(2) De-reflection:

While paradoxical intention is based on logotherapy's concept of **self-distancing**, de-reflection relies on the concept of **self-transcendence** (Frankl, 1993). As we mentioned in the previous chapters, self-transcendence means that we are able not only to distance ourselves from our internal and external conditions, but also to reach beyond ourselves (Fabry, 1994). By being immersed in love and work, or be responding to a situation by choosing the right attitude, we are transcending ourselves.

Dr. Frankl developed de-reflection to help his patients deal with dysfunctions and cumbersome behaviour patterns that are brought about, and intensified, by their own hyper-intention and hyper-reflection. In his view, hyper-intention is unhealthy for two reasons: First, because there are certain experiences, such as "**love, hope, faith**, and **will**," which cannot be "*demanded, commanded,* or *ordered*," and cannot be made the target of intention, lest they result in a manipulative approach to life; and second, because certain phenomena, such as **happiness** and **success**, can not be directly pursued, or otherwise they lead to the an end in themselves (Frankl, 1984; p. 85).

In this respect, he presented the following explanation:

> "Relaxation too eludes any attempt to 'manufacture' it. This was fully taken into account by J. H. Schultz, who developed systematized relaxation exercises. How wise was he, when he directed his patients, during these exercises, to imagine their arms becoming heavy; this automatically induced relaxation. If he had *ordered* these patients to relax, their tenseness would have increased, because they would have intensely and intentionally *striven* for relaxation. It is not different with the treatment of inferiority feelings: the patient will never succeed in overcoming them by way of direct attempt. If they have to get rid of anxiety feelings, they have to go, so to speak, on a detour, for instance, by going to places, despite inferiority feelings, or by doing a job, in spite of them. As long as they centre attention of the inferiority feeling within themselves, and 'fight' them, they continue to suffer from them; however, as soon as they focus attention on something outside of themselves, say a task, the inferiority feelings are doomed to atrophy (Frankl, 1984; pp. 86-87).

This statement is relevant, as Lukas (1987) characterised hyper-intending and hyper-reflecting individuals as persons who **lack self-confidence**, and who pay undue and exaggerated attention to their own health, behaviour and thoughts, which preoccupation is "*hazardous, because the more one is searching for signs and symptoms of sickness, the more one is likely to find them*" (Lukas, 1996; p. 10).

According to Lukas (1987), human suffering is inevitable, yet, some suffering is unnecessary. Such unnecessary suffering is the one that is brought on by hyper-intending and hyper-reflecting patients on themselves, often unintentionally: The more they try to avoid their suffering by assuming control and monitoring, the more they suffer from the wrong outcome of their actions.

Related to the concept of suffering, Dr. Lukas (1980) explained that, in logotherapy, the two kinds of suffering—inevitable--, and–unnecessary suffering—are approached with two different techniques: **Modification of Attitudes** can be used to help patients face **inevitable suffering**; and **De-reflection**, to help them break, and alleviate **unnecessary suffering**.

Frankl first described the technique of de-reflection in the article "*The Pleasure Principle and Sexual Neurosis*," in 1952. In this study Frankl stated the he found that hyper-intention, which is so common in our days, paradoxically produces the opposite result:

> "The more people run after happiness, the more happiness is running away from them. Thus begins a circle comprised of the following elements: A desired aim is directly strived for, and intended to such extent that we can speak of hyper-intention. Most often this hyper-intention is accompanied by much self-examination, self-observation, and contemplation about oneself, what Frankl called 'hyper-reflection.' When both of the preceding behaviours are coupled with anticipatory anxiety, or fear of not being able to produce or attain the desired goal, or when one intends to grab pleasure and happiness by force, and these fly away—as they always do when people reach for them—a pathological basis is formed as a vicious cycle that only increases the disturbance. To counteract these elements and to break out of the vicious cycle, centrifugal forces must be brought into play, meaning that instead of hyperintending (to gain pleasure) one should give him-, or herself to the other; instead of hyperreflexion, one should forget about oneself (Guttmann, 1996; p. 86).

