

Anne Niiles-Mäki



# HANDBOOK FOR LOGOTHERAPISTS

- THEORY AND PRAXIS



## **HANDBOOK FOR LOGOTHERAPISTS THEORY AND PRAXIS**

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## AUTHOR'S FOREWORD

Viktor Frankl, the founder of logotherapy, has quoted the German philosopher Friedrich Nietzsche's statement in several of his books<sup>1</sup>: “*He who has a why to live for can bear almost any how.*” The statement fits both the purpose of the writing this book and its contents. The book is intended not only for logotherapists and students of logotherapy, but also for those who want to learn more about both logotherapy and the theoretical foundation that is the basis of logotherapy: logophilosophy.

The book's scientific frame of reference is philosophical, and due to its philosophical nature, understanding the text requires the implementation of the hermeneutic circle. The book contains several essential theories, that require careful study on reader's behalf. These theories are interventionist theory (chapter 2.2), the theory of regional ontology (chapter 3), the basic structure of human consciousness by Lauri Rauhala (chapter 5.2), the Logotheoretic theory of human consciousness (chapter 5.3) and the Two-Staged Separation Diagnostics of disorders, that includes the categorization of the disorders in the Noological dimension of consciousness (chapter 7), the renewed model of Existential Analysis (chapter 11.2) and the diagnostic process using a two-staged separation diagnostics (chapter 12.2). According to the principle of the hermeneutic circle, the understanding of the object's meaning gradually deepens through repeated rounds of interpretation. What was previously understood thus gradually becomes part of the new understanding, bringing with it different ways of realizing the now-understood. For this reason, one cannot start reading the book by reading the chapters in random order. Logotherapy, also, cannot be practiced or applied (or understood) unless the theoretical basis behind logotherapy – namely logophilosophy- is understood. It is only through the understanding of the theoretical basis and practical application that *praxis* emerges, combining knowledge and skill.

A logotherapist with *praxis* must not only be able to practice logotherapy, but also internalize the theoretical basis of logophilosophy and know how to practice logophilosophy in their own life. Only by acting in this way can they know *why* to implement purposes<sup>2</sup> in their own life and help others to do the same, but also know *how* this can be done. ‘Handbook for logotherapists’ provides a framework, through which logotherapy is understood as a specific therapy, that can be practiced and applied within its own field of regional ontology.

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<sup>1</sup> e.g.in ‘Psychotherapy and Existentialism’ 1984, 106; ‘Man’s search for Meaning 2008, 84’; ‘The Doctor and the Soul 1986, 54 and ‘The Feeling of Meaninglessness’ 2010b, 63.

<sup>2</sup> The word ‘purpose’ refers to such an activity that reaches out of oneself towards the world one is attached to. Purpose can be found only from outside of the self, whereas the word ‘meaning’ refers to something a person can find within themselves, “meaningful things that matter to me”. The word ‘meaning’ is, thus, not what Viktor Frankl is referring to when he writes about the meaning that can be found only from outside of the self.

# 1 INTRODUCTION: THE ORIGINS OF LOGOTHERAPY

## 1.1 Viktor Frankl's discovery of human dimensionality

The origins of logotherapy is essentially connected to the personal life story of the founder of logotherapy<sup>3</sup>, Viktor Frankl (1905–1997).

"Already at the age of 15-16, Viktor gave a lecture on the topic "The purpose of life" in the working group led by the philosopher Edgar Zilsel at the national university. At that time, he began to create the basis for the way of thinking, which he later called logotherapy. Logotherapy is based on existential phenomenological philosophy and includes Existential Analysis<sup>4</sup> and logotherapy. According to Viktor Frankl, the most important life instruction that supports people is very simple: we must not ask the purpose of life, because we ourselves are the ones being asked; our task is to answer the questions that life poses to us. We can only answer these questions when we take responsibility for our own existence.

In 1930, Viktor Frankl graduated as a specialist in psychiatry, worked as an intern at the Psychiatric University Hospital in Vienna, founded youth counseling centers and began to run the first psychiatric clinic of its kind, treating women's suicide, where he could practice logotherapy and its doctrine, especially paradoxical intention<sup>5</sup>. Frankl's special areas as a doctor were depression and suicidality, self-destructive behaviour, for which he developed treatment methods that are still used in logotherapy. In 1949, after World War II ended, Frankl also completed his doctorate in philosophy. After this, in his work and writings he emphasized philosophical approach to practical therapy, and developed his logotherapy from philosophical position. It wasn't until the end of World War II that Viktor Frankl and his family were sent to concentration camps. His relatives died there, but Viktor survived, and wrote his famous book 'Man's Search For Meaning' related to these experiences. - -

*In his own work, as a doctor, Viktor Frankl was constantly faced with a problem: how to face the patient as an individual, as a person who suffers? Why was the patient reduced to only a somatic, psychosomatic or psychological illness, when it was clearly visible that there was more to the person? According to the traditional, Cartesian view, it was thought that a person is an entity with a clearly distinguishable soul (awareness, consciousness) and body (physiology and anatomy), which could be treated as their*

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<sup>3</sup> Also Viktor Freiherr von Weizsäcker has written about logotherapy, only from a different angle; see von Weizsäcker, Viktor Freiherr 1955 and Bühler, Karl-Ernst 2013.

<sup>3</sup> According to Viktor Frankl, Existential Analysis generally means helping an individual with their goals to discover and especially to understand and explain each individual's own existence using Frankl's own mental health disorder diagnosis; see Frankl 2010a, 57–63, Frankl 2004, 225–236 and Frankl 2014, 66-280.

<sup>5</sup> presented in chapter 9.1.2.

*own substances. With psychoanalytic theory, this old division gained clearer features: in humans, the soul is divided into a conscious, memory-operated Ego and a "superconscious", collective Superego. The body carries a preconscious, animalistic Id with it. The preconscious Id, being the strongest of these three, ensures survival and the continuation of the procreation with the help of drives and instincts. The tasks of the Ego and Superego remained to enable conscious action by transforming the desires of the Id in such a way that the original animalistic desires were sublimated into a generally acceptable action, which sometimes succeeded, sometimes not. The difference between human and animal was not indicative; in both, drives and instincts work as a guarantee of survival.*

*So what exactly made a person a person? Did a person have any special characteristics at all, special qualities, which made it possible for a person to have a freedom of choice and to fight against one's own desires, one's "own nature"? According to Viktor Frankl, there was one thing: a will for purpose. While treating his patients, Frankl noticed again and again that even if the patient's situation was completely hopeless, a patient who experienced a purpose in their life continued to carry their own life and also the lives of others purposefully until the end. The patient, who did not experience purpose, fell into despair and saw no reason for their previous life or the rest of their life. In talking with these patients, Frankl found that they all used, consciously or unconsciously, the inner strength that comes from realizing the uniqueness of one's own life. No one else can ever be the same - not in the same situation or in the same relationships - as another person, no one experiences the same things in the same way, and in every present moment everything that an individual has experienced becomes valuable, because it all has a purpose in the future. " (Niiles-Mäki 2021, 50–52.)*

Viktor Frankl discovered a dimension in his patients that had been left out of psychiatric and psychotherapeutic treatment and diagnostics until then. This was the dimension he began to call the 'Spiritual dimension' (*Geistige Dimension*); later, Frankl also started using the term *Noetische Dimension* as a synonym for the Spiritual dimension (Frankl 2014, 17). When logotherapy literature began to be translated into English, Frankl switched from the original Spiritual Dimension term to 'Noological Dimension' in order to avoid any religious connotations (Frankl 2004, xiii-xiv). The existence of a Noological dimension and bringing it to the center of human understanding, research and explication can be considered Frankl's greatest insight. This insight gave birth to a completely new way of understanding the human as a being with freedom of will and a will to purpose. Since Frankl did not succeed in reaching the Noological dimension of humanity through the traditional means of psychotherapy or psychiatry, he had to turn his gaze towards philosophy. Through philosophical questioning, the Noological dimension got a chance to emerge in human consciousness. Thanks to this "turning of the gaze" Frankl developed his existential-phenomenological theory, which is called

logotherapy or, rather logophilosophy. Logotherapy is the practical application of logophilosophy.

## 1.2 Logotherapy + Existential Analysis = Logotherapy

Logotherapy means the existential-phenomenological doctrine developed by Viktor Frankl, which is divided into theoretical Existential Analysis and logotherapy that applies it. Originally, Frankl himself only used the terms 'Existential analysis' (*Existenzanalyse*) and 'logotherapy' (*Logotherapie*). The terms 'Existential analysis' and 'logotherapy' were first introduced in the publication 'Zentralblatt für Psychotherapie' 10/1938 in Frankl's article 'Zur Geistigen Problematik der Psychotherapie' (Frankl 2005, 163-177). This article was published as early as 1938, before Frankl was sent to a concentration camp and before his magnum opus 'Ärztliche Seelsorge' was published in 1945. However, the theoretical mentor of both logotherapy and Noological dimension must be considered the German neurologist and professor of clinical medicine Viktor Freiherr von Weizsäcker (1886-1957)<sup>6</sup>, who wrote about medical anthropology and whose observations, e.g. about the fundamental human experience of suffering (*pathic experiencing*, Wiedebach 2009, 364), the position of the Noological (*Geist*) in the whole of man (ibid., 364) and the dynamics of facing one another at doctor's appointment (ibid., 374), have presumably influenced Viktor Frankl's thinking.<sup>7</sup>

Like Weizsäcker, Frankl wanted to create a way to understand and explain a person from the view of their wholeness. In the article 'Zur Geistigen Problematik der Psychotherapie' Frankl justifies why the human images of psychoanalysis and individual psychology aren't enough to explain and understand human existence. According to Frankl, (Frankl 2005, 165-168) psychoanalysis that relies on the past and causality and individual psychology that relies on the future and final goal-setting do not take into account the human present and the common-to-all quality of existence (*existenz*), namely seeking purposes, that – as a quality - is timeless (*Zeitlos*) or transtemporal (*Überzeitliches*). For Frankl, both the seeking and finding of purpose is tied to universal human values:

*"Finding purposes (Sinnfindung) is directed to implementation of all the possibilities of values that human persons have been given: it is directed to the values that each individual person understands in the uniqueness of their own existence and in the*

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<sup>6</sup> who introduced the term *Logotherapie* in 1925; see Bühler 2013, 10 and von Weizsäcker 1955, 38.

<sup>7</sup> According to T. Pytell (Pytell 2020, 69), Frankl referred to e.g. Weizsäcker when criticizing the use of psychotherapy in the treatment of patients due to the indoctrinating effect caused by psychotherapy. Frankl also refers to Weizsäcker in his magnum opus 'Ärztliche Seelsorge' (2014, 165).

*uniqueness of their own destiny. - -, psychotherapy relies on the timelessness or transtemporal, even in the sense of absolute valuability (Werthaftigkeit)“ (Frankl 2005, 167, translation mine.)*

For Frankl, Existential analysis meant understanding and explaining human existence (*existenz*) from the perspective of the Noological dimension<sup>8</sup> of human, and logotherapy was applying this understanding and explanation to help people. According to Frankl (Frankl 2010a, 58-59), Existential analysis was not only an ontic (*ontischer*) understanding of every human's being-in-the-world, but also an ontological (*ontologischer*) explaining of human existence. In this sense, Existential analysis meant, for Frankl, psychotherapeutic anthropology (*psychotherapeutischen Anthropologie*, *ibid.*, 59), an anthropology that would exist before any types of psychotherapy, not just before logotherapy. Frankl considered his logotherapy to be the most important form of psychotherapy in terms of explaining the whole person, alongside psychoanalysis and individual psychology. According to him (Frankl 2014, 27-37) psychoanalysis and individual psychology lacked questions related to a human's being-in-the-world and human existence in general, questions that define a person's humanity. Existential analysis as a psychotherapeutic anthropology focused on human being(-in-the-world) as an ontic and existence as an ontological question - thus creating the basis for a new way of understanding a person from the perspective of helping. From this new kind of helping method, which based on psychotherapeutic anthropology and included Existential analysis and logotherapy, Frankl used the name *Ärztliche Seelsorge*.<sup>9</sup> Literally translated 'Ärztliche Seelsorge' means medical ministry or soul care, but presumably Frankl meant by the term rather the kind of treatment given by a doctor which focuses on helping a person from the perspective of Noological dimension, and not religious pastoral care combined with a medical aspect.

### 1.3 Introduction of the term Logotherapy

Apparently, the term 'logotherapy' was introduced in the 1980s. The first written uses of the term logotherapy (that I found) were in Frankl's article 'Psychologisierung – oder Humanisierung der Medizin?' 1981<sup>10</sup> and in 'Der Mensch vor der Frage nach dem Sinn' 1985<sup>11</sup>. It does not appear in the latter book, whether the term was used by Frankl himself, the editorial board of the book's text collection (whose names are not

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<sup>8</sup> In his earliest publications, Frankl uses the term *geistige Sphäre* or *geistige Zentrum*, but also the term *Geist* for Noological dimension (e.g. Frankl 2005, 175-176, 2015b, 206). Later, in his English publications, Frankl first started to use the term *Spiritual dimension*, but later in the future came to use the term Noological dimension because of the religious connotations of the previously used term *Spiritual dimension*. (Frankl 1988, 17-18,22,123).

