

## READING 4

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## Logotherapy's Place in Psychology

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Every form of psychotherapy requires some notion of the normal personality and its organization. Only when we know something about the normal functioning person can we dare to diagnose any malfunctioning or devise techniques of correction. Hence, all types of psychotherapy had to work out a theory of the "normal" personality.

Freud, the first genuine psychotherapist—the first therapist who tried to analyze and change psychological functioning—found himself constrained to construct a coherent theory of psychosexual development which in turn forced him to develop a theory of personality. Every psychotherapist after him has been forced to do the same. It may be unfortunate that most early personality theories came from clinical psychiatrists and therefore were based on abnormal development or abnormal functioning. But the psychiatrists did generate a number of personality theories. Without them, academic psychologists might have preferred to research discrete little areas and leave personality theory in limbo.

Eventually some academic psychologists, too, turned to the clinic and the marketplace and developed a number of psychotherapeutic techniques rooted in academic psychology rather than psychiatry. These personality theories had the advantage of being based on

normal development, because psychologists rarely deal with severe neurotics, let alone with psychotics.

Finally, the abundance of personality theories stemming from clinical efforts, whether in psychiatry or psychology, gave rise to a few theories that came from the scientific rather than the clinical side. Most of these theories paid scant attention to the abnormal personality, and still less to possible techniques of correcting such abnormality. For this reason, our effort to set logotherapy in its historical context starts by discussing its place among the psychotherapies and personality theories of Freud, Adler, and Jung before showing its relation to some of the more academically oriented theories.

### Personality Theories by Psychiatrists

*Sigmund Freud* saw man's life essentially as one of conflict and difficulty—conflict even in his own house, between his reality-oriented ego, his power-generating id, and his internal controls embodied in his superego. The simile of a rider (ego) on an untamed horse (id) bedeviled by a monkey on the rider's back (superego) illustrates Everyman's troubles.

For Freud, the Oedipus complex is the divide between normal and abnormal development. If this complex is properly resolved, the personality will develop normally. If not, various types of abnormality are bound to develop. To correct these, the patient has to be brought back to the critical period in his childhood and so be enabled to make a correct turn this time. Freud's method of therapy was "free association," an attempt to enable the patient to abandon his usual way of looking at things, to inhibit the working of normal defense mechanisms, and so lead him back to childhood traumata. Analytic therapy rests on the notion that such free association, when interpreted according to psychoanalytic principles, will bring insight: once the patient achieves insight into his past emotional reactions and sees how his unconscious past has lived on in his present symptoms, the neurotic structure will begin to crumble. Lying on the analytic couch, with the therapist behind him, the patient can let his mind range freely—in theory. In practice, he might not say anything for days, either because he "can't think of anything" or because he falls

asleep. And when such resistance is surmounted and the patient acquires some insight, he does not necessarily want to do anything about it. In the end, Freud postulated that the patient must identify with his therapist, the new father figure, and so be *motivated* to act like him, that is, be motivated to get well.

Therapy on these principles was a long process with uncertain outcome. Later analysts looked for ways to shorten the therapeutic process. This had to be done at the expense of the free-association method.

*Alfred Adler* was one of the first to forsake the method of free association. He saw man as a creature confronting hostile nature with insufficient equipment; man is biologically inferior to many animals who have stronger natural weapons; he is also inferior in relation to parents and older siblings who have to care for him; and finally, his organs and organ systems are developed unequally, so that one or the other of them is bound to be defective or at least inferior. Accordingly, the child strives to overcome feelings of inferiority and in so doing often overcompensates and tries to get the better of all his rivals. The striving for power is the psychological reaction to a feeling of inferiority and provides the motive for human development. Unless a "feeling of fellowship" (*Gemeinschaftsgefühl*) keeps the inferiority in check, it can also lead to aggression.

To correct such maldevelopment, Adler insists that the power conflict must first be fought out between patient and therapist. While in Freudian psychoanalysis the patient identifies with the therapist, in Adlerian therapy the patient sees the therapist at first as an antagonist whom he has to defeat; in the end, he has to make peace with the therapist as a friend. The weapon in this fight is a simple talking over of the patient's conflicts. There is no free association, nor can there be because the patient starts with the present situation rather than with his childhood.

