

BULLETIN

Logotherapie & Existentiële Analyse

Europäische Zeitschrift für Integrative Psychotherapie, Logotherapie und Existenz Analyse nach Frankl
Europees Tijdschrift voor Integratieve Psychotherapie, Logotherapie en Existentiële Analyse
European Quarterly for Integrative Psychotherapy, Logotherapy & Existential Analysis (V. E. Frankl)
2004, Vol. 14, No. 3-4

DAVID GUTTMANN -SPECIAL

LAUREATE OF THE VIKTOR FRANKL-PREIS OF THE CITY OF VIENNA

ON THE OCCASION OF HIS LECTURE IN POORTUGAAL, NETHERLANDS

**MEANINGFUL SOCIAL WORK,
LOGOTHERAPY FOR THE HELPING PROFESSIONAL - INTRODUCTION**

ON WIT AND HUMOUR IN LOGOTHERAPY

LOGOTHERAPY AND PSYCHOANALYSIS: SIMILARITIES AND DIFFERENCES

**LOGOTHERAPEUTIC AND 'DEPTH PSYCHOLOGY'
APPROACHES TO MEANING AND PSYCHOTHERAPY**

SHORT BIBLIOGRAPHY OF DAVID GUTTMANN

Published by NILEA & The European Association for Logotherapy and Existential Analysis, Vienna
November 2004 Volume 14 Number 3-4 ISSN 1508-0290
Printed by: Offset Drukkerij Delta Psychiatrisch Ziekenhuis --- Poortugaal Netherlands

COLOFON

Bulletin, European Quarterly for Integrative Psychotherapy, Logotherapy & Existential Analysis © is the multilingual European Quarterly for Integrative Psychotherapy, with an emphasis on the works of V. E. Frankl and its development in Psychotherapy. It is published by the Netherlands Institute for Logotherapy & Existential Analysis, in close cooperation with the European Association for Logotherapy and Existential Analysis, Vienna.

© 2004 NILEA/ EALEA. All rights reserved. No part of this publication may be reproduced, stored, transmitted, or disseminated, in any form, or by any means, without prior written permission from NILEA/EALEA, other than for private use only.

EDITORIAL BOARD

Drs. P. Hoekstra, Ma-CP Editor, Poortugaal, NL.
Editorial Address:
Molenweg 19, NL-3171 CM Poortugaal
Nederland / Netherlands / Niederlande

Prof. Dr W. J Maas, Alkmaar, NL.
Prof. Dr. W. Gräßler, Chemnitz, Germany.
Prof. Dr. H. Gall, Greifswald, Germany.
Prof. Dr. K. Popielsky, Lublin, Poland.
W.L. van der Mee, Ma-CP. NL

SUBSCRIPTION RATES

For NL. € 15,- per annum. Subscribers receive one issue for free ABN/AMRO 46 93 15 652, NILEA, re: 'Bulletin'. For Europe: € 25,- (incl. Postage) Make sure that your payments are free of charges.

BUSINESS MISSION

The Bulletin wants to offer the platform for those who work in the mental health sector, or are preparing for a mental health profession. The added value of the Bulletin is its commitment to the critical integration and central position of a metaclinical, evidence based anthropology as first proposed by V. E. Frankl (1905 – 1997) .

Het Bulletin beoogt een platform te zijn voor hen die werkzaam zijn in de hulpverlening (geestelijke gezondheidszorg), of zich daarop voorbereiden. De toegevoegde waarde van het Bulletin vindt u in de binding aan het werk van V. E Frankl (1905 – 1997), waarbij diens kritische antropologie centraal staat in de vraag naar menselijke waardigheid en zinvol bestaan. Het Bulletin kiest, met Frankl c.s., voor de zich steeds verantwoorde integratieve benadering.

Bulletin, Europäische Zeitschrift für Logotherapie & Existentiële Analyse offeriert ein europaweites Plattform für diejenigen die bereits in der Psychologie, Psychotherapie, Psychiatrie oder in einer der heilpädagogischen Berufen arbeiten, bzw. sich darauf vorbereiten. Der Extrawert dieser Zeitschrift ist die bewusste Anwendung einer metaklinisch fundierten Anthropologie (Frankl) im Kontakt mit Menschen in Krise und Not. Daraus erst resultiert die Möglichkeit einer bewussten Integration verschiedener psychotherapeutischen Methoden und Techniken, womit sich für Personen und Gesellschaft das individuelle Leben als würdig und sinnvoll neu gestalten lässt.

TRAINING CENTERS

For contacts concerning Training in Logotherapy and Existential Analysis at accredited level in your country, please contact Prof. Dr.W.J. Maas, European Association for Logotherapy.

EUROPEAN WIDE ACCREDITING ORGANISATION

European Association for Logotherapy and Existential Analysis, c/o 9 Sonnenburg, 1823 HM Alkmaar NL or at w.maas@epsa.at

Printed and bound by the people from **DELTA Psychiatrisch Ziekenhuis Poortugaal - Netherlands**

BULLETIN

European Quarterly for Integrative Psychotherapy, Logotherapy and Existential Analysis
Europees tijdschrift voor Integratieve Psychotherapie, Logotherapie en Existentiële Analyse
Europäische Zeitschrift für Integrative Psychotherapie, Logotherapie und Existenzanalyse

Volume 14 / 3-4 ISSN 1568-0290 November 2004

ISSN 1571-3199 (digital version)

Editorial

Lectori Salutem,

We are very pleased to present to you this Bulletin-special on prof.dr.David Guttman, emeritus dean and professor in Social Work at the University of Haifa, Israel and for many years a dedicated student and teacher in Logotherapy and Existential Analysis. The city of Vienna, birthplace of psychotherapy and 'home' of the three Wiener Schulen on Psychotherapy (Freud, Adler and Frankl) recognized Guttman's dedication and labour by offering him the Viktor Frankl-Preis of Vienna.

This volume of the Bulletin will for many people an introduction in Guttman's work, as far as they have been published in English.

We hope you will enjoy it.

drs.Pieter Hoekstra, Ma-CP

VIKTOR FRANKL-PREIS DER STADT WIEN FÜR HERVORRAGENDE LEISTUNGEN AUF DEM GEBIET DER SINNIORIENTIERTEN HUMANISTISCHEN PSYCHOTHERAPIE



Das Kuratorium des Viktor Frankl-Fonds der Stadt Wien zur Förderung einer sinnorientierten humanistischen Psychotherapie hat in seiner Sitzung am 10. Dezember 2003 über die Zuerkennung von Viktor Frankl-Preisen und - Stipendien 2003 beraten und befunden für sein Gesamtwerk im Zusammenhang mit einer sinnorientierten humanistischen Psychotherapie: David Guttman

Prof. Dr. David Guttman, DSW ist der frühere Dekan der Fakultät für Sozialarbeit an der Universität Haifa. Er ist Autor mehrerer Bücher über das Altern und Mitherausgeber mehrerer Bücher über Sozialarbeit. Sein Buch "Logotherapy for the Helping Professional, Meaningful Social Work" erschien 1996 bei Springer Publishing Company. 1997 erschien ein autobiographisches Buch, "Schwierige Heimkehr" (Hartung-Gorre-Verlag, Konstanz), in dem er seine Jugend in Ungarn und den leidvollen Weg in seine neue Heimat schildert. Er übersetzte, in Zusammenarbeit mit Dr. Mignon Eisenberg, drei Bücher über Logotherapie aus dem Englischen ins Hebräische.



1981 organisierte er zwei White House Mini-conferences im Rahmen der White House Conference on Ageing. Er hat in vielen Teilen der Welt Kurse, Seminare und Vorträge über Logotherapie gehalten, ebenso Ausbildungskurse für Sozialhelfer. Er ist seit Jahrzehnten auf dem Gebiet der Sozialarbeit und Gerontologie in Praxis, Lehre, Forschung und Beratung tätig; mit Logotherapie beschäftigt er sich seit 1982.

Professor em. David Guttman
Faculty of Social Welfare and Health Studies
School of Social Work, University of Haifa
Mt. Carmel, Israel 31905
davgutt@research.haifa.ac.il

MEANINGFUL SOCIAL WORK

Logotherapy for the Helping Professional - Introduction¹

Prof.dr.David Guttmann

Some years ago an independently practising social worker gave an illuminative account of the reasons why therapists lose clients (Strean, 1986). Lamenting the premature termination of treatment, before achieving agreed-on goals, he listed the following categories as potential reasons for the untimely termination of treatment:

1. Failing to listen to the client or an overactivity by the therapist, expressed in constant interference, which leaves the client with a feeling that his own story is not as important to the therapist as he would like it to be.
2. Answering the patient's questions rather than letting the client come to grips with his own feelings about therapy, therapist, and procedure.
3. Fearing the client's anger, or, adversely, therapist's overidentification with the client's plight, which leaves the client frustrated, resentful, driving his aggression underground, leading to an eventual termination of treatment.
4. Indirectly acting out hostility toward the patient, especially when negative feelings about the client cannot be openly acknowledged and dealt with. This hostility is expressed by labeling the client with pejorative diagnostic labels, or switching the client from one treatment modality to the next, driving the client to end treatment altogether.
5. Fearing sexuality or the expression of the client's sexual feelings toward the therapist, which maybe misunderstood by the client as rejection of his/her personal worth as a human being and a sexual person.
6. Failing to appreciate the client's transference fantasies, that is, a misunderstanding by the therapist that the client's projections of feelings, fantasies, fears, and defenses influence his/her perception of the therapist.
7. Perceiving the client's problems as the therapist's problems. That is, when a client's emotional maturity is greater than that of the therapist's, and when the therapist is unable to deal with his own conflicts, anxieties, and inhibitions the result is client dropout of treatment.

Strean (1986) wished to underscore his observation that many times the untimely termination of treatment by clients is more related to the therapist's shortcoming than to that of the client.

He states:

Social workers who have been taught to be altruistic and dedicated professionals frequently contend that they are becoming too self-aggrandizing and too narcissistic when they acknowledge their feelings of anger, disappointment, and deprivation on sensing that a client is ready to take leave of the therapy and of the therapist prematurely. (Strean, 1986, p. 7)

Although Strean was talking about social workers as psychotherapists in particular, he in fact did extend his observations on therapist behavior, and its consequences, on the profession of social work as a whole. He was also quick to point out that so far there have been few formal discussions on this topic. Indeed, a review of the social work literature from the 1920s on reveals that most authors tend to blame the client for failure of the treatment. Poor clients! "What derogatives they had to endure! Lack of motivation, lack developmental difficulty, and inability to cooperate, with the practitioner were among the most frequently cited reasons for the poor results" (Richmond, 1922; Ripple, Alexander, & Polemis, 1964). Social-class differences in clients' and therapists' expectations were favorite reasons in the 1960s, whereas wrong treatment modalities became the slogan for the 1980s (Aronson & Overall, 1966; Siporin, 1985).

The efficacy of social work treatment, it seems, is a never-dying subject. Although self-criticism is rather healthy in all helping professions, the constant preoccupation with this most elusive issue, one

¹From: Logotherapy for the helping Professional - Meaningful Social Work, New York 1996, ISBN 0-8261-9020-0

that is not conducive to reliable and valid measurement for lack of specificity of what makes treatment truly successful or not with a specific individual group, or larger entity is rather baffling (Chaiklin, 1987; Geismar & Lagay 1985; Gurman, 1974; Leighton et al., 1987; Sheppard, 1986).

Thus, Strean's contribution to the ongoing debate provides a new dimension to this much-discussed problem, albeit from a different perspective, which is refreshingly welcome, as he is offering some advice on how to overcome or lessen those obstacles.

One should not forget the framework from which observations, such as those presented by Strean, are taken. The prevailing clinical approach to treatment, relying on theories of Freud, Erikson, and Sullivan is very much in vogue in private practice in social work in particular, but it has many adherents in the profession's more traditional settings. No wonder, therefore, that therapist's failure in treatment is explained by concepts taken from the psychoanalytical literature. Without minimizing the importance of therapist behavior as a critical factor in the outcome of any treatment, from these descriptions provided as illustrations to the seven reasons cited as potential sources of failure, one can deduce that client behavior in therapy is linked to a far greater problem than the one presented by Strean. And that problem is lack of meaning—whether in the client's life or in the treatment itself. In fact, Strean himself makes reference to the importance of meaning when he states:

If therapists really want to help their clients resolve their conflicts, then they should not gratify their clients' requests for advice, answer their questions, or intervene in their environments, without first exploring in depth the nature and meaning of their requests. (Strean, 1986, page 12)

However, meaning here is limited to the exploration of the client's request, whereas meaning taken from a logotherapeutic perspective has an entirely different connotation, one that is perceived by adherents to this theory of human behavior as decisive in the relationships of people, including those of therapist and client.