However, to be able to "*forget*" about oneself, one must give of him-, or herself. This applies not only in the treatment of sexual dysfunctions treated with de-reflection, but also to other human achievements, where through de-reflection, we are invited to "empty ourselves" for the sake of something, or someone else (Frankl, 1994, p. 81).

Guttmann (1996) explained the difference between paradoxical intention and de-reflection the following way: Through paradoxical intention, one is invited to engage in '*right passivity*' by distancing from the symptoms and ridiculing them. Through de-reflection, however, one is invited to engage in the '**right activity**' by immersing into a meaningful task.

Examples of de-reflection can be found in most of Frankl, and Lukas's books. It is typically used in situations that involve anxiety, coupled with hyper-intention and hyper-reflection, which was classically employed in the treatment of **insomnia**, and **sexual disturbances** (Frankl, 1986; Lukas, 1998). It has also been reportedly used in the treatment of a variety of conditions, including "fear of choking," social isolation (Frankl, 1986), and hysteria (Lukas, 1998).

Dr. Lukas (1981) expanded the application of this technique for use in the case of **addictions, psychosomatic disorders**, and various cases in the medical setting, where she used de-reflection in individual and group therapy (Lukas, 1986).

Other publications on the use of this method include: The use of de-reflection in the treatment of **recovering alcoholics** (Crumbaugh, Wood, & Wood, 1980; Henrion, 1987; Haines, 1997), and the use of de-reflection in the treatment of **chronic pain** (Kahatami, 1987; 1995); and **burnout** (Bulka, 1984).

Since de-reflection is a non-specific technique, it can be very well combined with other approaches to therapy. Several such case examples are presented in the articles of the *International Forum for Logotherapy*. Especially helpful for the clinician, are those articles that relate to the use of de-reflection in the treatment of disorders classified in the DSM-IV (1994) manual.

A special example of the use of de-reflection with the **families of schizophrenic patients** was presented by Dr. Lantz (1982), in which article he details those typical patterns of interaction that have been characteristically associated with predisposing for further relapses in the patients. Dr. Lantz notes that "*...the most practical method to decrease hyperrreflection and hyperintention is to help clients direct their attention to something else.*" He found three methods of de-reflection to be particularly useful in helping families of patients with schizophrenia to think about subjects other than the patient: (1) Teaching the family about the chemistry of schizophrenia; (2) challenging the family role as 'psychotherapist;' and (3) helping the family develop non schizophrenic-connected interests and activities (Lantz, 1982; p. 120).

On the basis of the above examples, we can reconstruct the general process of de-reflection:

1. **Ascertain about the roots of the hyper-reflection and hyper-intention;**
2. **Explain the connection between hyper-intention, and hyper-reflection and current symptom formation;**
3. **Direct patients awareness towards positive aspects;**
4. **Generate an "alternate list" of meaningful activities;**
5. **Help patients to refer to their alternate list, whenever they notice that they are hyper-reflecting, or hyper-intending.**

The first step in the application of de-reflection is to ascertain whether the root of hyper-intention and hyper-attention is a medical illness, which has to be treated separately. If it is possible to see a connection between the hyper-intention and the illness, the therapist can point this out to the patients, along with the hyper-attention, which causes extra amount of suffering. The same is the case when there is no known physical illness behind the symptoms of hyper-intention, and the vicious cycle has roots elsewhere--de-reflection can be suggested as one possible way of breaking this pattern.

According to Frankl (1986; p. 258), de-reflection can only be attained to the degree to which the patient's awareness is directed toward positive aspects:

> "The patient must be de-reflected **from** his disturbance *to* the task at hand or the partner involved. He must be re-oriented toward 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**."