Both Freud and Adler saw psychotherapy as an attempt to correct faulty emotional attitudes. For Freud, the failure of the little boy to identify with his father and so resolve the Oedipus complex will result in abnormal development, anxiety, and neurosis. The identification with the therapist (i.e., an emotional attachment) will motivate the patient to embark on the course of action his insights have shown him to be desirable. For Adler, on the other hand, the way in which a

person handles his threefold inferiority is decisive for his further development; if he overcomes his inferiority feeling so that his will to power does not defeat his feeling of fellowship, he has a chance of becoming an effective personality and avoiding neurosis. If he needs therapy, he must come to terms with his desire to defeat the analyst and his antagonism toward him: again, it is a therapy of the emotions.

*C. G. Jung's* theory of personality and his technique of therapy do not fit into the patterns of Freud and Adler. For Jung, the goal of life is to resolve archetypal projections and attain to the larger self. The projections of the archetype upon father and mother, lover and political leader, contain the emotional power that can subjugate the individual; and his emotions make it difficult to resolve the projection and see parents, friends, and leaders in their true light. In therapy, the patient, through the use of his imagination, is able to objectify these figures and so normalize his attitudes toward them. The therapist is not a loved or hated father figure, but a fellow explorer who helps the patient find his way through the labyrinth of conscious and unconscious images.

Even the choice of goal is determined for a person by his emotions, according to various depth psychologies. For Freud, emotions account for many so-called "rational" decisions; the way a person resolves his Oedipus complex may determine his choice of vocation, his philosophy, and his religious faith. For Adler, such matters are determined not by psychosexual development and the accompanying emotional desires, but by a person's reaction to people and their views that seem to coerce or attack him. Jung again is in a category of his own: emotions make it difficult to attain to the larger self, but they do not determine the kind of selfhood a person will achieve. For Jung, the larger self is the destiny of every human being, and each individual has an unconscious drive toward it. But he can balk, let himself be dragged along, or go willingly.

*Viktor Frankl* contends that it is not enough to treat only emotions. Emotions are important, but there is more to human life; the human spirit has its own laws, which have little to do with emotions. Man must discover the meaning of his life and then try to fulfill it. A person with an inadequate philosophy of life will never discover that his life has meaning and will become frustrated in a much deeper

sense than can be found in any emotional frustration. This emphasis on the meaning of life which every individual has to discover for himself distinguishes Frankl's personality theory from Jung's. For Jung, the individual psyche is only part of the collective psyche. What one man accomplishes is only the realization of the archetypal possibilities inherent in the species. Jung calls the progress toward the larger self "individuation," but in his system each individual is no more than a lone peak in a majestic mountain range. Frankl treats the human being as an individual who has to discover the unique meaning of his life and face his personal responsibility in living it—he is a free-standing mountain peak.

Both Jung and Frankl include in their system religious factors in addition to physiological, psychological, and social ones. But they differ considerably in their understanding of the religious side of human life. For Jung, religion is the symbolic expression of archetypal verities. Good and evil, gods and demons, are projections of the unconscious. As archetypes, they are real because all reality is psychic reality. In Jung's system, material reality itself is only an expression or, better, a condensation of psychic reality. It has developed from psychic reality in the same way as the individual psyche has developed from the collective psyche. Jung's philosophy is a panpsychism in which psychic reality is the only reality and has given birth to everything else, living and non-living. In "individuation," each person attains his larger self, a self of godlike stature. In this achievement, the collective psyche has reached its highest development and has become conscious of itself. Indeed, the larger self is the only god there is, the resolution of the last projection, the means by which a human being becomes what he previously had projected outside, the final power over his own life.

For Frankl, this solution represents mere psychologism, where all questions are answered on the dimension of psychology. Indeed, it may be asked: if every archetype has its counterpart in the real world (the mother, the father, the sage, the hero, the king), why not the god archetype? If every other archetype has to be resolved by taking back its projection without usurping its power and so inflating one's personality, why not the god archetype? To insist that the larger self is the only god means the same inflation of the personality by usurping an alien power, but this time on a cosmic scale.

For Frankl, the question why the divine has been worshipped everywhere all through time cannot be answered by resorting to a collective psyche that goes on producing the same god archetypes. Such an answer is an evasion, a refusal to face the possibility that there is a divine reality beyond all psychic reality, a divine reality that can be experienced by human beings. Indeed, Frankl would say that an individual's life has meaning only with reference to a god who is not bound by space or time, who is the ground and anchor for the human spirit.