Social workers as well as other helping professionals, are seldom taught to look for a given problem from a different perspective than the one presented in ego psychology. Disorders in behavior expressed in neurotic anxiety are explained as results of conflicting and unconscious motives, whose roots can be traced back, according to the theories of Sigmund Freud, to the frustrations in the sexual life of the client. Consequently, the cure offered is based on therapies developed by Freud and his followers.

Frankl, the founder of logotherapy as the "Third Viennese School of Psychotherapy"—the predecessors being the Schools of Freud and Adler—is concerned with the nature and cure of neuroses as well, albeit from a different approach: He traces them to frustrations in the spiritual, or noogenic dimension of the individual, specifically to the individual's lack of meaning in his existence, or, in other words, to his/her frustration in the "will-to-meaning." For Frankl perceives life as a journey of responsibility.

Social work is the "professional activity of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; providing counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in relevant legislative processes. The practice of social work and other human services requires knowledge of human development and behavior; social, economic, and cultural institutions; and the interaction of all these factors" (Barker, 1987, p.154).

As seen, (here are many similarities between logotherapy and social work, especially in the area of values and goals. Both disciplines strive to create a society in which human dignity, freedom, self-determination, and respect for others are strongly embedded into the cultural fabric. Because values are at the heart of each individual's perception of how life ought to be, it is important to note what values are common to social workers first. According to the International Federation of Social Workers, an organization encompassing membership associations of social workers all over the world, and despite the particular culture in which the social worker practices, there is a general adherence to the following values as explicated in the Code of Ethics of that organization: 'Social work originates from humanitarian ideals and democratic philosophy and has universal application to meet human needs arising from personal-societal interactions and to develop human potential. Professional social workers are dedicated to service for the welfare and self-realization of human beings; to the disciplined use of scientific knowledge regarding human and societal behavior; to the development of resources to meet individual, group, national, and needs and aspirations; and to the achievement (Alexander, 1975, p.2).

Morales and Sheafor (1986), in pointing out that the preceding values are not unique only to social work, as other helping professions have more or less similar codes of ethics, have translated these values as falling into the following three major categories:

1. Values as preferred conceptions of people
2. Values as preferred outcomes for people
3. Values as preferred instrumentalities for dealing with people

Morales and Sheafor have identified major value orientations held by social workers. For example, belief in the inherent worth and dignity of all people; man's capacity and drive toward change; man's responsibility for himself and his fellow human beings; the need to belong and avoid excessive isolation; and the uniqueness of each individual are values included in the first category.

Both social work and logotherapy concur with the values expressed in the second category as preferred outcomes for people, namely, that society must provide opportunities for growth and development that will allow each person to realize his or her fullest potential; that society must provide resources to help people meet their needs, and that people must have equal opportunities for participating in society's own growth and development. As to the third category, values as preferred instruments for dealing with people, the methods employed by both logotherapy and social work reflect the basically humanitarian and egalitarian approach used in both.

Logotherapy's principles and philosophy can be viewed as statements of its guiding values. These are summarized as the following:

1. Life has meaning-as long as one is conscious in all circumstances.
2. The will-to-meaning is the main motivating factor in life.
3. People have freedom to find meaning in life.
4. The defiant power of the human spirit is a potent force in the struggle for survival.
5. Choices are present in all situations. They are expressed in our to the alternatives we select for making decisions.
6. Human beings are "three-dimensional"-biological, psychological, and spiritual - and all of them must be considered in any treatment.
7. People should never be referred to as "nothing but," that is, they should never be reduced to just one of the dimensions listed, or seen as machines in need of fixing.
8. The human spirit is the healthy nucleus in all sick people.
9. We can transcend ourselves-for the sake of another human being in need-by the virtue of love.
10. We can detach ourselves from constant preoccupation with ourselves by laughter and humor.
11. Our existence in the present is determined not only by our past but also by what we wish to become in the future.
12. Each individual is unique and cannot be substituted.
13. Meaning is present in each and every situation. The individual decides whether to use, or to lose, the opportunity to find meaning in any circumstance.
14. The meaning of the moment is not always clear. We must be patient to discover it.
15. Responsibility is the ability to respond to the demands of life in a given moment.
16. Tension and stress are part and parcel of human existence. Spiritual tension strengthens the "spiritual muscles" of man and helps in the quest to lead life the way it could be rather than as it is.
17. Discovering meaning in life is not a gift but an achievement. Man does not know his limitations as long as life does not force him to test them.
18. Growth and development are the results of change. Therapy is needed only when the change is not accompanied by growth.
19. Life does not owe us pleasure - only meaning that we must find. Happiness and pleasure are by-products to finding meaning in life. In the words of the great poet and philosopher Goethe: "Life is not something-but something for...."

To summarize, the intention of this book is not to present logotherapy as a replacement to social work. Rather, it is to point out similarities and to use logotherapy as a supplement to the traditional methods of psychotherapy used by social workers and other helping professionals. By looking for additional ways in dealing with the problems of people, social work can be enriched and, in turn, can enrich the lives of those for whom it cares.

ON WIT AND HUMOUR IN LOGOTHERAPY

David Guttman

University of Haifa, Israel²

The importance of humour in psychotherapy has been a subject which both Freud and Frankl have investigated and used in their theoretical writings. Yet, whereas Freud was interested in the unconscious elements contained in humour, and especially in jokes, Frankl concentrated his efforts on developing a most useful logotherapeutic technique, namely paradoxical intention, as an aid to psychotherapists and the mental health related professions. This article represents some of the concepts contained in the works of these two giants of psychology, with special emphasis on paradoxical intention in theory and praxis. Case illustrations are provided to highlight Frankl's "brain-child" based on the unique human capacity of using humour to laugh at one's own weaknesses and fears.

Introduction

In his recently published *Recollections*, Frankl (1997) has said that for a long time he has toyed with the idea of writing a book on the metaphysical background of jokes. Unfortunately for all of us who respected his tremendous ability to formulate new and bold ideas about the nature of the human being, and his main motivation in life, this quest of his has not materialised. Frankl loved jokes, and had a great sense of humour. These were often put to use in both therapeutic and social encounters. He had a wide range of jokes. These encompassed many areas of life and have enlivened each meeting with him. He also had a wonderful sense of timing the point in the joke, so that the listener always went away holding his stomach. His sense of humour was well known and appreciated all over the world.

Having a sense of humour is considered everywhere an important personal characteristic; so much so, that people are willing to admit all kinds of shortcomings but not a lack of it. And a good sense of humour occupies a distinguished position among all human values. Koestler lists three areas in human creativity, which are not mutually exclusive. These are: the humour, the discovery, and the art. Other great thinkers were of the same opinion. Karl Marx considered the role of humour an important factor in the development of history and humankind. He said "history goes through many phases when it puts into the grave an old form. And the last phase of this process is comedy." It seems that Marx himself had a sense of humour, for he added: "Why does history go that way? For letting humankind depart from its past with a good feeling," (Szalay, 1983, p.160).

Frankl has used jokes and funny stories regularly in his lectures and in his books to make a point. And he was master of poking fun about all the exaggerated expressions of human envy, falsehood, prejudice, avarice, greed, and intolerance. His *Recollections* (1997) show that jokes have no boundaries. He used his humour equally well in poking fun about the medical and psychotherapeutic professions at large, or about political and nationalistic attitudes. This article will deal with the use of humour in logotherapeutic encounters. It is dedicated to Viktor Frankl, to his spirit and wit, as a tribute to his creative soul.

Attitudes to Humour and to Jokes

Humour, as commonly perceived today, is a relatively modern concept. It has surfaced mainly in the literature of the past three hundred years. The ancient Greeks, for example, regarded humour as bodily fluid, or physiological phenomenon, which affects one's mood. Socrates saw humour as a mixture of the painful and the beautiful in the human soul. He has postulated that many human traits and characteristics are closely intertwined with this mixture, and that even the most tragic can cause feelings of beauty, as in the Greek tragedies (Szalay, citing Plato, 1970). Lessing, antedating Freud, perceived comedy as medicine, which aims at educating the public at large by using fictional figures and human traits, such as avarice and greed, as in the plays of Molière (Ibid, p.89). Reviczky, in his study of the psychology of humour, has said that "komikum" [comedy] is endlessly small, that it reduces things from their real measures, while humour pairs the small with the endlessly big, and therefore the biggest things seem small and comical (Ibid. p.203).

² Printed before in Bulletin Logotherapie en Existentielle Analyse 9/4 december 1999

While humour is an abstract concept, its expression in a joke is an art form, or artistic creation. Humour, as Bulka (1989) has stated, is one of the most effective ways of an individual detaching from a situation. "By laughing at one's fate, one in fact steps out and looks at fate as an outside observer, almost detaching one's self from what is happening, and by that very process gaining ability to transcend the circumstances" (Ibid. p.51).

The therapeutic powers inherent in humour and laughter have been known to humankind for thousands of years, as attested by the literature on this subject. Each nation has its own collection of humorous anecdotes, stories, proverbs, and plays, from which one can deduce the importance people everywhere on earth assign to laughter. Modern medicine has made use of this capacity as well. For example, Norman Cousins (1981) account of how he laughed himself literally back to health, after having been "sentenced" to death by various doctors, and his study about the healing power inherent in laughter, as verified by thousands of physicians, are proof that laughter, indeed, is the best medicine.

Laughter provides an outlet from the daily hustles of life. This may be the reason why so many people turn first of all to the comics and the cartoons in their daily newspaper. Laughter offers entertainment and recuperation. It has practical application too: It brings with its wake a good feeling, and helps against boredom and fatigue. Its main utility, according to Thomas Aquinas, is that it brings rest to the soul (Szalay, 1970, p.477). Laughter has a positive physiological influence. Therefore, it is therapeutic. Kant posited laughter, next to hope and sleep, as the most useful function in the recuperation of the soul (Ibid. p.478). There are also educational gains connected to laughter. People learn more willingly, more easily, and more happily, when the material to be learned is offered in a humorous way. And laughter provides escape from the tensions and burdens inherent in our inferior status. When we laugh about something, or about someone, we feel, at least temporarily, for a minute, superior to the one we laugh about. The great Hungarian writer and comic Karinthy has said that "if we make things laughable, this is false humour, but if we find what is laughable, this is the real humour" (Szalay, 1970, p.482).

The essence of the joke is that it is able to discover hidden meanings in two contradictory matters. The joke may be defined as the meaning which appears from the "unmeaningful". It is based on surprise and on sudden insight. Its body and soul is the brevity with which one can express its point. The joke always aims at unity, albeit in a humorous form. For example, the life of a human being is made up of two parts: In the first, he wishes that he would live in the second part, and in the latter he wishes that he would live in the first part.

Freudian Approaches to Humour

There are similarities and differences in the approaches of Freud and Frankl to jokes. Both of them were physicians and scientists interested in the mechanism of the joke. But while Freud was interested in understanding this mechanism from its philological and psychological characteristics, Frankl wanted to understand why does the joke act as a buffer against anxiety. Both Freud and Frankl were Jews in a basically anti-Semitic environment, which characterised the capital of the Austro-Hungarian Monarchy of the Emperor Franz Joseph. Both of them have experienced "on their own skin" the hatred of the world against the Jews. Freud was expelled for ten years from the scientific circles of his society, and could not get a professorship in the medical school of the University of Vienna, while Frankl was deported by the Nazis and was incarcerated for over three years in various death camps. Both of them were famous for their sense of humour in their work. But while Freud made a study of the relationship of the joke to the unconscious as an important element in the overall theory of psychoanalysis, Frankl has developed a special method of treatment based on humour. Freud was aware of the importance of "logical mistakes" contained in jokes for uncovering the unconscious intentions in human behaviour. As illustration he quotes the following Jewish joke: "A Shadchan (Jewish matchmaker) offers a bride to a Jewish young man who finds all kinds of shortcomings in the girl: "I don't like the mother-in-law. She is an old stupid woman." "But, you don't marry the mother-in-law, but the girl," says the Shadchan. "Yes", says the young man, "but the girl is not young and is far from being a beauty." "So what? She will be more faithful to you", says the Shadchan. "But she has little money," says the young man. "Who speaks here about money?" asks the Shadchan. "Do you want money, or a woman?" "But, she is also a hunchback," says the young man. "So, what do you think, young man? That she will be without any blemish?" (Freud, 1982), p.78). Frankl, on the other hand, has used this "logical mistake" as the cornerstone in his *paradoxical intention*, of which more will be said later.

