

Academic Article

A Simulated Interview with Viktor Frankl: Part 3 - The Process of Psychotherapy

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Introduction

The process of psychotherapy is changing in this age of evidence-based practice and structured manuals to guide treatments that have been designed to address specific problems. However, for many clients, existential views are important but neglected topics in their therapy sessions. The present manuscript explores logotherapy and the process of psychotherapy using a simulated interview derived from a series of Frankl's previously published remarks.

Contemporary psychotherapy is undergoing a major shift, with a heavy emphasis on evidence-based practice and treatment outcome research. Most of these treatments rely on structured treatment manuals to guide the therapy, and the interventions have been designed to

confront specific symptoms of specific psychiatric disorders. However, many clients struggle with broader existential concerns that cannot be captured in a pre-planned manual.

In contrast, Viktor Frankl recommended a thoughtful approach to psychotherapy sessions that was uniquely adapted to each client and their particular concerns. The process relied on a series of provocative questions to help clients shift their perspective and improve their attitude. These notions will be explored using a simulated interview format.

In the age of cognitive-behavioral therapy and evidence-based practice, there is less interest in forms of psychotherapy that are based in philosophical foundations. Furthermore, as online sources and electronic journal articles replace

the older journals that collect dust in the stacks of the libraries, the new generation of psychotherapists have often never read the original words that helped to shape the field of psychotherapy. There is a risk that the field could fail to hear the words and lose the impact of these pioneers. The present manuscript uses a simulated interview format to explore Frankl's views about psychotherapy process. What follows is the process of psychotherapy according to Viktor Emil Frankl (VEF) interviewed by James C. Overholser (JCO).¹

Interview

JCO: We have a bit of time left. Let's get started. How does your approach to treatment align with other forms of psychotherapy?

VEF: "The new psychotherapy must be set up in contrast to all psychologistic theories which ignore the spiritual" (Frankl, 1961a, p.2). "We must look beyond psychogenesis ... in order to see the distress of the human spirit" (Frankl, 1956, p.57). "Logotherapy calls upon the spiritual in man, and especially upon his will to meaning" (Frankl, 1958b, p.86). "Logotherapy is no substitute for psychotherapy, but its complement" (Frankl, 1955b, p.20).

JCO: So logotherapy confronts broad existential issues in session?

¹ Frankl often used the word "he" when we might now prefer the non-sexist phrase "they", or "man" when we might prefer "human".

VEF: “The aim of the psychotherapist should be to bring out the ultimate possibilities of the patient. Not to penetrate his deepest secrets but to realize his latent values” (Frankl, 1956, p.56). “True human wholeness must include the spiritual as an essential element” (Frankl, 1961a, p.2).

JCO: So it can be helpful to bring a spiritual view, but the therapist should stay out of religion and religious dogma?

VEF: “Of course” (Frankl, 1961b, p.5). “It seems to me that the various religious denominations are something like different languages. It is not possible ... to declare that any one of them is superior to the others.” (Frankl, 1967a, p.13). “Similarly, no language can justifiably be called ‘true’ or ‘false’” (Frankl, 1967, p.13).

JCO: Many people today feel there is too much stress in society? Do you feel clients would benefit from interventions that include meditation and mindfulness strategies?

VEF: “This is not true” (Frankl, 1966/2016, p.8). “What man actually needs is not a tension-less state but rather the striving and struggling for some goal worthy of him” (Frankl, 1962a, p.113). “There is not only a pathology of stress, but also a pathology of the absence of tension” (Frankl, 1962b, p.101).

JCO: So tension is good? But anxiety is wide spread - What are your thoughts on helping clients manage their feelings of anxiety?

VEF: “Man’s search for meaning may arouse inner tension rather than equilibrium” (Frankl, 1984, p.109). “Out of a fear of anxiety, the patients ... run from the anxiety (Frankl, 2004, p.110). “Fear tends to make come true precisely that which one is afraid of” (Frankl, 1967c, p.146). “Fear of fear is frequently caused by the patient’s apprehensions about the potential effects of his anxiety attacks ... the patient begins to avoid whatever situation used to arouse his

anxiety” (Frankl, 1975a, p.226).

JCO: If you do not rely on medication or meditation, then how does a therapist help clients to manage their fear?

VEF: “Most of our patients react to their ‘fear of fear’ by ‘flight from fear’; the patient begins to avoid situations that arouse his anxiety” (Frankl, 1975b, p.306). “The first thing to do is to take the wind out of the sails of the anticipatory anxieties” (Frankl, 1980, p.5). “Anticipatory anxiety is likely to trigger off what the patient so fearfully expects to happen” (Frankl, 1975b, p.306).

