write your script and direct it. Since your first movie was a hit, you will not have to worry about money for the budget. But you will still have to make several choices.

First, take some time and write a brief outline of your script. Put into the script those events and relationships that will be most meaningful as you look at your life from now on. Take some time

now to jot down some notes or an outline of your future. Before you go out, you will need to respond to the same questions as were given above:

After you have gone out and shot your film, have come back, edited the film, and have given a name to place on the marquee, make a marquee on paper and at the top, print COMING ATTRACTION, and below it put the title of your movie. It will need to be brief, usually from one to four or five words at the most. Again it should be somewhat descriptive and it should be inviting.

This movie experience can help the course participants live out “the categorical imperative of Logotherapy, which is: **‘Live as if you were living already for the second time and as if you had acted the first time as wrongly as you are about to act now.’**” (MSM, 131, 132) Frankl goes on to say that it seemed to him “that there is nothing which would stimulate a man’s sense of responsibility more than this maxim, that invites him to imagine first that the present is past and, second, that the past may yet be changed and amended” (132). After an accident or severe illness, people look at their life differently. They now have a second chance. Life is a gift. It is up to us to decide what to do with this gift.

The Fast-Forward Experience – Part 3:

The experience has been used by several people in the Logotherapy network. It is a thought-provoking experience designed to surface meaningful goals that hitherto have been latent. This experience uses the tie dimension as a means of self-distancing.

Here are the directions:

You are invited to participate in the *Fast-Forward Experience*. This particular experience will be helpful to you because you can use it to surface some meaningful goals that may have been eluding you in your thinking. As in most experience of this kind, you will need to use considerable imagination.

Imagine that your life is like a compact disk that you can fast-forward to a future time and then when you are ready, you can reverse it again back to the present. First, you will need to pick the age at which you think you will die. This is not a self-fulfilling prophecy. It’s just a guess. One person who used this method said, “The way I came to my age of 88 as an expected time of death was that my father lived to be about 90 and my mother about 86, so I just averaged the two ages. However, if their ages had been 46 and 50, I would have used a different method!” Whatever method you use, just pull an age out of the air whether it is two or three digits.

Now do a fast-forward of your life, knowing that you can reverse whenever you want to. Fast-forward until that last year of your life, in fact to the last day. Your mind is clear and you turn and look back at your life. As you do a life review, I’m asking that you respond to the question,

**‘What will I need to have done or been in order to feel fulfilled
on the last day of my life?’**

Take a pen or pencil in hand and begin to write your answers to this question. Remember that most writers are not inspired before they write. Rather, they write and then they are inspired. Feel free to spend some time thinking before you begin, but as soon as you have one idea start writing and you will probably be surprised at the way the rest of the ideas will flow through your pen.

Having looked back on your life from the end of life, ‘What will you need to have done or been in order to feel fulfilled on that last day?’ You may have completed your writing on the subject, or will probably write some more at a later time. Now would you scan the material that you have written? As you do this, please underline or circle or mark in some way one or two things that seem important to you.

Frankl’s mountain range exercise:

This experience, mentioned in *The Doctor and the Soul*, was further developed by Florence Ernzen in the Fall 1990 *IFL.*, 133-134. The first two paragraphs below are quoted from her article:

Participants are given an opportunity to look out over their life as one would look out over a mountain range. As they look out what do they see? Whom would they place on the peaks that stretch out before them? Who are the people who have influenced their life? They may include authors, leaders, or people in their personal life who have loved them, or whom they have loved.

Participants are given papers, colored pencils or markers, and time to sketch out their range. They are given the opportunity to discuss who “appeared” on their peaks. Many people are surprised at the appearance of a teacher, author or neighbor they had not thought of in years. Their appearance rekindles the values or lessons that influenced them.

The River of Life

The movie analogy may work better for those persons who have grown up in one of the countries around the world where movies are a normal experience. For many others, an alternate method might be better.

The river of life method could work for most people. Almost everyone has seen and is familiar with a river. Imagining that one is floating down a river at the pace of life, they can be asked to give names to each bend in the river. They can describe floods and droughts. They can write or talk about places where the river is wider and places where it is narrower. They can describe what it is like to have other tributaries join theirs or theirs joining others. They can describe where they will need to have gone with their life by the time they empty into the ocean.

