

FRONTIER LOGOTHERAPY:
A LOGOTHERAPY PRACTICUM IN A
MEDICALLY UNDERSERVED RURAL AND FRONTIER AREA



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This project has been extremely rewarding and meaningful. I hope it will in some small way contribute to the ongoing work of Dr. Frankl's logotherapy.

ABSTRACT

Marshall H. Lewis

Frontier Logotherapy:
A Logotherapy Practicum in a
Medically Underserved Rural and Frontier Area

(Preceptor, Dr. Cynthia Wimberly)

The purpose of this practicum is to demonstrate the effectiveness of logotherapy in a medically underserved rural and frontier area. Clients participating in the practicum are drawn from Grant, Stanton and Morton Counties in Southwest Kansas. These counties are designated as "medically underserved areas" by the United States Health Resources and Services Administration (HRSA). The HRSA further estimates that the current number of mental health providers would need to triple in these counties to meet the mental health need (HRSA, 2011). Grant County is defined as "rural" by the United States Department of Agriculture; this means that the county has a population density of six to 19.9 persons per square mile. Stanton and Morton Counties are defined as "frontier;" this means that they have a population density of less than six persons per square mile. These counties face deficiencies in the availability and accessibility of mental health service delivery. Consequently, the Area Mental Health Center, the Kansas licensed community mental health center serving these counties, has been a leader in the adoption of communication technologies to improve availability and accessibility. Further, these counties are also home to a unique rural and frontier culture that is often misunderstood and dismissed by the culture-at-large.

This practicum finds that logotherapy is a "good fit" in a medically underserved rural and frontier area for several reasons. First, as logotherapy deals with the personal

discovery of meaning in life, it is culturally sensitive. Its balanced understanding that the human person is not free from the conditions of life, and yet retains free will, resonates with rural and frontier persons who live close to the land and who understand harsh conditions of life very well, yet choose to persevere. Its emphasis on personal responsibility and the need to live out one's values in a concrete way is highly consistent with rural and frontier culture. The general speed with which a client in logotherapy is able to achieve therapeutic goals helps to improve accessibility by allowing clients to get better, faster. Finally, the openness of the Viktor Frankl Institute of Logotherapy to distance learning models and to the integration of communication and data networks allows logotherapy training to reach rural and frontier communities that would not otherwise be exposed to it. This translates into improved quality of life for those receiving mental health services in this rural and frontier area.

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CHAPTER 1

INTRODUCTION

The purpose of this practicum is to explore the effectiveness of logotherapy in a medically underserved rural and frontier environment. Clients participating in the practicum were drawn from Grant, Stanton and Morton Counties in southwest Kansas. A total of ten clients participated in the practicum. Nine of these clients were seen in the practitioner's office at the Area Mental Health Center in Ulysses, Kansas. One client participated in logotherapy over the telephone due to transportation difficulties. Clients were seen for an average of 4.9 sessions. The number of sessions ranged from one to fifteen. The 50 hours of clinical time required by the Viktor Frankl Institute of Logotherapy was exceeded. Clinical supervision was provided by Cynthia L. Wimberly, Ph.D., a Diplomate in Logotherapy and Assistant Professor in the Department of Educational Psychology at the University of Texas Pan American. The practicum student is Marshall H. Lewis, M. A., a Kansas Licensed Clinical Psychotherapist and Regional Director of the Ulysses, Kansas office of the Area Mental Health Center and a Ph.D. candidate (ABD) in the Center for Jewish-Christian Studies at the Chicago Theological Seminary. The dissertation being written for the Center for Jewish-Christian Studies will develop a hermeneutic, or interpretive strategy, based on Franklian Psychology and then apply that hermeneutic to the Book of Job.

Statement of the Problem

The practicum is undertaken in a "medically underserved area" as defined by the United States Health Resources and Services Administration (HRSA). The HRSA estimates that the current number of mental health providers would need to triple in this area to meet the mental health need (HRSA, 2011). The application of any psychotherapy, including logotherapy, in such a rural and frontier setting must address certain key issues. Chief among these are availability and acceptability. The very nature of rural and frontier geography means that some clients must travel many miles to access services. By the same token, therapists are located far from training centers and resources. No books written by Viktor Frankl, for example, are housed in the local county library and no bookstores are located within the communities served. Books by Viktor Frankl may only be obtained through interlibrary loan with a waiting time of seven to ten days or purchased from online vendors. The use of technology for communication, education and service provision is a growing trend; any useful therapy for rural and frontier settings must be able to adapt to it. Also, a specific and unique rural and frontier culture has developed. A successful treatment must be acceptable within this culture.

The geographic area served by the Area Mental Health Center is defined as frontier and rural. The United States Department of Agriculture defines "frontier" as those areas with a population of less than six persons per square mile while "rural" is defined as those areas with a population of six to 19.9 persons per square mile. Seven of the counties served by that Area Mental Health Center are frontier while five are rural. In

Region III, two of the counties are frontier while one is rural. Of the 46 counties in Western Kansas, 30 (65%) are frontier while 16 (35%) are rural. There are no semi-urban or urban counties in Western Kansas (Flamick, Rathburn & Dalke, 2010).

Key issues involved in the delivery of mental health services, including logotherapy, to this population include matters of accessibility, availability and acceptability. A 2007 survey indicates that nearly 60% of families consider distance to mental health services to be a problem (Holmes, *et. al.*, 2007). Considered another way, the average master's prepared psychotherapist serving frontier counties in Western Kansas covers 523 square miles and serves a population of 1,849 persons; the average doctoral level psychologist covers 1,318 square miles and serves a population of 4,662 persons. As a typical example, a mental health client living in Thomas County drives 110 miles each way to see his psychiatrist in Hays, Kansas (Ellis County). This drive takes him just under two hours. However, the psychiatrist does not live in Hays, but drives from Wichita, Kansas (Sedgwick County) to Hays to meet the client. This drive is 184 miles one way, or approximately three hours for the psychiatrist. These factors explain the early adaptation of communication technologies by the Area Mental Health Center.

"There exists a unique 'rural culture' which must be acknowledged and respected. Cultural competency is not just specific to racial, ethnic or economic groups" (Flamick, Rathburn & Dalke, 2010, p. 27). The majority of the population is directly descended from early pioneers and settlers. They describe themselves as rugged individualists, proud and devoted to family and faith. A 2007 survey asked parents which of the

following might prevent them from asking for mental health help for their child. The results give insight into the unique rural and frontier culture of Western Kansas:

- 93% Not wanting people to know their business
- 85% Not wanting the child to be labeled
- 78% Not being able to afford the services
- 71% Fear that the child would be teased
- 69% Not wanting people to think badly about the child
- 66% The child's fear of being teased
- 47% Services needed are too far away
- 44% Fear that drugs might be used
- 26% Services needed are not at a convenient time
- 18% Not going because the services are not faith-based
- 11% Nothing would prevent the parent from asking for help

In addition to these results, a full 97% of respondents agreed with the statement "my county is a good place to raise a family." Only 2% agreed that people in urban areas such as Topeka or Kansas City understand their needs and issues (Flamick, Rathburn & Dalke, 2010).

Significance of the Study

To date, no documented attempts have been made to apply logotherapy in a rural and frontier setting. Challenges to such an attempt include obtaining proper training and supervision for the practitioner, limiting the possible alienation of clients and professional colleagues when unfamiliar terms and concepts are introduced, and adapting a therapy

that was originally developed in a highly urban, densely populated and culturally rich environment (pre-War Vienna) to a significantly different environment. Opportunities offered by the therapy include an acknowledgement of the spiritual dimension of the human person; this feature of the therapy is likely to be well received in rural and frontier areas. Also emphasized in logotherapy is the unavoidability of suffering. This feature is likely to be appreciated among a people who are proudly descended from the hardy stock of pioneers and settlers who braved the Wild West, survived the Dust Bowl days of the "Dirty Thirties," the Great Depression, and who continue to live close to the land and its attendant hardships. In addition, logotherapy claims to be culturally sensitive inasmuch as meanings are discovered by the clients and not dictated by the logotherapists.

Location of the Study

In January 1959, the Garden City Junior Chamber of Commerce in Garden City, Kansas began a community project to raise awareness of mental health issues. This included an open house at the Larned State Hospital, Larned, Kansas. In February of that year, the Finney County Association of Mental Health was created. The Association formed a speaker's bureau and presented films and lectures to over 40 groups within the first four months. The Kansas State Legislature passed a supplement to the Social Welfare Act whereby counties could levy a ¼ mill tax in addition to the public health tax levy to help finance a mental health center. The law required the county commissioners and the city commissioners to sign a joint resolution and form a joint Board of Health. This agreement was signed in May 1960. A United Fund was established with \$1,200 earmarked for the creation of a mental health center. An additional \$2,600 was raised in

contributions and \$3,500 was anticipated in client fees the first year (Area Mental Health Center, 2009).

The Area Mental Health Center opened on January 13, 1961 in Garden City, Kansas, located in a former World War II federal housing unit. The Area Mental Health Center spent \$2,175 on remodeling the facility. In addition, the Garden City Commission leased two ground floor apartments and waived the rent. Three staff members were employed on opening day: one full time secretary/receptionist, one part time psychologist and one part time psychiatrist. The Area Mental Health Center initially served five counties in southwest Kansas: Finney, Ford, Grant, Gray, Greeley and Hamilton (Area Mental Health Center, 2007, 2009).

Today, the Area Mental Health Center serves thirteen counties in four regions: Region I, the Garden City outpatient office, serves Finney, Kearney and Hamilton Counties. The Region II Dodge City outpatient office opened in 1968 and serves Ford, Gray and Hodgeman Counties. The Region III Ulysses office opened in 1970 and serves Grant, Stanton and Morton Counties. The Region IV Scott City office opened in 1976 and serves Greeley, Lane, Scott and Wichita Counties. Community Support Services day treatment programs are available in Garden City and Dodge City. Special programs serving the needs of adults with severe and persistent mental illness and children with serious emotional disturbance are available in all counties. Partnering with St. Catherine Hospital in Garden City, the Area Mental Health Center jointly operates a 10 bed behavioral health inpatient unit (Area Mental Health Center, 2007).

The Area Mental Health Center is governed by a 28-member Board of Directors. Two board members are appointed by the County Commissioners of each of the 13

counties with two at-large members. As such, the Area Mental Health Center is a quasi-governmental organization (QGO) and functions as the county mental health authority in each county. The Board hires an Executive Director to oversee operations. The Executive Director is assisted by a nine-member Administrative Council that includes Regional Directors from each region as well as Directors of Medicine, Finance, Human Resources, Children's Services and Adult Community Support Services. The Center currently has an annual operating budget of \$10 million dollars and employs over 150 staff. These include master's level psychotherapists (psychologists and social workers), child and adult case managers, advanced registered nurse practitioners, one psychiatrist and clerical staff.

The Area Mental Health Center provides comprehensive behavioral healthcare services to the residents of southwest Kansas. Types of problems typically treated include depression and other mood disorders, anxiety disorders, chemical dependency, life change issues, and many other emotional and personal concerns. Primary core services include crisis services, psychotherapy, case management and medication management. A variety of assessment services are also available including psychological testing, psychiatric evaluation and chemical dependency assessment (Area Mental Health Center, 2010). In 2009, the Area Mental Health Center opened 3,254 new cases, a 15% increase over 2008. Over 500,000 specific mental health services were provided to 4,968 clients in 2009. A total of \$1.3 million in services were offered on a charity basis (Dalke, 2010).

The next step in the history of the Area Mental Health Center is reflected in the 2011 Strategic Plan. The Affordable Health Care Act of 2010 passed the United States

Congress on March 21, 2010. Most provisions of the new law do not come into effect until January 1, 2014. However, many of these changes will be implemented at the Area Mental Health Center by April 1, 2011. These include additional partnering with our local Federally-Qualified Health Care Center, working toward becoming a health care home as defined in the new legislation for those with severe and persistent mental illness, achieving the goal of same day or next day appointments, and the application of reliable and valid outcome measures and cross-cutting assessments (the latter of which will be a feature of DSM-5 diagnosis). Continued improvements and advances in the electronic medical record (EMR), instituted at the Area Mental Health Center in 2003, are anticipated to continue (Dalke, 2011).

Definition of Terms

Unless otherwise indicated, logotherapy definitions are adopted by the author based on Barnes, 2005a. Community mental health terms are those commonly used in the profession as reflected in Area Mental Health Center *Policy CS 11.13 Use of Approved Abbreviations* (Area Mental Health Center, 2003).

Area Mental Health Center (AMHC) -- A private, non-for-profit company licensed as a community mental health center serving thirteen counties in southwest Kansas.

Categorical Imperative of Logotherapy -- "Live as if you were already living for the second time and had acted as wrongly the first time as you are about to act now" (Frankl, 2010, p. 89).

