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Chapter IV:

Elisabeth Lukas: Logotherapy Lived

If we could reach the meaning of life, any living beyond would be meaningless. Beyond reach, it would have no significance for us. The meaning of life is neither reachable nor unreachable, not repeatable or replaceable. The meaning of life lies in its pursuit.

(Lukas, 1986, p. 79)

Introduction

My first experience with Elisabeth Lukas was in 1993, when she gave the keynote address at the Ninth World Congress on Logotherapy in Toronto. The auditorium where she was to speak was packed, and I sat in the front row of the balcony. She was introduced warmly, if not effusively, and received an award from one of Canada's Ministers of Parliament.

The topic was "Waiting for Godot: A logotherapeutic alternative" (Lukas, 1993/1995). I was skeptical that Beckett's play of despair and futility could be connected to the hopeful message of Frankl's logotherapy. Lukas' husband sat on stage, next to the overhead projector, with a table full of transparencies. There was an air of anticipation as she walked to the podium and put on her reading glasses.

Dr. Lukas began by talking about the path of life, and asked us to imagine ourselves walking through a wilderness. She spoke of our need for a signpost of direction, a "cloud of hope" like the Biblical cloud that led the Jews out of Egypt. She

<http://purposeresearch.com/links/Lukasdisschapter.pdf>

painted word pictures of a vision, a personal “cloud” of transcendence. Lukas then connected all of this to Beckett’s play, to show how the characters ignored repeated opportunities to find meaning. They even noticed a single cloud passing by, a quickly forgotten chimera.

She ended by pointing out that the first two acts of the play have finished, and the curtain is now rising on the third act, “the third millennium after Christ” (p. 149). We, humanity, are the players in this new act of *Godot*. Will we, as a people, continue to bypass and ignore the call of meaning? Or will we seek, find, recognize, and respond to the persistent call of this cloud which appears before us?

Lukas’ Introduction to Logotherapy

Lukas is a psychologist practicing near Munich, Germany. Viktor Frankl calls her the leading practitioner of logotherapy in the world. She is a slightly built woman with her black hair pinned in back of her head. Her eyes glow with great depth and intensity. She dresses simply and without affectation, usually in dark colors. Her native language is German, and her English is quite good. Though she speaks softly, her words reflect a natural love for others. In keeping with European customs, she prefers to be addressed formally, as “Dr. Lukas.”

After the Tenth World Congress of Logotherapy in Dallas (August 2, 1995⁴), I had a chance to talk with her about her life, and how she became involved in logotherapy.

Without hesitating, she told me a story:

I was born in 1942, during the war, in Vienna. I grew up with air raids and bombings—it was a very difficult childhood. We had very little food during the war, and my mother's parents came to live with us because their apartment was bombed out and burned. They had nowhere to go, and we had a very tiny apartment, with only two rooms. There were five of us in that apartment, and in one room there were five beds and in the other room a big table where we ate our meals.

One day, when I was five or six, my father was gone much longer than usual. The war was over, but there was a lot of fear because there was so little to go around that people could be killed over nothing. So there was some fear there, but my father finally came home, and he brought with him two oranges. I had never seen an orange before, and I did not know what to expect. But everyone looked at the oranges and admired them, and I wondered what they were like.

We ate dinner, we usually had a thin soup, and afterward my father pulled out the oranges, and he peeled them, and everyone looked at them

⁴ References made to Intermediate Courses in logotherapy are in the format

with such desire. I did not know what they were like, so I could not have these feelings. I remember clearly the look in their eyes, as they watched him peel these oranges. He divided up the sections evenly and gave a part to each person. He scooted them across the table like this [uses thumb and hand to slide imaginary orange across table]. Everyone looked at their orange sections. And then my father slowly slid his over to me, with his thumb. One by one everyone else scooted their sections over to me. They all gave me their orange, and I ate every piece. Now I knew what an orange was like. [Pause.]

Twenty years later I was in college; I had taken most of my psychology theory classes and was finishing up, and I sat in on a lecture by a professor named Viktor Frankl. I had never heard him speak, and I was just there because this was a requirement. He talked about how we had choice, even in need. He spoke of self-transcendence. No matter how high our needs and drives are, we can always rise above them for something greater. This was demonstrated to him in the experience of the starving concentration camp prisoner giving away his last piece of bread. Suddenly I had a vision in front of me; I could see clearly as if I were back in that tiny apartment. I could see my parents and grandparents, and there

was the orange. I was sitting at the table, and the orange sections were being scooted over to me. I could even smell the orange. I *knew* what Frankl was referring to. I had experienced it through my parents.

You have a daughter, no? Then one day you give her your orange, so she remembers it.

After that experience, she decided to pursue logotherapy. She got her Ph.D. under Frankl. For her doctoral thesis she constructed and evaluated an instrument to measure meaning in life, called the *Logotest* (Lukas, 1985; see also Lukas, 1984, p. 12). It has a separate scale for men and women, and has been normed in Germany and the United States (Preble, 1986).

Existentialism and Psychotherapy

The American Heritage Dictionary (Morris, 1973) defines existentialism as thought which focusses on “the uniqueness and isolation of individual experience in a universe indifferent or even hostile to man, regarding human existence as unexplainable, and emphasizing man’s freedom of choice and responsibility” (p. 460). This definition has at least one ambiguity which must be addressed: is the “unexplainable” nature of human existence because there is no explanation (life is a random event in the universe) or because the human being is incapable of comprehending an overall plan? Another part of this definition, that the “universe is indifferent or even hostile” is contrary to logotherapy.

Perhaps there are two branches of existentialism: one in which the universe is unfriendly, everything is relative, all choices arbitrary, and there is no explanation for our existence, and another where the universe is supportive and benevolent, there is a whole that has meaning, and from this whole, all the parts have meaning, though perhaps we are not capable of understanding the whole. The difference is crucial to understanding logotherapy.

In her keynote address in Dallas, Lukas (1995b) quoted the existentialists who argue that everything is relative and therefore nothing has meaning. But, she adds, it is up to the individual to choose whether there is only meaninglessness or whether there is a meaning to be discovered. On the one hand, mankind could be an accident of nature, a random act of the universe which happened to place us at this place and time. But if this is so, then we are just sophisticated machines, automatons in which no meaning can be found or derived. Any meaning in this system would be a self-created delusion.

Lukas quotes Frankl (1993, cited in Lukas, 1995b) in this debate. Frankl asks if life is nonsense, or if it contains ultimate meaning. The question, he says, is unsolvable, and is one that each person must decide. Either answer is possible and thinkable, but neither is necessary. Logically, there is as much weight for one side as for the other; this equality of the possibilities evokes the responsibility (ability to respond) of the participant, who must decide by placing the “weight of his own being onto one side of the scales” (p. 3). This decision cannot be made by the intellect; it is made in faith.

Lukas argues that if life is meaningless, then values such as “human health, happiness, bravery, etc.” would be merely “human evaluations” (p. 3). The notion of health or sickness would be meaningless, since it makes reference to a “meaningless heap of matter” (p. 3). Whether or not humankind, plants, or animals continued to exist would not matter; destruction would carry the same weight as preservation. Therapy itself would be pointless, just another arbitrary value. However, logotherapy chooses meaning. The whole has meaning, and each of the parts also has meaning.

Lukas does not confine herself to philosophical thought. Logotherapy, and her application of it, is based on nearly three decades of practice in psychotherapy. Her work is practical. And one of the ways she brings logotherapy alive is through the use of storytelling. These stories are sometimes based on life events, other times on fables of various cultures, but each of them contains a metaphor, a key to understanding logotherapy. “Knowing the Right Way” was presented during her keynote address in Dallas:

A sultan dreamed that he was losing all his teeth. As soon as he woke he asked an interpreter of dreams what it meant. “Ah, what a misfortune, sire!” he called out. “Every lost tooth means the loss of a family member.”—“What, you saucy fellow,” the sultan screamed. “What do you dare say to me? Away with you!” And he ordered, “Fifty lashes for his impudence!”

Another interpreter of dreams was called and led before the sultan. When he heard the dream, he said: “What good fortune! Our lord will outlive his whole clan!” The sultan’s face brightened and he said, “Thank you, my friend. Go to my treasurer and have him give you fifty pieces of gold.”

On the way the treasurer said to the interpreter of dreams, “You didn’t interpret the dream any differently than the first interpreter!” With a sly smile the man replied, “Remember, one can say many things; it

depends only on how you say it..." (Lefèvre, 1994, p. 32, cited in Lukas, 1995b, p. 8).

Lukas' commentary tells of a philosophical twist of human existence. If we are to live a long life, then we must endure the loss of those we love. If we cannot bear to lose our loved ones, then we must "depart this life before them. Staying is not possible without loss; staying has its price" (p. 8). Lukas hints at the converse, that if we "depart" first (through suicide, drugs or other escape), we still lose our loved ones. It is "only the transitoriness of life which makes life meaningful; only through death does the meaning of a human life remain in existence. Were life of unlimited duration, every meaningful action could be postponed indefinitely and every meaningless action could be corrected infinitely often" (p. 8), never reaching completion. She continues:

Logotherapy is often nothing but the correction of a "how" in a patient's viewpoint. The future will give him fifty lashes or fifty gold pieces. It will reward him or punish him for his views and attitudes—attitudes to the same situations! For the attitude: "Why should I take care of my children? No one took care of me!" it will strike him twenty years later when his great distance to his children causes him pain. For the attitude 'I suffered as a child, so I want to spare my children that lot!' it will place something precious into his hands 20 years later, when he receives warm greetings from his children.

The patient's past, his own childhood, cannot be changed, not by any therapeutic intervention, just as the dream of the sultan does not change from one interpreter to the next. But the patient will shape the present differently through a positively changed point of view, he will shape it more responsibly, more meaningfully, more [futuristically] (p. 9).

To Lukas, it is only the temporary nature of our lifetimes that gives our life meaning. While this idea seems harsh when taken out of context, it is one of Frankl's core concepts of logotherapy (Fabry, 1996). The concept of *choice* is also active in this

story (and her interpretation of it), and both of these threads are woven throughout the fabric of this theory.

The philosophy of existentialism is neither shallow nor easily mastered. Similarly, logotherapy is not “just another theory” which can be quickly fathomed; it must be lived and experienced for understanding to deepen. The theory of logotherapy, sometimes called “logotherapy,” is an integration of existentialism and psychotherapy.