<sup>9</sup> see Frankl 2014: *Ärztliche Seelsorge* (292-312), in English Frankl 1986: *The Doctor and the Soul*, where Frankl uses the term *Medical Ministry* (267-284).

<sup>10</sup> Frankl 2010a, 237.

<sup>11</sup> Frankl 1985 and 2015b, 199.

mentioned), or whether the term was suggested by Konrad Lorenz, the author of the book's foreword (whose preface is from 1979). Since Viktor Frankl was still alive at the time of the book's publication (he died in 1997) and also approved his own publications, it can be assumed that Frankl at least approved the use of the term as a hypernym for Existential analysis and logotherapy. This assumption is supported by Frankl's article 'Grundriß der Existenzanalyse und Logotherapie' published in 1959, in which Frankl writes: *"Logotherapy and Existential analysis are different sides of one and the same theory. - - Logotherapy is a psychotherapeutic form of treatment, while Existential analysis represents the (theory's) anthropological direction of research."* (Frankl 2010a, 57, translation mine.)

Although Frankl repeatedly called logotherapy as a form of psychotherapeutic treatment is logotherapy actually a philosophical form of therapy that differs from the most common Western psychotherapies and also psychoanalysis. The reason why Frankl called his logotherapy psychotherapy was due to Frankl's need to have logotherapy accepted within the scope of medical treatment, where individual psychotherapy and psychoanalysis were well known, used and accepted treatments for mental disorders. Frankl's magnum opus 'Ärztliche Seelsorge' is indeed a book aimed especially at doctors and medical experts and in which Frankl justifies the inadequacy of psychoanalysis and individual psychology in the treatment of mental disorders (Frankl 2014, 27-61). The abovementioned forms of treatment for mental disorders were already at that time used and approved (in the 1930s and 40s) - alongside medication - by hospital psychiatrists. According to Frankl, both psychoanalysis and individual psychology included built-in beliefs in reductionism<sup>12</sup> and pandeterminism<sup>13</sup>, both of which he opposed.

*"No one needs to point out to me the limitations of humanity - I am, however a doctor of two specialties, neurology and psychiatry, and as such I know quite well the bio-psychological limitations of humanity; but I am not only a doctor of two specialties, but also a survivor of four concentration camps, so because of that I also know about human freedom, about crossing all one's own limits and about facing the worst and the most brutal conditions and circumstances, defying them, and about that power what I usually call the Defiant power of Spirit (Trotzmacht des Geistes)."* (Frankl 2014, 51, translation mine.)

Because, according to Frankl (Frankl 2010a, 59), humans are to be specifically understood and explained from the perspective of their own existence (ontic view) and existence in general (ontological view), the reductionistically and

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<sup>12</sup>A view according to which a theory or a conceptual frame of reference can be returned or reduced to another theory that is considered to be the original basis.

<sup>13</sup> According to pandeterminism, a human is never free from their biological, psychological or social limitations in their thinking (Frankl 2014, 51).

pandeterministically limited human images of individual psychology and psychoanalysis did not provide a sufficient theoretical basis for studying humanity. Both ontic and ontological basis were needed for the fact that humanity could even be studied and only after this it was possible to understand and explain the manifestations of human existence - including mental disorders. To create an ontic foundation, Frankl developed the logothetical (logophilosophical) perception of humanity, which includes psychotherapeutic anthropology. To create an ontological foundation, Frankl developed a dimensional ontology (*Dimensionalontologie*). These two basic doctrines formed the core of logotherapy which served as the philosophical basis of both Existential analysis and logotherapy, which applies Existential analysis in practice. In this sense, the term 'logophilosophy' can be used as hypernym in conjunction with the term 'logotherapy'. (Niiles-Mäki & Sadeaho 2022, 5-6 & 2022, 8.)

#### 1.4 Logophilosophy

Viktor Frankl's own education as a neurologist, a psychiatrist and a doctor of philosophy has been influential in the background of the birth of logotherapy. Early on, Frankl experienced the methods of psychiatry as insufficient in helping his patients, and the methods of psychology did not offer additional help for the disorders that many of his patients suffered from. Frankl realized that there must be a fundamental misunderstanding in theories about human consciousness. In particular, the psychodynamic theory of the three parts of consciousness - the most dominant of which is the *Id* – seemed, for Frankl, like deductionism, according to which "*the human is always derived from psychodynamic or learning processes, biochemical or socioeconomic factors*" (Frankl 1997, 49, origin. 'Die Sinnfrage in der Psychotherapie'). Frankl also criticized psychiatry and psychoanalysis for pandeterministic thinking, which emphasized that human is an almost involuntary (without any free will) being, driven by their drives and instincts (Frankl 1988, 16). On the other hand, in many of his writings, Frankl especially acknowledges the merits of Freud as the creator of the foundation on which all psychotherapies are built.<sup>14</sup>

Since the theories and methods of psychiatry and psychology seemed insufficient, Frankl turned to philosophy. In doing so, he realized that there really was a dimension, which had been neglected in psychology and psychiatry, and that dimension was its own dimension, separate from the psychic dimension of human consciousness, with its own qualities and agents. It was only possible to understand this dimension's qualities and agents (self-transcendence and self-distancing) through

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<sup>14</sup> see, e.g. Frankl 2010b, 127.

phenomenology, as a direct expression of how a person is-in-the-world.<sup>15</sup> Since, according to Frankl, a person's humanity is determined by how a person is in the world, there should not be such conceptual stratifications between a person's being-in-the-world and their understanding of it (that is, how they understand their selves to be in the world) that distances a person from their own experience of being-in-the-world.

According to Frankl, being human is being-in-the-world. The world contains reasons and purposes. But if we think that the human is not open to the world, that the human is something else or different from the world, a kind of their own "closed system", then reasons and purposes remain outside of the human, and only causal effects and consequences remain, which can be described as reactions or conditioned reflexes of drives, instincts and desires. As long as psychology does not recognize human's openness to the world, it remains a kind of monadological system. According to Frankl, self-transcendence is just the place where intentionality<sup>16</sup>, openness to the world, is realized, and reasons and purposes appear as the phenomena through which we understand the world and ourselves in the world. (Frankl 2010b, 163-164.) In this sense, it can be said that Frankl's thinking, more broadly logophilosophical thinking, belongs to existential-phenomenological-hermeneutic philosophy: the freedom of will (existentiality), intentionality (phenomenologicality) and the understanding of being-in-the-world (hermeneutic) as the fundamental experience of human being are all clearly visible in logophilosophy. Therefore, logotherapy as the application of logophilosophy cannot be based on psychology or psychiatry, such as psychotherapies and psychoanalysis.

Instead of logotherapy, the existential-phenomenological-hermeneutic theory behind logotherapy should be called logophilosophy, because logotherapy is a philosophical theory and logotherapy as a practical application of logotherapy is thus a philosophical therapy.

## **2 LOGOTHERAPEUTIC PREMISES: WILL TO PURPOSE AND NOOLOGICAL DIMENSION**

### **2.1 The Will to Purpose**

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<sup>15</sup> cf. to Heidegger's concept of Dasein; Heidegger, M. 1927/1996 Being and Time, SUNY NY, USA.

<sup>16</sup> In Husserl's view *"To say that thought is "intentional" is to say that it is of the nature of thought to be directed toward or about objects. To speak of the "intentional content" of a thought is to speak of the mode or way in which a thought is about an object."* (Internet Encyclopedia of Philosophy, <https://iep.utm.edu/huss-int/> .)

Several empirical studies from the last decades<sup>17</sup> have shown that all people have the will to find a purpose.

*"The will to find a purpose does not manifest itself until the needs of the "lower" level, Abraham Maslow's "basic needs", have been satisfied and given way to higher needs. Abraham Maslow's theory of the hierarchy of needs does not help us to move forward. Satisfying lower needs is by no means a necessary condition for finding purpose. The question of purposefulness also lives strongly in death camps and on deathbeds. Primum vivere, deinde philosophari does not apply there – first staying alive, then we'll see if we can talk further – but primum philosophari, deinde Mori – first the question of purpose must be resolved, then we can die.*

*Similarly, the fulfillment of lower needs is by no means a sufficient condition for satisfying a higher need such as the need for purpose. Without a doubt, we have presented enough evidence that the question of purpose arises in the very name of a welfare society where we live in abundance.*

*A higher need is therefore independent of the satisfaction of other needs. It confirms our hypothesis that the will to purpose is of its own kind a motivational factor that is not based on other needs and cannot be derived from them (as Crumbaugh, Kratochvil, Lukas, Maholik and Planova have already shown experimentally)." (Frankl 1997, 42, origin. 'Die Sinnfrage in der Psychotherapie', translation mine.)*

The will to find a purpose implicitly contains the assumption of a person's free will, or a person's own experience of their own free will - the freedom to seek, find and choose purposes for their own life. Regardless of the mental state of a human (from a severely intellectually disabled person to an extremely intelligent person) or situational factors (from death-causing to extremely favorable circumstances) every person has the freedom to seek and find a unique way of actualizing one's own existence. Because every person is unique and indelible, no other person can replace or fill the place or time of someone else's existence with their own existence or fill the void left by someone else's death. In this sense, every will to find a purpose is always valuable, no matter how simple or however modest.

Since all people have the will to find a purpose, i.e. the will to purpose, and the freedom of will required by this, the freedom of will and the will to purpose must exist in a person in a dimension of existence that is not dictated or regulated by drives, instincts or emotions. Otherwise, it would not be freedom of will and free will

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<sup>17</sup> Frankl 1982 & Frankl 1997 39-42. See also Coping Inventory for Stressful Situations CISS (Endler & Parker 1990), Sense of Coherence Scale SOC (Antonovsky 1987), Purpose in Life Test PIL (Crumbaugh & Maholick 1969), Beck Hopelessness Scale (Beck, Weissman, Lester & Trexler 1974), Suicidal Manifestations Questionnaire (Johns & Holden 1997), The Depression-Happiness Scale (MCGreal & Joseph 1993), The Death Depression Scale (Templer ym. 1990) and The Texas Revised Inventory of Grief (Faschingbauer 1987. For in-depth review, see Bronk 2016, 27-52.

to find a purpose, but an experience of free will caused or influenced by something else (drives, instincts, emotions) in a person. So how do we know it isn't so?

The fact that a person is able to experience themselves as a responsible being, who knows how to separate their own desires, illness, inadequacies or wrong actions from how they should be, tells about the existence of a dimension that includes the freedom of will and the will to purpose. In his writings, Frankl gives several examples of physically or mentally ill patients who, in addition to their own illness, became aware of the position or attitude they had chosen to deal with their own illness.<sup>18</sup> This position or attitude didn't stem from what it took a stand on or took a position, i.e. from the illness itself - otherwise we would slip into circular argument where no one would be able to tell the difference from how things are to how they should be, and the concept of right and wrong would cease to exist - but from what is within the Noological dimension of human: from the freedom of will, the will to purpose and the responsibility for oneself and others.

## 2.2 The existence of the Noological dimension in human consciousness

In the field of logotherapy, there have been comprehensive studies about human mind and human consciousness (Mind and its place in the world : non-reductionist approaches to the ontology of consciousness 2006). 'Handbook for Logotherapists' aims to show, that study of human consciousness is essential for understanding logotherapy's own regional ontology within the field of therapies. This is why the second premise has to be the assumption of the existence of the Noological dimension of human consciousness. the Noological dimension is a dimension separate from the psychic dimension of human consciousness.

*"The noëtic<sup>19</sup> (spiritual, specifically human) dimension contains such qualities as our will to meaning, our goal orientation, ideas and ideals, creativity, imagination, faith, love that goes beyond the physical, a conscience beyond the superego, self-transcendence, commitments, responsibility, a sense of humor, and the freedom of choice making. The human dimension is the medicine chest of the logotherapist. Patients are made aware that they have these rich resources of health within. The spirit may be blocked by physical or psychological illness, which may have to be cured by traditional medical means before logotherapy proper can be applied." (Fabry 1994, 16.)*

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<sup>18</sup> e.g. Frankl 1986, 52, 68-69, 88-90, 90, 118, 124, 182-183, 187-188, 212-213, 223-224, 226-229, 248-250, 256, 271-272, 282.

<sup>19</sup> which, as a term, refers to the Greek word *noös*, mind or intellect. The term Noological is a synonym and used by Frankl; see Frankl 1988, 17-18. By using the term Noological, Frankl wanted to bring Noological dimension as a part of the exploration of human essence (cf. biological, physical and psychological exploration of human essence).

The assumption of the existence of the Noological dimension is essentially related to the discussion about reductionism. Viktor Frankl himself took an absolutely negative position to reductionism and justified his negative position with dimensional ontology. According to him, reductionism is nothing more than a mask for nihilism, i.e. to denying the humanity and universal as part of understanding human existence. According to Frankl, reductionism could rather be defined as sub-humanity or animality (see dog-analogy). (Frankl 1988, 18-21.)