Community Mental Health Center (CMHC) -- In the United States, a provider of mental health services partially funded by local and state government pursuant to the Federal Community Mental Health Act of 1961.

Conscience – A human existential phenomenon that may detect the meaning potentials offered by life. Logotherapy sees conscience as more than the product of the superego as defined by Freud. The conscience is often experienced as a personal voice, faint and prone to error, which can advise the human person to take a stand beside or against the dictates of the superego. The capacity to hear the voice of conscience and the desire to respond to it are variable.

Defiant Power of the Human Spirit – The conscious resistance against biological, psychological, or sociological limitations, the human capacity to take a stand against fate. Logotherapy helps one become aware of and develop the defiant power of the human spirit to overcome existential frustration.

Dereflection – Logotherapeutic technique used to divert attention away from one's symptoms. Dereflection ignores the self and leads to self-transcendence through focusing attention on someone or something else. Lukas (1998) defines it as a "disregarding of something that can be disregarded, which would become worse through reflection, not better. At the same time, it is more than a disregarding and quite more than a diversionary tactic."

Dimensional Ontology – Frankl's model of the human person seen as a totality of three dimensions: the psychophysical (the body), the psychosocial (the *psyche*) and the spiritual-*noetic* (the spirit).

DSM-IV-TR -- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text revision). Washington, DC.

DSM-5 -- American Psychiatric Association. (2010). Diagnostic and statistical manual of mental disorders (5th edition). Washington, DC. Preview is available online at <http://www.dsm5.org>.

Electronic Medical Record (EMR) - Generic term for any software program that stores clinical information, forms, notes, etc. and that serves as a replacement for a paper medical chart.

Evidence Based Practice (EBP) -- "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preference" (American Psychological Association, 2005).

Existential Analysis -- An English term that has been used to translate both Frankl's *Existenzanalyse* and Binswanger's *Daseinanalyse* (Frankl, 1969, p. 5).

Existential Frustration – A subjective experience of meaninglessness in life coupled with discontent over such meaninglessness. Psychological expression is often thought of in terms of boredom, discontent, lack of interest and a frantic desire to fill life with trivial pursuits.

Existential Vacuum – A subjective experience of meaninglessness in life (Frankl, 1955). The existential vacuum may or may not result in existential frustration.

Existentialism -- Philosophical approach that focuses on understanding the way that a human person experiences the world. Existentialism and phenomenology have largely converged within the fields of psychiatry and psychology where they apply to multiple

theories that emphasize human experience over natural-scientific approaches (Spiegelberg, 1972).

Franklian Psychology – Study of the theories and therapies of Dr. Viktor Frankl concerning human mental processes and behavior.

Frankl's First Law of Dimensional Ontology -- "One and the same phenomenon projected out of its own dimension into different dimensions lower than its own is depicted in such a way that the individual pictures contradict one another" (Frankl, 1969, p. 23).

Frankl's Second Law of Dimensional Ontology -- "Different phenomena projected out of their own dimension into one dimension lower than their own are depicted in such a manner that the pictures are ambiguous" (Frankl, 1969, p. 23).

Freedom of Will -- The human capacity to choose. Acceptance of the phenomenon of human choice is one of three main tenets of logotherapy.

Frontier - Geographic area with a population of less than six persons per square mile (United States Department of Agriculture, 2008).

HIPPA -- Health Insurance Portability and Accountability Act of 1996.

Hyperintention – Excessive striving for a psychological goal, such that the goal becomes less likely to be attained.

Hyperreflection – Excessive attention to an unwanted human phenomenon resulting in intensification of the perceived negative aspects of the phenomenon.

Logotherapy – (1) A method of psychotherapy developed by Dr. Viktor Frankl that falls within the existential-phenomenological schools of thought; (2) a term applied to the

totality of Frankl's thought concerning human mental processes and behavior; (3)
alternate English term for the German *Existenzanalyse* (definition of the author).

Meaning of Life – Assertion that human existence has a purpose. Acceptance of the phenomenon of the meaning of life is one of three main tenets of logotherapy.

Medically Underserved Area -- Designation of the United States Department of Health and Human Services that involves four variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain an area's designation (HRSA, 2011).

.mp3 -- A type of digital sound file. The abbreviation stands for "Moving Picture Experts Group (MPEG) - 2 standard, audio layer 3."

Noetic Dimension – Aspect of human life that is unique from animal and plant life. In logotherapy, human phenomenon such as meaning, love, artistic expression, religious experience, etc. are thought to exemplify the Noetic Dimension.

Noös – Greek term usually translated as "mind, resolve, or purpose." The term is used in logotherapy to refer to aspects of living that are uniquely human. During the 1950's and 1960's, the English word "spiritual" was closely associated with religious practice and belief. Frankl chose a Greek term to avoid confusion when speaking of the "human spirit."

Noögenic Neurosis – Diagnostic term introduced by Frankl and used in logotherapy to refer to any constellation of psychological symptoms believed to be caused by existential frustration or value conflicts.

Paradoxical Intention – Logotherapeutic technique that exaggerates a fear, usually in a humorous manner, with the result that subjective fear is decreased. Paradoxical intention appears to be associated with para-sympathetic arousal. As such, it may be thought of as a response incompatible with sympathetic arousal (as opposed to the more common approach of relaxation).

Phenomenology - Philosophical approach that purports to study existence as one phenomenon among others. Existentialism and phenomenology have largely converged within the fields of psychiatry and psychology where they apply to multiple theories that emphasize human experience over natural-scientific approaches (Spiegelberg, 1972).

Psychologism – Explanation of human phenomena in subhuman terms, resulting in loss of understanding of phenomena. Psychologism is an example of reductionism.

Quasi-governmental Organization (QGO) -- An entity that is treated by statute and regulation to be under the guidance of a government, but also separate and autonomous from the government. Such an entity may receive some funding from government, is considered necessary for the smooth running of society, and may possess law-enforcement authority related to its function. In the State of Kansas, community mental health centers are QGO's.

Reductionism – Characteristic of modern, critical thought that explains complex phenomena in terms of less complex phenomena in such a way that understanding of

phenomena is diminished rather than increased. Reductionism is frequently criticized by postmodern thinkers, including Frankl.

Research Based Best Practices -- Term in use at the Area Mental Health Center to describe its mental health services. The term is intended to express the following points: (1) services offered are supported by current empirical research; and (2) services offered follow best practice guidelines as published by relevant agencies. The term further expresses that services offered are not as defined by the term "evidence based practices" that imply the use of a standardized research manual in the therapy session.

Rural -- Geographic area with a population of six to 19.9 persons per square mile (United States Department of Agriculture, 2008).

Self-distancing – Human capacity to observe one's own behavior and mental processes without identifying with them. In logotherapy, this capacity is the basis for paradoxical intention.

Self-Transcendence – Human capacity to identify with a person or cause beyond one's self. In logotherapy, this capacity is the basis for the technique of dereflection.

Voice Over IP (VOIP) -- Generic term for any software program that transmits human voice over the Internet, often as a substitute for telephone service. The abbreviation stands for "voice over Internet protocol."

Will to Meaning – A source of human motivation theorized by Frankl. Frankl based his concept on phenomenology, but, unlike the freedom of the will and the meaning of life, the will to meaning may be observable through psychological study. Acceptance of the phenomenon of the will to meaning is one of three main tenets of logotherapy.

CHAPTER 2
REVIEW OF THE LITERATURE

The Theory of Logotherapy and Existential Analysis

Frankl views the human person as a spirit that has a mind and a body, or a psyche and a soma. He often refers to spirit as *noos* to avoid a religious connotation and states that by this term he refers to that which is "uniquely human." The division between the spirit and the psychophysical being is absolute. The former possesses free will; the latter is subject to the laws of biology and psychology. The former is the seat of human existence; the latter is the home of somatic and psychological facticity. Consequently, Frankl does not dispute the psychodynamics proposed by Freud, nor does he dispute the discoveries of American behaviorism. Rather, he sees his contribution as consisting of a psychological model that includes the spirit in an understanding of the human person and in the clinical techniques that are derived from this model. Frankl refers to this model as "dimensional ontology." He refers to the functional aspects of the model as "noodynamics" (Frankl, 1969, 2000b, 2004, 2010).

Frankl explains his dimensional ontology graphically by use of a cylinder. When the curved plane of the cylinder is viewed, it is divided into three segments representing the conscious, the preconscious and the unconscious. When viewed from either end, the cylinder is further divided into an inner spiritual core, a psyche, and an outer body (see

Figure 1). Frankl explains his concept of the human spirit as well as his first and second laws of dimensional ontology based on this model (Frankl, 1969, 2000b, 2010).

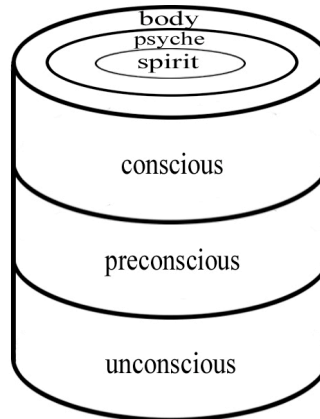


Figure 1: Frankl's Dimensional Ontology

The human spirit represents those characteristics of the human person that are not shared with animals. As such, evidence of the human spirit is found in those attitudes and behaviors that would not be predicted from biology and psychology. Frankl often refers to this unpredictable quality of being human as "the defiant power of the human spirit" (Frankl, 1959, p. 147). Even in a concentration camp, he notes:

...there were always choices to make. Every day, every hour, offered the opportunity to make a decision, a decision which determined whether you would or would not submit to those powers which threatened to rob you of your very self, your inner freedom; which determined whether or not you would become the plaything of circumstance, renouncing freedom and dignity to become molded into the form of the typical inmate (Frankl, 1959, p. 66).

Noodynamics describes the tension between what the human person is and what the human person may yet become, a condition Frankl sees as necessary to mental health. He criticizes both psychodynamic psychiatry and scientific psychology for their reliance on the principle of homeostasis. The role of the human spirit is not to maintain balance, but to strive toward meaning fulfillment. Two defining qualities of the human spirit are freedom of the will that leads to the ability to self-distance and the will to meaning that leads to the ability to self-transcend. Frankl's clinical methods are based on these characteristics of self-distancing and self-transcendence (Frankl, 1959, 1969, 2010).

Self-distancing allows the human person, through the exercise of the freedom of the spirit, to choose an attitude both toward the world and toward the psychophysical self that is in the world. This is the ability to detach from oneself and to reflect on oneself. It is through self-distancing that the human person can choose a response to unavoidable suffering of any kind, be it Frankl's internment in the death camps or to the mental and physical diseases that were the subject of his psychiatric practice (Frankl, 2010).

Frankl's clinical technique of paradoxical intention is based on self-distancing. The use of this technique requires that the patient wish for the very thing that elicits the greatest anxiety. The cycle of anxiety is then broken. For example, a patient who has panic attacks may not leave home for fear of having a heart attack. Such a patient would humorously develop the attitude of trying to have as many heart attacks each day as possible, perhaps adding a stroke or two for good measure. Anticipatory anxiety in such a patient would then diminish and the patient would leave home more frequently (Frankl, 1969).

Self-transcendence allows the human person to discover meaning by reaching beyond herself. Frankl views this process as part of an open system, and thus noetic, rather than as part of a closed instinctual system that characterizes the existence of animals. He contrasts the capacity for self-transcendence with the homeostasis principle that he closely identifies with Freud's pleasure principle; i.e., pleasure is the fulfillment of desire and the function of the psyche is to bring desire to a rest. In Frankl's view, true human existence is found in reaching beyond the self. For him, happiness cannot be pursued through pleasure, but, rather, ensues as the result of the discovery of meaning in life (Freud, 1949; Frankl, 1969).

Frankl elaborates on transcendence through defining a transcendent unconscious that is part of the spiritual unconscious. This transcendent unconscious gives rise to the conscious experience of conscience. Frankl understands the existence of conscience in the human person to imply the existence of a transpersonal agent just as the existence of the navel implies the existence of a mother. He explains, "Conscience is fully understandable only against the background of a transhuman dimension. To explain man's being free, the existential quality of human reality would do; however, to explain his being responsible, the transcendent quality of conscience must be considered" (Frankl, 2010, p. 61). Transcendence demands responsible action. Frankl states what he calls the categorical imperative of logotherapy as: "Live as if you were already living for the second time and had acted as wrongly the first time as you are about to act now" (Frankl, 2010, p. 89). Just as Frankl does not reduce the self to the ego, so he refuses to reduce the conscience to the superego. The self is a matter of irreducible existence; conscience is a matter of irreducible transcendence (Frankl, 2000b, 2010).

