

# Case Studies

## from a Logotherapist's Practice

(Elisabeth Lukas und Heidi Schönfeld)

### Introduction

**Lukas:** In 2005, as the controversial topic of active euthanasia was under debate, Jansen-van der Weide and Onwuteaka-Philipsen carried out a number of surveys in the Netherlands. One of the topics explored was the reasons given by sufferers of serious illness for seeking help to die.<sup>2</sup> The result was unexpected. Depression was a factor for only 7% of the respondents, and 30% of the respondents, less than a third, cited the fear of pain. The most common reason for wanting to die was the “futility of suffering”, given by 67% of the respondents. This was closely followed by a fear of “degradation”, in other words, a loss of dignity, mentioned by 65%. The researchers were astonished to find that most of the factors that rob seriously ill patients of a will to live cannot be addressed by medical treatment and palliative care alone.

I have mentioned this study because experience of healthy people or those who “merely” suffer from mental health disorders shows that their ability to affirm life fundamentally depends on the following two conditions: they need to be able to 1. see meaning in their life despite all their difficulties, and 2. be aware of their unconditional value and personal dignity. If either of these conditions is satisfied, there is a much greater inhibition threshold towards endangering one's own (or someone else's) life, sabotaging it, shortening it, or

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<sup>2</sup> From: *Active Euthanasia – An Analysis*, master thesis by Maximilian Schlegel for the PPE course at the Ludwig-Maximilians-University Munich, p 16.

plunging into a whirl of instant gratification without considering the consequences. Responsible existence requires a horizon of meaning and values.

There is a field of psychotherapy that specialises in meaning and personal dignity, and this is the logotherapy of Viktor E. Frankl. It begins with the axiom that there is no situation in life, no matter how complicated, that does not offer the possibility of meaning, and that no human being, whether unborn, disabled, terminally ill or otherwise is without a human spirit that puts them on a spiritual level with all other human beings. Building on these principles, Frankl developed a system of psychotherapeutic concepts that offer a “psychotherapy with dignity” that is unique amongst the myriad treatment options that exist today. A number of poignant case studies reported by Heidi Schönfeld, which are reproduced in this book with my comments, bear witness to this.

What I myself was able to learn directly from Frankl in my training as a psychologist, I passed on by teaching others. Dr. Heidi Schönfeld is one of my former students; one of whom I am very proud. She continues faithfully in the tradition of Frankl's thought, which is why it is an honour for me to be admitted into her therapeutic practice in the following pages to look over her shoulder in her life-changing work. I am convinced that the readers of this book will also be fascinated to “look over her shoulder”. If they are non-specialists, they will be able to use some of the healing methods for their own benefit. If they are specialists, they may be inspired to engage intensively with Frankl's specialist writings.

We live in times of great unrest and increased disorientation. To reflect on the essence what it means to be human, and to listen to the “inner voice” within us that knows and proclaims what is meaningful in every situation, gives us a spiritual grip that can carry us through any turbulence. It is impossible to prevent fate from raining blows down on us, whether as individuals or as whole communities, but *how we deal with them* is in our hands, and for us alone to decide.

Our dignity is rooted in this “ultimate freedom”; it is our task to make sensitive use of it in harmony with our values. If *this one thing* is remembered after reading this book, this more than justifies the collaborative efforts of my colleague and myself.

## Dealing with Self-Pity

**Lukas:** There are a number of popular sayings that express how easy it is to focus on other people's mistakes – as through a magnifying glass – while one's mistakes are swept under the carpet. That is why you should “sweep in front of your own door first” and remove the “plank in your own eye” before the “speck in your brother's eye”. The prevalence of sayings like this suggests that the idea has a long tradition. Although it conflicts with the widespread idea that well-being primarily involves taking care of oneself, many people have a habit of examining and complaining about the weaknesses and failures of the people around them. This is probably not done out of genuine interest in other people, but in order to make oneself appear better by comparison, and so that the blame for one's own “reactive” weaknesses and failures can be gracefully shifted onto others.

There is a high price, however, for appearing better and less blameworthy. It is actually a double price. First, the hidden ethical yardstick of our personal conscience is difficult to fool. It flutters between faith and skepticism when we tell it about the villains all around us, who deserve nothing but resentment and rejection. It lets much unkindness pass without reproach, but it is never 100% convinced by our complaints and accusations. In its spiritual depths it senses that we are sweeping something under the carpet or ignoring the plank in our own eye, and it has to be violently hammered down for this sense to be driven away.