The core of the reductionist perspective is the idea that everything but phenomena on the physical level can be reduced, i.e. returned to matter, i.e., in practice, to human brain activity. According to this, a person is above all else matter, and the activity caused by the change of their matter: behaving, thinking, feeling, getting ill, etc. Reductionist thinking is defended by the identity theory, which was born in the 1950s. According to it, the states of a person's mind can be restored to brain function even so that people, who have the same brain state (different people's brain areas are activated in exactly the same way) would be exactly in the same state of mind.<sup>20</sup> The weakness of the identity theory can be considered that based on studies, can people in the same state of mind have their brain areas be activated in different ways, depending on e.g. circumstances or the influence of other people.<sup>21</sup>

However, it would not be appropriate or scientifically valid to ban the causal connection between mind and body. An alternative to reductionism is represented not only by the dimensional ontology developed by Frankl, but also by the theory of ontological emergence<sup>22</sup>, the features of which are irreducibility, assumption of overlap and downward causation. *"Roughly, the idea is that as the structures of the lower, material level become more complicated, there appears or emerges new kinds of, in a way, higher-level properties in a substance ("emergent properties"), that no longer return to the lower-level properties of their constituents"* (Raatikainen 2007, 1, translation mine). In the ontological emergence theory, the whole, e.g. the whole of being human, is thought to be more or something else than just what something (a person) is made of. In the overlap assumption, we think that nothing that exists can exist without substance or matter, and all that is immaterial is upon or in addition to this material, but never completely separate from it. Similarly, in downward causation, it is thought that the properties of a higher level can affect and gain changes in a lower level, but lower-level properties cannot causally affect higher-level properties. This makes a clear difference to reductionist thinking, where specifically the material level, e.g. the imbalance of neurotransmitters in the brain, is considered

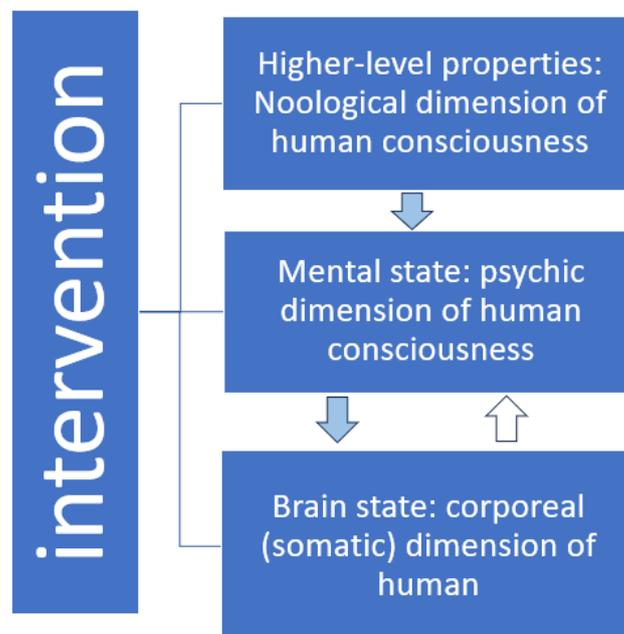
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<sup>20</sup> See e.g. Armstrong, D. 1968 and Lewis, D. 1966, 17-25.

<sup>21</sup> Current Mirror Neuron System research supports the notion that activation in a neural network requires a shared experience as a kind of direct me-you corporeal experience in the generation of emotions and e.g. experiencing empathy, see Gallese, V. 2011, 78-92 and Jeon, H. & Lee, S.-H. 2018, 18-31.

<sup>22</sup> See Santos, Gill C. 2015, 429-446.

to be able to influence human behavior and to mental functioning. In his article 'Reductionism, downward causation and emergence' Finnish philosopher of science Panu Raatikainen presents the debate between the reductionist orientation and the emergentist orientation with its arguments and counter-arguments<sup>23</sup> and introduces the interventionist theory<sup>24</sup>, which aims to prove that intervention targeting mental functions (interference, manipulation) can have an effect on behavior and through this the brain state, but, purely aimed at the brain state, the intervention does not necessarily affect mental functions, even if it affected behavior.<sup>25</sup> This would mean, according to Raatikainen, that *"mental states and events - and more generally any "higher-level" multiple-realized properties studied by different disciplines - can be completely real causes of events, including the causes of lower-level physical events"* (Raatikainen 2007, 9). If the theory is correct, the purely reductionistic view, at least in the human sciences, can be justifiably rejected.



**Picture 1. Description of human brain state's, mental state's and higher-level state's characteristic contents and their relation to intervention and to each other; modified according to Raatikainen's interventionist theory. Niiles-Mäki 2021, 16.**

<sup>23</sup> especially the problem of exclusion, which divides reductionists and emergentists into their own positions; see Raatikainen 2007, 4-6. See also in English; Raatikainen 2006: [https://www.academia.edu/343121/Mental\\_Causation\\_Interventions\\_and\\_Contrasts](https://www.academia.edu/343121/Mental_Causation_Interventions_and_Contrasts) and 2009: Causation, Exclusion, and the Special Sciences. <http://philsci-archive.pitt.edu/4521/>.

<sup>24</sup> in English, see Woodward, J. 2023: Causation and Manipulability.

<sup>25</sup> In details; Raatikainen 2007, 6-8.

Although mutual causation between the brain state and the behavior would exist, it does not mean that mutual causation between the mental functions and the brain state necessarily exists, or that mutual causation between the mental functions and the behavior necessarily exists. Instead, Raatikainen has tried to show that downward causation works both in terms of mental states ("higher functions") and in terms of behavior. When the intervention targets the mental state, the behavior or the brain state can change: for example, when someone makes a person fear (of some abstract thing that cannot be physically sensed at that precise moment), can the person's autonomic nervous system start to work in overdrive, thus affecting to their behavior. When the intervention targets the brain state, behavior can change, but the mental state may not: for example, when stimulating amygdala, a fear reaction is produced, even though a person simultaneously knows, that there is nothing to fear. When the intervention focuses on behavior, the brain state can change, but the mental state may not. For example, in behavioral therapy, a person can be conditioned into or away from a fear or a disgust reaction, a reaction inducing a certain physiological state, but not necessarily a change of mental state. The behavioral therapy works best when the intervention is targeted to the response to a physical object, for example fear of spiders. If the object is not a tangible or perceptible, the mental state does not necessarily change, even if the intervention is aimed at changing the behavior. A sad or anxious person does not necessarily become happier or more satisfied, even if their behavior was targeted by interference or manipulation. Also, Elisabeth Lukas discusses the interventionist perspective in her article 'The Pathogenesis of Mental Disorders: An Update of Logotherapy' (2016). In the article, Lukas presents Viktor Frankl's example of understanding and explaining different levels' (the somatic dimension, the psychic dimension & the Noological dimension)<sup>26</sup> causes of the act of crying, depending on the quality of the intervention (i.e. what is the original cause behind the act of crying) (Lukas 2016, 129-130). Although Lukas's perspective in the article sticks to the framework of the discipline of psychology, it must be stated that Lukas's proposals in her article (ibid., 130) about the "logotheraphization" of the terminology of logotherapy, i.e. the special consideration of the ontological basis of the Noological Dimension in human consciousness, are also fully in line with the philosophical interventionist theory, and admit the Noological dimension's own specificity in relation to the psychic dimension.

The existence of the Noological dimension can therefore be justified by the theory of ontological emergence and the interventionist theory. The theory of ontological emergence is also considered reasonable by Finnish philosopher, psychologist and psychoanalyst Lauri Rauhala (1914-2016), who sees in the theory a return to the philosophical anthropology of Max Scheler (1874-1928) and Nicolai Hartmann (1882-1950), which also reasons the multi-level nature of human existence. According to

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<sup>26</sup> see **Picture 1**.

Rauhala, the multi-level nature of human existence has always had to be accepted as a starting point even in empirical research. (Rauhala 2005, 34.)

Every person has the will to a purpose and the free will required for this. These parts of existence are clearly different from mental states or mental functions, for they are - as they belong to humanity of the human - features that are universal and common to all, and are not momentarily experienced or do not change or leave when moving from one situation to another. The will to purpose and the freedom of will are not under the influence of external intervention. They are also not considered as behavior or physiology, because the behavioral or brain state intervention does not change their existence. Instead, the manifestations of these (e.g. morality, conscience, experiencing the holy, selfless love) in the Noological dimension, can affect the mental functions and the behavior. For example, a person who has acted against their conscience may experience anxiety, behave in a guilty or defensive manner, and have psychosomatic symptoms. According to Raatikainen, there is also evidence that each emergent level would have its own internal causation: for example, the actions of the material (somatic) level and the mental level would follow their own logic within their own level, which does not work on the other emergent level.

*"In each level there occurs its own properties that are specific to it. Higher-level properties have their own, "emergent" causal power, and between them prevails their own emergent legalities. Although emergent properties occur due to the structure of the lower micro-level, they can no longer be reduced to the micro-level"* (Raatikainen 2007, 2).

The mental functions that belong to the psychic dimension of human consciousness operate not only emergently on the principle of downward causation, but also on the principles of their own emergent level. Both psychiatry and psychology have studied these principles for the past several decades, achieving new, sometimes very contradictory research results. A good example of this is the debate that started in the 2000s about whether psychopharmaceuticals really cure mental health problems, or whether it is just a temporary placebo effect - for better or for worse.<sup>27</sup> Since the 1990s, psychopharmaceuticals have continuously increased in popularity at the expense of psychotherapy, although the prevailing reductionist view in psychiatry is definitely not the only right way to understand and treat mental disorders. On the other hand, when it comes to psychosomatic diseases, the importance of psychological factors is often overemphasized. *"So-called psychosomatic diseases, for example, are not caused by psychological factors, that is to say, they are not*

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<sup>27</sup> For example, Healy 2004, 239, 240, FDA (US Food and Drug Administration) table and p. 243 DSRU (Drug Safety Research Unit UK) table on the correlation between certain psychoactive drugs and suicides/suicide attempts. See also Carlat 2010, 79-80, Serretti & Fabbri 2013 and Davies, J. 2013.

*psychogenic as the neuroses. Rather, psychosomatic diseases are somatic diseases that have been triggered off by psychological factors.”* (Frankl 2010b, 164-165.)

Mental disorders belong to the emergent level of mental functions and they are part of the psychic dimension of human consciousness. They have a connection to the physiological (somatic) level of the person with downward causation<sup>28</sup>, but they also have their own emergent causation, on which an intervention targeting the brain state (in this case, psychopharmaceuticals) has no effect. The only effect is on behavior, that is, on how a person reacts to changes in their brain state (see footnote 26).

The Noological dimension has its own emergent level and it has its own properties, which cannot be reduced to a mental level or a material level. According to the principles of ontological emergence, downward causation exists, just as the Noological's emergent level's own causation with its own properties (namely, qualities and agents). The research of the human mental level has been carried out extensively in psychiatry and later in psychology since the 1950s, and although many things have been found out (e.g. the existence of the psyche; although there are several different theories on the structure and dynamics of the psyche in the field of psychology), there are countless areas still to be explored. The research of the human Noological level (dimension) has been considerably narrower, partly because the research has been conducted within the scope of philosophy (philosophy of mind), partly because it has not been possible to identify and understand disorders of the Noological level as separate disorders from the psychic level, which have their own causation principles<sup>29</sup> of their own emergent level. Disorders of the Noological level (dimension) have exploded since the 1960s, when the western welfare society slowly took shape. At the same time, it was discovered that the forms of treatment were insufficient. In addition to the traditional forms of therapy (psychoanalysis, psychoanalytic therapy, learning therapies, humanistic psychotherapy), a multifaceted, miscellaneous therapy field was born. But even this wasn't enough to meet the growing needs, because people's mental disorders had partly changed in such a way that even the new forms of psychotherapy did not help. These new kind of disorders were related to the experiencing the purpose of human life, the most serious of disorders being the Existential Vacuum. These disorders could not be treated with psychotherapy or by the means of psychoanalysis, because they belonged to other than the field of mental emergent level. This is why the theory of

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<sup>28</sup> The only exception on downward causation is the connection between the subconscious part of the psychic dimension of consciousness and the corporeal (somatic) dimension of human. This connection is mutual causation, where both the function of subconscious and bodily (somatic) functions affect one another through behavior.

<sup>29</sup> The properties of Noological dimension are divided into qualities (will to purpose, conscience, faith and the defiant power of spirit) and agents (self-distancing and self-transcendence) due to their etiological and structural differences, because of which the agents are considered to be the executors to the functioning of the qualities. The disorders of the Noological dimension – the distortions with experiencing a purpose – are born in the functioning between the agents and the situational or the transcendental reality.

the structure of human consciousness should be changed so that consciousness is understood to consist of two dimensions, the psychic and the Noological dimension, consisting the causation between them (according to the ontological emergence theory) but also consisting the intrinsic causation and dynamics of each of their level, i.e. their conscious and subconscious<sup>30</sup> parts (according to the interventionist theory). As a result, the definition and treatment of various disordered states and the examination of both dimensions of consciousness would be more accurate and benefit more people than the research and treatment done so far. The existence of the Noological dimension of human consciousness has thus been justified not only pragmatically, but also theoretically, so there is a sufficient justification for accepting the existence of the Noological dimension as part of the human consciousness.

