Applied Logotherapy

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Viktor Frankl's Philosophical Psychology

By

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I dedicate this book to my parents, Val and Johnny, in gratitude and love.

‘If architects want to strengthen a decrepit arch, they increase the load that is laid upon it, for thereby the parts are joined more firmly together. So, if therapists wish to foster their patients’ mental health, they should not be afraid to increase that load through a reorientation toward the meaning of one’s life’.

‘Thus, it can be seen that mental health is based on a certain degree of tension, the tension between what one has already achieved and what one still ought to accomplish, or the gap between what one is and what one should become’.

Viktor E. Frankl

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PROLOGUE

Dr Viktor Emil Frankl (1905-1997) was a world-famous Viennese psychiatrist, philosopher, Holocaust survivor, founder of 'logotherapy and existential analysis' and author of the internationally acclaimed bestseller, *Man's Search for Meaning*, which was voted one of the ten most influential books ever written. His main emphasis is on our will-to-meaning as the basis of mental health and flourishing.

I never had the pleasure of meeting Dr Frankl, which is one of my gentle regrets in life. After my doctorate in philosophy and training in psychoanalysis I was looking for a psychology that took philosophy and spirituality seriously, one that would build on Freud without rejecting his contribution to depth-psychology, and which would be practical and open to new developments. I found such an integral model and open system's approach in the work of Viktor Frankl.

Having set up my own Institute in Ireland in 2009 and to further outreach its scope to bring Frankl's message of meaning to the English-speaking world I decided, approaching the tenth anniversary of the Institute, to offer a fully-formatted distance-learning programme in logotherapy and existential analysis, accredited through Vienna, with whom we retain close ties. Indeed, aside from presenting papers there at the International Congresses, I attended the last clinical master-class of Dr Elisabeth Lukas, Frankl's foremost living disciple, from whom I have benefitted enormously. I have also had the honour and great privilege of meeting Eleonore ('Elly') Frankl on a number of memorable occasions, as well as other members of Frankl's family, including Alex (grandson) and Franz Vesely (son-in-law). These contacts and connections have made this present work possible.

This book is a contribution to applied and clinical logotherapy and covers areas as diverse as anger and aggression, anxiety and depression, boredom and addiction, criminality and suicidality, as well as therapeutic technique. It is intended for all those interested in applying the lessons of logotherapy to their own lives in whatever capacity, be they students, psychologists, philosophers, parents, teachers, or mental health professionals.

Eleonore Frankl was described by philosopher Jacob Needleman once as the warmth that accompanied the light. I wish that you may experience both the warmth and the light of the *logos*.

FOREWORD

"Stephen wrote yet another book?" my wife asked me, with a slight tone of disbelief in her voice after I told her that I've been bestowed with the undeserved honour to write its foreword. "Yes", I replied, "and not just one book, but the book we were all waiting for" – and, indeed, it is *the* book we were all waiting for: a concise, precise and carefully argued outline of what has become internationally known as the third Viennese School of Psychotherapy, i.e., Viktor Frankl's logotherapy and existential analysis.

Here, readers who so far are only remotely familiar with logotherapy's image of man, its methods and its approach to life (in sickness and in health) will, in the following pages, find a treasure house of insights and ideas to live by (and, if active in the helping professions, work by), whereas those who are already familiar with logotherapy, yet looking for a deeper understanding and new insights will find a lot on which to ponder. And to those logotherapists who are looking for a book they can give to friends, colleagues and family members who want to know "what you are doing in logotherapy", here's the book you were looking for.

Whoever you are – someone completely new to logotherapy, or someone already familiar with it – what you are about to encounter is existential psychology at its best: realistic, insofar as it embraces life in its fullness (i.e., its brighter and its darker sides); profound, insofar as it offers no easy recipes, but invites one to a life of lived and mature responsibility; and clinically proven, insofar as logotherapy has been tested in clinical and laboratory settings in a few hundred studies (often by non-logotherapists) and found to be enormously efficient.

Against the background of these research studies which highlight and corroborate particular aspects of Frankl's logotherapy, it is perhaps important to recall at this point that Frankl did not propose a series of mutually independent psychological hypotheses and therapeutic methods, but rather formulated a highly generative overall psychological model, which forms the basis for the development of logotherapeutic methods. These methods, consequently, represent both the applied and the applicable (and empirically verifiable) side of the philosophical foundations of logotherapy, viz., of existential analysis, as described in this book.

It is often said that a philosophy is only as good as it is applicable to everyday life; and that a psychology of everyday life is only as good as the

underlying realism in its philosophical outlook on self, others, life, and the world. To cover this vast territory, one needs a good map (in this context: logotherapy), and one needs a good guide – and here, you have found it. Now let the journey begin.