Logotherapy

What is Logotherapy?

Viktor Frankl (1967) wrote that man not only transcends his environment, “he also transcends his being toward an *ought*” (p. 134). In so doing, he becomes truly human by entering a “new dimension, the noëtic, the dimension of the spirit” (p. 134).

Logotherapy is therapy through the discovery of meaning. Frankl (1986) points out that it is not a universal therapy; only 20% of the population have a spiritual or existential crisis (confirmed by Lukas, 1981b).

The solution is to focus on the areas of a person’s life which bring meaning, and to find what is truly of value. Because logotherapy seeks to understand and treat the human being in all three dimensions of life, it may be applied in a broad range of circumstances, and in combination with more traditional theories.

Underlying logotherapy is a postulate (axiom), and from that axiom come various theorems (premises) which give a theoretical foundation.

Existence of Noös: The “One Axiom and Six Premises” of Logotherapy

Axiom: Existence of the Noös. The classic “nature/nurture” debate assumes that only two dimensions, soma (the physical) and psyche (the mind and emotions), are sufficient to understand the human being. But if true, the person is an automaton. A third arena is needed to complete the unitary whole of the human: the noëtic (spiritual) dimension. Humankind has free will, that is, some arena of choice. The existence of the dimension of the spirit, the noëtic dimension, as a uniquely human condition, is the only axiom of logotherapy (Lukas, 1984).

Frankl (1986, 1969) differentiates between the human spirit (the “soul”) and the divine spirit. The human spirit is properly part of the responsibility of the psychologist and healer. The divine spirit is in the realm of religion and not psychotherapy. Though the human spirit is part of the noëtic dimension, logotherapy can still be used successfully with atheists (Frankl, 1969, p. 143). He defines God as “the partner of our most intimate conversations” (cited in Lukas, 1995a, p. 10). Lukas (personal communication, July 1, 1996) points out that the:

human spirit is not seen as perfect and unchangeable in logotherapy. It is seen as the specifically human part of the human being, which makes it more than an animal or a plant. It is also seen as belonging to a level above “healthy or ill, being born or withering away,” to a level of “freedom and responsibility, creativity and decision-making, not being produced by parents and not being destroyed by death.” It is rooted in a mystery which can be called the divine spirit. Therefore, all during human life we have somehow a “touch of memory” of our spiritual roots and a longing to reunite with our creator, when our mission here is fulfilled.

The human spirit, though not perfect and infinite like the divine spirit, does not die. From this definition it can be noted that the human spirit (soul) is greater than the animal nature of the person, and connected with the “divine spirit,” a mystery of God.

Lukas does not hesitate to talk about the person’s relationship with God. In her keynote address in Dallas (1995b) she told a fable, credited to the Arab mystic Sa’di, called “The Tiger and the Invalid Fox.”⁵

On the way through the forest a man saw a fox who had lost its legs. He wondered how the animal could survive. Then he saw a tiger with its fill. The tiger had eaten enough and left the rest for the fox.

On the next day God nourished the fox again with the help of the same tiger. The man was astonished at God’s great goodness and said to himself: “I, too, will rest in a corner and place my full trust in God, and he will provide for all my needs.”

He spent many days in this way, but nothing happened, and the poor fellow was near death when he heard a voice: “You there, on the wrong path, open your eyes to the truth! Follow the example of the tiger, and stop imitating the crippled fox.”

The man crept out of his corner. On the road he met a small girl, shivering with cold in a thin dress, with no hope of getting anything warm to eat. He became angry and said to God: “How can you permit this? Why do you not act?”

For a while God said nothing. But in the night he suddenly answered: “I did do something about it. I created you.” (De Mello, 1988, p. 64, cited in Lukas, 1995b).

Lukas tied it back to logotherapy:

“Follow the example of the tiger...”—often, logotherapy is nothing but the psychotherapeutic translation of this appeal. “...Do not complain about

⁵ This story is found in English in the book *Song of the Bird* (De Mello, 1988) as “The Disabled Fox.” In the English edition, the last two paragraphs are De Mello’s commentary on the story. It is presented here as printed in the keynote address.

conditions where you are and do not rail at God and your fate. Something has been done about it: *You were created*. You have been placed in the path of the fox. So come out of the corner in which your life has been taking its empty course, where you have been slowly approaching psychological decline, and take on what is yours. Then you will become healthy. And should you get into difficulty at some time, fear not! Someone has also been created who has been placed on your path, if you really need him....”

This approximates the therapeutic approach which we in logotherapy call “evocation of the will to meaning.” The method of dereflection... constantly draws the attention of the patient to the shivering, hungry girl, in whichever form she may appear: as a person in need of comfort, a matter to be taken care of, a work to be completed.

She is there, she is in *his* road, in need of his advance pledge in love. The devoted service to her, to which the patient will rise, will cure his soul. Not the therapy from without, but rather his own love will heal him. What the therapy can achieve is merely a strengthening of his ability to go beyond himself—just the opening of his spiritual “eyes” (p. 6).

Though Lukas does not mention it directly, this fable illustrates the illusion of “success” that ensnares many people: for them, the goal of work is leisure (i.e., to do nothing), or to seek pleasure as an end in itself. Logotherapy points instead to the crises that face us on our road of life as opportunities to become more human, more giving, more real. Our response is also a reminder that someone will be there to help us, if we so need it. But if we do nothing, Lukas points out, we decline. In this fable is the heart of logotherapy’s call to meaning.

The existence of the spiritual dimension is the starting point for logotherapy. From this axiom, six premises are derived.

The Six Premises Establish the Relationship Between the Dimensions. The first premise of logotherapy is that three dimensions of human life are considered: soma

(body), psyche (mind), and spirit (noëtic). If all three dimensions exist, then illness must be understood from the perspective of all three vantage points (Lukas, 1984).

The second premise establishes the spiritual dimension as uniquely human and not shared with the animal or vegetable kingdoms. The third premise stipulates that the dimensions are holistic and inseparable. The fourth premise points out the need for the healer to consider all three dimensions. Lukas (1984) notes, for example, that a therapist cannot rely on test results when a client is wondering if life has meaning. The fifth premise argues that, in each dimension, feedback mechanisms work differently.

The sixth premise states that homeostasis has a different level of validity in each dimension. In the physical, homeostasis is always a true principle. The body needs to keep balances of sugars, electrolytes, blood gasses, neurotransmitters, etc., within particular limits to survive. In the psychological dimension the principle of homeostasis is “valid most of the time” (Lukas, 1984, p. 28). In the spiritual dimension, homeostasis is never valid, as the spirit is not a tension–reducing mechanism. Lukas contrasts this idea with most theories of psychology, which define the goal of therapy as being the absence of tension. She paraphrases Frankl: “A tensionless state in the spirit would denote complete satisfaction, a lack of goals. ...When people lack the necessity to change, to create, to finish a project, to experience, or at least to brave unchanging fate, the need to live may be questioned” (p. 28). There must be some level of positive tension between what we are now, and what we see ourselves as becoming. “Balance [homeostasis] is enormously important for all life forms, but for human beings it is not enough” (p. 28).

From Frankl's axiom and the six succeeding premises, it is possible to see that logotherapy includes the whole person, in the context of a whole world. Within this whole exist three dimensions, one of which (the spiritual) is scarcely recognized by traditional theories of science and healing. This spiritual dimension requires a renewed investigation of currently accepted notions of time, meaning, choice, and potential.

Time

From the future to the past. Lukas (1993, Toronto; 1995, Dallas) explains the logotherapeutic concept of time by drawing an arrow which points left (see Figure 5).

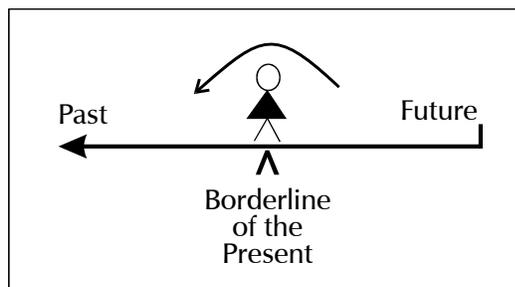


Figure 5: Logotherapeutic concept of time (from Lukas, 1993, Toronto; 1995, Dallas).

It naturally seems that time flows from the past to the future, or at least from the present into the future. But in logotherapeutic thought, the past is done, it is concrete, there is nothing about it that can be changed. Lukas (1995, Dallas) elaborated, “everything of the past has come into truth and can never be removed from the truth.” The past “will be true forever.” It does not matter whether a person has died; the past will

always be truth. “It does not matter if you have forgotten it, or if a million years have passed and no one knows.” The past—the truth—is “independent of knowledge.” This truth goes “into eternity. No power or entity can put it out of eternity.” Truth, then, is eternal in the past. However, it is “limited on the borderline of the present.” What we call the future has “something to do with death,” which “can immediately take away all your possibilities.” The person has “two huge areas of power: truth eternally on the left, which death cannot take away;” and the future possibilities, from which we choose with the knowledge of the certainty of death. In sum, Lukas states: “we must rescue the possibilities and move them to the past, for safekeeping in eternity.”

Lukas (Dallas, 1995) cites two paradoxes: (a) *our past is our real future* (at the end of our life there is no future, but our past is the totality of our life); (b) *we enter the world not by birth but by death* (when we die, we become our life. At birth, all is future possibility; at death, all our past is “eternal truth”).

Logotherapy is mostly oriented to the present and future. Logotherapy emphasizes the present and future, rather than the past. Traditional therapy would have us believe that the past needs to be investigated thoroughly. Those who practice such theories believe that only by dredging up the pain and suffering of the past, that is, by “uncovering” the causes of difficulty or discharging blocked emotion can the person be helped. From this viewpoint we can understand the person only by examining the past. Logotherapy takes a different perspective: it is only by looking ahead to the future (which

takes our eyes away from the past), that we can begin to harvest meaningful decisions in the present (Lukas, 1995, Dallas).

Lukas (1993/1995) cites a Polish study by Popielski in which he sought to understand the difference in “noëtic temporality” between mentally healthy and unhealthy people, which concerns itself with what “period of life” the person focusses on constantly (e.g., past, present, future). Popielski found that healthy people are focussed on the present and “near future,” whereas unhealthy people are concerned “mainly with their past and possibly also with the distant future” (p. 133).

