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EDITORIAL

Quote from our Guidelines for Authors:

"Official languages are English and German. In some cases papers in French, Spanish or Italian will be accepted. Every article must be preceded by an extensive English and German abstract."

A journal that aims to be a podium for all scholars and users of logotherapy must needs be bilingual - at least. It is our hope that by providing extensive abstracts in both German and English we render the contents of this magazine accessible and useful to all our readers, whatever their native language may be.

Altogether, there are nineteen articles in the first two issues, presenting views and results on various aspects of theory and application. If this journal is to be a lively marketplace of opinions, we need your critique, both with respect to the published papers and to the format and direction of the journal itself. Your response permitting, we will include a "Letters to the Editor" section in the issues following this.

Our original Board of Editors consisted of "volunteers" who were commissioned, in an ad hoc manner, by the chief editor. I am proud to present now a regular list of editors, with many a resounding name in it. In addition to the members of the International Advisory Board of the Viktor Frankl Institute, there are: Prof. Dr. Michael Ascher (University of Pennsylvania), Dr. James DuBois (Franciscan University, Gaming Campus), Dr. Reuven P. Bulka (Center for the Study of Psychology and Judaism, Ottawa), Prof. DDr. Viktor E. Frankl (Vienna).

With deep regret we have to report that Dr. Hiroshi Takashima, member of our International Scientific Committee, has died. Prof. DDr. Katsutaro Nagata, president of the newly-founded Japanese Society for the Study of Logotherapy, has kindly consented to take over the position of Far East representative in the Institute's Advisory board.

Franz J. Vesely

VORWORT

Zitat aus unseren Richtlinien für Autoren:

"Die offiziellen Sprachen des Journals sind Englisch und Deutsch. In einzelnen Fällen können auch Manuskripte in Französisch, Spanisch oder Italienisch angenommen werden. Jedem Artikel ist je eine ausführliche Zusammenfassung in Deutsch und in Englisch voranzustellen."

Eine Zeitschrift, die ein Podium für alle Forscher und Praktiker auf dem Gebiet der Logotherapie sein soll, muß notwendigerweise zweisprachig sein - wenn nicht sogar mehrsprachig. Wir hoffen, daß wir durch die ausführlichen Zusammenfassungen in Deutsch und Englisch den Inhalt unseres Journals für alle Leser, unabhängig von ihrer Muttersprache, zugänglich und nutzbar machen.

In den ersten beiden Heften sind insgesamt neunzehn Arbeiten abgedruckt, in denen Ansichten und Ergebnisse zu verschiedenen Aspekten von Theorie und Anwendung präsentiert werden. Wenn diese Zeitschrift ein Ort des lebhaften Meinungsaustausches sein soll, dann brauchen wir dazu Ihre Kritik - sowohl in Hinblick auf die veröffentlichten Arbeiten als auch hinsichtlich der Aufmachung und der Richtung des Journals selbst. Wir werden daher, beginnend mit dem nächsten Heft, eine Rubrik "Briefe an den Herausgeber" einführen - immer vorausgesetzt, daß wir in ausreichendem Maße Rückmeldungen von unseren Lesern erhalten.

Unser Redaktionsbeirat bestand ursprünglich nur aus "Freiwilligen", die von Fall zu Fall vom Chefredakteur eingesetzt wurden. Mit Stolz präsentiere ich nun eine ordentliche Liste von Koredakteuren, die eine Reihe von klingenden Namen enthält. Neben den Mitgliedern des Internationalen Wissenschaftlichen Beirats des Viktor-Frankl-Instituts sind dies: Prof. Dr. Michael Ascher (University of Pennsylvania), Dr. James DuBois (Franciscan University, Gaming Campus), Dr. Reuven P. Bulka (Center for the Study of Psychology and Judaism, Ottawa), Prof. DDr. Viktor E. Frankl.

Mit tiefem Bedauern haben wir zu berichten, daß Prof. Dr. Hiroshi Takashima, Mitglied unseres Internationalen Wissenschaftlichen Beirats, verstorben ist. Prof. DDr. Katsutaro Nagata, Präsident der neugegründeten Japanischen Gesellschaft für Logotherapie, hat sich freundlicherweise bereiterklärt, die Position eines fernöstlichen Vertreters im Wissenschaftlichen Beirat zu übernehmen.

Franz J. Vesely

OBITUARY

Dr. Hiroshi Takashima was born in 1912 and died in April 1993. He has done pioneering work by spreading knowledge of logotherapeutic ideas in Japan, both as an author and as president of the Japanese Society of Humanistic Anthropology. A graduate of Nihon University, School of Medicine, he studied pharmacology in Keio University, School of Medicine. He worked as a director of Maruzen Clinic. In addition, he was visiting professor of Tokyo Rissho Women's Junior College and Paris University. He is the author of a number of important books on logotherapy and philosophy. He was a director of the American Logotherapeutic Society.

Dr. Takashima was very eager to invite Prof. and Mrs. Frankl to Japan for the spring of 1993. It is very regretful that he died just one month before Prof. Frankl's arrival. He was to make a speech on the newly founded Japanese Society for the Study of Logotherapy.

We pray for the repose of his soul.

Katsutaro Nagata

Aids - A Challenge to Logotherapy

Ignazio Punzi

Abstract:

The author reports various cases he has encountered in his work in a home for Aids patients. The general framework applied in the makeup of the "Casa Famiglia Padre Monti" is fundamentally logotherapeutic. It is also integrative in the widest sense, in that it takes into account the basic meaning orientation both of the patients and of the team that hosts these patients.

Zusammenfassung:

Der Autor präsentiert verschiedene Fälle, denen er in seiner Arbeit in einem Heim für Aids-Patienten begegnet ist. Die Prinzipien, die dem Aufbau der "Casa Famiglia Padre Monti" zugrundeliegen, sind zutiefst logotherapeutisch. Darüberhinaus sind sie im weitesten Sinn integrativ, insofern sie die Sinnorientierung nicht nur der Patienten, sondern auch des Teams, das die Patienten betreut, in Betracht ziehen.

The house "Padre Monti" is a family home - "Casa Famiglia" -, founded in Rome in 1989. It is a place where we receive those declared affected by the Acquired Immune Deficiency Syndrome - the ones called "in final stage".

We can host 10 persons, men as well as women. During these past years we had guests from 2 to 70 years of age: Michelino was 2: his mother, Luisa, died a few months before him and you can well imagine that it was one of the heaviest and most sorrowful moments we have experienced. The persons who died are more than 40.

In Italy, contrary to other countries, two thirds of the people affected by Aids are drug addicts, and in some way our family home reflects this proportion.

Our patient has robbed, stolen, peddled drugs, he was sentenced to prison a number of times, has known the lunatic asylum, sometimes he has prostituted himself or herself. He is homeless, without any family support and when he has, the family usually cannot take care of him in this terrible moment, i.e. when the disease reaches its peak.

These persons are reached through a centre of coordination set up by the Regional Health Department. When we reflect on the sense of our experience, we cannot avoid asking ourselves what must be the basic attitude in receiving and assisting these persons. People at large often think in terms of: receiving these persons, taking care of them, having trained people to take care of them, having some volunteers more or less able to assist them until they die, but please, keep them away from the others, from ordinary healthy people, so that they may not disturb them, as they used to.

The crucial question for us to understand is the framework within which our challenge lies: to propose a family home, a place of life instead of death. A home where, for sure, death is constantly present, in the empty beds - then taken again - in the memory of things, in the lives of those who remain, in the persons who "exist" here, but a home too, as a place for growth and meaningful relations, as an environment for the development of a culture of solidarity.

We ask ourselves how these persons can return to life, to society. At present, we are trying to adjust a project based on a logotherapeutic community procedure which includes the following objective: to live one's own life even if in bitter agony, evidencing life and hope, progressing through creation inside the family home in a "significant context". What does that mean?

1. The group of health and social workers has to form, or better direct one's efforts towards, the creation of a welcoming community. Its existential significance must be recognized before its professional ability.
2. The group has to learn to recognize and give a sense to the community circle in which the sick person arrives.
3. The family home has to be constructed together with those affected by Aids, offering them opportunity for action, relations, plans and responsibility.
4. The community should perceive the development site as a place in which to experience new actions, meaningful relations, free growth and shared responsibility.

If hopefully all of this takes place, while remaining anyway a never-ending struggle, I do believe that a significant framework can be established, making it easier for our patients to realize what V. Frankl calls creative, experiential, and attitudinal values.

Frankl's anthropology refers to "relation" as basic in the constitution of the human being. I believe that it is exactly what we try to achieve day after day. Only to the extent in which we are able to perceive the person who is behind sickness, drug addiction, sarcoma of Kaposi, pneumonia, behind the central nervous system's infection, we can realize an encounter between an "I" and a "You" and, as a result, it will be possible to share all the resources inherent in each one.

It is fundamental to build an environment where it is possible for everyone to live this encounter. As Frankl says: "Community confers existential meaning upon personal uniqueness and singularity. But community can also be a rich field of human experience. This is especially so with "twoness", the intimate community of one self with another". (1986, p. 132)

I will talk about Carlo, an ex-drug addict, psychotic, coming from a rich family, completely self-destroyed due to the psychiatric problems of its members. Carlo had a brother who died from an overdose; his wife died a few years ago after having been stabbed, leaving behind two children. For two years he stayed in another family home which he left; he eventually came to us. Carlo is very creative, he writes poems, which are now getting printed. Some time ago, one day after lunch, in a cheerful moment, Carlo exclaimed: "If in this moment they were to discover how to cure Aids, I would kill myself!". Of course, that was a joke and everybody laughed. What Carlo really wanted to communicate was: in this very moment, among all of

you I feel so well that if I was not affected by Aids, I would not feel what I am feeling, since I would not be here. The paradox is only apparent: it is in fact possible that people realize and discover values even through an extreme distress. He was that kind of unsuccessful person, coming from a heritage utterly destroyed by drugs. At the time, however, he was trying through the art of writing to communicate his own values, and I can assure he has a lot to communicate to others. The title of his book may sound brutal: "A step away from the grave - Pieces of writing by a person affected by Aids who intends to live".

"Our aim must be to help our patient - writes Frankl - to achieve the highest possible activation of his life, to lead him, so to speak, from the state of a patient to that of an agent. With this in view we must not only lead him to experience their existence as a constant effort to actualize values. We must also show him that the task he is responsible for is always a specific task", (1986, p. 54).

A meaning to discover or a task to realize is the nucleus around which the person re-organizes his own life and then his own staying in the community.

The following is the story of Stefano: 38 years old, homosexual, he arrived within the first month of the opening of the "Casa Famiglia". When found infected by Aids, his family rejected him. He was in therapy for 9 years, even in a psychiatric hospital were several times he tried to commit suicide. With us, he was alternating periods of almost autistic closing with periods in which his gifted artistic sense was exploding. Stefano left us wonderful paintings. But he was considered and he too considered himself finished. After one year in "Casa Famiglia" Stefano expressed the wish to travel to Denmark where his friend was living. It might seem something trivial, but I can assure you that in "Casa Famiglia", people who can plan a long journey are an exception. His proposal was welcomed and he left. Here is a page of one of his letters from Denmark; "Hello, I am writing you after a sleepless night, I have a terrible stomach ache which has been oppressing me since my arrival. It is probably psychological because I am feeling anxious even if externally I know how to appear equilibrated and relaxed. My second week in Copenhagen is over and besides taking pictures at every occasion I'm not a good tourist. I'm spending almost all my time in Wolfgang's home. I do the shopping, the cooking, the washing, and prepare tea or coffee. During the first day I even studied English but after my second letter to you I was not able to do it anymore. I don't care very much even if I would enjoy knowing it, and it would help in many things, but it is better to have some difficulties than to face the fact of not being able to relate with the environment. The more characteristic trait of the Danes is that while somehow reserved they are very kind and in fact they like everything that is expressed with courtesy and cordiality. Don't you find all that beautiful? In a note I wrote I am saying they are people who live quietly. Before starting writing to you, I was thinking of the future. What shall I do when I come back? So I told myself: I should write to Ignazio so that among all the things I want to do when I come back there is at least one thing I could do. And you can help me understand what I really want to do. These days I feel a strong desire to have my own little house. I would like it outside Rome in a small village near the sea. Wouldn't it be wonderful! You should stop me as it is impossible for me because life is expensive and I would face economical difficulties."

Well, Stefano is still alive. Back from Denmark, he bought a car, went to live in a village close to Viterbo where from time to time he finds work in the fields, he does ceramics and during his holidays he comes to us in "Casa Famiglia".

When we tell the story to the doctors who sent him to us they would not believe it. They say Stefano was finished, a person without a future, a person with whom it wasn't worth speaking

about things of life. Stefano had instead been able to do what he did because he replaced death with **life** even though he got messages of the type: "You are done for". Stefano could reconstruct enough social tissue to be able to get out of our home alive. His story gives us hope to go ahead.

A person's dignity resides in his spiritual being; somebody may be degraded in his body, in his psyche; but a real encounter between an "I" and a "You" resides in the spiritual dimension. From this point of view there exists a real reciprocity between the operator and the "user". For the handicapped, those affected by Aids, the prisoners, all barriers disappear: freedom and responsibility of the human being are found in the spiritual being. As a matter of fact, nobody is "free from"... Everyone of us has a name and a culture we never chose. However everyone is "free to" take a stand with regard to what is unavoidable, such as illness.

Two months ago Luigi arrived at the "Casa Famiglia", 32 years old, married but separated. He had not seen his wife and his 8 year old son for a long time. He arrived in a high state of catatony: he was not moving or walking and the doctors told us to keep him because there was no room in the hospital. I remember one day he remained steady, straight on his feet with an open dripping peach in his hand, for three quarters of an hour. One month later we discovered that he had been compelled - against his will - to come to us. We then told him that violence had been done to him as well as to us and that there was no need to escape; if and when he wanted to leave we would bring him where he wanted to go. We tried to send him messages of this type even though we were not sure he could hear us, until one morning, when as he got up, he asked for a piece of cloth and started dusting the furniture. From that day he took this as his task. After about one month he called his wife telling her his state of health and asking news of his son. He now walks normally and exercises in the small gymnasium we have in the attic. Luigi, too, was done for. Official medicine was cherishing no hope: Luigi was also in the "final stage" - imprecise, ambiguous and maybe with a perverse concept that means: you have no future, if not death.

We have ascertained that the opportunity to interpret life as a duty, as a capacity to discover values, is to build up a daily and authentic possibility to give again a meaning to life, and possibly to prolong it. If life has a meaning it is certainly not linked to its length. In one instant a troubled and wretched existence can be redeemed. Particularly for those persons who have lived badly and are expecting to die even worse.

A project we are very much interested in is creating the possibility for our patients to renew again relations with their original families with the ultimate aim of their reintegration at home. It is one of the most difficult and burdensome tasks, but one which gives us the concrete possibility to discover and realize the most profound and significant meanings.

Katia is a 29 year old woman. She arrived here last January from the psychiatric section of a Roman hospital. For her the diagnosis was a notification of Aids. Her only "guilt", as people said, was to have been in love and married to a drug addict and to have given birth to a son. Two years ago, at the age of 18 months, the baby died, six months after the father, both from Aids. The family, who had always obstructed the marriage, supported Katia during her son's illness: but when the major crisis appeared and even more the illness was reported, the family announced that they were not able to cope anymore with the situation (in particular a 24 years old brother was terrorized by the fear of infection). The environment of "Casa Famiglia" revealed itself favorable to Katia: after one month psychiatric delirium ceased completely and we were able to reduce the psychopharmacologic therapy. Little by little Katia started to

express the wish to return home. But the family - we were in weekly consultation with them - advanced a number of difficulties. One of the parents fell into depression because of retirement and from time to time because of alcohol. The repeated discussions have however brought a gradual improvement in the brother's attitude towards Katia. Despite the progress of the illness and the above mentioned difficulties, favorable conditions were acknowledged for a meaningful reunification of the family nucleus. At the end of May Katia went home where she now lives with a domiciliary assistance.

The message we want to send is as follows; despite Aids - indeed many times thanks to it - it is possible to realize what once was only a dream.

Giuseppe was a 29 year old man who died last October after almost two years in "Casa Famiglia". Fatherless, his family entrusted him very early into an institution. At the age of 9 he smoked his first joint and when 14 he was already in jail. At the age of 23 years he had a daughter with a drug addict who was his girlfriend. She was seropositive too. One day, while he was sitting under a tree overlooking the valley, he told me: "I never realized how beautiful it is to see a flower grow!". Giuseppe was spending whole days going all over the fields with our dog observing the goats deliver their kids. He discovered that he really enjoyed fishing. We went to the lake to fish trout, he was almost blind by then, but continued to enjoy this until the day before he died.

In the book entitled "Homo Patiens" Frankl wrote: "I act according to what I am and I become according to how I act" (1979, p. 98). Giuseppe has peddled drugs, stolen cars, robbed, but he is one of the dearest and most tender memories I cherish.

There are people who even in extreme situations, during times of a great distress, have realized exceptional encounters.

I would like to tell you, as an example, about the love which is growing in our home between a boy and a girl. The girl, having been in an institution since the age of 2 (she is now 33), left at 17. She had her first contact with drugs when she was 21. She spread panic in a neighborhood of Rome where, with a boy, she went around stealing in all the big stores. She told me she would walk into a store with a levelled gun, because "the boys don't have the attributes to be men". With a motorbike, alone, she was robbing and her big dream was to become a mercenary. In France, too, she was put in jail for attempting homicide. A horrible life. A person to keep away from. She arrived here six months ago and 9 days later she ran away because of her need of a shot. Two days later she went back to hospital to get out of drugs and she let us know that she was there. We went to see her and she told us she wanted to come back to us. We had a meeting, at the end of her stay in hospital, in the home of her parents, with all the family present. We then took her with us. We now assist to the blossoming of feelings of friendship and love between her and another of our guests which is giving them the push to grow in the future.

The possibility to create a chance for faithfulness is and remains the assumption through which these persons face their own illness in a different way. They rediscover their own values as persons: there is an encounter between an "I" and a "You".

When this happens, we become happy witnesses since every other thing is secondary. Now, even if everything ended in a week, we will be proud of this achievement. We cannot but rejoice with them for the sentiments of love they discovered and for their encounter. We are

filled with joy, knowing that we have no right to change anybody, but on the contrary we have the duty to change ourselves fighting our own many prejudices. There are probably many people in contact with persons whose lives were torn apart who discovered the genuineness of an encounter. Where the essentials of life have been laid bare, there is a person to discover and an encounter to realize. The human resources disclose themselves where a real encounter is realized.

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Dr. Ignazio Punzi is psychologist at the "Casa Famiglia Padre Monti", a home for AIDS patients. Also, he is doing practice as a psychotherapist in Rome. Formerly he has worked with CARITAS for a number of years, caring for homeless people.

Finding Meaning in Unavoidable Suffering

Robert C. Barnes, Ph.D.

Abstract:

Although the search for meaning, being a highly personal enterprise, does not lend itself easily to categorization, we may, according to Frankl, discern three main kinds of existential values - creative, experiential and attitudinal values. It is the latter category of values which is explored here in depth.

By responding, each in his or her individual manner, to the tragic triad of human existence - pain, death, and guilt -, we bear witness to the human capacity to turn a personal tragedy into a triumph. The logotherapeutic counselor tries to relate the experience of suffering to a meaning the counselee can accept.

Zusammenfassung:

Obgleich sich die Suche nach Sinn, als ein höchst persönliches Unterfangen, kaum in Kategorien zwingen läßt, können wir doch mit Frankl drei Arten von existentiellen Werten unterscheiden, nämlich schöpferische Werte, Erlebniswerte und Einstellungswerte. Die vorliegende Arbeit behandelt die dritte dieser Wertkategorien.

Indem wir uns, jeder in seiner ganz individuellen Art und Weise, mit der tragischen Trias der menschlichen Existenz - mit Leid, Schuld und Tod - auseinandersetzen, legen wir Zeugnis ab von der menschlichen Fähigkeit, eine persönliche Tragödie in einen Triumph umzugestalten. Der Logotherapeut versucht, das Erlebnis persönlichen Leides mit einem Sinn in Verbindung zu bringen, den der Ratsuchende akzeptieren kann.

In Viktor E. Frankl's concept of the tragic triad of human existence, he refers to pain, death, and guilt (4:125). Suffering itself is a facet of Frankl's tragic triad in how we respond to each of the three.

Suffering gives individuals one of the highest forms of bearing witness to the human capacity to turn a personal tragedy into a triumph (4:126). We may not be able to change our fate, but by the defiant power of the human spirit, we can change our attitude. Frankl speaks of mobilizing the defiant power of the human spirit - which, more than physical or psychological strength alone, can overcome obstacles and conquer difficulties (3:27). Through logotherapy, we can find a meaning in life even when confronted with a helpless situation. No matter how life calls upon us to suffer, that suffering can have meaning if it changes us for the better. Changing ourself often means rising above ourself, truly using self-transcendence, learning to mold even our suffering into human achievement. By self-transcending, we exercise the most creative of all human potentials.

When we see meaning in life, we are able to endure any suffering. The logotherapeutic counselor tries to relate the experience of suffering to a meaning the counselee can accept.

One of my clients, whom I shall call Douglas, was a 34 year old petroleum engineer who loved his wife and his two children. He worked hard, provided well for his family, was devoted to religious concepts, and reared his children according to the principles of his faith. Unbeknownst to him, Douglas' wife had an affair with a close friend of the family. She was not interested in counseling to reconcile her marriage. Her mind was made up. There was nothing Douglas could do to dissuade her. Frankl defines fate as that which lies beyond human freedom - beyond our power to control. Douglas' fate was decided by his wife. She said to me, "My lover will also be getting a divorce, and I intend to take my children and establish a new family with the person who will become my second husband." Douglas dealt with his grief and was able to cope with his feelings of rejection by considering the greater tragedy that his six year old son and eight year old daughter were experiencing. Through a self-transcending change in attitudes, he was able to transmute his unavoidable suffering into a victorious achievement. His faith gave him strength to face his fate instead of being destroyed by it. Through self-transcendence, he reached beyond himself to those he loved and to values in which he believed. He fought for custody of his children. After two weeks of a bitter trial-by-jury, Douglas won their custody. As a man in his mid-thirties, he was a father with a broken heart but a triumphant spirit.

Two years later the children's mother took Douglas back to court for a second emotionally draining custody battle. She had convinced the children they would be coming to her and had promised them everything from trips to Disneyland (a major amusement park in the USA) to maid service in her home. (What a basis for building an existential vacuum in the lives of her children!) After a week in court, when the judge read the jury's verdict that the children would remain in Douglas' custody, he collapsed in exhaustion. He said to me, "I've got to go home and tell the children. Their mother has already instructed them by long-distance telephone to have their bags packed. I don't know how much longer I can handle this." I looked at him reassuringly and said, "You have a task that awaits you. You believe in this task with every fiber of your being. You are determined that your children will be brought up in a loving home, where they are taught values that are eternal. Knowing that your children need you, you will never have to wonder if you will have the strength to fulfill your task" (1:82-83).

Logotherapy teaches us that in the dimension of the human spirit, we can become the master of our fate, not the victim, even in the face of any limitation. However, logotherapy emphasizes the potential meaning of unavoidable suffering. Frankl points out that accepting unnecessary suffering is masochism (4:126). What he directs our attention to is a fate that cannot be changed. Suffering, Frankl reminds us, would not have a meaning unless it is absolutely necessary.

In Frankl's book *The Doctor and the Soul*, he wrote, "Whenever one is confronted with an inescapable, unavoidable situation, whenever one has to face a fate that cannot be changed, e.g., an incurable disease, just then is one given a last chance to actualize the highest value, to fulfill the deepest meaning, the true meaning of suffering" (2:178). In Frankl's words, "What matters most of all is the attitude we take toward suffering, the attitude in which we take our suffering upon ourselves (...) Suffering ceases to be suffering in some way at the moment it finds meaning" (3:178, 179).

Several years ago, my wife Dorothy was diagnosed as having cancer. It broke my heart to realize her pain. Someone said to her, "Why you, Dorothy, with all the good you have done

and can do with your life?" Her response was, "Why me? Why not me?" She was aware that appropriate handling of suffering is a dimension of serving. Both of us believe that God enables us to use our own pain, not only to enrich ourselves, but also to strengthen others. When cancer appeared again this past October, my Dorothy called upon the same faith to help her find purpose and meaning in what she had to endure. Her response reminded me of the words of Nietzsche who said, "That which does not kill me makes me stronger."

In Elisabeth Lukas' book, *Meaning in Suffering*, she gives two eloquent personal examples of such self-transcendence. She tells of her mother's tragic bout with cancer and the triumphant spirit with which she faced it. "She acted with courage, not to overcome her own suffering, but to alleviate ours" (6:138).

Dr. Lukas also tells of her own interaction with Frankl when he suffered a heart attack in 1979 during a visit in Munich. She reached him by telephone in the intensive-care unit of the hospital. In her own words, "I wanted to say so much to help, comfort and thank him, but I couldn't find the words. Here, like Mother at her sick bed, was a person who had more strength than the people around him, and he set an example. He spoke calmly. To die held no terrors for him. He accepted any decision of fate because it was beyond his responsibility . . . Thus, he tried to comfort me who myself could not find words. He wanted to tell me, 'Remain calm, too, when you'll face death some day ...' This was his legacy, a lesson from the hospital bed. He did not think of heart failure - he thought of me" (6:139)!

Paul Tournier wrote, "There is no life exempt from suffering. There is no life which, from birth, does not already have to carry the weight of hereditary weaknesses, no life which does not suffer emotional shocks in childhood, which does not suffer daily injustices, hindrances, injuries, and disappointments. To all this pain must be added sickness, material difficulties, bereavement, old age, worry about loved ones, and accidents. In the lives of even the most privileged there is something that is hard to accept" (7:143).

Four years ago, we lost a good friend, a prominent physician. Open-heart surgery was performed on him. This operation has worked for many, but not for him. In the months of his decline, he knew with a physician's insight what was happening. Conscious to the very end, he thought deeply about the preparation for his own death. He recalled the meanings he had actualized during his lifetime - accomplishments death could not void. He brought eight thousand babies into this world during his career. For years, people drove many miles to see him, bypassing other medical centers. He was known for being genuinely interested in the whole person. He listened with an educated ear and a caring heart. When patients couldn't pay for their medical care, they received the same high-quality treatments as those who paid.