Alexander Batthyány

Prof. Alexander Batthyány, PhD, holds the Viktor Frankl Chair for Philosophy and Psychology at the International Academy of Philosophy in the Principality of Liechtenstein. He lectures in cognitive science at Vienna University, and logotherapy and existential analysis at the Department of Psychiatry in the Vienna Medical School. Since 2012, he is Visiting Professor at the Moscow Institute of Psychoanalysis. He is Director of the Viktor Frankl Institute of Vienna and of the Viktor Frankl Archives as well as editor of the 14-volume edition of the *Collected Works of Viktor Frankl*. He has published several books and articles and lectures widely in the areas of philosophical and existential psychology, philosophy of mind, and cognitive science. He is consultant to the Viktor Frankl Institute of Ireland.

PART ONE:

LOGOTHERAPEUTIC TECHNIQUES

CHAPTER ONE

DEREFLECTION

Introduction

Viktor Frankl's empirical and evidence-based therapeutic techniques are revolutionary, practical, easy to implement, and have been hugely successful clinically.

Dereflection is one of three logotherapeutic techniques devised by Professor Frankl, which we will consider in this first part. It was described by him as early as 1946. It engages the human capacity for self-transcendence (the ability to go beyond ourselves). So, self-transcendence is the basis of dereflection.

Dereflection as Radical Reorientation

The human person is not a closed system but one open to the world and to meanings to fulfil. Dereflection is the attitudinal decision to turn (much like the prisoners did in Plato's Allegory of the Cave in the *Republic*) from negative or obsessive or excessive self-preoccupations, psychological conflicts, complexes and concerns, and neurotic symptoms toward positive and meaningful feelings, thoughts and actions. Plato's word is *periagoge* (the turning). Christian theology talks of a *metanoia* (conversion). Dereflection is not a denial or a distraction – it is a radical reorientation. Clinically, dereflection is employed when a problem is caused for the patient by too much reflection or thinking ('hyperreflection') or by paying too much attention to solving a problem ('hyperintention'). Dereflection puts a stop – applies the brake – to pathological hyperintention. Sometimes either paradoxical intention or dereflection can be used, for example, in a sexual neurosis where there is a fight for or fear of sexual performance. We shall draw on some concrete cases later. Suffice at this stage to give one example: a person on a plane begins to get anxious and upset. One could always engage in a 'Socratic' dialogue (more about this anon) with this person in the attempt to put their mind on positive dimensions of their holiday, for example, asking what they intend to do the minute they land

in Malaga airport, what their plans are for their holiday etc. This type of simple dereflection can provide real relief and reassurance. In the best cases of dereflection, for example, an absorbed activity of any kind (where one is said to be in in a state of 'flow'), one's entire being is engaged and taken up with something powerfully meaningful which draws the person into the activity, and they begin to forget themselves.

Frankl's Dereflection

In *Man's Search for Meaning*, Frankl gives an example of what I think we could describe as a dereflection:

> 'A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth – that love is the ultimate and the highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: *The salvation of man is though love and in love*. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring his sufferings in the right way – an honourable way – in such a position can, through loving contemplation of the image he carries of his beloved, achieve fulfilment. For the first time in my life I was able to understand the meaning of the words, "The angels are lost in perpetual contemplation of an infinite glory"' (Frankl, *Man's Search for Meaning*, pp. 30-1).

Notice in the passage above words like 'transfixed', 'grasped', 'perpetual contemplation'. This is the draw 'upwards' which engages our being on 'higher things'; the energy associated with this noetic (spiritual – in a non-religious sense) dimension of the self is altogether different from that pertaining to the somatic-psychical (the bodily instincts for example). Later Frankl says, 'My mind still clung to the image of my wife'. His inner life was being intensified and nothing could distract him. Frankl speaks of 'the contemplation of her image' and his 'mental conversation' with his wife. So, a process of visualisation and inner spiritual dialogue is occurring. A few pages later he writes this:

> 'I was again conversing silently with my wife, or perhaps I was struggling to find the *reason* for my sufferings, my slow dying. In a last violent protest against the hopelessness of imminent death, I sense my spirit piercing through the enveloping gloom. I felt it transcend that hopeless, meaningless world, and from somewhere I heard a victorious "Yes" in

> answer to my question of the existence of an ultimate purpose. At that moment a light was lit in a distant farmhouse which stood on the horizon as if painted there, in the midst of the miserable grey of a dawning morning in Bavaria. "*Et lux in tenebris lucet*" – and the light shineth in the darkness' (Frankl, *Man's Search for Meaning* p. 33).

Again, we find Frankl conversing inwardly, perhaps in prayer. The light that draws him from the mud and misery, the barbed wire and brutality of Auschwitz, is the light of the *Logos* (the meaning-dimension of life).

Iris Murdoch's Example of Dereflection

Another powerful and practical example of dereflection comes from *The Sovereignty of Good* by the Dublin-born British moral philosopher and novelist, Iris Murdoch, who writes:

> 'I am looking out of my window in an anxious and resentful state of mind, oblivious of my surroundings, brooding perhaps on some damage done to my prestige. Then suddenly I observe a hovering kestrel. In a moment everything is altered. The brooding self with its hurt vanity has disappeared. There is nothing now but kestrel. And when I return to thinking of the other matter it seems less important. And, of course, this is something which we may also do deliberately: give attention to nature in order to clear our minds of selfish care' (Murdoch, 1970, p. 84).