Frankl's clinical technique of dereflection is based on the self-transcending ability. Whereas paradoxical intention focuses humor on the symptom, the process of dereflection diverts attention away from the symptom and toward a meaningful person or cause. One of many clinical examples involves a case of impotence. The patient focused his attention on whether or not he was achieving an erection, with the result that he did not. The Franklian solution is to help the patient stop focusing on sex as technique and to begin viewing sexuality as a striving for love, that is, as a self-transcendent phenomenon. According to Frankl, such symptoms then resolve themselves (Frankl, 1969, 2004).

Following from the capacities of self-distancing and self-transcending, logotherapy recognizes three categorical values through which meaning in life may be discovered: the creative value, the experiential value, and the attitudinal value. The creative value encompasses all acts that give something to life that would not otherwise exist. The creative value may be actualized through work, through hobbies, or through doing good deeds. The experiential value includes all experiences of truth and beauty discovered in the world as well as all loving encounters with other human beings. The experiential value may be actualized through nature, art, dance, music, literature and through relationships of love and acceptance. Frankl writes of a suicidal companion in a concentration camp who thought that there was nothing more that he could ask of life. Frankl reversed the question by asking the man if life still demanded something of him. The man replied with creative and experiential values. He was writing a series of books that had not yet been finished and he had family in another country that would be waiting for him if he survived. The attitudinal value is considered by Frankl to be superior to the creative and experiential values. The attitudinal value is actualized through the stance

taken toward unavoidable suffering. If one chooses bravery over cowardice, mercy over revenge, or justice over appeasement, then the attitudinal value has been actualized. A meaningful life is, therefore, a life in which these values are actualized to the greatest possible degree (Frankl, 1959, 1969, 2010).

An analogous relationship exists between the spiritual unconscious and the model of the psyche proposed by Freud that Frankl calls the instinctual unconscious. The spiritual unconscious has a dynamic energy created by the difference between what a person is and what a person is capable of becoming. As the instinctual unconscious is associated with libido, so Frankl associates the spiritual unconscious with *religio*, or unconscious religiosity. Frankl further defines this unconscious religiosity as a "latent relation to transcendence" (Frankl, 2000b, p. 68). Frankl does not view this as a drive, however, but rather as a "pull" from a noetic dimension, from a place where a transpersonal awareness can perceive the potentials of the human person. Frankl believes that evidence of *religio* can be found in certain dreams, word associations and similar tools common to psychodynamic practice. To the extent that a person chooses to respond to this pull of *religio*, the conscience becomes conscious. Unlike Freud's superego, the conscience, as a product of the spiritual unconscious, remains free to take a stand for or against any given cultural norm or moral. The function of the conscience is to inform the human person of the one, right thing required in any unique situation. The purpose of logotherapy is to make the spiritual unconscious more conscious. This leads to a refinement and development of the human conscience (Freud, 1949; Frankl, 2000b, 2010).

An example of the *religio* may be found in the following dream interpretation. The dreamer works in the American health care industry. He dreams that people are forced to go into space once a year on a rocket as part of the government's attempt to reform the health care system. Rockets have been prepared for the first batch of patients. A capsule is set on top of a rocket and a parachute attached. This tall, white rocket with black accents is unusually bright against the blue sky. This procedure is too dangerous, thinks the dreamer. He and his mother are in an elevator. She is going to the rocket, but the dreamer knows it is not yet time. She tells him she is scheduled for 1:30. He is scheduled for 5:30. The vivid, white rocket is then launched. As the rocket lifts off, the billowing plumes of smoke become clouds and the white rocket becomes Christ in vivid white robes.

The dream can be interpreted in light of Frankl's *religio*. The ascent of the health care rocket latently manifests the idea of spiritual healing. As the dreamer had been reading Jung, it is likely that the mother image was chosen to represent the unconscious (i.e, as *anima* in Jung, 1958). The fact that she is going first suggests that spiritual healing is taking place first in the spiritual unconscious, but that the dreamer must wait for some period of time before becoming fully aware of it. The spiritual unconscious is preparing him for departure to spiritual health.

The relationship between the person as a spiritual being and the empirical study of the human person through the sciences may be found in Frankl's first law of dimensional ontology: "One and the same phenomenon projected out of its own dimension into different dimensions lower than its own is depicted in such a way that the individual pictures contradict one another" (Frankl, 1969, p. 23). Returning to the image of the

cylinder, Frankl explains that, if projected from three-dimensional space onto a two dimensional plane, the cylinder may appear as either a rectangle or a circle (see Figure 2). These images appear contradictory, one having height and width, the other having circumference and radius. The contradiction is only solved when one recalls that the geometry measured is only a projection of a cylinder. An error is made if one comes to believe that a cylinder is nothing but a rectangle, or nothing but a circle. Likewise, an error is made if the psychologist assumes that the human person is nothing but the dynamics of the psyche or if the biologist assumes that the human person is nothing but a collection of chemicals. Said another way, depression may be seen by some as a set of cognitive self-statements learned in childhood, or it may be seen as a deficiency of a chemical neurotransmitter. Frankl argues that an error is made if it is seen as either of these things exclusively. Regardless of its cause, the human spirit is able to take a defiant stance toward the depression (Frankl, 1969).

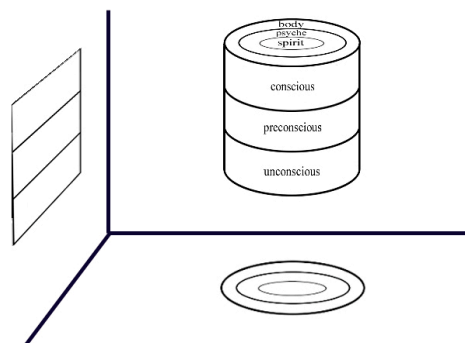


Figure 2: Frankl's First Law of Dimensional Ontology

A second analogy is made with the observation that the cylinder as depicted by Frankl is open, whereas the rectangular and circular projections are closed. That is, deterministic principles operate within the closed systems of psychology and biology, but

freedom is found in the open system of the human spirit. The spiritual unconscious encompasses the transcendent unconscious that allows the spirit to remain free and open to the noetic dimension (Frankl, 1969, 2000b).

Frankl's model is further explained by his second law of dimensional ontology: "Different phenomena projected out of their own dimension into one dimension lower than their own are depicted in such a manner that the pictures are ambiguous" (Frankl, 1969, p. 23). One may imagine that a circle may be the two dimensional projection of a cone, a cylinder, or a sphere (see Figure 3). The cause of the circle is unclear. Likewise, a depression may have a physical, a psychological, or a spiritual cause. Frankl sees logotherapy as the specific treatment of choice when the cause of psychological symptoms is a conflict in the spiritual unconscious, between what the person is and what the person may become. Because Frankl views the spiritual unconscious as incorruptible, logotherapy is also seen as an ancillary treatment when the cause of a psychological disturbance has either psychological or physical causes. In this latter case, the spiritual core is seen as a source of health and strength in its ability to choose an attitude toward the illness (Frankl, 1955, 1959, 2004, 2010).

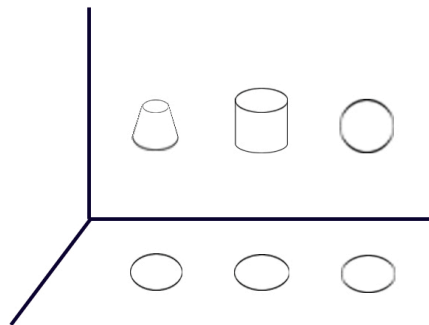


Figure 3: Frankl's Second Law of Dimensional Ontology

Logotherapy makes three basic assumptions, stated by Frankl as "freedom of the will, the will to meaning, and meaning in life." Freedom of the will is not freedom from conditions in life. Indeed, Frankl writes of the "tragic triad," or those conditions of life from which no human being can escape: pain, guilt and death. Frankl sees a fluid boundary between the "area of freedom" and the "area of fate." At times, the area of freedom may be large with many opportunities to actualize values. At other times, the area of freedom may be small, but it never reduces to zero (Frankl, 1969). Frankl famously writes:

We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way (Frankl, 1959, pp. 65-66).

The will to meaning is the basic human motivation in the Franklian system. It is the basic striving of the human person to want to find a meaning to one's own life. He sees it as more basic than even the desire for pleasure and the desire to avoid pain. In fact, he points out that the human person, unlike the animal, will sacrifice pleasure or choose to undergo pain if it is seen as having a transcendent meaning for the sake of another or for a cause one in which one believes. Finally, meaning in life is believed to be an objective demand characteristic of the environment. One of Frankl's first and greatest insights is that it is not us who asks the meaning of life, but, rather, life that asks something of us. He explains:

One should not search for an abstract meaning of life. Everyone has his own specific vocation or mission in life to carry out a concrete assignment which demands fulfillment. Therein he cannot be replaced, nor can his life be repeated. Thus, everyone's task is as unique as is his specific opportunity to implement it (Frankl, 1959, pp. 108-109).

Moreover, logotherapy teaches that life has meaning under any and all circumstances. Meaning in life is unconditional. It is not the task of the human person to invent a meaning, but to discover the meaning that is there (Frankl, 1959, 1967, 2010).

Frankl tells the story of his consideration of accepting an American visa to emigrate after the Nazis had annexed Austria:

Shortly before the United States entered World War II I received an invitation from the American Embassy in Vienna to go there to pick up my visa for immigration to this country. At that time I was living in Vienna alone with my old parents. They, of course, did not expect me to do anything but pick up the visa and then hurry to this country. But at the last moment I began to hesitate because I asked myself, 'Should I really? Can I do it at all?' For it suddenly came to my mind what was in store for my parents....Then I went home and when I did so, I noticed a piece of marble stone lying on a table. I inquired of my father how it came to be there, and he said, 'Oh, Viktor, I picked it up this morning at the site where the synagogue stood.' (It had been burned down by the National Socialists.) 'And why did you take it with you?' I asked him. 'Because it is a part of the two tables containing the Ten Commandments.' And he

showed me, on the marble stone, a Hebrew letter engraved and gilded. 'And I can tell you even more,' he continued, 'if you are interested; this Hebrew letter serves as the abbreviation of only one of the Ten Commandments.' Eagerly I asked him, 'Which one?' And his answer was: 'Honor father and mother and you will dwell in the land.' On the spot I decided to stay in the country, together with my parents, and let the visa lapse (Frankl, 1969, pp. 58-59).

One concrete way in which logotherapy can be applied is through the distinction it makes between "ultimate meaning" and the "meaning of the moment." Ultimate meaning is believed to exist, but to be largely unknown or unknowable. It is the area of faith. The meaning of the moment, on the other hand, is knowable. The meaning of the moment consists in the one categorical value that any given moment in life requires of any given person. This must be discerned, rightly or wrongly, through the operation of conscience. For Frankl, each combination of person and situation is unique and demands a unique response. Nevertheless, similar meanings discovered in similar situations over time leads to the development of religions and universal values. This does not excuse any given person from choosing what a unique situation may demand even if it should be in opposition to the superego or to culturally accepted values (Frankl, 1959, 1967, 1969, 2000b). He writes: "In an age in which the Ten Commandments seem to lose their unconditional validity, man must learn more than ever to listen to the ten thousand commandments arising from the ten thousand unique situations of which his life consists. And as to *these* commandments, he is referred to, and must rely on, his conscience" (Frankl, 1969, p.65).

Frankl explains that in one unique situation, a newly married husband was informed through conscience that he should free his wife from her marriage vows. The specific situation was that the young wife, newly arrived in a concentration camp, might be given the option to remain alive if she engaged in sexual activity with members of the SS. Frankl writes of the situation, "...the unique meaning was to abandon the universal value of marital faithfulness, to disobey one of the Ten Commandments. To be sure, this was the only way to obey another of the Ten Commandments - 'Thou shalt not kill.' Not giving her his absolution would have made him co-responsible for her death" (Frankl, 1969, pp. 63-64). Fabry informs us that this man was Frankl himself (Fabry, 1968, p. 62).

Frankl describes the frustration of the will to meaning as the "existential vacuum," a condition characterized by a lack of recognized meaning and purpose in life. This condition characterizes the modern world, a world in which previous traditions and values no longer provide the human person with guidance on what to do and a world in which the human person often does not even know what she may wish to do. A person in this situation may then simply do what others do (conformism) or do what others tell her to do (totalitarianism). Manifestations of the existential vacuum include boredom, apathy, and sometimes noogenic neurosis, a clinical condition in which psychological symptoms are caused by moral and spiritual conflicts (Frankl, 1969, 2004, 2010).

