

Case #20:

A young woman sought help with these desperate words: "Nobody wants me. I don't want to live any more!" The reason: Her face was cruelly marred by a car accident, and her husband left her.

We struggled for a long time to find a new attitude that would enable her to want to go on living. The first smile crossed her lips, the beginning of a new hope, when I offered her the following consideration: "Maybe the blow of fate that made you lose your outer beauty has also given you a precise measuring instrument. Whenever you meet new people you can test them to see if they have the character to become genuine friends, or if they only go by superficial things and appearances. You have something like a Geiger counter that can help you spot, not valuable metals, but valuable people. Your husband has not passed the test. Your outer defect was not at fault. His inner defect which you could not see so clearly without your misfortune was at fault. If you will be looking for a new partner and will have to wait longer than others, your time will not be wasted with false friendships. Others don't have such an instrument that tells them if they are appreciated for their own sake. You will be able to recognize true friendship from people who really like you and will not exclude you because of your looks but who admire you for your courage. There may not be too many genuinely valuable people around but their number would not be larger if you had the looks of a movie star—only they would then fool you. Your suffering has given you the means to distinguish human chaff from human wheat, and that can be more desirable than the most handsome face which will fade with age."

The smile that came over her deformed features was the first sign of a new courage to live. From that moment on she slowly improved, and a few months later she again dared to go on hikes with friends and seek their company as other young people do.

The logotherapeutic modification of attitudes differs from most patient-centered psychotechniques in which the therapist remains relatively passive and, by quiet listening, understanding, or mirroring, creates situations that will encourage the clients to reveal themselves. The logotherapist actively participates in the dialogue and even offers healthy opposition where necessary. She will say "no" to the oppressive compulsive: "No, you will not do what you

are afraid of, your very fear guarantees that." She will say "no" to the depressed patient: "No, it is not true that your life has no meaning, and I'll help you find it." An expression of understanding or a mirroring may enmesh the client into his problem more deeply. If a client states that he no longer enjoys his life, a logotherapist will not say: "I understand that very well after all you have gone through" (understanding), or "You mean you don't want to go on living, you want to die?" (mirroring), but she will say: "And what about the tasks, out there in life, that are still waiting for you?"

Logotherapy is education to responsibility not only for the patient but also for the therapist. It is the responsibility of the therapist to pull the patients out from their existential vacuum and point toward a meaningful existence. It is her responsibility to say "no" to patients who feel dependent on unfortunate determinants which hinder their personal development. A physician too has the responsibility to say "no" to a fatty diet if his patient suffers from a gall ailment. It is not sufficient to ask him: "So you like to eat fatty food?"

NAIVE QUESTION ASKING

There is, however, an exception to this rule of using the logotherapeutic dialogue as a challenge to the client. Some clients come to the therapist not primarily to seek counseling but to unburden themselves of their worries and to find validation. If the therapist does not provide this validation, or is not ready to listen quietly, the clients may become aggressive and oppose whatever the therapist suggests. Cooperation between therapist and patient then becomes even more difficult. For such cases I have developed the "naive questioning" technique. Here the clients' rebellious attitude toward all advice is used by seemingly supporting their negative and unhealthy ideas and then challenging them to rebel against their own attitudes. This method often leads to an "aha" experience and a turnabout in their point of view. With more sophisticated clients one can lay it on a little thick to make them see that unhealthy attitudes often appear ridiculous. They will get the point and move away from their own negative, now slightly exaggerated attitudes. Other more simple-minded clients, like the mother in the case below, don't even notice what the therapist is

best for him. I'm all mixed up now. Is it possible that Roland has been unhappy all along? That he'll be happy only after he's moved away from me? (sobbing) Oh God, oh God!

L: Lots of young women make the same mistakes their parents did. They have no example to follow except the example of their parents, and the pattern is passed on from generation to generation. If you put Roland under such pressure, with no opportunity for him to think for himself, he may do the same with his children, and this will go on and on. Someone, at some point, must break the chain. I really think you can do it. With a little help from us here and with all the love you feel for your son, you could become a first-rate mother so that Roland later will say: My happiest time was my childhood at home. My father was gone, but my mother—she was my best companion!

M: I'd like that, Frau Doktor, yes, I'd like that very much. Please help me!

After this change of attitude, the mother was open to a therapy program of encouragement and reinforcement, and we acted out the homework situation in psychodrama. Roland's ability to concentrate improved considerably and the repressed boy became a lively youngster.

The naive questioning technique differs radically from the discussion techniques of other therapies. In the above example, the question "That must have been very pleasant for you" was the starting point. Rogers' nondirective therapy would have worded the question: "Your mother really put a lot of pressure on you" (mirroring). Psychoanalysis would have gone into childhood memories (perhaps Oedipus complex). Behavior therapy would have blocked out the past, drawn a base line, agreed on a therapy goal, and suggested a step-by-step procedure, starting out with the assumption that present demands were too heavy. Although this was true in Marie's case, it would not have worked without the logotherapeutic approach which helped Marie change her attitude. Once that had occurred, a form of behavior therapy could be launched, but first her confidence in Roland's abilities, the acceptance of his weaknesses, and her trust in his future development had to be strengthened. The statement, "that must have been very pleasant for you" was an appeal to the defiant power of her human spirit to take a stand and make a decision on her own.