Lukas (1993/1995) is careful to note that there is nothing wrong with looking backwards, as long as it does not become:

as with Lot’s wife, an element of spiritual paralysis.... This is the tendency of the mentally disturbed in particular: either they mourn the departure of the golden days of a departed era which will never return—thus wasting present opportunities—or they declare the now unalterable events of their past to be the necessary causes of their no less unchangeable bleak present and tragic future—and thus become helpless victims of their biographies. (p. 134).

It is only by looking ahead (though “not too far”) that we can see the next step, knowing that in front of us is always a call to meaning.

This does not mean that the past is ignored. Neither the client, nor the therapist, can sweep away regret or guilt over the past with the wave of a magic wand. What is left over from the past is always meaningful, and if the person is enmeshed in the past, it is interpreted as a “meaning call” for future action. Guilt, pangs of conscience and remorse are not removed or cushioned by the logotherapist, but rather used as fulcra for change,

to see what can be done now about the situation. In logotherapy, ineradicable guilt and unavoidable suffering *always* contain the potential for meaning (Lukas, 1995, Dallas).

Another condition which necessitates the healer going into the past occurs when the client has lost the hopes and aspirations which are part of meaningful living. In these cases, the client is asked to go back to a time when that vision still existed. Note, however, that undue attention on the past is minimized in that the focus is not on unearthing details of personal problems or symptoms, but on finding that personal glimmer of hope which was lost or forgotten. Paradoxically, the best reason to focus on the past is to clarify or refocus the person's hopes for the future in the present moment (Lukas, 1993, Toronto).

Freud vs. Frankl and the Will to Meaning

According to Lukas (1993, Toronto), Freud proposed that man has two basic abilities: the "ability to pleasure" and the "ability to work." Each of these has as the goal to reduce the drive (such as hunger leads to food, which satiates the drive). A drive always has an object, and the aim of the drive is to extinguish the drive in the moment. The person who exists solely at the level of drives is said to be at the "animalistic level."

Lukas (1993, Toronto) notes that Frankl postulated that the human being has *intentionality*, which is higher than all drives. Lukas paraphrases Frankl: "only when we are intentional are we existential." When a person "confronts the logos," that individual "meets the value object, sees it, recognizes it, loves it, says 'yes' [to it], and agrees to serve it with intention: 'I intend to fulfill this meaning.'" If a person loses a value object,

then the intention is lost as well. It is only possible to focus on the value object, not on intention itself. When the value object is present then “intention is automatically present.” Note that there is a “pull from” the value object, whereas a drive is a “push towards” an object.

Lukas (1993, Toronto) quotes Frankl: “the will is ignited by that which I yearn for.” We cannot will to will, we cannot want to will. Whereas a drive fulfills a need, the will leads to the fulfillment of meaning “for no other sake than to fulfill meaning.” In therapy, the logotherapist raises the eyes of the person to the horizon of values and meaning. A side effect is that drives are reduced in potency when the attention is no longer dominated by them.

So from Freud’s “ability to pleasure” and “ability to work,” Frankl kept one, changed one, and added one (Lukas, 1993, Toronto). Frankl’s psychology recognizes the ability to love (experiential values), the ability to work (creative values) and the ability to suffer (attitudinal values).

The “Cloud” of Meaning: Finding One’s Vision

The meaning horizon is “the cloud,” mentioned in earlier. Lukas (1993/1995) recalled Frankl’s mention of the cloud which led the Jews out of Egypt in the Old Testament. She used the cloud as an analogy of direction, as in the Bible it was a symbol of “God’s splendour” which enabled the Israelites to find “the ‘right’ way” to “the promised land” (p. 132). She continues:

This analogy provides an answer to the ancient, oft repeated question where we want to and ought to go in life, and also offers hope that there is a guideline for the human race and for our time which leads to the “promised land,” even if we are at a loss how to continue (p. 132).

But to see it, we must watch for it and have some criteria to discern it. Lukas quotes Frankl: the cloud must be: (a) always ahead, (b) different, and (c) unattainable. All three of these conditions must be met for us to use the cloud as a signpost.

The cloud is always ahead. The cloud must provide positive direction. If the cloud descends on us we are immersed in fog. Directly overhead, it cannot provide direction (Lukas, 1993/1995).

In other words, our path through life in small and in large matters can succeed only when something constantly “hovers” ahead of us, an ideal, a “should–condition,” an individual task tailored to us—unrealized, but begging to be fulfilled. There must be something in advance of our life so that living towards it and living on has meaning (p. 133).

If the “cloud” is always ahead, then there must be differences between those who follow it, and those who have failed to find it.

The cloud is different. The cloud belongs to the realm of a “higher value” and has a “different quality” from those who seek it. It exists on a higher level of being. Lukas (1993/1995) again cites Frankl, who calls it a “personal conscience” though this is different from Freud’s superego; it “heeds the voice of transcendence,’ it is—in terms of the Biblical metaphor—the finger pointing to the cloud” (p. 136). Each person must find it themselves; it is not possible for anyone else to become the cloud. “The paradigm lies *within us*” (p. 136). To Lukas, the biblical story of Exodus becomes a metaphor for humanity, seeking to find peace. Perhaps it is only when we—as a collective people—

cease to look for solutions between conflicting interests and focus our attention instead on finding “the promised land” that we will find it (Lukas, 1993/1995).

The cloud is unattainable. The cloud gives two points of direction, the dynamic, ever-changing “reference point” which it represents, and the “fixed point” where its shadow falls at any given time. The Israelites never arrive at the cloud, since that is not possible. Many people are prone to a sense of failure because they blur the two points. In modern terms, a mother whose son is truant may confuse the fixed point (where her son is now) with the reference point, the unattainable cloud: seeing her son, “the beloved in the fullness of human worth, almost ‘as God intended him’ (Frankl)” (Lukas, 1993/1995, p. 140).

But Lukas (1993/1995) also mentions that most of the Israelites never made it to the “promised land;” it was their children and grandchildren who arrived. “According to this, it can be important to sow, although later generations will harvest the fruits.” Lukas ponders if maybe those who died on the journey made it to the “promised land” before their descendants:

Yes, is it not thinkable, that the actual “promised land” begins beyond time and space and that there, the arrival on the cloud, which in our world is never possible, is no longer utopian, but a true gift of grace? [see Figure 6]

...The country into which the people of Israel [were] led has hitherto so little deserved the title of “promised land” that it seems safe to assume that the promise of the cloud found and finds its fulfillment on a plane not comprehensible to us [nor] accessed in words (p. 141).

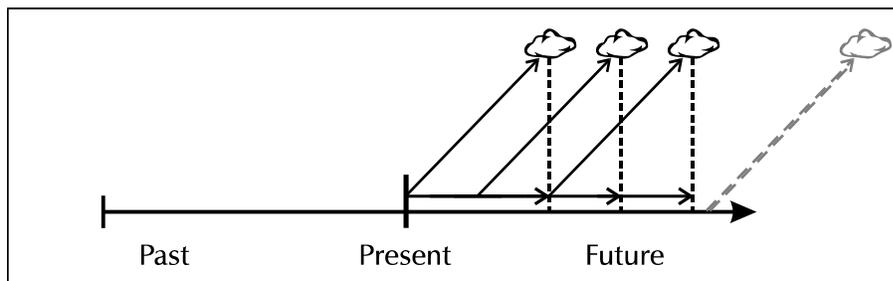


Figure 6: Two points are seen: the “reference” (cloud) and the “fixed” (shadow); in the present, we see the shadow of the cloud. In the future, we approach (and may attain) the point where the shadow fell, but the cloud is now in a different location.

(From Lukas, 1993/1995, p. 141).

Finding Meaning

The goal of logotherapy is to help the person discover meaning which already exists. The client does not “create” meaning, nor can the healer determine what is meaningful for someone else. The logotherapist’s task is to point the way to meaning, in as many ways as necessary, until the client resonates with it and makes a response (Lukas, 1993, Toronto; 1995, Dallas).

Ultimate Meaning. Lukas (1991a) speaks of a meaning which cannot be comprehended by the human mind, “except by reaching in faith into the transcendence of God” (p. 14). Frankl gave it the name “Supermeaning” (see Figure 7). It is a theoretical construct, but offers us the possibility that events that do not make sense in our world, such as “the existence of evil, ...the suffering of innocent people or the inescapable fact of aging and dying—might in another higher dimension, have meaning” (p. 14).

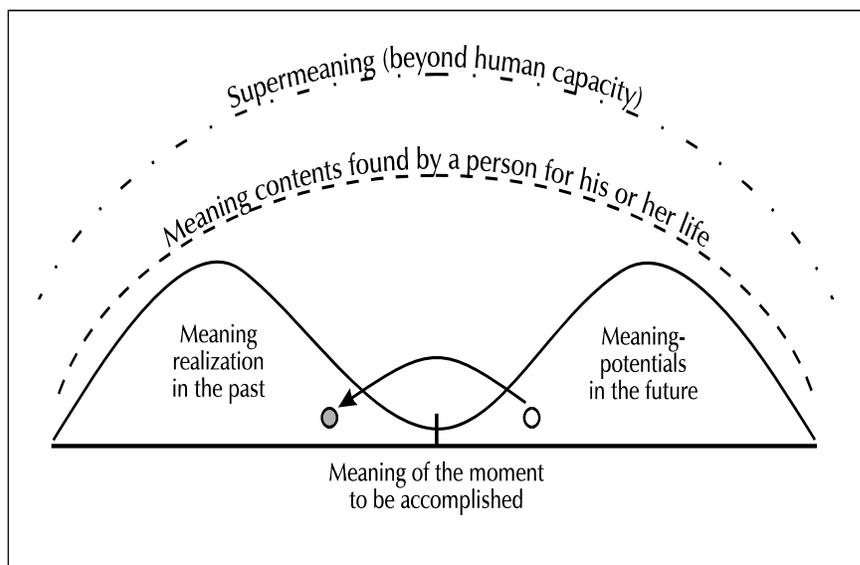


Figure 7: Levels of meaning (from Lukas, 1991a, p. 14).

The Meaning of the Moment. In contrast to Supermeaning is the “meaning of the moment” (Lukas, 1991a, p. 14). It is in the present, in the moment, that we face the possibilities of the future. Each choice, human and imperfect as it is, constitutes the meaning of the moment. To the degree that we are truly able to make choices in the present are we fully human. When we look at a lifetime of choices, we see patterns which form the “meaning contents” of our lives.