A related example of what Frankl calls "tragic optimism" is seen in the courageous attitude of our deceased friend's widow. Someone said to her, "We had hoped you could have many more beautiful years together. It almost seems you were cheated." She responded, "Cheated? Oh my, no! Many women live a lifetime and never know the love of such a man. What we shared far surpasses what other couples know whose marriage lasted many more years. Cheated?" she asked once again. "No, I was significantly blessed."

I have long believed in the concept of the wounded healer: those who show an undefeated spirit in desperate circumstances can do something for us which others cannot do.

Several years ago I heard Rollo May who was 76 years old at that time. During the question period following Dr. May's speech, a woman asked, "Dr. May, you have talked about the wounded healer, but have you known any suffering in your own life? You're an internationally famous psychologist, a widely recognized author. Did you experience any suffering that helped you become the sensitive therapist you are known to be? How might the concept of the wounded healer apply to you?"

May responded, "I am the second child born to a schizophrenic mother. My older sister is schizophrenic and has been confined for years in a mental hospital.

As soon as I could walk, I learned to get out of the house. I became a loner and was very sensitive. My father abandoned us when I was a pre-schooler. I have had heart problems ever since I was four. I fought malaria and was hardly ever without fever from the time I was 20 until I was nearly 30. I also suffered from tuberculosis. From my academic training I gained knowledge to help others, but from my experiences I gained the desire and ability to help them."

In my own life, my mother died when I was three weeks old. Her younger sister came to take care of my four year old brother and me. Later she married my father. When I was five, my new mother gave birth to my brother Richard. While she loved all of us, Richard was very special to her. At 18, a drunk driver killed him on his first trip home from college. The week after his funeral, Mother redecorated the nurseries in our church and volunteered as a "nursery home visitor." She took religious teachings about spiritual aspects of parenthood to expectant mothers in the church. She visited their homes, not to tell about her sorrow, but to help them more meaningfully anticipate their joy.

In my own home, my wife and I anticipated for years the challenge of being parents. By reasonable standards, we have much with which we could nurture a child. We know the importance of love in a child's life. We could teach our child about our faith. We both have doctoral-level psychological training which gives us insights in child rearing, and the means to provide whatever level of education our child may have wished to pursue.

The child who came to be ours by adoption was nearly 16 years old, from a background of severe child abuse. Handsome and intelligent, he had remarkable potential for growth and many capacities to help others. For a while his spirit flourished, he was active in his church youth group and outstanding in school and community dramas. But then came heavy drinking, substance abuse, promiscuity, thefts, school failures, lies, and the loss of more than twenty jobs after finishing high school. Only now and then would his beautiful spirit shine through the maze of negative choices. We loved him, and he loved us in return - at least the best he knew how. After wasted years, the pattern was obvious that he chose to stagnate instead of grow. He was fixated on the concept that the world owed everything to him because he had a difficult childhood. The lining of his existential vacuum is made from his consistent lifestyle of using people.

We have never given up hope that his spirit would work its way through his twisted thoughts. Tragic optimism helps us hold onto that hope. Selftranscendence helps us value what we have learned from these experiences with our son, and use this insight to help other parents in many ways we would otherwise not have been able to do.

I myself live within a body that has major limitations because I had polio when I was thirteen, two years before the polio vaccine was available. My body is crippled, but I as a person am

not. Logotherapy teaches us that we are three dimensional beings. My soma (my body) became sick. My psyche (my emotions and intellect) experienced a healing through the acceptance that my body had limitations, but my life does not need to be shaped by those limitations. Our noetic dimension (our spirit) can never become sick. Somehow in my noetic dimension, even as a teenager, there was an awareness that I am a whole person, that the Creator has purpose for my life, and that no disease took away anything I needed to fulfill the tasks that await me. As a spiritual being, I am not even slightly diminished by having a lame leg. In fact, I can truly say that, because of the opportunities I have had to serve and help others, my life is extraordinarily rich in meaning.

Several months ago, a mother made an appointment for me to see her daughter who is a victim of progeria, a disease that causes a child to age 7 to 10 years for every year he or she survives. So rare is the disease that there are only nine progeric patients known to be alive in the world at the present time. A 10 year old child could easily look like a 100 year old person with wrinkled and withered skin, and with eyes bugging out of their bald heads. All body tissues and organs age at the same rate, and they truly become very old while yet very young. The mother who called for the appointment told me her daughter, whom I shall call Mary, was 15 years old. This is older than most progeric patients live to be. Mary's mother said to me, "I understand that you deal with such issues as finding meaning in life. Mary knows she does not have a lot longer to live, and she is struggling with many questions about meaning in her own life. Before the hour came for Mary to arrive at my office, I reminded myself that I would need to see beyond Mary's progeric soma, and focus on what could be truly beautiful: her spirit. Mary's mother alerted me that Mary was blind in one eye, and that the other eye was already covered by a cataract. She mentioned too that Mary was the size of a delicate seven year old child, and that she would look older than anyone I would ever have seen. She even described that Mary's four front teeth had grown together as one tooth. I was thankful for ways that life had prepared me. Surely I, who have lived in a body that is different--though not that different, should be able to accept a child whose body was different. I was confident that my spirit and her spirit could touch, and that we would communicate effectively.

When Mary entered my office, I experienced one of the biggest surprises I have ever had, not at all because of the grotesque physical appearance, but because Mary walked in with the grace of a ballerina and the charm of a princess. For a moment, I was stunned - and all for the right reasons. Mary was living proof that the spirit within us can never be sick. The instruments of the spirit may become dulled or diminished, but the spirit itself can never be sick! Mary's dulled eyes focused on me with a phenomenal intensity. Her smile was so spontaneous that I forgot to look for the unusual teeth. The thoughts of this 15 year old were so candid that I felt comfortable and natural as her counselor from the moment we were together. I said to her, "Mary, you have much more personal charm and poise than most people of any age. How have you developed that?" She answered, "From the start, my mother prepared me for the world that would have to look at me, but she loved me as if I were the same as everyone else. From as early as I can remember," Mary said, "I believed something inside me was like something inside everyone else, and so I learned to interact with others on that basis."

Mary told the story of when she was a little girl she had a little neighborhood playmate whose name was Tommy. They played together and loved each other as dearly as children can. One day Tommy's mother thought it was time to talk to him about Mary's extraordinary physical condition. She said, "Tommy, do you know what the word different means?" "Oh yes, Mama, I know what different means," Tommy answered. Then his mother asked, "Do you know how

Mary is different from other girls and boys?" "Oh," Tommy said, "Mary is different because she has two pairs of roller skates and the rest of us only have one."

Together Mary and I faced some important questions. We don't know how much longer she has yet to live. She no longer has the stamina to stay in school all day every day, and so she has a teacher who comes to her home. Yet she has some energy, and she wants to do something meaningful with her life. She believed me that if she does something solely for herself, she will not find meaning in it. She accepted my suggestion of beginning with a project that would involve helping someone else. I went back to her story about Tommy and the roller skates, and I asked how old Tommy was when he said that. He was four years old. We mutually agreed that children that age and younger have a special gift for accepting others who are different, and for responding to love in a natural way. Mary mentioned her love for children, and that she realized she would more than likely not live to marry and have children of her own. We came up with the idea of her volunteering in a childcare center for little preschool children. The last time Mary and I were together, she happily described her schedule of working two hours per day, three days per week, with two and three year old children in a private nursery. She said to me, "I'm happiest on those days. I think of the children as my children. I give them the gift of my love."

The last case history to be included may already be familiar to some of you because Dr. Elisabeth Lukas very generously wrote about my work with this family in an article that appeared in the current "International Forum of Logotherapy" (5:51-54). In February, 1992, a family came to my office whose little girl had been killed one day before her fourth birthday. I knew the circumstances they were coming to talk to me about, and I thanked God for the experiences in my life that prepared me to help this family. The grief stricken mother, father, and 13 year old brother told me about that tragic day. A neighbor lady had stopped by on her way to the grocery store to see if Mrs. Smith needed anything, "Let me go with you," Mrs. Smith said. "Sally's fourth birthday is tomorrow, and I need to get some things so I can bake a birthday cake for her." While Mrs. Smith was getting her purse, Sally ran outdoors so she could go too. Unfortunately, the neighbor lady had left the engine of her car running. In a flash, little Sally had jumped into the car, pulled the gear shift into reverse, and was thrown out of the open door as the car began to back up. Almost hysterically Mrs. Smith told the story. "When I came out of the house, the car was backing round and round over my precious little girl's body. I screamed and ran to her," Sally's mother said. "I scooped her up in my arms. Blood was coming out of everywhere - her ears, her nose, her mouth. She couldn't talk, but she was still breathing. Her eyes were looking right into mine." Sobbing in my office, little Sally's mother said, "I can't get that sight out of my mind, Dr. Barnes. I can't even go to sleep at night. I just keep seeing all that blood, and I see her eyes looking into mine. Then she died. Why did I have to be the one, why did I have to see my child bleeding and dying and not able to speak? Why me?"

I took Mrs. Smith's hands into mine and I said, "I am so sorry for your pain. Truly I am. I'm so sorry for the loss of your precious child. I am so sorry it was you who had to see that blood and live with that memory. And yet, I am so thankful it was you who held Sally in the last moments of her life. She had come through you, and before she returned to her heavenly father, she knew she was in her mother's arms. She could no longer speak, but she could see. I'm so glad it wasn't a stranger who held her as she drew her last breaths. I'm so glad she knew she was in the arms of her mother."

"Oh, Dr. Barnes," Sally's mother said. "I hadn't thought of it that way. I'm glad it wasn't a stranger who found her and held her as she died. I'm thankful I could be the one. Seeing it this way, I can live with my memory now."

Is there meaning in suffering? Let me leave you with this thought: Those who have gone down into the depths of life are most certain of its heights. The veterans of life with the most scars have found the greatest dimensions of meaning, and believe the struggle most worthwhile!

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Beispiel einer logotherapeutischen Krisenintervention [*]

Elisabeth Lukas

Die folgende Geschichte einer logotherapeutischen Krisenintervention wurde mir von Herrn Prof.Dr. Robert C. Barnes berichtet. Robert C. Barnes ist Leiter des "Department of Counseling and Human Development" der Hardin-Simmons University in Texas und einer der bedeutendsten Logotherapeuten der USA.

In der Nähe des Wohnortes von Robert C. Barnes hatte sich ein furchtbarer Unfall zugetragen.

Zwei Familien wohnten in Nachbarhäusern nebeneinander; die beiden Mütter waren miteinander befreundet. Eines Morgens fuhr eine der beiden Mütter mit ihrem Auto vor der Haustüre der anderen vor, ließ den Motor laufen, sprang aus dem Wagen, ließ sogar die Wagentüre offen, weil sie sofort zu einem entfernt gelegenen Supermarkt weiterzufahren gedachte, und lief zum Hause. Dabei rief sie ihrer Freundin fragend zu, ob sie ihr etwas mitbesorgen sollte. Die andere Mutter erwiderte erfreut, daß sie dieses Angebot gerne annehme, weil ihr Töchterchen am nächsten Tag seinen 4. Geburtstag feiern werde, und mehrere Kinder zur Party geladen seien. Da benötige sie noch allerlei Zutaten für das Fest. Plaudernd zog die Frau ihre Freundin mit sich in die Küche, um ihr einen entsprechenden Einkaufszettel anzufertigen.

Mittlerweile hatte das kleine Mädchen, das am nächsten Tag seinen 4. Geburtstag feiern sollte, das Auto der Nachbarin vor dem Hause bemerkt. Weil es schon öfters darin mitgefahren war und solche Ausflüge als sehr vergnüglich empfunden hatte, schlüpfte es, nichts Böses ahnend, in den Wagen. Was dann geschah, kann nur vermutet werden. Wahrscheinlich spielte das Kind an der Handbremse herum und löste sie, woraufhin das Auto vorwärtsruckte. Vielleicht fiel die Kleine dabei heraus, vielleicht sprang sie auch erschrocken heraus. Jedenfalls setzte sich das Auto aufgrund eines Einschlags der Räder genau auf das Kind zu in Bewegung, erfaßte es und überrollte es.

Fast im selben Moment, als die Räder das Mädchen wieder freigaben, traten die beiden Frauen aus dem Haus. Entsetzt stürzte die Mutter auf ihr Kind zu, das sterbend am Boden lag, und riß es in ihre Arme hoch. Das Kind, noch wenige Sekunden bei Bewußtsein, schaute ihr direkt in die Augen, während ihm das Blut aus Nase, Mund und Ohren quoll. Dann verschied es.

Verständlicherweise erlitt die Mutter einen schweren Schock, und auch die Zeit, die danach verging, brachte keine Linderung. Nacht für Nacht wachte die Frau schweißgebadet auf, von Traumbildern gequält, in denen sie immer wieder das blutverschmierte kleine Gesicht ihrer Tochter vor sich sah, die brechenden Augen auf sich gerichtet. Schließlich konsultierte sie einen Psychologen. Doch dieser fand das tröstende Wort nicht, im Gegenteil, seine bohrenden Fragen nach der Vorgeschichte, etwa, ob das Kind überhaupt erwünscht gewesen wäre, und dergleichen mehr, regten die Frau derart auf, daß sie in seiner Praxis in einen hysterischen Weinkrampf verfiel. Indigniert schob sie der Psychologe zur Hintertüre hinaus, weil er nicht wollte, daß seine im Wartezimmer sitzenden Patienten dieses "Theater" mitbekämen. Zum Schluß drückte er der Frau wohlmeinend, aber nicht gerade sehr taktvoll, die Adresse einer Selbstmordverhütungsstelle in die Hand und zog sich eilig in seine Praxis zurück.

Nach diesem enttäuschenden Versuch, Hilfe zu finden, vergingen weitere Wochen, und die Mutter kam nicht zur Ruhe. Tagsüber passiv und wie gelähmt, fürchtete sie nach wie vor die von Alpträumen geprägten Nächte, in denen sich alles an ihr, Leib und Psyche, in Pein aufbäumte und verkrampfte. Da hatte ihre Schwester anlässlich eines Besuches eine Idee: sie riet ihr, Robert Barnes aufzusuchen. "Er ist ebenfalls Psychologe und Psychotherapeut", sagte sie zu ihr, "aber er arbeitet nach einer anderen Methode. Vielleicht weiß er Rat." So gelangte die Frau in die Praxis eines Logotherapeuten, und ich rekonstruiere nun möglichst wortgetreu, was mir Robert C. Barnes erzählt hat:

"Die Patientin wirkte wie auf den Kopf geschlagen, und doch krümmte sie sich unter einer inneren Hochspannung. Was war es, das zwischen ihr und der Leidbewältigung stand? Sie verriet es mir in einem Satz, den sie ständig wiederholte: 'Warum mußte ich meinem kleinen Mädchen beim Sterben zuschauen, warum mußte ausgerechnet ich diesen schrecklichen Anblick, der mich nie mehr losläßt, erdulden?' Hier tat sich das Zentrum der Tragödie auf, weshalb ich darauf einging. 'Liebe Frau', antwortete ich, 'Sie haben Erschütterndes mitgemacht. Aber ich bin so froh, daß Sie Ihr Mädchen in jenem entscheidenden Augenblick in den Arm genommen haben. Ich bin aufrichtig froh, daß Sie nicht, vor Entsetzen starr, auf halbem Wege stehen geblieben sind und etwa die Hände vors Gesicht geschlagen haben. Dadurch haben Sie Ihrem Kind einen wirklich guten Abschied ermöglicht. Hätten Sie nämlich gezögert oder sich abgewandt, wäre das Letzte, was Ihr Kind von dieser Welt wahrgenommen hätte, der staubige Autoreifen gewesen, der über es hinweggerollt ist - oder bestenfalls ein fremdes Gesicht. So aber durfte es zuletzt in die Augen seiner Mutter eintauchen und darin die Liebe ablesen, die es ein Leben lang begleitet hat. Wir können sicher sein, daß die Kleine zu diesem Zeitpunkt keinerlei Schmerz gespürt hat, denn eine derart schwere Verletzung betäubt alle nervlichen Empfindungen. Nein, sie war schmerzfrei und geborgen. Geborgen, denn es gibt keine größere irdische Geborgenheit - schon gar nicht für ein Kind - als in den Armen der Mutter... Ihr Mädchen durfte somit im Bewußtsein seines Geliebtseins aus der höchstmöglichen Geborgenheit in eine ganz andere Geborgenheit hinübergleiten... was für ein guter Abschied! Allerdings um den Preis, daß Sie eben jenen schrecklichen Anblick auf sich nehmen mußten und jetzt in Ihrer Erinnerung zu tragen haben.'

Während ich sprach, war die Patientin aufmerksamer und zugleich innerlich ruhiger geworden. 'Sie meinen, es war gut, was ich gemacht habe, gut für das Kind?' fragte sie zurück. - 'Es war das Beste, das Sie in Ihrer Situation tun konnten', bestätigte ich ihr. 'Schmerzfrei und geborgen...' murmelte die Patientin vor sich hin, dann straffte sie sich. 'Wenn das so ist, dann kann ich mit dem blutigen Gesichtchen meiner Tochter vor Augen leben.' - 'Sollte sie wieder in Ihren Träumen erscheinen, nehmen Sie sie einfach nochmals in den Arm und wiegen Sie sie...'. Die Patientin verließ mich gefaßt. Ein späteres Kontrollgespräch ergab, daß sie von Stund an ungestört zu schlafen vermochte."

Diskussion der Fallgeschichte

Bis heute kennen wir kaum schlüssige Antworten auf die Frage, welche Faktoren in der Psychotherapie ausschlaggebend sind. Da es sich beim vorliegenden Bericht um einen wenig komplexen und kurzfristig "gelösten" Fall handelt, können wir leichter versuchen, den dabei wirksam gewordenen Faktoren auf die Spur zu kommen. Deshalb will ich meinen Bericht mit ein paar Gedanken dazu ausklingen lassen.

a) Diagnose

Vor aller Therapie steht nun einmal die Diagnose - und die Gefahr einer Fehldiagnose. Eine solche entsteht, wenn eine Sachlage beim Patienten über- oder unterbewertet wird, wodurch sich das Gesamtbild verfälscht.

Bei der geschilderten Problematik hätte es schnell zu einer Überbewertung des traumatischen Ereignisses kommen können, weil der Tod eines Kindes nahezu das Schlimmste ist, das einer Mutter widerfahren kann. Allein, dieser Tod, für sich genommen, hat die Pathogenese der seelischen Störung bei der Mutter gar nicht hervorgerufen, wie sich im Verlauf der Intervention gezeigt hat. Auf der anderen Seite hat der zuerst konsultierte Psychologe das traumatische Ereignis zweifellos unterbewertet, indem er in der Vorgeschichte nach pathogenen Elementen gesucht hat. Damit entfernte er sich zu weit von der eigentlichen Last, unter der die Frau zusammengebrochen war.

Robert Barnes beging keinen der beiden Fehler. Mit der Überlegung: "Was steht zwischen ihr und der Leidbewältigung?" bewies er seine richtige Einschätzung der Sachlage: er schätzte das Leid (den Tod des Kindes) als prinzipiell bewältigbar ein, und gleichzeitig als an der Pathogenese beteiligt, weil noch unbewältigt.

Bei richtiger Einschätzung der Sachlage überhört man auch nicht die wesentlichen Sätze des Patienten. Die psychotherapeutische Erfahrung lehrt uns nämlich, daß die meisten Patienten über ein erstaunliches "Vorwissen" verfügen, was ihre Probleme angeht. Es ist ein weder rein rationales noch rein emotionales, sondern vielmehr intuitives Erfassen dessen, was "unerledigt" (Kübler-Ross), "unausgewogen", im weitesten Sinne "unwert" und "unwürdig" der eigenen Person ist. Nur können die Patienten dieses Vorwissen in kein Fachwissen einordnen, während die Psychotherapeuten mit ihrem Fachwissen darauf angewiesen sind, es mit dem Vorwissen ihrer Patienten in Verbindung zu bringen.

Robert C. Barnes hat also bei richtiger Einschätzung der Sachlage seine "Sensoren" auf das "Vorwissen" seiner Patientin gerichtet, und siehe da, sie lieferte es ihm: "Warum mußte ausgerechnet ich diesen schrecklichen Augenblick erdulden?" Das ist eine pathogene - genauer: neurotische - Reaktion, auf die das Frankwort paßt: "In der neurotischen Existenz rächt sich an ihr selber die Defizienz ihrer Transzendenz".[1] Hier, an dieser Stelle, trauert nicht eine Mutter um ihr Kind, sondern hadert ein Mensch mit seinem Los. Und genau hier, an dieser Stelle, heilt die Wunde nicht.

b) Therapie

Wenn ein Mensch sein Los beklagt, gibt es aufs Neue zwei potentielle Fehleinschätzungen des therapeutischen Umgangs damit.

Eine davon ist gegenwärtig sehr verbreitet. Sie geht von der These aus, daß es absolut notwendig und die Seele reinigend sei, daß sich der Betreffende intensiv ausklage. Die Folge ist leider oft, daß der Patient in einem schädlichen Selbstmitleid gefördert und bestärkt wird. Die andere erkennt zwar die dämonische Spirale, in die sich ein Patient solcherart immer tiefer hineindreht, sieht aber die Alternative lediglich in einer Abstopfung seines Haderns ohne existentielle Auseinandersetzung mit dem Gegenstand der Klage.

Robert Barnes war von seinem logotherapeutischen Hintergrund her gegen beide Varianten gefeit. Mit der konfrontativen Feststellung: "Ich bin so froh, daß Sie Ihr Mädchen...in den Arm genommen haben" beendete er die Spirale des Selbstmitleides bei seiner Patientin abrupt, um ihr den Sinn dessen, was sie da beklagt, transparent zu machen: "Sie haben Ihrem Kind einen wirklich guten Abschied ermöglicht". In der nachfolgenden Begründung wird das Erschütternde des Beklagnisses in keiner Weise weggedrückt. Es darf leidvoll bleiben, denn das Leid gerinnt zum Opfer, zum nachträglich bejahten Opfer: "Wenn das so ist, kann ich...damit leben". Die Transzendenz des Leidvollzugs ist wieder hergestellt, die neurotische Störung weicht.

Die Trauer wird nicht weichen und soll es auch nicht, denn "die Trauer um einen Menschen, den wir geliebt und verloren haben, läßt ihn irgendwie weiterleben..." [2]. Aber der ohne Hader Trauernde regeneriert sich im Schlaf, in dem die Grenze zwischen dieser und jener Welt fließend wird, und die Lebenden und die Toten einander besuchen dürfen.

[*] Anmerkung des Herausgebers: Der hier geschilderte Fall wird auch in dem Artikel von Robert C. Barnes, der in diesem Heft abgedruckt ist, erwähnt.

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What is behind Depression among the Elderly?

Logotherapy and the Treatment of Geriatric Depression

Claudio Garcia Pintos

Abstract:

Depression is certainly one of the most important and common disorders that old people may suffer from. It is also a problem therapists must strive to solve. Psychotropic medications cannot be considered the only therapeutic strategy, and traditional psychotherapy does not provide satisfactory results.

The author distinguishes depressive reactions, depressive syndrome, and depressive disease as the three stages of depression in the elderly, attempting to clarify the differences. Logotherapy is considered an effective and affective resource to respond to the "unheard cry for meaning" which is behind geriatric depression.

Zusammenfassung:

Die Depression ist zweifellos eines der häufigsten Leiden, denen alte Menschen ausgesetzt sind. Sie ist aber auch eines der ungelösten Probleme, die der Therapeut zu lösen hat. Psychopharmaka können keinesfalls als einzige therapeutische Strategie betrachtet werden; die traditionelle Psychotherapie andererseits hat keine befriedigenden Ergebnisse bei der Behandlung der Altersdepression aufzuweisen.

Der Autor unterscheidet drei Stadien der Altersdepression, nämlich die depressive Reaktion, das depressive Syndrom und die depressive Erkrankung. Die Unterschiede zwischen diesen drei Stadien werden im dargelegt. Die Logotherapie erweist sich als wertvolle Hilfe bei dem Versuch, eine Antwort auf die "Frage nach dem Sinn" zu finden, die in Wahrheit hinter der Altersdepression steckt.

1. Introduction

As stated in an earlier publication (Garcia Pintos 1988), I consider that sometimes geriatric depression is generated by a feeling of meaninglessness, a crisis of identity vacuum. I would like to refer to the exogenous-noogenous depressions as a very common disease in old age. Contrary to common belief, I suggest we should stop assuming that depression in old age is inevitable and that nothing can be done to improve this situation except prescribing medicine. Advances in psychogerontology have shown us that old people possess enough spiritual

potentials to face and get through the problems and discouragements of this evolutionary crisis, putting aside the belief "ageing = depression".

Now, what can we do for depressed aged? Statistics show us that depression is one of the most common diseases that affect old age, but are we ready to give valid and efficient answers to this fact? This is a very important question as, if we are able to give proper answers to this problem of ageing, we would help to make ageing a more satisfactory stage in life. Let us analyze the situation:

First of all I contend that we are really able to give valid and efficient answers to depressed old people. The first answer should be to give a precise and correct diagnosis; even though this seems to be obvious, we should be very careful at this stage. Generally, in the presence of a depressive symptom, we tend to prescribe drugs, psychotropics which control the anguish of the patient. Although this therapy is successful in the case of organic depressions, it is useless in controlling exogenous-noogenous ones. That is why, sometimes for a lack of a definite diagnosis, some serious depressions turn chronic as time passes, and medication only controls the external manifestations of the depression (for example, insomnia disappears).

Now, considering briefly the possible outcomes of the differential diagnosis, we will see that in each case it will be appropriate to prescribe a particular therapy. Thus we conclude:

1.1 Endogenous Depression:

a) If it accompanies a chronic illness, we should prescribe the appropriate therapy for the disease, at the same time controlling the evolution of an organic depression by psychotropics or antidepressive drugs.

b) In the presence of a depression which is the symptom of a psychopathology, the treatment should be identical to (A).

c) In the case of a depressive personality that has suffered from a depression (manifest or latent) all his or her life, we should prescribe a therapeutic process based on psychotropics, because the degree of chronicity of the depression limits the psychotherapeutic possibilities. Nevertheless a supporting therapy could be of great advantage.