Let us cite another example which highlights a slightly different point: it is the famous Zen story of the two monks, which is illustrative of our attachments and detachments and the problems we have in letting go ('dis-identification').

> Two monks were making a pilgrimage to venerate the relics of a great saint. During the course of their journey they came to a river where they met a beautiful young woman – an apparently worldly creature, dressed in expensive finery and with her hair done up in the latest fashion. She was afraid of the current and afraid of ruining her lovely clothing, so she asked the brothers if they would carry her across the river.
>
> The younger and more exacting of the brothers was offended at the very idea and turned away with an attitude of disgust. The older brother didn't hesitate and quickly put the woman upon his shoulders, carried her across the river and set her down on the other side. She thanked him and went on her way, and the brother waded back through the waters.
>
> The monks resumed their walk, the older one in perfect equanimity and enjoying the beautiful countryside while the younger one grew more and more brooding and distracted, so much so that he could keep silence no longer and suddenly burst out: 'Brother, we are taught to avoid contact

> with women and there you were not just touching a woman but carrying her on your shoulders!'. The older monk looked at the younger one with a loving, pitiful smile and said: 'Brother, I set her down on the other side of the river; you are still carrying her.

The younger monk was unable to dereflect; he was tormented and preoccupied by his own ego-projections. Let us repeat: through dereflection the spiritual resources of self-transcendence are deployed. Dereflection, within the logotherapy clinic, is the therapeutic application of our will-to-meaning and this capacity of self-transcendence. A patient is 'dereflected' from his disturbances; dereflection it is intended to counter his/her compulsive inclination to self-observation (excessive self-scrutiny).

Examples from the Sexual Neuroses

If we take an example of sexual neurosis (impotence or frigidity): the sexual neurotic (unlike the obsessive-compulsive) doesn't fight *against* his obsessions or compulsions, but *for* his/her sexual pleasure. This direct intent on procuring pleasure prevents the person from finding it. Frankl is always cautioning us not to pursue happiness directly: 'The more people run after happiness, the more happiness is running away from them'. If a direct aim is strived for, to such an extent, then hyperintention can ensue. Dereflection is less specific than paradoxical intention (another logotherapeutic technique which we will meet with shortly). Dereflection always involves the refocusing of attention; it helps us break out of the cycle of unnecessary (avoidable) suffering. *Three* questions:

1. Ask (yourself or someone you're trying to help): what is the person hyperintending?
2. Then seek to direct the person's awareness towards more meaningful aspects and areas of their lives. (What interests them or excites them? What are their passions?)
3. This may be done through Socratic questioning (which we will deal with in a later section) and eliciting examples of meaningful pursuits, goals, mission or vocation.
4. A list can be generated of such meaningful activities which enrich and engage the person.

In this way the person is confronted by the *logos* of his existence; he discovers what feeds him, fulfils him, and fills him with hope and happiness, as new meanings begin to emerge or old ones from childhood, once forgotten, begin to come to the surface. So, clinically, for example,

when a person is thinking endlessly of pain or age or death they begin to focus more on their interests and aspirations instead.

In a section on sport in *The Unheard Cry for Meaning*, Frankl urges the athlete to focus away from winning the race and toward swimming his own race. 'The athlete will swim best if he attempts to *be his own best rival*' (Frankl, *The Unheard Cry for Meaning*, p. 100). Logotherapy can be a powerful coaching tool in sports psychology as much as in business consulting or therapeutic counselling. The real athlete only competes against himself.

According to Frankl, there are *three* pathogenic patterns:

1. The phobic pattern (flight from fear)
2. The obsessive-compulsive pattern (fight against obsessions and compulsions)
3. The sexual neurotic pattern (the patient is not fighting against something but for something such as sexual pleasure)

The more one aims at pleasure the more one misses it. When you make potency and orgasm the target of intention, they are also made the target of attention, so hyperintention and hyperreflection reinforce each other so that a feedback mechanism is established. To secure potency, the person pays attention only to himself – to his own performance and experience. Consequently, potency and orgasm are in fact diminished. This in turn enhances the patient's hyperintention and the vicious circle is completed and repeated. To break the circle, centrifugal forces must come into being. Instead of striving for potency and orgasm the patient should be himself and give himself. Instead of observing himself, he should forget himself. In the case of a husband who strives desperately for sexual perfection, we can say that his hyperintention causes his impotence. In such a case the logotherapist can instruct him to give his wife himself. Then her pleasure would be the consequence of his attitude and not the aim itself. In short, the fight for pleasure is self-defeating. The patient can be instructed: 'no intercourse for a period'. This instruction relieves the patient's anticipatory anxiety. The problem with hyperintention is that it imposes an imperative: *you should* – a 'demand quality'. This can be accentuated by peer pressure or by a society preoccupied with achievement. The prevailing culture of pornography, sex education, and the mass media are all hidden persuaders that foster a cultural climate of sexual expectation and demand. Dereflection removes the demand.