Second, the psychic effect of self-pity is to spread emptiness into one's own life like a cancer. A preoccupation with blaming other people, finding fault with their actions, reproaching them, and seeing their objectionable behaviour as the cause of one's own circumstances of existence, leaves few resources for determining one's own way of life. People who see themselves as a sacrifice to their circumstances allow themselves to be led like a lamb to the slaughter, rather than evading the blows of fate. Even in the absence of such blows, they wait and cower, wailing about the injustices of a world full of blows waiting to fall. How can they see that the world is full of opportunities and possibilities for meaning if they never even enter it?

We see cases of these kinds all the time in psychotherapeutic practice.<sup>3</sup> Whether it was a family member that first led them to the slaughterhouse, or whether they found their own way there for some distorted reason, they now cower there, waiting for the bad things that they expect to come. It requires considerable effort to encourage them to leave this place of immolation – which often exists only in their imagination.

**Schönfeld:** Mrs G, a 48-year-old patient, came to see me. She immediately let out a great succession of sighs: she can no longer cope with her life because “everyone” makes her life so difficult. “Everyone” means, above all, her family. Mrs G had approached a psychotherapist years ago for advice, but the discussions had not helped her at that time. Given *her* family, not even a therapist could have thought of anything helpful, she says. Who knows what the therapist said, but there is no need for this intemperate and unending complaint. So I try to limit the time I devote to her sense of injury. Self-pity is a quality that must not be allowed to grow wild, otherwise it suffocates like a creeper.

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<sup>3</sup> The illnesses, concerns, and problems that we discuss in these chapters are equally likely to affect women or men.

Mrs G begins by describing her relationship with her father, which has become completely awful. She tells me that the 78-year-old gentleman has recently remarried and has hardly spoken to her since. He takes a lot of short trips with his adventurous wife. He has also updated his house and replaced the vegetable beds in the garden with flower beds. It certainly no longer looks like her family home as she knows it, now that his new wife has decorated everything so stylishly. When I ask how much Mrs G is still making contact with her father and his wife, she pours out a flood of criticism. "It wouldn't be any good now!" is the essence of this outburst. Her father doesn't care about her problems at all, he is no longer like a father to her. "My goodness," I think, "she is middle aged, he is an old man. How much more 'fatherhood' does she require from him?"

Mrs G complaints are not to be stopped, however: her whole family is so difficult. She only sees her younger brother a few times a year when he invites her to his children's birthday parties. They don't talk much, because the brother always has a lot to do, but at least they treat one another with respect. This contrasts with her relationship with her older sister, who has been jealous of her since she was a child. Her sister cannot stand to be criticised. She is overactive and highly involved in the city's art scene, which keeps her very busy. For years, she has had no time at all for Mrs G. For her birthday, she sent her a very pretty art postcard, but it only had the briefest of messages. She did not even call. When Mrs G wrote to her sister at Christmas two years ago to say how hurt she felt, she only got an angry email message in reply. Since then, Mrs G has completely cut off relations with her sister. So apart from seeing her brother at her nephews' birthday parties, she is completely alone.

**Lukas:** If you yourself feel stuck in an empty life, it takes enormous generosity to allow your loved ones and fellow human beings to enjoy lives full of meaningful projects! The difference is especially hard to accept when it comes to one's own family. This woman's

father is cherishing his new wife, enjoying his travels, and creating a comfortable home for himself according to his own desires. In a bundle of misery like Mrs G, this may well cause envy to run high. Her brother is a good man, but blessed with children and other activities, and the sister has discovered a penchant for art and a community in which she can get involved and make a contribution. In the face of this, Mrs G has only bitterness and loneliness to offer. Like a child, she is secretly begging for a few crumbs of affection, to be heard in her grief, to be freed from the cocoon in which she has enclosed herself, but she only succeeds in scaring her entire family away. Everyone is clearly happy not to hear from her or see her very often, for no one knows how to help her, and everyone is made uncomfortable by her demands to participate in a happiness that is out of her reach.

When Viktor E. Frankl wrote about *noogenic neuroses* and *noogenic depression* in his books, he was addressing a category of patients who had not been covered by the textbooks of his time. They show no pronounced symptoms and are not characterised by any objective state of distress. Often they possess more than they need, living lives of material abundance. They often enjoy adequate physical fitness and a respectable education – or at least they *could* enjoy these things if they were able to enjoy anything. But they are not capable of enjoyment. Because nothing really matters to them. Nothing has any significance or meaning. And because “nothing matters” to them, this indifference carries over into their human relationships: they don't care about others, and others don't care about them. An “existential vacuum” (Frankl) engulfs them.

Some such patients rebel wildly against it and slide into a hectic struggle. They lurch from one short-term relationship to another, leading to more and more frustration. Some, on the other hand, give up and sink into chronic pessimism, in which they end or reject relationships in anticipation of failure, which guarantees that they fail repeatedly. One could feel great pity for them if they were not so intensely suffused with self-pity that one would almost rather let

them wallow in their misery and spend one's pity on those who have suffered a more objectively measurable form of suffering.