The Need for Tension. Between the two extremes of Supermeaning and the meaning of the moment is inescapable tension. It is a necessary condition of life. It is not possible for a person to reach the lofty ideals and dreams of the spiritual dimension, in the Herculean task of choosing the meaning of the moment. Lukas (1986) states: “if we

could reach *the* meaning of life, any living beyond would be meaningless. Beyond reach, it would have no significance for us. The meaning of life is neither reachable nor unreachable, not repeatable or replaceable. The meaning of life lies in its pursuit” (p. 79). But each person is capable of sensing, recognizing and responding to the distant call of Supermeaning, through choices which maximize the meaning of the moment.

Meaning vs. Purpose. To Lukas (1995, Dallas), the human being does not have purpose, in the sense of a divine purpose. She was asked if a person could have a higher purpose, and responded that “even ants have purpose, but only people have meaning.” Meaning, in this context, is a uniquely human trait, but purpose is something the human kingdom shares with animals. In a letter (July 1, 1996) she differentiated between “purpose” and “meaning.”

Each purpose is self-determined. I can choose my purposes freely however I like. My purpose can indeed be, for example, to kill a rich man and steal his money. The meaning-call, on the other hand, is never self-set and choosable as I like. The meaning-call tells me (in the voice of my conscience), whether I shall kill the man or let him live. And if the meaning-call tells me to let him live, I can obey or not, but the message is clear—and not within my freedom. So the meaning is a higher instance than the purpose, [and the person must always determine] if a purpose is meaningful or not. In your diction, meaning is the voice of the divine spirit, to be heard through conscience....

Fate, Personal Freedom and Responsibility

During our discussion in Dallas (August 2, 1995), I had an opportunity to speak with Lukas about spirituality and psychology. She tore a sheet of paper from a pad and sketched a square, while referring me to her address on this subject from 1991 (Lukas,

1995a). Before one can understand a theory of psychology, she began, it is first necessary to understand the philosophy behind it.

There are two basic philosophies of the person. In the first, man is viewed like this [she draws a box, see Figure 8]. What we know about the man, we know from the output [draws arrow to right of box]. If the output is bad, it must be because of what was put into the box. There are things that go into man, that which he inherits from his parents, and that which he gets from his milieu or environment [arrow to left of box, pointed to box]. If we get a negative output from the man, it must be because of what was put into the box. We get out of the man what we put into him. It is an automatic process with this approach, because the man is no more than a machine, an automaton. That is one philosophy.

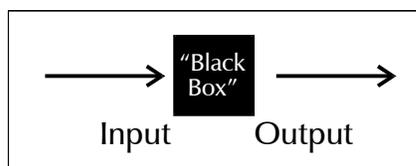


Figure 8: The “black box” theory of the person
(from Lukas, August 2, 1995, Dallas).

[Draws another box.] There is another view of man, which says that there is input and output, like the first example. But there is a space inside the box, a tiny arena of choice which belongs to the person, which

can affect the outcome, and is influenced by a third factor, which we call Spirit [dashed arrow from above to box, as in Figure 9].

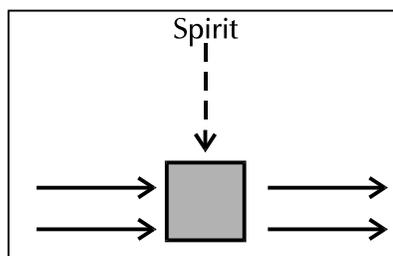


Figure 9: The role of spirit (from Lukas, August 2, 1995, Dallas).

If what we get out of the box is negative, we do not know what went into it; it could be that all good went into the person and he happens to be filled with hate, no? We do not know. But it does not matter, because what matters is what choice the person makes in that tiny arena of choice which is his.

In the automatic philosophy or viewpoint, the solution for the psychotherapist is to balance out the negative experience with a positive experience, or to provide positive input which is so strong and overwhelming as to change the output. All we can do is to give reinforcement and conditions which will overpower the negative. It is automatic; there is no choice in the person [see Figure 10].

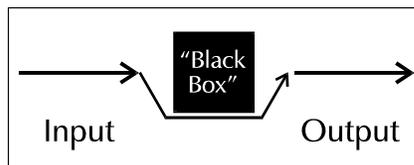


Figure 10: In the automatic philosophy, input determines output (from Lukas, August 2, 1995, Dallas).

In the philosophy of free choice, the arena of choice is activated, and the person understands that each moment there is at least the potential of change. Each of us makes a choice each moment to change or stay the same. The spirit [bends vertical arrow to left, as in Figure 11] can affect the experience, by changing the person's perception of it, and it can affect the outcome [bends vertical arrow to right], by influencing decisions and actions. It is because of this potential of choice, which is activated by the spirit, that the person understands that he has the option of changing.

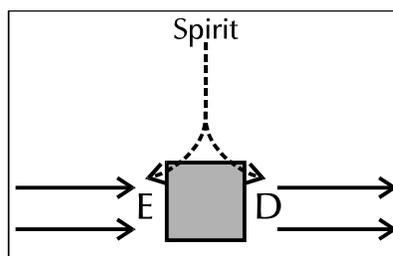


Figure 11: The spiritual dimension affects our perception of experience (E) and our decisions (D) to act (from Lukas, August 2, 1995, Dallas).

So an alcoholic who has been drinking much of his life still has a choice. Maybe it is a very small arena of choice, but it is still there. And we might say, and indeed he might say, that he has always been drinking and always will drink, but when we accept that he has free will and responsibility we understand that maybe he won't. Each moment is his decision, and his responsibility.

This is why Dr. Frankl has proposed a Statue of Responsibility on the west coast of your country to balance out the Statue of Liberty on the east coast. It is always necessary to understand that freedom, that is, this freedom to choose each moment, carries with it a large responsibility.

In logotherapy, the power to change is a foundation and fulcrum of therapy: the person always has the freedom of choice. It is also possible to acknowledge both "good" and "evil" since we have the freedom to choose. If we did not have this freedom, good and evil could not exist. The therapist is not a relativist, having as a philosophy that "whatever my client decides is right for him or her is O.K. with me." Sometimes a client chooses something that is inherently filled with "anti-meaning," that is, the client chooses against meaningful action. The logotherapist must provide an alternative, which has meaning, to point out the choices available to the client. More importantly, the healer must be able to say "No!" or "Stop! That far and no farther!" (Lukas, Toronto, 1993; Lukas, 1977a, p. 25, 1979a; Fabry, 1994).

Even if we have an infinite number of possibilities and a “tiny arena of choice” in determining the meaning of the moment, it must also be recognized that there is an area in which we have no choice, our “area of fate.” The only arena in which we have the ability to choose is our “area of personal freedom.” Once a choice is made, that “constellation of choices” is gone. We are not responsible for our fate; however, we are responsible for the attitude we take towards it (Lukas, 1991a).

Lukas (1990b) uses Frankl’s “tragic triad” to show the different types of “blows of fate” which affect us differently: inerasable guilt, unavoidable suffering, and death.

Frankl’s “Tragic Triad”

Inerasable Guilt. Lukas (1993, Toronto) points out that guilt must involve two coexistent factors. First, the person must have the freedom to choose. Second, though the person has enough insight to know what the meaningful choices are, he or she chose the less meaningful alternative. This means that in physical diseases (e.g., endogenous depression) or other blows of fate, the person may experience guilt wrongly. A person cannot be responsible for a disease or fate which was not chosen. This causal definition of guilt also excludes conditions in which a choice was made when better alternatives were not known or available.

If a client is experiencing guilt unnecessarily, the logotherapist allows the client the opportunity to determine if the guilt is legitimate, since the two necessary conditions may not have been met. This may be done directly, by educating the client about the conditions of guilt or by dereflection (to be covered later). Lukas (1991a) uses an

example of a person whose mother died unexpectedly. The client felt guilty that the last visit with his mother had been conflictive. Lukas left any guilt where it was, and replied: “Indeed, it is a pity that your last meeting ended so unfortunately. But surely there were many times in your life when a meeting with your mother went harmoniously?” (p. 125) to refocus the attention on the overall relationship between the mother and the son. However, she notes that the healer is not a confessor, and cannot absolve legitimate guilt. The only way a psychologist can restore innocence to a person is by a “declaration of dependence” (p. 124) on the conditions of life. That is, the psychologist must decide that the person is totally dependent on hereditary and environmental factors, has no ability to decide, and therefore no responsibility.

When guilt is present, it is used as a positive impetus to allow the person to grow and take action to repair the damage done, whether: (a) to someone who was injured, (b) to someone else or (c) by “rethinking,” that is, learning from the mistake when reparations are not possible (Lukas, 1991a, p. 127). Lukas (1984, p. 126) notes the effectiveness of former addicts and alcoholics in helping others who are addicted; their experience makes them uniquely suited for such work. However, it seems that it is not that such people are “driven by guilt” as much as that, in helping others with the benefit of their unique experience (and the lessons learned), they find fulfillment. Expressed in logotherapeutic terms, they answer a unique call to meaning which can only arise from their experience; a side effect of this process may be release from their guilt.

Unavoidable Suffering. Unavoidable suffering is caused by “blows of fate.”

Whether it is the death of a friend, the discovery and progression of cancer or other disease, or post-traumatic stress disorder in a war veteran, suffering is a part of life. But the logotherapist sees it as a unique opportunity, one which could not exist without the particular “blow of fate” which caused it.

One of the exercises Lukas (1995, Dallas) occasionally poses to her clients is intriguing: there is to be a car accident, and you have a decision. Would you rather be the driver in the car, and live with the guilt that you hurt somebody? Or would you prefer the role of the injured pedestrian, and be forced to suffer? The choice is reflected onto the present condition to show that perhaps suffering might have been chosen if given the choice. Lukas then helps them choose an attitude toward their condition which is more beneficial.

Death. Logotherapy reminds us of our transitory stay on this planet. This gives greater weight to the importance of the present. Lukas (1995, Dallas; 1993, Toronto) used Tolstoy’s *Confessions* as an example, which “shows the process of a man who has reached nearly everything in his life” and yet wonders if he has lived his life in vain. “All this will be lost. There will be a time when his property is owned by someone else,” his children are dead, his books no longer exist, and his name is no longer known. “He woke up and said, ‘why did I do any of this, what was it for?’” “To think of death is taboo. We live as if life is forever, but it is not. Death may be nearer than we think. Sometime you or I will die; this realization can protect you from despair” (Dallas, 1995).