Frankl sometimes instructs his male patients to tell their partners that coitus is absolutely forbidden; they are therefore released and once freed it

is possible for their sexuality to be expressed again, unblocked form the demand/pressure/expectation. This 1946 technique of Frankl's has been paralleled in the 1970's by Masters' and Johnson and their research into human sexuality. Frankl gives several clinical examples concerning impotence and frigidity throughout the corpus of his writings. In all cases dereflection (a refocusing of attention) was applied with success.

'Positive' and 'Negative' Dereflection

Where paradoxical intention (PI) ridicules the problem humorously, in dereflection the problem is ignored. PI counteracts anticipatory anxiety; dereflection is intended to counteract the compulsive inclination to self-observation. So-called 'negative' dereflection is *from* anticipatory anxiety, 'positive' dereflection is *to* something else. The focus shifts. It is now *for* something. By so doing, the patient discovers the concrete meaning of his personal existence. Dereflection ushers in 'right activity', where the focus is away from the person themselves, from what Iris Murdoch calls 'the fat, lying, illusion-making, deceitful ego'. Dereflection enables one to become aware of the full spectrum of his/her existence in the world.

Insomnia

Let's give another concrete example: Insomniacs watch themselves with highly strung attention; sleeplessness is anxiously anticipated; the act of sleep is scrutinised and thereby rendered impossible. The vigorous desire for sleep is precisely the very thing that drives sleep away. Fear of some (pathological) event can, ironically, precipitate that event. In the aetiology (cause) of a neurosis one finds excess of attention and intention. With insomnia the forced intention to sleep is accompanied by the forced attention to observe whether the intention is becoming effective or not. The attention of insomniacs inhibits the sleeping process and perpetuates the waking state. The hyperintention to sleep incapacitates the patient. Sleep is like a dove which has landed in one's hand. It stays there only as long as one does not pay any attention to it. If one attempts to grab it, it flies away. So, the logotherapeutic advice is: not to try to force sleep. To draw on paradoxical intention: the patient might be instructed to punch a time clock every quarter of an hour to stay awake. If one awakes with noise in the neighbourhood and one becomes angry at one's inability to get back to sleep, Frankl advises that they imagine that they are urged to leave their beds to do something disagreeable, for example, shovelling snow or coal at five in the morning. If they yield to this fantasy, they feel so tired

that they fall back to sleep again. So, don't say, 'don't think of sleep' but rather invite the person to face into his everyday problems. Forcing the patient to direct his attention in negative terms is like saying 'don't think of a chameleon'. Now you're thinking of one! When the philosopher Kant had to discharge a servant by the name of Lampe for thieving, which really hurt Kant after having lived with him for so long, he put a large sign above his desk saying: 'Lampe must be forgotten'. Of course, this only ensured he would be thinking of him constantly. In Dostoyevsky's novel *The Double* a man is not invited to a party, so he goes along to the restaurant and walks up and down outside it 'to show with all my might that I could do without them'. Finally, there is the story of the centipede who ran very well until one day it decided to observe just how it was that he ran with all his legs. The more he became conscious of how he ran, the more difficult it was for him to function until finally all he could do was lie down in a ditch in despair. He died of hyperreflection.

Some More Clinical Examples

In *The Doctor and the Soul*, Frankl gives a number of clinical examples: Miss B compulsively observed the act of swallowing: having become uncertain she anxiously expected that the food would go down the wrong way or that she would choke. Frankl writes: 'Anticipatory anxiety and compulsive self-observation disturbed her eating to the extent that she became very thin' (Frankl, *The Doctor and the Soul*, p. 234). She was taught to trust her own organism and its automatically regulated functioning. She was therapeutically dereflected by the following formula: 'I don't need to watch my swallowing because I don't really need to swallow. In fact, I don't swallow. *It* does'. She was thus able to leave to the *it* the unconscious and unintentional act of swallowing.

A Gerhardt B who was 19 years-old suffered from a speech disturbance since he was six which began in a storm when a bolt of lightning struck near him. For eight days he couldn't speak at all. He was given psychoanalytic treatment for five months followed by four months of speech and breathing exercises. It was explained to him that he would have to give up all attempts to be a good orator; indeed, only as he resigned to being a poor speaker would he improve his speech, for then he would pay less attention to the 'how' and more to the 'what' of his speech.

A 38-year-old man came to a Dr Kaczanowski because he had stopped working eight years earlier. Each year he paid his dues to his professional organisation and so remained in good standing but for the last two years his name was not listed in the register of his profession. He lived alone and

had a modest income from his investments. For ten years he had been troubled with unexpected bouts of diarrhoea. At times he soiled his pants; this had happened twice at a dance. He now avoided company and stayed home. He was treated by two psychiatrists and had even had part of his intestine removed. He consulted with Dr Kaczanowski who told him it was as if he didn't exist anymore – not on the professional register, and worse, he had submitted to his bowels. They were his master dictating his every move. For a while the patient was suicidal, but he finally started to realise that he had potentialities, that he had freedom and was responsible, that he could rebel against the tyranny of his bowel movements. Within a year he could make decisions and go against his bowels.