At the same time, Frankl refuses to make all therapy a noötherapy in which all conflicts are seen as religious or philosophical difficulties. Among academic psychologists, O. H. Mowrer is close to such a solution. He insists that neurosis is sin, a transgression of moral laws. With this notion he brings back views held through centuries in which man was considered absolutely responsible for his actions, with no allowance for illness or other afflictions which may diminish his responsibility. Frankl admits that many neuroses do stem from emotional conflicts; and both psychoses and neuroses may be the result of organic causes. There are other neuroses that are produced by a relentless conflict of conscience, never acknowledged and thus inaccessible to resolution.

For Frankl, every life has a meaning. Life is a task that is given and has to be carried out. Its meaning is to be found in objective values. These values exist but have to be discovered anew by everyone. Every goal implies a value. Some values must be realized in deliberate action, as creative values that depend on the manner of acting rather than the significance of each action: man must act responsibly, his action must be a commitment. There are also experiential values (realized in the enjoyment of a painting or a symphony, the beauty of nature, the warmth of love). Even when it is impossible to realize either experiential or creative values, as, for instance, during periods of illness, deprivation, mental or physical suffering, or in the face of death, the human being can realize an objective value in the degree of courage and steadfastness with which he meets such catastrophes. It is God, as it were, who is the guarantor of these values, the silent witness when no one seems to know or care. It is God to whom man is responsible for his actions and his life.

Logotherapy is not a therapeutic technique in the usual sense. It considers any approach that becomes a mere technique as

depreciating the human being and as reducing him to a "psychic apparatus." Nevertheless, logotherapy does use an approach, paradoxical intention, to put distance between the person and his emotions. As discussed elsewhere in this volume when emotions tend to overwhelm a patient, he can master them by challenging them to do their worst rather than by fighting them.

### Psychological Theories and Therapies

So far, few of Frankl's views have been accepted by academic psychology. Nor have Adler and Jung been fully acknowledged. It seems that until the most recent past only Freud's views penetrated into this country.

Henry Murray, in a review of a book that he characterized as "another volume of Freudolatry," remarked that many deficiencies could be found in Freud's theory of personality, but, Murray said, his technique is the only one we have, so we have to use it—just like the gambler sitting in on a rigged-deck poker game, who said, "what can I do, it's the only game in town." Psychoanalytic notions have diffused through psychological thinking to the point where they almost monopolize it. This is especially true for psychotherapy which owes practically its entire form to Freud. And it was Freud who first advanced the notion that the affective side of life ("instinct and its affect charge") is the most important. He acknowledged that mankind has intelligence and reason, but neither of these lead to neurosis. Legend has it that he once remarked: "Mankind has always known it has a spirit; my task is to teach men that they have instincts, too."

Hence, in Freud's generation and the two following, psychotherapists took it for granted that therapy concerns itself only with the affective life, feelings and emotions. This was true even of those theorists and therapists who opposed Freud's theories and abandoned his technique. Psychoanalysis had shown itself to be a therapy requiring years rather than months or weeks. Thus many attempts were made to find shortcuts but none proved effective.

During this period also, there was a movement among analysts toward an ego psychology, away from id processes and explanations. Though in this movement the urge toward psychosexual development was still anchored in the libido, more autonomy and control was

attributed to the ego. But in the end, insight into repressed emotional traumata was still the reason for change; the "cure," spontaneous upon insight, was derived from psychoanalytical interpretations and identification with the therapist. Too often, insight occurred but no change, or insight was long delayed by resistance; and the therapist found himself torn between his theoretical convictions that urged him to wait on the patient, and his conscience as a therapist that made him want to hasten insight or change. Many therapists eventually did decide to take a more active part in the treatment.

Therapists, including psychoanalysts, always claimed that the patient, not the therapist, worked the cure. But the patient was still *patients* and patiently had to "undergo" treatment. Even if the analyst did not play an active role, he did give interpretations of free associations and dreams, and these could not help but shape the patient's insight.

*Carl Rogers* became dissatisfied with what was to be called "directive" therapy. Not a physician but a counselor, he did not have the attitude of the medical profession toward management of faulty functioning. More importantly, he came to see that advice and explanation were of little help in the troubles and difficulties people brought to him. Rather, what they needed was to take their feelings seriously, recognize them, acknowledge them, and have them taken seriously by the therapist. What troubled people need, he suggests, is to be accepted by the therapist and have his warm support. In an atmosphere of "unconditional positive regard" the client's (not patient's) confrontation with his problems will lead to their solution without active manipulation or explanation by the therapist.