1.2 Exogenous-noogenous Depression:

Both the reactive and the endoreactive forms are very common in ageing, even if they are not diagnosed as such. This is the case with those depressions which are activated by factors of various origins that break the emotional balance of aged people.

Those depressors may be psychophysical (e.g. natural senile deterioration), social or environmental (e.g. retirement), existential (situations that personally affect the individual, e.g. widowhood), and spiritual (to think that life has no meaning).

In most of these cases, we identify noogenous depressions revealing an existential frustration and a feeling of insatisfaction in the individual concerning his life. The depression of the aged is a result of the frustration of the natural human interest to find a meaning in life; it is a kind of desperation or existential-spiritual anguish, resulting from the tension between the

conscience of what has already been achieved and the perception of what has not been achieved yet and is believed impossible to accomplish any more.

In these specific cases, I consider important the psychotherapeutic implementation of techniques that could conduct or lead the person out of this existential crisis, in order to fulfill a natural human task - to find appealing meanings in and for his life. We should bear in mind that as psychotherapists we are inserted in a bipolar field: on the one hand there is a human being looking for an appealing and satisfying meaning for his or her existence in a new period of life, and, on the other hand, a meaning that is waiting to be fulfilled. Those conductive techniques correspond with the logotherapeutic approach and are called REMINISCENCE (or "Life-Review Therapy") and APPEAL techniques.

REMINISCENCE has already been thoroughly studied (Frankl 1979, Merriam, Kahana, McMahon, Rhudick, Coleman, Havighurst, and others). It has proved to be successful in the majority of cases in order to promote an affective and effective adaptation to ageing, a reduction of a feeling of loneliness and isolation, an increase of life-satisfaction and self-esteem, and an extension of the cognitive function, that is, it operates as an excellent defense strategy that enables personal reorganisation in the ageing crisis.

The programs that put into practice this reminiscence technique have been successful in the treatment of geriatric depressions. Reminiscence may help old people to find a meaning to their own lives.

By means of the APPEAL technique, we appeal to the healthy remainder of the depressed elderly person so that these healthy potentials could help the patient find out of the depression he is immersed in. This technique tries to turn the patient into a therapeutic instrument against his own depression, leading him directly to exercise the functions and assume the responsibilities and tasks that he can manage even while being depressed. We must realize that the elderly, in spite of his emotional attitude, has several resources which are not emotionally involved with his state of mind, resources which are not depressed. He can walk or practice sports, knit or take part in social activities, do his shopping, and the like. We must urge him to put into practice these tasks, even if he does not feel like doing them, taking this appeal as a professional prescription. If we prescribed him to take medicine he would do so even being depressed; our appeal to those undepressed resources must be considered in the same therapeutic way.

Once we have activated these resources through simple and daily activities like the ones mentioned above, we have already made a first step towards success: the elder has realized that he can manage to get out of his depression by means of his own potentials.

We have thus opened a new effective road along which the elder will discover that his life has not finished just because of his age, and that he can be interested in developing new projects that may turn his last years into meaningful ones. When men have to face finitude, the best we can do is help them find an aim in their lives. Our role as psychotherapists will be to mediate between those undepressed resources on the one hand, and the achievement of a hopeful and satisfactory ageing on the other hand, appealing for this objective to the universal human tendency towards a meaningful existence.

As Viktor Frankl points out, when architects want to underpin an arch that is falling down, they increase the burden on it so that its parts join together more firmly. In the same way, if

therapists want to fortify the mental health of their patients they must not be afraid of increasing the load and guide them towards a meaningful life.

The emotional collapse that is reflected in a serious depressive state can be repaired when from the recognition of the self-fulfillment possibilities the elder starts looking for meaningful and appealing purposes in his life. That is how he can recognize his life, recovering enough strength and freedom to get out of the depressive pit.

The most immediate consequence of this process which responds to the appeal stimulus is the appearance of a new attitude towards the own being-in-the-world. When reality becomes unchangeable - and being 60, 70 or 80 years old is irreversible - we can only modify our attitude in order to rescue ourselves from the bitterness of feeling old. We can develop a wise attitude, recognizing the limits and misfortunes of ageing but living them with dignity and overcoming the conditionings they present.

To sum up, the logotherapeutic appeal technique is an excellent tool in the treatment of the geriatric depression. It can make the psychogerontologist's dream of promoting a meaningful and lively ageing come true. We must rely on the inner human resources and try to get a therapeutic alliance with those forces by appealing to them in an effective way.

The discovery of a meaningful goal in and for the patients' lives is the most important step in the appeal technique in order to guide them to the resolution of the existential crisis of facing old age as an apparently meaningless stage. It will let us obtain excellent results in the treatment of geriatric depressions mainly for three reasons:

- 1) they (reminiscence + appeal technique) promote the recognition of those circumstances that used to give meaning to the elder's own life.
- 2) they promote the recognition of personal resources and life potentials, strengthening the self-esteem.
- 3) they originate an active and productive search for new meanings and appealing goals, encouraging man to assume the wonderful task of living.

2. An Example: Ada's Case

The consultation started after an attempt to commit suicide by taking pills. Her intention had been well announced and had just been put into action. I found Ada suffering from a severe confusional state with a remarkable disorientation regarding time/space and the recognition of people, signs of distress, restlessness, sleep disturbances and other symptoms. She was permanently remembering sad events of her life such as abandonment, deaths and physical suffering. She was reiterative. Willing to give an answer to the questions, with great anguish she recounted fantasies, described events which had never occurred and sometimes showed a certain paranoid fancy with respect to the lady who was taking care of her and for her son and daughter as well. These ideas did not turn into delusions, but they remained paranoid fancy. She lived practically isolated in her room, in bed almost all day long.

I started working with Ada in March 1988, setting as the first goal the containment of the syndrome of confusional state, interpreting the intention of committing suicide, that naturally worried her son and daughter, as a demand for attention and help which, when aptly treated, would take away the spectre of a new real attempt.

Blind and almost prostrate because of her muscular difficulty, speaking and communicating were the only chance she had to get out of herself and meet others. To censure or restrain this channel meant forcing her slowly into an even greater seclusion.

As a step of the process, her son and daughter were trained and the lady who assisted her was asked to take Ada out every day, to the street or at least up to the entrance hall. The idea was to make her get in touch again with all noises, automobile horns, people going and coming in the street, greetings of neighbors, the wind against her face, the cold, the heat, the sun, the hardness of the floor, including noises of buses and its exhaust pipes, etcetera. All of them had been part of Ada's daily routine for many years as she had lived there since she had had her eldest daughter; now she had long been deprived of this stimulus.

According to the result she got in the Geriatric Depression Scale (GDS, T.L.Brink and others), she showed a severe depression. The PIL Test (Crumbaugh), was used as a means to organize the approach to different topics. However, the PIL Test proved that Ada was going through a meaning crisis. She had lost her most relevant identity structures (she was a widow, no longer a pianist or professor, not even a reader or a traveller), and this tore down her value structure. Nothing seemed to make sense and she went through desperation to confusion and to a severe depression. Encountering decadence and nothingness, she showed a depressive noogenic disease. Thus, she looked for suicide as a solution to kill that experience of desperation and hopelessness. Her days were a whirl of painful memories which got hold of her and according to her own words "chased her day and night". The recurrent mental pictures were her mother's death after a long agony - she had suffered from a terminal illness -, the blood spots on the walls of her father's room who had died alone suffering from a hemorrhage produced by a disorder of the prostate - her father's bloody hand prints were left on the walls on his way crawling to the bathroom where he finally died -, her husband's agony, her best friend's suicide - only 3 years ago - and other objectively less dramatic but emotionally important sorrows.

With this burden, added to her own life condition, Ada only wished to die and she refused, consciously or unconsciously, to recover even from her organic diseases.

Slowly and with an intensive plan of reminiscence, I aimed to break that painful fancy and include in the memory circuit non-painful contents. I focussed on those related to her maternal grandfather - key in her affective history -, her contact with music, especially the piano, the best memories of her mother and the efforts she had made so that she could learn to play the piano, and aspects of her father, severe but kind, a communist ever involved in political meetings and street demonstrations.

Slowly we started to approach the piano, her studies, concerts and pupils. In fact, it was not easy to lead and restrain those memories without falling into a painful depressive self-compassion for the present decadence.

One day, Ada was waiting for me in the living room. That was the only time during her treatment that we met in a place which was not her own room. "Vladimir", her piano, was in the living-room. Ada gesticulated as never before when she spoke, even sat up to dramatize

situations, within her possibilities. In that interview, the topic of music appeared again. She talked about the difference between a composition ending "in crescendo" and one ending "in diminuendo". After her explanation I involved her in the following dialogue:

ME: What makes a play end one way or the other?

ADA: Well...it depends on the content of the play and the composer's will.

ME: It means each composer, you for example, decides whether his play will finish with a glorious chord or not?

ADA: Sure...as you say... if it finishes in crescendo, it finishes with a glorious chord...

ME: Almost as it happens with our own life, doesn't it?

ADA: ...

ME: One decides whether his life will finish in diminuendo or in crescendo, whether one will leave this world "without sorrow nor glory" or will finish it with all his power...with glory...

ADA: ...You are right...it is like that...

ME: I believe the life of an artist can't finish but in crescendo, because the artist is the one who can always find, compose, invent or create an answer to his life...

ADA: ...Yes...it should be like that...

ME: Truly ... it should be like that...

A few days later, when I visited her and greeted her as usual ("Hello Ada, how are you?"), she answered "Very well, thinking life is worthwhile living. I have just decided I will not give in easily". It was September-October 1988. Her clinical condition was stable and balanced. She had definitively lost her eyesight. Through those months there had been lapses and moments of great depression, but in general Ada's psychic state was good. In those days, her daughter got pregnant for the first time, after having been married for seven years. Thus, a new hope and expectation grew. Ada was rapidly regaining roles. Not only had she not lost her role as a professor (1), but she also discovered a new one - the role of grandmother - and at the same time she re-created her role as a mother, since her daughter asked her questions about pregnancy and the future bringing up of her baby, thus making her feel needed as a mother. From then on, Ada's situation improved in every sense. I told her to contact on institution for the blind where she was trained to move about the house without any risk and with security. She accepted my suggestion with enthusiasm.

I encouraged her to use a tape recorder so that she could listen to her tapes of Berta Singerman (a very important Argentine actress who used to recite poems). I taught her to use the buttons of the tape recorder as if they were the keys of a piano; thus, DO was EJECT, RE was STOP, MI was PLAY, FA was FFW and SO was RWD. To my surprise, one day she welcomed me with a copybook in which she had written something. We were in June 1989, and with quite legible handwriting, she had written two things:

"a word of good memory"

"That who can see
all the things in me
and in whom I see everything, that one
will love me and I will too

Adik
First love"

The only thing I could not understand was that word "Adik", that finally turned out to be a name, the name of her first love, a love which had been frustrated by social differences. (She was of a very humble condition and he belonged to a very wealthy family). Ada knew she had written something, but she could not remember what it was. When I read the phrases aloud, her face brightened up with joy, in the first place because the written words were legible, and in the second place, for Adik's memory. During the following interviews, we focused our attention on him. Ada enjoyed talking about him. We talked about love, her affairs and her marriage. She had married a very kind man but she had never really loved him. It was really a "word of good memory" or perhaps, a pleasant memory which encouraged her to write. The fact was that Ada was now also able to write. A month had passed since her first writing. At the very beginning I tried to persuade her into writing again but then I realized that she would do it on her own whenever she wanted. A month later, when I no longer insisted, she wrote two phrases again:

"The greater part of the science of life
is forgetfulness"

"A thick and dull cloak
for all the things
that must be forgotten"

She did not remember what she had written and when I asked her what she had wanted to express or what she had been thinking about when writing that, she answered, "it may be a defense against bad memories that sometimes are likely to invade me... like deaths...". And she added, "I remember my grandfather... a nice memory...he was a gentleman...he resembled Anatole France".

During the following days, Ada wrote some phrases, seemingly out of context, each time more legible and with even better handwriting. Thus, she once wrote:

"Envy is
like a greasy stick"

She commented to me that when she wrote it she might have been thinking that the one who climbs by evil means, finally falls down. Ada's last writing is the following:

"The goodbyes
the absence, the
return..."

When I reminded Ada what she had written - she never remembered what - and pointed out it was a very nice phrase, she told me:

"Yes...it is very nice but...ah!...
know what?...in fact it is a beautiful
sonata by Beethoven who usually gave
a name to each movement..."

Anyway, and in the particular case of Ada, it is still a beautiful and meaningful phrase, indeed.

I do think that the presentation of Ada's history is interesting because it clearly shows the complementary roles of the appealing and the life review or reminiscence techniques in the treatment of a noogenic depressive disease.

Ada truly suffered from the disease and from a negative identification with "not being", decadence, nothingness; her desperation and her feeling of meaninglessness carried her to suicide as an alternative to make that painful experience come to an end. As it has been shown, working with "reminiscence" guided her to a point where she could find a fact in her history which had been lost; by "appealing" we started to work on that fact now rescued and recovered. From then on, the way towards meaning followed its course.

3. Final Thoughts

Everyone must eventually face the ageing crisis which is really a crisis of identity. At that moment, each of us will be questioned about himself. But who will be the questioner, the inquirer? - Life, life itself. Is it then a philosophical situation? Of course not, it is not man questioning about life, it is life questioning man about his own, singular, real, concrete, daily life. Thus it is a vital situation and that is why I say that each of us will face it at the proper time. In that moment, we will have to go through a deep conflict, because our identity itself seems to be lost. Retirement, widowhood, deaths, diseases, children's growth, social changes, and other impacts will checkmate us just as if we had lost our memory as a result of a knock-out and did not know who we are. Then the way we decide at this crossroads will point out our transit to a meaningful, a depressed or a weakly old age.

As in Ada's case, there are people who cannot resist this feeling of identity vacuum, adopting for themselves an archetype pretending to cover that vacuum. Usually the "juvenile archetype" or the "wreck archetype" are then adopted. They illustrate the intention of man to cling to vigorous yestertimes or let oneself fall down into an anticipated end. In this case we can talk about a "depressive disease", and depressive symptoms manifest the key of this disease: man gives up his search for a meaningful answer, adopting a mask, a borrowed answer. When man gives up this search for meaning, he goes through a noogenic depressive disease.

The reminiscence scheme looks for facts in the individual's history which would let him know himself, remember himself, recall himself; appealing encourages his present "want to be" so that he sticks with and orients himself towards his original "should be" or to the fulfillment of a meaningful destiny for himself.

In every case, we also must accept that the primary resource is the elderly themselves. As existential companions, we guide the process (not the person); we become a kind of catalyst, inducing an uncontrolled reaction. Then we become spectators of a wonderful and intense humanization process in a life which seemed to be destined to end without sorrow or glory.

As Ada wrote in her last writing, when the elderly has already said "goodbye" and his life is practically an "absence", through reminiscence and appealing we can help them to "return".

4. Summary: Logotherapy and the Treatment of the Geriatric Depression.

From the very beginning, ageing means an important trouble for mankind. We may find many attempts to discover the "fountain of eternal youth", some of them developed by magicians and false scientists, but other ones, proposed by geriatricians and professional searchers. Nowadays, medical progress provides us with a quite considerable life-span, but man is still looking for more years to live.

Geriatricians are working in the attempt to provide an answer to this longing; psychologists are doing their own to provide quality to life, to those later years. That is why a few decades ago there appeared a new branch in psychology, known as "Psychogerontology". It pretends to make psychotherapy accessible to elders, but it has failed in two ways: first, it pretends to transfer the clinical strategies for adults to elders, ignoring the fact that old people represent a particular population with particular characteristics, so that those strategies must be recreated or indeed created; second, psychogerontology pretends to approach elders by way of psychoanalysis, individual psychology, conductive schemes, and others, considering the instinctive conflict as the key of their situation.

I am convinced that the only psychotherapeutic strategy to approach the elders' situation is provided by Logotherapy, because it is prepared to guide people to discover the meaning of life and its constituents, like suffering, isolation, freedom, health, disease, love, death. It recognizes the person of the individual behind his or her situation and condition, and it does not regard power or pleasure, but spirituality as a powerful means to transcend our present in order to reach our goals.

And of course, suffering, isolation, freedom, health, disease, love and death are daily troubles on elders' life. They are difficult to solve approaching them from the will to power or the will to pleasure. They only find a significant resolution from the will to meaning.

Logotherapy is the most valid psychotherapeutic strategy to approach the elders' situation and condition, their daily life and their mental or emotional diseases. It provides a very important horizon of diagnostic instruments and, mainly, an endless world of resources to resolve the human situation, namely the universal will to meaning of a human being. Its psychotherapeutic techniques are particularly recommended for those psychogerontologists who contend to lead their patients to be aware that their lives are still an incomplete task, encouraging them to pledge themselves in order to complete it by living a meaningful and satisfactory ageing, far from the heavy and misty ghost of depression.

Footnote:

(1) She had 4 classes with one of her ex-pupils who was preparing a solo performance and wanted Ada's opinion on it.

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Excessive Behaviors and Meaning-in-Life Among the Active Elderly in Israel

David Guttman and Ben-Zion Cohen

Abstract:

What role does meaning-in-life play in the prevalence of excessive behavior patterns among active Israeli aged? Are such behaviors new, that is, developed after retirement, or do they manifest a continuation of previous life-style patterns? What other factors affect these behaviors? Exploration of these questions is necessitated by the fact that between 1960 and 1980 the elderly population in Israel has grown threefold, while the general population increased by only seventy percent. Moreover, the recent influx of immigrants from the former Soviet Union contains a large proportion of elderly people, placing an ever increasing demand on the Israeli health care and social welfare systems.

The above questions were investigated in a sample of 148 active elderly living in the community with a shortened form of the Purpose-in-Life test. Excessive behaviors studied were medication abuse, alcohol consumption, smoking, and gambling. Subjects were participants at four retired persons' clubs operated by the municipal authorities in the city of Haifa. These four clubs were chosen to represent neighborhoods with differing socioeconomic levels and ethnic compositions in which attendees live. Data were collected by trained interviewers and recorded on a prepared schedule, which contained items on the demographic, familial, physical, and economic conditions in the past (age 50) and at present. Additional information was sought on their use of medications, consumption of alcohol, smoking, and gambling.

Findings indicated that the overall prevalence of excessive behaviors in this sample was lower than expected. Meaning-in-Life had a positive correlation ($\eta = .63$) with these behaviors. However, it is not clear from the causal order whether these behaviors affect meaning-in-life, or whether they are affected by it. This finding needs further study with different samples and in different settings to ascertain its applicability to other elderly populations. From the additional findings it appears that excessive behaviors are associated with life style changes, even when these changes are for the better. Continuity in life style contributed to meaning-in-life, as did a secular outlook on life, economic situation and current level of health. A negative association found between meaning-in-life and religiousness needs further study as well.

The results offer further confirmation of the importance of Frankl's concept of meaning.

Zusammenfassung:

Welcher Zusammenhang besteht zwischen Lebenssinn und exzessiven Verhaltensmustern im Alter? Hat sich solches Verhalten erst im Ruhestand entwickelt oder ist es eine Fortsetzung des früheren Lebensstils? Welche weiteren Faktoren beeinflussen dieses Verhalten? Die Untersuchung dieser Fragen ist dadurch notwendig geworden, daß die Zahl der älteren Menschen in Israel zwischen 1960 und 1980 auf das Dreifache angestiegen ist, während die Gesamtbevölkerung nur um siebenzig Prozent zugenommen hat. Auch besteht der jüngste Zuzug von Einwanderern aus der ehemaligen Sowjetunion zu einem großen Teil aus alten

Leuten, woraus sich eine erhebliche Belastung des israelischen Gesundheits- und Wohlfahrtssystems ergibt.

Die oben angeführten Fragen wurden an einer Stichprobe von 148 aktiven Senioren, die nicht in Altersheimen wohnen, untersucht. Dabei wurde eine verkürzte Form des Purpose-in-Life-Tests verwendet. Die exzessiven Verhaltensweisen, die studiert wurden, waren: Medikamentenmißbrauch, Alkoholkonsum, Rauchen und Spielen. Die Versuchspersonen waren Mitglieder von vier Seniorenklubs, die von der Stadtgemeinde Haifa betrieben werden. Die vier Klubs wurden so ausgewählt, daß sie Bezirke mit verschiedenen sozioökonomischem Status und ethnischer Zusammensetzung repräsentierten. Die Daten wurden von geschulten Interviewern gesammelt und in einen Fragebogen eingetragen, der demographische, familiäre, körperliche und ökonomische Bedingungen der Versuchspersonen in der Vergangenheit (Alter 50) und der Gegenwart festhielt. Weitere Fragen betrafen den Gebrauch von Medikamenten, den Konsum von Alkohol, Rauchen und Spielen.

Die Ergebnisse zeigen, daß die Häufigkeit des Auftretens exzessiver Verhaltensmuster in der Stichprobe geringer war als erwartet. Subjektiver Lebenssinn zeigte eine positive Korrelation ($\eta=0.63$) mit diesen Verhaltensweisen. Es ist aber nicht klar, ob das betreffende Verhalten das Sinnerleben beeinflusst oder umgekehrt. Weitere Untersuchungen an anderen Stichproben und unter anderen Bedingungen werden nötig sein, um die Gültigkeit dieser Resultate für andere Populationen von älteren Menschen sicherzustellen. Aus den weiteren Ergebnissen geht hervor, daß exzessives Verhalten offenbar mit Veränderungen im Lebensstil zusammenhängt, und zwar auch dann, wenn es sich um Veränderungen zum Besseren handelt. Eine Kontinuität im Lebensstil fördert das Sinnerleben, ebenso wie eine diesseitige Lebenseinstellung, die ökonomische Situation und der Gesundheitszustand. Die gefundene negative Korrelation zwischen subjektivem Lebenssinn und Religiosität erfordert ebenfalls weitere Untersuchungen.

Insgesamt liefern unsere Resultate einen weiteren Beweis für die Bedeutung des Franklschen Sinnkonzepts.

Introduction

..."Man's search for meaning is a primary force in his life and not a secondary rationalization of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own will to meaning". [1] (p.97)

When a person is unable to discover, recognize, and accept meaning, he finds himself in an "existential vacuum". This vacuum cries out for fulfillment. Those who are unable to fill their lives by finding a meaning are apt to pay a price in the form of psychiatric symptoms, such as anomie, addiction, and aggression, which in their severest forms lead to what Frankl has termed "noogenic neurosis." And they suffer from anxiety and depression. Frankl claims that this is also true of the crises of pensioners and ageing people. [1]

Based on the above, the authors of the present study were interested to learn what role meaning-in-life plays in the prevalence of excessive behavior among active Israeli aged? Whether such behaviors are new, that is developed after retirement, or manifest a continuation of previous life style patterns? And what other factors affect these behaviors? Exploration of these questions is accentuated by the realization that between 1960 and 1980 the elderly population in Israel has grown threefold while the general population increased by only seventy percent. Moreover, the recent influx of immigrants from the former Soviet Union has contained a large proportion of elderly people, thus placing an ever increasing demand on the Israeli health care and social welfare systems. Thus the responsible professional can no longer look upon an eighty-year-old abusing alcohol or medications, or complaining that life has lost its meaning, with benign neglect. Awareness of the wide range of human behavior, and individual coping with the vicissitudes of ageing, require a similar, and equally diverse, set of strategies and answers.

Continuity and Change

Adjustment to ageing is best understood by examining the complex interrelationships among biological and social changes against the backdrop of life-long experience [2,3]. In the process of becoming an adult and in meeting the challenges of adulthood, each of us develops attitudes, values, commitments, beliefs, preferences and tastes which we integrate, for better or for worse, into our personalities. As we become older we are predisposed to maintain continuity not only in these varied aspects of personalities, but also in our habits, associations, and surroundings. The failure to preserve a sense of continuity, as occurs frequently in the transition to institutional surroundings, is one of the most common precipitators of maladjustment and dysfunction in the elderly [4].

The conventional wisdom is that older persons are the same as they always were, only more so. This statement probably comes closest to the reality of ageing, provided that personality traits and habits are such that they can be extended into old age and continue to enjoy a degree of social approval. Furthermore, there are no major social, familial, economic, or geographic disruptions, and the physical processes of ageing present no inordinate difficulties. Atchley [3] refers to this state as "external continuity." Persons remaining in their natural environments, interacting with familiar persons, and exercising their strongly internalized skills and competencies, reinforce their feelings of self-worth and self-esteem:

Their heightened sense of autonomy and self-sufficiency allow them to be as they always were, and as many of the responsibilities of younger adulthood fade away, they can be even more so.

Frankl asserts that each situation represents a challenge to man and presents a problem for him to solve. Everyone has his own specific vocation or mission in life to carry out a concrete assignment which demands fulfillment [1]. Change thus is inevitable. New life experiences, new environments, new technologies, and various losses in the physical, psychological, and the social spheres constantly challenge our adaptability. Atchley [3, p. 243] points out that we respond by defending our beliefs, our lifestyles, and our behaviors, "because to us they seem necessary for our security and survival. And the more valuable the person sees himself to be, the stronger the internal motivation for continuity."

Among the elderly continued involvement in social networks and community affairs allows for less preoccupation with the past because self-worth is not contingent on "past glories." Elderly activists attain, in most cases, a sense of being in charge of their own lives.

The endless combinations of changing factors to which the ageing person needs to adjust are paralleled by an equally wide range of adjustment patterns. This immense complexity is mitigated only slightly by the commonalities of cultural and ethnic traditions, and a bit more by the similar responses of persons moving together through the life cycle. Within this rich diversity, social problems, and addictive and excessive behaviors are certainly present in significant quantities.