Lukas (1995, Dallas) quoted Frankl: “behind each despair is an idolization.”

There are two types of values: “earthly” or “relative” values and “higher values.” Each value in life is relative and must not be set as an absolute. “Each relative value is a place holder to the higher value which is not on earth. In the moment we set a relative value as absolute, we act as if the jacket, holding a seat at the movie, is what is meant to be there.” For example, when parents lose a child, “there is always great grief.” This is normal. But when there is idolization, when the parents live “only for the children, then there is despair.” We must remember that “not only will we die, but also our children; our works will be forgotten totally.” By reflecting on our mortality, and our death, we can put our values in perspective: “some are bigger and higher than others, but none [are] converted to an Absolute Value.”

In working with values and the idea of death, we can only use *negative noölogy* or negative knowledge. By this, Lukas (1993, Dallas) refers to knowledge about the spirit, about noös, an awareness which is “beyond our grasp. We can only make declarations or definitions about spirit of what *cannot* be; we cannot say what it is. It is like lines of a painting or picture which convey perspective; they converge outside of the picture to an imaginary absolute point (see Figure 12). Negative noölogy refers to an Absolute which is beyond understanding, but conveys a perspective to our lives” (Lukas, 1993, Dallas).

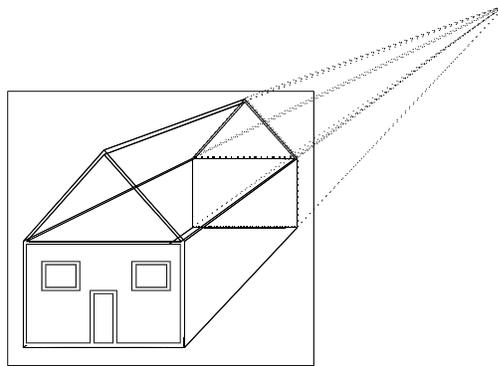


Figure 12: The lines converge outside the picture to an absolute point. Similarly, the Absolute is “beyond understanding but conveys perspective to our lives” (based on Lukas, 1995, Dallas).

Existentially, in death, “we come out of time and space again. Spirit is always located beyond space and time. We enter timelessness. This means we ‘arrive’—all people ‘arrive’—at the same time and same moment. There cannot be an ‘after death’ because there is no time after death” (Lukas, 1995, Dallas).

Frankl’s tragic triad reminds us that while each person has choice, every person must also face “blows of fate” and the inevitability of our passing from this world. Many people remain healthy in spite of much difficulty, while others seem to fall apart with even trivial challenges. Practitioners of logotherapy seek to understand the causes and origins of disease (soma, psyche, spirit), in order to best treat and prevent it, and to restore dignity, freedom and responsibility to the human being. In the tragic triad, often the only choice available to a person is the stance, or attitude, taken towards fate. One effective approach in this situation is attitude modulation, to be presented later.

Psychoses and Neuroses in Logotherapy

Lukas (1993, Toronto) carefully distinguishes between *psychoses* and *neuroses* to lay a foundation for the treatment of disorders. Psychosis does not originate in the psyche, it originates in the neurons, in the soma. It is a physical disorder, caused by a chemical imbalance, and is treatable with medication. Psychosis is a “blow of fate.” On the other hand, neurosis does not originate in the neurons (soma), but rather in the psyche, and may involve the spirit in cases of noögenic neurosis. The logotherapeutic classification of neuroses involves five categories: (a) noögenic, (b) psychogenic, (c) somatogenic, (d) psychosomatic and (e) reactive/iatrogenic⁶.

Psychoses. Psychoses, according to Lukas, are severe illnesses which are true “blows of fate” and should not involve guilt on the part of the person. Whenever there is the possibility of psychosis, Lukas (1993, Toronto) refers the person to a physician or psychiatrist to make a determination and prescribe medication. In psychosis, the role of the counselor or psychologist is to help the person cope with the illness, to give medication time to work. The psychotic sees a “mirage,” into which the therapist also enters (except for the effects of the hallucination), to help the person make an attitude

⁶ Lukas’ diagnostic system is not congruent with *The Diagnostic and Statistical Manual for Mental Disorders (DSM III–R or DSM–IV;* American Psychiatric Association, 1987, 1994). Logotherapy requires discernment and understanding of the

modulation within the mirage. One of the most common examples of psychosis is (endogenous) psychotic depression, which can result in a secondary neurosis (“piggyback depression”) from an excess of guilt and anxiety.

Noögenic Neuroses. Because under Frankl’s definition the human spirit is not susceptible to illness, noögenic neuroses are not *of* the spirit (noös). Rather, they result from the presence of the noëtic dimension and are not readily treated with traditional psychotherapy. These illnesses are unique to mankind, since only the human being has noös. Logotherapy is specifically indicated for these neuroses, divided into *value conflicts* and *existential frustrations* (Lukas, 1993, Toronto).

Value conflicts occur whenever the person has a high sense of values, such as a high ethical standard, but is unable to establish priorities between differing values. Lukas (1993, Toronto) notes that the clientele in these cases are “very different.” Ethically, they sometimes act on a “high level” but don’t see a priority between two or more values. If they choose one, they suffer from not fulfilling the other. She uses an example of a religious woman who was married to an atheist and distraught over how to bring up her children. The only solution seemed to be divorce. The woman was nervous, trembling, stuttering, prone to crying and reported losing 15 pounds in four months. Lukas observed that it was not possible to treat this woman without examining the value question. Treatment consisted of calming the physical symptoms, evaluating the conflict in values,

dimension(s) in which the disorder originates (soma, psyche, spirit), whereas the *DSM*

and serving as a catalyst in finding a solution which was in harmony with her values. In this case, the answer found by the client was to educate her husband about her religion and her need to teach the children about the principles of her faith.

Existential frustration, on the other hand, occurs when the person lacks or has lost meaningful values in life. In itself, existential frustration is not a cause of neurosis; it must coexist with a somatopsychic effect in order to become an illness. When this happens, it can manifest either as neurosis, such as a “wild grabbing for thrills and excitement to simulate meaning,” or depression. When existential frustration occurs in conjunction with relationship conflicts, Lukas (1993, Toronto) warns of a possible mid-life crisis, with anxiety and a heightened fear of death; paired with psychopathology, it may result in an increased readiness to commit crime. Existential frustration may cause despair, to be presented in the next section.

Psychogenic Neuroses. Psychogenic neuroses originate in the *psyche* (mind and emotions) and do not result from existential frustration. These include phobias, obsessions, and sexual dysfunction in which the basic trust of the person can be lost. This can make the job even more difficult for the healer, since trust must be restored for healing to take place (Lukas, 1993, Toronto). Paradoxical intention, to be presented later, works especially well in restoring trust and ending the symptoms, though dereflection is also effective with sexual dysfunction.

III-R and *DSM-IV* do not classify the origin of disease (Maxmen and Ward, 1995).

Somatogenic Neuroses. Somatogenic neuroses are functional disorders, which have their origin in the physical body. Common causes include a thyroid or adrenal disorder, electrolytic imbalance, or autonomic (“dystonic”) dysfunction. Lukas (1993, Toronto) points out that an imbalance of hormones may cause a person to have neurotic symptoms. Disease must always be treated on its plane of origin; if the healer tried paradoxical intention for a disorder originating in the physical “the wrong dimension [the spiritual] will be entered.” Of course, the same holds true for using psychoanalytic methods: no amount of talking about the person’s unconscious, or past, will help them to heal in these cases.

However, as with other conditions it is possible that a secondary neurosis could develop, which can be treated with logotherapy (Lukas, 1993, Toronto). For example, a woman with post-menopausal symptoms might be treated physically with estrogen replacement therapy, while a counselor uses attitude modulation to help her adapt to her situation.

Psychosomatic Neuroses. In Toronto, Lukas (1993) used a metaphor: if a shingle on the roof is cracked, problems may not appear for some time. But during a thunderstorm, the roof may begin leaking. We cannot conclude that the storm caused the leak, Lukas states; rather, it is a combination of the two factors that produced the difficulty. Similarly, in psychosomatic illness, there is always a predisposition, a “predamage” of the soma (physical body), combined with a psychic or spiritual “trigger” to cause illness (Lukas, 1993, Toronto).

Lukas (1993, Toronto) illustrates this type of disorder with insomnia. A person with a predisposition to irregular sleep patterns may have a stressful event, such as stress at work or an accident. The combination causes the person to develop sleeplessness, which causes further stress and interferes with subsequent nights of sleep. Dereflexion, presented later, is highly useful in psychosomatic disorders.

Reactive (Iatrogenic) Neuroses. Reactive neuroses are caused by an interaction between the world and the psyche and/or soma. Examples include hysteria and addiction. In hysteria, the person desperately seeks attention, and produces “symptoms” which eventually become real (Lukas, Toronto, 1993; see also Lukas, 1991b). The focus frequently is on *having* instead of *being*, and often there is what Lukas termed an “ethical insufficiency” which allows room for the neurosis to develop. What is needed, she adds, is “an existential shift of the whole personality.”

The word *iatrogenic* comes from two roots: *iatro* means “doctor” and *genic* means “caused by,” so this word literally means “caused by the doctor” (Lukas, 1993, Toronto). If a client begins talking about childhood sexual abuse and the psychologist reacts with tremendous concern and probes and questions it at length, then the healer has probably set the stage, or at least planted the seeds in the client’s mind, for an iatrogenic neurosis. Lukas (1993, Toronto) cites an example of a client who was given up for adoption by his mother. Because this was not the presenting problem, she “left it alone;” as she put it, “you cannot force development here” and “he’ll come back to it if necessary.” Lukas (1993, Toronto) paraphrases Frankl: “you will hear a lot of tragedy,

but never be frightened too much of that.” To give greater weight and attention to the client’s adoptive status might have precipitated an iatrogenic neurosis.

Iatrogenic problems are best prevented, and one method to be discussed is “alternate diagnosis” (Lukas, 1993, Toronto). Reactive or iatrogenic neuroses which have already developed must be approached individually, using applications such as attitude modulation and dereflection.

Doubt versus Despair: Existential Vacuum and Existential Frustration

Though much of a therapist’s caseload is composed of people with diagnosable disorders, a significant portion of those who seek treatment are not “sick” at all. Indeed, one of the premises of logotherapy is that the search for meaning is a sign of wellness. Often clients are greatly relieved to hear this. Lukas (1984) divides these clients into two groups: people in doubt and people in despair.