Social science has approached humour as one area in human behaviour, which can and should be studied. Efforts were directed especially to the scientific measurement of human reaction to humorous

and satirical situations and drawings by various tests and experiments. Perceiving humour as a social and cultural phenomenon, its many manifestations were the subject of psychology and sociology. There were, and still are, many difficulties in such measurements, for what one person considers funny, or humorous, is not necessarily equal to another one's perception. Furthermore, the various elements contained in the broad concept of humour, such as comic, satire, joke, irony, sarcasm, etc., need to be sorted out for each measurement or test to be appropriate. (See for example, the Eastern stories in relation to Western mental health related problems, by Peseschkian, 1991).

Freud has compared the joke to the dream in terms of its relationship to the unconscious. His essay on the joke followed his major works on dream interpretation and the psychopathology of everyday life, in which he has presented many concepts in his theory of psychoanalysis. In the joke and its relationship to the unconscious, Freud has offered an original and scientifically interesting approach to jokes. According to Buda (1982), when Freud has started to develop the insights he gained from the treatment of hysterics into a comprehensive theory about the dynamic mechanisms at work in the human psyche, he saw that the same forces are in operation in the dream and the joke. Even the mistakes, the misunderstandings, the misinterpretations, and "forgettings" are connected to the workings of the unconscious. In the joke, the unconscious elements are the shortness, or brevity, or the condensation in the dream work, which happens automatically in the unconscious thoughts/mind.

The joke opens the door to unconscious mental energies and enables them to escape from their repression. Both the dream and the joke are using ways to overcome the obstacles which the conscious human mind erects to avoid the unwanted, or prohibited thought and feeling to enter into consciousness. But, whereas in the dream this pushing away is done by a complex, and disguised, process, in the joke it is less severe. The joke is able to express its real content and aim more openly, and the "censor" has much less control over it than in the dream.

According to Freud (1982), the dream and the joke differ from each other in terms of their social perspective. The dream is basically an asocial mental product, a compromise between the warring mental forces, and has no social information that is meaningful to others aside from the person who dreams it. It aims at being incomprehensible. It needs camouflage, or its very existence would be in danger. Thus it can use the mechanisms which control the unconscious thoughts. The joke, on the other hand, is the most social among all the mental processes. It needs people to come into existence. And the people – despite its various verbal guises – must understand it in order to cause laughter and joy at the original thought. The joke is a game which, like all games, aims at liberation of the repressed energy and its use in the service of happiness. The dream aims at need satisfaction by circumvention, and the joke wishes to cause joy to appear. Both of these two aims are manifest in our mental activities. (Freud, 1982, p.194).

Only a healthy soul can enjoy humour, and only a healthy person can laugh fullheartedly. The laughter heals the soul and defends against sickness. Jewish humour appeals to those who experience loneliness due to their faith and convictions. Jewish humour, in particular, has been historically linked with the fate of this much envied, much hated, and much persecuted, people, and has demonstrated its ability to survive, to rise back to life from the ashes, to thrive, and to resist all attempts and assaults on its peoplehood by its ability to use the defiant power of the human spirit.

Reik (1962) has said "jest usurps the kingdom of tragedy. The realm of the comic is as wide as that of the tragic, and in Jewish wit it is wider since it encompasses the hopeless and the catastrophic. Where once was lament, there is now laughter." (Ibid., p.30). To illustrate this statement, Bulka (1989) tells the classic joke of those four hundred Jews who suddenly died during a pogrom and were rushed up to heaven. The gatekeeper was slightly unprepared and asked his compatriot in hell to take care of these people for one day, whilst arrangements were made to give them proper habitat. About half way through this period, the gatekeeper of hell called up to his colleague in heaven and said that he cannot keep those four hundred people there any longer, so "you will have to take them away immediately". "What is the problem? Why can you not keep them any longer?" asked the gate-keeper of heaven. "You see, these people have only been here for less than a day, and they have already raised half a million dollars to install an air-conditioning system!"

Bulka (1989) claims that Jewish humour is unique because it has given birth to categories of humour that have become basic components of the humour liturgy. Its survival value is commonly recognised

in the story about two elderly Jews whose ship sank a few miles from the shore, and they were the only survivors. When the people admired their ability to swim, they replied: "We didn't swim, we just argued." Even people incarcerated in the inhuman Nazi concentration camps have developed and used humour to survive the atrocities. This version was called "gallows humour". It was an important part of camp life that kept up courage, according to witnesses. (Cronstrom-Beskow, 1991).

A Logotherapeutic Approach to Humour

For Freud, the mental purpose of humour was to enable one to transcend and rise above one's situation and to look at one-self from above, to have a bird's eye view. However, Freud did not go far in using humour as a specific and separate tool, or therapeutic device. This was left to Frankl, who was quick to realise those elements that make laughter into such a valuable medicine in the hands of a quick-witted and well-trained therapist. These are the surprises contained in turning the same object that the patient fears, into a tool for his healing, e.g. by exaggerating his fear to laughable heights, while maintaining a serious attitude; and the willingness of the therapist to take an active part in the humorous situation to bolster the patient's self-confidence, thereby enabling the client to discover and realise that his fear can be controlled – even extinguished – by the power of laughter.

Frankl's genius was not limited to the development of logotherapy as a theory of motivation. He also has created a therapeutic technique, which although unique to logotherapy, nevertheless has become commonly used by many mental health practitioners; sadly, without giving credit to the person whom has brought about its existence. Frankl developed the early form of paradoxical intention before World War II and published it in case histories in 1939. He has included this technique in his psychiatric work since 1929 but had not published it scientifically until 1939. He continued to develop it into a whole methodology in his article "Angst und Zwang" in *Acta Psychotherapeutica* (1953). The final inclusion of paradoxical intention into the logotherapeutic technique was made by Frankl in 1956 (Frankl, 1982, p.136). Like Freud, Frankl has continued to refine and further develop his invention in his major works (i.e. *The Will to Meaning*, 1969), and in many chapters in his books and in articles during the sixties and seventies.

Since its original publication, paradoxical intention as a technique has been used with increasing frequency and with good results, especially in the treatment of phobic and obsessive/compulsive patients, and for a host of other problems in living that cause much anguish and pain, and severely limit the freedom and enjoyment of life of the sufferers. (Meshoulam, 1982; Asher, 1978-1979; Levinson, 1979; Lukas 1986).

"To understand what happens when this technique is used, let us take as a starting point a phenomenon known to every clinically trained psychiatrist - namely, anticipatory anxiety. It is commonly observed that such an anxiety often produces precisely that situation of which the patient is afraid.. The erythrophobic individual, for example, who is afraid of blushing when he enters a room and faces a group of people, will actually blush at precisely that moment. A symptom evokes a psychic response in terms of anticipatory anxiety, and thus the vicious circle is completed. Within this vicious circle, the patient himself is enclosed; he weaves himself in, as in a cocoon." (Frankl, 1986, p221).

To avoid this fear, people use a characteristic pattern of behaviour based on avoidance of those things, or places, that cause anxiety to appear, such as open places and closed rooms. Thus, there develops a phobic pattern of behaviour. In obsessive neurosis, however, the fear is paralleled by a fight against the anxiety-producing thought. Here the fear is about the possible actualisation of the same behaviour that produces the anxiety. There is, in addition, a third pattern, noticeable in sexual neurotics, namely, the fight for something, for the experience of orgasm, for example. This excessive intention, or hyperintention in logotherapy, prevents the accomplishment of what the patient had desired. "It is this twofold fact on which logotherapy bases its technique called paradoxical intention, in which the phobic patient is invited to intend, even if only for a moment, precisely that which he fears. (Frankl, 1986, p.223).

This description of what happens to the person suffering from anticipatory anxiety is different from the classical psycho-analytic approach to this concept. Freud has described the characteristic response to fear as either fight or flight. According to Frankl, three reasons are behind this "fear of fear"):

* That an attack of anxiety may eventuate
in collapsing or fainting.

* That it may result in a coronary infarct. And

* That the result may be brain palsy.

Paradoxical intention intends, in Frankl's, "to take the wind out of the sails of the phobia", and this brings about a change of attitude toward the phobia. The procedure makes use of the specific human capacity of self-detachment. This capacity is inherent in the other human ability, that of using humour or laughter to laugh at our own weaknesses and fears. This is why Frankl maintains that paradoxical intention should be used in as humorous a setting as possible. The wittiness produces an unforeseen mental picture, and its essentiality becomes transparent to the listener. In hearing a good joke, for example, we laugh at the incongruity that a humorous situation produces. The listener is thrust from one universe to another in a sudden change with the aid of a verbal connection. By breaking the pattern of fear, and the anticipatory anxiety that further increases it, people can become not helpless victims of those urges that drive them to their phobic and obsessive behaviours, but become masters of their own fate. Frankl has realised that no amount of argumentation, persuasion, guidance, or explanations will help people enmeshed in their cocoon of fear. Only an appeal to the human capacity of laughter, via the use of humour, will achieve the desired result. Paradoxical intention, as analysed and developed by Frankl, requires the mobilisation of an individual's sense of humour to counteract his problem.

"When one is mired in a situation, which taken seriously would lead to becoming depressed or almost suicidal, then laughing at the fate becomes a survival tool par excellence. One remains fully cognisant of the adverse implications of the tragedy, but at the same time is able to transcend those circumstances, neutralising the seriousness with a bit of levity. The alternative is either being driven to insanity by the terrible circumstances, or remaining sane by refusing to let the circumstances make the individual buckle." (Bulka, 1989, p.51).

Therapeutic Uses of Paradoxical Intention

Frankl admits that the technique is no panacea and that not every psychiatrist (or mental health practitioner) is capable of using this technique with equal skill. Therefore, he has recommended combining it with other methods. Two methods that could be particularly helpful to the therapist, and are based partly on humour and by a large extent on wisdom, are Jewish Hassidic stories (Guttman, 1989) and the stories of the East, especially those of Iran (Peseschkian, 1991). The latter, in particular, relies on a mixture of anecdotes, some of which contain Frankl's technique of paradoxical intention.

As to the question of whether or not paradoxical intention belongs to the persuasive methods, Frankl maintains that the exact opposite is true. What is suggested is not that the patient suppresses his fears on rational grounds, but that he overcomes them by exaggerating them. Moreover, the technique is not as superficial as it may at first appear:

"Something is certainly happening at a deeper level whenever it is applied. Just as a phobic symptom originates beneath the surface of consciousness, so paradoxical intention also appears to affect at the deeper level. The humoristic formulations of its method are based on a restoration of basic trust in being. What transpires is essentially more than a change of behaviour patterns. Rather, it is an existential reorientation. And in this respect it represents a truly "logotherapeutic procedure". (Frankl, 1986, p.240).

Frankl's discovery of the mechanism by which the underlying anxiety can be turned around and used for the treatment of neuroses is a testimony to his creative and inquisitive mind. For as soon as the patient stops fighting his obsessions and instead tries to ridicule them, the vicious circle is cut, the symptom diminishes, and finally atrophies. In the fortunate case in which there is no existential vacuum that invites and elicits the symptom, the patient will not only succeed in ridiculing his neurotic fear, but finally will succeed in completely ignoring it. (Frankl, 1962, pp.128-129).

Confrontation with fear is the best medicine to overcome phobia, Frankl declares, and he cites his own encounter with such a situation: On a mountain-climbing occasion that happened on a rainy day, Frankl witnessed the fall of one of the climbers into a ravine some 200 yards below. The man, however, had miraculously survived. Two weeks later Frankl climbed along the same steep path, and once again it happened to be a rainy day. Yet, despite the psychological shock he experienced two weeks earlier, he was able to overcome his fear and the mental trauma he suffered (Frankl, 1985). It is important to establish when to use logotherapy and paradoxical intention, Frankl states, and in which cases their

use may bring about unwanted results. Particularly imperative is refraining from using paradoxical intention with patients suffering from psychotic depression. The therapist must make sure that he or she understands the client's contextual situation before applying the technique. Paradoxical intention has been used by this author many times spontaneously to overcome difficult situations, such as in the following case:

Case 1: Fear of Flying

A middle-aged woman was sitting in the plane next to me at the window. As soon as the pilot announced that the plane was ready to take off, she turned to me and asked in a trembling voice whether I would agree to change places with her. After the exchange of seats was completed and the plane began to gather speed she turned white and asked if she could hold on to my hand. She seemed close to fainting. Her fear of flying was so obvious that there was no point in trying to reassure her that "everything will be OK". Spontaneously I told her to squeeze my hand so hard until all the bones of my fingers would break, whereupon the woman burst into laughter, let go of my hand, smiled, and said that this was the first time in many years that she felt the flight would not cause her anguish. Furthermore, she said, that from now on every time she has to fly and the fear reappears, she will say to herself: "Let's break his bones". The laughter that would inevitably follow would be sufficient to bring about the desired relaxation.