### **3 REGIONAL ONTOLOGY SHOWS THE DIFFERENCE BETWEEN PSYCHOTHERAPIES AND LOGOTHERAPY**

#### **3.1 What is meant by regional ontology?**

The concept of regional ontology was first introduced by the German philosopher Edmund Husserl (1859–1938) and the concept is used in the field of phenomenology.<sup>31</sup>

*“In regional ontology, we start from the assumption that in human practice, in everyday life, there are many practical areas in which we operate. These areas are often such that we don't pay much attention to them other than in the case that someone starts thinking about them as skills. In this case, it may quickly be revealed that there are questions that form a core area in a certain skill. The core area is more loosely related to issues that form a more vague circle in relation to these core skills. Everything together, the core and its peripheral areas, constitute, however, the lifeworld as a whole, the praxis of living, that can somehow be perceived as its own area, at least looking from a distance.*

*It is thought that such questions-of-skill could form their own area, which presents its questions in its own way and also tries to answer them in its own way. It does not use the answers of other methods and it is precisely through this that it generates research. Eventually, it gives birth to its own discipline. The idea is that this area of research is an ontological region: the phenomena, events and beings belonging to it are defined and*

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<sup>30</sup> “When we operate purely in the dimension of human consciousness and try to clarify its functioning, the term ‘subconscious’ serves the purpose better than using the term ‘unconscious’, for ‘unconscious’ refers to various levels of functioning in mental life of a human in relation to somatic reality, situation or to transcendental reality.” (Niiles-Mäki & Sadeaho 2022, 27.)

<sup>31</sup> Husserl 1983, 18 & Husserliana Ideen III, 25.

*understood only within this region. They exist as such only for this region.”* (Varto<sup>32</sup> 1996, 43, translation mine.)

From both logotherapy's and psychotherapies' point of view, regional ontology refers to its operational areas of logotherapy and psychotherapies where questions within therapies's own operational areas are asked and attempts are made to answer the questions that are asked. In the operational area of logotherapy, the questioning is based on philosophy, in the case of psychotherapies, the origin of the questioning can be found in psychology. Many questions in the field of therapy are common, because therapy in itself is always aimed at helping people, regardless of which discipline the mentioned therapy commits to. The questions related to the practice of a certain specific therapy are always tied to the theory that's on the basis of the therapy and aims to explain the human being-in-the-world and the human essence (the images and perspectives of human, human perceptions, personality theories, theories of consciousness).

There is a big difference in how a person's being-in the-world and the essence of the human are understood from the perspective of different fields of science - e.g. philosophy, psychology and medicine. These differences in perspective always affect asking and answering: why and how is a person in the world? How can we understand/examine/explain another person/ourselves? Why does a person act in the world the way they do? How can human activity be influenced? How can a person influence their own actions? What are the differences and similarities between individual people? What is the relationship between human being- and other beings-in-the-world?

### **3.2 The regional ontology of psychotherapies**

Psychology as its own discipline was born in the middle of the 19th century, when it broke away from philosophy and anthropology precisely because of the regional ontological difference: researchers, theoreticians and ordinary people began to ask questions they were not accustomed to in the field of philosophy or anthropology, nor were appropriate questions found for these answers (Silvonon 1999, 18–22).

Psychotherapy was born in the aftermath of the World War I (1914–1918). A syndrome called "Shell shock" afflicted many soldiers, and traditional punishment or treatment methods (execution for desertion, electrocution, return to the front) did not bring a solution to the ever-growing mental health problem. Mental hospitals were filled with patients even during the World War II (1939–1945), but after the World War I it had

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<sup>32</sup> Juha Varto (born 1949) is a Finnish philosopher, whose main areas of expertise are pre-socratic and hellenistic philosophy, phenomenology, philosophy of science and philosophy of art. [https://en.wikipedia.org/wiki/Juha\\_Varto](https://en.wikipedia.org/wiki/Juha_Varto)

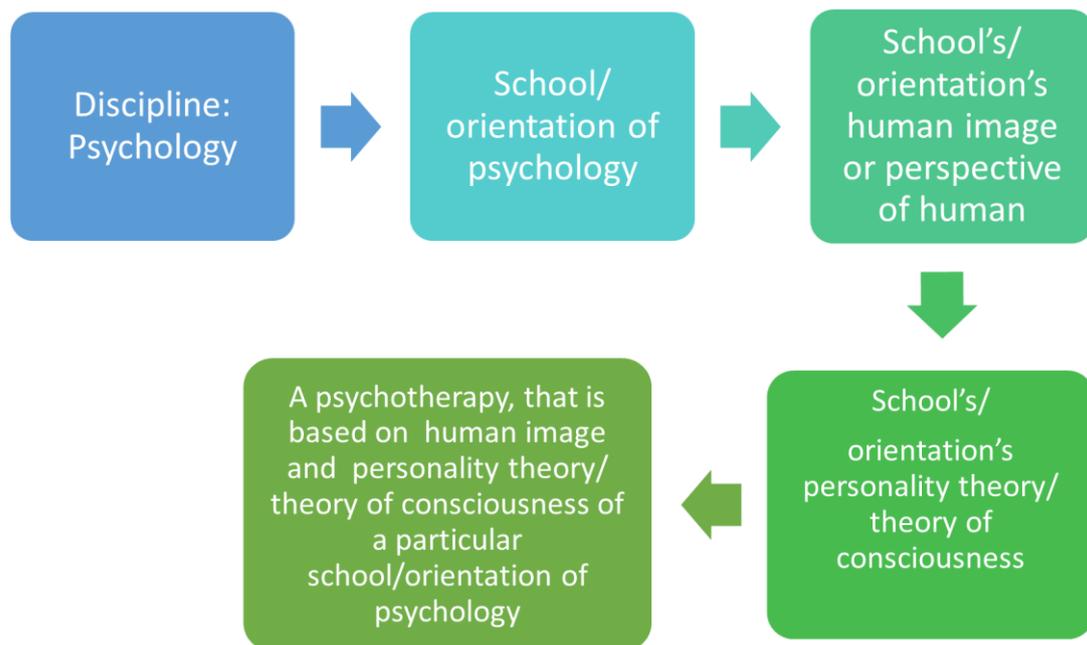
been realized that discussion and sharing one's experiences were a better treatment method than punishment. Psychotherapy quickly began to utilize the research results and new theories of the new discipline, psychology. (Pietikäinen 2013, 375–380, in English: Shephard 2002, 33, 67-71, 101-102, 134-138, Barham 2004, 5-7, Young 1997, Dobbs 2009.)

Psychotherapies should not be called psychotherapy in a generalized way, because the field of psychology - on which psychotherapies are based - includes many different schools of thought or orientations, whose theories differ substantially from each other in terms of questions and answers related to human existence, human essence, personality and consciousness. It can only be stated that all psychotherapies are based on psychological questioning and their basis is the discipline of psychology. It should also be kept in mind that not all titles ending in -therapy or starting with psycho- count as psychotherapies. Psychoanalysis is not based on psychological questioning, but is based on psychiatry; therefore, psychoanalysis does not belong to psychotherapies. Music therapy, art therapy, occupational therapy, riding therapy and animal-assisted therapy are also based on other than psychology, although psychological knowledge is also required and applied in these therapies. Physiotherapy, zone therapy, angel therapy or tapping therapy - to name a few - have nothing to do with psychology. Sexual therapy, on the other hand, clearly belongs to the field of psychotherapy, because sexuality - sexual identity and the manifestation of sexuality - is a property of the psychic dimension of human consciousness.

Example:

The discipline of psychology is divided into several traditional schools or orientations. One of these is the orientation of Cognitive psychology. In simplified terms, in Cognitive psychology, a person is defined as an active information processor who can modify their thinking and actions (human image). Based on this image of a human, a person is seen as a person whose behavior is influenced by goals, survival expectations and schemas related to the situation (personality theory). Cognitive psychotherapy is based on both the cognitive human image of a person and the perspective of a person in personality theory. The therapy aims to affect distortions of thinking (cognitive dissonance), for example by modifying schemas and affecting distorted thinking structures.

The positioning of the regional ontology of psychotherapies can best be described with the help of the following diagram:



**Picture 2. Positioning of the regional ontology of psychotherapy. Niiles-Mäki & Sadeaho 2021, 16.**

The example of orientation or school of Cognitive psychology has many of its own therapy forms within Cognitive psychotherapy, e.g. Cognitive Behavioral therapy, Cognitive Processing therapy, Cognitive Stimulation therapy, Schema therapy and Trauma-Focused Cognitive Behavior therapy.<sup>33</sup> Since there are many schools or orientations within the discipline of psychology, there are also many human images or perspectives on humanity and many traditional theories of personality or consciousness formed on the basis of these schools/orientations. They explain the etiology of psychological disorders in quite different ways. Since the therapies developed on the basis of different schools/orientations explain the origins of the disorders in different ways, the methods used in the therapies can also differ greatly. Therefore, there is no such thing as a single "psychotherapy" looking from the regional ontological point of view, since the questioning and answering related to practicing a particular psychotherapy (from the scope of various psychotherapies) always belong to a specific psychotherapy. Asking and answering questions related to the practice of other than psychotherapies - e.g. physiotherapy - are always within their own scope of the discipline(s) or doctrine(s), that form the basis of the therapy.

A more recent three-level holistic personality theory by Dan P. McAdams<sup>34</sup> suggests, that *"the stories people tell about their lives are not simply reflections of personality trends but are instead features of personality itself. Rejecting approaches to personality that emphasize drives, motives, and even traits, Tomkins (Tomkins 1979) argued that*

<sup>33</sup> Psychology Today, <https://www.psychologytoday.com/us/types-of-therapy>

<sup>34</sup> <https://enrkabigtingpsychology.wordpress.com/portfolio/dan-p-mcadams/>

*from birth onward human beings unconsciously arrange their lives into affectively charged scenes and organizing scripts, which themselves become the structural features of psychological individuality. McAdams (McAdams 1985) asserted that the development of what Erikson (Erikson 1963) called ego identity is largely a matter of constructing and internalizing an integrative self-narrative to provide life with some sense of unity, purpose, and meaning. According to McAdams, people living in modern societies begin to arrange their lives into self-defining life stories - complete with settings, scenes, characters, plots, and themes - in the emerging adulthood.” (McAdams & Pals 2007, 13-14.)*

Although McAdams's holistic model of personality<sup>35</sup> succeeds - in many ways - in overcoming the problems of the traditional personality theories<sup>36</sup> of traditional schools or orientations of psychology, it ignores the contribution of the situational<sup>37</sup> and transcendental factors to a person's becoming a person (*self-defining life story*) and being a person (*the redemptive self*<sup>38</sup>). According to logotherapy, purpose cannot be invented, but it is to be found. The purpose is therefore always outside not only the human psyche, but the whole person. The will to a purpose is a quality of the Noological dimension of consciousness, which emerges in the activity of the agents of the Noological dimension (self-transcendence, self-distancing). Implementing purposes in everyone's own life is also always in relation to the outside of the person, to the situational and transcendental reality, because purposeful action is always bound to the universal values that are independent of the individual person. If we try to merge the agents and qualities of the Noological dimension (e.g. the will to find a purpose) with the psychic, we invalidate the existential-phenomenological-hermeneutic basis of Frankl's logotherapy, which explains the necessary ontological difference between the Noological dimension of consciousness and the psychic dimension of consciousness.

### **3.3 The regional ontology of Logotherapy**

Logotherapy is based on philosophical questioning. For this reason, the existential-phenomenological-hermeneutic<sup>39</sup> set of doctrines that is the basis of logotherapy, is called logophilosophy. In addition to logotherapy, today there are also other specific forms of therapy based on existential-phenomenological philosophy: existential-phenomenological therapy also includes the Daseinsanalysis of the Swiss Ludwig

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<sup>35</sup> which is used by such psychotherapies as – for instance - Integrative psychotherapy and Narrative psychotherapy.

<sup>36</sup> and psychotherapies committed to these, e.g. Cognitive Behavioral Therapy, Gestalt Therapy, Hypnotherapy, Jungian Therapy, Person-centered Therapy, Psychodynamic Therapy and so far.

<sup>37</sup> according to Lauri Rauhala's redefined sense of the term; see chapter 4.2.

<sup>38</sup> McAdams & Pals 2007, 14-16.

<sup>39</sup> The problematics in combining phenomenology and hermeneutics in the same field of study and resulting theories, but also solutions to that, has been discussed in Anne Niiles-Mäki's dissertation 2021, 36-40.