The importance of the exercise is for the participants to self-distance and reflect upon their lives to determine what has been important and to look forward in a way that acknowledges the freedom of the will and gives them inner guidance for their decision making.

Questions for Reflection:

- 1 How have you been helped by one of these methods of life review?
- 2 Do you find some methods more helpful than other methods?
- 3 What method do you find most helpful?

Pastoral Logotherapy and Attitude Change

Pastoral Logotherapy is all about helping people to find meaning and purpose in their lives. Pastors have at their disposal a great “medicine chest” of both proven and developing ideas and techniques that are the tools of our trade. To conclude this course I will share an article that I wrote for the book *The Power of the Human Spirit*, by Charlotte Stefanics, Ed.D. and Rosemary Henrion, M.S.N., M.Ed. The chapter is entitled, *Helping People Find Meaning in Life From the Pastor’s Study*.

Joannie is fourteen and she just had another argument with her mother. She is talking about leaving home. Tim and Sarah just lost their baby daughter due to multiple birth defects after a three and a half month battle for life. They are coming for counseling at 3:30 this afternoon. Sam called and wants to know why no one wants to go hunting with him. He is lonely – always! Jimmy and Trisha are coming for wedding counseling. Bill and Martha are coming for marriage counseling, they are ready to get a divorce. Joel is in a full-blown mid-life crisis. Jill is reeling from the breakup of another affair. Joseph just received a report on his tests. He will most likely die from the cancer in his body. Arthur is angry about something else this week and he wants to talk right away!

One of the greatest joys a pastor has is the opportunity to help people find meaning in their lives. One of the greatest challenges a pastor faces is found in the variety with which those opportunities are presented. Not totally unlike the doctor, the counselor, or the social worker, the pastor must be prepared to encounter a broad spectrum of experiences during his or her day-to-day duties. A pastor may often encounter people who are not yet aware of their need for the discovery of meaning in their lives yet could profit greatly from such a discovery. In the same way it helps counseling professionals Logotherapy assists pastors to meet such challenges.

Logotherapy helps people to say yes to life, whether the suffering they experience comes from difficult human relations, job troubles, illness, guilt, or death of a loved one, or from self made problems. Frankl believes that the key to a positive view of life is awareness that life has meaning under all circumstances and one has the capacity to find meaning in life (Fabry, 1988, p.1).

Joseph was the first person to visit with me. He came directly from the doctor’s office to my study.

“I am not afraid to die,” he said, “but I am concerned about who will take care of Sarah and the kids.”

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Joseph and Sarah were the parents of three grown children, all married, and two grandchildren. They were all active church members and had demonstrated by their actions that they were in possession of a deep and meaningful Christian faith.

“I am concerned for the future of my family,” he continued. “Who will watch out for them and take care of them when I am gone?”

“When you were younger,” I asked, “were you ever concerned about the future for your family?”

“Yes,” he replied.

“Did things always turn out the way you wanted them to?” I asked.

“No! Not always,” he said. “But we always came through things together, good or bad!”

“Did God help you then?” I asked.

“Yes. Always,” he said very sincerely.

“Do you have any doubts that God will help you through this, too?”

“No. I know God will help us through this, too,” he said, showing some genuine relief. I went on by saying, “I am more concerned that you keep on living before you die.” I could tell that this statement carried some meaning for him. He thought about it for several seconds and then asked, “What do you mean?”

“Dr. Viktor Frankl discovered a valuable insight when he stressed the importance of finding and living in the **meaning of the moment**,” I said. We continued talking about the importance of discovering meaning in each moment of life. We talked about the various ways that meaning was discovered; creatively, experientially, and by taking a stand against unavoidable suffering. I showed him a meaning matrix that I had been working with for the past few years. It correlates the discovery of meaning and the path of Christian spiritual growth. He was able to identify himself at a certain spot and began to understand how he could best discover the meaning of the moment for his life.

“It is often a very liberating feeling to live in the moment and to know that the greatest fulfillment in life will be found in the meaning of each of life’s moments,” I said. I reminded him that life is made up of the meaning of the moments that have passed and that no one can ever take those memories away from us or our loved ones. He began to realize that even though his death was inevitable, he could make sure he lived every moment to the fullest between now and then.