Frankl claims that people may turn to paradoxical intention as a last resort, even unconsciously, because they feel that they have nothing to lose. Thus, paradoxical intention becomes a technique that can be "recruited" to make war on their fears. But in this "war", the weapon is not defensive but, rather, offensive.

Paradoxical intention is essentially a modification of attitudes centred on a symptom, Lukas (1986) claims. And those familiar with its workings know with what ease it can produce successful results. But it is also imperative that clients should be aware that self-distancing is essential to achieve the desired aim. Clients need to be taught to use their defiant power of the human spirit, so that instead of being helpless victims of their fate, they could become captains of their own emotions by their will power. This is the area of freedom that is available to every person, and in this area the logotherapist can apply the technique of paradoxical intention. Clients, conversely, can practice the technique, after learning its rationale and proper method of application, thus taking responsibility for their own recovery – by taking a stand, and doing a deed, toward the elimination of their symptoms. When clients do what is explained, change their attitudes, and practice as instructed, they gain a new sense of self. And this new sense of self is basically the reason why paradoxical intention has such a long-lasting effect on client behaviour following treatment.

What makes us smile cannot cause horror. The patient must never get the impression that the therapist laughs at them! They must see that they themselves, with the help of the therapist, laugh about their own ridiculous fears and emotional absurdities. And that's why the self-distancing between client and symptom is so important. For as long as the clients see themselves as identical with their fears, how can one ridicule the other? (Lukas, 1986, p.77). Once the clients see the separation between health, and exaggerated feelings of fear and obsession, they can be introduced to paradoxical intention. She cautions the beginning practitioner that using this technique seems simple only in theory. In real life and practice, one should be aware of the difficulties in its application. For it is not so simple to bring about a wish for the same horror in which the client has lived before therapy. For such a wish to happen freely, the human spirit of the patient must be activated, and humour, the adversary of fear, needs to be applied. The following case is offered as illustration:

Case 2: Fear of Making Mistakes

A man in his early forties, and a father of two teenagers came to see me. He was in constant fear of making mistakes in his work at the accounting department of a large organisation and in the education of his children. He was afraid especially of his supervisor who used to belittle him. Whenever this man would appear, the client had anxiety attacks, and he dreaded the encounters with that man. The client had an unhappy childhood. His father used to demand from him "outstanding work" in school and in sports, and when his son could not comply, he would belittle him and declare that "he is no good and would never succeed in life". Evidently the client has internalised this verdict. He was slow, lacked self-assurance, did not trust his ability to understand even simple stories in books, and endlessly occupied himself with the prediction of his father about his fate. He had good skills in mathematics, but, despite

his efforts, he could not concentrate on his work. The fear of making mistakes would at times paralyse him for half an hour, and his failure in overcoming the fear has reinforced the "verdict" of his father.

Treatment centred at first on assuring him of his human dignity and on bolstering his self-worth. He had to change his attitude to his father's "verdict" by concentrating on what he has achieved so far, despite the adversary prediction. This required long and repeated conversations and simple exercises. He began to realise that in the most important areas of life, family and work, he didn't fail. On the contrary, he could find satisfaction in being able to help his children in their homework, especially in mathematics, and enjoy sports. Little by little he started to concentrate instead on the past, and the painful memories, on the present and the future. He also started to develop a different attitude to his supervisor by using paradoxical intention. He learned to laugh at his fears and to ridicule them. At first, he was totally speechless. It was hard for him to see the humour behind some of the suggestions his therapist would make. Yet, despite his weak sense of humour, his efforts began to pay off, and consequently, he has gained more self-assurance. By the time treatment has ended, the client was able to utilise the technique rather successfully whenever he felt fear is impending his work. But only time would tell whether or not he would be free of his symptoms.

S U M M A R Y

The importance of humour in psychotherapeutic work has been highlighted from the psychoanalytic and logotherapeutic perspectives. Frankl's "brain child", paradoxical intention, has been introduced as a logotherapeutic technique with wide application for treating various phobias and compulsions. As stated, the technique is based on the mobilisation of an individual's sense of humour and the defiant power of the human spirit to counter a problem in life. Breaking the pattern of fear by an exaggerated wish for the very same thing that is feared, and replacing it with a healthy attitude to life, may bring about a new sense of self and well being.

The role of the therapist has been highlighted as well, placing emphasis on his or her responsibilities. The unique capacity of human beings to laugh at themselves, turned into a therapeutic device by Viktor Frankl, and further developed and applied by other therapists, has been found of great importance for survival in the clinical and communal sense. As Bulka (1989) has said:

"By laughing at defeat, we transcend it. By jesting in the midst of our predicament, we transcend it. By smiling in the midst of depressing circumstances, we retain our individual and group sanity." (Ibid., p.58).

The same idea is expressed in the old Jewish Hassidic wisdom, according to which

"God listens to the person who sings amidst his sorrow".

Prof.dr.DAVID GUTTMAN, DSW, is Professor in the Faculty of Social Welfare and Health Studies, School of Social Work, University of Haifa, Israel and is a former Dean of the School of Social Work at the University of Haifa, Israel.

References:

- * Ascher, L.M. (1978-1979). Paradoxical Intention. A review of preliminary research. *The International Forum for Logotherapy, Journal of Search for Meaning*, 1, 18-21.
- * Buda, B. (1982). Epilogue (pp. 475-490). In Sigmund Freud. *Essays*. Budapest Gondolat. (In Hungarian).
- * Bulka, R.P. (1989). Jewish humour – a logotherapeutic tool for survival. *The Proceedings of the Seventh World Congress of Logotherapy*, pp. 50-58. Berkeley: Institute of Logotherapy Press.
- * Cousins, N. (1981). *Anatomy of an illness as perceived by the patient*. New York: Bantam.
- * Cronstrom-Beskow, S. (1991). Coping strategies in death camps. *The International Forum for Logotherapy, Journal of Search for Meaning*. Fall, pp. 92-96.
- * Frankl, V.E. (1962). *Man's Search for Meaning: An introduction to logotherapy, a revised and enlarged edition of From death camp to existentialism* (preface by Gordon W. Allport). New York: A Touchstone Book.
- * Frankl, V.E. (1969). *The Will to Meaning*. New York: The New American Library
- * Frankl, V.E. (1982). *The Unheard Cry for Meaning: Psychotherapy and Humanism*. Tel Aviv: Dvir Publisher. (In Hebrew)

- * Frankl, V.E. (1985). *The Unconscious God*. New York: Washington Square Press.
- * Frankl, V.E. (1986). *The Doctor and the Soul: From Psychotherapy to Logotherapy*. New York: Vintage Books
- * Frankl, V.E. (1997). *Recollections – An Autobiography*. Translated by Joseph and Judith Fabry. New York: Plenum Press.
- * Freud, S. (1982). *Essays*. Budapest: Gondolat. (In Hungarian).
- * Guttman, D. (1989). *Hasidic teachings and logo-therapy for the Jewish Aged*. *Journal of Aging and Judaism*, 3 (4), 173-186.
- * Karinthy, F. (1970). Cited by Szalay, K. (Ed.) in *The Breviary of the Comical*. Budapest: Magveto. p.470.
- * Levinson, J.I. (1979). *A combination of paradoxical intention and dereflection*. *The International Forum for Logotherapy, Journal of Search for Meaning*, 2. 40-41.
- * Lukas, E. (1986). *Meaning in Suffering, Com-fort in Crisis through Logotherapy*. Translated from German by J.B. Fabry. Berkeley: Institute of Logotherapy Press.
- * Meshoulam, U. (1982). *Paradoxical intention, fixed role therapy, and the treatment of stuttering*. *Analecta Frankliana: The Proceedings of the Seventh World Congress of Logotherapy*. Berkeley, Ca: Institute of Logotherapy Press.
- * Reviczky, Gy. (1970). *A Komikum a Humor Ellen'te*. The comical – the opposite of humour). In Szalay, K. (Ed.). *A Komikum Brevi'riuma*, p. 203. Budapest: Magveto. (In Hungarian).
- * Peseshkian, N. (1991). *The Scientist and the Camel-driver*. Budapest: Helikon. (In Hungarian, translated by L. Adamik).
- * Szalay, K. (1970). *A Komikum Brevi'riuma*. Budapest.: Magveto. (In Hungarian).
- * Szalay, K. (1983). *Komikum, Szatira, Humor*. Budapest: Kossuth Konyvkiad. (In Hungarian).

LOGOTHERAPY AND PSYCHOANALYSIS: SIMILARITIES AND DIFFERENCES

Prof.dr. David Guttmann

Logotherapy regards its assignment as that of assisting the patient to find meaning in his life. Inasmuch as logotherapy makes him aware of the hidden logos of his existence, it is an analytical process. To this extent, logotherapy resembles psychoanalysis. However, in logotherapy's attempt to make something conscious again it does not restrict its activity to instinctual facts within the individual's unconscious, but also cares for spiritual realities such as the potential meaning of his existence to be fulfilled, as well as his will to meaning. Any analysis, however, even when it refrains from including the noological or spiritual dimension in its therapeutic process, tries to make the patient aware of what he actually longs for in the depth of his being. Logotherapy deviates from psychoanalysis insofar as it considers man as a being whose main concern consists in fulfilling a meaning and in actualizing values, rather than in the mere gratification and satisfaction of drives and instincts, or in merely reconciling the conflicting claims of id, ego, and superego, or in the mere adaptation and adjustment to society and environment. (Frankl, 1962, p. 103) This quote from the founder of logotherapy refers only to the main between logotherapy and psychoanalysis, namely, to motivation. There are, however, many significant differences, in addition to the preceding, between the two theories of motivation both conceptual and methodologically, as elaborated subsequently.

PERSPECTIVE ABOUT HEALTH AND ILLNESS

An interesting fact is that both Freud and Frankl were practicing physicians before becoming psychiatrists. Yet they differ significantly in their approach to health. Freud was famous for regarding those that question the meaning of life as "sick". His main area was pathology, especially of the mind and the psyche, whereas Frankl claims that the search for meaning is, the best proof of man's motivation for a truly human existence. In Frankl's view, we can speak of pathology only in cases in which there is a lengthy loss in the quest for meaning and when the patient, or client, is in a lengthy "existential vacuum" characterized by apathy, boredom, and kick for achievements in life. In such cases logotherapy speaks of "noogenic neurosis", a deviant condition from the "normal" in a given culture, whose source is in the human spirit. Such neurosis is increasingly common in our times, and encompasses large segments of younger and older generations.

In any theory of human behavior the essence of a human being is central. This essence refers to a mental picture of what characterizes an individual, and this picture helps in understanding the theory and therapeutic method emanating from the theory. For Freud, biology was a determining in the evolution of humankind. His preoccupation with the early phases of human development (infancy, childhood, and youth) and their correspondence with oral, anal, and genital development and gratifications, or, in cases, of abnormal development, their frustrations, were the cornerstones of his theory. This is why Freud concentrated his work on the biological, sexual, and libidinal urges, drives, and instincts that influence human existence. Frankl, conversely, while recognizing the existence of these factors, nevertheless has gone a step beyond his great predecessor by claiming that human beings should not be regarded as mere bunches of biologically determined beings, but rather as creatures who were destined to exceed their biological givens via their spiritual dimension. Thus, Frankl has concentrated on the adult phase of development in which spiritual determinants are decisive more so than biological ones. According to Frankl, the human spirit is the only healthy nucleus found even in the sickest individual, whereas psychoanalysis in the Freudian sense aims at the discovery of pathological elements in the human psyche that act as impediments to healthy functioning.