As Frankl observes: '…dereflection can only be attained to the degree to which the patient's awareness is directed towards positive aspects. The patient must be dereflected *from* his disturbance *to* the task at hand or the partner involved. He must be reoriented towards his specific vocation and mission in life. In other words, he must be confronted with the *logos* of his existence! It is not the neurotic's *self-concern*, whether pity or contempt, which breaks the vicious circle: the cue to cure is *self-commitment*' (Frankl, *The Doctor and the Soul*, p. 236).

Sigmund Freud's Example of Dereflection

Once when Bruno Walter, the German conductor and composer, complained to Sigmund Freud of pains in his arms, Freud advised him to go to Sicily and visit the art treasures there. What he needed was not analysis but dereflection from his troubles (albeit with an artistic content). Similarly, with a violinist Frankl mentions in *Man's Search for Ultimate Meaning* who tried to play as consciously as possible with full self-reflection paying attention to every trifling detail which led to a complete artistic breakdown. Therapy began by eliminating this tendency to hyperreflection. Treatment was through dereflection and the patient was urged to trust in his unconscious and he began to realise how much more musical his unconscious was than his conscious. As Frankl informs us: '…this treatment oriented toward the patient's reliance on his unconscious brought about the release of the artistic "creative powers" of his unconscious. Dereflection liberated the creative process from the inhibiting effects of any unnecessary reflection' (Frankl, *The Doctor and the Soul*, p. 43).

Three Logotherapeutic Techniques

Frankl offers a sustained treatment of dereflection in his 1956 publication, *On the Theory and Therapy of Mental Disorders,* especially chapter twelve entitled 'Paradoxical Intention and Dereflection', translated into English as late as 2004. Frankl begins by reminding us that there are *three* distinctive logotherapeutic techniques:

1. Paradoxical Intention
2. Dereflection
3. Socratic Questioning (modification of attitudes)

Dereflection or Paradoxical Intention?

Dereflection mobilises and promotes self-transcendence by helping the patient practise 'self-forgetting' to allow the natural processes to produce the desired state. It should be noted that the same disorder – say insomnia or impotence – can be treated with paradoxical intention in one case and with deflection in another. The reason being is that the aetiology of one and the same disorder can be understood in different ways. For example, insomnia can be understood as resulting from a hyperintention of sleep (in which case dereflection is indicated) or from an anxious fear of sleeplessness (in which case paradoxical intention is indicated); or impotence may arise from an undue focus on getting erect rather than on the partner (calling for dereflection) or from an anxious anticipation of impotence (calling for paradoxical intention). One must understand the psychological dynamics (and not just the diagnosis) behind the disorder. Dereflection is, in short, a redirecting (*Umstellung*). Frankl notes:

> 'Self-transcendence marks the fundamental anthropological fact that human existence is always directed toward something that is not itself – toward something or someone, namely, either a meaning to be fulfilled or an interpersonal existence that it encounters. Human beings become genuinely human and are entirely themselves only when, rising in devotion to a task in service to a cause or out of love for another person, they go beyond themselves and forget themselves' (Frankl, *The Doctor and the Soul*, p. 4).

Both dereflection and paradoxical intention work very quickly without needing to identify the underlying causes of the neurotic behaviour. Even if they both constitute nonspecific therapy they attack neurosis at its root. Paradoxical intention is good for anticipatory anxiety, but compulsive self-

observation calls for dereflection. Paradoxical intention enables patients to mock their symptoms, dereflection enables them to ignore their symptoms.

Four Options

There is:

1. 'Improper passivity': running away from anxiety attacks
2. 'Improper activity': a) fighting against obsessions or compulsions; or b) forced intending of sexual pleasure with a forced reflection on the sexual act
3. 'Proper passivity': dereflection (ignoring the symptoms through a reorientation and refocusing) or paradoxical intention (a mocking or ridiculing of symptoms)
4. 'Proper activity': acting-past-the-symptoms or existing-toward-something

Frankl: 'For the symptomatology of many neuroses ultimately shows itself to be a sort of mental debris that fills a spiritual vacuum' (Frankl, *The Doctor and the Soul*, p. 209), which Frankl calls the existential vacuum – this void of inner emptiness ('ev').

Dereflection and Self-Transcendence

Analogously, the human eye sees the world only to the extent that it can't see itself. The eye sees itself only when it is ill (when it has a cataract or glaucoma). In logotherapy we counter hyperreflection with a dereflection so don't think about success or happiness or the orgasm. The less you care, the sooner it will come about by itself. Abstain, in order to obtain.