Despite his break with the psychoanalytic tradition, Rogers also sees man's main task as coming to terms with his feelings and emotions. It is only Rogers' technique that differs from Freud's. Instead of using free association, the therapist acts as a mirror reflecting the client's feelings. But whether memory brings up traumatic situations and so confronts a person with his emotions, or whether he recognizes them in the counselor's factual reflections, it is still the client's feelings that are in the center of the counseling situation. By implication, if not by assertion, the client is led to believe that his feelings are the only things that matter, the only things that have to be changed. By concentrating on feelings alone, however, Rogers

leaves out an important dimension. His clients may be more at home with themselves after nondirective therapy, but they never have a chance to face questions of deep human concern such as the meaning of life. A psychotherapist is not a spiritual counselor; but if such questions are of concern to the client, they deserve better than a bland reflection of his feelings about them. Curiously enough, it is Frankl, the medical man, who realizes the importance of the spiritual dimension, while Rogers, the former ministerial student, does not.

Nondirective therapy, as it came to be called, has had considerable success. As with most other therapies, there is no way to prove that it is the nondirective technique and not the skill of the therapist, or the client's willingness to change, that is at the root of such success. Despite the large following Rogers has gained, however, an unresolved doubt has remained. Does the therapist have the right to strict noninterference if the client decides on a course of action that is harmful to himself or somebody else? To warn or dissuade him, or otherwise prevent him from carrying out his intention may go counter to the principle of nondirective therapy. But not to keep him from harm would go counter to the over-all purpose of therapy—namely, restoration of health and happiness.

Rogers had his private doubts, too. He found it difficult to reconcile his life as a therapist with that of a scientist. What he found apt and effective as a therapist, he could not integrate with his explorations in science. When applied to his counseling procedure, his scientific method could not reach or measure the process of change (4).

*Abraham Maslow* faced the same problem in his psychological investigations. Although not a therapist, he was interested in personality, normal and disturbed, high-achieving and low-achieving, growing and stagnant. He urged other research workers to choose a significant problem and then devise methods of investigating and solving it, rather than choosing a method of inquiry and then looking around for a problem to which it could be applied (1). His own procedure followed his counsel. He turned away from the easy problems that had ready-made methods of approach and chose instead the significant human problems that could be approached only with less than scientific rigor. His concern with "self-actualization" and "human potential" gave rise to humanistic psychology, and gave theoretical support to the tremendous growth of training laboratories, encounter

groups, and Esalen-type workshops. It also is sparking the beginning of a new look in psychotherapy.

Maslow's training in psychoanalytic theory biased him in the direction of instincts, or, as he put it, "needs." These needs he considered hierarchical: a higher need will not arise unless the more primitive needs are largely met. But given the ordered satisfaction of needs, the human being has the capacity for actualizing himself to the extent of his intelligence and his opportunities. What is distinctive in Maslow's approach is that he studied human qualities in normal people functioning at their best. For him, the norm of humanity is the healthy personality functioning harmoniously, smoothly, easily; the person who has growth (or being) needs—B-needs—as well as deficiency needs—D-needs—and who has "peak experiences" that give him ecstasy and illumination.

One problem in Maslow's personality theory is that it is essentially based on deficiency motivation. True, he claims that there is a switch from deficiency to growth motivation (self-actualization), once physiological, safety, love, and esteem needs are met. Actually, it could be said that there has been growth all along. The organism is growing, it has no "need" to grow. And because of this growth, the organism requires more food in childhood than when fully grown.

Psychologically speaking, the child reaches out lovingly, but he also has to have his love returned. This is not the filling of a deficiency; it is a mutual giving of love. If he cannot love or is not loved, his growth will be stunted. The child explores the world; but to do so, he needs a measure of safety and peace. The adult is active in his work and establishes a family, but he also needs the respect of others who let him keep what he has acquired. The self-actualizer is active on a higher level, but even he needs love. A need theory stresses the filling of a deficiency, instead of the human activity that leads to a goal transcending the individual.

Maslow calls the B-needs values and suggests that "these intrinsic values are instinctoid in nature; i.e., they are needed to avoid illness and to achieve fullest humanness or growth" (2, p. 316). If B-values are "instinctoid," Maslow is really saying that these needs are blind, as are all instincts. Even the self-actualizer, then, is merely obeying a blind urge, except that he has better conditions of growth and so manages to grow taller than others. Like the plant that has all the

water and nourishment it needs, he can grow to the limit of his potentialities. But what really distinguishes the human being from other organic life is that he looks at the world around him, discovers things he values, and decides which of them he wants for his own. The search for goodness, truth, and beauty is not a search for what will fill a deficiency; that would restrict him to what is given in his environment. Man tries to improve his world; he makes things for his own purposes, he looks for truth or beauty where no one has found it before. The sculptor, the artist, the scientist, give more to the world than they take from it.