Frankl's contribution to understanding psychoanalysis is expressed in two areas: in the concept of mental health and the notion of responsibility. As to the former, Frankl maintains that man can lead a healthy life only when he is in harmony with himself (a claim similar to that of Buber, as stated elsewhere), that is, when he is in good relationship with his conscience. However, conscience here means (in the logotherapeutic sense) not a Freudian superego that punishes the individual for actual or imagined wrongdoings, or acts as inhibitor of various urges, causing in the process lots of frustrations, but as a spiritual guide that with his inner voice tells the individual what is right or wrong for a human being and leads him toward actualization of what can give meaning to his existence. Thus, for Frankl, a person who is not on good relations with himself, a truly neurotic individual, is one who tries to escape

the full awareness of his life task. "And to make [him] aware of this task, to awaken him to a fuller consciousness of it, can contribute much to his ability to overcome his neurosis" (Frankl, 1962, p.96).

The second area is responsibility, meaning the individual's willingness to accept full responsibility for his decisions and actions. Responsibility in the logotherapeutic sense means that in any situation man has a "response-ability," that is, he can respond by using his freedom of choice. There are always alternatives, says Frankl, even in the worst of circumstances. And the way in which a human being responds to that circumstance makes the whole difference. This is particularly true with people who are desperate enough to seriously think of suicide. And Frankl adds: "A man who becomes conscious of the responsibility he bears toward a human being who affectionately waits for him, or to an unfinished work, will never be able to throw away his life. He knows the "why" for his existence, and will be able to bear almost any "how" (Frankl, 1963, p. 80). Thus, responsibility in the logotherapeutic sense is synonymous with love, commitment, and even self-sacrifice (Williams & Patrick, 1984).

In contrasting the basic notions of human nature of Freud and Frankl, the concept of love and work are particularly interesting. Freud's view of love and work comprising a closed system, which is beneficial as long as it benefits the individual, is in sharp contrast to Frankl's perception. In the latter's view, love and work may be positive experiences, especially if they lead toward a deeper commitment to life. Frankl is not ignorant of the potential harmful elements in both love and work, but he is aware of the "will-to-meaning," which is characteristic of man and enables him to use his uniquely human capacities. The anti-narcissistic tendencies of logotherapy are in contrast with the narcissistic ones contained in the "will-to-pleasure" in Freudian psychoanalysis (Lukas, 1983; Williams & Patrick, 1984).

To illustrate the meaning of responsibility in the logotherapeutic sense, let me cite Frankl's own story: In his acceptance speech on receiving an honorary doctorate from the University of Haifa, Israel, Frankl told the following: When the Nazis occupied Vienna, Austria, he was allowed to stay on as director of the neurological department of the Jewish hospital in that city for a while. One day he received an urgent call from the American Embassy. He was asked to come at once and to receive his visa to the United States, the document for which he had applied and waited for well over a year. "Here I was," said Frankl, "with an extraordinary opportunity to go to the States to publish my manuscript and to spread the message of logotherapy. But I had with me my old parents who would be then abandoned to their fate. I was torn between my desire to go and my responsibility toward my parents. In my distress I decided to seek a solution to my internal conflict by taking a walk and hoping for some sign from heaven. So I took off my yellow Star of David and went out of the hospital. On my way I heard some soothing music which came from a nearby church. I went there with the hope that the solitude and the quiet would help me arrive at the right decision. I sat there for an hour, and nothing happened. Broken hearted I got up and went home with my conflict still lacking a resolution. As soon as I entered my father showed me what he found among the rubble of the old synagogue of Vienna, it was a piece of marble with the Hebrew letter *kaf* encrusted in gold, a remnant from the Tablets of the Ten Commandments. More importantly, it was the opening letter from the Fifth Commandment: '*Kabed et Avicha veet Imecha...*' Honor Thy Father and Thy Mother.' At that moment, my conflict disappeared. I knew then that this was the sign from heaven for which I had waited. And so I decided right then to stay with my parents and to share their fate" (Frankl, Personal Communication).

And indeed, Frankl was deported with his parents and wife to the concentration camps of Auschwitz and Dachau where he was incarcerated for well over three years, and from which he emerged spiritually stronger to accomplish what kept him alive during all those horrible years - the development of logotherapy.

Striving to fulfill the requirements of filial responsibility, for example, as the preceding true story indicates, implies a certain degree of freedom and a deliberate choice of action. For we are free to accept or deny the need of the other, the parent. We are not driven by a "religious drive" if there is such a thing at all. Rather, we are pulled by our sense of responsibility. When someone fulfills the Fifth Commandment out of a sense of religious obligation, he acts because of his belief in God. However, there is an important difference between the religious precept of filial responsibility and between the logotherapeutic sense of responsibility. In the latter, man's obligation to his parents, or to another human being in general, can be understood-only in terms of a meaning - the specific meaning of a human life. One can dedicate many years of his adult life to the fulfillment of his responsibility as caretaker (o his incapacitated parent because such undertaking provides him with a sense of meaning fulfillment. Such a person realizes what Frankl has termed "the meaning of the moment," or the meaning of his personal life.

In logotherapy, we differentiate between two kinds of responsibility. One that is forced, or projected, on us from the outside, from some external force. Inner responsibility, freely taken by ourselves, is the second kind. Here we are the ones who choose. In inner responsibility we accept the demands placed on us (by our parents, for example) because of our free decision and not as a requirement of a certain authority. In logotherapy responsibility without the corresponding freedom to choose our response freely to a given situation is totalitariness. Freedom without inner responsibility is a condition that leads to anxiety, to "existential vacuum" and to neurosis (Fabry, 1984). In logotherapy we have to ask ourselves to what and to whom we see ourselves as responsible, willing to take a burden, willing to make sacrifices. For acceptance of such a responsibility represents the very essence of our existence.

An illustration to the preceding is the case of Carl Gustav Jung, a disciple, and later a nemesis of Freud, who when he was 12 years old had an accident in school. As a result he used to faint. His parents were so worried that when Jung would tell them that he felt like fainting, they would let him stay home. He used this trick for more than half a year school whenever he did not want to go. But one day when he was in his bedroom upstairs, he heard his father downstairs telling a close friend his worries about the future of his sick son. At that moment, Jung says, he was like a person hit by lightning. From that moment he struggled with his fainting spells, even when they were true and caused him suffering; began attending school in earnest, and completed the school year with success. This episode was for him the beginning of understanding the concept of neurosis as well.

PSYCHOANALYTIC AND NOOGENIC UNCONSCIOUS

Freud's theory of an integrated set of principles guiding human behavior known as the First Viennese School of Psychotherapy includes the organization of drives, personality structure (meaning the unconscious, the preconscious, and the conscious), the dynamics of id, ego, and superego, and his phases of psychosexual development (oral, anal, and phallic). This theory also included a treatment modality based on concepts such as free association, catharsis, transference, and countertransference. Of these, a second major area of difference relates to the concept of the unconscious.

Freud's discovery of the unconscious, which in psychoanalytical theory is "that region of the mind" or psychic structure that is not subject to an individual's immediate awareness and is the seat of all forgotten memories and primary process thinking, repressed impulses, biological drives and the id" (Barker 1987, p.168) is not denied in logotherapy. However, Frankl (1962) has expanded this concept both in theory and application. According to Freud, the process by which repressed unconscious material and conflicts can become conscious again is free association, in which the therapist encourages the patient, or client, to express whatever thoughts or emotions come to mind. Psychoanalysts trained in the theories and psychotherapeutic techniques of Freudian psychodynamics interpret the patient's (client's) verbalizations related to unconscious motives and unhealthy use of defense mechanisms, and use transference (another concept and method originated with Freud that refers to emotional reactions that are assigned to current relationships, but originated in earlier unresolved experiences) as a tool for understanding and working through past conflicts. Successful resolution of the conflict thus leads to a state of homeostasis, "the tendency of the system or organism to maintain stability (Barker, 1987, p.71), or, in other words, the patient, or client, can get rid of disturbing and pain-causing experiences and get well.

Frankl (1962) has said that there is also a noetic unconscious, which, in addition to the psychoanalytic one, has two roles; one, to change the process from one sided to two sided, that is, not only to raise to the conscious repressed drives, and traumas, but also to forget part of the memories so that life can go on in its natural circumstances. If this two-way process is blocked, then the individual will engage in hyperreflection about his own self, and in self-analysis, including his motives and actions, and may fall into noetic neurosis. The second contribution made by Frankl to the psychoanalytical concept of the unconscious, making it a logotherapeutic construct, is the recognition of positive motives in that concept. Frankl has postulated that these positive motives contain the creative powers and potentials of human beings, those bidden talents that are waiting for self-expression.

One can get an idea about the existence of this noogenic unconscious by analyzing the phenomenon known as "existential guilt." Defined as a subliminal preoccupation, an inner experience of discomfort, or dissatisfaction, or nagging associated with one's current state of being, existential guilt thus affects one's mental health (Sternig, 1984). According to Wilson, Harel, and Kahana (1988), in its severest form, existential guilt was observed with many survivors of the Holocaust, as well as with prisoners of wars liberated and returned home, who would try to cope with their nagging feelings of "why me?" They also add that the "specific mechanisms that cause these posttraumatic difficulties are not well

understood. It is clear that when extreme stressors are severe and enduring, health and functional competence may be affected. Moreover, individuals who endured extreme stress continue to experience in latter years some degree of physical and mental disabilities, and some may experience lasting physical and mental impairments" (Wilson, Harel, & Kahana, 1988, p.45).

Logotherapy can be helpful to clients; suffering from existential guilt by assisting them to recognize the noetic dimension of their being and by working with them to sort out and prioritize in order of importance the demands life is requesting of them.

Closely connected to the concept of existential guilt is Frankl's attitude to homeostasis. For Frankl, mental health is based on a certain degree of tension, the tension has already achieved and what one still ought to accomplish. "This tension," Frankl says, "is inherent in the human being and, therefore, is indispensable to mental well-being. We should not, then, be hesitant about challenging man with a potential meaning for him to fulfill" (Frankl, 1963, pp. 104-105). Furthermore, he says: I consider it a dangerous misconception of mental hygiene to assume that what man needs in the first place is equilibrium or, as it is called in biology, 'homeostasis,' that is, a tensionless state. What man actually needs is not a tensionless state but rather the striving and struggling for some goal worthy of him.... What man needs is not homeostasis but what I call 'noo-dynamics,' the spiritual dynamics in a polar field of tension where one pole is represented by a meaning to be fulfilled and die other pole by the man who must fill it" (Frankl, 1963, p.105).

ATTITUDE TO PAST, PRESENT, AND FUTURE

Every man has reminiscences which he would not tell to everyone but only to his friends. He has other matters in his mind which he would not reveal even to his friend, but only to himself, and that in secret. But there are other things which a man is afraid to tell even to himself, and every decent man has a number of such things stored away in his mind.

Dostoyevsky, Notes from Underground

Closely related to the concept of the unconscious is the importance of past events in relating to the present and to the future. When we think of Freud's personality theory, we usually think of behavior being governed by the past. Freud's view on the importance of what is happening inside the person—that we are controlled by internal forces, and that we are not aware of these forces, yet they express themselves in dreams, slips of the tongue, and the ability to remember events of the past that appeared to have been forgotten—all attest to the central place of the past in controlling behavior in the present, as well as in future anticipation and expectations. Freud has postulated the concept of repression, the primary defense mechanism by which a thought, an idea, or a wish, which is unacceptable or causes a high level of anxiety, can be dismissed from consciousness. However, once these ideas, desires, or wishes are contained in the unconscious, they cannot be recalled directly but can emerge in disguised forms.

Among the repressed events, the most difficult for the individual are traumatic occurrences, which, despite their repression, nevertheless act on the individual's attitude to life. In fact, more than any other subject in the study of defense mechanism, repression has been explored by many experiments. For example, Morokoff (1985) divided women into two groups: high and low in sex guilt, and exposed them to an erotic videotape. He asked them to report their level of sexual arousal, while recording their level of physiological response. He found that women high in sex guilt were found to report less arousal than those women with low sex guilt, who showed greater physiological arousal. Thus, he concluded that the guilt associated with sexual arousal led to repression of the awareness of the physiological arousal. Erdelyi and Goldberg (1979) have suggested, on the basis of their research about repression, "that there is considerable evidence that events or memories apparently hopelessly forgotten can be recovered into consciousness. What is more difficult to demonstrate in the laboratory is the defensive function of repression, that is, the effort to keep ideas repressed from consciousness to minimize psychological pain." They also add that "From the clinical standpoint, the evidence for repression is overwhelming and obvious" (pp. 383-384).