Frankl (1969) states, the meaning of life differs from one person to another, from day today and from hour to hour. What matters therefore, is not the meaning in life in general but rather the specific meaning of a person’s life at a given moment.

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Joseph left with the promise of more conversations in the future. I told him I would cherish the opportunity for those conversations and I meant it. Indeed, we had many more conversations before his death. When he died and it was time for me to officiate at his funeral service, I visited with his family at length and discovered the very many ways he had learned to live before he died by learning to live in the meaning of the moment.

Arthur was next. He was angry about something that seemed very significant to him, but then everything seemed significant to him and he was always angry about something. I had known Arthur long enough to know that Arthur was the center of his own world and I suspected that he did not like that at all! Person after person had learned to avoid Arthur. Sooner or later, usually sooner, his anger strained any friendship that began to develop. After listening to his latest complaint I took a different road altogether.

“What do you want to be when you grow up?” I asked.

“What!” he replied, obviously taken off guard.

“What do you want to be when you grow up?” I repeated.

“Are you making fun of me?” he asked

“No. I am very serious,” I responded. “We are all growing and I wonder what you want to be when you grow up?”

Bingo! He completely changed. After a little thought he said, “I would really like to be someone people admired,” he said, much to my surprise.

“What do you mean by, ‘someone people admire’,” I continued.

He let down his curtain of anger and talked about some of his desire to do something that made a real difference in the quality of life that people experienced. I began to think that his anger was a result of depression brought on by his perception that his life was not very important.

“Arthur, do you think God makes any mistakes?” I asked.

“No,” he said. “God does not make any mistakes!”

“Do you think God thinks every life is important, no matter who they are and no matter where they are?” I continued.

“Yes, I suppose so,” he said rather cautiously.

“Then no matter who you help, no matter where they are, if you truly help someone, do you think that is significant to God?”

“Yes, of course it is,” he said.

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I knew from previous conversations that Arthur was a voracious reader. He read all kinds of books and could recall a great deal of what he read. I felt that Arthur was definitely in the purgative/integrative stage in his Christian faith development and knew from my previous work that he would most likely find meaning discovery in his psychic dimension through the extension of experiential values.

“Arthur, I know of several people who need your help, but who would never ask for it.” He perked up immediately. “It will not be easy for you since you already have a full time job,” (He worked from 7:00 a.m. until 3:00 p.m. at a local factory). “But I know that the hospital needs a person in the afternoon to take the book cart to patient’s rooms and encourage them to read.”

Silence.

“I could not get there until 3:30 p.m. or a little later. Do you think that would be OK?” he asked.

“I don’t know, but I know how to find out,” I said.

It was slow at first. Arthur was the first man ever to volunteer for the book cart at the local hospital and truthfully, they usually sent the cart around in the morning hours, but with a little persuasion, they were more than willing to give it a try with Arthur in the afternoon. Soon it was evident that things were working better than even I had hoped. Arthur made a connection with people through something he really loved. His love of books soon spilled over to those he helped and three days a week he became the “book man” at the local hospital.

His anger diminished markedly after that. He even developed some lasting friendships with other book lovers. Loving someone or something is a powerful way to discover meaning in life and Arthur was privileged to discover that truth.

Arthur was able to move beyond himself, as Frankl describes the human capacity of self-transcendence, the person transcends either toward another human being or toward meaning. Love is the capacity which enables the person to grasp the other in their very uniqueness. (Frankl, 1969, p 18)

The day was young. I still had Joannie, Tim and Sarah, Sam, Jimmy and Trisha, Bill and Martha, Joel, and Jill to visit with. It would be a challenge, but I knew that each person would be in search of meaning and I felt confident that sound Logotherapeutic technique would be helpful if I could discover how to connect each person with the best possible source of meaning discovery given their unique situations. Pastoral counseling offers a definite variety of opportunities to help people discover meaning in life. Logotherapy uses a technique that helps the person find meaning through dialogue. The Socratic dialogue helps the person to become aware of what they know intuitively by self-discovery, choice, responsibility and self-transcendence. (Fabry, 1988)

Logotherapy continues to be an invaluable aid for me in counseling those who are in search for meaning in their life.