Subsequently, therapists may invite patients to ponder, or even to compile an "**alternate list**" (Lukas, 1980; p. 26) with various helpful thoughts, attitudes, or activities that they think would enrich their lives. They are asked to think of circumstances in which they would start to hyper-reflect, and when they think that they could try out one of their alternate activities. They are encouraged to engage in these activities.

Regarding the application of de-reflection in clinical practice, Lukas (1980) remarked that once patients decide which alternatives work best for them, they are on their way to symptom reduction: Instead of being trapped by self-fulfilling prophecies, they are concerned with accomplishing self-selected meaningful tasks. According to Guttmann (1996; p. 94), in this process, they gradually gain "*...a new self image of a free person.*"

It is not easy to get a person not to think about a troubling problem. Therefore, the proper application of technique requires experience, and creative improvisation by the therapist. "*...It is worth the effort because it contains the key to the human spirit where the will to meaning can overcome the will to satisfy needs*" (Lukas, 1986; p. 49).

CASE EXAMPLES:

Case 1: Sexual Difficulties.

> A young woman came to see Frankl, complaining of being frigid. Her case history indicated that she was sexually abused by her father when she was a child. It turned out, however, that her complaints were due to her reading psychoanalytical literature, which resulted in the fearful expectation of the toll of her traumatic experience would cost her some day. Her anticipatory anxiety led her to pay excessive attention to her own behaviour and to hyper-intention to confirm her femininity. The result was an incapacitation for a satisfying sexual relationship, which she so desired, and that she made an object of her intentions. In short-term logotherapy, relying mainly on the use of de-reflection, her attention was re-focused toward her partner, and she reported that her previous concern disappeared (Frankl, 1962; p. 123; cited in Fabry, 1994; p. 142).

Case 2: Reactive Depression.

> "When I met Mrs. B., she was a 62 years old lady with a background in music, theatre, and arts in general. She was also sick with cancer and had a 'bad prognosis.' Nevertheless, she was cheerful and full of vitality—until a follow-up medical examination resulted in a verdict of 'terminal illness.' From that time on, all she could think about was her pain and impending death. She became withdrawn, and apathetic. Her talk, which formerly encompassed most everything under the sun, concentrated on one thing only: her pain and fear of death. I used de-reflection. This is, I alternated the questions about the current condition with questions about her former hopes, interests, aspirations, and relationships. Thus I learned about her secret wish to have her drawings and paintings exhibited in public. She responded well to the suggestion to begin working on that wish to become reality. The new interest gave her a sense of hope and meaning which were translated into action. She worked hard and had a very successful exhibit, which gave her a new self-image and renewed interest in life" (Guttmann, 1996; p. 101).

Case 3: Suicidal Feelings.

"Mrs K. was a 75 year old woman, living in Israel at the eleventh floor of a housing facility for the elderly. Her husband died three years ago and she had no relatives. I met her sitting on the open window's edge, with one foot dangling out in the air:

She took pleasure in frightening other people watching her sitting there and playing with death. She would also chase away those who dared to come near her, yelling: 'Mind your own business!' But she seemed favourably inclined toward my presence. Even though I was afraid that she might jump, or fall off the window, I pretended not to notice the dangerous pose and invited her to talk about herself. But I also made one condition, namely, that she would get off from her perch and sit with me like a lady should. The word 'lady' evidently made a change in her behaviour. She broke down, and with tears she told me about her former life, her losses, and constant preoccupation with death. Her hyper-reflection on death had to be broken, or she would commit suicide, I thought. Thus, I used Frankl's de-reflection. I said: 'I know that you don't intend to jump off the window, for you could do so any time. You only wish to show that you are not afraid of death. But there is plenty of time for you to die. Who knows, you may even live up to a hundred and twenty, like Moses, so why do you wish to idle away your life?' She seemed hesitant for a moment and asked: 'So what should I do?' The ice broken, we worked out a plan for Mrs. K. to help in the office with the running of the tenants' newsletter, a job she really liked. And sitting in the open window became a thing she wanted very much to forget" (Guttmann, 1996; p. 101).