The existential vacuum also affects attitudes on a societal scale. Frankl calls this the "collective neurosis." It is characterized by a provisional attitude toward life, that is, living as if there is no tomorrow; a fatalistic attitude toward life, or acting as if one has no control over one's destiny; collectivist thinking, or a denial of one's own personhood; and

fanaticism, a denial of the personhood of those who think differently. He sees all four as deriving from the spiritual dimension, specifically from the fear of responsibility and the escape from freedom. Frankl argues that this condition leads to nihilism and is in part responsible for the Holocaust (Frankl, 2004, 2010). "I am absolutely convinced," writes Frankl, "that the gas chambers of Auschwitz, Treblinka and Majdanek, were ultimately not prepared in some Ministry or other in Berlin but rather at the desks and in the lecture halls of Nihilistic scientists and philosophers" (Frankl, 2010, p. 220).

The solution to the existential vacuum, according to Frankl, is the development of a sound philosophy of life. Such a philosophy would demonstrate that life has meaning for each and every human person. Frankl's logotherapy accomplishes this through teaching that the potentials in life are not indifferent. Meaning can be discovered through the human choice to actualize one value over another (Frankl, 1969). He states: "Man must make his choice concerning the mass of present potentials: which will be condemned to non-being and which one shall be actualized, and thus rescued for eternity? Decisions are final for the only really transitory aspects of life are the potentialities. When one is actualized, it is actualized forever and can never be destroyed" (Frankl, 2010, p. 100). The goal of Frankl's logotherapy is to overcome psychologism, reductionism and nihilism (Frankl, 2000a).

Frankl published 32 books in his lifetime.¹ His most comprehensive treatment of logotherapy is found in *The Doctor and the Soul*, originally published in German as

¹ Frankl's private archive contains "at least 100,000 documents" consisting of notes and manuscripts and "much of that work remains unpublished," according to a recent interview with David A. Hallowell (Lewis, 2010). Frankl's 33rd book, *Gottsuche und Sinnfrage (The Search for God and the Question of Meaning)* was discovered in 2004 and published in 2005. It is presently being translated into English by Hallowell. Frankl's 34th book, *Frühen Schriften*, was published in 2005 by Frankl's daughter, Gabriele Vesely-Frankl. (Batthyany in Frankl, 2010, p. 31).

Arztliche Seelsorge: Grundlagen der Logotherapie und Existenzanalyse in 1946 and first translated into English in 1955. His final expanded thoughts appear in *Man's Search for Ultimate Meaning*, published in 1997 shortly before his death. Four texts in particular, *The Doctor and the Soul* (1955), *On the Theory and Therapy of Mental Disorders* (1956), *Man's Search for Meaning* (1959) and *The Will to Meaning* (1969) are recommended texts for the coursework in logotherapy developed by the Viktor Frankl Institute of Logotherapy.

Logotherapy has been expanded by the students of Frankl. Chief among them are Fabry (*The Pursuit of Meaning*, 1968), Fabry, Bulka and Sahakian (*Logotherapy in Action*, 1979), Lukas (*Logotherapy Textbook*, 1998), Graber (*Viktor Frankl's Logotherapy*, 2004), and Batthyany and Levinson (*The Existential Psychotherapy of Meaning: Handbook of Logotherapy and Existential Analysis*, 2009). A logotherapy curriculum has been developed largely by Barnes, Rice, and Welter with additional content contributed by Graber, Henrion, Hutzell, Pitts, Rogina, Sjolie and Stephanies. Each of these persons has been instrumental in the work of the Viktor Frankl Institute of Logotherapy. Fourteen peer-review journals devoted to logotherapy are published around the world.²

The Philosophical Background of Logotherapy

Frankl identifies logotherapy as "existential" and "phenomenological" (Frankl, 1969, 2000b, 2010). The focus of existentialism is on understanding the way in which an

² The most important of these are *The International Forum for Logotherapy* published in the United States by the Viktor Frankl Institute for Logotherapy and *The International Journal of Logotherapy and Existential Analysis* (formerly *Journal des Viktor-Frankl-Institut*) published in Austria by the Viktor Frankl Institute - Vienna.

individual experiences the world. Phenomenology holds that existence can be studied as one phenomenon among others. These terms have largely converged within the fields of psychiatry and psychology where they apply to multiple theories that emphasize human experience over natural-scientific approaches (Spiegelberg, 1972). Frankl does not define existentialism within logotherapy, though he does wryly remark that "... there are as many existentialisms as there are existentialists" (Frankl, 1967, p. ix). He does define phenomenology: "Phenomenology, as I understand it, speaks the language of man's prereflective self-understanding rather than interpreting a given phenomenon after preconceived patterns" (Frankl, 1967, p. 2, n. 2).

Spiegelberg argues that phenomenology allowed Frankl to free himself from the preconceived patterns of psychoanalysis and individual psychology. Consequently, Frankl was able to develop logotherapy by hearing his patients instead of offering them interpretations. As such, Spiegelberg argues, Frankl was not interested in the development of phenomenology *per se*, but rather, in its application to psychiatry (Spiegelberg, 1972). For example, Frankl bases his three assumptions of logotherapy (freedom of the will, the will to meaning, and meaning in life) on his understanding of phenomenology (Frankl, 1967, pp. 2, 11, 14).

Existential phenomenology is a movement deriving from multiple sources, though Kierkegaard is generally regarded as the first existentialist while Husserl is seen as the founder of phenomenology. Kierkegaard emphasizes the concrete existence of the human person in a concrete life situation and argues against abstract understandings such as those based on the philosophy of Hegel. Kierkegaard views despair, for example, as the result of denying one's true self and one's true situation, or the insistence that one

should be who one is not (Halling & Nill, 1995). Frankl likewise argues that each unique human person is called to accomplish a unique concrete task that no one else can accomplish (Frankl, 1959). Husserl's phenomenology emphasizes methodology in the study of things as they appear, especially the relationship between consciousness and the objects of perception; he specifically argues against psychological reductionism and relativism (Halling & Nill, 1995). Frankl sets overcoming psychological reductionism as a specific task of logotherapy (Frankl, 2000a).

Frankl often quotes his own translation of Nietzsche: "He who has a *why* to live for can bear almost any *how*" (Frankl, 1959, p. 104). His use of the term "will to power" is also clearly drawn from Nietzsche though applied to Adler's "superiority goal" in a way that Adler might disapprove.³ Nietzsche's concept of the "overman" (*Übermensch*) can be understood as one who creates and lives out authentic values (Halling & Nill, 1995). Kaufmann describes the overman as he "who has organized the chaos of his passions, given style to his character, and become creative. Aware of life's terrors, he affirms life without resentment" (Kaufmann, 1967, p. 511). The same has been said of Frankl (Redsand, 2006, pp. 75, 81).

Though Heidegger did not consider himself to be an existentialist, he combined existential concerns with phenomenological method in addressing the question of Being. He uses the German term *Dasein* in a specific and philosophically rich manner. *Da*, meaning here or there, is used to signify that transcendence is intrinsic to the human person. *Sein*, or being, means to Heidegger that the human person is the being who

³ Adler (1924, p.15) states the goal of Individual Psychology: "For the aim of this point-of-view is to gain a reinforced sense of reality, the development of a feeling of responsibility and a substitution for latent hatred of a feeling of mutual goodwill, all of which can be gained only by the conscious evolution of a feeling for the common weal and the conscious destruction of the will to power."

questions Being. Heidegger uses the word *Dasein* in place of the words person, conscious, or subject. Heidegger's *Dasein* is partly revealed and partly hidden; he suggested a phenomenological hermeneutics by which *Dasein* reveals itself (Halling and Nill, 1995). This hermeneutics is indistinguishable from ontology (Heidegger, 1996). The partly hidden nature of *Dasein* became a basis for understanding the unconscious among some psychotherapists. As with Kierkegaard, Heidegger sees *Dasein* as a concrete phenomenon in space and time. Recognition of the finality of death allows the human person to become aware of one's unique individuality (Halling & Nill, 1995). Frankl takes a similar point of view when he writes, "...the transitoriness of our existence in no way makes it meaningless. But it does constitute our responsibility; for everything hinges upon our realizing the essentially transitory possibilities" (Frankl, 1959, pp. 120-121).

The psychiatric theories most closely associated with Heidegger's thought are Binswanger's *Daseinanalyse* and Boss's *Daseinanalytik* (Halling & Nill, 1995) the former of which is considered a freer interpretation of Heidegger than the latter (Spiegelberg, 1972). Frankl sees logotherapy as moving beyond Heidegger and Binswanger when he states: "*Existenzanalyse* aims to complement these previous theories, to remodel and surpass them, and to complete a truer picture of the 'complete' man, namely, 'being man' as essentially spiritual *Existenz*" (Frankl, 2010, p. 195). Frankl does not discuss Boss to any great extent, but supplements his argument for logotherapy by quoting Boss as saying, "Daseinanalysis has nothing to do with psychotherapeutic practice" (Frankl, 1967, p. 134). Frankl further explains, "Logotherapy is concerned not only with being but also with meaning - not only with *ontos* but also with *logos* - and this feature may

well account for the activistic, therapeutic orientation of logotherapy. In other words, logotherapy is not only analysis but also therapy" (Frankl, 1967, p. 1).

One of the greatest influences on the development of logotherapy is the phenomenology of Scheler. In writing about his final days of association with the Society for Individual Psychology, Frankl states: "At that time I finally saw through my own psychologism. My ultimate shakeup came from Max Scheler whose *Formalismus in der Ethik* [*Formalism in Ethics*] I carried with me like a bible" (Frankl, 2000a, p. 62). Scheler's phenomenology had wide influence on a number of psychiatrists and psychologists. The influence of Scheler on Frankl may best be seen in Frankl's concept of dimensional ontology and in the development of his categorical values (Spiegelberg, 1972).

Frankl gives credit to Scheler and to Hartmann for inspiring his dimensional ontology. Scheler's contribution in this regard is his stratification of feeling based on the vital, the mental and the spiritual. Each stratification has its own relationship to values (Frankl, 1969; Spiegelberg, 1972). Scheler explains, "A *spiritual* level also exists for this analysis, one that has nothing to do with the sphere of the sensible or the sphere of the vital or of the lived body, which is to be sharply distinguished from the sensible sphere" (Scheler, 1973, p. 65). Hartmann's contribution to Frankl's dimensional ontology may be found in his general doctrine of ontology that states that higher strata are supported by lower strata while remaining autonomous from them. He applies this law to the relationship between psychological phenomena (the lower stata) and spiritual phenomena (the higher stata). Frankl draws from each the notion of a spiritual stratum separate from

the psychophysical layers, but speaks of dimensionality as a way to maintain the unity of the human person (Frankl, 1969; Spiegelberg, 1972).

Spiegelberg notes that while Frankl's categorical values are original to Frankl, they do owe some degree dependence on Scheler. By use of his stratification system, Scheler allows for value hierarchies to be deliberately considered (Spiegelberg, 1972). He explains, "In the *totality* of the realm of values there exists a singular order, an "*order of ranks*" that all values possess among themselves. It is because of this that a value is "*higher*" or "*lower*" than another one. This order lies in the essence of values themselves..." (Scheler, 1973, pp. 86-87). Frankl states: "The rank of a value is experienced together with the value itself. In other words, the experience of one value includes the experience that it ranks higher than another. There is no place for value conflicts" (Frankl, 1969, p. 57).

For both Scheler and Frankl, values must be lived. Scheler explains, "It is not only in 'inner perception'...but also in the felt and lived affair with *world*...in the course of *performing* such intentional functions and acts, that values and their order flash before us!...A spirit limited to perception and thinking would be absolutely *blind* to values..." (Scheler, 1973, p. 68). Frankl, likewise, explains, "However, the experience of the hierarchical order of values does not dispel man from decision making. Man is pushed by drives. But he is pulled by values. He is always free to accept or to reject a value he is offered by a situation" (Frankl, 1969, p. 57).

Close correspondence between the writings of Scheler and Frankl may be found in a number of areas. Although Scheler is not specifically credited with the logotherapeutic concepts below, it is possible that Scheler's work had an important

influence. Some key areas for logotherapy include the understanding of the conscience, Frankl's realization of the weakness of Freud's pleasure principle and possibly even the clinical technique of dereflection.

Frankl and Scheler share similar ideas regarding the nature of the conscience. Frankl defines conscience as "essentially intuitive" because it must anticipate that which has not yet been actualized. He explains, "It is the task of conscience to disclose to man the *unum necesse*, the one thing that is required. This one thing, however, is absolutely unique inasmuch as it is the unique possibility a concrete person has to actualize in a specific situation" (Frankl, 2000b, pp. 40-41). This may be compared with Scheler's formal definition of conscience: "(1) it represents the *individual form of the economization* of moral insight, and (2) it represents this insight only insofar as it is directed to the *good as such* 'for me'" (Scheler, 1973, p. 324). Moral struggle for Scheler is not a matter of logic, but is a matter of correct or deceptive estimates of the ranks of values. Thus, Scheler's hierarchy of values, his "order of ranks," is as integral to his analysis of moral struggle, as the "one thing that is required" is for Frankl (Frankl, 1969). Scheler explains how these estimates of value may be discovered: "There is a depth in man that always silently tells him what the 'relativity' of felt values is, no matter how much he may seek to cover it up by means of judgments, comparisons, and induction" (Scheler, 1973, p. 99). Scheler also states: "Interconnections are, like essences, *given*." They are not a 'product' of 'understanding.' They are *intuited*, not 'made.'...The *logos* permeating the universe can be grasped only through them" (Scheler, 1973, p. 68).