Questions for Reflection:

- 1 How do you think Logotherapy benefits pastoral conversations?
- 2 How have you used Logotherapeutic techniques in your work?

Module VI

Reflective Writing Assignment

(a brief essay of approximately 500 – 1000 words,
for inclusion in your portfolio for later use in compiling the final paper)

Topics to reflect on for this essay:

How can Phenomenological Existential methodologies be helpful in better comprehending meaning in life?

What knowledge of yourself have you gained through Life-review and Life-preview?

Final Paper:
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The Final Paper (3,000 words in length) will be a reflection on the material covered – beginning with an overall understanding of Pastoral Logotherapy and ending with your own experiences with Life-review, Life-preview and attitude change.

The final paper can be a compilation of the amended and edited essays previously written for Modules 1-6.

GLOSSARY OF TERMS Encountered in Logotherapy

The terms listed here are the key to Frankl's philosophy which, in turn, offers the tools to his therapy. It is hoped that an understanding of these terms will help you in your pursuit of meaning. The terms marked with an asterisk are those coined by Frankl.*

***Pastoral Logotherapy** is a descriptive term developed and solely used by the Graduate Theological Foundation. See definition.*

Anthropology—The study of human beings and their ancestors through time and space and in relation to physical character, environmental and social relations, and culture. Theological definition: dealing with the origin, nature, and destiny of human beings.

Attitudinal Values—Values of acceptance of life's vicissitudes and of irreversible suffering, trying to transcend them and search for a meaning in them.

Authenticity—All that a person has not yet become but could be, through active use of powers of awareness and decision making; that human ability to surpass or transcend limitations which mitigates or seeks alternatives to the specific facticity of each person's life.

Boredom – Extreme boredom is a critical indication of a beginning existential frustration. It is an increasing symptom in an affluent, industrial society, not to be neglected by the psychologist, and can lead to severe psychological illness (Sunday neuroses, loss of meaning in retirement, and the tendency to drift in people who have everything and find no satisfaction in anything).

Cartesian—Pertaining to doctrines and methods of Rene Descartes, a French philosopher and mathematician of the 17th century, whose thinking greatly influenced Western scientific postulates.

Catharsis—A state often experienced in psychotherapy by patients who uncover their deepest feelings and emotions. Doing this, they may find psychological relief.

Collective Neuroses—Franklian psychosocial entities of meaninglessness and meaning frustration that lead to collective actions such as collectivism, fanaticism, provisional and fatalist actions.

Comprehension—A psychological method of captivating the patient's meaning through emphatic approach and through intuition. It is different from explication, where the therapist uses reason to captivate patient's meanings and logic.

Conscience – A specifically human organ to detect the meaning potentials offered by life. Franklian Psychology sees conscience as more than the product of the superego. Beyond the outside influences, powerful as they may be, the conscience contains a personal voice, faint and prone to error, which can advise us to take a stand beside and even against the dictates of the

superego. Our capacity to hear the voice of our conscience and respond to it to the best of our abilities is strengthened.

Dasein—(German) A term that comes from the existential theories of Martin Heidegger and Ludwig Binswanger that signifies a “being in the world” as it is and the way the individual experiences it.

***Defiant Power of the Human Spirit** – The conscience resistance against biological, psychological, or sociological limitations, the human capacity to take a stand against our fate. Franklian Psychology helps us become aware and develop the defiant power of his spirit to overcome our existential frustration. Anything that reduces our will to defy our unhappy fate (such as unhappy childhood, negative influences in one’s upbringing, poor health, poverty) will only strengthen the effect of such a fate.

***Dereflection**—A “logotherapeutic technique” that resorts to self-distancing ability and attitudinal decision of the human being to counteract obsessive preoccupations with psychological conflicts or symptoms, through finding meaning in some other feelings, thoughts or actions.

Determinism—A philosophical doctrine that man’s choices, decisions and actions are decided by antecedent causes, inherited or environmental, acting upon his character: opposed to free will.

Dialogue, Socratic—It is both an educational and a psychotherapeutic method. By asking maieutic (midwifing) questions, the client’s own inner knowing is brought to light (birthed). Thus, insights gained from the spiritual or psychological dimension can be implemented for best therapeutic results.