The lack of sympathy they experience has its own reasons. Anyone who squanders sympathy readily accuses others of not offering enough sympathy. But accusing others of not having enough sympathy is a guaranteed way to lose all remaining sympathy.

**Schönfeld:** Mrs G says that she lived with a partner for years. This relationship was also not ideal. When she consulted a psychologist about it, she realised that her attachment to this man was purely selfish. She simply didn't want to be alone. This realisation struck her like a blow, because she did not want to be selfish. For this reason, she separated from her husband. Since then, she has had no close relations with another person.

The friendships she used to have with female friends have also broken down over the years. Her friends have been increasingly pre-occupied with their own families and have had less and less interest in meeting up with Mrs G. Life is so hard when people treat you so badly – this is the ever-recurring refrain in Mrs G's account.

**Lukas:** It's time to end this refrain. My colleague was absolutely right to set a limit to her patient's complaints right from the very beginning, because there is a danger that she will become more and more mired in unproductive self-pity. Her statements are already bordering on the irrational. The discovery of selfish motives should not be a reason for separation, but rather for overcoming that recognised selfishness so that genuine love can grow. And far from distracting friends from their family duties, a true friend will support them in a compassionate way. My colleague will have to work hard to develop the patient's sense of responsibility and eventually (to use a popular phrase) to persuade her to clean up her own act.

**Schönfeld:** I invite Mrs G to answer a question. “If I raised my hand just now and struck you” – I carefully suggested this gesture – “what would my behaviour say about *you*? What could be deduced from this about *your* character?”

Mrs G stops short and thinks about this, but she can find no answer. Finally, she raises her shoulders and says, “I really don't know what this is supposed to say about *me*.” I nod affirmatively, because she has understood the situation. “Exactly! If I struck you, it wouldn't say anything at all about *you*. What is interesting, however, is what would happen to *me* in that instant. The moment I do such a thing, I make myself a violent person – do I not?”

Mrs G is amazed, but after a little reflection she says: “Yes, that's true.”

I give her a second example. “What would it say about *your* character if I secretly took your bag and stole your purse from it?” We readily agree that my theft would tell us absolutely nothing about *her* and *her* character. However, something would again happen to *me*, namely, I would become a thief. Behind these seemingly simple mental constructs lies a powerful principle: everything I do, everything that emanates from me into the world, shapes my character and writes the story about me into the truth. In my examples, it would have been *me* who would have been formed into a violent person or a thief in the case where I chose to commit a crime. It would not tell us anything about Mrs G. Only her response to my actions would reveal something about her. Because now it would be her turn. Would she fight back? Would she attack me? Would she run away? Would she protect herself? Would she talk to me? Would she remain silent? Would she cry? Would she remain calm? Now it is *her* turn to shape herself, and everything she does and everything that emanates from her will write *her* story into the truth. What will her story tell? Perhaps it will tell of prudence and bravery in the face of my wickedness, perhaps of brutal retaliation – there are many possibilities...



We discuss this principle for a long time and ponder it carefully. It cannot easily be dismissed. I carefully apply it to Mrs G's previous interpretations of her life. All of a sudden, what other people do or don't do is of little importance. Suddenly it is irrelevant whether or not her father pays attention to her. It doesn't matter if her sister annoyed her with an angry email message. It matters little what emanates from others, for this shapes only themselves. What is interesting for Mrs G is the story of her *own* past actions – and from this point of view, the evidence in her own life turns out to be rather dismal. Nevertheless, from this perspective, we can spell out one event in her life after another in a completely new way. The result is that Mrs G is not exactly proud of our findings, but acquires a greater and greater conviction that this should all change. From now on, she wants to be able to be proud of the person that she herself decides should radiate into the world from her.

**Lukas:** My colleague has certainly given her patient a brilliant logotherapeutic lesson! She clearly managed to balance the emotional fluctuations between amazement, insight, shock, and embarrassment in Mrs G so skilfully that the insight outweighed the embarrassment. The entire course of the conversation is remarkable! Here a woman, who incessantly complains about the people around her, abruptly discontinues her complaints and accusations, focusses her attention on a serious matter, understands the essential point of a difficult principle, allows it to be applied to her own life and agrees to change. It is almost a miracle: it is as if her scales fell from her eyes – and all self-pity from her soul. I can only congratulate my colleague.

The patient had said one thing that seems like it could be therapeutically useful. This was when she said she didn't want to be selfish. Whether this was sincere or not, the intention sounded promising. Now she says that she wants to be proud of her own actions and responses in the future. This is good, intentions like this fill up an

inner emptiness, an “existential vacuum”. It must only be ensured that these intentions are of good quality and have sufficient force to be implemented. This is something that will have to be worked on in therapy.