Binswanger (1881-1966)<sup>40</sup> and Medard Boss (1903-1990)<sup>41</sup>, who applied existential and existential-phenomenological philosophy to psychotherapy and psychiatry. Both have been inspired by the German philosopher Martin Heidegger (1889–1976), whose hermeneutic-phenomenological Dasein analytics (Kakkori 2003, 90-104, in English Brencio 2014, 297-304) served as the theoretical basis for the formation of both therapies (Brencio 2015, 283-285). Martin Heidegger also served as one of Viktor Frankl's inspirations; Frankl knew both Martin Heidegger and Ludwig Binswanger personally (Frankl 2000, 113–114). It was the confusion caused by the English translation of the terminology used by e.g. Binswanger<sup>42</sup> that made Frankl move from using the term 'Existential Analysis' to increasingly use the term 'logotherapy' (Frankl 2010b, 81). In addition to the abovementioned specific philosophy-based forms of therapy - which means forms of therapy that have their own specific methods - German philosopher and psychiatrist Karl Jaspers (1883–1969) has developed psychiatry in the direction of existential-phenomenological philosophy (Wiggins & Schwartz 1997, 15-36). Jaspers and Frankl knew each other and respected each other: according to Frankl, Jaspers had declared Frankl's book 'Man's search for Meaning' to be among the most significant books of mankind (Frankl 2000, 113–114). There have been practitioners of philosophical therapy/counseling since the 1950s.<sup>43</sup> Practitioners of philosophical therapy/counseling use philosophical methods in helping clients. One of the most famous methods is the Socratic method, which is also used in logotherapy.

It must be remembered that philosophical therapy existed long before psychology as a discipline, and psychotherapy as a form of treatment, were born. Western philosophical therapy was already formed in ancient times (from around 400 BC) under the influence of Plato's and Aristotle's thinking. Hellenistic philosophical schools—the Stoics, the Sceptics, the Epicureans, and the Cynics—practiced the healing of the soul, *Therapeia*, in a variety of ways (Nussbaum 1994). Since the Hellenistic period, philosophical therapy has changed less into a therapy practiced by philosophical schools and more by individual philosophers and practitioners of philosophy, where the theoretical basis of philosophy can also be applied to the use of e.g. psychology, psychiatry and theology.

The positioning of the regional ontology of logotherapy focuses on two fundamental questions: a) How is a human in the world and b) Why is a human in the world? Both questions are central in philosophy. Logophilosophy developed to explore, understand and explain the problematic of human existence in the world from the framework of *Logos*, the purpose of life. Logotherapy, on the other hand, was born as a response to the existential distress brought about by being-in-the-world, where the purpose of

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<sup>40</sup> see e.g. Vitelli, R. 2018, 1-42.

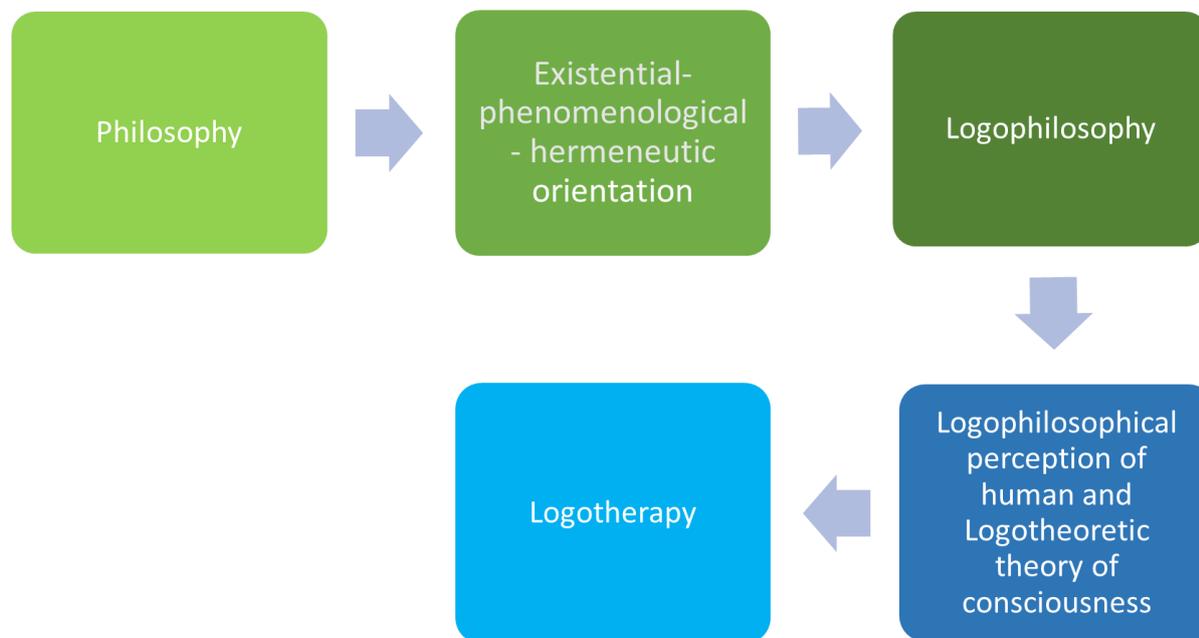
<sup>41</sup> see e.g. Craig, E. 1993, 258-276.

<sup>42</sup> Binswanger's term *Daseinsanalyse* was translated into English as 'Existential Analysis', which is the same translation as for Frankl's term *Existenzanalyse*; see Frankl 1988, 5.

<sup>43</sup> [https://en.wikipedia.org/wiki/Philosophical\\_counseling](https://en.wikipedia.org/wiki/Philosophical_counseling)

one's life or the purposeful nature of life in general is perceived in a distorted or incomplete way. Also, the conflicts that are experienced between the functioning of the conscience and the functioning of the situation are classified as experiential problems within the scope of logotherapy.

The positioning of the regional ontology of logotherapy can be described best with the help of the following diagram:



**Picture 3. Positioning of the regional ontology of logotherapy. Niiles-Mäki & Sadeaho 2021, 18.**

After the original Viktor Frankl's logotherapy, several other logotherapeutic applications have emerged, e.g. Uwe Böschmeyer's logotherapy<sup>44</sup>, LogoArt<sup>45</sup>, Paul T. Wong's meaning-centered therapy<sup>46</sup>, and spiritual logotherapy or pastoral logotherapy<sup>47</sup>. Logotherapy applications are not their own logotherapies like psychotherapies, because they either a) stick to the franklian theoretical base and do not create completely new theoretical interpretations of human being-in-the-world and the essence of human, or b) do not stick to the franklian theoretical base but also do not create new theoretical interpretations of human being-in-the-world and the essence of human. In the latter case, logotherapy applications are left without a logophilosophical basis and cannot then be considered logotherapy, but rather as applications of some other discipline or purely as recreational activities.

<sup>44</sup> see e.g. Riemeyer, J. 2007, 310-334.

<sup>45</sup> see da Silva Prado & Lehtioksa 2021.

<sup>46</sup> e.g. in "The Human Quest for Meaning - Theories, Research, and Applications" 2012.

<sup>47</sup> Graber 2004.

Logophilosophy contains several basic assumptions, doctrines and theories, which are mainly presented in the earlier book 'Introduction to logophilosophy' (Niiles-Mäki & Sadeaho 2022). 'Handbook for Logotherapists' focuses on the doctrines and theories that answer the questions about a human being-in-the-world and the essence of a human, from the framework of the regional ontology of Logotherapy. These doctrines and theories are presented in chapters 4-6.

## 4 LOGOTHERAPEUTIC PERCEPTIONS OF THE HUMAN

### 4.1 Viktor Frankl's perception of the human

The basis of Frankl's perception of the human is about each person's own way of existing in the world, i.e. the person's being-in-the-world. According to Frankl (Frankl 2010b, 71), there are three aspects to a person's way of being-in-the-world: 1. freedom of will, 2. will to purpose and 3. purpose of life. These three aspects of a person's way of being-in-the-world are opposed to the three basic principles of psychoanalytic and individual psychology's images of human: 1. pandeterminism<sup>48</sup>, 2. homeostatic theory<sup>49</sup> and 3. reductionism<sup>50</sup>. Because, according to Frankl (Frankl 2010b, 73), freedom of will (rather than pandeterminism), the will to purpose (rather than homeostasis) and the purpose of life (rather than reductionism) belong to a person's way of being-in-the-world, a person has already the built-in ability to position the way they choose to what are their somatic (physical) and their psychical prerequisites and limitations. In this way, they are able to rise above the dimensions of their physical and psychic existence to the dimension that Frankl calls Noological dimension. The existence of the Noological dimension enables self-distancing and self-transcendence, which are the agents of the Noological dimension. Frankl's perception of the human thus contains three dimensions: physical (somatic) dimension, psychic dimension and Noological dimension. The logophilosophical understanding of the human focuses on giving an ontic basis to the fact that the Noological dimension can also be understood as one dimension of a person's own way of being-in-the-world alongside the physical and psychic dimensions. Existential analysis aims to understand and explain people

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<sup>48</sup> According to pandeterminism, the human is in their thinking never free from their biological, psychical or social limitations (Frankl 2014, 51). Also in footnote 12.

<sup>49</sup> According to homeostatic principle, a person always strives for a state of physical-psychic balance, which is considered ideal, but which, according to Frankl, prevents the search for purposes and discovering them outside oneself. According to Frankl, a person does not need homeostasis, but noodynamics, where the tension between a person and their possibilities (what they can and should become) enables the purposefulness of human life (Frankl 2014, 20-22).

<sup>50</sup> see footnote 11.

from the standpoint of the Noological dimension, and logotherapy aims to help people from the standpoint of the Noological dimension.

Frankl's perception of the human contains the **Ten theses of person** and the **Dimensional ontology**. Frankl published his ten theses about the person (*Zehn Thesen über die Person*) for the first time in his book 'Logos und Existenz' (1951, 47-64) and in a renewed version in his book 'Der Wille zum Sinn' (1996, 108- 118). The theses can also be found in Frankl's magnum opus 'Ärztliche Seelsorge'. (2014, 330–340). These ten theses form an in-depth understanding of the human as a physical-psychic-Noological being. The theses are presented and thoroughly interpreted in 'Introduction to Logophilosophy' (Niiles-Mäki & Sadeaho 2022, 12-17). In his ten theses, Viktor Frankl describes how a human is in the world: the human is in the world as a physical-psychic-spiritual person who is a unique individual, a unity in their multidimensionality. In this unity, they are also a whole, i.e. unmerged with other persons in the world. Each person therefore has their own specific place in-the-world; persons who have already died also have their own specific place in-the-world. In 'The Unheard Cry for Meaning' (Frankl 1978) Frankl states that every dead person has been saved into the world forever just because of their specific place in the world: the past cannot be taken away from anyone. "*Even when the torch goes out, its light has had meaning; but there is no meaning in conducting an eternal torch race to infinity, passing on and on a torch that is not burning.*" (Frankl 1986, 67.) For Frankl, therefore, a purposeful life does not mean living only on a physical-psychic level, as a vegetating (*Vegetieren*) being (see Längle 1988, 14). Frankl's ten theses give a valuable description of an existing (*Existieren*) person's being-in-the-world and the realization of its meaning for each and every human.

The second doctrine belonging to Frankl's perception of the human is the theory of dimensional ontology. Dimensional ontology in detail is presented in 'Introduction to Logophilosophy' (Niiles-Mäki & Sadeaho 2022, 14-16). Frankl's logophilosophical doctrine - dimensional ontology - is developed to explain how being's being-in-the-world in general, and especially of humans, can be understood and explained through different (especially human) dimensions. Frankl first introduced his dimensional ontology in the article, which was presented in the 'Jahrbuch für Psychologie und Psychotherapie' yearbook 1953<sup>51</sup> (Längle, S. 2000) and a second time in 'Ärztliche Seelsorge', in the chapter 'Imago hominis' (Frankl 2014, 51-57).

From the framework of regional ontology, dimensional ontology answers the question that is in the basis of logotherapy: How is a person in-the-world? Dimensional ontology strives to show how a human can essentially be understood,

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<sup>51</sup> Frankl 1953: Dimensionen des Menschseins. Jahrbuch für Psychologie und Psychotherapie 1(2): 186–195.

explored and explained from so many different aspects that the human as a whole, their "humanness", cannot necessarily be explicated even from taking into account all the different aspects. On the other hand, Frankl strives also to show that the prototypical human essence, "humanness", cannot be construed, because, with each individual, humanness is both multidimensional and unique at the same time. The human being is therefore *unitas multiplex*, unity in plurality (Frankl 2014, 52). Now let's think that different scientific disciplines each have their own regional ontology and questions, to which the particular discipline tries to answer. Questions about human nature (or human essence) remain within each discipline's own ontological circle and give answers that can be understood and explained only by that discipline's own standards, measurements and in its own discourse. Regarding the human, with the help of the questions and answers of a specific discipline - that is, through research - we get a construed image of a person, a human image. From the particular discipline's point of view, this human image explains the prototypical human essence, i.e. without each individual's own unique quality. But - in addition to the physical-psychic level, there is also the Noological level that has its own emergent existence in human consciousness. To the basic ontological question of logotherapy - how is a person in-the-world? - dimensional ontology offers an answer: humans are in the world as *unitas multiplex* both essentially (as corporeal-conscious-situational) and consciously (as the psychic and Noological dimensions of consciousness).

Dimensional ontology gives a clear negative answer to reductionism and brings a certain kind of solution to the Cartesian soul-body problem<sup>52</sup>, but it also raises questions. Could being-in-the-world be different than physical-psychic-Noological (added with situationality), if the current knowledge of the state of the world or Universe changes? Can humanity degenerate also from their Noological dimension, as is now happening in regarding the physical and psychic dimension, and what would it, then, mean in terms of dimensional ontology? In other words, can the dimensional ontology expand and/or shrink? Can species other than humans have the Noological dimension in some form (e.g. in the form of conscience)? We can't be sure about this on the basis of dimensional ontology, because we cannot claim that all beings – even of the same species – are similar in terms of physical-psychic properties; in this case, we also lack information about yet unknown ways of being-in-the-world of different species or organisms.