***Dimensional Ontology** – The human being is seen as a totality in three dimensions: the biological-physiological (the *body*), the socio-psychological (the *psyche*), and the spiritual-noetic (the *spirit*). Just as a drinking glass, when projected from its three dimensional reality onto a two-dimensional plane appears in the ground plan only as a circle, and in the side view as a rectangle, so the human being can be reduced to a mere projection when only one dimension is considered. The human being is not a body plus a spirit, just as a glass is not a circle plus a rectangle.

Dialogic Duality—A term coined by Martin Buber, that shows man as a being in relation with another human being, constituting a unity. Dialogue is the essential meaning link.

Ecclesiogenic Damage—Damage caused by clergy, often inadvertently by inducing excessive fear and guilt.

Empirical—Relating to or based on experience or observation; given to experiments.

Epistemology—That department of Philosophy which investigates critically the nature, grounds, limits and criteria, or validity of human knowledge.

Existential—Pertaining to existence. Coming from existentialism, a movement in 20th Century Philosophy, influenced in its development by Kierkegaard and Nietzsche and popularized in France by Sartre, emphasizing the active participation of the will rather than the reason in confronting life situations.

***Existential Analysis**— Frankl’s initial term for his psychotherapy was intended to distinguish his treatment model from Freud’s psychoanalysis. Frankl’s existential analysis focuses on the “here and now” of existence and looks to the future with hope, instead of being retrospective like Freudian psychoanalysis. Later, Frankl’s theory became better known as Logotherapy or Franklian Psychology.

***Existential Neurosis**—As opposed to clinical neurosis, it is characterized by a sense of despair over the meaning of life.

***Existential Frustration** – Frustration in our search for meaning, caused by affluence, homeostasis, elimination of stress, release from commitments and responsibility. Symptoms are boredom, discontent, feeling of meaningless, lack of interest, and a frantic desire to fill our emptiness leading to an overemphasis on sexual pleasure seeking, drug addiction or violence. Possible therapy: challenges to assume tasks, expansion of a personal value system, orientation toward meaning and toward the partner as a human being rather than a mere tool for the satisfaction of the sexual drive.

***Existential Vacuum** – A term introduced by Frankl in 1955 to denote the feeling of inner emptiness. Symptoms: increasing idleness, tendency toward aggression, drug addiction, over emphasis on fashionable “games,” increase of criminal acts, solvency, excess sexuality and seeking of pleasure, discontent, and increasing doubts about the world, society, and life.

Facticity—The given facts of a person’s existence over which he/she cannot have total control; physical statue, environmental resources, demands made by employers or teachers, and inevitability of death.

Fate—All that lies beyond our power and responsibility to control. Fate is the totality of all determining factors. It can also become the springboard for our freedom of will to be exercised—the challenge to respond to fate in various ways, and be response-able for our choices. It serves as the crucible of our becoming more fully human.

***Franklian Psychology** – A method of psychology founded in Vienna by the Austrian psychiatrist Viktor Emil Frankl, after the Second World War and, today, named the “Third Viennese School of Psychotherapy”. It postulates that meaning is the main motivation for living. A therapy that maintains or restores mental health by helping patients find meaning. It goes beyond other psychologies and psychotherapies by including the *noetic*, a uniquely human dimension of the spirit; thus rehumanizing psychotherapy. Specifically indicated for *noögenic neuroses*, has supplementary uses for psychogenic and somatogenic neuroses, for despair in situation of unalterable fate such as incurable illness (medical ministry), as well as preventive uses for people tending toward existential frustration.

***Freedom of Will** – One of the three main tenets of Franklian Psychology. “Freedom” is understood not as “freedom from something,” but as “freedom to something.” The human being is considered free, under all circumstances, to choose his attitude toward conditions he cannot change. Without this freedom of choice, there is no responsibility, no guilt, no evaluation of human behavior, and no meaning of human existence.

Frustration—State of keeping plans, schemes, purposes or aims from being fulfilled.

Heuristic—Human knowledge which aids or guides in discovery, inciting to find out new ways, methods or theories of investigation.