**Schönfeld:** In the next session, Mrs G asks whether there is a general criterion to decide what one can justifiably be proud of. I suggest a thought by Viktor Frankl. Frankl suggests that we are on the right track if we orient our actions towards meaning. This sounds convincing, but it is not as simple as it may seem at first. What does it mean in practice to “act meaningfully”? If one were to conduct a survey, many people would spontaneously answer: “What is meaningful to me is what is to my advantage.” This is not completely wrong, but I explain to my patient that it is not enough. A head of state could come up with the idea that it would be to his advantage to possess the oil wells or ore deposits in the neighbouring country and it would therefore be meaningful to invade this neighbouring country. Would that really be meaningful? Mrs G immediately realises that it can't be meaningful to harm someone. We agree: what is meaningful is always the best possible thing for *everyone* involved.

We think about the idea of “best possible” for a while. Is there a “best possible” thing to choose in every situation in life? Certainly! Provided that one can choose at all and is not, for example, an infant, asleep, comatose, or confused, possibilities always fan out before us, and amongst them is one that, under the given circumstances, ranges between “optimal” and “tolerable” for everyone concerned, depending on how the circumstances are arranged. It may not be an act of heroism that meaning demands of us. It may be something completely banal, for example, to cook lunch. Why not? But it can also be something more difficult, for example, to go without lunch if you are severely overweight. Mrs G is amazed: *as long as we are conscious, there is always a “best possible”, and if we decide to do it – whether*

*it is easy or difficult to implement – we can be satisfied with ourselves.* She has never seen it that way before.

I return to Mrs G's initial complaint about her sister's indignant reaction to the letter that she wrote to her two years ago. We do not know why the sister was so outraged at the time, and speculating about this is not useful. Maybe she just wrote the email precipitately when she was in a hurry. Or maybe it was a kind of reflex action, because something had hit a sensitive nerve. Best to let it rest. What we do know, however, is that Mrs G has been icily silent since her sister's abrupt rejection. This iciness has also affected her own life, she admits. "But how should I have responded?" she says in her defence.

I invite her to think again about Frankl's thesis. There is a "best possible" for everyone involved. Mrs G looks skeptical at first, but I play out various alternatives with her in retrospect. She could have spoken her mind in an equally aggressive email in reply to her sister (she had done so quite often in her thoughts). She could have complained to her brother and tried to get him to take her side. She could have shared her sister's angry message with her art friends to show them how callously her sister treats her relatives. Her "space of revenge" would also include other possibilities, but all of them would have inflicted more damage, and this contradicts the criterion of meaning!

What other possibilities would have existed? Mrs G suggests that she could have explained to her sister why she felt so hurt by her attack. Not bad! "Could you also turn that around?" Perhaps my patient could have asked her sister what upset *her* so much that she used such harsh words? Mrs G agrees that this would have been a constructive question. She could have written back that she wanted to meet and talk in person about their misunderstandings. How would her sister have reacted to this? "Favourably, I expect," says Mrs G. "My sister would certainly have been willing to meet me. But I would have had to overcome a big inner hurdle to be able to tell

her, 'Something is not right with our relationship, let's see if we can fix it! I don't think I could have done that then in my moment of rage!' "Oh yes," I replied, "you can do much more than you think. To be proud of yourself, you have to do something remarkable..." "I know that now," says Mrs G with a smile, "but nobody told me that back then".

**Lukas:** Frankl called the procedure used by my colleague an *awareness extension*. People afflicted with psychic disorders often suffer from the opposite: a narrowing of their field of awareness. This awareness does not relate to physical vision, but to an "inner vision". In the face of strong affective pressure, they often see very few ways, or even only one way in which they can behave. They are almost completely unaware of any alternatives. In such cases, one of the main tasks of the therapist is to make the patient aware of the wide range of possibilities that are still available, even in the midst of an emotional crisis. This is, for example, the best way to encourage more positive behaviour in criminal offenders. A person who has hitherto been stuck on a one-way street – getting angry means pulling out a knife – learns that this is in fact a crossroads from which numerous paths branch off. Symbolically, the anger lies in the middle of the crossroads, and the angry person can circle around it and look down any of the branching streets. There is a "Knife Road", an "Argument Road", a "Humor Road", an "Apology Road", an "Understanding Road", a "Doesn't Matter Road", and so on. It is already a big step forward if the person concerned reads these street signs, because this confronts the person directly with his or her freedom to choose how to deal with the anger, instead of being passively driven towards a "dead end".

In noogenic neuroses and depressions we find similar clusters of one-way streets, with or without criminal impulses. The combination of an empty life with self-pity and complaint is extremely common. In my experience, it takes a lot of effort to make the place on the