Frankl's rejection of Freud's pleasure principle as nothing but a derivative of the will to meaning is similar to Scheler's explanation of the relationship between contentment and pleasure. Scheler explains,

...it is a quite peculiar phenomenon that sensuous enjoyment or a harmlessly trivial delight (e.g., attending a party or going for a walk) will bring us full 'contentment' *only* when we feel 'content' in the more central sphere of our life, where everything is 'serious.' It is only against this background of a deeper contentment that a fully content laughter can resound about the most trivial joys. Conversely, if the more central sphere is not content, there arises a 'discontentment' and a restless search for *pleasure values* that at once replace a full contentment in feeling the lower values concerned. One can even draw a conclusion from this: the many forms of hedonism always reveal a token of 'discontentment' with regard to higher values. There exists a reciprocal relation, then, between the degrees of *searching* for pleasure and the depth of contentment in a value of the value-series in question (Scheler, 1973, pp. 96-97).

Compare this to Frankl's notion that happiness cannot be pursued, but must ensue from a life lived with meaning (Frankl, 1969).

It is possible that even the clinical technique of dereflection owes something to Scheler. As with values, Scheler develops a stratification of levels of feeling. These levels are the "sensible" (feelings of the senses), "feelings of the lived body" (states and functions of the body), "psychic" (related to psychological processes), and "spiritual"

(related to the personality) (Scheler, 1973, p. 332).⁴ Scheler believes that the closer a feeling is to the spiritual the less it can change while the closer it is to the sensible the more it can change. This change is brought about by a "displacement of oversight" (Scheler, 1973, p. 337). The displacement of oversight sounds much like a description of Frankl's dereflection, or the process of diverting attention away from a symptom (that may be a feeling, such as anxiety) and toward a greater meaning to fulfill (Frankl, 2004).

Frankl has been closely identified with Scheler in much the same way that Binswanger has been identified with Heidegger. In neither case can a theory of psychology be identical with a system of philosophy. However, Frankl and Scheler both argue that "meanings" are real phenomena, just as music, art, dance, love and other forms of human experience are real and true at the level of the human person who experiences them. Perhaps more than any other European psychiatrist, Frankl has ensured that existential-phenomenological ideas continue to influence clinical practice (Sahakian, 1979).

The Placement of Logotherapy within Psychiatry and Psychology

Logotherapy and Viennese Psychiatry

Logotherapy has been called the "Third School of Viennese Psychiatry" after Freud's psychoanalysis and Adler's individual psychology (Soucek, 1948). Frankl restates Freud's motivational principle, the "pleasure principle," as the "will to pleasure." He refers to Adler's "superiority goal" as the "will to power." He contrasts his own "will to meaning" with each of these motivational constructs; in fact, he sees the will to

⁴ Note also the possible relationship to dimensional ontology.

pleasure and the will to power as derivatives of the will to meaning, confusing the means of pleasure or power with the ends of finding and fulfilling meaning and purpose. Only if the will to meaning becomes frustrated does the human person become content with either of these derivatives. He sees the will to pleasure as characteristic of the infant and young child, the will to power as characteristic of the adolescent and the will to meaning as characteristic of the mature adult. Thus, the schools of Viennese psychiatry replicate human development as each builds upon the work that preceded it. He also criticizes each school for attempting to reduce the meaningfulness of human experience to these baser constructs (Frankl, 1969, 2000b). Frankl writes: "No one will be able to make us believe that man is a sublimated animal once we can show that within him there is a repressed angel" (Frankl, 2000b, p. 65).

Frankl began a correspondence with Freud when Frankl was still a high school student. He met Freud by chance as a university student. When he introduced himself, Freud reportedly knew Frankl's mailing address by heart. Sadly, the correspondence written by Freud to Frankl was confiscated by the Gestapo when Frankl was deported to Theresienstadt. Also confiscated were some case histories hand written by Freud that Frankl had in his possession. Freud had been so impressed with the young Frankl that he published a paper Frankl had shared with him in the *International Journal of Psychoanalysis*. Frankl was always very gracious in his remarks concerning Freud. Despite his dispute with aspects of psychoanalysis, he praised its objectivity (Frankl, 2000a, 2000b). He held that his own work was an addition to the foundation that Freud had laid. Dubois, in a translator's note, states that Frankl was always learning from others and was at pains to be eclectic (Dubois, in Frankl, 2004, p. 165). Frankl's respect for

Freud can be seen when he writes, "And so Freud's contribution to the foundation of psychotherapy abides, and his achievement is thereby incomparable...no one will ever be able to measure up to him" (Frankl, 2004, p. 239).

Frankl spent two years associated with Adler's school of Individual Psychology, from the time of his first publication in the *Journal of Individual Psychology* (Frankl, 1925) to the time Adler expelled him from the Society in 1927. Frankl felt that Individual Psychology had fallen prey to the reductionist tendencies of psychologism, but also felt that the discipline could be reformed from the inside. Consequently, he did not leave the Society when two of his like-minded colleagues did so.⁵ Frankl reports that Adler never spoke to him again after Frankl failed to publicly defend him when they left. He was expelled a few months later (Frankl, 2000a). Frankl responds to the criticism that logotherapy is not substantively different from Individual Psychology by stating: "Who is best qualified to decide that logotherapy is still individual psychology, or that it is not - who more than Adler himself? It was he who insisted that I be expelled from the society (Frankl, 2000a, p. 64).

Logotherapy and Existential Analysis

Frankl coined the term "*Existenzanalyse*" in 1938 as an alternative to the term "logotherapy" (Frankl, 1938, 1939). This term was translated into English as "existential analysis." Beginning in 1942, Binswanger's "*Daseinanalyse*" also came to be translated as "existential analysis" (Binswanger, 1942). Frankl, who enjoyed an amicable relationship with Binswanger, wished to refrain from using the term "existential analysis"

⁵ Rudolf Allers and Oswald Schwarz.

in his English publications to avoid confusion. Frankl explained the difference between *Existenzanalyse* and *Daseinanalyse* in 1958 and noted that the two terms were translated similarly in Spanish, English and French. *Daseinanalyse* according to Frankl deals with the illumination of being, while *Existenzanalyse* deals with the illumination of meaning (Frankl, 1969, 2000a, 2010).

In 1969, Frankl preferred the term logotherapy when referring to his ideas in English. He notes, "Often I speak of logotherapy even in a context where no therapy in the strict sense of the word is involved" (Frankl, 1969, p. 5).⁶ However, by the time of his death in 1997, Frankl wrote freely of both existential analysis and logotherapy, defining the latter as "the clinical application of our existential analytic approach" (Frankl, 2000b, p. 67). The combined phrase "logotherapy and existential analysis" has retained currency, appearing, for example, in the subtitle of Batthyany's (2009) volume *Existential Psychotherapy of Meaning: Handbook of Logotherapy and Existential Analysis*. Moreover, he states flatly in the Introduction to *The Feeling of Meaninglessness: A Challenge to Psychotherapy and Philosophy* that "...Frankl gradually developed Logotherapy into the independent psychotherapy system that is known today as *Logotherapy and Existential Analysis*" (Batthyany, in Frankl, 2010, p. 7).

Like Frankl, Binswanger also hoped to build a new psychiatric structure on the foundation of Freud's psychoanalysis and, also like Frankl, he turned to philosophy to do so. The term *Daseinsanalyse* is called untranslatable by Spiegelberg who offers the phrase "phenomenological anthropology" to describe it. In essence, Binswanger was concerned with the inability of science to confirm the existence of the unconscious. He,

⁶ Unlike books published prior to 1969, *The Will to Meaning* was first published in English rather than German and has been called Frankl's "American book." Perhaps this is the occasion for Frankl's greater reflection on English terminology at this time.

therefore, hoped to demonstrate its existence phenomenologically. He believed that to understand a specific mental disorder the psychiatrist needed to not only understand the biology and the symptoms of the patient, but also the phenomenological worlds in which the patient lived. Central to these worlds are the phenomena of freedom and love (Spiegelberg, 1972; Binswanger, 1958).

The difference between *Daseinsanalyse* and Frankl's *Existenzanalyse* is sharp for Frankl. The former is an analysis of being-in-the-world, a construct that replaces Freud's libido in Binswanger's thought (Binswanger, 1958). The latter is an analysis of meaning in life. Frankl argues that his existential analysis surpasses *Daseinsanalyse* specifically because it leads to a concrete application, logotherapy, that *Daseinsanalyse* does not. Although Frankl is usually content to compare and contrast logotherapy with the theories of Freud and Adler, he does at least once include *Daseinsanalyse* along with psychoanalysis and individual psychology as theories having been complemented and completed by his own logotherapy and existential analysis (Frankl, 2010, pp. 194-195).

Frankl's Answer to Jung

Although Frankl and Binswanger had a gracious relationship, and Binswanger worked under Jung at one point, there is no record that Frankl and Jung ever met. This is all the more surprising when one considers the similarities between them. Both men worked to extend psychoanalysis through the inclusion of the spiritual aspects of the human person, Frankl through an inner spiritual unconscious and Jung through a deeper collective unconscious. Both men included a concept of transcendence in their work. Given Frankl's contention that logotherapy could be combined with many other forms of

therapy, including Freudian dream analysis, it seems curious that more work comparing the two schools of thought have not been done (Frankl, 2000a, 2000b; Spiegelberg, 1972; Jung, 1958).

Frankl credits Jung for discovering religious elements within the unconscious, but criticizes him for considering them to be instinctual and impersonal, that is, archetypal, and collective. Frankl calls this Jung's "great mistake" (Frankl, 2000b, p. 70). For Frankl, unconscious religious elements belong to an existential and personal area. This spiritual unconscious is not part of the psychophysical organism. It operates through decisions rather than drives; it is personal rather than collective. Indeed, Frankl refers to religious belief as the most personal decision that a human being makes. While religious forms are transmitted to future generations through culture, each individual must embrace these forms and fill them with her own existential meaning (Frankl, 2000b).

Frankl recounts the following exchange: "Once I was asked after one of my lectures whether I did not admit that there were such things as religious archetypes, since it was remarkable that all primitive peoples ultimately reached an identical concept of God, and this could after all only be explained with the help of a God-archetype. I asked my questioner whether there were such a thing as a Four-archetype. He did not understand immediately, and so I said, 'Look here, all people discover independently that two and two make four - we do not need an archetype for an explanation - perhaps two and two really do make four. And perhaps we do not need a divine archetype to explain human religion either - perhaps God really does exist'" (Frankl, 2010, p. 219).

Logotherapy and American Psychology

In the United States, logotherapy is situated within Third Force psychology, an umbrella term describing a variety of humanistic and existential approaches. The central feature of these approaches over against psychoanalysis (First Force) and behaviorism (Second Force) is an emphasis on the application of specific philosophical principles to clinical work. While all such schools tend to emphasize the therapeutic relationship over testable procedures, logotherapy is distinguished from its peers by the development of defined clinical techniques. The term transpersonal psychology is sometimes used to describe a Fourth Force. The Viktor Frankl Institute places logotherapy between the humanist-existential schools⁷ and the transpersonal schools⁸ owing to Frankl's emphasis on self-transcendence (Garfield, 1980; Corey, 1991; Barnes, 2005b).

Frankl does not specifically disagree with behaviorism, in much the same way that he does not specifically disagree with psychoanalysis. Rather, he sees behaviorism as a discipline belonging to lower dimensions of research; logotherapy surpasses it without contradicting it. He uses the analogy of an airplane: the fact that an airplane is capable of flight does not contradict its ability to move on the ground like an automobile (Frankl, 1969). Frankl's interest, however, is in the specifically human capacity of noetic flight: "How should a psychotherapy that derives its conception of human nature from experiments with rats deal with the fundamental anthropological fact that persons, on the one hand, in the midst of an affluent society commit suicide, and, on the other hand, are prepared to suffer as long as that suffering has meaning?" (Frank, 2004, p. 12).

⁷ These include the theories of Carl Rogers, Abraham Maslow, Rollo May, Irvin Yalom and others.

⁸ These include the theories of Abraham Maslow, Stanislav Grof, Michael Washburn, Fritjof Capra and others.