Dereflection is understood along the lines that human beings are meant to know and love things beyond themselves. Neurosis is incarceration in our 'sweaty selves' (as Gerard Manley Hopkins, SJ puts it). Dereflection brings us outward to the Other and away from our fears, anxieties, and symptoms. Dereflection works best when we discover a concrete meaning or purpose and, in this way, 'psychotherapy becomes logotherapy' (Frankl, *The Doctor and the Soul*, p. 189). Frankl observes: 'In the final analysis, dereflection means ignoring one's self. In Bernanos's *Diary of a Country Priest*, we find the beautiful expression, "It is easier that one believes to hate oneself; grace consists in forgetting the self"' (Frankl, *The Doctor and the Soul*, p. 207). Dereflection is possible only when we exist for something else (a concrete meaning). Frankl expands: 'Persons do not

exist for the sake of observing themselves and contemplating their own egos; rather, they exist in order to give themselves up, to give themselves away, to knowingly and lovingly devote themselves' (Frankl, *The Doctor and the Soul*, p. 208). All knowing and loving is directed to something outward. The essence of the person is this 'being-directed-toward' – an outward directedness. Only in so far as we are intentional (goal-directed) are we existential. Frankl calls this the 'fundamental law of human existence' (Frankl, *The Doctor and the Soul*, p. 208), one which is also therapeutically fruitful. Thus, it is that people with anxiety neurosis are drawn out of the vicious circle of their own self-encircling thoughts as we:

A. Focus on removing attention away from the symptoms
B. Focus instead on a concrete task that is personally important

It is not by allowing our thoughts to circle around our anxiety that we are free of this anxiety, but rather through a self-donating – a giving-up-of-oneself and a devoting of oneself to a worthy object. 'That is the secret of all self-formation' (Frankl, *The Doctor and the Soul*, p. 209). We are what we are through the things we give ourselves to. We may conclude this section with three relevant quotes: Max Scheler: '…only those who want to lose themselves in some … thing … will find their authentic self'. Schelling: 'the most noble activity of the human person is that activity which is not aware of itself'. Nietzsche: 'all perfect doing is precisely unconscious, and is no longer willed'.

Elisabeth Lukas, a Viennese logotherapist and close associate of Dr Frankl's, best sums up dereflection in her *Meaningful Lines*:

'A problem becomes large when you pay attention to it,
becomes heavy when you place weight on it,
becomes gigantic when your thoughts circle around it,
becomes enormous when you see it as a tragedy.
A problem becomes small when you smile about it,
becomes light when you minimize it,
becomes tiny when you ignore it,
and vanishes when you accept it'.

CHAPTER TWO

PARADOXICAL INTENTION

Introduction

'*The way of paradoxes is the way of truth*',
—Oscar Wilde.

'Paradoxical Intention' (PI) is another evidence-based, scientific technique developed by Viktor Frankl, possessing has an efficacy rate of 77.8% (indeed some clinicians have reported an 88.2% success rate) in empirical studies and has proven particularly effective in the treatment of phobias, insomnia, and Obsessive-Compulsive Disorder (OCD). It has also been used in sports psychology to train athletes. Paradoxical intention is an easy-to-understand method, can be applied by anyone without necessitating a therapist or physician with practice, and consists of a few key elements.

Paradoxical intention is the oldest of Dr Viktor Frankl's treatment techniques. Dr Lukas – a world authority on Frankl's logotherapy, likened PI to a magician's trick!, maintaining that it is, in almost every case, successful. Lukas, after almost a life-time practising PI, notes: 'With paradoxical intention there are almost always no relapses'. It is *not* a panacea – but then again nothing is in therapy.

Imagine this scenario: someone is taking a photograph of the family at Christmas. He looks through the lens of his camera or I-phone and sees non-smiling faces. He decides to say the following: 'Now whatever you do, don't smile. No, no smiling. Did I see someone smiling?' Immediately, everyone relaxes and begin to smile naturally. This is the heart of PI.

What PI is *not*. PI is nothing to do with *Magnum PI*! Anyone over 45 years of age will remember the 1980's show set in Hawaii starring Tom Selleck as a private investigator who drove a red Ferrari. However, PI was used to good effect in the *Rocky* movies, starring Sylvester Stallone, who would regularly taunt his opponents in the boxing ring with: 'is that all you got? You hit like my mother'. By so doing, he threw his opponents off and made himself more relaxed – it took the fear and sting out of the

situation. PI is a superb technique for a wide variety of neurotic conditions.

Frankl utilised paradox for the basis of his psychological technique to help people suffering from a number of symptoms ranging from stuttering and sexual dysfunctions to insomnia, phobias, anxiety and panic attacks. He speaks of 'neuroses', in other words, all those things that are not physiological/biological. They have their origin (*genesis*) in our minds (*psyches*). So, the first port of call is to rule out any underlying medical condition. Only when we rule out the organic (as a cause) can we rule in the psychological. So, always get checked out medically first.