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<sup>52</sup> Frankl has also a text not related to dimensional ontology regarding the soul-body problem. In that text, he deals with the Cartesian division into soul and body particularly from a doctor's point of view, approaching a holistic way of facing a person; see Frankl 2015c, 145-150.

## 4.2 Lauri Rauhala's holistic perception of humanity

The holistic perception of humanity, developed by the Finnish philosopher, psychologist and psychoanalyst Lauri Rauhala (1914–2016) complements Frankl's perception of the human with the concept of the situation.

*"The basic forms of human existence are revealed in an ontological analysis. Its result is human perception. --- the whole of humanity can be understood with the help of three basic ontological forms ---. These aspects of essence are:*

- corporeality (existence as an organic event)*
- consciousness (existence as psychic-spiritual (Noological) experientiality)*
- situationality (existence as relatedness to one's own life situation)*

*In the intertwining of aspects of an essence, the whole of a person is constituted. The whole is therefore not a homogeneity, but rather a joint play of events and states of affairs represented by the aspects of essence that are fundamentally and essentially different of each other. The holistic perception of humanity presented here is - to be more specific - monopluralistic, because it reconciles plurality (Latin pluralis) and unity (Greek monos). In empirical research and applications, the whole of a human can therefore be managed only on the basis of acknowledging and taking into account the differences." (Rauhala 2005, 85-87, translation mine.)*

Rauhala uses corporeality instead of the physical level described by Frankl and consciousness instead of the Psychic and Noological levels described by Frankl. These aspects or levels of essence can be considered as mutually congruent views. Rauhala brings an addition to Frankl's perception of the human, which can be traced to Frankl's understanding of a person's being-in-the-world: the concept of the situation. Rauhala's concept of the regulative situational circuit can, on the other hand, be traced back to Frankl's dimensional ontology. According to Rauhala

*"The intertwining of the aspects of the human essence I have also called ontologically the regulative situational circuit. It can be used to examine the structural relationships and mutual dynamic settings of the aspects of essence. The name refers to the fact that the aspects of essence regulate each other's existence through mutual permeability and thus also the existence of the whole. This analysis shows that the seemingly paradoxical statement " a human is unity in plurality" is justified and apt. The perception of humanity sketched here helps to understand that the study of the whole is the study of a person or existence (= in Heidegger a being that regulates their existence by their own choices), while within its framework it is possible to study different types of problems in the empirical sciences in an adequate and consistent manner, even relatively independently." (ibid. 88–89, translation mine.)*

With the help of his dimensional ontology, Frankl tries to justify exactly the same thing: a human cannot be reduced to only one aspect of essence (dimension), because human is a *unitas multiplex*, a unity in a plurality. A human as a person cannot be explored, understood or explained only from the perspective of one aspect of their essence (*unitas*) without taking into account the whole of a person, nor can be explored, understood or explained as a combination of all research results (*multiplex*), because a person is also the actualizer of all aspects of their essence, the creator of the whole of the human person, a *Dynamic unitas multiplex*. For this reason, the explanations of a human's humanness (human nature or human essence) of different disciplines are human images, while the philosophical exploration, understanding and explanation of humanity – as with Viktor Frankl and Lauri Rauhala – forms a realization of the human as a being-in-the-world or as a situational entity, as a *dynamic unitas multiplex*. In both of Frankl's and Rauhala's philosophical perceptions of the human, the regional ontological question of logotherapy has been answered rather congruently: How is a person in-the-world? From the logotherapeutic framework, however, understanding the essence of a person is not enough, but – to actually help the person - a deeper exploration, understanding and explanation of how a person exists consciously in-the-world, is needed. Since Viktor Frankl realized the existence of the Noological dimension in human consciousness that is qualitatively and ontologically different from the Psychic dimension, the starting point of logotherapy must be the regional ontological understanding of the whole of consciousness and especially understanding of the Noological dimension of consciousness.

## **5 LOGOTHERAPEUTIC THEORIES OF HUMAN CONSCIOUSNESS**

### **5.1 Viktor Frankl's theory of human consciousness**

Viktor Frankl's understanding of human consciousness is based on dimensional ontology and the Diagnostics of mental disorders he developed (e.g. in 'On the Theory and Therapy of Mental Disorders', 2004). According to the aspect based on dimensional ontology, a person has different dimensions that must be explored, understood and explained from and through these dimensions. The Noological dimension in a person belongs to the same consciousness as the psychic dimension, but, in a person, they manifest in very different ways. Humans have the ability to distance themselves and the ability for self-transcendence, which are manifestations of the activity of the Noological dimension. Faith, conscience, will to a purpose and the Defiant Power of Spirit also belong to the Noological dimension, and are manifestations

of it. The Noological dimension is superior to the psychic; according to Frankl, this is proven by the fact that a mentally ill person has a functional ability for self-distancing and the will to a purpose, even when the psyche is seriously damaged. The will to purpose already includes self-transcendence, i.e. the ability to orient oneself outside of oneself.

According to the aspect based on Frankl's diagnostics of mental disorders, mental disorders can be classified as somatogenic, psychogenic or noogenic disorders, depending on whether their cause is in the biological (somatic), the psychic or the Noological dimension (according to the dimensional ontology). The causes of the somatogenic disorders (e.g. iatrogenic neuroses) can be found in the biological factors, e.g. brain dysfunction. The causes of the psychogenic disorders (e.g. psychogenic neuroses) can be found in the psychological factors, e.g. conflicts of motives, anxiety or fear. The causes of the noogenic disorders (e.g. noogenic neuroses) can be found in the noological factors, e.g. a crisis related to experiencing a purpose or problems of conscience. In noogenic disorders, the cause can be found in other than psychological factors. In these disorders, self-distancing and self-transcendence do work, but their relationship to the reality outside the self is distorted. According to Frankl, this act of distortion is a (mentally) healthy reaction to a sick situation in which a person is.

In his books, Frankl did not accurately describe or make detailed distinctions between the field of the psychic and the Noological dimensions in consciousness, as he was not interested in studying consciousness from a philosophical point of view, but focused more on justifying the understanding and explanation of the different dimensions of the human being and justifying the medical benefit of logotherapy in the treatment of mental problems.

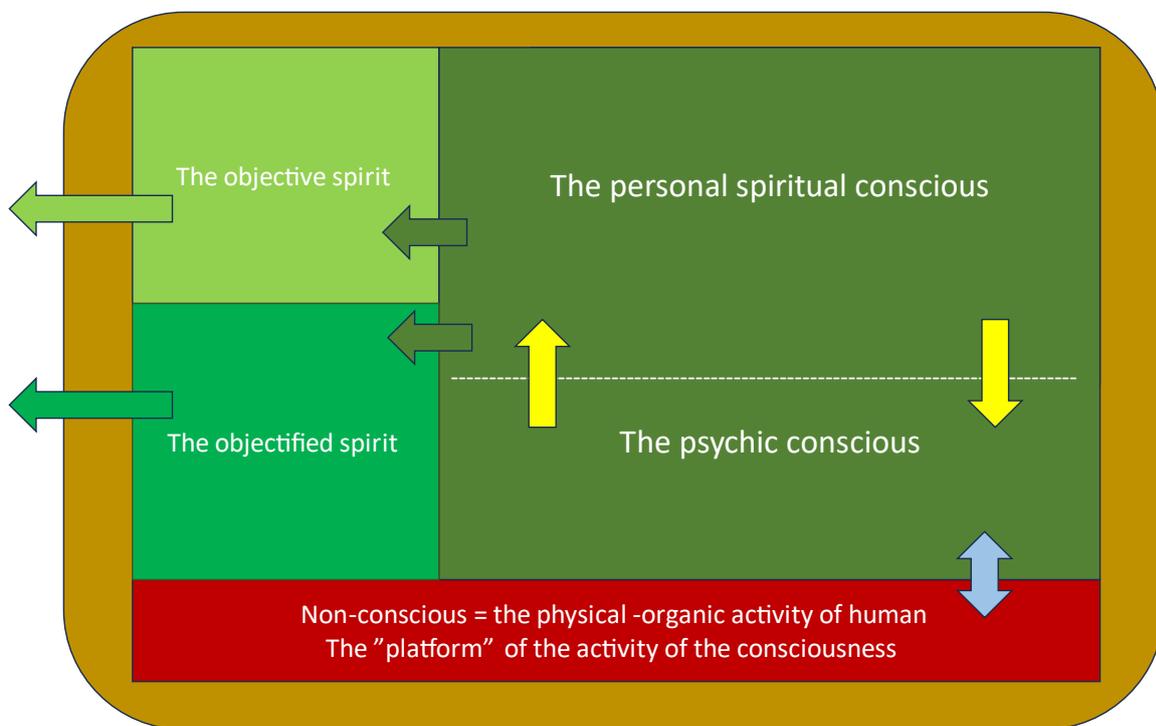
## **5.2 Lauri Rauhala's theory of human consciousness**

Rauhala has studied human consciousness and the spiritual<sup>53</sup> in humanity (e.g., Rauhala's famous books: 'Henkinen ihmisessä' ('The Spiritual in human'), 'Ihmisen ainutlaatuisuus' ('The Human uniqueness'), and 'Tajunnan itsepuolustus' ('The Self-defense of consciousness')). According to Rauhala (Rauhala 2005), consciousness is one of the aspects of a person's essence, alongside with corporeality and situationality. A person's consciousness' essence consists of two main factors: the non-conscious and the conscious. Conscious, on the other hand, consists of awareness and unconscious. Consciousness is formed from the reciprocal process of these. Non-conscious means all such physical-organic activity that is not experiential and from which one cannot form any contexts of meaning, but it is still essential as a "platform" of the activity of

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<sup>53</sup> which, in Rauhala's writings, refer more to Frankl's use of the term 'spiritual' as the Noological dimension of human consciousness than to a religious content of human consciousness; see also footnote 7.

the conscious. The unconscious and the awareness of the conscious are extremities of each other in consciousness. According to Rauhala, that means more about the variation in the degree of clarity of meanings than about two separate parts of consciousness. Consciousness works on the conscious' awareness-unconscious axis in such a way that it can be seen as the occurrence or non-occurrence of meanings in one's worldview. (ibid. 40-42.)



**Picture 4. A basic structure of human consciousness (surrounding brown colour) according to Lauri Rauhala's categorization. The yellow arrows present the awareness-unconscious process of the conscious.**

Awareness and unconscious areas of conscious in consciousness cannot be separated, but consciousness is the process of both awareness and unconscious in conscious.

In this process of consciousness, there can be distinguished the psychic and the spiritual (dimensions of consciousness), which have their own regulative situational circuit. In addition to the personal spiritual<sup>54</sup>, there are two other levels of activity in the spiritual (dimension): the objective spirit and the objectified spirit. According to Rauhala, the objective spirit is realized in cultural phenomena, such as various institutions, fashion, science and art, values and customs and the legal system, and it functions relatively independently of the personal spiritual. The objective spirit—as opposed to the personal spiritual—is impersonal; it has no conscious and therefore no conscience or responsibility. The objectified spirit includes those products of science and art that have human cultural permanence. It stabilizes and preserves culture, and

<sup>54</sup> which can be understood as synonymous with Frankl's Noological dimension of consciousness.

in its creation, the personal spiritual as the creator of the product is crucially important. However, the participation of the personal spiritual in the activity of the objectified spirit gradually decreases over time, because the permanent products of science and art no longer depend on the existence of the individuals who created them, but the products become part of our collective culture.

The psychic and personal spiritual level of consciousness form a whole, where the awareness and the unconscious are in a continuous process. The objective spirit and objectified spirit are - from the starting point- parts of consciousness, but become detached from consciousness over time. They do not include the process of awareness and unconscious. The psychic level of consciousness functions intrasubjectively (i.e. is connected to its own sensations and experiences) and is related to somatic reality (corporeality). The personal spiritual level of consciousness functions intersubjectively (is connected also to psychic experiences) and is related to situational reality. The objective spirit and the objectified spirit originating from consciousness are also connected to the situational reality, but do not function either intra- or intersubjectively, because they detach from their starting point and are relatively independent of consciousness. Their way of functioning could be called interobjective, as they shape each other's contents (societal values, the judiciary, concepts of beauty, idealizations, belief systems, the practice of science and art and their products, etc.).

According to Rauhala, personal spiritual level is a human structural property that is given to every person as a potentiality. It is then the task of each individual to actualize this spiritual potential in their own life. Due to its structural property, it's also unimportant, where the origin of the personal spiritual is actually derived from. Rauhala states that because the content or the origin of the personal spiritual can't be defined exclusively, only the principles of its functioning can be described. These principles are the higher meanings and values occurring in conscious, that are both common (in relation to knowledge and pre-moral understanding of values) and individual (in relation to the internal meanings and values in conscious, that include self-development). These experiences of higher meanings and values contain always the action of self-awareness, which is, according to Rauhala, the most distinctive character of the personal spiritual (level/dimension).