Investigation of past events repressed is a central task in Freudian psychoanalysis, especially those related to early childhood and adolescent experiences. According to this theory, psychological functioning is expressed by the organism's discharge of libidinal or sexual instincts. However, because of its association with a past trauma, the individual may face a conflict situation when he perceives the expression of an instinct as dangerous and consequently experiences anxiety. In such he may resort to

the use of a defense mechanism that gives some relief from the anxiety or eliminates it altogether (Pervin, 1989). Freud's to present and future behavior can be summed up in his famous sentence: "Where id was, ego shall be," meaning that conflict inevitably leads toward growth.

Frankl has emphasized repeatedly that logotherapy is future orientated, indicating that it looks toward goal fulfillment rather than to a preoccupation with past failures and traumas. This does not mean, however, that Logotherapy is blind to the past. On the contrary! The past is perceived in a positive sense, as the repository of deeds that gave meaning to our existence. Frankl asserts that: "Everything in the past is saved from being transitory. Therein it is irrevocably stored rather than irrecoverably lost. Having been is still a form of being, perhaps even its most secure form" (Frankl, 1968, pp. 30-31).

To illustrate: Once I knew a couple who lost their only child, a daughter, when she was 18 years old, to leukemia. After the funeral the couple retreated from social life and devoted their energies to the preservation of the memory of their daughter: Her room was never touched (except for necessary cleaning); her memorabilia kept intact; all the toys were arranged in a circle surrounding the daughter's photographs; the clothes she had worn were freshly ironed and hung in the closet. The parents kept the room shaded by heavy curtains, so that the photographs would not fade, and the books and clothes would not lose their original lustre. People in the city who knew this couple used to pity them for living in the past." Yet they were happy and contented. For them, the past was that which gave meaning to their present. After a day's work they would retreat to their own home and reunite their spirit with their deceased daughter. They kept this kind of existence for many years until they both died.

There is no need however, to dwell on the past forever. A delicate balance must be kept between past accomplishments and the promise of the future. Love experienced, however important and significant at the time; work accomplished and deeds performed in the service of a community, or for persons in need, must be put in proper perspective. They are the realities of a past; they are treasured for what they meant; people can turn to them for solace and hope. Yet life demands living in the present. The past is safe, for it cannot be taken away, whereas all else may be lost in an instant; we have to concentrate our waning energies on the present-but with alt eye on the future, even if this future may be short-lived, such as for the very old. For only in the present can we correct past mistakes, repent for past wrongdoings, atone for past sins, and mend our ways.

Judaism teaches that whoever makes sincere repentance at the end (even after a life of wickedness) should suffice lor the world to come. (Talmud, Kiddushin 40b), for there are no hopeless situations. This bit of Jewish wisdom is rather similar to what Frankl has described in his own personal recollections about such a person in *Man's Search for Meaning*.

Let me cite the case of Dr. J. He was the only man I ever encountered in my whole life whom I would dare to call a Mephistophelean being, a satanic figure. At that time he was generally called "the mass murderer of Steinhof," the name of the large mental hospital in Vienna. When the Nazis started their euthanasia program, he held all the strings in his hands and was so fanatic [sic] in the job assigned to him that he tried not to let one single psychotic individual escape the gas chamber.

After the war, when I came back to Vienna, I asked what had happened to Dr. J. "He had been imprisoned by the Russians in one of the isolation cells of Steinhof," they told me. "On the next day, however, the door of his cell stood open and Dr. J. was never seen again." Later I was convinced that, like others, he had with the help of his comrades made his way to South America. More recently, however, I was consulted by a former Austrian diplomat who had been imprisoned behind the iron curtain for many years, first in Siberia, and then in the famous Lubanka prison in Moscow. While I was examining him neurologically, he suddenly asked me whether I happened to know Dr. J. After my affirmative reply he continued: I made his acquaintance in Lubanka. There he died, at about the age of forty, from cancer of the urinary bladder. Before he died, however, he showed himself to be the best comrade you can imagine! He gave consolation to everybody. He lived up to the highest conceivable moral standard. He was the best friend I ever met during my long years in prison!" (Frankl, 1963, pp. 131-132)

LOGOTHERAPEUTIC AND 'DEPTH PSYCHOLOGY' APPROACHES TO MEANING AND PSYCHOTHERAPY³

David Guttman

Introduction

This article presents the 'picture of the human being' and the concept of meaning to two outstanding psychologists. Szondi and Frankl. They are among the many great personalities who have enriched our knowledge of the human psyche and made highly significant contributions to understanding the motivating forces behind human behaviour in the twentieth century. Szondi is known throughout the world as one of the major 'depth psychologists' and Frankl is the undisputed 'heighth psychologist'.

There are many commonalities and parallels in the personal and professional histories of these personalities. Both of them have written a tremendous number of books, articles, etc. Szondi has left behind him nine books and well over a hundred articles and monographs, while Frankl has written 31 books, hundreds of articles and chapters in books, and several of his books were translated into 26 languages. Both of them have developed their own version of psychotherapy, and based it on their philosophy about human life in general and on their theory of motivation in particular. Szondi has developed his anancology, or 'fate analysis', and Frankl is the 'father of logotherapy'. Both of them are products of the former Austro-Hungarian Empire. Szondi was born in Hungary and has lived and worked in Budapest and Switzerland since 1945 until his death. In the vicinity of Zürich he has established his own institute and it has become the centre for a world-wide training site in his philosophy and method of psychoanalysis/psychotherapy.

Frankl, on the other hand, has lived and worked in Vienna, Austria, and made significant contributions to the development of logotherapy in the world. Whilst Frankl didn't establish any institute of his own, his followers did develop logotherapy centres on all five continents.

Szondi's Scientific Work

The scientific work of Szondi encompassed two main periods: In the first one, lasting from 1936 to 1944 in Budapest, Hungary, Szondi concentrated his efforts on developing the theory and method of "fate analysis". In the second period, which started in 1945 and lasted until 1954, the question of whether or not it is possible to direct fate was posed as the leading one. Szondi was interested to see how fate analysis could be used for therapeutic purposes. This second period in Szondi's scientific activities laid the basis for the new anancology, or the theory of fate analysis, which was further developed during Szondi's lifetime into a theory of psychotherapy (1963).

Prior to the first period, Szondi had undertaken his own fate analysis (between 1934 and 1936). This self-analysis and the dream in 1916 played central roles in the development of fate analysis. During that time he had originated the concept of the "family unconscious". The family unconscious in Szondi's theory is seen as consisting of the following:

In our unconscious, as important factors for our existence, there are models of ancestor figures that direct the fate of the offspring by force. Szondi called this factor "forced fate". It comprises the "family unconscious" of the offspring many generations later. The "family unconscious" contains the aspirations of the ancestors. The opponent of the ancestors is the ego of the offspring, which can take a stand. The ego is capable of choice, despite the interest of the ancestors. This choice forms the basis for the concepts of "free, egotropic choice" and the "freely chosen fate". Szondi called this ability of the human being to choose his fate "directed fatalism". He also made this ability the cornerstone in his "fate-analysis therapy" (1963).

In the ancient Greek language fate is *ananke*. There are two meanings to this concept: The first is a limit on freedom due to some outside force. In this sense, fate means suffering or worry. The second meaning of *ananke* is "blood relations" such as the family. Thus fate includes both force and family. Until the end of World War II, fate as a subject of scientific investigation has seen two periods:

³ Published earlier in Bulletin Logotherapie en Existentiële Analyse, Jaargang 9/2 Juni 1999

1. As an ancient concept, meaning that fate is a compelling force inside our psyche which expresses itself in the choices we make in life. Szondi in *Fate Analysis* (1944) reported on a case, the third one, which led to the establishment of fate analysis. This case involved a man, whose mother had fears about poisoning others, who selected for his wife a woman who a few years later in the marriage developed similar fears to those of her husband's mother. Szondi asked himself the most crucial question in fate analysis: "Why did that man fall in love with that particular woman, and not with somebody else? Szondi was not content to accept the common sense answer of "coincidence This question was the basis for his major work *Analysis of Marriages* (1937) Additional choice related questions were derived later when fate analysis was reinforced by the thousands upon thousands of cases in which evidence was found for his approach.

2. In the "family unconscious" Szondi investigated the opposing interests of the ancestors and found that choice is of utmost importance for the offspring, for the family unconscious speaks in the language of choice. Szondi has maintained that despite the genetic inheritance we all carry, men can freely choose part of their fates. And the greater that part, the easier it is to carry one's own fate. Those who succumb to their genetic inheritance (their forced fate) are totally dependent on their family unconscious. Szondi has found that there are three tools for discovering the hidden intentions contained in the "family unconscious" of the patient:

* The experiencing of the pathological intentions during fare analysis.

* Confrontation of the patient with those intentions on the basis of the patient's "genetic inheritance",

and

* Confrontation with the latent family instincts via experiential fate diagnosis.

The procedure used by Szondi for the above was similar to traditional psychoanalysis. The patient would lie on a couch, and his dreams would be analysed with the technique of free associations. The diversion from the basically passive Freudian psychoanalysis was based on the observation in patient behaviour during analysis. Szondi has found that the chain of associations was interrupted by something deeper than the regular opposition, and this opposition was usually expressed by sudden, traumatic behaviours and attacks. These required an active response from the therapist, and his help to let the patient express all those fears and an-xieties that are connected to his "family unconscious" and to take a stand against them. (Szondi, 1996, p.73)

Components of the Concept of Fate

Szondi maintained that fate analysis requires a solid understanding of all the factors that shape fate, both causative and formative ones. In his use of the term, fate has seven main meanings: Forced, selected, character, mental, social, instinctual and spiritual fate. Each of these seven factors are components of the concept of fate. And each factor, or component, contains pairs of opposing traits. For example, in the "selected fate" we must take into account that there are many things contained in that concept, such as masculinity -femininity, spirit - nature, conscious - unconscious, objective - subjective, etc. Fate, in Szondi's analysis, is always the result of the behaviour exhibited by the subject in relation to the opposing forces. And the human quest is always to attain wholeness. In Szondi's work, the ego, like in the theory of Freud, is the mediator between opposing forces, but, unlike in Freud's theory, this mediation gives birth to the individual's fate.

Of the seven factors, spiritual fate is the closest to Frankl's concept of the spiritual dimension which occupies a central position in human life. According to fate analysis, the ego and spiritual fate together form a hand which directs to a large degree the activities of the instinctual forces of man. These two factors in combination are capable of turning the instinctual forces against their original goals. This turning of the destructive forces in men (what Szondi calls "the nature of Cain") by virtue of the spiritual fate and the ego corresponds to a degree with Frankl's concept of the human being as capable of "selftranscendence", of which more will be said later. For "spiritual fate" is seen by Szondi as the highest instance among the seven components of fate (Szondi, 1987).

The importance of the "spiritual fate" becomes evident in the theory of Szondi when he speaks about those who succumb to their fate, those who suffer from fate that is forced on them. These are the people who are incapable of solving the opposing forces in their instinctual fate and the environmental influences acting on them. There are many people who suffer throughout all their lives from the fate they have inherited from their ancestors. They lack ego and spiritual strengths to overcome with their help the compelling forces in their inheritance. And they are incapable to choose from the many possibilities open before them a "piece" of individual and private life. They are sick because the functions of their faith are paralyzed.

As Frankl has shown (1962), faith is directed toward the future. Szondi concurs with that direction. The relationship of the ego to the future, in Szondi's terms, is of the utmost importance from the standpoint of the individual's fate. The function of the ego is to serve as a bridge between the spirit and the inherited instinctual forces. And the spiritual fate of the human being is capable of turning a person into a real human being. The strength of functional faith and its quality are dependent on the strength of the ego in terms of its libido, mental energy, interests and the social environment. If the ego disperses its energy to satisfy the instincts, its chances to get sick are great. And in order to prevent mental illness, the ego needs to give control to the spirit, rather than to *materia*, and only faith can help the ego to attain that function.

Szondi's Mental Picture of the Human Being

The question: *How does an individual become a human being?* or the process by which man attains the designation of a "human being" (in the spiritual sense of the word) has been raised over and over by the leading "depth psychologists". Freud's discovery of the unconscious and its many manifestations and expressions via dreams symptoms, and the "psychopathology of everyday life" (Freud, 1991) has opened new perspectives for psychology. Psychoanalysis, in Szondi's approach, affected the mental picture of the human being in two ways: One, by discovering the irrational forces in the unconscious, which, if unchecked by the ego, may cause serious harm to both the individual and the collective, and two, by the "reality principle" (of Freud) by which the founder of psychoanalysis tried in vain to educate mankind to adapt to the reality in order to escape the dangers inherent in the irrational forces.