***Hyperintention** – Excessive striving for a goal such as pleasure, happiness, potency, orgasm, sleep, relaxation. We thereby transfer our intention from, our principal goal (finding meaning) such mere side effects such as pleasure. As a consequence, the side effect – if directly intended – is missing resulting in a neurotic pattern of behavior. Symptoms are sexual dysfunction if sexual pleasure, rather than the sexual partner, is made the focal point of intention. Sexual pleasure, hyper intended, slips away. Dereflection from the side effect (pleasure) to the main goal (partners or meaning) is used as therapy.

***Hyperreflection** – Twin condition to hyperintention implies excessive attention to an unwanted condition and its symptoms, causing a worsening of the condition and increasing of the symptoms. For instance, if a stutterer, instead of thinking of the content of his speaking, hyperreflects on the speaking itself, his stuttering becomes intensified. A state of emotional tension due to extreme preoccupation with some psychological disturbances. symptoms, conflicts, illnesses, etc. Hyperreflection is a term often used in Logotherapy to show its influence in reinforcing such disturbances.

Iatrogenic—Induced inadvertently by a therapist or any helper or by their treatment.

I and You Buberian approach—[“I – Thou” relationship] Is a way of relating between two persons that entails a direct and authentic feeling one to the other and vice versa. Martin Buber calls it the “between”, a mysterious relationship not explainable either by reason or by comprehension. Buber states this relationship as a transcendent divine attribute of man and characterizes it as a duality and a fundamental of human life. Logotherapy recognizes this approach as authentic.

Intuition—Quick perception of truth without either conscious attention or reasoning. Knowledge from within. Direct perception or knowledge of an object, truth, or principle. Immediate apprehension of reality, through feelings and emotions, without using reason.

Logos—In Greek “word” that denotes “spirit” and “meaning”. [“Word of God” is often used as the theological definition of *Logos*]. Frankl preferred “meaning” [that which gives reason for being].

***Logotherapy**—Treatment through finding meaning. See Franklian Psychology.

Meaning—According to Franklian Psychology, the essence of existence, and the main motivation for living. Man's realizations of values, in a spiritually transcendent way, freely and responsibly intentioned, are inherent in searching for meaning. Meaningful and purposeful human actions constitute the main postulate of Logotherapy.

***Meaning of Life** – One of three tenets of Franklian Psychology. Life has meaning under all circumstances because meaning can be found not only through actions and experiences, but also through attitudes in situation of unavoidable suffering which in themselves are meaningless. An ultimate meaning is postulated as an awareness of an existing order in which we can take part and which is gradually elucidated by our responding to the best of our abilities, to the meaning potentials life offers from moment to moment.

Metaphysical—Pertaining to metaphysics. Beyond or above the physical or experiential; pertaining to or being of the essential nature of reality; transcendental.

Methodology—The science of method or of arranging investigations and studies in due order.

Monanthropism—Oneness of humankind.

Moral conflicts—Conflicts, which come from the spiritual intuition that some acts, feelings, or thoughts are not in conformity with the internal and the external personal ethics.

Neurosis—The term designates a mild personality disorder, thought to be acquired, such as: anxiety, phobias, obsessive-compulsive reactions, chronic fatigue, hypochondria, situational depressive reactions.

Nihilism—The doctrine that affirms that nothing exists and can be known. That rejects, also, religious and moral creeds.

Noetic— Pertaining to the *noös* or spiritual dimension of man, beyond the biological, psychological, and social.

***Noetic Dimension** – Dimension of the human spirit containing our healthy core whose ingredients the Logotherapist mobilizes so that we can tap our own spiritual resources. Among the contents of the *noetic* dimension are such uniquely human capacities as the will to meaning, ideas and ideals, creativity, imagination, faith, love, his conscience, self-detachment, self-transcendence, humor, a learning from past experiences, a striving toward goals, the taking on of commitments, and responsibility.

***Noödynergisms**—A composed term that comes from “noös”-spiritual, ethereal, abstract-and from “dynamic”-transit, movement, motion. Noödynergisms, then, signify movement of the spirit toward a meaning fulfillment in life.

Noögenic—Originating in the *noös* or the *noetic* dimension.