In psychiatric practice it often becomes evident that deep behind the problems stated by the clients lies an unhealthy attitude. Their problems can be reduced or at least made bearable if their attitude is modified to one that is positive, psychohygienically healthy, and oriented toward goals and meanings.

A modification of attitudes is especially useful for mothers whose children have grown up and become independent, whose husbands are still working, and who themselves have been busy caring for the family. They may succumb to depressions which cannot be explained simply by the menopause. Behind their depression lie the anxious questions: "What am I still good for? Who needs me? What shall I do with my life? What meaning does my life now have?"

Many women and mothers who ask themselves these questions are able to fill their lives with a meaningful content, except those who have already found a negative answer. They no longer ask: "What is my life still good for?" but declare: "My life is no longer good for anything." Such an unhealthy attitude triggers a depression whose roots are found in an existential frustration. Therapy must start by restoring their capacity to again ask the question, to give up their negative fixed answer. They must be led back to the search for meaning that had existed before they found the life content now lost. Only when they raise the old question again can they find new answers. The therapist can help them in their search.

To Case #19

The 55-year-old woman whose birthday crisis I discussed before suffered from an endogenous depression which came in a cycle of about every two years. After her children had left home she was in danger of developing a noogenic depression in interim periods. To prevent this, it was necessary to expand her horizon of interests. I began by asking her what she had been doing with her life. She talked in great detail about her work in a home with a husband and four children, especially during and after the war when her means were extremely limited. She had sewn all the clothing herself, mostly by hand, she had knitted sweaters sold in stores to stretch her limited household budget, and had made all the children's toys

with her own hands. I asked her if she had not wanted to do other things, beyond the chores of everyday life. "Oh yes," she replied. "I've always wanted to do *petit-point* for wall pictures, but the material was too expensive, and they didn't have such good instructions as they have today."

I asked her about her other dreams. What had she wanted to do but had never had the time? "Well," she said, "I'd have liked to do embroidering. But the material was so tough, it was hard to work with. There were many things I had no time for—stamps, for instance. My father left me a whole boxful. I never had time to sort them . . . I've always wanted to have pen pals in foreign countries but I can't speak any foreign language. I'd have gotten letters with stamps from India, maybe Australia . . . I like to work with details, looking at stamps with a magnifying glass, embroidery, also working with wax—but life passed me by so fast . . ." "Life has *not* passed you," I reminded her. "It is just different now. You didn't have the time to do all the things you wanted to do but you can do them now, as a reward for the years of labor. Now is your chance—don't miss it. Life is giving you a gift—accept it. You never thought of yourself, you were always there for your family. Now think of yourself, even if you're not used to it. Why shouldn't you do *petit-point* for wall pictures? You have the time, and instructions and excellent materials are available. And why shouldn't you sort your stamps and perhaps swap with other collectors? There are people in many countries who want pen pals to practice their German. You can now reshape your life according to what it offers now! Things have changed. You no longer need to sew clothes from rough materials. But that doesn't mean you are useless. You can buy yourself ready-made clothes of soft and beautiful materials. And instead of telling yourself you are no longer needed to work all day in your home, you can tell yourself: "I can finally do all those things for which I never had time!"

The woman had never viewed her present life from this angle. She decided to make a small *petit-point* picture for each of her children, and also one, in memory of her dead daughter—a mountain motif her daughter had loved. She decided to keep this picture and hang it in her living room. The eagerness with which she went to work helped her over many hours of depression. By restoring

her capacity to search for meaning she realized the opportunities that lay dormant in her "empty" life.

This is the fourth step of logotherapeutic intervention: the expansion of meaning possibilities. Once the identification of the clients with their symptoms is loosened by self-distancing (Step 1) and new, positive attitudes to an unchangeable situation are found (Step 2), the symptoms become at least bearable (Step 3) and new and positive factors that can fill the present life situation can be recognized (Step 4).

The therapist will do well to follow this sequence: First, modify attitudes toward symptoms, then work on attitudes toward negative factors, and finally on those toward positive factors. As long as clients are in the grip of their symptoms they will hardly be able to endure negative factors; as long as they have not attained a healthy attitude toward the negative content of their lives they will not be able to search for the positive. These steps gradually lead the clients away from their egocentricity and strengthen their capacity for self-transcendence: the symptoms are most closely linked with the ego and negative factors weigh people down more than positive factors can please them. When the clients become aware of the positive, they can forget their ego, and they become psychologically healthy.

The Viennese philosopher Leo Gabriel once said, "The animal is the world, the human being *has* the world." To "have" the world means not to be its victim, but to be able to take a stand toward it. This is a specifically human capacity, not found in the dimension of body and psyche which we share with other animals. It is the expression of the human spirit and must not be neglected in psychotherapy.