People in Doubt: Existential Vacuum. The first group are those who are looking for meaning, but don’t seem to be able to find it. These “people in doubt” are mainly the young and those who

have retained some adolescent insecurity.... They are searching for a goal to pursue, an idea to believe in, a task to fulfill because they find themselves in a horrendous emptiness which Frankl has termed the “existential vacuum.” They see no purpose in their lives and are searching for meaning. There is nothing sick about this search; on the contrary, probably every person has to go through this stage to find a personal value system to reorient goals and life content. (Lukas, 1984, p. 4)

People in Despair: Existential Frustration and Pyramidal Values. Another group of people may have experienced much meaning in their lives, but now they have lost it.

This loss may occur as the loss of health or loved one or a change in life circumstances (blows of fate). Alternatively, it might result from a gradual change in perspective of life, for example, when a person no longer sees wealth, fame, or power as important. These potential clients are in despair. Lukas describes them as being, by and large,

healthy without enjoying their health, affluent without being grateful for it, and treated with consideration without noticing it. They are depressed and neurotic, have phobias and obsessions, suffer from sleeplessness and tension... feel inferior and dependent, weak and tired of life—all this without any external, visible reason, without real troubles or distress. (Lukas, 1984, p. 10)

A Czech psychologist, Stanislav Kratochvil (cited in Lukas, 1984, and 1993, Toronto; see also 1986), proposed that value systems could be placed into two groups, *pyramidal* and *parallel*. People with pyramidal value systems have one value which towers above all others, whether it is work, children, religion or any other value. People with parallel values tend to have multiple values which are equally strong, each of which contribute to a sense of meaning.

In the pyramidal value system, the loss of a sole value is devastating. A similar loss to someone with a parallel value system would not have the same effect. Kratochvil concludes that this is for two reasons. For one, the person with a parallel value system has other values which remain after the loss of one value. Secondly, the person with a pyramidal value system has a tendency to be intolerant and fanatical, and may not socialize easily with others. This is in line with Frankl's statement that "behind every despair lies an idolization" (see also Lukas, 1995a, p. 9). Whether it is the parents who shape their lives around an only child, a worker who devotes everything to his job or a

disciple who worships his guru, an idolization takes place which, when challenged or disrupted, causes despair.

Hyperreflection, Hyperintention and the “Devil’s Circles”

Hyperreflection is a vicious circle of attention on the negative which produces more symptoms. This, in turn, causes the victim to continue the self-centered focus.

Hyperintention usually coexists with hyperreflection, and involves the person fixing the intention upon the self, instead of on something greater than the self which brings meaning. This results in a failure to find meaning and fulfillment, and the intention is redoubled as the person finds meaning more and more elusive (Lukas, 1993, Toronto).

The “devil’s circles” conceptualize the neurotic pattern of hyperreflection and hyperintention. Lukas (1993, Toronto) states that in all neuroses there is a trap, like a mousetrap: the mouse is caught and struggles, and the more it struggles “the deeper the iron goes into the flesh.” One example is the anxiety neurosis of insomnia. She translated from a German Frankl text: “the person experiences sleeplessness for one reason or other, and has the wish to fall asleep, which prevents relaxation. A tense expectation is set up, wherein the insomniac observes himself falling asleep, and cannot relax.” Another example is anorexia. After prolonged fasting the person gets an endogenous “high” which is destroyed by eating. Attention may also be given to the situation and the victim by family members and friends. The victim becomes “addicted” to the “high” which comes from not eating (and to the concern from others, if it exists), and the trap is set. To Lukas,

striving for meaning “produces as a side effect some reward.” When a person seeks the reward (such as pleasure) directly, the devil’s circles are entered.

In sum, when we mistake the “will to meaning” for a drive, we begin to seek meaning or happiness as an end in itself. Thus we enter the “devil’s circles” and fail to find what we are seeking. When our search for meaning as an object in itself is resumed, then we break the downward spiral, and as a side effect we find happiness and meaning. This process is applied in the techniques of paradoxical intention and dereflection.

Need for Values

Lukas (1993, Toronto) emphasized that logotherapy is not a “value-free” therapy. In fact, it is centered on values. Frankl (1986) notes that meaning is found by helping the person to realize values, of which there are three kinds.

Men can give meaning to their lives by realizing what I call *creative values*, by achieving tasks. But they can also give meaning to their own lives by realizing *experiential values*, by experiencing the Good, the True, the Beautiful, or by knowing one single human being in all his uniqueness. And to experience one human being as unique means to love him.

But even a man who finds himself in the greatest distress, in which neither activity nor creativity can bring values to life, nor experience give meaning to it—even such a man can still give his life a meaning by the way he faces his fate, his distress. By taking his unavoidable suffering upon himself he may yet realize values.

Thus, life has a meaning to the last breath.... I call such values *attitudinal values*. The right kind of suffering—facing your fate without flinching—is the highest achievement that has been granted to man (p. xix).

Of these three sets of values, Lukas (1993, Toronto) notes that only attitudinal values are purely spiritual. Fate can take away the ability of a person to love or the ability to work, but the person always has the ability to choose an attitude toward a situation.

Logotherapy requires that the practitioner discover, recognize, and respond to the values of the person. Moreover, Lukas (1991a) argues that life has meaning under every circumstance: while the person always has free choice, the healer has the responsibility to provide alternate possibilities to any client who is considering suicide, abortion, or any other action which may not be inherently meaningful.

Techniques of Logotherapy

Logotherapy is a paradoxical theory and therapy. While the theory is rooted in existentialist philosophy, it is simultaneously able to help those with very real problems. Though it deals with the knowledge of death in the future, it helps us face life in the present moment. To the casual observer, logotherapy may be perceived—incorrectly—as behavioral or cognitive in its approach, which contradicts its moniker as “height psychology.” Since the practitioner must first live the theory before applying it to others, there is no single “set of techniques” which are used. It cannot be overemphasized that each person is truly unique: *therefore each logotherapist must find a unique approach, which then must be adapted to each unique client* (Lukas, 1993, Toronto). Logotherapy is a necessary *supplement* to traditional psychotherapy (Frankl, 1986), not a self-contained “package” of techniques for all people (Lukas, 1993, Toronto). A casual survey of

presentations of logotherapy in textbooks showed that they typically fail to mention this fact (McLafferty, 1993).

Understandably, then, logotherapy has a reputation for not being practical. Yet, there is a body of writing which gives well-defined applications for approaching the problems of clients.

Frankl (1969) stresses that the healer must always determine the philosophical stance of the client. In general, all philosophies can be divided into two positions: mechanical and teleological. In the first, the person is functioning closer to the animal level, whereas in the second, the human spirit is active and can be used as part of therapy. Note that Lukas (interview, August 2, 1995, Dallas) divided all theories of psychology into these two categories as well.

Logotherapy has four basic processes (Lukas, 1977a, 1984, 1986): (a) gaining distance from symptoms, (b) modification of attitudes, (c) reduction of symptoms, and (d) orientation toward meaning. The order of, and emphasis given to, each must be adjusted according to the nature of the symptoms. The three most prominent applications of logotherapy are paradoxical intention, dereflection and modification of attitudes. Before any of these techniques can be used, a diagnosis must be made.

Alternating (or Alternate) Diagnosis

In her training course in Toronto in August, 1993, Lukas (see also 1986, pp. 41–42) pointed out one of the main problems of traditional methods of diagnosis: the diagnostic phase allows the practitioner to gather the needed information at the expense

of giving too much attention to the client's difficulties. This intensifies the predisposition of a client to focus on problems (hyperreflection). As a result, the client may have more symptoms at the end of the initial visit. Lukas gave an example of a woman who reported insomnia, and the questions from the psychoanalyst focused on how long it had been going on, what events triggered the symptoms, how often it occurred, etc. She noted that several weeks of therapy may be needed to reverse the effects of this initial hyperreflection (see Figure 13).

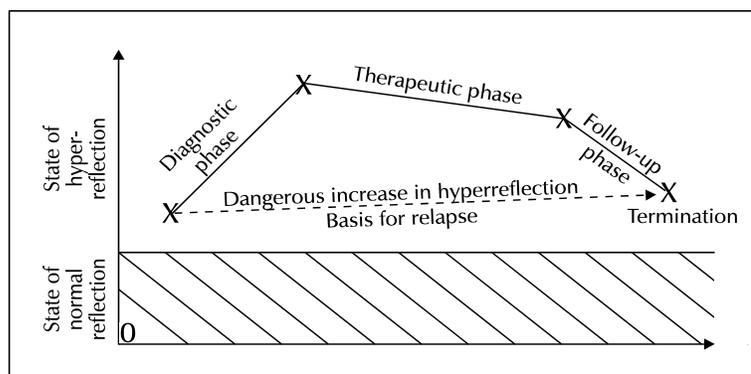


Figure 13: Traditional diagnosis heightens hyperreflection, increasing danger of relapse (from Lukas, 1986, p. 41, and 1993, Toronto).

Lukas uses a technique called *alternate* (or *alternating*) *diagnosis*. In this process, questions about the symptoms and problems are interchanged with questions and probes about the client's strengths, hopes and wishes. Clients are never allowed to dwell too long on difficulties without a counterbalancing set of questions about positive aspects of their lives. She admitted that this procedure may not yield as much initial information

about problems as the traditional method, but any omitted details will inevitably be addressed as therapy unfolds. However, the client is given new hope, and somewhere else to place the attention. This minimizes iatrogenic damage from the diagnostic phase, and leaves the client in a better state to begin the therapeutic phase. It also allows the healer to assess the strengths and skills of the client, which can be applied to the presenting problem.

Lukas (1986) gives an example of this technique with insomnia. Questions may initially focus on the frequency of symptoms, then move to a discussion of daily rhythms. Next the counselor may focus on daily activities, and possible activities during episodes of insomnia. Inquiry might then focus on experiences of the client with these activities, then return to talking about the problem, asking about any connection the client makes between stress and sleeplessness. The dialogue might conclude with a discussion of the client's relationships with friends and relatives, and links between these and the client's interests.

This process also reveals the positive and healthy parts of the client's life, useful in the therapeutic phase. As therapy progresses, the healer can point to these areas of meaning and value to refocus the attention of the person.