Excessive Behaviors

Frankl [1] claims that man has lost some of the basic animal instincts in which an animal's behavior is imbedded and by which it is secured. In addition however, Frankl says: "man has suffered another loss in his more recent development inasmuch as the traditions which buttressed his behavior are now rapidly diminishing. No instinct tells him what he has to do, and no tradition tells him what he ought to do. Sometimes he does not even know what he wishes to do. Instead, he either wishes to do what other people do (conformism) or he does what other people wish him to do (totalitarianism)." [1, p. 106]

The prevalence of excessive and addictive behaviors among the elderly is largely unknown. Similarly, the degree to which such behaviors represent continuity or innovation is an unexplored topic. The excessive behaviors studied in the present research were: substance abuse, alcohol abuse, gambling, and smoking. The concept of "excessive behaviors" was chosen for this study as it is more inclusive than "addictive" or "deviant" behaviors [5].

Substance Abuse

The most common deviance among the elderly is probably substance abuse, which can take several forms: Abuse of over-the-counter (OTC) medications; abuse of prescribed, particularly psychoactive drugs; alcohol abuse; and cigarette smoking. While ageing is not an illness, 80 to 85 percent of the elderly reportedly suffer from at least one chronic medical condition, compared to only 40 percent of the population under 65 years [6,7]. Most of the chronic conditions prevalent in the elderly population can be relieved or controlled by the proper use of medication, prescribed or OTC. In the United States where the elderly constitute 12 percent of the population, they consume more than 25 percent of the medications [8]. Similar findings have been reported for Britain [9] and for Sweden [10]. There are no data available in Israel about the use (legal or illegal) of medications by the elderly [11], but it is fair to assume that in Israel, as in the rest of the developed world, the elderly are the group most at risk for the abuse of medications.

Elderly people abuse medications in a variety of ways. They may not follow the directions of the physician, use them too much, too little, and/or use them at inappropriate times. They may disregard or not be aware of drug interactions with other drugs, with alcohol, etc. And they may use the medication against medical advice [8]. In addition, there is the danger of dependency, particularly with medications for which dosage must be increased to maintain the effect [12]. Moreover, the use of medication in suicide among the elderly has been noted repeatedly; barbiturates are the most common suicide drug for this population [13].

Medications consumed by the elderly are used by and large for treatment and relief of some major diseases, as well as for the common ailments of old people: insomnia, pain, digestive malfunction, nervousness, depression. The preference for OTC preparations, some 40 percent of all medications consumed by the elderly in the U.S. [14] may have less to do with the trouble and expense of a visit to the doctor, than with the safety and comfort associated with a familiar medicine. Interestingly, one study found that the most common form of medication abuse by the elderly is using less than instructed by the physician [8].

There are few indications of widespread use of illegal drugs by the elderly. DuPont [15] found that only 2 percent of the 50+ population of the U.S. used marijuana, compared to 56 percent of the 18-21 age group. While some studies have uncovered hidden addiction among older persons (e.g., Chapel [16]), most experts agree with Winick's [17] claim that illicit drug abusers typically "mature out" before age 50.

Alcohol Abuse

"Such widespread phenomena as alcoholism and juvenile delinquency would not be understandable unless we recognize the existential vacuum underlying them" [1]. Alcohol abuse by the elderly falls into two categories: "early onset" drinking problems, beginning at an early age and persisting into old age, account for about two-thirds of elderly alcohol abusers; "geriatric alcoholics" begin their compulsive drinking at middle age or later. This "late onset" group shows less psychological and health impairment and has better chance for recovery with appropriate treatment and support [18,19].

After heart disease and cancer, alcohol abuse is the third leading health problem in the United States. Alcoholism can shorten life expectancy, cause heart disease, brain damage, falls and accidents, and impotence in men. Butler and Lewis [12] claim that chronic alcoholism can lead to liver dysfunction, and general deterioration of the personality.

Alcoholism in the former Soviet Union is wide-spread and steadily growing as alcohol is central, culturally accepted and supported. "Soviet citizens consume an average of 11.2 litres of pure alcohol per year and an estimated 4.4 litres per head of samogon or home-brew; this makes them the world's heaviest drinkers of distilled spirits." [20, p.441]. There are no statistics available about the proportion of the elderly among the alcohol abusers in that country, but a much shorter life expectancy, especially for men, than in other developed countries is a good indication of its consequences.

Zinberg [21] found that alcohol abuse was responsible for a high percentage of psychiatric hospitalizations among the elderly. Glantz [22] studied alcohol abuse over the life-span and found that excessive drinking peaks between ages 40 and 50, and then declines gradually until age 65. After 65 there is a sharp increase. Alcohol-related problems such as drunkenness, driving under the influence, appear to be on the rise among the elderly in the United States according to statistics on citations and arrests [23,24]. Comparable statistics on alcohol abuse by the elderly in Israel are not available.

Gambling and Smoking

Compulsive gambling among the aged is another topic about which little is known, although visitors to casinos in Nevada or Atlantic City invariably notice that many of the customers, especially at the slot machines, are elderly, and many of these elderly are women. Cardplaying is a common activity, where allowed, both at old-age homes and at day-centers for the elderly.

This phenomenon seems to be as common in Israel as in the U.S. Rosencrance [25] viewed the sustaining social arrangements that develop among the players and the social rewards derived from the game as the major factors in excessive gambling. Elderly customers are very much in evidence at the booths where the lottery tickets are sold but, once again, no age-specific data are available.

Rogers [26] has pointed out that the typical cigarette smoker in the older population groups is a person who started smoking without fully realizing the consequences, and subsequently was unable to quit. In 1986, in the U.S., 26.5 percent of the population was smoking. This included 16.7 percent of males and 12 percent of females over 65, indicating that the over-65 group smoked less than the general population [27]. Comparable figures for Israel are not available.

The present study will examine the prevalence of the above behaviors in a sample of Israeli elderly, socially active and living in the community. It will also examine their attitudes to life and attempt to identify the relationships among continuity, attitudes, and four behaviors: medication abuse, drinking, gambling, and smoking.

Method

Sample:

A team of trained interviewers approached persons in attendance at four Retired Persons' Clubs operated by the municipal authorities in the city of Haifa. The four Clubs were chosen to represent neighborhoods with differing socioeconomic levels and ethnic compositions. A total of 117 interviews were obtained at the Clubs. Each interviewee was asked if he could recommend a friend, not present at the Club, who might agree to an interview at his or her home. This resulted in an additional 31 (20.9%) respondents who proved similar to the original 117 (79.1%) in their personal attributes. All of the subjects were living in the community and none were invalids.

Instruments:

The data were collected by the interviewers and recorded on a prepared schedule. The schedule contained items soliciting information on the demographics of the respondents; items regarding their perceived familial, social, physical, and economic conditions in the past (age 50) and at present; items on their use of medications, consumption of alcohol, smoking, and gambling; and a ten-item meaning-in-life scale based on the Purpose-in-Life Test (PIL) [28,29].

The Purpose-in-Life (PIL) Test was developed by Crumbaugh and Maholick [28] as an operationalization of Frankl's [1] basic concept of "existential vacuum". Frankl explained that

the existential vacuum is a "widespread phenomenon of the twentieth century" and manifests itself mainly in a state of boredom [1].

The PIL has demonstrated its usefulness both in therapy and in research. The test has two parts. The first part consists of twenty statements in the semantic differential format. Each statement is rated on a seven-point scale. The second part contains thirteen sentence-completion items. For the present study, a shortened form of the first part was employed, that is, ten semantic-differential statements. These covered the topics addressed by the PIL and were considered closest to the concept of meaning-in-life: the quality of life, the sense of self-worth, the neo-dynamic dimension, i.e., the tension between what one feels has been achieved so far in life and what he or she still wishes to accomplish [1], clarity of goals, and diversity of experience. (The ten items are presented in Table 5, below).

An additional set of questions in the interview schedule elicited information on the respondent's lifestyle - his present occupation, voluntary activities, religiousness - and on recent significant events, such as an operation, an accident, or the death of a loved one.

Results:

The demographic and personal characteristics of the subjects are displayed in Table 1.

- Table 1 here -

As can be seen in Table 1, the mean age of the subjects is 75, and 70.3 percent (n=104) are female. The majority of the sample immigrated from the USSR or Eastern Europe (59.9%, n=88), but this is not a sample of new immigrants. Of the 137 (92.6%) born outside of Israel, 90.5 percent (n=124) have been in the country at least thirty years. The level of education is surprisingly low (mean = 9.7 years, sd=4.0); many of these are persons whose educations were interrupted by World War Two and the Holocaust. The largest category of marital status is "widowed" (52.7%, n=78) and 49.0 percent (n=72) live alone. A large majority (86.6%, n=123) are retired, and 23.0 percent (n=34) describe their current economic situation as poor or very poor. All the subjects are Jewish and they divide about equally into religious-traditional (49.3%, n=72) and secular (50.7%, n=74).

Table 2 presents the prevalence of the four excessive behaviors examined by the study: consumption of OTC medications, consumption of alcoholic beverages, cigarette smoking, and gambling.

- Table 2 here -

All four of the behaviors presented in Table 2 are less prevalent in the sample than the literature might lead one to expect. Of the twenty-two (14.9%) respondents reporting daily use of OTC medicines, fifteen stated that they were referring to aspirin or aspirin-type preparations; one was referring to a multipurpose vitamin tablet. Only one subject reported a frequency of alcohol use more than once daily. Most of the subjects (61.8%, n=89) had never smoked cigarettes, sixteen (11.1%) admitted to being regular smokers. Of these, seven stated

that they are smoking more in old age than they are did before. Seventeen subjects (11.5%) reported playing cards more than once a week, nine (6.1%) stated that they purchased lottery tickets at the rate of more than one a week. The total number of persons in the sample reporting at least one of these behaviors was fifty-three (36.1%); of these, thirty-eight (71.7%) stated that these behaviors had either begun or significantly increased since age fifty.

Table 3 presents the subjects' responses to questions about whether their personal situation had improved, deteriorated, or remained essentially unchanged since the age of 50. The questions covered nine areas in which change often proves threatening to the elderly.

- Table 3 here -

As can be seen in Table 3, deterioration was reported by a majority of respondents for health (65.6%, n=97), sleep (65.5%, n=97), and general level of energy (67.6%, n=100). A majority reported that no essential change had taken place in the areas of appetite (58.6%, n=86), digestion (59.5%, n=88), and emotional state (68.9%, n=102). This last variable was measured by a question asking the respondent how well he or she deals with anger. The fifteen subjects (10.1%) reporting that in old age they had improved in this area, constituted the largest number reporting improvement on any of the variables presented in Table 3, except for living arrangements (with whom the subject lived). While all of the subjects were living in the community, most had experienced a change in the composition of their households: Sixty-seven (45.6%) said their situation was worse than it had been, 42 (28.6%) said it was the same, and 38 (25.9%) reported improved living arrangements.

To explore the influence of continuity vs. change on excessive behaviors in the sample, two indices were constructed. The first, a dichotomous index of excessive behavior, included anyone with a positive response in the first category of any variable in Table 2, above, in the "yes" (n=53) group; all other were placed in the "no" group (n=94). The second index, a measure of continuity vs. change in old age, was based on the variables of Table 3. Each response indicative of either improvement or deterioration was scored 1, no change was scored 0. The result was an eleven category index ranging from 0 to 10, with a mean of 5.2 (s.d. = 2.2) and a near-normal distribution. The index of excessive behaviors, when correlated with the index of continuity, yielded a moderately strong correlation ($\eta = .28$), indicating an influence of continuity on the presence of excessive behaviors for these subjects. This relationship is presented, along with the bivariate association of excessive behavior with additional variables of interest, in Table 4.

- Table 4 here -

As is evident from Table 4, the variable most strongly related to excessive behavior is meaning-in-life ($\eta = .63$). Other variables showing moderately strong correlations with excessive behaviors are improvement in lifestyle ($\eta = .39$), level of education ($\eta = .32$), and hours per week spent volunteering ($\eta = .31$).

The bivariate correlations presented in Table 4 did not prove robust in multivariate analysis. A simple discriminant analysis explained less than 9 percent of the variance of the dependent variable (Wilks' lambda = .913). As described in the previous section, the study utilized a

short form of Part I of the Purpose-in-Life test [29] as a scale to measure meaning-in-life. As in the original instrument, each of the items was scored on a seven-point scale. Table 5 shows the means and standard deviations for each of the ten items, its correlation with the total scale, and Cronbach's alpha, a measure of reliability based on the principle of inter-item consistency.

- Table 5 here -

The range of inter-correlations (.41 to .81) and the value of Cronbach's alpha (.88), seen in Table 5, attest to the reliability of the meaning-in-life scale as used in this study. The highest ratings (mean = 5.2) were given by the respondents to the item stating that "life has been significant", reflecting their agreement with that statement. The lowest ratings (mean = 3.4) were assigned to the item stating "each day is different."

Table 6 presents the results of a multiple regression analysis with meaning-in-life as the dependent variable.

- Table 6 here -

The multiple regression equation shown in Table 6 explains a considerable amount of the variance in the subjects' scores on the Meaning-in-life instrument ($R = .37$). Loneliness contributes the strongest prediction ($\beta = -.37$), followed by changes in lifestyle ($\beta = -.18$) and previous socioeconomic status ($\beta = .18$). The first two of the predictors are negatively associated with meaning-in-life; i.e., the less lonely the subject and the less the subject has undergone lifestyle changes, the higher the meaning-in-life score is likely to be. An unexpected finding is the negative association of meaning-in-life with religiousness.

Discussion

As stated previously, "excessive behaviors" were chosen - rather than "addictive" or "deviant" as the former is more inclusive [5]. Even so, the subjects of the study provided only a modest amount of such behavior to be analyzed. Daily use of OTC medications, daily alcohol use, gambling, and smoking, even when defined at levels that are only mildly "excessive," did not reach a prevalence rate of 15 percent in the sample. It may be that these behaviors are less common than expected among the elderly in Israel, but it is more likely that the low rates are a result of the sampling method employed. The subjects were recruited through clubs for senior citizens and nearly 80 percent were members of these clubs. They are, therefore, "active" elderly and may not be representative of less socially involved persons in the same age group.

Based on the results of this study, we may say that no dramatic patterns emerged with respect to involvement of the elderly respondents with excessive behaviors. The correlation of such behaviors with meaning-in-life proved strong ($\eta = .63$) but the causal order is ambiguous; it is not clear whether the behaviors affect the meaning-in-life or whether they are affected by it. Two other correlations, while less powerful, are of interest: The correlation of excessive behaviors with change in lifestyle ($\eta = .28$) and with improvement in lifestyle ($\eta = .39$). It

appears that excessive behaviors are associated with lifestyle change, even when these changes are for the better. When lifestyle is continuous, and the elderly person is interacting with familiar stimuli, the likelihood of developing excessive behaviors is reduced. The excessive behaviors, as reported by this sample, do indeed "develop." Most often, they are either new behaviors or have significantly increased in old age. This was of special interest in the case of cigarette smokers; of sixteen respondents who defined themselves as regular smokers, six had significantly increased their smoking when past age fifty, and two had actually begun smoking when past fifty. Nine of the seventeen regular cardplayers had begun playing cards since age fifty as well. Thus, for this sample, the excessive behaviors are more innovation than continuation of previous behavior patterns.

Most of the subjects of this research experienced significant changes in their later years. While most reported that their economic situation and living arrangements had either remained stable or improved, a majority reported deterioration in their general health situation, their sleep patterns, and in their level of energy. More than half said that their situation concerning appetite, digestion and emotional state had not changed significantly.

The extent to which these subjects found meaning in their lives related most strongly to how often they felt lonely. This finding is supportive of theories about loneliness, which is one of the least discussed subjects in gerontological literature [30]. One of the difficulties inherent in understanding loneliness in old age is that it is often conceptually confused with, or, at least, closely associated with a variety of related but distinct topics, such as isolation, desolation, loss, depression, sadness, boredom, desperation, estrangement or alienation. All of these outward expressions of the psychological and social state of loneliness may or may not be present in the case of an individual. As Maimonides has said: "Old age in practice, alas, is different from old age in theory..." [31, p.280]. Or as one of the subjects in an early study has put it: "I have no family, I have no money, and all my close friends are dead. No one cares what happens to me. My fling is over and I would just as soon die as not. My life is perfectly meaningless" [32].

Continuity in lifestyle also contributed to meaning-in-life, as did a secular outlook, economic situation, and current level of health. The negative association found between meaning-in-life and religiousness needs further explanation. In gerontological literature for example, Baum and Baum [33] found that religion had the strongest influence on the psychosocial health of those aged 68-72 years who have already undergone the scrutiny of their past lives. They found that influence can lead to integrity or to despair, depending largely on the mechanisms operating. Since the population in the present study was, by and large, older than the age group to which Baum and Baum [33] were referring, it may be assumed that these subjects had accomplished their life reviews. Thus a different approach to the above finding seems to be in order.

According to Frankl [1], even a person who stands on the firm ground of his religious convictions can still despair and lose meaning-in-life. Frankl cites the case of an old Rabbi from Eastern Europe who told him how desperate he was because he had no son of his own (his children died in Auschwitz) to say Kaddish (the prayer after the dead) for him. The old Rabbi's desperation was due, however, to his fear that he would not be able to join his martyred children in Heaven. In such cases, Frankl says, the role of the psychotherapist is to put himself in the place of the patient and draw upon the latter's religious convictions as a spiritual resource - thus opening a new point of view for the suffering experienced.

To sum it up: The sample under study in this research lacked representativeness and no conclusion can be drawn beyond its boundaries. The findings within this group of 148 elderly, however, offer partial confirmation for Atchley's [3] continuity theory in ageing. With regard both to the avoidance of excessive behaviors and to philosophical outlook, lifestyle continuity into old age appears to have lasting and salutary effects. The findings also offer further confirmation to the decisive importance of Frankl's [1] concept of meaning.

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Table 1. Description of the Sample

Age: Mean = 74.0, SD = 7.1 (Range 61 to 91)

Sex: Females 70.3% (104); Males 29.7% (44)

Birthplace:

Israel	7.4% (11)
USSR, Eastern Europe	59.5 (88)
Africa-Asia	24.3 (36)
Western Europe	6.8 (10)
Other	2.1 (3)

Education: Mean = 9.7 years, SD = 4.0

Marital Status:

Married	40.5% (69)
Widowed	52.7 (78)
Divorced	2.7 (4)
Other	4.1 (6)

Living Arrangements:

With spouse	38.1% (56)
With others	12.9 (19)
Alone	49.0 (72)

Perceived Economic Status:

Good	29.7% (44)
Satisfactory	47.3 (70)
Poor	23.0 (34)

Occupational Status:

Working in previous occupation	11.3% (14)
Working in new occupation	.7 (1)
Retired	86.6 (123)
Other	1.4 (2)

Previous Occupation:

Self-employed	11.0% (16)
Salaried professional	2.7 (4)
White collar, clerical	30.1 (44)
Technical, industrial	17.8 (26)
Housewives	24.7 (36)
Other	13.7 (20)

Religiousness:

Religious	6.8% (10)
Traditional	42.5 (62)
Secular	50.7 (74)

Table 2. Prevalence of Drinking, Smoking, OTC Medication Use, and Gambling in the Sample

Use of OTC Medications:

Daily	14.9% (22) [a]
Less than daily	85.1 (126)

Alcohol Use:

More than daily	0.7% (1) [b]
Daily	4.9 (7)
Less than daily	94.4 (134)

Cigarette Smoking:

Regular smokers	11.1% (16) [c]
Occasional smokers	4.2 (6)
Quit	22.9 (33)
Never smoked	61.8 (89)

Card Playing:

Regular players (more than one weekly)	11.5% (19) [d]
Play, but not for money	22.9 (34)
Occasional players	6.8 (10)
Non-players	58.8 (87)

Lottery Tickets:

Heavy players (more than one weekly)	6.1% (9)
Players (+/- 1 ticket per week)	17.7 (26)
Non-players	76.2 (112)

a. Of these, 15 report use only of aspirin or aspirin-type medications

b. Increased since age 50

c. Since age 50, 6 increased, 2 began

d. Since age 50, 2 increased, 7 began

Table 3. Perceived Changes in Old Age (since age 50)

Economic Status:	Better	18.9% (28)
	Worse	37.9 (56)
	Unchanged	43.2 (64)
Standard of Living	Better	22.3% (33)
	Worse	13.5 (20)
	Unchanged	64.2 (95)
Living Arrangements:	Better	25.9% (38)
	Worse	45.6 (67)
	Unchanged	28.6 (42)
General Health:	Better	6.8% (10)
	Worse	65.5 (97)
	Unchanged	27.7 (42)
		(includes: "as expected with ageing")
Appetite:	Better	5.4% (8)
	Worse	36.5 (54)
	Unchanged	58.1 (86)
Digestion:	Better	4.7% (7)
	Worse	35.8 (53)
	Unchanged	59.5 (88)
Sleep:	Better	3.4% (5)
	Worse	65.6 (97)
	Unchanged	31.1 (46)
Energy Levels:	Better	4.7% (7)
	Worse	67.6 (100)
	Unchanged	43.2 (41)
Emotional State:	Better	10.1% (15)
	Worse	20.9 (31)
	Unchanged	68.9 (102)

Table 4. Bivariate Associations of Selected variables with Excessive Behaviors

Excessive behaviors with continuity of lifestyle: $\eta = .28$

"	"	"	improvement in lifestyle:	$\eta = .39$
"	"	"	meaning-in-life	$\eta = .63$
"	"	"	current socioeconomic situation	Cramer's V = .13
"	"	"	marital status	$\phi = .04$
"	"	"	loneliness	$\phi = .08$
"	"	"	level of education	$\eta = .32$
"	"	"	volunteering	$\eta = .31$

Table 5. The "Meaning-in-Life" Scale (shortened)

Variable	Mean	SD	Correlation with other variables
1. Regards self as generally enthusiastic	4.5	2.0	.65
2. Finds life exciting	3.5	2.2	.60
3. Has clear goals	4.0	2.4	.64
4. Believes personal existence has meaning	4.7	2.0	.68
5. Perceives each day as different	3.4	2.1	.55
6. Glad to have been born	4.8	2.0	.41
7. Plans still to things he/she wanted to do	4.8	2.0	.58
8. Satisfied with achievements to date	5.0	2.0	.52
9. Finds life full of interesting things	4.6	1.9	.81
10. Believes life has been significant	5.2	1.9	.67

Cronbach's alpha = .88

Table 6. Multiple Regression Analysis on Meaning-in-Life

Independent Variable	B	SE	beta
1. Loneliness (0=infrequent, 1=frequent)	-1.07	.22	-0.37***
2. Religiousness (0=secular, 1=traditional, religious)	-0.44	.22	-.15*
3. Continuity in lifestyle (ten point index)	-0.13	.05	-.19**
4. Prior socioeconomic situation(0=poor, 1=satisfactory, good)	0.52	.21	.18*
5. Current health situation (0 = poor, 1 = satisfactory, good)	0.49	.24	.16*

$R^2 = .39$

adjusted $R^2 = .37$

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Eclecticism, Evidence, and Logotherapy: a Study on the Foundations of Human Psychology with Special Reference to the Contributions of Viktor Frankl

James M. DuBois

Abstract

This paper is concerned with three basic themes. First, it is argued that eclecticism must be based upon a psychological metatheory: an underlying system of beliefs about the structure of the human person and human behavior. Second, in order to avoid having one notion of evidence for our metatheory and another for our practice and research, a broad notion of evidence is presented which justifies the use of many methods of gaining knowledge and thereby preserves the unity of psychological inquiry. Third, a presentation is made of some basic tenets of Viktor Frankl's logotherapy which the author thinks ought to be at the basis of all psychological endeavors. Among these basic tenets are the rationality of the person, the freedom of the will, and the recognition of values. These tenets may be justified using the notion of evidence sketched within the paper, and they provide sound criteria for selecting theoretical beliefs and tools of practice.

Zusammenfassung

Dieser Beitrag behandelt drei Grundprobleme der psychologischen Forschung und Praxis: die Natur der Evidenz, die Notwendigkeit einer psychologischen Metatheorie, und der Inhalt solcher Metatheorie. Erstens wird behauptet, daß der Eklektizismus auf eine Metatheorie gegründet sein muß, d.h. ein zugrundeliegendes System von Grundsätzen, die sich auf das Wesen des Menschen und des menschlichen Handelns beziehen. Zweitens wird ein umfassender Begriff der Evidenz als "Gegebenheit" (à la Scheler und die Münchener Phänomenologen) vorgestellt; mit Hilfe dieses Konzepts können wir die Einheit der Wissenschaft vom Menschen erhalten. Dieser Begriff der Evidenz wird die Verwendung vieler Methoden der wissenschaftlichen Forschung rechtfertigen, nicht nur der empirischen, sondern auch der philosophischen. Drittens stellen wir einige Grundgedanken von Viktor Frankls Logotherapie vor, die der Autor als unerläßlich für die psychologische Praxis betrachtet, und die zu jeder psychologischen Metatheorie gehören sollten. Zu diesen Prinzipien zählen die Vernünftigkeit des Menschens, die Freiheit des Willens, und die Erkenntnis von Wert an sich. Diese Ideen können mit dem vorgestellten Begriff der Evidenz gerechtfertigt werden, und sie bieten uns brauchbare Kriterien, auf Grund deren wir theoretische Behauptungen und praktische Methoden auswählen können.

Introduction

This study begins with the modest assumption that no psychological model to date offers a wholly adequate account of human being and behavior, but that each major model has something to offer. Accordingly, at least two possibilities present themselves. Either the

psychologist adheres dogmatically to one model, hoping that someday it shall provide for what is now missing, or he begins to adopt techniques and theses from more than one model. However, as soon the latter (and I think wiser) course of action is adopted, an obvious question arises. According to which principles, if any, is the individual (perhaps an eighteen-year-old student) to take or to leave a given tenet of psychology?

An answer to this question is highly desirable, for unless principles for a meaningful coherence are established, eclecticism will invariably proceed in an idiosyncratic and arbitrary fashion, producing a system without "explanatory power, internal consistency, or heuristic value" (McBride and Martin, 1990, p. 500). Moreover, Brammer (1966) claims that knowledge of theoretical rationale aids counselors in adapting to new situations and in developing new techniques. This is also what one would intuitively expect. Those who understand why something works may also understand why it breaks down, they may understand how to repair it and how to improve upon its design. Thus eclecticism cannot replace theoretical understanding, but should rather be built upon it.