JCO: I have read some of your thoughts about paradoxical approaches. How does paradoxical intention work?

VEF: “Paradoxical intention consists in a reversal of the patient’s attitude toward his symptom, and enables him to detach himself from his neuroses” (Frankl, 1960b, p.534). “To put it in a nutshell, paradoxical intention means that the patient is encouraged to do, or wish to happen, the very things he fears” (Frankl, 1967c, p.145). “In other words, the pathogenic fear is replaced by a paradoxical wish” (Frankl, 1966a, p.255).

JCO: So the key is a change of attitude change.

VEF: “Of course” (Frankl, 1974, p.10). “Even the negative aspects of human existence such as suffering, guilt and death can still be turned into something positive, provided that they are faced with the right attitude” (Frankl, 1965, p.57). “Through the right attitude, unavoidable suffering is transmuted into a heroic and victorious achievement” (Frankl, 1962b, p.101).

JCO: I have often wondered if paradoxical intention was an essential forerunner to contemporary approaches that rely on exposure therapy?

VEF: “Exactly!” (Frankl in Scully, 1995, p.4). “Similarities to the paradoxical

intention technique can be discovered in the techniques called “exposure in vivo”, ... and prolonged exposure” (Frankl, 1975a, p.232).

JCO: So whether we talk about paradoxical intention or exposure therapy, how does it work?

VEF: “The obsessive-compulsive patient is characterized by his ‘fight against obsessions and compulsions’. But alas, the more he fights them the stronger they become” (Frankl, 1975a, p.227). “If we succeed in bringing the patient to the point where he ceases to flee from or fight his symptoms ... then we may observe that the symptom diminishes” (Frankl, 1960b, p.523).

JCO: And the symptoms are resolved because the attitude changed?

VEF: “Paradoxical intention is concerned not so much with the symptom in itself but, rather, the patient’s attitude toward his neurosis and its symptomatic manifestations. It is the very act of changing this attitude that is involved whenever improvement is obtained” (Frankl, 1960b, p.527). “The purpose is to enable the patient to develop a sense of detachment toward his neurosis by laughing at it” (Frankl, 1960b, p.523). “In fact, paradoxical intention should always be formulated in as humorous a manner as possible” (Frankl, 1967c, p.149).

JCO: Let me change topics. Today, there is an emphasis on structured treatments and published manuals to guide psychotherapy sessions. What are your thoughts about these issues?

VEF: “It’s all rot” (Frankl, 1955a, p.76). “Psychotherapy is always more than mere technique” (Frankl, 1981, p.75). “What counts in therapy is not techniques but rather the human relation between doctor and patient” (Frankl, 1967b, p.139).

JCO: But what about novice therapists who are trying to develop skill in

psychotherapy techniques and strategy?

VEF: “I would go even further in my criticism” (Frankl, 1988, p.33). “A purely technological approach to psychotherapy may block its therapeutic effect” (Frankl, 1967b, p.139). “The doctor ... who overestimates and idolizes method and technique, and who understands his role merely as that of a medical technician, only proves that he sees man as a mechanism, a machine” (Frankl, 1959, p.164).

JCO: But treatment manuals help to ensure fidelity across therapists so the same treatment is applied in a consistent manner across therapists and across different clients.

VEF: “How could this be possible?” (Frankl, 1965, p.54). “Each and every method of psychotherapy is not applicable to each patient with the same degree of success” (Frankl, 1967c, p.150). “Psychotherapy ... depends on the constant willingness to improvise” (Frankl, 2004, p.29). “My interest lies neither in creating robots nor in raising parrots that just rehash their master’s voice” (Frankl, 1981, p.71).

JCO: But modern standards are pushing for standardized treatments that can be examined in research programs. The field wants structured treatments that can be replicated across clients.

VEF: “But how can you say this!” (Frankl in Scully, 1995, p.41). “You have to modify the method not only from person to person but also from situation to situation; thus, you have not only to individualize but also to improvise” (Frankl, 1981, p.75). “If you treat two cases ... in the same way, you have mistreated at least one of them” (Frankl, 1981, pp.74-75).

JCO: What are your thoughts about using guided discovery and collaborative empiricism as central to the process of psychotherapy sessions?

VEF: “I cannot say” (Frankl, 1966b, p.25). “Would you formulate some of your ideas for me?” (Frankl, 1969, p.38).

JCO: I have found value in the Platonic dialogues to help guide psychotherapy sessions. I try to use a series of questions to help clients establish their own goals and find their own solutions.