According to Rauhala, disorders that appear both in the personal spiritual and the psychic (dimensions of consciousness) should never be called mental illnesses or diseases, but rather unfavorable experiences and the worldviews resulting from them.

Rauhala does not distinguish between unfavorable experiences of the psychic (dimension of consciousness) and the personal spiritual (dimension of consciousness),

because, according to him, both dimensions function in the process of constructing a worldview. Rauhala criticizes the understandings of the disciplines of psychiatry and psychology about how the disorders in consciousness are qualitatively seen, and especially how they are studied and understood. However, Rauhala sticks to the psychoanalytic framework, combining the disorders of the psychic and the spiritual (dimensions) as a function of the distortion process of contexts of meaning within the worldview. (Rauhala 2005. In English, Rauhala 1969.)

### 5.3 The Logothereotic theory of human consciousness<sup>55</sup>

The Logothereotic theory of (human) consciousness included in the logotherapeutic perception of the human is based on Frankl's dimensional ontology, Diagnostics of mental disorders and Frankl's ten theses about the person. In addition to that, Rauhala's holistic perception of humanity (especially his view about taking corporeality, consciousness and the situationality into account on studying and understanding the human) and some aspects of Rauhala's theory of consciousness supplement the Logothereotic theory of consciousness. Rauhala's theory of consciousness and the Logothereotic theory of consciousness both share the same basis concerning the situation and the dissimilarities in the Noological (the personal spiritual in Rauhala) and the psychic dimensions's operating principles. However, Rauhala does not separate disorders of the psychic dimension of consciousness and the (personal) spiritual dimension of consciousness (i.e. the Noological dimension) into their own qualities of disorders. Although Rauhala states that the psychic dimension of consciousness operates according to its own operating principles (desires, emotions, motives, intrasubjectivity) and the (personal) spiritual dimension according to its own operating principles (meanings being as subjects, understanding the possibility of their individuation, generalization and self-regulation, as well as understanding the personal responsibility of operating with meanings (Rauhala 2009, 92-93)), are the disturbances manifested in these, in simplified manner, disturbances at different levels of the worldview, where the essential point is the structuring of the contexts of meaning. What causes the disturbances, is, for Rauhala, related to negative interpretations of the facticity of a person's situation or the *horizon*<sup>56</sup> in contexts of meaning. But if the contents of meaning containing contexts of meaning, are ontologically of different quality - i.e. if they differ from each other because they have arisen from the functioning of certain operating principles, and are structured according to these – can they be considered equal or similar? Furthermore, whether the contexts of meaning

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<sup>55</sup> first presented in Anne Niiles-Mäki's article 'Miksi logoterapiaa tarvitaan: logoterapian asema ja merkitys osana länsimaista terapiaperinnettä' in 'Kärsimyksestä rakkauteen – Viktor Frankl Institute Finlandin tutkimuksia 2' 2017 (ed. Purjo, T.), 172-177. Peer reviewed.

<sup>56</sup> as a representative of phenomenological philosophy, Rauhala uses the term '*horizon*' according to phenomenological context; see e.g. Geniusas 2012.

construed from them can be considered equal or similar? Could it then also be stated that all unfavorably interpreted contexts of meaning can be processed, studied and understood as equal and similar? If the answer is yes, it would be also assumed, that all disorders of consciousness can therefore be treated with similar manner. However, this assumption has already been rightly refuted in chapters 2.2 and 3.

According to logotherapy - as well as Lauri Rauhala - disorders of the psychic and the Noological (personal spiritual) dimension are disturbances at different levels of the human worldview. Although, according to Rauhala, these disorders are significant only to what kind of contexts of meaning they create in the contexts of understanding, and thus, what kind of (distorted) worldview does a person generate through these unfavorable or negative interpretations, wouldn't it then be essential to also understand and study how do these different levels of disturbances distort our worldview in different ways? In other words, what kind of distortions in the psychic dimension of consciousness and in the Noological dimension arises, why are the distortions of different quality, what are the effects of their different quality in generating a person's worldview, and why and how can these disorders of different quality be or cannot be treated? The reasons why psychiatry, psychotherapy or psychoanalysis are not effective forms of treatment in treating disorders of the Noological dimension of consciousness have already been elucidated in earlier chapters. To sum up: the types of treatments that are most effective in the treatment of disorders of the psychic dimension of consciousness belong within the scope of psychiatric and psychological research. Because the disorders of different dimensions are of different quality already on behalf of their contents of meaning, we have to start from the operating principles that generate the contents of meaning in the conscious part of the Noological dimension of consciousness. Through these operating principles – i.e. agents – it is possible to find out how the contents of meaning in the Noological dimension of human consciousness differ from the contents of meaning in the psychic dimension of human consciousness. Through this, disorders of the conscious part of the Noological dimension of consciousness can be distinguished from disorders of other dimensions' parts of consciousness (noological subconscious', psychic conscious' and psychic subconscious' parts).

Although human consciousness is a whole, from the framework of regional ontology we can still distinguish parts of consciousness that differ qualitatively from each other due to their operating mechanisms and properties. The parts of consciousness are always connected to each other in the same way as the aspects of a human essence are connected to each other, so that these parts (like the aspects of human essence) require each other's existence in order to exist themselves. There cannot be such case that human consciousness is missing, for example, the subconscious part of the psychic dimension, but the other parts of consciousness would function normally (or at all). The whole consciousness functions within the awareness-unconscious axis (see yellow

arrows in **picture 5**) in such a way that from the unconscious, phenomena that require a necessary understanding in a particular situation, emerge into awareness. Correspondingly, phenomena that do not require a necessary understanding in a particular situation are transferred from awareness to unconscious. Although logophilosophy focuses on the Noological dimension of human consciousness and its functioning, a logotherapist must understand the structure and operating principles of the whole consciousness – both the psychic and the Noological dimension – in order to be able to separate psychological (or psychiatric) disorders from purpose-based distortions of the Noological dimension.

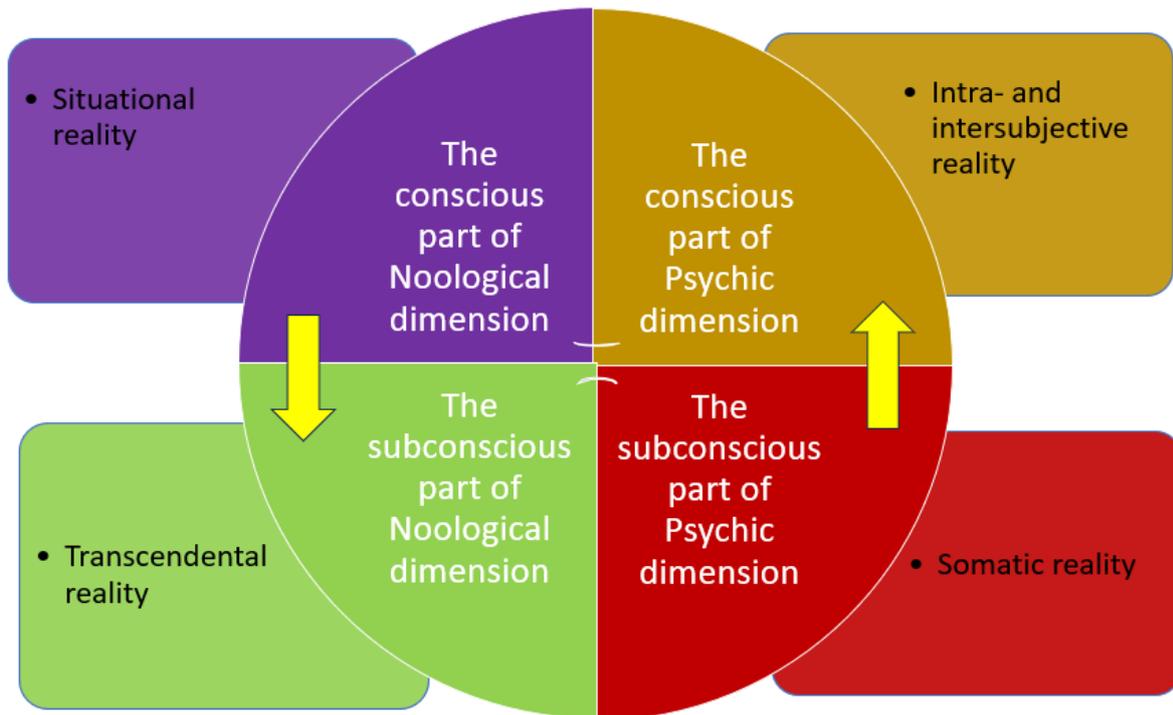
The biggest structural difference between the psychic and the Noological dimensions is probably that the parts of the psychic dimension are also in a mutual causal connection (in a direct cause-and-effect connection) to each other, while the Noological dimension is only in a downward causal connection to the psychic dimension: the activity of the Noological can affect the psychic and through the psychic can be connected to the somatic and intra- and intersubjective reality, but an activity of psychic does not affect the activity of the agents of the Noological dimension, and the psychic dimension is therefore not directly connected to situational or transcendental reality. The function of the Noological dimension is not causally bound but it functions according to the free will, where both parts of the Noological dimension - conscious and subconscious<sup>57</sup> - operate relatively independently. As an example of this we can consider conscience, which is a quality of the subconscious part of Noological dimension of consciousness and, as the content of the Noological subconscious, an ontologically (in its own existence) infallible "purpose-organ"<sup>58</sup>, but whose activity belongs to the area of the conscious part of the Noological dimension and can be fallible (in its activity). A person can therefore, according to their free will, decide to act ethically wrong; but the understanding of one's own wrong action tells a person about the ontological infallibility of their conscience.<sup>59</sup> The logothoretic theory of consciousness, which describes the whole of the human consciousness and separates its parts, is presented also in 'Introduction to logophilosophy'.

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<sup>57</sup> When we operate purely in the dimension of human consciousness and try to clarify the structures and functioning of its parts, the term 'subconscious' serves the purpose better than using the term 'unconscious', for 'unconscious' refers to various levels of functioning in the mental life of a human in relation to somatic reality, the situation or to transcendental reality. The yellow arrows in **picture 5** depict the ever-going process of awareness-unconscious axis; in this case of consciousness' functioning, using the term 'unconscious' is only justified.

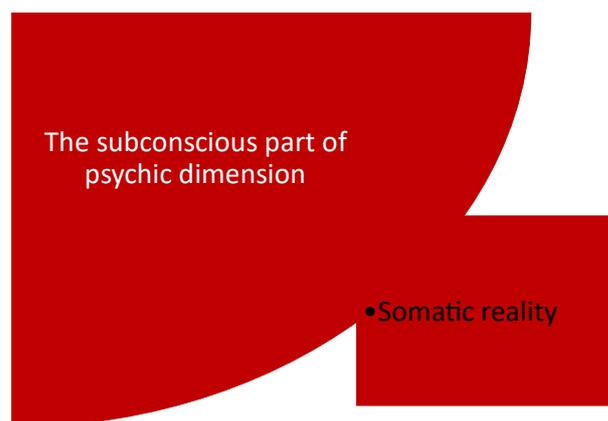
<sup>58</sup> the term used by Viktor Frankl (origin. *Sinn-Organ*), see e.g. Frankl 2014, 87.

<sup>59</sup> The activity of a conscience can also be distorted due to a weakness or lack of a pre-moral understanding of values, or in a situation where the purpose is distorted. A conflict of values, on the other hand, is a healthy reaction of a conscience to a sick situation.



Picture 5. The Logothereotic theory of human consciousness. Niiles-Mäki & Sadeaho 2022, 27.

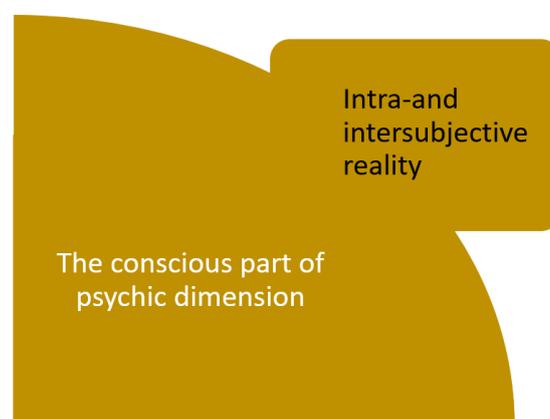
The psychic dimension of human consciousness is divided into a conscious and a subconscious part.



Picture 6. The subconscious part of the psychic dimension of human consciousness.

The subconscious part of the psychic dimension belongs to the regional ontological field of psychiatry (medicine) and psychoanalysis. The subconscious is always related to somatic reality through our own body and its functions (i.e. corporeality). Even now,

we understand only a little about the activity of the psychic subconscious, because its own area is in the interaction between itself and physicality. It therefore has no mechanisms to reach out of the physical-psychic self (Niiles-Mäki & Sadeaho 2022, 27-28). A person themselves is "blind" to their psychic subconscious until some entity from the unconscious strives to awareness in order to bring some phenomenon into the necessary understanding connection in a particular situation. For example, an inexplicable strong behavioral reaction - a reaction that could not be consciously understood and explained as part of a particular situation - reveals, in a specific situation, an as yet unknown psychological reason behind the reaction, a reason which caused the reaction (consequence). The effort to uncover this unknown cause is a part of psychoanalytic treatment. The starting point in psychiatry can also be different: the starting point can be considered a (still unknown) brain chemical reaction (cause), which caused a behavioral reaction and a psychological symptom (consequence).