Frankl takes issue with Maslow's notion of self-actualization (Maslow, 1960). Indeed, he sees a concern for self-actualization as evidence of the frustration of the will to meaning and as a contradiction of the quality of self-transcendence. Like happiness, he sees self-actualization as something that cannot be pursued directly, but as something that ensues as a result of self-transcendence. For Frankl, the true actualization of the self comes about only in the context of reaching beyond the self, in serving a cause solely for the sake of the cause, or in loving another solely for the sake of the other. Self-actualization reduces such causes or persons to mere means for its own ends (Frankl, 1969, 2010).

Frankl makes special mention of Crumbaugh, who made the first psychometric attempt to validate Frankl's notion of a noogenic neurosis (Crumbaugh & Maholik, 1964; Crumbaugh, 1968). Other attempts have resulted in the development of six psychometric tools commonly used in psychological research on meaning.⁹ While early validation attempts have been criticized on factor analytic grounds, especially surrounding the difficulty in differentiating the measurement of the existential vacuum from the measurement of depression, research continues to move forward on the development of the psychometric assessment of personal meaning (Steger, 2006; Schulenberg & Melton, 2010).

Positive traits and psychological strengths have been of increasing interest in psychology in recent years (Steger, 2006). The positive psychology movement reflects a shift of emphasis away from pathology and toward resilience. While this movement is not founded on logotherapy, the two approaches do share such a similar orientation that

⁹ These are the Purpose in Life Test, the Life Regard Index, the Sense of Coherence Scale, the Life Attitude Profile, the Life Attitude Profile - Revised and the Purpose in Life subscale (Steger, et. al., 2006).

at least one writer describes logotherapy as "anticipatory" of the new movement. These similarities include an acceptance of human spirituality, an emphasis on human strengths and values, an appreciation of beauty, gratitude and humor, and an interest in a fulfilling and meaningful life (Klingberg, 2009).

Two institutes officially bear Frankl's name and continue his work today. Founded in 1977 as the Institute of Logotherapy, the Viktor Frankl Institute of Logotherapy is governed by a seventeen member International Board of Directors. The Institute maintains offices in 22 countries, publishes the *International Forum for Logotherapy*, awards the Diplomate and Associate credential in Logotherapy and hosts biennial World Congresses on Logotherapy (Viktor Frankl Institute of Logotherapy, 2010). Founded in 1992, the Viktor Frankl Institute - Vienna is overseen by a seven-person board of directors that includes members of the Frankl family (Viktor Frankl Institute, 2010). Having access to Frankl's home and original manuscripts, the Institute is working to complete publication of Frankl's remaining unpublished work (Hallowell, 2010, personal communication).

CHAPTER 3
METHODOLOGY

Design of the Practicum

On August 25, 2010, a proposal for the logotherapy practicum was presented to the Administrative Council of the Area Mental Health Center. Although action was not required, the Regional Director of the Scott City office made a formal motion to accept the proposal that was seconded by the Director of Human Resources. The motion was passed unanimously.

The Administrative Council asked for further clarification on the identification of clients who would be suitable for logotherapy. The practicum was then designed with the following referral guidelines.

Indications by Clinical Judgment

A client who talks about not understanding why an event has taken place, or who questions the meaning and purpose of life, and who continues to be distressed by these types of questions, is likely to be a good candidate for logotherapy. Since it is a therapy, these questions should be associated with the presenting problem or diagnosis and cause the client clinically significant distress.

Viktor Frankl asked his patients, "Do you feel that your life is without purpose?" Frankl believed that about 20% of his caseload was suitable for logotherapy based on a positive response to this and similar questions (Steger, 2006).

Sample Presenting Problems

A review of case studies published from 1996 to 2010 by the Viktor Frankl Institute show that logotherapy has been used to treat the following presenting problems and diagnoses with adults:

- coping with life-threatening and terminal illness
- coping with chronic physical illness
- grief, mourning and complicated grief
- depression
- police complex post traumatic stress disorder
- stress management
- burnout
- alcohol relapse prevention and recovery
- avoidant personality disorder
- obsessive-compulsive disorder
- phobia

Psychometric Indications

The best measure presently available to assess meaning and purpose in life is the Meaning in Life Questionnaire (MLQ). The MLQ is a 10 item Likert-type measurement that taps two factors: Presence of Meaning and Search for Meaning. The MLQ is superior

to other measures in that it does not overlap with assessment of mood and has good internal reliability.

The Presence of Meaning scale has a mean of 24.0 and standard deviation of 5.6.

The Search for Meaning scale has a mean of 22.5 and a standard deviation of 6.2.

A client likely to benefit from logotherapy would, therefore, have:

- A Presence of Meaning (MLQ-P) score of less than 24 and especially less than 18.
- A Search for Meaning (MLP-Q) score of greater than 23 and especially greater than 30.

Referral Process

A decision to refer a client for logotherapy is based on the clinical judgment of the therapist in consultation with the Regional Director and the logotherapy practitioner. Questionable cases may be further assessed with the MLP.

Treatment Planning

A treatment plan was developed in cooperation with the client and entered into the EMR in accordance with company policy. In addition, a treatment plan guideline based on logotherapy was provided by Dr. Wimberly for use in clinical supervision. The treatment plan guideline was developed by Dr. Michael Winters. As the practicum continued, modifications were made to Dr. Winters' treatment plan guide such that it came to reflect Research Based Best Practices as understood at the Area Mental Health Center.

The following modifications were made: Dr. Winters' treatment planning guide is a four by four matrix that crosses four areas of assessment (Somatic, Psychic/Psychological, Social, Noetic) with four clinical factors (Assessment, Symptoms, Resources, Treatment Plan). The four by four matrix was retained, but the four areas of assessment were modified to Physiological, Cognitive, Behavioral and Noetic while the four clinical factors were modified to Assessment, Impairment, Resources, Treatment Plan. The most significant change was the elimination of "Social" from among Winters' dimensional assessment. In accordance with DSM-IV-TR use, social factors are included in the revised "Impairment" cell that assesses "impairment in social, occupational, or other important areas of functioning" (American Psychiatric Association, 2000). Winters' "Psychic/Psychological" dimension was broken into the two "Cognitive" and "Behavioral" dimensions on the revised form to allow easier integration with cognitive and behavioral approaches, many of which are recognized as evidence-based practices (EBPs). The "Noetic" dimension, of course, was retained and defined in terms of Frankl's will to meaning. Winters' "Symptoms" is included under "Assessment" along with DSM-IV-TR diagnosis. "Resources" are interpreted in light of a strengths-based approach, recognized as an EBP by the State of Kansas.

Documents included in an appendix include the revised treatment planning guide based on Winters' work, a flow chart that situates logotherapy within the Area Mental Health Center's current use of Research Based Best Practices, a table of Franklian diagnoses that was used to define the existential vacuum for purposes of the practicum, and a release of information form.

The Use Of Information Technology

The Area Mental Health Center has been a leader in the application of information technology to the delivery of mental health services. The company is now in its second generation of EMR software. All clinical material is entered into the EMR and immediately available to any service provider working with a given client. The psychiatrist, therapist and case managers all view entries made by their colleagues and cooperate on treatment plan goals.

As the practicum clients were all Area Mental Health Center clients, all assessments and case notes are stored in the EMR. During the first two weeks of the practicum, the EMR was expanded with the addition of electronic signature pads available at the front desk. All release forms are now electronic and are signed by clients on the electronic signature pad. Although a paper release form was developed specifically for the practicum, it was used only twice before the signature pads were installed. The quality assurance supervisor made an electronic version of the form available within the software that pre-populated the release form with the clinical supervisor's identifying information, the types of information that would be shared, and the permission to record form.

The Distance Learning Program of the Viktor Frankl Institute of Logotherapy was a natural fit with the technology-friendly stance of the Area Mental Health Center, with developing trends in health care, and with the needs of residents of rural and frontier communities. Had the Distance Learning Program not been available, the practitioner's training and supervision in logotherapy would have been delayed by years. Currently, the practitioner is on track to complete the Diplomate in Logotherapy in June 2011, or

three years after beginning the Introductory course. Had courses been completed every two years during World Congresses, the Diplomate in Logotherapy would have required six years to complete the course work and it is unclear how the clinical practicum could have been completed at all.

Practicum sessions were recorded using an Alesis PalmTrack digital recorder. This device records sound to an .mp3 file on a removable Secure Digital (SD) card. These files were then transferred to the student's computer and uploaded to a password protected web server (Apple Inc.'s *MobileMe*). A link to the file was then computer generated and password protected to comply with HIPAA standards. This link was then sent by electronic mail to the clinical supervisor who had the password by prior communication. She was then able to download and review the sessions. In the first part of the practicum it was learned that these large .mp3 files did not always download in their entirety. The student then began compressing the .mp3 files into the archival ZIP file format prior to upload. This solved the problem.

Supervision sessions were conducted both by telephone and by Skype, a Voice-Over-IP (VOIP) computer program. Skype allows both audio and video conferencing along with collateral instant text messaging and file transfers while the conversation is taking place. With this software, audio and video conversations can take place between parties on different continents at no cost if both parties have Skype user accounts. Skype can also integrate with telephonic networks and allows a user to place worldwide telephone calls for a small fee.

Case Studies

The benefits of a case study are to gain a better understanding of a small number of participants through prolonged exposure under controlled conditions. By definition, a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. According to Gall, Borg, and Gall (1998), any phenomenon can be studied by case study methods. The scientific benefit of the case study method lies in its ability to open the door for new discoveries (Shaughnessy & Zechmeister, 1999). It serves as a breeding ground for insights. A case study approach is particularly warranted for this practicum because of the small number of participants and because the focus of the practicum is on the feasibility of implementing logotherapy in a rural and frontier environment rather than on clinical outcomes *per se*. In accordance with ethical principles on the use of case material, personally identifying information has been altered (American Psychological Association, 2002).

Attitude Modification through Socratic Dialogue

The client is an 11-year old African-American female referred to the clinic by her mother for anxiety. I met first with the child's mother who explained the urgency. The child had been talking repeatedly that she wanted to forget her past and that she could not stop thinking about the past. At one point, she pleaded with her mother in tears to never drink again. The mother, with considerable embarrassment, explains that she drinks very rarely, but that the father used to have a drinking problem. He has since received help for this problem.

I next brought in the little girl and spoke with her privately. After introductions, she sat very primly at the edge of the oversized chair in my office. With her hands folded politely in her lap, she addressed me by my first name and said, "Marshall, I have a problem that I hope you can help me with today." "I want to forget the past, just the bad parts, not the good parts," she went on to explain.

I first asked her what she wanted to forget. She identified three things that were bothering her: the death of her dog Zippy, her parents' separation when she was younger, and the time she lived apart from her father. I then asked her about the good parts of her past. She identified two particular Christmas celebrations, some birthday parties, and her animals. I told her that I was not able to make her forget about her past, but that I thought that I could help her deal with her past so that it would not bother her as much anymore.

I suggested that we start with the death of Zippy. The little girl then brightened a bit and said, "Oh, I think I have already dealt with that!" I asked her how. She explained that, while she missed Zippy very much, she would not have met her new dog if Zippy had not died. She also volunteered that ever since Zippy died, she has known that she wants to be a veterinarian. I praised her for the good job she has done in dealing with this and I asked her if there was any lesson she could learn from it. She thought for a minute and said, "I think the lesson is that sometimes good things can come out of bad things."

We then turned our attention to her other concerns. She filled me in on some history. According to what she understands, her father developed a very bad drinking problem. Eventually, her mother forced him out of the house because of it and he moved to a different city for about a year. The couple has since reconciled and the father has

moved back into the home, after getting help for his alcohol problem. The little girl is now afraid this will happen again.

We talked a bit about how we could not guarantee the behavior of another person, but that we could be in control of our own attitudes and behaviors. I reminded her that she had done such a good job of finding the meaning in Zippy's death, I wondered if it were possible that she could find a meaning for herself in the time of her parents' separation.

She thought about this for a few minutes. Finally she said that she thought the meaning for her was that, when she got older, she should not drink. Moreover, she thought that when she got old enough to be interested in boys, she would not let herself be pressured into drinking or hang out with those who did. She went on to explain that she did not want to repeat the mistakes of her parents.

I praised her for the amount of thought that she had put into her answers and for the lessons she had been able to learn. We chatted for a few more minutes about the end of the school year and her plans for the summer. As we ended, she said, "Thank you, Marshall. I think I've dealt with the past and it doesn't bother me anymore." She then rejoined her mother in the waiting room.

Attitude Modification through the Discovery of Meaning

"Mark" is a 57-year old white male referred to the clinic by his employer due to increasing attention problems at work. He is recently widowed and has no other living family. Mark was married to his wife for the past 30 years. She struggled with the illness that led to her death for about 18 months. During this time, Mark was devoted

only to the care of his wife and to his work to support them. She passed away two months ago.