To solve this problem of arbitrary eclecticism McBride and Martin (1990) have proposed immersion into two or more theoretical models such as the psychoanalytic, the behavioristic or the client-centered model. But it seems evident that such immersion itself is in no way a guarantee that the resulting system will be consistent and meaningful. If the selective activity of the eclectic psychologist is to produce a coherent system, then it must be based upon one unified, underlying, system of beliefs. Frankl writes, "There is no psychotherapy without a theory of man and a philosophy of life underlying it. Wittingly or unwittingly, psychotherapy is based on them" (1988, p. 15). This is illustrated by Corey (1977), who begins each chapter of his *Theory and Practice of Counseling and Psychotherapy* by explicitly exposing the view of human nature espoused by the theory under consideration.

In the light of our opening statement concerning the inadequacy of any model taken by itself, we can see that without an underlying view of human nature we would find ourselves in a serious predicament. On the one hand, without eclecticism our theory is inadequate, but with eclecticism our theory is arbitrary and in all likelihood incoherent. The satisfactory theory and practice of psychology, then, requires what might be called a psychological metatheory: an underlying system of beliefs which will allow us to select consistently elements from the various psychological models available today.

Once the importance of a sound metatheory is established, the question remains as to how it is to be developed. It is often said that psychology is an empirical science. One aim of this thesis is to show that psychology cannot be only an empirical science, it must be a hybrid science, drawing also from the traditional methods of philosophy. However, in saying this we do not want to destroy the unity of psychological inquiry as a scientific endeavor. Thus, an attempt will be made to present a notion of evidence which is sufficiently broad to encompass the methods of philosophy and the empirical sciences. Only then shall we examine a series of assertions about the nature of the human person which I believe to be evident, and to deserve a place in all psychological metatheories.

Throughout this study special attention will be paid to the writings of Viktor Frankl. Frankl states that it is "not the aim of logotherapy to take the place of existing psychotherapy, but only to complement it, thus forming a picture of man in his wholeness" (1986, xvii). Yet it would be a mistake to view logotherapy as merely one among many possible supplements, as merely another item on the table which the eclectic psychologist may take or leave. I am convinced that one does not begin to tap into the full value of logotherapy unless one grasps

the unique way in which it provides the psychologist with a metatheoretical foundation upon which one may build not only a consistent, but a sound eclectic system.

Evidence and the Methodology of Psychology

A proper understanding of the nature of evidence will aid us not only in the construction of a sound metatheory, but it will help us to restrict the scope of our conclusions to what is truly justified. Frankl (1988) has noted that the field of psychology is growing increasingly specialized. In and of itself this is not problematic: "What we have to deplore ... is not that scientists are specializing but that the specialists are generalizing" (p. 21). To cite one out of thousands of possible examples, we might consider the statement by D. O. Hebb which provides the opening citation to a popular text in biological psychology:

Modern psychology takes completely for granted that behavior and neural function are perfectly correlated. ... There is no separate soul or life-force to stick a finger into the brain now and then and make neural cells do what they would not otherwise. ... One cannot logically be a determinist in physics and chemistry and biology, and a mystic in psychology. (Kalat, 1992, inside cover).

Notice that Hebb attempts not only to speak for himself, but the whole of modern psychology as he moves out of his area of expertise, i.e. the physiology of the brain, to discuss the general structure of personal, conscious behavior and life. The justification which some scientists feel in making generalizations stems at least in part, I believe, from the restricted views of science and evidence which they espouse. According to Hebb, views which would recognize a soul or a life-force are not possibly the product of another nonempirical science, but only of mysticism. And this view is hardly the exclusive property of Hebb. A similarly constricted notion of science is to be found in Skinner (1990). Here he identifies as "prescientific" the view which claims that "a person's behavior is at least to some extent his own achievement" and opposes this to the "scientific view" according to which a person's behavior is determined by "a genetic endowment traceable to the evolutionary history of the species and by the environmental circumstances to which as an individual he has been exposed" (p. 96). Once again we find that the empirical sciences are not contrasted to nonempirical sciences, but rather to prescientific approaches to reality; and it is only the latter which would recognize the freedom of the person.

In restricting the methods of science to empirical observation and experimentation with objects which are definable in quantifiable terms, we put ourselves in the artificial position of needing to ignore or to deny a wealth of data which can never be given through these means.

In order to do justice to the inexhaustably deep phenomenon of the human person, we must study it as a whole. Eclecticism as such will not ensure that this happens, for it remains possible that one picks and chooses conclusions gained only through empirical methods. A wholistic approach to the study of human being and behavior requires that we carry out our investigations using a broad notion of evidence which allows for the use of many different methods of gaining knowledge.

Following the early phenomenologists, I suggest that we understand evidence as any form of givenness of an object to a personal subject. This notion of evidence is admittedly broad, but I think that this is precisely its strength. For thousands of years philosophers have argued about what should be counted as evidence, and they have often settled upon what is given through one or another particular form of knowing to the exclusion of others. At times Plato seems to restrict evidence to the intuition of the eternal and unchanging; Hume restricts evidence to our knowledge of perceptions and images; the Vienna Circle restricted evidence to that which is empirically verifiable; Franz Brentano at times restricts evidence to that which is given through inner-perception; and the list goes on. Each of these restricted notions of evidence ultimately led to grave errors, and to the impossibility of justifying many truths which are evidently known, and in some cases, (e.g. positivism) the impossibility of justifying the notion of evidence itself.

In contrast to those who restrict the notion of evidence to what is given through a particular mode of knowing, or to a particular kind of given object, Scheler writes that "what constitutes the unity of phenomenology is not a particular region of facts, such as, for example, mental or ideal objects, nature, etc., but only self-givenness in all possible regions" (1973, p. 145). Likewise, in the writings of Reinach (1989) and Hildebrand (1991) - both of whom were colleagues of Scheler in Göttingen - we find "evidence" described as above: any form of givenness of an object to a personal subject. This also seems to be the notion of evidence which Frankl, being deeply influenced by the writings of Scheler (Spiegelberg, 1972), begins with. He states that the philosophical foundations of logotherapy arose from the analysis of those data which "yield to that empirical approach which, since Husserl's days, is called phenomenological" (p. 18). And this, as Frankl understands it, means nothing other than basing our investigations upon experience, "rather than interpreting a given phenomenon after preconceived patterns" (p. 18).

Among Frankl's credentials as a psychiatrist must be counted not only his studies in philosophy and medicine, but also his experiences as a Jew in the death camps of Nazi controlled Germany. This perhaps makes it more understandable why he is less inclined to theorize on the basis of experimentation alone, independently of human experience in the world. His logotherapeutic metatheory has truly arisen phenomenologically, through reflection on his intimate contact with what is unambiguously given in human experience.

And there can be no substitute for such a phenomenological approach to the person. Firstly, it is only in this fashion that we allow the object of knowledge to determine how we come to know it. That we must allow the object to determine our mode of knowing is taken for granted in day to day living. We observe that colors can only be seen, sounds can only be heard, numbers can only be intuited, and so forth. Yet in science there is often the tendency to determine the methods first, and then select the object of study.

Secondly, the phenomenological approach to the person is indispensable because in approaching objects phenomenologically, we recognize that not all beings are, so to speak, onedimensional; we recognize that many beings must be known through more than one medium. Thus it is that Frankl (1988) has come to speak of a "dimensional ontology" (p. 23). He recognizes that there are many dimensions to the human person, and that these different dimensions may produce images which seemingly contradict each other, except when grasped in the context of the whole. This may be strikingly witnessed through consideration of the human body from the points of view of Leib (the body as we consciously live through it) and Körper (the body as a mere biological organism). Seifert (1973; 1989) draws this out in a brilliant fashion. On the one hand, when considered from the point of view of the lived-body,

the brain may seem so insignificant. It is not something we are aware of: unlike our hands, it feels no pain; unlike our eyes, it cannot express sorrow or love. Yet on the other hand, when considered as a biological organ, it is vastly more important than our hands or eyes. Without our hands and eyes we may continue to live, to feel pain and to demonstrate emotion; without our brains we may do nothing; we are dead. Each of these different perspectives is legitimate, though their evaluations of the brain seem opposed.

Likewise, data such as motivation may be approached from the inside or the outside. That is to say, that apart from the scientific endeavors which try to get at the structure of motivation through the observation of behavior, it is possible that through inner-perception one may know the source of a particular action immediately: e.g. I ate the pizza because I was hungry. One may immediately question the value of such knowledge for science: knowledge gained through inner-perception does not give us cause to accept any general statements about motivation. But, this being true, such subjective knowledge may nevertheless be sufficient to reject a general scientific claim. For example, one may reject the claim that all behavior is primarily motivated by personal gratification so long as one can cite one instance in which his primary motivation was both clearly given, and directed towards another. Such evidence may not be public, but its epistemological status surpasses any attempt to get at the datum from the outside.

There is yet another mode of knowing which must be discussed here. Like inner-perception, it is perfectly valid and unused by most psychologists in the course of research. But unlike inner-perception it allows for knowledge which is general in nature and, at least in principle, public in nature. This method has been called insight or essential intuition, and it is the most important method used in philosophy; for no deductive argument can provide us with new truths unless it uses as premises truths which are known directly. Insight, in the strict sense of the term, entails that one has apprehended directly (that is, not via deduction or induction) a necessary state of affairs rooted in the nature of a given object. For example, it is of the nature of responsibility that it presupposes freedom. Many would refuse to accept such an assertion without being given "proof" of its truth. But in fact no proof need be given, and - in spite of the great intelligibility of the assertion - it may even be that no proof, in the strict sense, can be given. It is of the greatest importance, however, that one realize that proofs are only one form of evidence, they are only one way in which something may become "given" to a subject, and they are not the most important. In the modern usage of the term, "evidence" is typically something - e.g. an argument or a collection of data - offered in support of a claim the truth of which is not immediately given. If it were immediately given, it should be self-evident and would require no evidence offered in its support. That is to say, we offer evidence only in the case that something is not directly evident. Thus, as Hildebrand (1991) and Seifert (1987) observe in their profound analyses of the nature of philosophical knowledge, from the point of view of evidence, the object of philosophical insight ought to be most highly esteemed insofar as it is intelligible or knowable in itself, without recourse to another state of affairs.

In spite of the fact that the word 'phenomenology' today so often connotes a subjectivistic approach to reality, the early phenomenologists of Munich and Göttingen viewed the subject in relation to a highly structured, mind-independent, world. In contrast to Kant, they viewed necessity as a characteristic of states of affairs and not of thought. For example, Husserl, in his first work of significance, the *Logical Investigations* (1970), showed that the necessary, exceptionless laws of logic could not be derived from contingent probabilities concerning human thought processes. Further, many of the early phenomenologists saw that this sphere of necessary and exceptionless laws extends far beyond the realms of logic and geometry, into

the spheres of civil law (e.g. as it is related to promising (Reinach, 1983)), of responsibility, freedom, and moral goodness (Scheler, 1973a; Hildebrand, 1972), of sympathy and empathy (Scheler, 1954; Stein 1989), and many other facets of personal and inter-personal existence.

In particular, Reinach and Hildebrand took notice of the fact that it is not a peculiarity of method, so much as a peculiarity of the object known which allows for intuitive knowledge or insight. Consider for example the difference between the following data, both of which are of interest to the psychologist: the workings of the brain vs. the nature of volition. On the one hand, if I wish to come to know the way in which the brain functions, there is no alternative but to proceed empirically. The relationships between brain parts and their functions are contingent and subject to change and development. There is no peculiar phenomenological method which will allow us to gain an insight into the functioning of brain parts simply by considering the nature of the part. Repeated observations are necessary in order to draw tentative conclusions. But on the other hand, the nature of volition is in large part accessible to the phenomenologist. For example, only by insight can we know that willing by its very nature presupposes not only knowledge of a state of affairs which we wish to bring about, but it presupposes that the state of affairs has some kind of importance, whether this importance be merely for the subject or intrinsic to the state of affairs (Hildebrand, 1960). The truth of such a claim need not be verified empirically, and it is not asserted tentatively as though an exception might be found in the future. So long as one keeps clear the distinction between motivated volitional acts on the one hand, and compulsions on the other, we see that this fact about the nature of willing is necessary, and therefore universal in its application. Such necessary and intelligible truths are accessible to philosophical modes of knowing, though they may escape the notice of one looking for evidence solely in the realm of what is empirically verifiable.

Thus, it may be that certain psychological theses neither need to be, nor can be, verified using experimental methods. Moreover, while clinical verification is highly desirable, it too is not necessary in order that the psychologist be justified in making particular claims. It is important to see that this in no way contradicts the statement made above that a human science must have constant reference to lived-experience. The claim is that there are data which can be known in a perfectly universal fashion on the basis of even just one lived-experience. It is for this reason that we may take seriously and evaluate the assertions about self-actualization, freedom, love and other human phenomena as made by psychologists such as Maslow, May, and Fromm, even though in places they offer no experimental, and little clinical, evidence in support of these assertions. They may not speak in terms of gaining insight into a necessary state of affairs, but given the universality of some of their assertions in the absence of empirical evidence, I believe that this is in fact what they are attempting to achieve. Moreover, particular dimensions of the human person, such as the structure of volition, can only be known adequately in this fashion.

Skinner is to be admired for his attempts to draw out the philosophical implications of his research. But in his philosophy, it seems that nowhere does he allow for the evidence of inner-perception through which sources of motivation might be given, and nor does he investigate the necessary structures of philosophical objects, for example, freedom. He rather philosophizes from within a closed system. Thus, though he philosophizes, he does so in an inadequate and even illegitimate fashion.

If we recognize more forms of evidence, we can expect likewise to recognize more of being, which in the end is clearly more authentically scientific. Certainly some of the reductionistic tendencies found in psychology stem from wanting to achieve scientific goals: some believe

behavior can only be predicted and controlled if freedom is denied, or that the desired public verifiability of scientific knowledge is attainable only if knowledge is restricted to what is known through experimentation. But in science today it seems that some cases of reductionism arise from a concern for economy for its own sake. An economy of principles is somehow considered an obvious virtue of a scientific model. But here I can only agree with Smith (1978) when he observes that an overconcern for theoretical economy has led to the perversion of a legitimate principle: "Ockham's perfectly uncontroversial razor: thou shalt not multiply entities without necessity," was perverted into, "thou shalt deny entities wherever possible, that is to say, wherever compatible with one's particular short-term philosophical purposes" (p. 43). In such cases we can only insist that all of the really existing dimensions of the human person be given precedence over the desire for theoretical simplicity, a desire which ultimately leads to a less scientific approach to reality, i.e. an approach which produces less scientia, or knowledge of reality.

Throughout all of this I am not arguing that we must turn back the clocks, that psychology must become again a purely philosophical science. If I develop behavioral problems following a head injury, I do not want to consult a philosopher, but a neurologist. The philosophical method - like every method - has its limitations; it is for this reason that in approaching the human person we must draw from a variety of sources, both empirical and philosophical. Furthermore, these various sources of evidence ought to be integrated. Rogers (1968) has noted that many claims of a philosophical nature can be verified empirically. Some such research has already been carried out from within the field of logotherapy. To cite only two examples, Lukas (1991) and Crumbaugh and Maholick (1986) have created tests which verify that meanings and values play a significant role in human life and psychological health. The truth of Frankl's assertions on the importance of meaning in human life may be known sufficiently through philosophical reflection, but they find desirable confirmation through empirical research. However, in the light of what has been said above, it is important to realize that were a test to fail to confirm these claims, one ought first to look for shortcomings in the test, rather than abandon the insight. This is not to prejudge the issue, but rather to recognize adequately the kind of evidence which is given through phenomenological consideration of the human person.

Furthermore, we must insist that phenomenological investigation precede the experimental definition of objects such as love, altruism, anxiety, freedom and so forth, so as to assure that the conclusions of a given experiment will really have a bearing upon our understanding of the defined datum. Of course, one may legitimately question whether many such data can ever be adequately captured in a definition. However, I do not wish here to pursue this avenue of thought, but only to state that it is clearly better to prescind from what by nature resists experimental definition rather than to destroy it through reduction.

In the following some of the most important metatheoretical theses of logotherapy shall be presented. They arise, I believe, largely on the basis of the above notion of evidence, and they provide an excellent foundation for an eclecticism which seeks to do justice to the whole person.

The Rational Dimension of Human Being

In sharp contrast to those psychologists who believe that the difference between human beings and animals is one only of degree, Aristotle thought that he found a difference of kind. Human beings, he claimed, are set apart from the rest of the animal kingdom by rationality. In

the following, I will try to show that, properly understood, rationality may serve as a distinguishing mark of the specifically personal dimension of human being. In the course of these reflections on human rationality, I wish to focus briefly on four things: (1) the general nature of rationality; (2) the transcendent nature of the human person; (3) the capacity of some human emotions to be rational; and (4) the specifically personal dimension of the human being as it is given in rationality.

I suggest that we best understand rationality as the characteristic of an act or response being consciously in harmony with reality. If we take judgment as a useful paradigm of rational behavior, we would then say that a judgment is rational insofar as it corresponds to reality and we are conscious of the fact that it corresponds to reality. Before pursuing what follows from this understanding of rationality, I want to look at what is presupposed by it: namely, that the human person may transcend himself in a variety of ways.

The verb 'to transcend' means quite literally to go beyond a boundary. In the present context it refers to the capacity of the human subject to go beyond himself, or to be consciously related to something other than himself. Existential psychology has sometimes down-played, or flatly denied, the subject-object distinction. But far from being more sympathetic to the subjective dimensions of the person, this view robs personal life of its meaning and intelligibility. Not only is this tantamount to denying the possibility of discovering truth and value, but it contradicts what is evidently given in human experience. Frankl handles this point admirably by balancing the fact that we only know being through our own peculiar acts of cognition - which as acts of contingent beings are always from a definite perspective - with the fact that our cognition may remain cognition of something other than ourselves. He notes that the latin term *perspectum* (the root of our "perspective") means "seen through". It is true that all human knowledge is from a subjective perspective, but the only thing that is subjective is the perspective through which we approach reality, and "this subjectivity does not in the least detract from the objectiveness of reality itself" (1988, p. 59). Thus, transcendence presupposes the subject-object distinction. And this dichotomy is not overcome by existentialism, nor any other system; for, as Frankl observes, this would be "tantamount to overcoming *la condition humaine* - the insurmountable finitude of being human" (1985, p. 58).

Likewise, the insights of the Gestalt psychologists into the importance of themes such as "perspective," "set," and the like, should not lead one to oppose the claim that we may truly know the nature of an object, but only to clarify the ways in which the nature of the object is given to us. For even if we see different things in one and the same object at different times, it is a dimension of the nature of the object which really is apprehended in each case. Were this not so, then the pictures which the Gestalt psychologists use would fail to make their point: persons would not consistently report the apprehension of one of two common things, but rather radically different subjective impressions.

What follows from our broad understanding of rationality as the conscious harmony of a response with reality is that not only judgments and arguments, but also certain kinds of volitions and even emotions may be rational. This claim may initially sound fantastic, for we know that many emotions are strictly caused, for example, through hormonal activity, or, in laboratory situations, through direct brain stimulation. Furthermore, it has often been said that emotions are neither right nor wrong, they simply are. Yet, Frankl, like the phenomenologists, makes an important distinction between two kinds of emotions: those which are motivated through a conscious relationship with an object and those which are strictly caused. For example, we may contrast the way in which a drug may cause euphoria with the way in which a great event such as a marriage may cause joy. The former emotion does not require a

conscious relation to a state of affairs in order to arise; it is caused and we need not know the cause. But the joy which we have over a wedding only arises through our conscious relationship to the event. Further, as personal beings related to the positive value of the situation, we may be aware of the fact that joy is due to the situation. Naturally, many other related states of affairs, such as leaving one's parents and home, may give rise to sorrow. But the marriage itself calls for joy. Insofar as we are consciously aware of the correspondence of our emotional response to reality, we may experience particular emotions as rational in the broad sense in which it was defined above. To use Frankl's terminology, we would say that crying from cutting onions has a cause, crying out of bereavement has a reason (1988, p. 37); and we might add, the latter is in keeping with reason - it involves rationality in the most complete sense.

Skinner (1976) believes his system preserves rationality, but we are now in a position to see why it does not. Any system which denies that the responses of judging, willing and even feeling can be motivated or sanctioned by the explicit awareness that they correspond to or are due to reality - as opposed to being unconsciously and necessarily elicited by laws of reinforcement - in short denies rationality, which as we understand it is the key mark distinguishing human beings as persons from mere animals. Of course, many scientists question whether we ought to view human beings as persons, and they point to the striking similarities between humans and animals or they draw analogies between the human mind and a computer. At least two things may be said here. First, in exploring whether human beings are merely animals, or whether computers provide adequate analogies to the human mind, we must consider rationality in this broad sense which includes judgments, volitions and emotions. Animals display basic learning behaviors and computers "do" computations, but, for example, neither display rational relationships to morally relevant values. Second, the question ought always to be whether some nonhuman animals (or highly refined computers) are persons, and never whether human beings are persons. Were we to find a chimpanzee which displayed all of the characteristics of being a person (including free volition and value apprehension), then the chimp is raised to the level of personhood; we are not then lowered to the level of mere animals.

Human Freedom and its Boundaries

A certain dimension of the problem of freedom can be viewed as a subdivision of the problem of causality. What is the cause of human behavior? It is well known that Hume (1963) denied that we can know the actual causes of things. He claims that what is given are antecedents and consequents, and that it is merely a "compulsion of the human mind to pass on from the one to the other" (p. 460). Hume is certainly correct in noting that causality is not itself another material object which may be grasped through sense perception. The nature of our apprehension of causality is mysterious indeed. Yet it is important to note two things. First, all science proceeds on the assumption that there are causes, and that somehow we can apprehend these causes. Secondly, no more direct means of apprehending causes could be imagined than the way in which personal action is given to us as the beginning of a new causal chain. Any theory which claims to demonstrate that persons cannot freely initiate new causal chains thus proceeds from a less evident perception of causation to deny a more evident perception of causation. The real question ought not to be whether human beings can freely initiate causal chains, but rather what the range of human freedom is. Are all human behaviors free? And is human freedom restricted to the sphere of action?

Frankl's view is that man is free, though free within boundaries. Thus, his position on freedom may be seen as opposed to two different errors found in modern philosophies of the person: that of pandeterminism and of what I shall call radical existentialism.

In contrast to the radical existentialists, those who claim that "existence precedes essence," that man is utterly responsible for what he becomes, Frankl recognizes that the human person is determined by a whole host of different factors: genetic, familial, economic, educational, and so forth. Our freedom is always freedom within boundaries.

In contrast to the pandeterminists, those who claim that man is wholly determined by genetic and environmental factors, Frankl recognizes that within our boundaries we are free. Many will find this view naive. For example, some will claim that physiological psychology has already shown that the stimulation of particular clusters of brain cells may produce consistently an experience which we earlier believed to be under the voluntary control of a free will. But in no way does this disprove the existence of a free and efficacious human will. It only shows that in addition to free and voluntary acts of recalling an experience (which apparently involves activating parts of my brain), there are nonvoluntary instances of recalling an event, such as when my brain is stimulated from the outside. By way of analogy one might say that the fact that others may drive my car in no way disproves that my car belongs to me, and that it is I who typically drives it.

The freedom of the human person has been given much attention throughout the writings of the humanistic psychologists. However, there is an entire dimension of human freedom which Frankl points to that has been relatively undeveloped by the humanistic psychologists. I am referring here to attitudinal freedom. The role and significance of this dimension of freedom, however, can be grasped fully only in relation to values, and for this reason discussion of it is deferred to the following section.

The Significance of Value Perception in Motivation

In sharp contrast to those who, like Nietzsche, claim that we assign values to the objects of the world, Frankl (1986) asserts that values are perceived. Values exist independently of acts of apprehension, just like any other objects of knowledge. Thus, as soon as I have comprehended a value, "I have comprehended implicitly that this value exists in itself, independently therefore of whether or not I accept it" (p. 41).

Oftentimes logotherapists distinguish between meanings and values, the difference being that the former are peculiar to the individual person, whereas the latter have a more universal character. In this paper, however, I shall focus primarily upon value in the sense of "valuable-in-itself" (*Wert an sich*), for value in this sense is common to all authentic meanings and universal values. As Frankl notes, to say that one must find meaning, is to say that meaning is discovered, and thus that it exists in some sense in itself.

The role of values in Frankl's system cannot be overemphasized. In his treatment of the philosophical foundations of logotherapy (1963), he focuses upon three tenets: (1) the freedom of the will; (2) the will to meaning; and (3) meaning in life. The latter two assumptions, Frankl has made clear, hinge upon the notion of value-in-itself.

The will to meaning points to the fact that it is of the human condition to seek meaning, to transcend one's self in being related to the values which make the individual's life meaningful

and give it direction. This concept is not, as some might think, simply identical to Maslow's theory of self-actualization. For as Frankl points out, in declaring self-actualization as the "ultimate motive" one "devaluates the world and its objects to mere means to an end" (1959, p. 50). This view is not only inappropriate, it is self-defeating; for self-actualization, like happiness, "is an effect and cannot be the object of intention" (p. 50). Self-actualization must arise on the basis of self-transcendence, of having discovered values and meanings which give our life direction, meaning, and ultimately fulfilment. Thus, attaining self-actualization is not the same thing as fulfilling the will to meaning, but it does presuppose that one is fulfilling the will to meaning in relation to objective values. Thus, it is really quite amazing that so many existentialists and humanists have espoused various forms of value-subjectivism, for we see that this actually undermines some of the most authentic goals of humanistic psychology.

Frankl's concept of meaning in life refers to three things. First, that in the course of our lives we are able to bring about creative values, for example through producing a piece of literature or raising a child. Second, in the course of our lives we encounter experiential values, as when we are exposed to beautiful music or to a morally good personality. Finally, and perhaps of the greatest significance for the human persons, we are able to embody attitudinal values. This kind of value is dependent upon what we might call attitudinal freedom. We are not free to determine our fates in all respects, but we are free to choose what stance we shall take towards our fate, or more generally, towards those things which lie beyond our control. Even in the face of death, suffering and guilt, we may recognize that life remains meaningful, that it presents us with values, and itself remains valuable. Furthermore, it may present us with the opportunity to serve others through our example of moral courage.