Socratic Dialogue and “Naive Questioning”

Socratic dialogue. Lukas (personal communication, July 1, 1996) defines Socratic dialogue as a means of asking questions which allow the client to find the answer.

The teacher does not give the answers to his or her pupils, for example, that two plus two is four, in a manner that they have to repeat it and learn it by heart. In Socratic dialogue the teacher asks the pupils in a way that they—by answering his questions—find the solutions themselves. For example, he asks, “If you put two stones on the table and add two stones, how many stones are now on the table?” In the same manner, patients are often asked in logotherapy to find the meaning–call of their life situation.

This method is used in much of logotherapy; many of the examples that follow contain elements of Socratic dialogue.

Naive questioning. Sometimes clients are resistant to change, and the challenge of the logotherapeutic dialogue only increases this problem. Lukas (1984, 1986) developed the variation of Socratic dialogue which she calls naive questioning.

Here the client’s 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 own view. (Lukas, 1984, p. 65)

For example, a woman who complains about the constant demands of her children could be asked innocently what she would do if they all died and she could suddenly do anything she wanted. Lukas (1986, p. 50) cites such a case, in which the mother immediately insisted she was glad they were healthy, though much work was required on their behalf. It was then possible to educate her about ways to better handle the developmental demands of her children. Naive questioning is typically used on less sophisticated clients.

Psychological Applications: Appealing, Strengthening the Will, Autogenic Training

The Appealing Technique. Unlike other methods of logotherapy, the appealing technique is purely psychological; it does not enter the noëtic dimension. It is used especially when the client does not have a sufficiently developed will to mobilize the “defiant power of the human spirit,” such as in addiction and alcoholism (Lukas, 1984, 1979b, Lukas and Fabry, 1977), when the person is functioning at a fairly primitive level or too ill to achieve self-distancing by other techniques (Lukas, 1986, 1984, 1977a). However, it is important that the therapist be aware of, and work in harmony with, the client’s values. The effects of this technique are only temporary, and must be repeated at intervals, unlike other methods of logotherapy.

The appealing technique is based on the therapist’s suggestion, which may seem to be philosophically at odds with the principles of free will, responsibility, and self-determination. However, it differs from traditional suggestion exercises in that the therapist does not set the goals of therapy; this freedom always remains with the client. Suggestions avoid concrete goals (such as abstention from drugs) but act only to reinforce the person’s ability to make willful decisions and use the “defiant power of the human spirit.” They are used only temporarily, when the client’s will is incapacitated or inadequately developed. Lukas (1984) recommends this technique with clients who are too stimulated to achieve a modification of attitudes, or too focussed on their next drink or “fix” to attempt dereflection.

Strengthening the Will. In this exercise, Lukas (1984), offers no self-talk to the addict of “I will not drink again” but rather offers suggestions along the following lines:

I am not the helpless victim of my drives and emotions. I have free will....
I can feel this inner will; it becomes clearer and clearer; it gives me
strength to persist. I shall master my life; master it in spite of all the
difficulties. (p. 41)

Strengthening the will is often used as part of the appealing technique. It, too, must be repeated at intervals and is used as a temporary “bridge” method until the person is strong enough to undergo other logotherapeutic processes.

Autogenic training (hypnosis). Lukas makes frequent mention of autogenic training (1986, 1984, 1979a, 1979b, Lukas and Fabry, 1977) as part of the appealing technique. Autogenic training is a form of hypnosis which can be repeated by clients at regular intervals by playing tapes which are recorded just for them. Lukas (1984) prefers not to use all of the steps of hypnosis. It is only necessary to have the patient relaxed enough that the suggestions will be available to the mind.

Using Non-Noëtic Techniques in Combination. In cases of physiological addiction, Lukas (1984) requires detoxification first, using therapy as a follow-up. In general, she starts with relaxation exercises, uses the appealing technique and/or strengthening of the will, then proceeds to Socratic dialogue when the client is ready. In this way, all three dimensions of the human being are included in the healing process: physiological (soma), psychological (psyche) and noëtic (spirit).

Once the client has achieved the ability to self–distance, self–transcend, and/or invoke “the defiant power of the human spirit,” Lukas (1984) recommends a transition into methods which “enter the dimension of the spirit” (p. 117).

Distance from Symptoms

In the application of logotherapy, it is always necessary to determine what condition or event isolates the client from the spiritual dimension. An overwhelming constellation of symptoms can be a barrier to the spiritual dimension, and it is often necessary to help the client achieve a greater distance from the symptoms. In conditions involving suffering, “paradoxical intention brings suffering to an end, [while] dereflection often requires suffering to set in motion the spiritual development of a person” (Lukas, 1986, pp. 144–5). From another perspective, paradoxical intention helps to prevent a condition or event, such as fear or panic, while dereflection is used to precipitate a desired occurrence, such as sleep (Lukas, 1984). Sometimes the two are used together, such as when both anticipatory anxiety and hyperreflection co–exist; in these cases Lukas (1984, p. 106) recommends the initial use of paradoxical intention to lower the level of fear, followed by dereflection.

Paradoxical Intention. Lukas (1991a, 1986, 1984, 1982) cites paradoxical intention as one of the best logotherapeutic applications to address symptoms in which the client feels trapped in the “devil’s circles.” This technique is remarkably effective in cases of phobias and panic attacks by providing a reliable mechanism of self–distancing. It works because fear attracts what is feared. If the feared object is desired by the person

(even in a humorous way) the fear cannot coexist with the desire, and the object of the fear cannot materialize. In these cases, the fear itself serves as a barrier to noös, and access to the noëtic dimension is impossible. By removing the fear, it is possible to point toward meaning which was previously blocked.

The process is simple: the counselor first enlists clients' help in gaining conscious awareness that "they are not identified with the feelings dominating them, but that they can choose an attitude toward those feelings and even defy them" (Lukas, 1984, p. 73). This arouses "the defiant power of the human spirit." Then the healer asks the client to invoke a humorous exaggeration of what is feared, pointing out that someone cannot fear something that is wished for. Humor is a quality of the human spirit, as it is unique to the human kingdom. For example, a client experiences panic attacks while at work or school. The counselor explains the cycle of anticipatory fear, leading to tension and hyperventilation, leading to dizziness and disorientation, which feeds the anticipatory fear. By breaking the cycle at any point, the panic is dissolved. The counselor instructs the client to break the cycle by invoking the "defiant power" and deciding to have a massive, dramatic panic attack right then and there. The phobic object (in this case, panic) is exaggerated absurdly, which helps to mobilize the individual's sense of humor.

Though paradoxical intention has been adapted for use by other theories of psychology, three factors are logotherapeutic "birthmarks" (Lukas, 1982): (a) It causes a change in attitude, not just a change at the surface of one's behavior [persons using it experience an increase in self-esteem, a new calmness, a fundamental confidence, a new

humility “that has almost religious overtones—the realization of our own shortcomings which are embedded in a universal order of meaning” (p. 21)]; (b) it deals with one’s dialogue with the self, allowing a direct conversation with the fear; (c) it uses a sense of humor that allows the client to ridicule their fears, using the human being’s spiritual capacity of self–distancing. Therapists unfamiliar with logotherapy *erroneously* assume this method is merely behavioral, and neglect its use of the spiritual dimension (Lukas, 1982).

Though remarkably effective (Lukas, 1981b), cautions must be taken. Lukas (1984; 1993, Toronto) notes that paradoxical intention is contraindicated in the presence of endogenous depression, suicidal ideation, or in any other case where the client may actually carry out the feared activity. In addition, the possibility of somatic causes must be ruled out. In the example of panic attacks mentioned earlier, a referral to a physician would be necessary to investigate a possible organic origin, such as hyperthyroidism or adrenal tumors.

Paradoxical intention is mainly effective in helping clients achieve distance from their symptoms, which has a side effect of eliminating them (Lukas, 1993, Toronto; see Figure 14 for a comparison with other applications). Once symptoms are relieved, it is sometimes helpful to explore the dimension of meaning to help the person achieve a greater meaning orientation (and thus prevent attention from being placed on the feared symptoms later). However, this approach is often used by itself, because it is so effective.

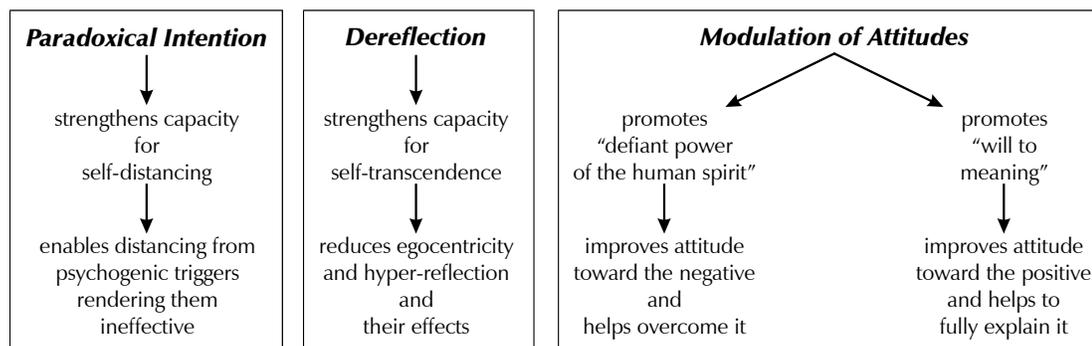


Figure 14: Different techniques are used, depending on the need of the client (from Lukas, 1993, Toronto; based on *The defiant power of the spirit*, Frankl).

Dereflection. Dereflection is used for hyperreflection and hyperintention. The person is hyperreflecting on something, always a “small thing” which has been increased in importance so that perspective is lost. Dereflection points the attention back to meaning. “This way is always a way of love” (Lukas, 1993, Toronto). Lukas paraphrased Frankl: “only to the degree to which man is spiritually with someone or something else, only to this degree is man spiritually with himself” (see Figure 14).

“Dereflection directs attention to a goal beyond the self” (Lukas, 1986, p. 49). However, it is not a method of diversion or problem avoidance, which only gives more attention to it. Rather, the therapist challenges and encourages the client to focus on one or more arenas which have a higher value to the client than the current crisis. The key to dereflection is values. Sensitivity, patience and perception are required by the healer to discover the client’s highest values. The therapist can avoid imposing values by waiting for clients to reveal theirs. The healer must always have an “open ear to their expression

of values” (Lukas, 1993, Toronto). Lukas points to Frankl, who says that the therapist is a catalyst, not an originator, of values. One of the challenges of the healer is to find the “something” or “someone” which is valued, so the person can self-transcend “for the sake of” that value. Here the emphasis shifts from the client *having* (or not having) to the client’s *being*, which involves the human spirit.