The Human Person According to Logotherapy

Before detailing the dynamics of paradoxical intention, we need to understand how Frankl construes the human person. For Frankl, the person is a unity in diversity. He or she is layered; there are *three* such levels to our humanity: *soma* (body), *psyche* (soul: mind/feelings), and *noös* (spirit – in the non-religious sense). The 'body' (and brain) is our biology consisting of organic cell processes, physiological body functions and chemical processes. The 'mind' is our psychological dimension consisting of emotional (character disposition) and cognitive (intellectual abilities) processes. The noetic dimension is where we can take a stance towards our conditioned situation (free will, humour, creativity, religiosity, conscience, values, will to meaning, love). The core of personhood is the noetic dimension. Every human being strives to answer to his personal calling and vocation in the singular situation. Recognising and realising meaning enables the human being to free himself (sufficiently so) from his psychophysical facticity (organism). *Psyche* and *soma* form a unity (psychosomatic) but the integration of the noetic leads to *wholeness*. Paracelsus, the philosopher-physician, once said that our illnesses come from nature, but the cure comes only from the spirit. The key to mental health is meaning and meeting our multidimensional needs as human persons. We need to look after our bodies through sleep, exercise and nutrition, our psyches in terms of keeping up some intellectual interests and staying emotionally self-regulated, and our spirits in terms of mindfulness practice or prayer, accessing nature, culture, and art, living a life of meaning and purpose, and obeying the call of conscience, as well as loving. Daily disciplines soon become habits of the heart.

Disidentification

At the outset you need to know that *you need not be identified with the feelings dominating you at the present moment*. You are NOT your fears or your anxieties, or your depressions. They are things that you *have* (or have you) but they are not who *you are*. It's the difference between *having* and *being*. You can choose your ATTITUDE towards those feelings; you can even defy them by what Frankl calls 'the defiant power of the human spirit'. You can't choose your emotions (what you're feeling) but you can control and change them by your will. PI is applied in this area of freedom. The first few times using PI patients can be sceptical or hesitant or unsure or they can feel insecure and perhaps not even believe in the technique. Trust must be established, and the technique explained and practised. Before we do this let me run you through a short exercise taken from Assagioli's school of psychosynthesis to help with *self-detachment* so crucial for the effective workings of PI. It is an exercise in what he calls 'dis-identification' whereby we distinguish the 'I' (you) from its contents of consciousness, such as sensations, emotions, desires, thoughts (what you're feeling, thinking etc).

Exercise

Please find a comfortable chair. Close your eyes, relax and enter into yourself. Sink into silence. Take a few deep breaths. Become still and quiet. Affirm to yourself:

'I *have* a body, but *I am not* my body'. I am not my body in the sense that *I am more than just my body*. My body may find itself in different conditions of health or sickness. It may be rested or tired, but it has nothing to do with who I really am – with my real self, my 'I'. My body is my instrument of experience and of expression, but it is *only* an instrument. I treat it well, keep it in good health but it is *not* myself. I *have* a body, but *I am not* my body'.

'I *have* emotions, but *I am not* my emotions. My emotions are countless, changeable, contradictory, and yet I know that I always remain I, *my-self* in times of hope or despair, joy or sorrow, irritation or calm. Since I can observe my emotions and increasingly dominate and direct them it is evident that *they are not myself*. If I 'see' them, so to speak, I can't be them. I *have* emotions, but *I am not* my emotions'.

'I *have* desires, but *I am not* my desires, aroused by the drives (physical or emotional), and by outer influences. Desires too are

changeable and contradictory, with alternations of attraction and repulsion. I *have* desires, but they *are not* myself'.

'I *have* an intellect, but *I am not* my intellect. My intellect is developed and active; it is undisciplined but teachable; it is an organ of knowledge in regard to the inner and outer world, but *it is not myself*. I *have* an intellect, but *I am not* my intellect'.

'So, who am I? *I recognise and affirm that I am a Centre of pure self-consciousness*, and of Will, capable of mastering, directing, and using all my psychological processes and my physical body'.

W.B. Yeats penned a poem which runs thus: 'Things fall apart; the centre cannot hold. Mere anarchy is loosed upon the world' ('The Second Coming'). But the Centre – your core – must hold. For we are One while yet being Many.

Paradoxical Intention and Self-Detachment

Paradoxical Intention makes use of this ability to dis-identify, to self-distance. It draws on the specifically *human* capacity for self-detachment. Because in the noetic dimension we are free to take a stand towards our condition, we can rise above the plane of somatic and psychic determinants of behaviour – a new dimension opens up. This is where healing resides. When we detach from ourselves, we leave the plane of the purely biological and psychological and pass into the space of the noölogical (this specifically human dimension of humour, conscience, love and the like, not accessible to the non-human animal). So, self-distancing is used in paradoxical intention where we can take a free stand, involving humour, to mock our symptoms, and gain distance from them. Because, as we said, *we are not our symptoms*. There are symptoms (which we *have*) and there is the self (which we *are*). The ability to self-detach is an essential feature of being human – it is an ability in *every* human being. Frankl writes: 'With paradoxical intention one enters the noetic dimension as the characteristic and constitutive dimension of human existence' (Frankl, *Psychotherapy and Existentialism*, p. 153).