It is important to see that this list of values describes primarily our relationship to values; it is not a comprehensive list of the kinds of values that exist. There are many kinds of values including intellectual values (such as great intelligence or wit), aesthetic values (such as beauty or delicacy), moral values (such as honesty or goodness), and religious values (such as reverence or piety). Frankl's conception of meaning in life, I believe, recognizes these many kinds of values, and views them in a hierarchy. This is an extremely important point, for the concrete creative acts, the experiences, and the attitudinal stances of a person derive their value largely from what is created, what is experienced, and what the object and nature of the attitude is; and certainly the values of these differ both in kind and degree.

We see, then, that two out of the three basic philosophical tenets of logotherapy discussed by Frankl revolve around the theme of value. But the remaining philosophical tenet, namely, freedom of the will, also cannot be adequately understood apart from its dialectical relationship with values. On the one hand, freedom of the will takes on much of its significance only in relation to values: were there no values which we encounter in life, then even though we were free we could never be responsible, nor praiseworthy, nor guilty. On the other hand, it is largely through freedom that values take on such significance for human beings: were we not free, then even though the world presented us with values, still we could never be responsible, nor praiseworthy, nor guilty. Likewise with many other deep human phenomena: at a purely mechanistic level one cannot love another; and in a world void of meaning and value there is nothing worthy of love.

It might be questioned whether values determine a person to act in a particular way, whether values in fact rob the person of freedom. It seems that Sartre (1971) has something like this in mind when he declares that freedom must be sought as the basis for all values. For Sartre it is not that values take on significance for us only on the condition that we are free, but rather we

are free only if we determine the significance of things. In responding to this objection it is helpful to consider another of Sartre's claims within the same article, namely, that we "always choose the good" (p. 113). This assertion, of course, is common to the vast majority of philosophers throughout the history of philosophy. As we shall see, this claim does not clearly specify the object of the will, but it does make one point abundantly clear: freedom and arbitrariness are opposed. As Anselm states, every act of willing has "a what and a why, for we will absolutely nothing unless there be a reason why we will" (p. 176). Freedom does not imply the absence of some kind of importance which motivates the will, but rather presupposes it.

But the precise nature of the 'why' we will, that is, of the good which is willed, is not the same in all situations. As Hildebrand (1972) observes, from the point of view of motivation we may call something good or important for a variety of reasons: because it is personally agreeable (e.g. a rich dessert), because it is truly good for me (e.g. penicillin when I am ill), or because it is valuable-in-itself (e.g. a person). Only the latter category of importance, i.e., the good or valuable-in-itself, may make demands upon our free will; yet it does so while fully respecting our freedom. When Freud discusses the pleasure principle as a principle which drives certain behaviors, he seems to capture something true about some of our relationships to what is merely subjectively agreeable. But when Frankl (1962) discusses values - a different kind of importance altogether - he is unquestionably correct in stating that values "do not drive a man, they do not push him, but rather pull him" (p. 99). By this, he refers to the fact that "there is always freedom involved," that there "cannot exist in man any such thing as a moral drive" (p. 99). For this reason we see that Frankl's view of values is not incompatible with freedom of the will. Values do not determine the will, they simply make it intelligible why the will freely acts in one way and not another.

Naturally it sometimes happens that we find ourselves in a situation in which two values seem opposed, and we cannot respond properly to both values. To many, this seems to be an argument against the claim that our task in life is to respond to the values which confront us, to values which are not merely subjective projections. Yet, as Fabry (1987) observes, Frankl sees value collisions as "the result of neglecting the dimension in which there is room for a 'higher' and a 'lower,' that is, a dimension where values have a hierarchy" (p. 61). Thus, the phenomenon of apparent value collision does not refute the objectivity of values, but is simply further testimony to the fact that personal responses to values cannot be mechanical, but must be free and intelligent.

In the sphere of values we encounter once again in an unambiguous way the personal dimension of the human being, the dimension in which we see his rationality extending to his relationships with values. Because the human person is by his very nature related to values, he has an immeasurable objective superiority over animals, which lack the ability to appreciate values for their own sake. For this reason, Hildebrand (1972) notes that when a person attempts to descend to the level of animals by giving himself wholly to what is merely subjectively agreeable, then in fact "he necessarily falls below the animal level" (p. 433). Regardless of how a person chooses to live, he remains by nature ordained to the sphere of values.

It is particularly in the dimension of man's conscious relation to values that we grasp the incapacity of a purely empirical science to do justice to human being and behavior. And nor is a proper understanding of the role of values in human life of purely academic importance. Frankl attributes the gas chambers of Auschwitz, Treblinka, and Maidanek not to work done in some Ministry or other in Berlin, but rather to the work done "at the desks and in the

lecture halls of nihilistic scientists and philosophers" (1986, p. xxvii). Hardly a greater nihilism can be conceived than that which claims that values are in fact nihil, or nothing. Of course, in modern times values are seldom outright denied; they are rather explained away, or reduced to something else. But we must ask ourselves whether value-reductionism differs from nihilism in any significant way? I think we must agree with Frankl when he states that today nihilism is no longer expressed in terms of "nothingness," but rather in terms of the "nothing-but-ness" of man. "Reductionism has become the mask of nihilism" (1988, p. 21).

Oddly enough we do not commonly find the kind of outright despair which one would expect to accompany any view which sees the world as in itself devoid of meaning and value. Hildebrand (1972) makes a statement in connection with this observation which is as harsh as it is telling:

The man who wants to commit suicide because he despairs of objective truth or objective values is sincere in his conviction, even though he errs in his attitude. But the one who denies objective truth and objective values and, far from finding such a world tragic, prefers it, completely reveals the psychological and moral reasons which are at the basis of his denial (p. 118).

In the writings of Nietzsche and Dostoevsky we witness the anguish which truly ought to accompany a view of the world as a place in which morality and values must be arbitrarily produced. While the overall tone of relativism and value reductionism sounds more optimistic than outright nihilism, one may well suspect that it has had much to do with the increased rates of suicide and other violent crimes which this century has witnessed. An overall desacralization of life - human life especially - has occurred in the face of a world which has been relativised. In this area of psychology, logotherapy offers far more than merely a metatheoretical foundation for eclecticism, but it offers what I believe is the key to curing some of the most serious ailments of modern society.

Counseling in the Face of Values and Guilt

Throughout this article we have focused upon a series of foundational, theoretical concepts: the concepts of evidence, rationality, freedom and values. Before concluding it will be useful to consider at least one datum which will allow us to apply our phenomenological considerations in a more direct fashion to the counseling setting.

Frankl speaks of a tragic triad: pain, death, and guilt. While suffering and mortality are typically treated as data stemming from objective sources, all too often (and without adequate justification) guilt is treated as a purely subjective, emotional condition which patients must simply learn to "get over". Consistent with his other ideas, however, Viktor Frankl avoids the reduction of guilt to a merely subjective condition. With freedom comes responsibility. Likewise, with the possible merit of acting in accordance with the values which confront us comes the possible guilt of violating these values.

This point has obvious clinical implications. If one thinks that feelings of guilt may have a source in reality just as symptoms find their source in a disease, then therapy must take this into account. The counselor must then help patients to sort out justified from unjustified feelings of guilt and to proceed accordingly, by pursuing either themes of reconciliation or merely clarification. In fact, Lukas (1986) has shown in a beautiful way the possibility of

finding meaning and the opportunity for personal growth through the recognition of objective guilt.

Naturally, this can be quite complex, especially in the face of morally intricate situations. Consider the example of a woman who has succumbed to pressure to abort a baby conceived through rape. There is evidence that in such a case the abortion may serve to "compound the trauma of rape with yet another experience of violence. In pursuing this course, the victim may assume to herself guilt for the entire episode" (Young, 1983, p. 208). In such situations the counselor is presented with feelings which stem from manifold sources - none of which are any more valid than the others if we prescind from the possibility that feeling guilty may correspond to being guilty, to having violated a morally relevant value.

A similar train of thought might be developed in the sphere of obligations. There are certainly false feelings of obligation, such as when I feel obliged to buy a product simply because someone has taken the time to present it to me. But the very notion of false feelings of obligation implies that there are feelings of obligation which do in fact correspond to something in reality. Again, such theoretical insights may have a great impact on family counseling and all other areas in which we are dealing with personal decisions about commitments to others.

These issues are obviously extremely complex, and no doubt each counselor must find his own way of handling these issues. Frankl (1962) rightly notes that it would be wrong to allow a patient to shift his own responsibility onto the counselor. Furthermore, as a doctor, the counselor may seem to possess the authority to "prescribe" a value system, and naturally this is not the role of the counselor. The point is simply this: in many cases it seems necessary to help a client to discover a value, or his relationship to a value. The importance of this is easily seen in cases of suicide, so prevalent among teenagers today. But it may also be important in cases in which the life of a family or the life of a possible victim is at stake.

The Role of Metatheory in Eclectic Practice

In the above we have argued that the philosophy of the person which underlies Frankl's logotherapy provides psychologists with a metatheoretical foundation which will aid one in choosing a variety of counseling and even experimental techniques. All psychological theses should be evaluated in the light of whether they are compatible with and take into account key features of the person as drawn out in the metatheory, (e.g. the freedom of the will, the importance of values in motivation, and so forth). But in using a metatheory as a guide to eclecticism, we have obviously to concern ourselves with more than whether a claim is consistent with our metatheory. Consistency is no guarantee of truth. Nor for that matter is possibility or even plausibility. That is to say, any model can offer an account of a particular behavior, but we cannot be satisfied with a merely possible or even plausible account; we must always ask: is this the true account of this particular behavior? For example, Skinner (1990) offers an account of how allegedly altruistic behavior arises, and I have no doubt that this account is an adequate description of the development of many seemingly altruistic behaviors. But in no way is it an account of a truly altruistic behavior, of an action done purely for the sake of another. A truly altruistic behavior presupposes that we transcend ourselves and grasp a value-in-itself which motivates us; a seemingly altruistic behavior presupposes none of this and might be accounted for at the level of elicited behavior (as opposed to motivated action).

Neither Frankl's metatheory, nor any other metatheory will provide the psychologists with a flow-chart for decision making. In eclectic practice we must constantly use all of the methods used in forming our metatheory. Jaspers (1956) writes, that, as a being which is known,

[man] is always divided up into whatever he will reveal himself to be according to the methods of research employed. He is never a unity and a whole, never man himself, once he has become the subject of knowledge (p. 151).

Though this limitation is perhaps intrinsic to the nature of scientific inquiry, it nevertheless remains the case that a human science must strive to construct as complete a picture of human being as possible. Thus, not only our metatheoretical undertakings, but all of our eclectic activities must be aimed at the comprehension of the human person in all his dimensions.

At the outset we stated that we did not consider it natural to have one notion of evidence for gaining an underlying view of the person and another for the practice of counseling and research. It follows, then, that eclectic activity must proceed using the broad notion of evidence sketched above, one which allows for the use of both empirical and philosophical methods, one which I believe Frankl - being a philosopher, a neurologist, and a survivor of four concentration camps - has come to embrace throughout his psychological endeavor.

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Werterkennen oder Sinnfindung?

Paul H. Bresser (+)

Zusammenfassung:

Über Werterkennen zu sprechen, setzt voraus, sich darüber zu verständigen, was ein Wert ist oder was einen Wert hat. Zu unterscheiden sind: rein materielle Werte, einfache Lebenswerte, die die biologische Lebenserhaltung sichern, hilfreiche Zweckwerte, die der Erleichterung der Lebensbewältigung dienen können und die technische Fortentwicklung ermöglichen. Hinzu kommen die seelischen, die subjektiven oder emotionalen und im engeren Sinne persönlichen Werte. Im Zusammenhang damit, aber doch den subjektiven Werten übergeordnet, sind die ideellen, die geistigen, die moralischen und ethischen Werte zu unterscheiden. Diese geistigen Werte zu definieren ist ein philosophisches Problem. Sie erkennen und finden führt in den Bereich des Bekennens und des Glaubens. Diese Wertewelt leuchtet nur am Horizont der Psychotherapie auf, ist aber nicht zum Inhalt des psychotherapeutischen Dialogs zu machen. Psychotherapie hat in erster Linie in der Welt der seelischen Werte eine unsicher gewordene oder verlorene Orientierung zu vermitteln. Wenn dies von Frankl als Sinnsuche oder Anleitung zur Sinnfindung gedanklich durchleuchtet und anschaulich belegt wird, dann ist darin unser Weg der Psychotherapie zu sehen.

Abstract:

Before we can speak about value perception, we have to agree about what is a value or what is valuable. We may distinguish mere material values, basic vital values ensuring biological life preservation, useful instrumental values that may serve to make life easier and to enable technical progress. In addition, there are psychological, subjective-emotional values which are in a certain sense personal. Related to these, yet of a higher rank than the subjective values, are the ideal, the spiritual, the moral and ethical values. To define these spiritual values is the task of philosophy. To perceive and find them we have to enter the realms of confessing and believing. This world of values remains ever visible at the horizon of psychotherapy, but it should not be made the subject matter of the psychotherapeutic dialogue. The primary task of psychotherapy is to aid in regaining, within the world of psychological values, an orientation that may have been lost or obscured by uncertainty. Insofar as this endeavour has been interpreted by Frankl as support and guidance in finding meaning, just that is our approach to psychotherapy.

Das hier - mit Bezug auf das Leitmotiv einer Tagung [1] - gewählte Thema schlägt einen Bogen zwischen zwei Begriffen, deren Verknüpfung mit einem Fragezeichen versehen sei. Die Begriffe Wert und Sinn werden möglicherweise allzu pauschal verknüpft und in eine zu große Nähe gerückt. Durchblättern wir die Schriften von Viktor E. Frankl, dessen Gedankengut wir uns verpflichtet fühlen, dann muß unmittelbar auffallen, einen wie hohen Stellenwert bei ihm der Begriff Sinn hat und wie zurückhaltend Frankl mit der Anwendung

des Begriffes Wert ist. Speziell schreibt er über den Begriff Wert beispielsweise in seinem Buch "Der unbewußte Gott" [2]:

"..im Gegensatz zum jeweils ... konkreten Sinn von Situationen (sind) Werte per definitionem abstrakte Sinn-Universalien".

Das ist - so kurz gefaßt - nicht leicht verständlich und wir befinden uns mit dieser Formulierung an der Schwelle zur Philosophie. Jedenfalls entfernen wir uns mit den einschlägigen Anschlußüberlegungen von dem, was in der praxisorientierten Logotherapie gedanklich aufzubauen und dem Menschen als Hilfe anzubieten ist.

In einer früheren Arbeit [3] habe ich erläutert, inwieweit die Philosophie in die Gedankenwelt der Logotherapie und in die Gesprächsführung mit den Patienten einzubeziehen sei. Für eine solche Einbeziehung ergeben sich durchaus praktische Anknüpfungspunkte. Aber die theoretische Grundlegung der Logotherapie und die Weiterführung der Gedankenschritte muß auch an einer philosophischen Grenze haltmachen, damit der lebenspraktische Rahmen des Therapierens nicht in ein ausschweifendes oder ringendes Philosophieren einmündet. Es läßt sich zwar auch über Logotherapie philosophieren, aber das muß denjenigen überlassen bleiben, die dafür über den notwendigen Wissens- und Denkraum verfügen. Insofern könnte das hier aufgegriffene Thema auch mit dem Untertitel verbunden werden: Inwieweit ist Philosophie nicht in das therapeutische Denken und Handeln einzubeziehen?

Zunächst sei eine Differenzierung des Wertbegriffes skizziert. Wenn wir den Begriff sehr weit fassen, dann haben alle Lebensbereiche des Menschen eine Wertperspektive, aber die verschiedenen Werte gehören durchaus unterschiedlichen Kategorialbereichen an. Es kann von einer Werthierarchie, also von niederen und höheren Werten, aber auch von relativen und absoluten Werten gesprochen werden.

Im einzelnen sind mit einer einfachen Gliederung zu unterscheiden: die rein materiellen Werte (1), die einfachen Lebenswerte (2), die hilfreichen Zweckwerte (3), die subjektiven Erlebniswerte (4) und schließlich das, was wir als absolute oder geistige Werte (5) anerkennen. Zu diesen 5 Stichworten sei folgendes ausgeführt:

1. Als Beispiel eines materiellen Wertes sei das Geld genannt. Zunächst haben Geldstücke einen unterschiedlichen Materialwert, aber sie haben zugleich einen nicht weniger materiellen Wert in einer Geldwertordnung. Das ist nicht weiter zu erläutern.

2. Daneben gibt es die einfachen Lebenswerte. Alles, was für uns in einem wörtlichen und eng gefaßten Sinne lebensnotwendig ist, besitzt einen elementaren Lebenswert. Für den Hungernden hat Eßbares, für den Kranken hat rettende Hilfe einen entsprechenden Stellenwert. Was der biologischen Selbsterhaltung dient, besitzt diesen ganz natürlichen, aber rein biologischen Lebenswert.

3. Hinzu kommen hilfreiche Zweckwerte, die zwar nicht lebensnotwendig sind, die aber doch lebenserleichternd sein können und die technische Lebensbewältigung fördern. Erfindungen von ganz einfachen handwerklichen Instrumenten bis hin zu den großartigsten technischen Errungenschaften, die unsere menschlichen Entfaltungsmöglichkeiten bereichern, die zur bequemeren Lebensgestaltung und zur besseren Lebenssicherung beitragen, besitzen auf ihre Weise einen Zweckwert, der unser menschliches Leben mitgestaltet. Wir können auch diese Werte in einem weiteren Sinne noch als Lebenswerte einordnen. Jedoch führen uns diese Werte in einen Bereich, in dem das natürliche Leben in künstliche Lebensformen übergeht,

bis schließlich zivilisatorische oder technische Zuspitzungen der Lebensperfektion sogar unnatürliche Auswirkungen herbeiführen. So können diese Lebenswerte (im weiteren Sinn), die überwiegend rationale Zweckwerte sind, durchaus lebenseinschränkende oder gar lebensgefährliche Folgewirkungen auslösen.

4. Als im engeren Sinne menschliche Werte sind die Erlebniswerte einzuordnen, die uns seelisch etwas bedeuten. So haben freudige Mitteilungen, zu gegebener Zeit Worte des Trostes, in kritischen Lebensphasen selbstwertstärkende Impulse und vor allem persönliche Erfolgserlebnisse einen mehr oder weniger hohen, vorwiegend subjektiven Stellenwert, also einen persönlichen Erlebniswert. Je nach der augenblicklichen oder auch andauernden Lebenssituation, je nach der speziellen Interessenrichtung, je nach den individuellen Lebenszielen und je nach der sozialen Aufgeschlossenheit haben Ereignisse, Erfahrungen und Begegnungen einen entsprechenden Erlebniswert. Es kann bei diesen Erlebniswerten in der Gegenüberstellung zu den materiellen, zu den biologischen und zu den rationalen Werten auch von spezifisch seelischen Werten gesprochen werden.

5. Neben diesen verschiedenen Wertbereichen gibt es die Wertdimension, in der wir von geistigen Werten sprechen. Es sind Werte, die über das natürliche Leben, über die künstliche Ausgestaltung des Lebens und über die subjektiven Erlebniswerte hinausreichen und die für uns den Charakter eines überpersönlichen Wertes besitzen. Sie dienen auf ihre Weise einer inneren Bereicherung des Menschen. Sie entspringen schöpferischen Leistungen und finden ihren Ausdruck in Kunst, Philosophie und Religion. Wir sprechen von ideellen oder von absoluten Werten, von den Werten des Guten, des Schönen und des Wahren, von den Werten der Vernunft und des Glaubens. In ihnen erfahren wir Erlebnis- oder Erkenntniswerte, die über das vorwiegend Subjektive des Erlebens und über das vorwiegend Rationale des Erkennens hinausreichen. Sie verweisen auf jenen irrationalen oder metaphysischen Horizont, der unser menschliches Leben mit seinen leib-seelischen Grundlagen zu einer personalen sittlich-geistigen Existenz werden läßt. Diese geistigen, ideellen oder absoluten Werte entsprechen dem, was Frankl die Sinn-Universalien nennt.

Die Auflistung dieser grundverschiedenen Wertdimensionen ließe sich im Detail gewiß noch weiter differenzieren. Im vorliegenden Zusammenhang genügt der Hinweis auf diese wesentlichen und typischen Perspektiven einer menschlichen Wertordnung. Mit dieser Gegenüberstellung wird eine verdeutlichende Unterscheidung dessen ermöglicht, was für den Menschen auf seine Weise einen Bedeutungs- oder einen Sinnwert besitzt. Die Frage nach dem Werterkennen oder nach dem Werterleben ist differenzierend im Blick auf die verschiedenen Wertbereiche zu beantworten.

Zu der Frage, wie erlangen wir Kenntnis von den verschiedenen Werten, läßt sich zunächst vereinfachend folgendes sagen:

1. Das Wissen vom Wert des Geldes ist eine einfache erlernbare Kenntnis und keine anderweitig zu ermittelnde Erkenntnis.

2. Das Erkennen der einfachen Lebenswerte, also ein Wissen von dem, was im engsten Sinne des Wortes lebensnotwendig ist, erfahren wir aus den Lebensgewohnheiten, in die wir hineinwachsen. Zum Teil sind es instinktive Steuerungen, die nicht mit einem bewußten Werterkennen verbunden sind, die aber dem elementaren Ziel der Lebenserhaltung dienen. Die Voraussetzungen hierfür sind auch jedem Tier eigen. Die menschliche Leistung des bewußten Erkennens ist in diesem Bereich nur sehr eingeschränkt - oder ausschließlich in der nachträglichen Reflexion erfahrbar.

3. Was die Wertqualität des Zweckes besitzt, erkennen wir in erster Linie oder ausschließlich mit dem Verstand. Er befähigt uns, das Zweckmäßige zu entdecken oder auch zu gestalten. Durch Vorarbeit anderer wird uns das meiste, was der Lebenserleichterung dient und zur Lebenssicherung beiträgt, als erlerntes Wissen und als erlernbares Gestalten überliefert. Das, was sich mit unterschiedlicher Entwicklungshöhe als Kultur- oder Zivilisationsstufe des schaffenden Menschen darstellt, ist seine Welt der Zweckwerte. Wenn wir den Verstand in anschaulicher Weise als die Fähigkeit des Menschen zum Finden, Erfinden und Sichzurechtfinden umschreiben, dann ist er das Instrument des Werterkennens unter dem Gesichtspunkt der Zweckmäßigkeit. Wenn wir die Bereiche der materiellen Werte, der einfachen Lebenswerte und der hilfreichen Zweckwerte zusammenfassen, dann bleiben wir noch ganz außerhalb dessen, was uns zum Verständnis der Sinnwerte hinführt. Die Verknüpfung der Begriffe Wert und Sinn, das Gespräch über Werterkenntnis und Sinnfindung ist ausschließlich auf den Bereich der seelischen Werte einerseits und der geistigen Werte andererseits zu konzentrieren.

4. Für die Bedürfnisse und die Begründung der Psychotherapie müssen wir uns schließlich auf die seelischen Wertperspektiven beschränken. Die geistigen Werte haben ihren Stellenwert allenfalls am äußersten Horizont dessen, was wir Psychotherapie, also ärztliche oder psychologische Seelsorge nennen.

5. Alle Inhalte des Nachdenkens über das Gute, Schöne und Wahre, alle Fragen des Glaubens und der Gerechtigkeit können nicht zum Gegenstand des psychotherapeutischen Gespräches gemacht werden. In ihnen sind die geistigen Werte geborgen. Vielleicht leuchtet bei der persönlichen Begegnung zwischen dem Therapeuten und dem Patienten im Rahmen der Erörterung allgemeiner Lebensfragen gelegentlich die eine oder andere weltanschauliche Frage auf, aber dann nähert sich der Psychotherapeut schon einer Grenze, an der seine Zuständigkeit endet. Eine Grenzüberschreitung in den Bereich der Moral, zum Thema der Tugenden oder in die Welt der Glaubenswahrheiten, also in den engeren Kreis der geistigen Werte, muß vermieden werden.

Diese orientierende Gegenüberstellung macht einerseits ein Dilemma der Psychotherapie, aber andererseits auch ein methodisches Selbstverständnis des Psychotherapeuten deutlich.

Inwiefern ist von einem Dilemma zu sprechen? Es geht um die gedankliche und thematische Unterscheidung zwischen Geisteshaltung und Seelsorge im Sinne einer geistigen Aufrüstung einerseits und Lebenseinstellung und Seelsorge im Sinne einer seelischen Aufrichtung andererseits. Die Vermittlung von geistigen Werten erfolgt als Wegweisung im Labyrinth von Gut und Böse, als Anleitung zum Kunstverständnis und durch Förderung des Bekenntnisses zu den überzeitlichen Tugenden des menschlichen Handelns. Die Orientierung an Tugendbegriffen und an geistigen Perspektiven des schöpferischen Menschseins beugen dem Mißlingen der Lebensbewältigung vor. In ihnen ist das Fundament einer Erziehung des Menschen zu sehen. Sie sind die Prägekräfte einer sittlich-geistigen Reifung des Menschen und sie dienen zugleich der schöpferischen Selbstentfaltung. Was dem Menschen durch die Vermittlung von geistigen Werten zugänglich gemacht wird, dient einer besonderen Form der Lebenstüchtigkeit und bereichert ihn auch noch in den Schattenwinkeln des irdischen Lebens.

Allerdings liegt es in der Natur des Menschen begründet, daß er unter dem Eindruck der ihn bedrängenden Lebensumstände dazu neigt, an den als absolut gesetzten Werten zu zweifeln. Er gerät dadurch in eine ringende Auseinandersetzung mit den Tugendbegriffen und mit den Glaubenswerten. Das kann in ein Konflikterleben hineinführen, unter dem er leidet und das

seine Lebensbewältigung gefährdet. In solchen Fällen ist Seelsorge im Sinne einer moralischen Aufrüstung angezeigt.