Szondi saw in fate the sum total of existential possibilities given to human beings by way of his genetic and social inheritance. Between those possible ways of existence both in a positive and in a negative sense, that people bring with them from birth in a healthy condition, man can freely choose his fate and his existence. This freedom is expressed in man's ability to overcome the forced nature of his fate with the help of his spirit and the strength of his ego. Those people who are incapable to do so, will fall victim to their "forced fates and become neurotic or even psychotic (Szondi, 1996, p.6).

When a human being is born, he brings with him the forced fate of his ancestors. Later, with his development, as he passes through the first four phases of life, he may become a *homo elector* that is, a person who chooses, or elects, his own fate. This election is possible only when the individual is able to use his Pontifex ego. In Szondi's theory (1996) the Pontifex ego is analogous to Freud's super-ego, as well as to Adler's "compensations", and to Jung's "myself". Each of these "higher egos" relate to the highest aspect in the structure of the human psyche (Szondi, p.56). The structure of both forced and elected fate decides one's fate. Szondi emphasized that man has not only one fate, as the old anacology has taught, but more than one "fate possibilities", which are sometimes of opposing directions (Szondi, p.57). The highest form of being, Szondi claims, is, once man was capable of being himself to return to the collective, the love of mankind. This is the main task of the *homo elector*. This is the difference between *homo individuator* (of Jung) and "*homo elector* (of Szondi). The former refers to those who are basically narcissistic, who love themselves, whereas the latter expand their love to others, like in Frankl's concept of *self-transcendence*. But attainment of the *homo elector* is not yet the highest achievement in the way to become a human being, says Szondi. *Homo liberator* and *homo humanisator* are two concepts which, more than anything else, express Szondi's faith in mankind. Both stations can be achieved by human beings whose faith, in the spiritual sense, in a loving human collective means liberation from the confines of their instinctual nature and from the loneliness of selflove (Szondi, 1996, p.60).

Viktor Emil Frankl's Logotherapy

Introduction: Logotherapy's Philosophical and Guiding Principles

Logotherapy is built on 'three pillars': On the freedom of the will, on the will to meaning, and on the meaning of suffering. In developing logotherapy, Frankl intended to complement Freud's 'depth psychology' with 'height psychology', a psychology which, in Frankl's words, 'would do justice to man's higher aspects and aspirations'. Frankl (1967) cites the astronaut John H. Glenn, jr., who said that: 'What is needed is a basis of convictions and beliefs so strong that they lifted individuals clear out of themselves and caused them to live, and die, for some aim nobler and better than themselves'. (Frankl, p.18).

Frankl saw the issue of responsibility as one of the central tenets in psychotherapy. In his view, it is the patient/client who has to decide what he is responsible for, and how he perceives life's demands from him at a given moment. Frankl also discussed the methodology by which the patient's sense of responsibility could be heightened and coined the concept of logotherapy to emphasise a meaning-centred approach to psychotherapy. Frankl had been aware of the separation between human dignity and psychotherapy, and used the concept of responsibility to reconnect these two elements. Frankl said:

"Conventional psychotherapy is content with making people 'free from' psychological and physical inhibitions or difficulties and with extending the sphere of the ego as against that of the id. Both logotherapy and existential analysis seek to make people in another and more basic sense: 'free to' take their responsibility upon themselves." (Frankl, 1986, p.273)

Logotherapy is neither a philosophy by itself nor a psychotherapy that stands apart from other established schools (Kovacs, 1985). Rather, it is a way of thinking and a methodology combined together in a process aimed at enabling clients to discover meaning in their lives. Logotherapy's clientele constitute a rather large group of people: In addition to those suffering from various forms of noögenic neuroses, that is, from neuroses that originate in the noëtic or spiritual dimension, logotherapy has developed methods for dealing with clients who suffer from phobias in their sexual behaviour, for those with incurable diseases, and for those who lead empty and meaningless lives. Logotherapy can also serve as a complement, and/or supplement, to conventional methods of psychotherapy in cases of addictions, victims of accidents, the physically disabled who have lost limbs, and others, especially in cases in which the losses are accompanied with a lack of meaning in life.

Meaning, Frankl states, exists under all circumstances. *"That meaning must be specific and personal, a meaning which can be realized by this one person."* (Frankl, 1986, p.XVI) Meaning can be achieved by realizing creative, experiential and attitudinal values. Frankl claims that *"even a man who finds himself in the greatest distress, in which neither activity nor creativity can bring values to life, nor experience give meaning to it - even such a man still gives his life a meaning by the way he faces his fate, his distress. By taking his unavoidable suffering upon himself, he may yet realize values."* (Frankl, p.XIX)

When a person is unable to discover, recognize and accept meaning, he finds himself in an 'existential vacuum'. This vacuum cries out for fulfilment. Those who are unable to fill their lives by finding 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 as 'existential neurosis'. These persons suffer from anxiety and depression.

The meaning of the moment

Problems in living are part and parcel of everyday life. At every moment we may be called upon to make decisions in many areas. Some of these may be very simple, while others can be complex with far reaching consequences for the individual, the family, and even society. Thus life may be perceived as a never-ending chain of decisions to assure our survival and to give content to our days upon this earth. Each situation in life is unique. It cannot be substituted for by someone else's. Nor can someone else take on our lives, or problems.

The meaning of the moment stands between past accomplishments that are safely stored away in our memory bank, and between future possibilities, that are waiting to be grasped. It is transitory, cannot be repeated, cannot be postponed, not delayed. Life forces it upon us whether we like it or not. The

meaning potential is always present in a given situation. We are required to discover it - and to act for its realization. (Guttman, 1996).

The Supra or Ultimate Meaning

As an abstract concept, the term 'ultimate meaning' is hard to grasp, yet its existence is evident. We just have to look around in nature to see that there is some Order in the world - both on our own planet and beyond. How did this Order come about? How does it work? How does it affect the lives of the people on Earth? These are some of the questions that the greatest philosophers, humanists, and psychologists have asked, and continue to ask from one generation to the next. (Einstein, 1934). No one has real answers, and yet, there are opportunities when one can experience something extraordinary which reaffirms the existence of that special dimension.

Whether or not one believes in God is a personal matter and a private value. However, for a professional there is a need to formulate a world view, a basic perception of this world, which provides him or her with a sense of security. Moreover, he/she has to internalise values that are an integral part of his/her respective professions. At times these values may be similar, even identical to the personal values, but it is possible that the personal and professional values do not correspond. In such cases the professional can find himself/herself in a value conflict. Frankl's 'mental picture of the human being' can help those professionals and laymen alike who are in doubt.

Frankl's 'View of the Human Being - Homo Patiens'

Pain and Suffering

Frankl is the originator of the concept of the *tragic triad*, which consists of pain and suffering, guilt and death. These are experiences that some time in life we all have to encounter. But the way we encounter these trying events depends upon the attitude we take toward them. For in all of them there are opportunities for finding meaning in life. Frankl (1962) claims that we have the ability to turn tragedies to human achievements by virtue of finding a meaning to our suffering. We can turn guilt to a level of true repentance and service to others, and we can accept death as inevitable, as our fate, and as a motivating factor to make our life meaningful. There is value in *homo patiens*, the suffering man, so long as it changes us to better human beings. Understanding the concept of the *tragic triad* is important for the terminally ill and their therapists, while for the families of the sick it is absolutely necessary. Therefore, no psychotherapist can disregard the logotherapeutic approach to that concept.

Frankl (1963) stated: 'Suffering is an ineradicable part of life, as is fate and death. Without suffering and death human life cannot be complete.' (p.154).

Frankl (1967) emphasizes that man is ready and willing to shoulder any suffering as soon and as long as he can see a meaning in it. For without this discovery suffering can turn into despair and self-destruction. In his writings he also speaks of three types of suffering. That which is associated with an unchangeable fate, that which comes as a result of an emotionally painful experience, and that which arises out of the meaninglessness of one's life.

The avoidance of misery and human unhappiness is a shared goal by all the helping professions. Various schools of psychotherapy aim at reducing the causes and treat the symptoms of suffering and pain. They tend to see in psychic misery only the negative aspects, those that can be eradicated by science, while the creative powers inherent in human suffering, and the bravery required to confront it, are largely ignored. Logotherapy, on the other hand, perceives unavoidable suffering as an opportunity to demonstrate man's capacity to rise above pain, above suffering, by making use of his 'defiant power of the human spirit', a concept coined by Frankl to demonstrate human achievement. For Frankl 'the right kind of human suffering is facing your fate without flinching. This is the highest achievement that has been granted to man.' (Frankl, 1986, p.XIX).

Logotherapy's insistence on the unconditional meaningfulness of life - even against the reality of death - is based on Frankl's analysis of the meaning of death for all human beings. Frankl claims that we are the only creatures upon this earth who are aware of their own death. And this discovery should lead us toward the reawakening of the responsibility toward life, instead of denial of death's existence.

Frankl's attitudinal values toward life and toward death are always aimed at others, rather than to one's self. It is the caring for others, for their welfare, for their peace of mind, for their comfort, and for their consolation which raises attitudinal values high above all others. And to make this caring meaningful is the aim of the logotherapist.

Summary

The 'picture of the human being' of two major psychologists are compared and contrasted with respect to their approaches to psychotherapy. Szondi's 'homo elector' is based on his 'family unconscious' and genetic inheritance. These include both positive and negative traits that man brings with him to the world from the ancestors, as well as all the possibilities for choice. According to Szondi, the fate of man in five major areas of life, namely in love, friendship, occupation, sickness and death are not predestined. Man is able to choose his fate despite the oppressing forces of his inheritance.

In summing up Szondi's work, one is struck by the duality of man's nature: His 'forced fate' versus 'selected fate'. Szondi claims that man can continue to adhere to his murderous inclinations, as contained in his 'Cain's fate' (Szondi, 1987), or can use his conscience to recognise this tendency to sin and contradict it, his 'transformation to Moses'. The tendency to kill is as old as human history, says Szondi, and therefore it is ever present. But the recognition of sin is also present from ancient times in the human soul. And man can lead a life in which he aims to become like Moses who struggled with his Cain's spirit and sin, and came out glorious, meaning that he turned his murderous past into the highest achievement that a human being can attain: to become the founder of law and morals.

Frankl's 'homo patiens' is one who has to confront his suffering which cannot be changed or cured by way of conventional medicine. In his logotherapy, the meaning-centred psychotherapy, man can use his unique capacities of 'self-transcendence' and 'self-detachment' and elevate himself to a spiritual height in the struggle with the forces and the vicissitudes of life. Man has the freedom to decide which stance he wishes to take: To succumb to his fate, or to use his freedom of choice. The meaning assigned by man to what happens to him and his search for a meaningful life are central concepts in Frankl's approach to psychotherapy.

In summing up Frankl's work in relation to meaning and to the picture of the human being, one can say without hesitation that Frankl has basically continued to elevate man to a higher plateau than the one contained in 'fate analyses'. While both Szondi and Frankl agree that man has both potentialities within himself (to be a saint or a swine), Frankl's approach to human destiny is much more positive than Szondi's. Frankl has shown that man always has the freedom to choose a meaningful life, even under the most trying circumstances. His unconditional faith in human freedom, in human choice, in self-transcendence, and in the defiant power of the human spirit, make logotherapy into such a valuable tool for psychotherapy and a philosophy for survival in an increasingly important, cruel and cold world.

Both Frankl and Szondi have enriched our knowledge of the human being, each in his own unique approach. Yet, common to both of them is a deep concern for the fate of mankind. These outstanding human beings represent two important avenues to psychotherapy and they left behind them theories that light our ways in the present and give hope for the future.

References

1. Einstein, A. (1934): How do I See the World (in Hungarian). Gladiator Publishers, Budapest.
2. Frankl, V.E. (1962): Man's Search for Meaning: An Introduction to Logotherapy; a revised and enlarged edition of "From Death Camp to Existentialism (preface by Gordon W. Allport). Touchstone, New York.
3. Frankl, V.E. (1963): Man's Search for Meaning: An Introduction to Logotherapy. Washington Square Press, New York.
4. Frankl, V.E. (1967): Psychotherapy and Existentialism: Selected Papers on Logotherapy, Simon & Schuster, New York.
5. Frankl, V.E. (1986): The Doctor and the Soul: From Psychotherapy to Logotherapy. Vintage Books, New York.
6. Guttman, D. (1996): Logotherapy for the Helping Professional: Meaningful Social Work. Springer Publishing Co., New York.