Paradoxical Intention was practised by Frankl in 1929; it was described by Frankl in 1939; it became a methodology in 1953; and incorporated into logotherapy in 1956. Examples and case-histories given in the logo-literature include: stuttering, sexual dysfunctions, sleeplessness, sweating, tremors, twitches, blushing, claustrophobia, washing compulsions, etc. To understand the effects of PI one must understand the phenomenon of *anticipatory anxiety*, the mechanisms of which are:

1. Something disagreeable happens in a certain situation
2. It upsets you
3. You develop an *anticipatory* anxiety that it might happen to you again
4. This anxiety causes you to think about it excessively and makes you insecure, expecting things to repeat.

This, of course, makes recurrence likely. *Fear brings about what is feared*. And one gets anxious about being anxious. In short, fear causes anticipatory anxiety and anticipatory anxiety causes the fear. So, we need to explore, briefly, the subject of anxiety, as well as fear, since these affects are precisely what PI tries to help with.

Analysis of Anxiety

Anxiety can manifest itself as nervousness, dry throat, shaky hands, unsteady voice, perspiring forehead, butterflies in the stomach, and a whole host of physical concomitants and complaints. Some people get anxious thinking of doing an exam, or having to make a speech, or going to the doctor or dentist. Even mental or metaphysical anxiety about the emptiness or absurdity of life, of the 'unbearable lightness of being', possesses a physical as much as a psychical component. These two aspects (body and mind) are intertwined.

Anxiety is more than a mere nervous reaction to an unexpected or dangerous event which fills us with fear and dread, however. It's a broad term employed to describe anything from panic attacks to post-traumatic stress disorder. Statistics available from the National Institutes of Health suggest that almost 40 million American adults, that is about 18% of the population in the United States, suffer from 'anxiety disorder'. Such sufferers are usually put on anti-anxiety medications or anti-depressants or beta-blockers such as Xanax or Prozac. Still others engage in the 'talking cure' of therapy.

Aristotle recognised that any given emotional state is the result of *three* factors: the *underlying psychological condition*, the *events that precipitated* or provoked the emotion, and the *intentional object* of the emotion (what it's directed at). If we take the example of anger, Aristotle will say what *state* people are in when they are angry, with what *people* they are accustomed to be angry at, and in what *circumstances*. So, try to apply this philosophical schema to your own life. Try, in other words, to figure out: 1. What's the psychologically process that is happening to you;

2. What were the events that triggered this condition; and 3. Who or what are you directing your anger/fear at?

Anxiety wasn't really written about until the nineteenth-century, beginning with the work of the Danish father of modern existentialism. In *The Concept of Anxiety* (1839) Soren Kierkegaard wrote: 'All existence, from the smallest fly to the mysteries of the Incarnation, makes me anxious'. And, again: 'Deep within every human being there still lives the anxiety over the possibility of being alone in the world, forgotten by God, overlooked by the million and millions in this enormous household'. This kind of ontological anxiety is part of the makeup of human beings – we're stuck with it. As Samuel Beckett said: 'you're on earth, you're on earth; there's no cure for that'. *Anxiety is directed towards the future* and is an element in the constitution of every human being.

Paul Tillich, the Protestant theologian, shows some parallels with Kierkegaard in his concept of anxiety, when he describes it as 'finitude in awareness'. We're aware we have come into existence and we will pass out of existence. Anxiety is ontological (it affects us in our very being) rather than merely psychological. Anxiety relates to our fundamental finitude (the fact of our mortality). Freedom and the possibilities that freedom brings produces anxiety.

Anxiety comes into the world with the asphyxia of birth. Anxiety is always present, though it may be latent. Kierkegaard describes his anxiousness as 'the eternal night brooding within me'. Anxiety is a mood of our being-in-the-world. Anxiety is the dizziness of freedom; it reveals 'the nothing' to us, and dwells in the heart of all of us. If lack creates desire, the lack of a lack (too much presence) causes anxiety.

Anxiety is free-floating – diffusive, less concrete than fear. Unlike fear, it lacks an object. It's indefinite. Fear, in contrast to anxiety, has an object, latches on to something specific. Let's bring out the differences by examining fear next before seeing exactly how PI works with both fear and anxiety.

Facing Fears

Usually with our emotions, we engage in fight-flight, or freeze. Thus, these *three* main reactions of fight (anger), flight (avoidance) or freeze (paralysis). Beyond this pattern is another 'f', and that is *facing* into our fears and anxieties. Philip Larkin, the poet, sums up human existence thus: 'Life is first boredom, then fear'. Over the centuries, fear hasn't received as much philosophical attention as anxiety. But the fear-factor, arguably, is ubiquitous especially in an age of global terrorism. Fear underlies our