Diese Aufgabe kann nur sehr eingeschränkt dem Psychotherapeuten zugewiesen werden. Hierzu sind nicht ausschließlich theologische Seelsorger, sondern auch solche lebenserfahrene und persönlich zugewandte Gesprächspartner geeignet oder berufen, die dem Menschen moralischen Rückhalt vermitteln oder die ihm von der augenblicklichen Last in einer tragischen Lebenssituation etwas abnehmen können. Es bedarf dann nicht dessen, was wir im engeren Sinne Psychotherapie nennen. Vielmehr bedarf es einer inneren Aufrüstung und einer Neubesinnung auf das, was der Mensch sich selbst und seinen Mitmenschen schuldig ist. Dabei ist die Orientierung an Lehr- und Leitsätzen hilfreich, die beispielsweise besagen: "Liebe Deinen Nächsten wie Dich selbst" - oder - "Richte Dein Leben so ein, daß Du es vor Dir und vor Gott verantworten kannst". Das sind Lebensmaximen, die sich an geistigen Werten orientieren und die nur sehr bedingt zu einem spezifisch psychotherapeutischen Gespräch gemacht werden können. Es sind mahnende Denkanstöße und Verhaltenspostulate, die jeder lebenserfahrene und sich seiner persönlichen Verantwortung bewußte Mensch vermitteln kann. Für eine solche Aufgabe liefert der Denkraum und die Lebenskultur der Weltreligionen, aber auf ihre Weise auch eine philosophische oder politische Bildung das geistige und zugleich einfache lebenspraktische Fundament. Die thematischen Schwerpunkte der weltanschaulichen Perspektive können vom Arzt und vom Psychologen nicht zum Inhalt ihres Bemühens gemacht werden. Im Selbstverständnis des Psychotherapeuten hat es stets seine Privatsache zu bleiben, wie er weltanschaulich, politisch oder religiös orientiert ist und welchen geistigen Werten er sich persönlich verpflichtet fühlt. Auch die Patienten haben Anspruch darauf - ganz gleich, wie nihilistisch oder orthodox sie sein mögen - nicht gerade vom Arzt oder Psychologen in dieser Hinsicht angesprochen zu werden. Was hierüber im Gedankenaustausch oder auch in der weltanschaulichen Belehrung (vielleicht sogar Bekehrung) geleistet werden kann, sollte nicht Psychotherapie genannt werden, obwohl es unter Umständen eine echte seelische Hilfe bewirkt. Als Spezifikum kommt aber bei diesen Formen der "Menschenbehandlung" stets so etwas wie ein moralischer Appell hinzu. Erkenntnisse im Bereich der geistigen Werte sind immer zugleich Bekenntnisse zu diesen Werten. Solche Bekenntnisse haben unmittelbar etwas Verpflichtendes. Das kann nicht Ziel einer Psychotherapie sein.

Psychotherapie, die sich vielfach in der Randzone einer einfachen Lebensberatung bewegt, hat auch eine breite Randzone zu den mahnenden Aufgaben der Menschenbehandlung. Hinsichtlich des fließenden Übergangs von der individuellen Lebensberatung zu einer reflektierten Psychotherapie sind Abgrenzungsprobleme nicht erkennbar. Nur wenn es um kostenrechtliche oder bürokratische Zuständigkeitsentscheidungen geht, ist der Schwerpunkt Beratung vom Schwerpunkt Behandlung möglichst deutlich zu trennen. Aber diese Trennung ist sachlich nicht zwingend. Hinsichtlich des psychotherapeutischen Hilfsangebotes in der Gegenüberstellung zum moralischen, weltanschaulichen oder religiösen Hilfsangebot sollten die Zuständigkeiten möglichst deutlich voneinander getrennt bleiben.

In der Randzone von geistiger und seelischer Wertorientierung steht der Psychotherapeut gelegentlich vor einem Dilemma, nämlich vor der Frage, ob die Knotenpunkte der konflikträchtigen Erlebnisverarbeitung überhaupt in seinem Kompetenzbereich zu entflechten sind oder ob nicht der Appell an den Verantwortungsträger Mensch vordringlicher ist. In weiten Bereichen der sogenannten Sozialtherapie ist nicht Psychotherapie im engeren Sinne geboten, sondern in erster Linie verantwortungsbewußtes Sozialtraining auf dem Hintergrund mahnender und verpflichtender Zielsetzungen. Die einseitige Psychologisierung solcher Probleme ist für das angestrebte Behandlungsziel oftmals eher hinderlich als

förderlich. Das Erkennen der Werte, um die es im Rahmen mahnender und verpflichtender Zielsetzungen geht, setzt ein Bewußtmachen und eine Anerkennung geistiger Werte voraus.

Im Rahmen der Psychotherapie geht es in erster Linie oder ausschließlich um seelische oder - wie es eingangs genannt wurde - um Erlebniswerte. Wie lassen sich nun die Erlebniswerte näher umschreiben? Die Welt ist unermeßlich reich an Erlebniswerten. Alles, was uns aus der Außenwelt begegnet, und alles, was sich in unserer Innenwelt regt, bildet in der Zusammenschau einen weiten Horizont, in dem Erlebniswerte wie Lichter aufleuchten oder wie Schatten auf uns zukommen. Jedes Detail innerhalb des äußeren und des inneren Anschauungsraumes, jeder einzelne Gedanke, jede Erinnerung, alles hat einen mehr oder weniger ansprechenden Erlebniswert. In der vielschichtigen Dynamik des Erlebnisgeschehens haben die Einzelphänomene nicht nur einen unterschiedlichen Stellenwert, sondern auch einen unterschiedlichen Erlebniswert. Aber der Erlebniswert jedes Details hängt ganz wesentlich von der inneren und äußeren Gesamtsituation des Menschen ab. Ein tröstendes Wort hat seinen entsprechenden Erlebniswert nur in einer trostbedürftigen Situation, und wenn man nicht dazu aufgelegt ist, verliert selbst ein geistreicher Witz seine spezifische Erlebnisqualität. In Abhängigkeit von der körperlichen Befindlichkeit, von der augenblicklichen Gemütsverfassung, von dem unter Umständen fesselnden Umfeldgeschehen und je nach Fixierung der Aufmerksamkeit haben alle Fakten und Geschehnisse ihren jeweils einzigartigen Erlebniswert. Erlebniswerte sind immer subjektive, unter Umständen auch ganz einmalige Erlebnisqualitäten.

Besonders zu betonen ist, daß alle materiellen Werte, alle einfachen Lebenswerte, alle Zweckwerte im jeweiligen Lebenszusammenhang ihren unterschiedlichen Erlebniswert besitzen. Wer Hab und Gut verloren hat, für den haben finanzielle, also rein materielle Hilfen, einen hohen Stellenwert. Für den Durstenden ist Trinkwasser als einfacher Lebenswert von allerhöchstem Erlebniswert. Alles, was uns die Technik zur Lebensgestaltung anbietet, alles, was einen Zweckwert hat, gewinnt je nach Lebenssituation und je nach persönlicher Lebenseinstellung einen individuellen Erlebniswert. Für manchen Zeitgenossen besitzt das Auto einen hohen Erlebniswert. Wie liebenswert ist uns das, was dem Zweck der Bequemlichkeit dient, und wie leicht fällt es trotzdem vielen, auf erreichbare Bequemlichkeit zu verzichten.

Zu den Erlebniswerten besonderer Art zählen die Inhalte schöpferischer Leistungen, die Werke der Kunst und die Beweise schlichter Barmherzigkeit, die ihrerseits Ausdruck eines geistigen, eines ideellen oder eines universellen Wertes sind. Die Erlebniswerte umfassen also die ganze Skala von den rein materiellen Werten bis zu den ideellen Werten.

Als handelndes und denkendes Individuum ist der Mensch immer auch mitgestaltend eingebunden in seinen Lebensraum. So ist er mehr oder weniger beteiligt an dem, was ihm zum Erlebniswert wird. Beteiligt ist er nicht nur als handelndes und schaffendes Wesen, so daß es ihm gelingt, Einfluß auf die eigene Lebenssituation und ihren Erlebniswert zu nehmen. Vielmehr vermag er mit seiner Denk- und Vorstellungstätigkeit das erlebte Bild seiner Situation auch anzureichern oder einzukleiden mit irrealen und schöpferischen Bewußtseinsinhalten. Diese können der Erlebnisqualität des Gegenständlichen eine eigene emotionale Färbung oder eine mehr rational-bedeutungsvolle Perspektive verleihen. Damit gewinnt die Realität - so wie sie rein anschaulich wahrgenommen wird - neue Dimensionen im Spektrum der Erlebniswerte.

Soweit die Erlebniswerte als Gefühle auf den Menschen einwirken, vermag er sich ihnen hinzugeben oder sich ihnen geradezu auszuliefern, aber er kann sie auch mit den

Möglichkeiten seiner Vorstellungs- und Gedankentätigkeit verarbeiten. Entsprechendes gilt für seine Triebimpulse. Er kann sie augenblicksgebunden ausleben. Aber die Erfordernisse des menschlichen Zusammenlebens lassen das nicht immer zu und daher ist er mehr oder weniger gezwungen und auch fähig, seine Triebregungen einer angemessenen Steuerung unterzuordnen.

Im Unterschied zum trieb- und instinktgebundenen Verhalten des Tieres, dessen Erlebniswerte im übrigen fast ausschließlich einfache Lebenswerte sind, ergibt sich für die Erlebnisverarbeitung des Menschen ein sehr viel differenzierteres und reicheres Spektrum der Erlebniswerte.

Im Zusammenspiel unterschiedlicher Erlebniswerte kommt es unter Umständen zu sehr dissonanten oder konkurrierenden Erlebniskonstellationen. Daher wird der Mensch oft hin- und hergerissen. Da nun das Handeln des Menschen immer auch an geistigen Werten orientiert ist, ergeben sich vielfältige Spannungen oder auch Konflikte nicht nur zwischen verschiedenen Erlebniswerten einerseits, sondern auch zwischen den seelischen und geistigen Werten andererseits. Diese Gegebenheiten bedingen, daß der Mensch als handelndes Wesen immer auch ein konflikträchtiges Wesen ist.

Alle Zusammenhänge und die vielschichtigen Vorgänge der Erlebnisverarbeitung lassen sich nicht übersichtlich machen. Im Endergebnis führt die Beschreibung und Aufzählung stets an eine Grenze, zumal jeder einzelne Erlebniswert eine rein subjektive Erlebnisqualität besitzt.

Demgegenüber lassen sich geistige Werte durch Leitsätze des Handelns, durch schöpferische Leitbilder, durch Leitgedanken einer philosophischen oder pragmatischen Tugendlehre oder durch Leitlinien einer religiösen Wahrheitsuche veranschaulichen oder sprachlich gestalten. In diesem Sinne ist es zu verstehen, daß geistige Werte immer universellen Charakter haben. Es sind Werte an sich, mehr hilfreiche, mehr bereichernde oder mehr verbindliche Orientierungspunkte des Handelns und des Denkens. Alle Erlebniswerte sind dagegen grenzenlos relative Inhalte der Erlebnisverarbeitung. Es gibt keine verallgemeinerbare Werterkenntnis im Subjektiven, sondern allenfalls eine wertfreie Beschreibung und damit eine Verabsolutierung der Subjektivität.

Es kann nicht von positiven oder negativen Erlebniswerten gesprochen werden. Die Freude ist ebenso wie die Trauer, die Selbstsicherheit ebenso wie der Selbstzweifel ein Erlebniswert, eine Erlebnisqualität, die den Menschen mehr oder weniger bewegt, für die er ein Recht in Anspruch nehmen kann und mit der er dann auf seine Weise umzugehen hat.

Die unumgängliche Konflikträchtigkeit des menschlichen Erlebens hat ihre Wurzeln nicht nur in den dialektischen Spannungen zwischen geistigen und seelischen Werten. Sie erwächst vor allem aus den Umständen des Zusammenlebens. Es kommt zu konkurrierenden Erlebniswerten im Beziehungsfeld von Ich und Du, von Ich und Wir. Im übrigen steht der Mensch mit wechselnder Aktualität im Spannungsfeld zwischen Neigungen und Hemmungen, zwischen Strebungen und Steuerungen, zwischen Gefühlen und Überlegungen, zwischen Fürchten und Hoffen, zwischen Selbstsicherheit und Selbstzweifeln. Je differenzierter und je sensibler der Einzelne ist, um so vielfältiger sind oftmals die Irritationen oder Zwischentöne des seelischen Kontrastprogramms. Die auseinander oder gegeneinander strebenden Kräfte werden dem Betroffenen mehr oder weniger bewußt und er wird mehr oder weniger darunter leiden. In jedem Einzelfall ist die Gesamtkonstellation unterschiedlich ausgestaltet und in jeder Situation ändert sich die Gewichtsverteilung oder die Wertperspektive des Erlebens.

Das Panorama der Erlebniswerte kann sich einer vorherrschenden Ausgewogenheit annähern. Diejenigen, bei denen das der Fall ist, werden gewiß nicht zum Psychotherapeuten streben. Im Gesichtsfeld des Psychotherapeuten erscheinen die Menschen, bei denen die Konstellation der Erlebniswerte in irgendeiner Weise erheblich aus dem Gleichgewicht geraten ist. Bestimmte Gefühle oder Vorstellungen haben ein quälendes Übergewicht erlangt. So leidet der Betroffene an allgemeinen oder an objektgebundenen Ängsten, an zwanghaft ihn beherrschenden Gedanken, an verunsichernden Selbstzweifeln oder an nicht zu verharmlosenden Enttäuschungen und das führt dazu, daß er mit sich selbst nicht fertig wird. Gottseidank gibt es viele Selbstregulierungskräfte im Seelischen und der Zeitfaktor hilft mit, kritische Problemsituationen der Erlebnisverarbeitung zu überwinden. Aber es gibt eben Menschen, die sich in Gefühlsregungen hoffnungslos verstricken, oder solche, deren Klagehaltung sich schließlich wie ein Selbstzweck ausgestaltet, und wieder andere, die von unüberwindlich erscheinenden Befürchtungen so gebannt sind, daß ihre Lebenstüchtigkeit auf ein Minimum reduziert ist.

Wenn man die erlebnisreaktiven Fehlverarbeitungen neurotisch nennt, so liegt ihnen stets eine Vorstrukturierung in der Persönlichkeit zugrunde, die entweder Persönlichkeitsstörung oder Charakterschwäche genannt werden kann.

Wenn in das individuell strukturierte Gefüge der Erlebnisverarbeitung ein seelischer Krankheitsprozeß eingebrochen ist, also eine Psychose mit einer eigengesetzlichen, ich-fremden Dynamik, dann werden immer ärztliche oder medizinische und im Blick auf die Diagnose generalisierbare Maßnahmen angezeigt sein. Aber wenn es lediglich um eine Fehlentwicklung der Erlebnisverarbeitung geht oder wenn es zu einer Dekompensation der menschlichen Konfliktträchtigkeit gekommen ist, dann geht es stets um individuelle psychologische Hilfen. Über den menschlichen Rat und Beistand hinaus kann eine reflektierte Form von Psychotherapie angezeigt sein. In solchen Fällen ist eine psychopharmakologische Behandlung oder eine medikamentöse Unterstützung in der Regel problematisch.

Wenn wir mit Viktor Frankl ein spezifisches Psychotherapieverständnis haben und Logotherapie als eine sinnzentrierte Psychotherapie bezeichnen, dann ergibt sich die eingangs gestellte Frage, wie wir Sinnfindung in einen gedanklichen Zusammenhang bringen können mit Werterkennen und Werterleben. Die Erlebniswerte finden und erkennen wir nur beim Patienten selbst, die geistigen und universellen Werte können oder sollen nach unserem Verständnis nicht zum Inhalt der Psychotherapie gemacht werden.

Neben dem Wert- ist nun noch der Sinnbegriff zu definieren. Er beinhaltet immer eine gerichtete oder hinweisende Intention. Wenn wir fragen: "Was hat das für einen Sinn?", so meinen wir: "Worauf geht das hinaus, worauf weist uns das hin?" Im Alltagssprachgebrauch stehen die Begriffe Sinn und Zweck dicht nebeneinander. Man fragt etwa: "Was hat dieser Hebel für einen Sinn?" Gemeint ist: "Was hat er für einen Zweck?" Wenn nach dem Sinn eines Vorganges gefragt wird, geht es meist um die Frage nach dem Ziel - oder: "Was ist der Zweck dieses Vorgangs?" Ein weiteres Beispiel: Wir sprechen vom Wortsinn, weil das Wort uns auf das hinweist, was es uns besagt. So kann auch noch ein gedanklicher Bezug hergestellt werden zu den Sinnesorganen, die immer auf bestimmte Sinnesreize gerichtet und wie eine Antenne auf Empfang ausgerichtet sind. Das ist ihre Funktion oder ihr Zweck.

In der Gegenüberstellung der Begriffe Zweck und Sinn ließen sich - abgesehen von ihrer gemeinsamen Komponente des Gerichtetseins - zahlreiche differenzierende Unterscheidungen vornehmen. Seelische Vorgänge haben nie im engeren Wortsinn einen Zweck. Ihre Gerichtetheit, ihre Intentionalität ist eher mit dem Begriff Sinn zu verknüpfen. Alle

Erlebnisvorgänge besitzen eine intentionale Komponente. Gefühle sind innere Bewegkräfte, die uns in eine Richtung weisen. Gedanken sind immer auf ein Gedankenziel gerichtet. Hinzu kommen vielfältige Strebungen, Intentionen, Bedürfnisspannungen, Triebimpulse und schöpferische Kräfte, die alle ihre Gerichtetheit haben und auf einen Sinn zielen.

Dem seelischen Leben wohnt insgesamt eine Gerichtetheit inne, die im Spannungsfeld der Erlebnisvorgänge auf einen Lebenssinn hinzielt. Alle Dynamik des Seelischen, soweit sie nicht erkennbar von biologischen Faktoren bestimmt ist, wurzelt im Unterbewußtsein. Das gilt auch für das Sinnstreben des Menschen. Wir lokalisieren die Wurzeln dieses Sinnstrebens in den Bereich des geistigen Unbewußten, also in den Bereich, in dem auch das Gewissen und die schöpferischen Potenzen ihren intentionalen Kraftquell haben. Die sinngerichteten Regulierungskräfte des Erlebnisgeschehens leiten den Menschen in der Regel zu dem Ziel einer erfolgreichen Lebensgestaltung, aber der Mensch ist mitverantwortlich an dem Gelingen beteiligt. Wird das Ziel einer individuellen Lebensgestaltung jedoch verfehlt und führt das konfliktrträgliche Zusammenspiel der Erlebniswerte zu einem Leidenszustand von Neurosequalität, dann muß eine Neuorientierung der Sinnperspektive gefunden werden.

Im logotherapeutischen Gespräch wird darauf verzichtet, in der Vergangenheit nach Ursachen, Motiven oder Gründen für die seelische Fehlentwicklung zu suchen. Vielmehr geht es darum, im Spannungsfeld der individuellen Konfliktlage - ganz gleich aus welchen Gründen es dazu gekommen ist - Erlebniswerte aufzudecken und zu stärken, die das - vor wie nach - konfliktrträgliche seelische Geschehen wieder in eine Richtung lenken, die das Weiterleben nicht nur erleichtert, sondern auch wieder sinnvoll erscheinen läßt. Oft geht es um nicht mehr als eine Neugewichtung der Erlebniswerte. Oder es geht um einen Zugewinn an Selbstverfügbarkeit im Spannungsfeld der Ängste oder Zwänge, der Gesundheitsbesorgtheit oder der Hoffnungslosigkeit. Ängste, Zwänge, Zukunftssorgen, die sich gleichsam verselbständigt haben, ohne daß sie von einem Krankheitsprozeß verursacht wurden, müssen den Stellenwert in der Erlebnisverarbeitung finden, der es dem Menschen ermöglicht, sich wieder als ihr Herr und nicht mehr als ihr Knecht zu fühlen.

Ob dies durch eine einfache Dereflexion, durch die Pointe der paradoxen Intention, durch vernunftorientierten Einstellungswandel, durch einen aufklärenden Dialog über Erlebniswerte, durch schlichte Einübung von Verhaltenstechniken, durch eine Neuorientierung in der Lebenssituation oder durch begleitende Entspannungsübungen geschieht, wird immer eine Frage bleiben, die von Fall zu Fall unterschiedlich zu beantworten ist und auch von Therapeut zu Therapeut unterschiedlich beantwortet wird. Übergeordnet muß nur die Zielsetzung bleiben, die Selbstverfügbarkeit des Menschen bewußt zu machen. So müssen ihm Erlebniswerte oder Erfolgserlebnisse sichtbar werden, mit denen er die unausweichliche Konfliktrrächtigkeit des täglichen Lebens besser meistert. Dieses Ergebnis ist schließlich mehr als nur ein subjektiver Erlebniswert. Es ist zugleich ein Erfolg, der zum Maßstab dafür werden kann, was dem Menschen möglich ist, wenn er seelische Krisen und Tiefpunktsituationen zu überwinden hat. Solche persönlichen Leistungen haben, ohne daß ihnen ein universeller Wert zugesprochen werden kann, einen hohen ideellen Wert. Es darf ihnen ein Vorbildcharakter zugesprochen werden. Ein solches Vorbild kann im Einzelfall zu einem unersetzlichen Erlebniswert für denjenigen werden, der sich in einer ähnlichen Lage befindet.

Das logotherapeutische Bemühen um Sinnfindung setzt voraus, die Selbstverfügbarkeit und die geistige Natur des Menschen zu postulieren, sie nicht nur als real gegeben einzuschätzen, sondern auch als universellen geistigen Wert zu akzeptieren. Da der leidende Mensch in der Regel auch ein überwiegend ichgebundener Mensch ist, erweisen sich häufig die auf den

Mitmenschen oder auf die Mitwelt gerichteten Erlebnisperspektiven als Wegbereiter eines neuen Lebenssinnes. Das wird mit dem Begriff Selbsttranszendenz ins Gespräch gebracht. Was ansonsten aus dem Gedankengut der Logotherapie hier noch einzubringen wäre, muß aus praxisbezogenen Schriften herausgelesen werden.

Zum gewählten Thema sei abschließend folgendes gesagt: Die Unterscheidung von seelischen und geistigen Werten erscheint hilfreich, um das Gespräch über Werterkenntnis gedanklich zu strukturieren. Seelische Werte, also Erlebniswerte, kann nur der einzelne Mensch für sich oder in sich entdecken. Im Leidensfalle bedarf es einer dahingehenden Ermunterung und zusätzlicher gedanklicher Anregungen. Demgegenüber sind geistige oder universelle Werte immer nur zu erkennen in gelungenen Gestaltungen: das Gute in der guten Tat, die Barmherzigkeit in einer barmherzigen Handlung, das Schöne in den Naturlandschaften, in künstlerischen Werken oder in den schönen Dingen. Ein genereller menschlicher Wert ist auch in der Vorbildhaftigkeit der Lebensgestaltung zu sehen. Gelungene Sinnfindung besitzt eine solche Vorbildqualität.

Sinnfindung ist ein Wert an sich, und zwar ein hoher individueller Erlebniswert einerseits und zugleich für andere als Vorbild ein ideeller, wenn auch nicht universeller Wert. Die Orientierung an solchen ideellen Werten, also die erfolgreich vorgelebte Lebensgestaltung und die vorbildhafte Meisterung persönlicher Probleme bilden den wichtigsten Erfahrungshintergrund für unsere logotherapeutische Arbeit. Was der Mensch zu leisten vermag, lernen wir von denen, die es geleistet haben. Das ist ein wesentlicher Teil unserer Werterkenntnis und unserer persönlichen Wertverwirklichung.

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(Inmitten der redaktionellen Arbeit an diesem Artikel erreichte uns die Nachricht, daß Prof. DDr. Paul Bresser am 2. Oktober 1993 plötzlich verstorben ist. Dieser Aufsatz ist somit zum

Denkmal für einen Mann geworden, dessen noble und aufrechte Wesensart jeden beeindrucken mußte, der ihm begegnete.)

The Unconscious in Religiosity, Spirituality and Morality

Aureliano Pacciolla

Abstract:

The author explores that part of the unconscious which lies beyond the territory of subconscious drives and instincts. In particular, the regions of deeply rooted religiosity and morality are charted. The concepts used in this context must not be misunderstood to imply the existence of a religious or moral "impulse" prompting us to a certain behaviour. Rather, they constitute the essence of a person's ethical or religious attitude, more aptly comparable to a compass than to some driving force.

Zusammenfassung:

Der Autor untersucht jene Region des Unbewußten, die jenseits des Bereichs der unterbewußten Triebe und Instinkte liegt. Im besonderen werden die Gebiete beschrieben, in denen der Ursprung einer tief verwurzelten Religiosität und Moralität liegt. Die Begriffe, die dabei verwendet werden, dürfen nicht im Sinne einer moralischen oder religiösen "Triebkraft" mißverstanden werden, die uns zu einem bestimmten Verhalten drängt. Sie bedeuten vielmehr die Quintessenz der religiösen oder moralischen Haltung eines Menschen, eher vergleichbar mit einem Kompaß als mit einer Antriebskraft.

Taking religiosity to mean a dimension so wide as to include also what is commonly intended by spirituality, and morality, it can be said that research on the unconscious spirituality can only start from three essential presuppositions: a peculiar anthropological view, a wide definition of religiosity, and a more complete view of the subconscious.

a) The first of these three presuppositions is an ontological anthropology which considers man in all his totality, that is, also his noetic dimension, different from the organic dimension and the psychic one, because it transcends both but together with them makes an individual a unique, indivisible and irrepeatable unity.

b) The second presupposition is a religiosity intended as an answer to the existential 'Wovor': as held by A. Einstein, man is religious since he asks himself the 'why' and the meaning of his own existence; and, as Frankl says, religiosity is the answer to the existential question of 'before what or before whom I want to be responsible for my life?' (1)

In this sense life is lived from the point of view of transcendence, that is, as a gift which transcends man's nature in itself, and religiosity is akin to something very activating because it makes conscious that by any decision, battle or destiny which is decided here in this life by and in the single individual we are associated with the divine battle on this earth. (2)

This general concept of religiosity sees a religious person as one who has a balanced sense of fragmentation related to an absolute because God is always transcendent, but also always an object of intention.

c) A third presupposition for the unconscious religiosity is a more complete view of the subconscious. The subconscious, more than a mere deposit only of instincts, from a prospective view-point, is also a seat and a source of man's creative strengths; of the instinctive-impulsive strengths as well as of the spiritual-religious ones.