Over the past two months, Mark has become increasingly withdrawn. He goes to work, but does not keep his mind on his job. He has no social life or activities. When he comes home from work, he drinks beer and watches television. His alcohol consumption has increased. He has daily crying spells, depressed mood, no interest in activities (and no activities). He denies feelings of hopelessness or excessive guilt. He denies sleep and appetite disturbance. He denies suicidal ideation.

Mark feels as if he has already realized that he must back away from the alcohol and make some decisions to get his life on track. He is wondering what to do with the rest of his life. He reports that his wife told him that he must go on with his life and find another wife. Mark has no interest in this right now. In this case, most of the session was spent in listening to the client speak of his wife, his love, and his loss.

Mark reports that he now keeps his wedding band along with his wife's wedding set on a chain around his neck. He states that sometimes the rings, especially the diamond, feel like they are poking him in the chest. He says that he imagines that his wife is poking him in the chest. Mark was asked what he thought his wife would be trying to tell him. He replied, "To get off my butt and figure out what to do with my life." He mentioned that others had made fun of him for attaching any meaning to this occurrence and that it was one of the reasons his employer thought he needed professional help. We discussed that our culture is not very open to finding these kinds of meanings. We also discussed that his relationship with his wife does not end with death and that, if thinking of his wife poking him to go in the right direction is

meaningful for him, then he should not let anyone take that away from him. The therapist's acceptance of the meaning Mark had found gave him the motivation he needed to make the changes in his life that he already knew he should make and that his wife would have wanted for him.

Dereflection through Values Clarification

The following case uses Rational Emotive Behavior Therapy (REBT) and values clarification to accomplish the goal of dereflection. Values clarification is done with *A Workbook to Increase Your Meaningful and Purposeful Goals* by Hutzell and Eggert (Ellis, 1994; Hutzell & Eggert, 2009).

"Jose" is a 47-year old Hispanic male, a skilled laborer who moved to Oklahoma six months ago along with his wife and their four young children. Jose and his family reportedly had a good and satisfying life in their home state of New Mexico until he was laid off from work. He came to Oklahoma with the promise of good work at a local light industrial manufacturing company. After about a month into his new job, Jose was fired because of interpersonal conflicts. Jose now works for another, similar company.

Jose presents for therapy because of lack of motivation and a feeling of despair. He meets DSM-IV-TR criteria for Major Depressive Disorder, single episode, mild to moderate. He admits to depressed mood almost every day, loss of interest, insomnia, hopelessness, excessive guilt, and loss of concentration, especially at work. There is no eating disturbance or suicidal ideation. There is no prior history of depression, no history of mania, anxiety, substance abuse, or general medical concerns. Jose has tried to

increase his motivation on his own without success. Jose is agreeable to psychotherapy and chooses to avoid psychopharmacology based on his religious faith.

Jose views himself as a "screw up." He "screwed up" his job opportunity in Oklahoma which has resulted in financial hardship for his family and himself. He states that he "screwed up" his job in New Mexico. Upon further questioning, however, he admits that he was laid off in New Mexico due to the economic downturn and through no fault of his own. In fact, he had worked successfully for that company for over 25 years and had made a good life for his family and himself. His present job pays poorly. Jose finds the work repetitive and unchallenging. He dreads going to work in the morning. He does not wish to look for a more satisfying job because he believes he will just "screw it up" and end up in worse shape. His wife works by necessity to help support the family, further evidence of Jose's failure. Finally, he admitted to himself that he needed help through psychotherapy, also evidence of his "screw up."

REBT was first used as a means of self-distancing. Jose hyper-reflected upon his failure and generalized it to other setbacks. By learning to identify types of irrational thoughts and then to dispute them, he was able to distance himself from his negative self-statements.

Dereflection was then applied by providing Jose something new to think about - the values clarification method. We began the workbook in session. Focusing only on the first questions, dealing with work, Jose made a preliminary identification of some of his top values: security/financial stability, interesting work that requires skill, and being a good provider. We then brainstormed on some tasks that could fulfill these goals. Jose left session two with the plan to complete the workbook, to discuss the family's financial

future with his wife (a task he had been avoiding due to embarrassment), and, depending upon that discussion, possibly following-up on another job lead back in New Mexico.

In session 5, Jose reported that he had found a new job in New Mexico that was more in line with the values that he had identified within himself. His wife had also been working with the workbook and had agreed that the best thing that could be done for Jose and for the family was to accept this job offer. Jose had some apprehension about once again moving, but, with his wife's encouragement and with confidence in his identified values, stated that he was ready to do so.

Paradoxical Intention and Obsessive Blasphemy

"Teresa" is a healthy, slim and energetic 45-year old white female actively involved in her church and her community. She has been diagnosed with Obsessive-Compulsive Disorder for over 10 years. Ten years ago her obsessions so distressed her that she became suicidal. She was first diagnosed at that time. Since then, she has been treated primarily through psychopharmacology with good results. She seeks psychotherapy from time to time during periods of increased stress or increased symptomology.

In our first session, Teresa explained that she was thinking of obscene, mostly sexual, words during prayer. She also had unbidden mental images of obscene sexual acts with sacred statuary. These obsessions had led to increased depression. Teresa had stopped praying and had nearly stopped going to church. She was avoiding her friends because she did not want to explain why she had withdrawn. She had experienced some brief, transient suicidal ideation, but Teresa assured me that she had resolved that

problem years ago and would never again think of acting on such a thought. Teresa was educated on emergency procedures if she thought she would act on a suicidal impulse.

Also during the first session, I told Teresa about a similar case in a logotherapy book I had just read. Teresa was especially fascinated by this and wanted to know what had happened. I then explained paradoxical intention (PI). As I did not know Teresa well, this being our first session, I explained that it was very important that PI was not done in a way that made her feel like she was making fun of anyone with this problem, or not taking her spiritual life seriously. We also discussed, and Teresa admitted, that God would know the difference between true blasphemy (blasphemy of the inner spiritual core) and the symptom of a psychiatric disorder (blasphemy of the mind). We then agreed that we could use humor to exaggerate and even stimulate this "blasphemy" as a cure. Teresa then devised some humorous blasphemous and risqué thoughts that she would will herself to have in the coming week.

In session #2, Teresa reported that PI had not worked well for her. She had a hard time forcing herself to think of blasphemous thoughts. Nevertheless, she had begun praying again. Not wishing to push the issue, but believing that we were moving in the right direction, I explained that PI works best when one is relaxed and that PI, relaxation, humor, and a variety of other things can all be thought of as incompatible responses to anxiety (or blasphemy!). Teresa considered all of these options and decided that she would continue trying.

In session #3, Teresa reported that the symptoms had gone away. She was now praying regularly as she used to, was going to church, was once more involved in her

community and was not feeling particularly anxious or depressed. Teresa wished to reschedule in six weeks to make sure the symptoms had not returned.

Six weeks later, in session #4, Teresa continued to do well. She did not wish to reschedule, but to return to her medication-only regimen. She stated that she would return to therapy, as usual, if her symptoms returned.

Reestablishment of Goals through Socratic Dialogue

"Alejandra" is a 58-year old Mexican female living in the United States on an expired travel visa. She followed her husband to the U.S. The family moved to this country both for reasons of financial stability and out of a concern for the safety and future of their three children. In doing so, Alejandra gave up easy visitation with her family of origin as well as a law practice. Believing in traditional Mexican values, it was Alejandra and not her husband who would change her career path.

Alejandra presented with depressed mood nearly every day, loss of interest in activities, withdrawal from friends and family, insomnia, loss of appetite, a sense of hopelessness. She denied suicidal ideation, stating that she believed it was an unpardonable sin. She was considering divorce and returning to Mexico, though was torn over wanting the children to remain in the U.S. She met DSM-IV-TR criteria for Major Depressive Disorder, recurrent, moderate.

Socratic Dialogue made the most difference with Alejandra. The question "What are your dreams?" awakened in her the realization that she was doing nothing to actualize her creative value. Lacking a work visa, she stayed home all day, every day, tending to domestic concerns. From this question, Alejandra realized that she needed to once again

become involved in the professional world. Her legal specialty had been civil rights. She began volunteering with immigrant groups and causes. She pursued the task of getting an official translation of her transcripts from Mexico so that she could return to school in the U.S. She is now studying for entry into a new career in the U.S. During her last visit she left me a small card: "*Gracias por dejarme soñar.*" Thank you for letting me dream.

CHAPTER 4

DISCUSSION AND CONCLUSIONS

At the conclusion of the practicum, one client remained in treatment, five clients successfully terminated treatment having met their therapy goals, and four clients were terminated per agency policy following a period of no contact. In these latter cases, it is unknown if the clients met their treatment goals. These results are consistent with typical treatment cases at the Area Mental Health Center. Issues that emerge for discussion include human spirituality as a concern for therapy, privacy concerns for a practicum operating inside a functioning clinic outside the academy, the use of technology and distance learning approaches, and issues related to emerging trends in behavioral healthcare. Three recommendations are made involving the presentation of logotherapy in rural and frontier settings, adapting to emerging trends, and the use of technology in distance learning.

Discussion

The openness of logotherapy to human spiritual experience is a strong positive for the approach in this geographic area. At least four clients verbally expressed surprise and pleasure at the fact that the therapist was willing to discuss spiritual concerns. Two clients, one male and one female, became openly tearful during the intake when they

learned that their spiritual experiences would be taken seriously. Another man stated, "My greatest fear about coming here was that it would not be faith-based. I was afraid you would just be some science guy." The therapist's perception is that this openness lead to the establishment of a greater rapport in a shorter period of time, and, hence, to increased client motivation. This is believed to have translated into faster attainment of treatment goals. The case of Mark in the previous chapter is an example where treatment goals were completed within one session.

Privacy concerns were originally thought to pose an obstacle to the practicum. However, not a single client who was asked to participate in the practicum refused. Most, in fact, were happy at the prospect that the session would be reviewed by a third person that would provide feedback. One woman referred to the process as "two for the price of one." Clearly, not every client who presented for therapy was asked to participate, so there was a degree of self-selection involved. The clients asked to participate were those that presented themselves as struggling with a loss of meaning in life; it may be that such persons are more willing to agree to participate in an atypical process.

The practicum would not have been possible without the use of communication technology and distance learning. The digital recorder used in session worked at least as well as tape recorders that have been used for decades in clinical practica. Email could not be used to transfer the files to the supervisor both because general email lacks sufficient security to meet HIPPA standards and because the sound files are too large for normal email protocols. Access to an encrypted and password protected server allowed the files to be reviewed by the supervisor with relative ease after a file compression

problem was solved. The telephone was found to be more reliable than Skype for supervision, though both are adequate and Skype allows for visual contact if both parties have an appropriate camera. Unlike the telephone, direct Skype-to-Skype communication by computer incurs no long distance charges. In the present case, the therapist does not have a webcam and on one occasion a Skype connection was lost due to a loose computer cable. Supervision continued by telephone in that instance.

Distance learning has become a fact of life in the rural and frontier setting. For example, the Area Mental Health Center, bowing in part to budgetary constraints, replaced its workshop and continuing education allowance with an online continuing education service in 2009. Many Kansas colleges and universities now market distance learning courses directly to the rural and frontier communities. This does not appear to have negatively impacted quality of education, at least in Kansas. For example, the Kansas Behavioral Sciences Regulatory Board, responsible for the licensing of psychologists, social workers and counselors in the state, holds distance learning programs to the same standards as those met by accredited colleges and universities in the state. It is fair to say that logotherapy would not now be practiced in rural and frontier Kansas had a distance learning program not been available at the Viktor Frankl Institute of Logotherapy.

One possible obstacle to future logotherapy practice in the emerging behavioral healthcare field is that logotherapy is not an evidence-based practice (EBP). Moreover, it seems to this therapist that logotherapy will never be an EBP inasmuch as the philosophical foundation of logotherapy (phenomenology) and the philosophical foundation of the EBP movement (empiricism) use different standards of evidence. The

therapist sees two avenues to address this issue: (1) The Area Mental Health Center has adopted a "research based best practice" approach. That is, guidelines to best practices as published by relevant organizations (for example, the American Psychological Association) are incorporated into standard practice. Moreover, treatments are expected to have a "research base." This is not the same as an EBP. An EBP requires that a treatment manual be followed to ensure that the treatment is standardized. A research based treatment has evidence to support it and is applied by the therapist in the context of the therapeutic relationship. (2) Emerging reforms in behavioral healthcare suggest that treatment outcome measures will take on increasingly significant importance. Measures that focus on therapist variables (Miller, Duncan & Hubble, 1997) may be particularly suitable for logotherapists given the high degree of rapport that logotherapy elicits.