Maslow knew Frankl's work as he did that of other humanistic psychologists. He was an eclectic and took ideas and concepts where he found them. From Frankl, he took the spiritual dimension in man and noögenic disorders. But Maslow did not penetrate to the philosophical basis of these concepts, and he used them in a way they were not intended. Still, Maslow was aware of other views and was stimulated by them. The humanistic direction in psychology, inspired and carried by him, has developed practically into a new school of psychology, strictly apart from the mainstream of psychological thinking.

*Behaviorism* is the prevailing ideology of general academic psychology which has paid scant attention to either Frankl or the humanistic approach. Academic psychology considers behaviorism—its method, its facts, its inferences and conclusions—the only scientific psychology. That the hard-nosed behaviorist may have to lead a double life as scientist and human being is considered irrelevant. Even a psychologist like Carl Rogers, who is not a behaviorist, has found this a dilemma.

The core dogma of the behaviorist is that the animal, any animal, can be shaped to any behavior, no matter how complex, if the environmental stimuli are arranged so that the expected responses are given. Since contemporary learning theory holds that learning is the acquisition of new responses, it is not surprising that for most academic psychologists learning equals conditioning or, in the space age, programming.

It is easy to see how this concept can be reduced to practice. For E. J. Shoben, neurosis is a way of responding. If one neurotic pattern of responses is extinguished and another normal one established,

the patient is "cured" of his neurosis. Whatever happens to the neurotic's thoughts, motives, desires, attitudes, or habits, if anything does, is presumed to follow behavior. His "mind" will be shaped as is his pattern of responses.

Behavior modification is the therapy of choice for many clinicians, even those who are in principle opposed to behavioristic notions of the human being and his goals. They may agree that behaviorist theory leaves out the humanity of man, but behavior therapy is convenient and easy to use. This technique makes thinking and decision-making, motives and purposes the froth that appears occasionally on a shaped response. And with small children, psychotics, and the retarded, for whom this method is more successful than with normal adults, such froth rarely appears.

In behavior modification, psychologists have gone back to the notion that the human being can and even must be managed, controlled, directed; but who controls the controllers? Learning theorists object to the "medical model" of psychotherapy and try to substitute the learning model. But they have taken over the most pernicious aspect of the medical model, namely the notion that it is the therapist who gives treatment and so brings about a cure. Now the patient is in truth "treated," controlled by cleverly arranged reinforcements. There is no appeal to a man's spirit, no acknowledgment of his autonomy. Whether a patient is aware of his problems or not, the therapist makes his diagnosis without even asking the patient.

But at least this much we ought to be grateful for: the therapist is at least trying to do something for patients who may not be helped by more humane methods. But as behavior therapists branch out from work with psychotics, children, retarded persons, and young people, to the more complex problems of adults, they will perhaps recognize that changes of outward behavior are not enough. At that time, some will perhaps go back to true humanists like Frankl for a more effective notion of the human being.

#### Frankl's place

This essay, by giving samples of personality theories and therapeutic techniques, attempted to show the place of Frankl in the emerging picture. There are many such theories, and more are being

added constantly. Patterson (3), discussing theories of counseling and psychotherapy, lists fourteen of them, including Frankl's.

Psychotherapy seems to have started out as an attempt to help people solve emotional problems. Next, it became important to shorten the period of therapy. Emotional problems did not seem restricted to the upper classes, and salaried employees had neither the time nor the money, however much their inclination, to delve into their psyche for years. While shorter forms of therapy were successful enough, some therapists eventually felt that not only the monied and intelligent but also low-income and retarded people deserve help. So behavior modification came on the scene and had success where the older therapies had hardly been tried.

But in all these efforts to help human beings, only two major psychotherapists, Jung and Frankl, paid attention to the human spirit and human aspirations. Among academic theorists, Maslow is important because of the impetus he gave to humanistic psychology against the prevailing behaviorist ideology. Among humanists, Frankl was one of the first psychotherapists who took the human potential seriously, long before the advent of encounter groups and Esalen workshops. The questions he raised have to be answered in every human life. By insisting that every man has to find the meaning of his life and has the responsibility of carrying out his task, he has made the thoughtful, questing, creative personality the foundation of his personality theory, rather than extrapolating it from the neurotic caught in his emotions and preoccupied with his problems, or from the rat shaped in the Skinner box.

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