

also proof of how much you love Janie. Hate is not the opposite of love. Indifference is. And nobody will be able to convince you that you are indifferent to Janie. But the greatest proof of your love was your suggestion today to drive Janie to a riding school. Only someone who knows the tortures of the human soul will be able to appreciate what the suggestion meant to you; it is the victory of love over your fear! No further proofs are necessary for you to know that my colleague was mistaken; his mistake is as obvious as your love for Janie. You must not be too harsh on psychology for making mistakes. It is a young science. When the natural sciences were as young as psychology is today, scientists still were convinced that the earth was a disk floating on the ocean and that Apollo was driving across the sky on a chariot. . . ."

At that, Mrs. A broke into a relieved laugh and declared happily that she would bury the thought of hating Janie for all times—she never really was able to believe it.

Janie received her riding lessons, and Mrs. A was able to reduce a large part of her fears. Their relationship improved as I explained to Janie what it had meant for her mother to overcome her fears and let Janie lead a normal and healthy life. The youngster appreciated her mother's self-control, and what was equally important, Mr. A began to believe once more in his wife's gradual recovery and supported her in her efforts. From time to time Mrs. A suffers from attacks of anxiety, but she can handle them and is increasingly confident that they will improve because she herself now can believe in her eventual recovery.

DISTANCING FROM SYMPTOMS

Modification of attitudes is the second of four steps in the logotherapeutic treatment plan. The sequence of this plan may be changed as the situation requires. Ordinarily, this first step, distancing, prepares the patients to gain distance from their symptoms, to become more objective. This is followed by a modification of attitudes which leads to the third step—a reduction of symptoms. When symptoms are reduced, even vanish, or at least become bearable, the patients are open to the fourth step in the logotherapeutic treatment: an orientation toward meaningful activities and experiences.

As long as clients identify with their symptoms, it is difficult for

them to gain new self-understanding. As long as they see themselves as sick, they *are* sick. If they consider help impossible, help is impossible. If they think of themselves as the victims of their childhood experiences, they *are* victims. Obsessive compulsive patients really believe they are under a compulsion, phobics really see themselves as excessively in danger, stutterers are certain they are not able to speak fluently, sexual neurotics really see themselves as impotent, failing students really consider themselves stupid, depressive patients really believe they are destined to be sad, and patients suffering from paranoia really are convinced they are being attacked and observed.

As long as these clients see themselves as closely tied to their symptoms, the symptoms will have them in their grip. And the close tie between client and symptom is rooted in unhealthy attitudes and hypotheses held by the client.

The therapist, having gained the trust of the clients, must as a first step fight the identification of the clients with their symptoms. They must be prevented from believing in their unhealthy hypothesis, or they will get so fixated in it that self-distancing becomes more and more difficult.

Case #16:

The therapist seeks first to combat the identification of a patient with the symptoms presented. Mrs. P came to the center because she was, as she stated, unable to respond sexually to her second husband due to the brutal treatment she had received from her first husband. As long as she was in the grip of her own hypothesis, as long as she said, "I am frigid, I am unable to love because . . ." no cure was likely because nothing could be done to change what had happened between her and her first husband. She was enmeshed in her dependency, felt determined by her trauma, and identified with her symptom.

It was my task to liberate her from her unfortunate hypothesis that she was frigid, and to show her that she was a woman who had a problem with frigidity, that frigidity was something she had acquired and again could get rid of. My arguments went like this: "The experience with your first husband is no reason why you cannot love your second one. There is no connection between

these two men, they are different people, meeting you at different times of your life. You yourself are not the same person you were during your first marriage. You love your present husband and want to give him your love, otherwise you wouldn't have come to me. It is an unfortunate experience, a bad memory that fills your head and causes all sorts of mischief. In reality you are able to love your husband with all your heart, with all your will, with your whole person. We won't empower that unfortunate memory, we won't let it destroy your happiness. If that memory turns up again, speak to it. Tell it: 'Oh, it's you again? Well, I know you well enough by now; you are no longer as interesting to me as you once were. Why don't you go back where you came from; namely, to the past where you belong? I now have more important things to do than worry about you.' If you think along these lines, the hold of old memories will weaken and your inner strength will become free so you can turn your attention to your present happy situation."

This is essential in the logotherapeutic process: patients are encouraged to speak freely about their innermost hopes and fears, but when they voice harmful explanations which they have pieced together, the time for logotherapeutic action has come. Dependencies have to be loosened, even when the therapist can well understand them. Only after the clients have been liberated from their pathogenic hypothesis of dependency can they turn to a new and healthy attitude that can counteract their symptoms. They must be freed from the grip of their psychological illness, a distance must be placed between the self and the symptoms. Never again the declaration: "I am fearful." Instead, they go on to say: "Here I am, well and normal—and over there is a ridiculous fear that sometimes wants to grab me, but I'll show this fear who is master!" The defiant power of the human spirit is aroused to bring about the necessary self-distancing.

THE SEARCH FOR HEALTHY ATTITUDES

The liberation of the clients from their belief in a dependency brings enormous relief. Phobics who realize that they are not the hopeless victims of their fears and can even laugh about them, and young adults who realize that parental overprotection does not prevent them from taking charge of their life, are ready for the

second step in their treatment: the search for a new and healthier attitude.