Conclusions

In rural and frontier settings, the greatest advantage of logotherapy appears to be its acceptance of the spiritual and religious views of the client and the integration of those views into the therapeutic process as a client strength. It is, therefore, recommended that logotherapy not be shy about its emphasis on the human spirit in these geographic areas. It would even be possible for a secular, partially government funded agency, such as the Area Mental Health Center, to partner with existing pastoral counseling programs in local churches to meet those clinical needs that exceed the capacity of pastoral counseling. Such partnering could be actualized by agreements where the church focuses on ultimate meaning through faith, while the therapist focuses on the meaning of the moment through logotherapy.

The Viktor Frankl Institute of Logotherapy is the world's premier educational and training organization for logotherapy. It is recommended that the Institute take a position that situates logotherapy as an existential-phenomenological therapy within the current debate about manualized evidence-based practices on the one hand, the uniqueness of each client-therapist relationship on the other hand, and the empirical study of therapist and client variables in between. Minimally, the Institute should address best practice issues in the current climate. For example, Shedler (Shedler, 2010) has recently presented evidence for the efficacy of psychodynamic psychotherapy. The Institute has also taken steps in this direction with its focus on the research base of logotherapy in *The International Forum for Logotherapy, Volume 33, Number 1*. These efforts should not cease with a single publication.

The distance learning program as presently constituted works well. Personal rapport is a strength of logotherapists and this translates into supervisor-supervisee relationships as well. In comparison with other distance learning programs, however, more could be done to make effective use of available technology. Suggestions include an online repository of logotherapy research articles, incorporation of audio-visual materials (i.e., PowerPoint presentations, audio or video recordings of lectures, etc.), and possibly the use of video teleconferencing to compose actual "classes" of students who meet at appointed times. An event such as a World Congress offers multiple opportunities for lectures and presentations to be recorded for future use in logotherapy training.

This practicum finds that logotherapy is a "good fit" in a medically underserved rural and frontier area for several reasons. First, as logotherapy deals with the personal

discovery of meaning in life, it is culturally sensitive. Its balanced understanding that the human person is not free from the conditions of life, and yet retains free will, resonates with rural and frontier persons who live close to the land and who understand harsh conditions of life very well, yet choose to persevere. Its emphasis on personal responsibility and the need to live out one's values in a concrete way is highly consistent with rural and frontier culture. The general speed with which a client in logotherapy is able to achieve therapeutic goals helps to improve accessibility by allowing clients to get better, faster. Finally, the openness of the Viktor Frankl Institute of Logotherapy to distance learning models and to the integration of communication and data networks allows logotherapy training to reach rural and frontier communities that would not otherwise be exposed to it. This translates into improved quality of life for those receiving mental health services in this rural and frontier area.

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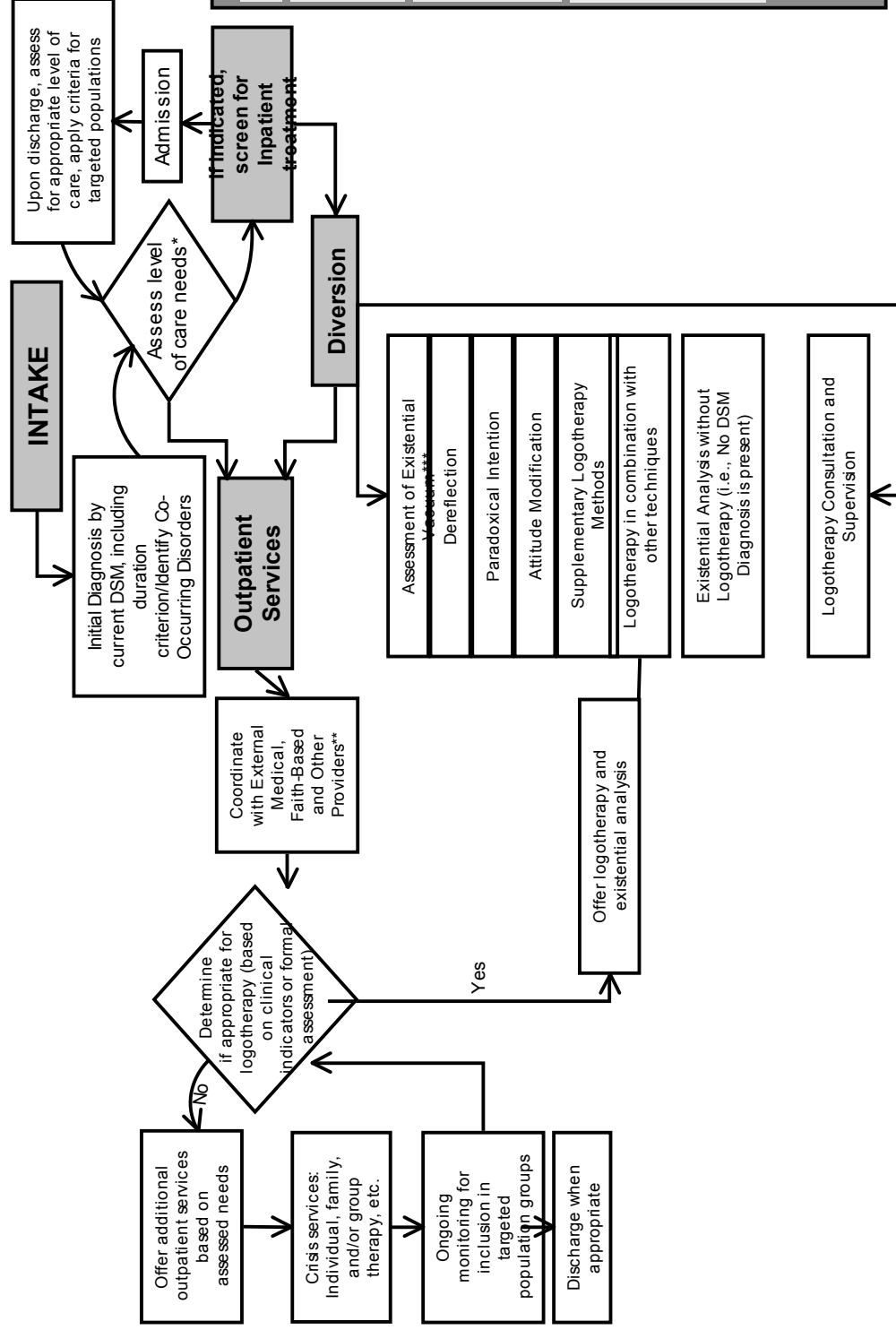
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APPENDIX A

Best Practice Guidelines for Logotherapy and Existential Analysis

BEST PRACTICE GUIDELINES FOR LOGOTHERAPY AND EXISTENTIAL ANALYSIS



References:
* Assessment of level of care needs should occur initially and then on an ongoing basis.
*** Assessment of the existential vacuum should occur initially and then on an ongoing basis as part of cross-cutting assessment and outcome assessment.
Possible Screening Tools:
Meaning in Life Questionnaire
Purpose in Life Test
Life Regard Index
Sense of Coherence Scale
Life Regard Index - Revised
** Typical Referrals or Providers might include but are not limited to any of the following services:
-Occupational Therapy
-Special Education
-Developmental Pediatrician
-Medication Services
-Behavioral Observation/Specialist
-Nutrition/Dietician
-Allergist
-Hearing
-Vision
-Speech
-Physical Therapy

APPENDIX B

Logotherapeutic Assessment and Treatment Planning Guide

Logotherapeutic Assessment and Treatment Planning Guide

	Assessment	Impairment	Resources	Treatment Plan
Physiological	Medical or psychiatric diagnosis Substance Use disorders	Record of short-term or long-term disability.	Intact physical abilities.	Medical treatment as required Detoxification as required
Behavioral	Identification of target behaviors	Impairment in social, occupational, or other important areas of functioning.	Skills, competencies	Behavioral techniques, psychoeducational groups
Cognitive	Identification of automatic thoughts, hyperreflection	Clinically significant distress	Identification of rational thoughts	PI, dereflection, alternative and eclectic techniques
Noöetic	Identifications of frustrations of the will to meaning	Presence of existential vacuum	Identification of sound philosophies of life, pyramid of values	Modification of attitudes Values clarification

APPENDIX C

Viktor Frankl's Classification of Mental Disorders

Viktor Frankl's Classification of Mental Disorders

	Existential Disorders	Psychogenic Disorders	Somatogenic Disorders
Pheno-psychological symptoms	Noogenic Neurosis	Reactive Neurosis	Endogenous Psychosis
		latrogenic Neurosis	Functional Pseudoneurosis
		Psychogenic Neurosis	Psychopathy
		Organ Neurosis	
Pheno-somatic symptoms			
Para-clinical concept	Collective Neurosis		

Definitions:

Noogenic Neurosis: psychological symptoms caused by existential frustration, lack of meaning-orientation
 Collective Neurosis: a nonclinical, sociological description of a society that has lost meaning-orientation

Reactive Neurosis: secondary psychological symptoms in reaction to a primary psychological or somatic illness
 latrogenic Neurosis: a subtype of reactive neurosis wherein psychological symptoms have been exacerbated by a clinician
 Psychogenic Neurosis: primary psychological symptoms with psychological cause
 Organ Neurosis: somatic symptoms with psychological cause

Endogenous Psychosis: psychological symptoms with physical cause
 Comment: generally refers to chronic or severe mental illness, such as schizophrenia, bipolar disorder, severe depression
 Functional Pseudoneurosis: psychological symptoms with physical cause
 Comment: generally refers to milder symptoms caused by a general medical condition
 Psychopathy: characterological personality patterns, hypothesized by Frankl to be strongly related to heredity, endocrine and neurological functions (Personality Disorders)

Interpreted by Marshall H. Lewis, M. A.
 Licensed Clinical Psychotherapist

APPENDIX D

Consent for the Release of Confidential Information



AREA MENTAL HEALTH CENTER

“From Head to Heart... You Matter”

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Client Last Name	First Name	MI	Date of Birth
Parent/Guardian Name (Last, First)		Address (Street, City, Zip)	Phone #

I authorize AREA MENTAL HEALTH CENTER to:

RELEASE the following information to the Viktor Frankl Institute of Logotherapy:
(Please initial each applicable item)

Admission Evaluation Report
 Diagnosis
 Treatment Plan(s)
 Case Summary
 Session Recordings

OBTAIN the following information for the Viktor Frankl Institute of Logotherapy:
(Please initial each applicable item)

Treatment Recommendations
 Case Summary
 Session Feedback

PERMISSION TO RECORD (Please initial)
 I authorize the use of audio recording equipment with the agency listed below in order to allow discussion of treatment formulation and progress.

Dr. Cynthia Wimberly
Viktor Frankl Institute of Logotherapy
Box 15221
Abilene, TX 79698-5211

RESTRICTIONS – The information indicated will be disclosed unless there are specific restrictions noted here:

THE PURPOSE OR NEED FOR THE DISCLOSURE

Clinical Supervision of Logotherapy Practicum



AREA MENTAL HEALTH CENTER

“From Head to Heart... You Matter”

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION Cont'd

- I understand that under state and federal confidentiality provisions only the information specified can be released to the specified person or agency. (CFR-42, part 2, KAR 30-60-47 (b)(5), AAPS guidelines, Chapter 7)
- I also understand that AMHC cannot ensure that the recipient will maintain confidentiality of this information I have authorized to be released.
- I also understand that this authorization will be honored unless revoked verbally or in writing. Revocation may be made at any time except to the extent that action has already been taken. To revoke an authorization, I need to notify AMHC. (KAR 30-60-47 (b)(7), AAPS Standards for Licensure/Certification, Chapter 7,1.a.(7), and CFR-42, part 2)
- I understand that if the person or organization authorized to receive this information is not a health care provider or a health plan, or is not otherwise covered under the federal privacy regulations, the released information may be re-disclosed and will no longer be protected by federal privacy laws. I understand that certain persons or organizations may not re-disclose substance abuse treatment information. (CFR-42, part 2)
- I understand that this authorization is voluntary, and I verify that I have been given the chance to ask and receive answers to questions.
- **I also understand that this authorization will expire (Choose One):** (KAR 30-60-47(b)(6), CFR-42, part 2)

One year from this date (i.e., date of signature below)

OR On the following date: _____ **(MM/DD/YYYY)**

OR Upon the following specific event: (Please describe) _____

**** Note:** If neither a specific date or a specific event is selected this Authorization will automatically expire 90 days after discharge or one year from the date of authorization whichever comes first.

Signature of Client (required for minors receiving A/D treatment ages 14 and above) Date

Signature of Authorized Representative (if applicable) Date Relationship to client

Witness (to signature) Date

EXPIRES: _____