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***Noögenic Neurosis** – Neurosis caused by value collisions between our *noetic* (spiritual, inner) knowing and outer mandates, resulting in conflicts of conscience, existential frustration, or the existential vacuum. Statistical evidence indicates that some 20 percent of all neuroses are *noögenic*.

Noös – From the Greek language, means **spirit**. Our *noetic* dimension lifts us above the somatic and psychic dimension. This is the dimension of our being that sets us apart from other animals and makes us specifically human. *Noös* – the spirit – is not a substance. It is beyond time and space. Only that which is matter (material) can become sick, old, and die. The spirit, being outside of time and space, can never become sick nor can it die.

***Medical Ministry** – Helps patients where actual cures are impossible (incurable disease, death of a loved one, loss of sight or limb). Here “therapy” aims at changing the patients’ attitudes toward their unalterable fate.

Ontological—Pertaining to ontology—the science of being; the doctrine of the universe and necessary characteristics of all existence; including the physiologic, psychosocial, as well as the noetic or spiritual.

Pan-determinism—The view that man is fully conditioned and determined. Frankl strongly opposed this view as “a dangerous assumption” that disregards man’s capacity to take a stand toward conditions and robs him of self-determination.

Paradigm—Any pattern or example of things or actions existent in the world.

***Paradoxical Intention** – Logotherapeutic technique, first presented by Frankl in 1939, using the human quality of self-detachment to help patients step away from themselves and their symptoms and to break the vicious circle caused by anticipatory anxiety in psychogenic neurosis, especially phobias and obsessive-compulsive neurosis. Paradoxical intention encourages us to do, or wish to happen, the very things we fear, making use of our sense of humor and our defiant power of human spirit.

Pastoral Logotherapy -- is the application of logotherapeutic analysis and treatment within the context of a spiritual understanding of the human situation and its relevance to mental health. Though not specifically faith-based, pastoral logotherapy is practiced within the context of a spiritual awareness of self-transcendent reality. [The term was developed by the Graduate Theological Foundation]

Philosophical Anthropology—Max Scheler’s theory of man, which considers his transcendent, existential, and spiritual dimensions as a reality.

Phenomenology—Scientific investigation and description of all life phenomena or experiences. General doctrine of phenomena, distinguished from ontology.

Phenomenological Methodology—A method that uses phenomenology to captivate or describe phenomena. Logotherapy takes individual experiences of phenomena seriously.

Phenomenon—Something visible or directly observable, as an appearance, action, change, or occurrence of any kind.

Positivism—A system of philosophy elaborated by Auguste Comte holding that man can have no knowledge of anything but actual phenomena and facts, rejecting all speculations regarding ultimate origin or causes.

Pragmatic Realism—Frankl’s treatment approach is characteristically pragmatic or practical. The insights gained need to be implemented in life to change a situation; when the outer circumstances cannot be changed, a change in attitude toward “fate” may be called for.

Psychologism – Reduction of the human being onto the merely psychological plane. Truly human phenomena are seen as nothing but “masks” hiding primitive and neurotic motivation—love is seen as sublimation of the sexual drive, friendship as a form of narcissism, religious faith as an expression of the father image. Everything is demasked even where there is nothing to demask. Psychologism denies us our freedom to make decisions and devalues genuine human phenomena.

Psychogenic Neurosis—The traditional denomination of mental disorders in psychodynamic psychiatry, which are considered to originate in the psychological dimension.

Psychopathology—Is the study of illnesses and symptoms of the mind.

Psychosis—Severe personality disorders that seriously impair usual life functions. Unlike neuroses, which are acquired mild personality disorders, psychoses include organic brain dysfunctions and functional impairments.

Psychotherapy—Treatment of mental disorders.

Realism—The doctrine which establishes that things have reality apart from the conscious perception of them.

Reductionism – Seeing only the physical and psychological aspects of the human being without acknowledging the spiritual dimension, a sub-human “image of man.”

***Responsability** – Literally “response-ability,” the ability to respond to the meaning potentials offered by life. Logotherapy is education to responsibility because it challenges us to take on concrete tasks, to accomplish human achievements. The tasks must be self-chosen, regardless of whether they are suggested by others or society (“responsibility” proper) or assumed by ourselves (“responsibleness”). Without response-ability, freedom brings not meaning but meaningless chaos.