An example of dereflection for treating impotence was published by Frankl in 1947, several decades before Masters and Johnsons’ work (cited in Lukas, 1984; also 1993, Toronto). Sexual neurosis can result from trying to force orgasm, which results in failure. The person’s attention is on the self, rather than on the partner. In dereflection, the therapist forbids sexual intercourse (with the proviso that if the impotence disappears, let nature take its course), and trains the patient in *love*—how to truly care for another person, how to let the partner be himself or herself, not having the partner make you happy. A side effect is that a normal sex life is restored.

Insomnia can be treated similarly. The client is taught that the body has a way of getting all the sleep it naturally needs, and everyone needs different lengths of sleep. Favorite activities are explored, and when sleeplessness is encountered, this “extra time” is seen as an opportunity to do the things that are enjoyed and loved. In this way, the anxiety is reduced and sleep, if needed, follows soon after (Lukas, 1993, Toronto).

Just as with paradoxical intention, dereflection has limitations. The therapist must rule out any organic causes of the symptoms; in the case of insomnia, factors such as caffeine intake, adrenal oversupply, and drug abuse (cocaine, amphetamines) must be

considered. Dereflexion orients the client toward meaning. It also reduces, and provides distance from, symptoms. If modification of attitudes is indicated, it can be included later in therapy.

Modification of Attitudes (Attitude Modulation)

Whereas dereflexion helps the person with unnecessary suffering, attitude modulation deals with unavoidable suffering (blows of fate). The eyes of the person are given a new perspective by examining the relativity of values and the permanence of meaning (Lukas, 1993, Toronto). In this respect it is subtly different from “reframing,” in which a therapist tries to place a situation in a different light, because a reframe emphasizes mainly a shift in values without necessarily discovering meaning. In attitude modulation, the shift in values is always tied to the discovery of meaning and the transcendence of self.

A client who has lost a leg may have to reconsider whether the “value of human existence depends on the use of two legs, and explore opportunities that exist in spite of, and even because of, [his or] her one-leggedness” (Lukas, 1986, pp. 49–50). Socratic dialogue seems particularly effective in attitude modulation; in the example just given, the therapist may conclude naively to the amputee: “So the value of human existence depends on having two legs....” This technique often involves trying a number of different attitudes until one is found that resonates with the person. (For an in-depth case study, see Lukas, 1993.)

Lukas (1984) gives an example of a woman whose face had been badly disfigured in a car accident, so severely her husband divorced her. After many unsuccessful attempts, Lukas found an approach which brought a smile to the client:

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.... 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. (p. 64)

Attitude modulation is a powerful tool, but cannot be applied as a “technique.” It requires great patience, sensitivity and skill on the part of the therapist to know how to use it to help the client discover meaning and transcend the self.

Shoring Up the House: Treating Psychoses vs. Neuroses

Lukas (1993, Toronto) differentiated the logotherapeutic treatments of psychoses and neuroses. Psychosis makes “the area of freedom very small.” A person can be totally blocked from the spiritual dimension by illness, such as in schizophrenia.

Logotherapeutic techniques can be helpful when used on a person with psychotic symptoms, but only with concomitant pharmacotherapy.

With neuroses, the “area of personal freedom is much bigger” (Lukas, 1993, Toronto). With neurotics, “you always have to burden them, challenge them, give them tasks” to fulfill. It is like a house that is weak and about to collapse. With a neurotic, “you have to put something on the roof and it will not fall apart. If you lift the roof, the walls will fall in.” However, with a psychotic, it is necessary to alleviate the symptoms,

or to lighten the load on the roof while the walls are being strengthened (Lukas, 1993, Toronto).

A “Cloud” in the Sky: The Goal of Logotherapy

If logotherapy postulates the existence of free will in the individual, then one of its goals must be to free the person from unhealthy dependence on any idea or person, including the logotherapist. But logotherapy does not limit its understanding to “freedom from” dependence, guilt and fear; a person must also have “freedom to” act, take responsibility, and choose an attitude toward an avoidable fate. The process of logotherapy is designed to allow the client to find a means of responsible decision-making as quickly as possible, to find the unique, personal “cloud” of meaning and better understand the normal and necessary tension of life between “being” and “should be.” The person learns that the goal of life is not the absence of conflict or tension. Rather, each crisis in life provides opportunity for the discovery of meaning.

A “Once-and-for-all-cure”: Four Stages to Self-Sufficiency

To achieve these goals of logotherapy, Lukas (1995a) has proposed a four-stage model of therapy, which emphasizes a “once-and-for-all-cure” (p. 11). It begins with symptom reduction and problem solving in individual therapy. Here any appropriate logotherapeutic method is used. The second stage is a general dereflection group, which allows the person to begin to focus on “positive and creative areas of his life” (p. 5). The main rule for the group is that members may “talk about whatever they wish, but not

about something which is negative for themselves” (p. 5). The third stage Lukas calls a “logotherapeutic meditation group” (p. 7) in which symbols, imagery and ideas from logotherapy are meditated upon and discussed. For example, the airplane can move around like a car on the ground, but it is only an airplane when “it lifts itself into the air, [which] illustrates very beautifully that a human being is only fully and truthfully human, when he rises to the heights of the spiritual dimension” (p. 8). The final phase is a series of individual conversations with the therapist, in which the topics are more superficial. The dyad is no longer expert–patient, but just two equals, talking about everyday things. In this way the healer signals that the expert therapist is no longer needed and allows the person to leave, fully able to make decisions.

Other Applications

Logotherapy lends itself to “self–help,” and Lukas (1991a, 1990a) writes specifically about this possibility. She mentions books as being “friends of the soul” (1991a, p. 153), aids to those who need assistance. There is no need for an “expert” in order to begin living logotherapy, but it does take courage, one which can co–exist even with fear. Applications of logotherapy in education (Lukas, 1989), for the elderly (Lukas, 1995c), in the chronically ill (Lukas, 1992), in family therapy (1991c), and in different personality types (Lukas, 1983) require the mobilization of creativity, caring, humor and responsibility. It is not possible for healers to “practice” logotherapy, as much as it is necessary for them to educate others how to apply it for themselves.

Summary and Closing

Elisabeth Lukas began life in the midst of World War II. Her formative years were marked by awakenings and dashes to a bomb shelter in the middle of the night. But out of these circumstances came experiences of transcendence which later served as signposts. Her involvement with logotherapy was precipitated by a powerful, resonating memory of one of these experiences when she first heard Viktor Frankl speak.

Lukas' life is congruent with her interpretation of logotherapy. During her interview in Dallas (August 2, 1995), she twice turned her answer into a question, inviting me to discover meaning in it. For example, after telling the story about how she became involved in logotherapy, she added: "You have a daughter, no? Then one day you give her your orange, so she remembers it." Later, when we were talking about theories of psychotherapy and the freedom of the person, she concluded by noting Frankl's idea for a Statue of Responsibility to "balance out" the Statue of Liberty. "It is necessary to always understand that freedom, that is, this freedom to choose each moment, carries with it a large responsibility."

Truly, this is her life work—for her, meaning comes from helping others discover meaning. In her vision, even Beckett's *Waiting for Godot* becomes a beacon of hope.

Logotherapy is a well-developed theory with an existential philosophical base, at times an overwhelming foundation of thought. To Lukas, it is "only the transitoriness of life" (1995b) which gives it meaning. The universe and our Creator are supportive.

Logotherapy assumes that the whole has meaning, and therefore each of its parts. This meaning can only be discovered; the person cannot create something that already exists.

The spiritual dimension gives some small arena of freedom and choice... and therefore responsibility. Commensurate with this freedom is the gift of a personal vision of meaning analogous to the “cloud” which led the Jews out of Egypt to find the promised land. However, it is necessary for us always to differentiate between the “cloud” and its shadow, for if we confuse the two we lose our way. Similarly, if we confuse meaning with the happiness which comes naturally as a side effect of the pursuit of meaning, we become trapped in “the devil’s circles.”

Each person is unique. Our parents, experiences, perceptions and human spirit make us one of a kind. None of us will ever be replaced in the universe. Each of us has a call to meaning which is uniquely ours. As such, it is not possible to use “cookbook” psychology to find this meaning; no single approach works for everybody. Even applications of logotherapy such as Socratic dialogue, modification of attitudes, dereflection, and paradoxical intention require flexibility and insight to adapt to this uniqueness. The practice of logotherapy requires, even demands, that the practitioner first live it to help others do the same.

Lukas believes that a life of ease is not congruent with a spiritual life. Suffering and difficulty always provide opportunity for meaning, one which could not be found otherwise. This is true even with people considering abortion, suicide and divorce.

Self-actualization is not a possible goal of logotherapy. Only as a person becomes self-transcendent does the person find fulfillment, and as a side effect, self-actualization. The moment self-actualization (or any self-fulfillment) becomes the goal, the person becomes enmeshed in some degree of the “devil’s circles.” Much guilt and suffering can be alleviated by helping the person to place the attention on something beyond the self, or to help find something or someone “for the sake of” which a person is willing to transcend the self. Creative and experiential values are important and significant, and allow us to create a work, or experience truth, beauty and goodness, or love—in the full knowing of another person. But “blows of fate” can take away this “arena of choice” and leave us with another choice, to activate what Frankl terms the highest value: the attitude or stance we take toward our unalterable fate.

Logotherapy is not a universal therapy; it is proposed as a supplementary mode of therapy for the 20% of the population who suffer from existential or spiritual crises. It works particularly well with the “tragic triad” of guilt, suffering, and death.

That which points the way to meaning, also points to God. Logotherapy points toward a meaning which already exists and cannot be created; it does not veer into religion. Frankl (1969) calls it a “secular psychology.” But it is one that is not afraid to address issues of “God,” however defined by the client, as they come up in therapy.

Logotherapy begins with three holistic, inseparable dimensions of human existence: soma, psyche, and spirit. All are needed to understand and treat the human *being*, and none can be ignored. No matter how severe the crisis, how much guilt is

carried, how deep the suffering or despair, Lukas offers a call to meaning. Indeed, her life is a monument of meaning.