An attitude is healthy if it directs clients toward goals that are meaningful for them, or at least keeps the path open toward such goals. An attitude is unhealthy if it promotes an existential frustration (as in the case of Steve who avoided women because of his speech defect) or if it undermines the will to make decisions (as in the case of the girl who believed her upbringing had weakened her ability to take charge of her life).

Ordinarily, the modification of attitudes follows directly upon the distancing of patient from symptoms. In the case of Mrs. P, for instance, I led her to see that her unfortunate experiences in her first marriage had positive potentials because they could help her appreciate her happiness in her second marriage more intensively. I talked to her, during the next several sessions, along these lines: "Just because you have gone through marital suffering in the past you can now appreciate your present husband and be a much better wife than many others who jeopardize their marriage frivolously with petty quarrels because they do not know yet how brutal an unhappy union can be." I tried to effect a change in attitude from "I no longer can truly love" to the attitude of "I can love my husband all the more because I already know a different version of marriage." Once this change in attitude had occurred, Mrs. P became sexually responsive. She had gained a new understanding of herself and of her capacity to love her husband for an added reason, and this enabled her to overcome her physical block as a natural outcome of the depth of her feelings for him. We reached the third step—the reduction of symptoms, although the symptoms had not been treated directly.

Thomas Edison is quoted as saying: "That's the beauty in making a mistake, because you do not have to make it a second time." Implied in this sentence is the possibility to decide freely in spite of all the mistakes one has made because of genetic make-up, faulty learning and social influences. The logotherapist guides the client toward an attitude of "I don't have to." Even if I have made a mistake twenty times, I don't have to make it a twenty-first time. Even if a psychological disturbance has taken place every day, it doesn't have to take place tomorrow. Undoubtedly, every failure increases the probability for further failures, and yet there remains

the chance that a person finds enough strength to defy this probability. This "you don't have to" is the "therapeutic credo" of logotherapy that is transmitted to the client.

Case #17:

Peter, 18 years old, was referred to our counseling center by the juvenile court. He was the illegitimate child of a woman who had ten other children from various fathers. Peter was raised by a number of relatives and foster parents in vastly differing styles, had never known continuity, security, and daily routines. Drunken and violent men made their appearance, and often the child was snatched out of bed in the middle of the night and hidden in a cellar where he sometimes was "forgotten" for a while. Finally he found foster parents who tried their best, but had great trouble with him. They compared his erratic behavior and poor performance in school with those of their own children. Twice he ran away, got caught for minor offenses like shoplifting, damaging property, stealing bicycles. After he failed in three jobs, his foster parents repudiated him, and from then on he went downhill. By the time he came to me he had quit or been fired from thirteen jobs, and he was depressed and rebellious, convinced he was not able to hold any job.

All this background was contained in a thick file the juvenile court had sent me with the request to decide what chances I still could see for Peter. The facts contained in the file would have justified the judgment that there was no hope. Nevertheless, I challenged the young man. I told him that his record justified the doubt that he could straighten out, and even he himself had given up. But, I added, I was not prepared to give him up. I would close the file in front of his eyes and would forget everything I had read in it. We would start all over again, as if all the opportunities of life were still going to be open to him. He had never learned constancy, reliability, or endurance in his childhood, so it was time to learn them by himself. He would learn these qualities out of his own experiences, and his failures were the "tuition" he had to pay for life's lessons. Other people learn from education or the example of their parents; he would learn from ten or twenty unsuccessful attempts. When ready to graduate from this "education through

failures" school, he would value the importance of sticking it out and "enter life" as any other graduate. He would have to put out a serious effort to make a new start and this time he would succeed.

Peter listened with interest because this was the first time someone expressed confidence in him and expected him to succeed. He started as a helper in a toy store, with good intentions, but was too clumsy and lost his job. That was his fourteenth attempt. After the seventeenth he was ready to give up and, only after great effort, was I able to persuade him to try once more. He had to unload cars for a florist, deliver flowers, and occasionally was allowed to help with gardening. One year later he is still there and was given the opportunity to become an apprentice. He is proud of his achievement and goes to an evening school to make up for some of his missed high-school courses. To vary Edison's statement: "That's the beauty in making a mistake, because you do not have to repeat it eighteen times!"

Case #18:

In cases of what Frankl has called the "tragic triad" (unavoidable suffering, ineradicable guilt, and death) it is not possible to attain the first and third steps of logotherapy procedure. No one can attain distance from the "symptoms" of suffering, guilt and death, nor can these be eliminated. In such cases the other two steps, modification of attitudes and orientation toward meaning, are all the more important.

Mrs. M was desperate because her eight-year-old son Walter was so hypersensitive to pain that it was impossible to live with him. When his baby tooth was loose he could not brush his teeth; when his bath was a trifle cold he could not stay in; the smallest scratch became a tragedy. A medical examination showed that Walter was suffering from dermatographia, a somatically conditioned oversensitivity which might improve in later years but had to be accepted at least during his childhood. To find a starting point for a modification of attitudes (without hope of changing the symptoms), I explored the daily routine of the child, and discovered that Walter was unusually musical, was praised by his music teacher for his absolute pitch, and had even participated in concerts. The mother was proud of his talent.