Self-detachment—Also referred to as Self-distancing, the ability to detach from a situation or from oneself in order to expand one’s view.

Self-distancing – the human capacity to step away from one’s self and look at one’s self from the “outside,” possibly with a sense of humor.

Self-Realization – The striving toward the actualization of our potentials presupposes freedom of will. However, Logotherapy sees self-realization never as the ultimate goal, but only as a side-effect of meaning fulfillment. Only to the extent that we fulfill our meanings and realize ourselves. On the other hand, indiscriminate self-realization, not directed toward meaning, may lead to the realization of negative, even criminal qualities.

***Self-Transcendence** – The human capacity to “reach out beyond oneself, toward meanings to fulfill, people to love, causes to serve.” The human being is not considered a closed system, but as being directed and pointing to something or someone other than self. Self-transcendence is the basis for the technique of dereflection.

Spiritual—Pertaining to spirit. It is a non-corporeal content of human existence, pertaining to or affecting the immaterial nature of man’s soul. It is a dimension that transcends the biological, psychological or social conditions of life.

Spiritual-person nucleus—A term from Max Scheler’s Philosophical Anthropology which designates the spiritual dimension of man which orients life, through which he decides intentionally his meaning of life and assumes his place in the Universe.

Spiritual thought—Max Scheler’s denomination of intuition, especially when man deals with spiritual values.

Subjectivism—The doctrine that knowledge is merely subjective and relative and is derived from one’s own consciousness. Subjectivism leads to “Psychologism” a term used by Viktor Frankl to describe the tendency of traditional psychology to appraise and reduce all of man’s behavior as psychological reactions and causes.

***Super-Meaning**—“*Logos* is deeper than logic”.

Therapy—Treatment; also, having curative or healing properties.

***Tragic Optimism**—The ability to remain optimistic in spite of unavoidable suffering by turning suffering into a human achievement’ by deriving from guilt the opportunity to change oneself for the better; and deriving from life’s transitoriness the incentive to take responsible action.

***Tragic Triad**—Comprised of unavoidable suffering, ineradicable guilt, and death -- three inescapable predicaments of human life which can cause pathologic conditions, mostly depressions. Logotherapy offers aid through medical ministry, by helping find meaning through changed attitudes in unchangeable situations (see “tragic optimism”). Confrontation with death is termed “last-aid” and is considered an important part of the psychotherapeutic task.

Transcendence—The act of rising above a condition or limit; excelling or surpassing in excellence or degree. In Kantianism, lying beyond the bounds of all human experience and knowledge.

Transitoriness of life – state of existing for a short time only; temporary passage through time.

Uniqueness—“One of a kind.” Logotherapy maintains that every person is unique, totally new and unrepeatable.

Value—Desirability or worth of a thing. This work follows postulates of Viktor Frankl’s and Max Scheler’s theories of values which have a concept on the “material contents” of existence in a spiritual dimension as ethics, religiousness, esthetics, etc. Max Scheler approaches values in their content, as transcendent and metaphysical. Viktor Frankl adds his contribution disclosing the dynamics of values, their “transit” to Transcendence through searching for their meanings and value realizations.

Value Systems – A pyramidal value system places one value on top, while all others are regressively subordinated. In contrast, a parallel value system places several values at more or less the same level. Psychologically, the pyramid arrangement is more dangerous because meaning is lost when the value on top is removed. This arrangement also causes intolerance *vis-à-vis* other people who have different values on top of their pyramid. The parallel value system is a better guarantee for a healthy psychohygiene.

Weltanschauung—(German) Worldview, a vision, a theory or assumption about the way things appear to be in the world.

***Will to Meaning** – One of three main tenets of Franklian Psychology. In contrast to Freud who considered the “will to pleasure” the principal human motivation, and Adler who emphasized the “will to power,” Frankl sees the “will to meaning” as the central force of human motivation. We human beings are seen as creatures in search for meaning and mental health is dependent on the extent to which we are able to find it.

Zeitgeist—(German) The prevailing spirit at a given time. The intellectual and moral tendencies that characterize any given age or epoch.

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