7. Kovacs, G. (1985, Spring-Summer): Viktor Frankl's "Place" in Philosophy (Special Issue): Viktor Frankl - 80 Years. International Forum for Logotherapy journal of Search for Meaning, 8, 17-21.
8. Szondi, L. (1963): Schicksalanalytische Therapie. Huber, Bern & Stuttgart.
9. Szondi, L. (1987): Kain, a Torvenyszego, Mozes, a Torvenyalkoto (in Hungarian). Gondolat, Budapest.
10. Szondi, L. (1996): Fate-Analysis and Self-Disclosure. Thalassa, 96(2), 5-38 (in Hungarian).
11. Szondi, L. (1996): The Way to Manhood. Thalassa, 96(2), 39-60 (in Hungarian).
12. Szondi, L. (1996): The Languages of the Unconscious: Symptom, Symbol and Choice. Thalassa, 96(2), 61-82 (in Hungarian).

Yearly Meeting of European Association for Logotherapy and Existential Analysis

In October, during the autumn meeting of the European Association for Psychotherapy in the capital of Slovenia, Ljubljana, EALEA had its postponed yearly meeting.

We met with our colleague Prof. Jose Ramovs, who is responsible for the training of Slovenian colleagues. It was very encouraging to find out about the number of professionals using Franklian methods, as well as learning about the important contribution these people and methods make to the young republic's welfare. Just before we left for Ljubljana, a message came in from France, where Mrs. Anna Maria Stegmaier reports about her Logotherapy Training Institute in Chassignoles, F-43440. The Institute aims to relate its training to the ECP level. We would like to welcome the new Institute. The agenda of the Ljubljana meeting did contain a list of things to do in order to decide about the future of EALEA. One of the issues was to vote in the proposed Code of Professional Ethics. Members of EALEA are bound by ethical principles and students of Logotherapy as well as clients in therapy are not just legally protected in their state of origin, but also through EALEA. Since all the current board members had served their term and were due to step down in this meeting, new members were proposed to all of you through the invitation for the meeting. The result is that our new secretary general has been elected in Pieter Hoekstra, ECP, (Netherlands) and our EAP and foreign relations officer in David Attard, ECP (Malta). Since EALEA is sited in Vienna, and this is not by gravity law so EALEA may change its addresses towards other EU states when and if required, it was decided that for honouring Viktor Frankl's work by the newly elected Board Members that we would leave EALEA in Vienna, and ask Mrs. Margit Winterleitner to be the person who takes care of the financial issues and legal matters. This is in fact a similar solution we had with the previous board, where Simone Eglau-Sundl who is not a Logotherapist herself, took care of the business side by sending and paying the bills for EALEA. For reasons of continuation of the important work of EALEA for its Members, and in the absence of other candidates, it was decided by the participants in the meeting that I myself would function in an interim chairperson role, until a proposal for a new chair could be arranged for.

This however leaves me with the splendid task to now thank our past chair Eglau for his work for EALEA, Simone Eglau-Sundl for her efforts in order to keep the Association in good standing with EAP, and to Marlot Rappard who has indeed represented Frankl's standards in the European Psychotherapy community in an outstanding way. Marlot has been a Board Member in EAP, designated with the task to scrutinize new approaches in psychotherapy in relation to the European Wide Organisations Committee, a committee in EAP she herself proposed to be installed, and she was a Member of the Membership Committee of EAP.

Her insight in educational and training issues has landed her with several difficult tasks, such as the ECP revision in 1999. We know that her years in the frontline of international recognition and the professionalizing of psychotherapy training have not been the easiest years of her life, since she has been the target of vile attack by those who were not agreed to be ready to become members of EAP. The one modality Marlot would not agree to be passed for Membership of EAP is actually violating the penal codes of several countries in the EU. A team of specialists was involved in the review, but the attack was made on her both physically as well as psychologically. Marlot has earned both international as well as our deepest respect for her contributions, and we are proud of having been able to have such an outstanding representative for almost a decade. We are confident that David Attard will prove to be an outstanding successor for EALEA's Board seat in EAP. It is important to be a Member of EALEA, as it is an important contribution to the profession as well as to the science of Existential Analytical Psychotherapy Methods and Logotherapy, to apply for the ECP. We will assist you if you do. We will also be in touch, for our next project is not just a training log for students to make sure that training throughout EU will show (e)quality, but also with a proposal for a new chairperson.

Willem Maas
Pieter Hoekstra
Margit Winterleitner
David Attard

SHORT BIBLIOGRAPHY

Books (in English):

Guttman, David (1996) *Logotherapy for the Helping Professional; Meaningful Social Work*. New York: Springer Publishing Co.

(the same book was translated to Hebrew and published by Diunon, University of Tel Aviv Press (1999) and to Spanish, published by Desclee De Brouwer in Bilbao, Spain in 1998).

Research in Logotherapy and existential analysis, with Dr. Alexander Batthyany will be published by Jeff Zeig in March 2005 for the 100th anniversary of Frankl's birthday.

Articles:

Guttman, D. (2005). "A logotherapeutic perspective on loneliness of Jewish elderly". Invited article for the upcoming "anthology of Logotherapy".

Editor Dr. Alexander Batthyany.

Guttman, D. (2003). "The quest for meaningful aging". In Fred L. Ahearn Editor, *Issues in Global Aging*. New York; The Haworth Press.

Guttman, D. (2002). Viktor Frankl and Logotherapy. *Journal of Judaism and Civilization*, Vol. 4, 5762-63, pp. 46063.

Guttman, D. "logotherapeutic and "depth psychology" approaches to meaning and psychotherapy. In "Exploring Existential Meaning". Ed. by Gary T. Reker and Kerry Chamberlain. pp. 185-196. Thousand Oaks California: Sage Publications.

Zins, Ch. and Guttman, D. (2000). "Structuring Web Bibliographic Resources: An exemplary subject classification scheme". *Knowledge Organization. International Journal Devoted to Concept Theory, Classification, Indexing, and Knowledge Representation*. Vol. 27, No. 3, pp. 143-159.

Guttman, D. (1998). "On with and humor in logotherapy". *Journal des Viktor Frankl Instituts, An International Magazine for Logotherapy and Existential Analysis* Vol. 6, No. 2. Fall-Winter, pp. 9-22.

Guttman, D. (1997). "Logotherapeutic and Schiksalanalytic Approaches to Disability and to Change, and their relevance for Social work with the Disabled". *Journal des Viktor Frankl Instituts*, Vol. 5(2): 48-65.

Guttman, D. (1997). "Homo elector" and "homo patiens": Fate, choice, suffering and meaning in the works of Szondi and Frankl". *Journal des Viktor Frankl Instituts*, Vol. 5,

Guttman, D. (1996). "The meaning of the moment and existential guilt". *Journal des Viktor Frankl Instituts*, 4(1): 15-36.

Guttman, D. (1994). "Meaningful aging: Establishing a club for survivors of the Holocaust in Hungary". *Journal des Viktor Frankl Instituts*, 2(1): 67-73.

Guttman, D. & Cohen, B.Z. (1993). "Excessive behaviors and meaning in life among the active elderly in Israel. *Journal des Viktor Frankl Instituts*, 1(2):, 38-55.

Guttman, D. (1990). "Filial responsibility - a logotherapeutic view. *Journal of Aging and Judaism*, 4(3):, 161-180.

EALEA DATA SHEET

Personal details/ Personal Daten/ persoonlijke gegevens/ détails individuels

Your name:	initials	title(s)
Ihre Name:	Initialen	
Uw naam:	initialen	
Votre nom:	initiales	

Your Address
Ihre Adresse
Uw adres
Votre adresse

city	zipcode	country
Wohnort	PLZ	Land
Woonplaats	postcode	land
Résidence	code postale	pays

Telephone	E- mail
-----------	---------

Training Details / Ausbildungs Data/ Opleidingsgegevens/ Détails d'Education

Pre-Psychotherapy Training
Vorausbildung
Vooropleiding
Education (avant psychothérapie)

Logotherapy Training	other
Ausbildung in Logotherapie	sonstig
Logotherapie opleiding	anders
Education en Logotherapie	autre

ECP	(yes/ Ja/ ja/ oui)	(no, nein, nee, non)
-----	--------------------	----------------------

Membership regional organization:
Mitglied Logotherapie Verein:
Lid:

Membre d'organisation professionnelle:

I subscribe to the Bulletin	0 per mail	0 per e-mail
Ich bestelle das Bulletin	0 per Post	0 per E-mail
I abonneer mij op het Bulletin	0 per post	0 per e-mail
Je souscris pour le Bulletin	0 version postale	0 version électronique

City/ Wohnort/ plaats/ Résidence	Date/ Datum/Date	Signature/Unterschrift/handtekening
----------------------------------	------------------	-------------------------------------

SIGN, CLIP OUT /COPY and SEND to: Bulletin, Molenweg 19, NL 3171 CM Poortugaal Netherlands.
MAIL: hoekport@kabelfoon.nl cc w.maas@epsa.at

NOTE : your details will be inserted in the EALEA database.

NOTES FOR CONTRIBUTORS

Bulletin, European Quarterly for Integrative Psychotherapy, Logotherapie & Existential Analysis welcomes original contributions. The submitted articles will be anonymously sent to independent referees. There will be no correspondence concerning refusal of publication, and/ or adaptations due to the format of the Bulletin or to the authority of the editors. Authors are themselves responsible for obtaining permission to reproduce copyright material from other sources.

Manuscripts may be in the form of (1) a long article, max. 4 pages A4, Arial Tt, 10 pnts. ,(2) short reports (not exceeding 2000 words). The Bulletin is edited in Word-format. Other formats will be refused.

References should follow the style of the American Psychological Association (Harvard). All publications cited in the text should be listed following the text; all references listed must be mentioned in the text Within the text references should be indicated by the author's name and year of publication in parenthesis (Frankl, 1997) or if there are two or more authors (Freud & Adler, 1927) (Freud, *et al.*, 1927). Where several references are quoted constructively within the text the order should be chronological, or within a single year, alphabetical.

References should be listed alphabetically by the author on a separate sheet in the following standard form:

(a) for periodical articles (titles of journals should not be abbreviated):

TAYLOR S.E.(1983). Adjustments to threatening events. A theory of cognitive adaptation, *American Psychologist*, 38, 1161-1173.

(b) for books:

FRANKL, V.E. (1998). *Man's search for ultimate meaning*. New York, London: Plenum Press.

(3) for chapters within multi- authored books:

RYLE, A.& COWMEADOW, P.(1992) Cognitive-analytic Therapy (CAT) in: W. DRYDEN (Ed.), *Integrative and eclectic Therapy: a handbook*, Philadelphia: Open University Press, pp. 75 -89.

Illustrations (including photographs, graphs and paradigms) should be referred to as Figure and their position indicated in the text (e.g. Fig.3). Each should be submitted on a separate sheet of paper. Since the Bulletin uses a two column lay-out, the offered illustration should be drawn to fit into the format or capable of reduction.

Tables: see Illustrations.

Copyrights

It is a condition of publication that authors transfer copyright in their articles, including abstracts, in the European Association for Logotherapy. This enables to ensure full copyright protection and dissemination of the article, as well as the Bulletin, to the widest possible range of readership , both in print and electronically. Authors do have the right to use their article elsewhere *after* publication without prior permission from the Association, provided that acknowledgement is given to the Bulletin as the original source of publication.

PRINTED IN THE NETHERLANDS by
OFFSET DURKKERIJ -DELTA PSYCHIATRISCH ZIEKENHUIS
POORTUGAAL

E A L E A

European Association for Logotherapy and Existential Analysis

European Wide Accrediting Organisation with the
European Association for Psychotherapy
in Vienna

- Training Programs related to the European Certificate for Psychotherapy
- Professional Umbrella for national professional organisations
- Individual Membership
- Awarding Organisation for Accredited Trainers / Supervisors

secretariat: w.maas@logotherapy.nl

IT MAKES SENSE and IT IS MEANINGFUL TO BECOME A MEMBER

printed matter
DRUKWERK
Drucksache

KPN Post

Port betaald
Port payé
Pays - Bas

From / Absender/ Afzender: Nederlands Instituut voor Logotherapie, Redactie Bulletin, Molenweg 19,
3171 CM Poortugaal NL