VEF: “I see” (Frankl, 1969, p.38). “Wonderful!” (Frankl, 1969, p.38).

JCO: So a Socratic style is compatible with your approach to therapy?

VEF: “Yes” (Frankl, 1969, p.38). “The physician nowadays must have the courage for such Socratic dialogues, if he takes his task seriously in treating man, not only illnesses” (Frankl, 1961c, p.63).

JCO: So a therapist uses questions to steer the client to find their own meaning?

VEF: “This is true” (Frankl, 1960a, p.9) “An appropriate method for such an inquiry may well be some sort of a Socratic dialogue” (Frankl, 1997a, p.87). “Meaning is something to discover rather than to invent” (Frankl, 1997a, p.113). “In psychotherapy it can be evoked by the posing of provocative questions in the frame of a maieutic dialogue in the Socratic sense” (Frankl, 1961b, p.6). “It is not necessary, however, to enter into sophisticated debates with the patients” (Frankl, 1962c, p.28).

JCO: Can you give me an example of how you would use a Socratic dialogue to help a severely depressed client to make a substantial shift in his views?

VEF: “An old general practitioner who consulted me because of his depression after his wife had died two years before” (Frankl, 1990, p.8). “How could I help him?” (Frankl, 1963b, p.31).

JCO: Yes, I am curious, how did you help him?

VEF: “Using a Socratic dialogue, I restricted my comment to asking him what would have happened if not his wife, but he himself would have died first. ‘How terrible this would have been for her – how much she would have suffered’ was his answer. Whereupon I reacted by asking him another question. ‘Well, doctor, this suffering has been spared her. But now, you have to pay for it – by surviving and mourning her’. At the same moment, he began to see his own suffering in a new light, he could see a meaning in his suffering, the meaning of a sacrifice he owed to his wife” (Frankl, 1990, p.8).

JCO: So as a therapist, how would you work to shift a client’s perspective?

VEF: “It is never up to the therapist to convey to the patient a picture of the world as the therapist sees it” (Frankl, 1962c, p.27). “It does not matter what I personally believe” (Frankl, 2010, p.152). “Logotherapists neither preach meaning nor teach it but learn it from people who for themselves have discovered and fulfilled it” (Frankl, 2004b, p.95).

JCO: So what might a therapist say to clients to help them discover meaning in their life?

VEF: “What should I say?” (Frankl, 1958a, p.32). “What would you say to yourself?” (Frankl, 1963b, p.33). “You are not 30 but instead 80 and lying on your deathbed. And now you are looking back on your life ... What will you think of it?” (Frankl, 1984, p.139). “What do you think of when you look back up your life? Has life been worth living?” (Frankl, 1971, p.309).

JCO: This has all been very helpful but I see it is almost five o’clock.

VEF: “This will all have to end now, won’t it?” (Frankl, 1963a, p.13).

JCO: Yes, but before we finish, let me ask - how have you accomplished so much throughout your career?

VEF: “I try to do everything as soon as

possible, and not at the last moment (Frankl, 2000, p.34). “I also am a perfectionist” (Frankl, 2000, p.22). As a perfectionist, I tend to ask a great deal of myself” (Frankl, 2000, p.33). “I have made it a principle to give the smallest things the same attention as the biggest, and to do the biggest as calmly as the smallest” (Frankl, 2000, p.34).

JCO: But isn't perfectionism likely to become a problem?

VEF: “We have to try to reach the absolutely best – otherwise we shall not even reach the relatively good” (Frankl, 1967a, p.17).

JCO: Before we run out of time, was there anything else you'd like to say?

VEF: “May I mention also some less serious interests? (Frankl, 2000, p.44).

JCO: Of course.

VEF: “Until my 80th year, mountain climbing was my favorite hobby”

(Frankl, 2000, p.41). “Every important decision I have made, almost without exception, I have made in the mountains (Frankl, 2000, p.42). “Some of my friends suspect that my passion for mountain climbing is related to my interest in “height psychology” as I have called logotherapy ... that is in contrast to the depth psychologies, which delve into the dark mysteries of unconscious dynamics” (Frankl, 2000, p.42-43). “Freud limited his research to the foundations, the deeper layers, the lower dimensions of human existence” (Frankl, 1967b, p.141).

JCO: Thank you for your words of wisdom. I believe your words have had a powerful influence on the field and you have made some timeless contributions to psychotherapy as well as my own personal perspectives on life and death matters.

VEF: “Thank you” (Frankl, 1969, p.38). ☺

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