Even though the spirit and the impulse are two incommensurable phenomena, nevertheless both can be either conscious or unconscious, and for both there is no clear-cut distinction between their conscious and unconscious levels. (3)

Exploring the Noetic Unconscious Level

From these three presuppositions Logotherapy begins research on unconscious spirituality which is found to be much richer and determinant than one would think because in the unconscious, besides the ethical unconscious and the moral conscience, there is also a sort of esthetic unconscious: the artistic conscience. In fact even the artist's inspiration has its roots in unconscious spirituality. (4)

Thus, from the viewpoint of Logotherapy, man can be specifically himself also in the area of his unconsciousness. On the other hand man is himself only when he is not prompted by his impulses but responsible for his values. (5)

The true, deep, spiritual-existential personality is always unconscious in its depths. This is not facultatively but necessarily so, since the actualization of spiritual acts is a 'reality of realization'. The human person, actually, in its true being, is not susceptible to reflection, but only to realization. Existence, as well as conscience, properly speaking, does not undergo an analysis or reflection or reduction, since being an original phenomenon it is also in this sense unconscious: "The human person in its very depth is essentially unconscious. In its origin, the human spirit is unconscious spirit". (6; see also 7)

Actually our important existential and authentic decisions are taken in the depths of that unconscious spirituality with an absolute personal characteristic. Conscience, as 'being who decides for himself' belongs to the human being who is rooted in an unconscious foundation in the sense that conscience to begin with dips into the subconscious. Nevertheless the spirit is not unconscious only in its origin or beginning, but it is unconscious also 'in its final appeal'. It is in this sense that the important decisions are taken unreflectively and unconsciously. From this it can be said that besides a conscience of responsibility and of a conscious responsibility "there must also be unconscious responsibility. (8)

Frankl explains all this by an analogy: it is as something that stays awake in a man even when he sleeps. That wakefulness in sleep is able to wake up the sleeping mother as soon as the soft breathing of her baby becomes restless, while she is indifferent to all the deafening noises from the street. Such a wakefulness in sleep does not fail even under hypnosis. The authority which decides whether something has to become conscious or has to stay unconscious, works unconsciously; but in order to decide it must be able to make a certain distinction - and only a spiritual essence can distinguish and decide. (9)

Therefore, spirit is unconscious also in that superior appeal that must decide on consciousness or unconsciousness, and spirituality not only can be unconscious but from its beginning to its end must be unconscious as well.

In the context of an unconscious spirituality, there is a religiosity that is unconscious.

This unconscious religiousness, revealed by our phenomenological analysis, is to be understood as a latent relation to transcendence inherent in man. If one prefers, he might conceive of this relation in terms of a relationship between the immanent self - I - and a transcendent Thou. However one wishes to formulate it, we are confronted with what I should like to term 'the transcendent unconscious' - as part and parcel of the spiritual unconscious. This concept means no more nor less than man has always stood in an intentional relation to transcendence, even if only on an unconscious level. If one calls the intentional referent of such an unconscious relation 'God', it is apt to speak of an 'unconscious God'. (10)

The relationship between man and the transcendent unconscious or the unconscious God, does not mean per se that God himself resides in the unconscious; it means that sometimes God is unconscious to us, and so hidden to ourselves. So, when in the Psalms we read of a hidden God (*Deus absconditus*), as we saw, it is a question of a hidden God in the sense of a hidden relationship between God and man, hidden on his part.

Authentic religiosity is characterized by an absolute lack of institutionalization and by an absolute personalization either in its conscious or unconscious dimension, as well as by intimacy: The quality of intimacy so characteristic of love is no less characteristic of religion. It is intimate in two senses: it is *INTIMUM* in the sense of innermost, and second, it is, like love, protected by shame. Genuine religiousness, for the sake of its own genuineness, hides from the public. (11)

This is why many can easily talk about their sexuality, even in its very details and of their perversions, while they seem inhibited in speaking of their religiosity, almost as if they should be ashamed of it. The problem is that many, consciously or not, inhibit their spirituality which spontaneously tries to emerge up to conscious levels. And when spirituality does not find an appropriate expression it is prompted into the subconscious; it has been driven back but never definitively suppressed. This is the reason why, in a certain way and at a certain level, spirituality remains always in man, even when it is repressed by the individual or by a particular society structured in a particular way.

The purpose of Logotherapy and Existential Analysis is that of re-establishing the responsibility of man's trends and attitudes and therefore even of his unconscious spirituality. By doing so, Logotherapy avoids the psychoanalytic mistake of considering man as an object; Logotherapy personalizes man, so that he cannot be intellectualized and rationalized to be necessarily understood only by the reason, either pure or practical.

On unconscious spirituality there could be three misunderstandings against which we must be on our guard. The first one is pantheism: although the unconscious is characterized as 'even spiritual', never can it be circled with the aureole of divine. The unconscious relationship with God does not mean that God is within us and dwells unconsciously. This would be a thesis of an theological dilettantism. (12)

The second possible mistake that must be avoided is that of considering the unconscious as something divine. The unconscious is not divine and does not have even one divine attribute, i.e. omniscience. This would be a mistake of careless metaphysics. A firm contact with experience should never be lost.

The third misunderstanding in considering the unconscious is that of viewing it as something impersonal and bound to the Es. This mistake had been already made by Jung because although he recognized in the unconscious even a religious aspect, nevertheless he made the mistake of locating the unconscious spirituality in the sphere of the Es. In such a way the Ego is not able to have a competence in the sphere of religiosity. For Jung, actually, unconscious religiosity is bound to religious archetypes and to elements of the archaic and collective subconscious. In Jung's thesis of unconscious religiosity there is no room or possibility for a personal decision of man; it seems that religiosity is essentially something impulsive, explained as something collective and archetypal.

According to Jung, something within me is religious, but it is not I who then is religious; something within me drives me to God, but it is not I who makes the choice and takes the responsibility. (13)

But it is not possible to talk of 'religious impulse' in the same way as of sexual impulse, and for this reason it is not possible to say that one is 'prompted to be religious'. Unconscious religiosity does not necessarily determine a conscious religiosity because it is always an open door of the free and responsible decision of man.

Another difference between Frankl and Jung is that for Frankl unconscious religiosity is not bound to the archetypes and so it is not innate nor therefore hereditary. Unconscious religiosity, actually, is not linked in any way to some biological element. Foreestablished religious forms or originary religious forms are not archetypes dozing within us and transmitted via biology; rather they are patterns of our religious culture that come to us through traditions. Nevertheless we cannot exclude a priori any relationship between personal religiosity and experience of our childhood, especially when religiosity has been repressed.

Primary religiousness which has fallen prey to repression comes to the surface in the form of a naive or childlike faith. (14)

One purpose of Existential Analysis may be that of bringing up to a conscious level the unconscious religiosity. Often in a neurotic personality there can be noticed a disturbed relationship between its Ego and the transcendence in the sense of a repressed relationship. One of the consequences of the repression of unconscious religiosity is superstition. Either at an individual or social level, repressed faith perverts itself into superstition; and a repression of a religious feeling can be due even to a tyrannical intellect or to an exasperated technical wit. So, once again it must be stressed that the existentiality of religiousness has to be matched by its spontaneity. Genuine religiousness must unfold in its own time. (15)

As we have been talking of unconscious religiosity and unconscious spirituality, let us see now whether it is possible to talk of unconscious morality.

In analyzing dreams, which are an authentic production of our unconscious, and interpreting them by the patient's free association but within the context of Existential Analysis, it is possible to reach, besides the instinctual unconscious, even the spiritual unconscious which could be very useful to the very moral conscience: With regard to interpretation of dreams, it

is still valid that moral conscience is the most useful pattern in order to show the efficacy of unconscious spirituality.

As a confirmation of this Frankl reports the analysis of some dreams: one of them is a warning that the conscience gives to the person; another dream shows unconscious spirituality in its function of self-scolding. Dreams spouting from the moral conscience which show in a certain way the unconscious spirituality are not rare. All these dynamisms of unconscious spirituality, unconscious religiosity and of unconscious morality are characterized by an absolute lack of any institutionalization.

J. Fabry says that the logotherapist will help make patients conscious of their repressed spiritual conflicts, such as conflicts of conscience. Like repressed drives, the repressed voice of conscience will sometimes reveals itself in dreams. The psychoanalyst looks to dreams for manifestations of the instinctual unconscious; the logotherapist looks for telltale signs from the spiritual unconscious. (16)

In this sense it is possible to talk of 'unconscious morality' and, safeguarding first of all the decisional characteristic of a person, unconscious spirituality and unreligiosity are even moral instances. For this reason in dreams also are shown moral risks and spiritual situations that during a normal state of being awake we do not perceive, not at least with the same clearness in some details.

In other instances our moral conscience through dreams can bring us to a serious examination of a certain situation of ours with a more objective and a more serious self-criticism than we while we are awake, when rationalization of our mistakes is much easier. Thus, dreams can show us some moral problems or conflicts not accepted at a conscious level; in this sense a real unconscious morality has all the right to be taken into account.

Again, in talking of unconscious morality there is a risk of making some mistakes. As unconscious religiosity must not be confused with a sort of religious instinct that prompts me to be religious, in the same way unconscious morality must not be confounded with a pseudo-moral-instinct which prompts me to have a certain morality. The human person is not prompted by the conscience: what actually happens is that a person is attracted by values and in the face his conscience has always to make his own decisions. If conscience really were a strength that prompts me in a certain direction, then we could talk of Super-Ego. But in this case, the human person would behave morally only in order to free himself from the load of his Super-Ego that otherwise would provoke remorse of conscience; this actually would not be at all really moral. The human person should not behave well for the purpose of freeing himself from a bad conscience which would oppress him. We do not have to behave well in order to have a good conscience; this would be simply pharisaical. The human person should be good for a purpose, for love of a person, for the sake of God.

This deep trend of the soul could be compared to the 'habitus' of scholastic philosophy that precedes the 'actus'. It is within the conscience where the synthesis is formed. This means that conscience cannot be reduced to a mere decision. Conscience is man's totality that gives off light, synthesis, coherence and will. It does not let itself be subordinate to decisions.

As a moral decision can be even unconscious, by the same token an unconscious decision can be moral in the sense that an unconscious moral decision is just the last ring in a long chain of decisions whose first one has been conscious and only subsequently has become a 'habitus'. For this reason man is not religious only in his external manifestations, i.e. complying with a

religious institution. Man is much more religious, more spiritual, more moral than he can appear not only to others' eyes but even to his own eyes, because he also has within his own innermost self an unconscious spirituality, an unconscious religiosity and an unconscious morality that continuously must be heard and be brought to his own consciousness. For this reason a Logotherapist has a more complete and a more optimistic, as well as a more realistic anthropology than a Freudian psychoanalyst.

A psychotherapist's concept of man, and therefore of his patient, is extremely important. The effect achieved by a psychotherapist who believes that his patient is more immoral than he himself thinks is quite different from that of a psychotherapist who believes that his patient is more moral than he himself thinks. This has been shown in an experiment (17) in which 20% of the students in each classroom were indicated to the teachers as very promising students because their very high I.Q. had previously been observed in the tests. After eight months of the course all the students were examined and the result was that those 20% had learned much more than the rest of the students. In reality, the 20% indicated to the teachers as promising did not have a higher I.Q. than the others; their better learning was due to their teachers' attitude.

In this sense, the commitment, the realization and the meaning of man's life depend even on his Weltanschauung and on the choice or decision he makes at his conscious level to which he comes in the explication of his unconscious dynamisms. Only at this point is it possible to talk of a man's moral decision in its totality and therefore of the realization of man's wholeness.

For this reason Existential Analysis is a scientific means that gives a worthwhile contribution to the genuinity of the human being and of religion.

This reciprocal interaction among science, religion and human nature is expressed by Frankl with the words of A. Einstein "Science without religion is paralyzed, and religion without science is blind...the problem is not the atomic bomb, the problem is the heart of man".

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Zwiespalt und Widerspruch überbrücken - Paradoxe Intention

Franz Grundtner

"Prüfstein einer überragenden Intelligenz ist die Fähigkeit, gleichzeitig gegensätzliche Gedanken zu verfolgen und doch funktionsfähig zu bleiben" (F.S. Fitzgerald)

Zusammenfassung

Die Logotherapie bzw. Existenzanalyse nach V.E. Frankl versucht eine Aufhellung des Grenzgebietes zwischen Psychotherapie und Philosophie, unter besonderer Berücksichtigung der Sinn- und Wertproblematik der Psychotherapie.

Ein besonders effektives Verfahren im Methodenarsenal der Logotherapie ist die Paradoxe Intention. Ihre Anwendung ist vor allem bei angst- und zwangsneurotischen Erkrankungen geboten. Um sich von der Angst zu distanzieren, wird Humor mobilisiert: "Seiner Angst ins Gesicht lachen." Durch Selbstironie wird die Neigung zum Angsterleben gelöscht. Bei häufiger Anwendung dieser Methode wird dem Menschen zunehmend eine Wahlfreiheit ermöglicht; er kann zu humoriger Gelassenheit finden.

Paradoxe Intention ist ein Kernpunkt des psychotherapeutischen Dialogs; sie verhilft zu Entlastung und Ruhe, zu Gelassenheit und Mut, zu neuen Aktivitäten. Es ist eine Methode, die eine konsequente therapeutische Ausgestaltung der beiden anthropologischen Grundgegebenheiten menschlicher Existenz ermöglicht: der Fähigkeit zu Selbstdistanzierung und zu Selbsttranszendenz.

Es wäre aber verfehlt, wollte man die Paradoxe Intention auf eine bloße Technik reduzieren. Ganz wesentlich erscheint auch die philosophische Ebene: Der Mensch wird befähigt zu sinnerfühltem Verhalten, zu neuerlichem Werterleben, oder er ist zumindest imstande, sich wieder auf die Suche nach Sinn zu begeben. Paradoxe Intention regt an zu philosophisch inspirierter Lebensführung - zu "tragischem Optimismus" (V. Frankl).

Abstract

Logotherapy and Existential Analysis according to V.E. Frankl provides an elucidation of the border area between psychotherapy and philosophy, with the psychotherapeutic problems inherent in meaning and value being taken into account.

One very effective method within this psychotherapeutic approach is Paradoxical Intention, which is recommended in cases of anxiety and obsessive-compulsive neuroses. The patient learns to confront his anxiety, to come to grips with it, to experience it as a subjective reality and to perceive it in an ironical manner, in the light of a greater reality. By mobilizing humour, he is enabled to put some distance between himself and anxiety: "Laughing into the face of one's anxiety". The experience of anxiety is counteracted by self-irony. Frequent application of this method helps to give the patient increasing freedom of choice and aids him in developing an attitude of humorous serenity.

Paradoxical Intention is a salient point in the psychotherapeutic dialogue, helping to provide relief, peace of mind, composure and courage to take up new activities. It is a method providing for consistent therapeutic application of those two fundamental, specifically human qualities: the "capacity for self-detachment and for self-transcendence" (Frankl).

But it would be wrong to reduce Paradoxical Intention to the status of a mere technique. There is certainly a technical aspect to it, in that it helps the patient to break out of anxiogenic behaviour patterns or to modify depressogenic thought patterns. What seems of crucial importance to me, however, is the philosophical level: the patient attains a capacity for meaningful behaviour, for renewed experience of values, or is at least capable of setting out again in search of meaning. Paradoxical Intention then provides the initiative for a philosophically inspired lifestyle, for "tragic optimism" (V. Frankl).

1. Einleitung

Tagtäglich nehmen Menschen psychiatrische Hilfe in Anspruch. Der Psychotherapeut ist konfrontiert mit Fragen dieser Menschen über Glück und Leid, Liebe und Erlösung, Angst und Schmerz.

Logotherapie und Existenzanalyse ermöglichen eine phänomenologische Betrachtungsweise. Es geht hierbei nicht in erster Linie um Etikettierung von Symptomen, sie ermöglichen vielmehr eine "Entmythologisierung und Rehumanisierung der Psychotherapie" (V. Frankl).

Frankl hatte erkannt, daß die verbale Deutungskunst der Psychoanalyse den Weg in ein selbstverantwortetes Leben hemmen, möglicherweise sogar zur Abwehr notwendiger praktischer Lebensschritte führen kann. Ein zentrales Anliegen ist es für ihn, dem Patienten Anregung zu geben, einen Sinn im Leben zu finden.

Zu dieser Sinnfindung ist aber eine Art von innerem Wachstum notwendig. Sie erst ermöglicht es, daß der Mensch in der Entwicklung durch die Therapie sich selbst immer besser versteht. Viele Schwierigkeiten des Lebens haben ihre Ursache in der menschlichen Natur, in der Neigung der Menschen zu Zorn, zu Angst und in ihrer Unfähigkeit, Emotionen zu bewältigen.

In Logotherapie und Existenzanalyse wird das "Geistige" im Menschen betont, seine Fähigkeit zu "Selbstdistanzierung" und "Selbsttranszendenz". Es wird betont, daß der Mensch mehr ist als seine Stimmungen, seine Triebe, seine Charakteranlagen. Andererseits hilft ihm die Sinnfindung dabei, die Grenzen egozentrischer Existenz zu überschreiten, sich mit der Welt auseinanderzusetzen, sich zu entfalten, über sich selbst hinauszuwachsen. Erst auf diesem Wege kann er das lebendige Gefühl erfahren "ich selbst zu sein".

Ein Schlüssel zu Existenz, zu "ich selbst sein" ist der Umgang mit Angst. Gerade im Angstproblem liegt ein Knotenpunkt verschiedener Fragen des Mensch-Werdens und Mensch-Seins. Wo Angst nicht bewältigt wird, ist Auseinandersetzung mit der Welt nicht möglich, ist der Mensch in sich selbst gefangen. "Phobische Fehlhaltung ist unfreiwillig gelebter Nihilismus" formuliert Viktor von Weizsäcker.

In "Theorie und Therapie der Neurosen" hält Frankl fest: "Ein Wesen, das zu Freisein und Verantwortlichsein begnadigt ist, ist zum Ängstlichwerden und Schuldigwerden verurteilt".

Aus der Ausweglosigkeit von Angst entsteht "Angst vor der Angst", ein Teufelskreis, der den Angstkranken in sich selbst gefangen hält. Angst, die krank macht, ist demnach mißlungene Auseinandersetzung mit der Angst. Die Folge ist oft ein tiefer innerer Zwiespalt, eine starke Hemmung, sich mit der Welt, mit der Wirklichkeit auseinanderzusetzen.

Speziell hier gibt Logotherapie und Existenzanalyse in vielen Fällen die Möglichkeit, neue Brücken zu bauen, eine neue Form der Auseinandersetzung zwischen der Person und der Situation zu schaffen. Einen Weg aus dem Circulus viciosus weist Frankl in der "Paradoxen Intention": Der Patient lernt, auf die Angst zuzugehen, sich mit ihr auseinanderzusetzen, sie als bloß subjektive Realität zu erleben und angesichts einer größeren Realität zu ironisieren.

Laut Frankl wird der Patient im Rahmen der paradoxen Intention dazu angewiesen, "sich genau das, wovor er sich bis dahin gefürchtet hatte, von nun an - sich geradezu herbeizuwünschen (bei Angstneurosen) bzw. sich vorzunehmen (bei Zwangsneurosen); mit anderen Worten, sozusagen seinen Befürchtungen "den Wind aus den Segeln zu nehmen".

Nachfolgend einige Beispiele, die zeigen, wie mit Paradoxe Intention ein kreativer therapeutischer Prozeß, ein Ausweg angeregt wurde.

2. Ausgewählte Fälle

Schnüffeltic:

Ein 60-jähriger Patient entwickelt nach seiner Pensionierung einen "Schnüffeltic": dauerndes Aufschnupfen, das zuletzt derartig massiv wird, daß das Aufsuchen öffentlicher Orte kaum mehr möglich ist; Besuch von Veranstaltungen, Kirchengang, zunehmend sogar das Einkaufen wird vermieden.

In der Therapiestunde wird ihm vorgeschlagen, Schnupftabak zu kaufen und regelmäßig zu schnupfen. - Das sinnlose Schnüffeln sollte Sinn erhalten.

Tatsächlich führt dies zu einer wesentlichen Symptomreduktion. Allerdings entsteht in den folgenden Jahren wiederholt eine endomorph depressive Symptomatik, die entsprechend psychotherapeutisch und psychopharmakologisch behandelt wird.

Hustentic:

Eine 62-jährige Patientin erkrankt nach dem Tod ihres Gatten an einem Infekt der oberen Luftwege. In der Folge entwickelt sich ein ständiges Husten und Räuspern, das sich in Gegenwart anderer Menschen oft noch steigert, insbesondere dort, wo ein ruhiges und unauffälliges Verhalten erwartet wird (bei Vorträgen, in Warteräumen).

Die Konsultation vieler Ärzte bleibt fruchtlos, bis sie auf einen HNO-Arzt stößt, der ihr den merkwürdigen Rat gibt: "Begrüßen sie morgens ihren Husten". Zum freudigen Erstaunen der Patientin wird sie innerhalb kurzer Zeit nahezu beschwerdefrei.

Essentieller Tremor:

Eine 45-jährige qualifizierte Büroangestellte litt seit Jahren an essentiellen Tremor, den sie gut akzeptieren konnte. Eines Tages erhielt sie jedoch einen neuen Chef, der weit jünger war als sie. Wenige Minuten nach der ersten Begegnung fragte er taktlos: "Warum reit es sie so? Haben sie etwas mit den Nerven?" Im Bemhen, sich vor diesem Chef zu beherrschen, wurde ihr "Reien" noch strker.

In mehreren Therapiegesprchen entdeckte sie jedoch ihre eigene jahrelange Tchtigkeit, ihre gesicherte Position im Firmenbereich, und beschlo fr sich: "Ich bin eine tchtige Brokrift. Ich darf Zittern, soviel ich will, und wenn der Chef kommt, dann zittere ich ihm was vor." - Prompt hatte sie damit Erfolg; das Zittern reduzierte sich zu einer - wenn auch lstigen - Nebensache.

Erwartungsangst:

Ein 24-jhriger Handelsreisender unternahm eine Bergwanderung mit seinem Schwager. Dabei wollte der bergerfahrene Schwager den Flachlnder beeindrucken und erklrte ihm whrend einer Rast, weiter oben komme eine Stelle, die schwierig zu begehen sei. Sogar Gebte wrden dort von Angst berfallen. Oft gebe es dort prekre Situationen.

Bei diesen Ausfhrungen verging dem jungen Bergwanderer die Freude am Bergerlebnis. Er verkrampfte sich innerlich, begann zu schwitzen, und in Gedanken frchtete er bereits, an dieser berchtigten Stelle ebenfalls "hngenzubleiben". In dieser Notlage fiel ihm die oben angefuhrte Chefsekretrin ein, die er whrend eines Seminars kennengelernt hatte. Er beschlo, ihrem Beispiel zu folgen. In Gedanken sagte er sich, "wenn die Stelle tatschlich zu schwierig ist, dann zittere ich meinem Schwager etwas vor. Nachdem er mich hierhergefhrt hat, mu er auch zusehen, wie er mich wieder hinunterbringt".

Erleichtert stellte er fest, da danach das wrgende Angstgefhl nachlie. Als sie schlielich an die bewute Stelle kamen, erwies sie sich bei weitem nicht so gefhrlich wie befrchtet, und er konnte die Tour wieder genießen. Insgesamt aber wurde dieser Tag wahrlich zu einem "denkwrdigen Erlebnis".

3. Diskussion

Kreativitt und Humor bilden - neben jenen Faktoren, die auch bei anderen Methoden der Psychotherapie eine Rolle spielen - die wesentlichen Elemente bei der Anwendung der paradoxen Intention.

Kreativitt:

Paradoxe Intention frdert Intuition und Kreativitt. Frankl hat darauf hingewiesen, da Psychotherapie eine "Gleichung mit zwei Unbekannten ist, mit der Einmaligkeit und Einzigartigkeit des Patienten und Einmaligkeit und Einzigartigkeit des Arztes". Bisweilen flieen auch Elemente der Suggestion ein. Im richtigen Moment angewandt, bt der

Psychotherapeut "Hebammenkunst": Was im Patienten drinnen ist, wird auf die Welt gebracht.

Humor:

Zum Gelingen ist auch ein Zugang zum Humor des Patienten wichtig. Frankl betont den großen Spielraum und den damit verbundenen höheren Freiheitsgrad. Oft bringt das Lachen eine lustvolle affektive Entlastung, eine wesentliche kathartische Reaktion.

Paradoxe Intention ist der Angelpunkt einer Therapie, an dem es gelingen kann, den Patienten neu zu orientieren. Er hat die Chance, sich selber zu finden, Entlastung, Ruhe, Gelassenheit und Mut zu neuen Aktivitäten zu finden.

Es wäre aber verfehlt, wollte man die Paradoxe Intention auf eine bloße Technik reduzieren. Gewiß gibt es hier eine technische Ebene, auf der dem Patienten dazu verholfen wird, daß er aus angsterzeugenden Verhaltensmustern ausbrechen oder depressogene Denkmuster modifizieren kann. Sie ermöglicht es ihm, in einem konstruktiven "inneren Dialog" mit sich selbst zu kommen.

Ganz wesentlich erscheint mir jedoch die philosophische Ebene: Der Mensch wird befähigt zu sinnerfülltem Verhalten, zu neuerlichem Werterleben, oder er ist zumindest imstande, sich wieder auf die Suche nach Sinn zu begeben durch Überwindung von eigenem Zwiespalt, eigenem Widerspruch. Im Annehmen seines eigenen Menschseins wird er authentisch, wächst er zum eigenen Sein heran.

Paradoxe Intention regt an zu philosophisch inspirierter Lebensführung - zu "tragischem Optimismus": "Die Welt ist nicht heil, aber sie ist heilbar" (V. Frankl).

Paradoxe Intention ist Brücke, nicht Selbstzweck, und dient einem höheren Ganzen.

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