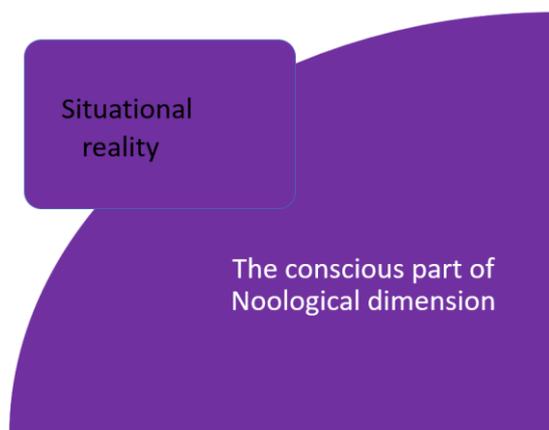


**Picture 7. The conscious part of the psychic dimension of human consciousness.**

The activity of the conscious part of the psychic dimension belongs to the regional ontological field of psychology and psychotherapies. The psychic conscious and subconscious have mutual inner causal connection to each other, so when it comes to mental disorders it is difficult to distinguish when the origin of the cause is found in the somatic-subconscious, when in the intra- and intersubjective-conscious dimension. For this reason, in the case of mental disorders, the consequences, i.e. reactions that can be studied empirically (abnormal expressions of behavior, understanding/thinking or emotional life), are often treated instead of the causes. The conscious part of the psychic dimension is related to intra- and intersubjective reality. Intrasubjective reality means a psychic dimension with its own qualitative contents and operating mechanisms (e.g. psychic self-regulation) that do not extend outside the psychic. Intersubjective reality is an interaction where a person receives verbal and non-verbal feedback and modifies their thinking and behavior based on this feedback (e.g. Ulrich Neisser's Perceptual Cycle, theories of emotion and developmental theories). Much

more is known about the properties and operating mechanisms of the conscious part of the psychic dimension than the unconscious, but compared to many other disciplines, psychology is still a fairly young science, and new interesting research results are published frequently.

The Noological dimension of human consciousness is divided into a conscious and a subconscious part.



**Picture 8. The conscious part of the Noological dimension of human consciousness.**

The activity of the conscious part of the Noological dimension belongs to the regional ontological field of philosophy and logotherapy. The agents of the Noological dimension – self-distancing and self-transcendence – act only in relation to the situational and the transcendental reality.<sup>60</sup> This means that, e.g., in self-distancing, a person does not understand themselves and their own state/situation without orientation outside of themselves, towards others (humans and other beings): by turning towards other beings and other phenomena (e.g. values, the ultimate purpose of life, God), a person can understand their own place of being-in-the-world. If a person only operates in the "bubble" of intra- and intersubjective reality, they do not get the perspective needed to understand their own being-in-the-world and their own essence. Self-distancing implicitly includes self-transcendence, i.e. orientation towards others, as can be concluded from Frankl's 10<sup>th</sup> thesis in 'Ten theses about the person'<sup>61</sup>. Because of this, the action of self-distancing is always primary in the Noological dimension and serves as the basis for Existential analysis.<sup>62</sup> The relationship between the agents of the Noological dimension and the situational and the transcendental reality differs

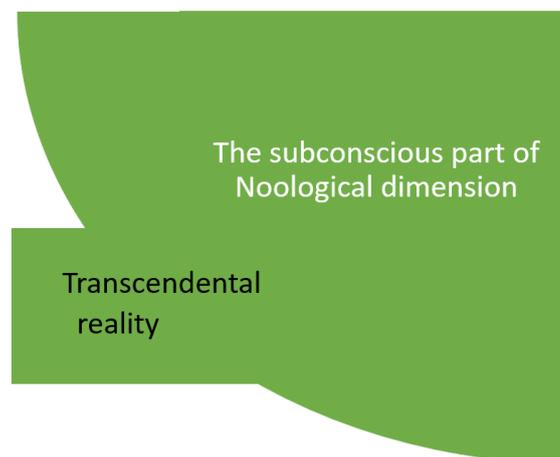
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<sup>60</sup> The subconscious part of the Noological dimension has the same operating mechanisms, i.e. agents, as the conscious part, but the qualities differ from the conscious part; see the section 'subconscious part of the Noological dimension' in this chapter.

<sup>61</sup> 10. "The person can only achieve self-understanding through transcendence. More than this: The human being is only a human being to the extent that it understands itself through transcendence." (Translation by Franz Vesely and David Nolland, May 2021; Source "Der Wille zum Sinn", Hogrefe Verlag 2016, [Ten Theses about the Person \(viktorfrankl.org\)](http://viktorfrankl.org).)

<sup>62</sup> presented in chapter 11.

from the relationship between the operating mechanisms of the psychic dimension and the somatic and the intra- and intersubjective reality. The relationship between somatic and intra- and intersubjective reality and the psychic dimension and its difference to the functioning of the Noological dimension can be clearly stated: the psychic remains in its own somatic-psychic without reaching outside of itself. The difference between the relationship between the psychic conscious dimension and intersubjective reality and the situational and transcendental reality of the Noological dimension can be more difficult to grasp. Since the psychic does not reach outside of itself, intersubjective reality penetrates the psychic dimension in interaction with others and other beings, when encountering something stays in the psychic dimension but is experienced as external to oneself. This verbal or non-verbal penetration can affect favorably or unfavorably on the activity of psychic dimension, e.g. through the quality of the attachment styles (according to the attachment theory), upbringing or receiving feedback. Instead, the Noological dimension reaches outside of itself, i.e. it functions in relation to the situation: the effort to understand one's own place of being (how I am in-the-world) and the will to purpose (why I am in-the-world) are already pre-set prerequisites for the functioning of Noological dimension. A person is always intertwined with their situation, and understanding this intertwining both from the point of view of themselves and others creates connections of meaning that shape thinking and action. A person *does not* find purposes, unless they already have a predetermined - at least as a potential - ability for a will to find a purpose, and the ability to reach outside of themselves to find purposes.



**Picture 9. The subconscious part of the Noological dimension of human consciousness.**

The activity of the subconscious part of Noological dimension belongs to the regional ontological field of philosophy and other sciences<sup>63</sup> that study the relationship of human to the transcendent, as well as logotherapy, but also to the field of pastoral

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<sup>63</sup> e.g. religious studies, theology, anthropology, cosmology.

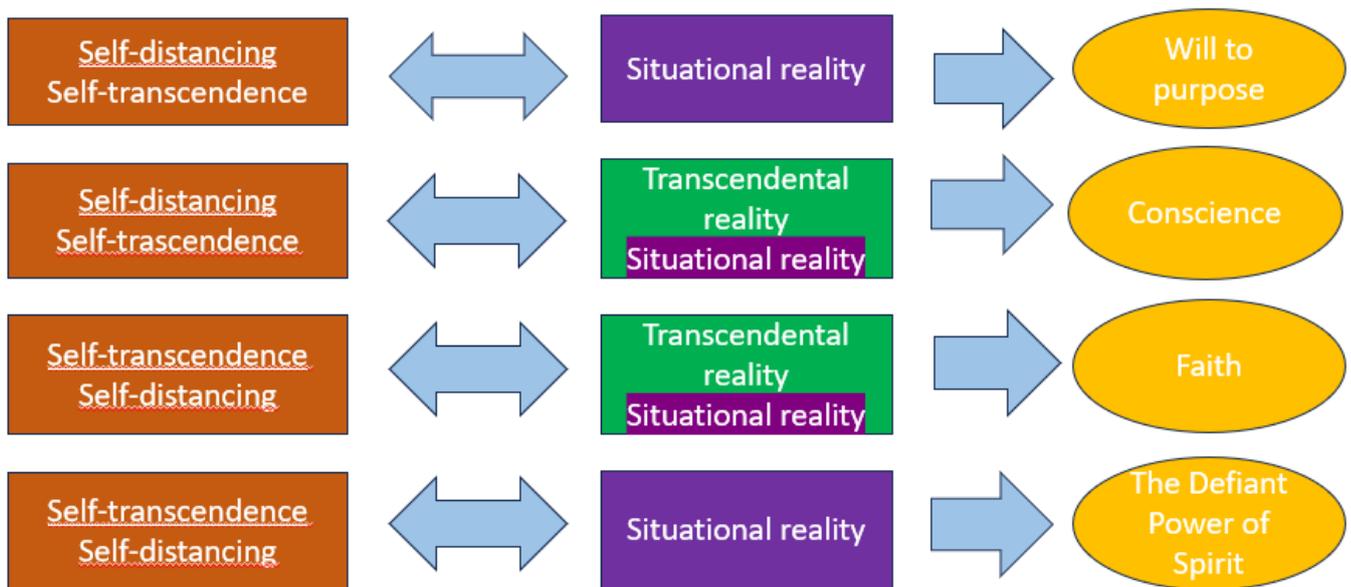
care. The agents of the subconscious part of Noological dimension - as well as the conscious part's ones - are self-distancing and self-transcendence, while the qualities are faith and conscience. Like the subconscious part of the psychic dimension, the Noological unconscious is also a "blind area" for itself. For example, let's take conscience, which has already served as an example. Conscience is a quality of the subconscious part of the Noological dimension. A person is only aware of the existence of this quality in themselves in a situation where they act in the area of Noological conscious either against their conscience or in accordance with it. Conscience therefore manifests itself in aware actions when a person uses their Noological dimension, i.e. *exists*. If a person does not act in the area of their Noological dimension, but only in the psychic realm, their activity, *vegetation*, is characterized by causality: a person acts on the cause-and-effect principle so that a previous stimulus (cause) triggers a reaction (consequence), regardless of whether the stimulus is external or internal (conscious). In this case, conscience has nothing to do with the stimulus-reaction activity in question, either ontologically (in the Noological subconscious) or in its action (in the Noological conscious), because the Noological dimension has fundamentally different operating principles and properties than the psychic one.

**Pastoral care and pastoral logotherapy help a person in need of faith or conscience when the client has a strong religious conviction or a crisis affecting this conviction, a so-called crisis of faith.** It should be kept in mind that in the framework of logotherapy, faith does not mean any religious belief, but the belief that there is a purpose in the fact that something (exists) rather than nothing (exists). This purpose can be connected to God or divinity, but it can also be a belief in *logos*, the principle that unites everything in the world and creates a purpose for being-in-the-world. The experiences of the sacred and the influence of holiness in one's own life also belong to the subconscious part of the Noological dimension. The experiences of the sacred or holy are connected to faith in logotherapy, but the sacred/holiness and faith, especially when faith means faith in *logos*, can be completely different things and require completely different logotherapeutic perspectives. Only when the logotherapist has the same religious conviction as the client, can the logotherapist help the client in a purely religious or spiritual crisis. A logotherapist can discuss faith-related questions with the client, but they must also clearly express their own view on faith, especially when it differs from the client's view. On the other hand, a disorder of the activity of conscience, i.e. a conflict of values, falls within the scope of logotherapy. The conflict of values is discussed in connection with distortions related to experiencing purpose in chapter 7.

## **6 THE QUALITIES AND AGENTS OF THE NOOLOGICAL DIMENSION**

### **6.1 The qualities of the Noological dimension**

The qualities of the Noological dimension of human consciousness refer to such abilities that are in use when the Noological dimension is active, i.e. when the operating mechanisms of the Noological dimension, i.e. the agents – self-distancing and self-transcendence – are acting. Human consciousness is not a static entity, but manifests itself in its own activity; this applies to both dimensions (the psychic and the Noological) of consciousness and their conscious and subconscious parts. In order for a person to use the abilities of the Noological dimension, their Noological dimension must be activated. This means that the abilities that arise in the interaction between self-distancing and the situation and self-transcendence and the situation must be properties of the Noological dimension that fall under the scope of the Noological dimension. Corresponding properties in the psychic dimension are e.g. motivation, learning ability and the formation of sexual identity, which arise in the interaction between psychic operating mechanisms and intra- and intersubjective reality. These psychic properties belong to the psychic dimension of consciousness. All of the operating mechanisms and properties in the whole consciousness are necessary so that a person can carry their life forward in the most optimal manner. In fact, we still do not know even a fraction about the structure, function or contents of the whole of consciousness, nor do we use or know how to use even a fraction of the already known contents of consciousness. Among the qualities of the Noological dimension, the will to purpose, conscience and faith are always already in use as abilities when the Noological dimension is activated. The Defiant Power of Spirit, on the other hand, is intentionally used when an action that exceeds physical and/or psychical strength is needed for the benefit of someone or something other than self. The emergence of the qualities of Noological dimension can be described as following:



**Picture 10. The emergence of the Noological qualities in the Noological dimension. The primary acting agent is underlined.**

### 6.1.1 Will to Purpose

Psychometric studies over the last few decades have shown that all people have – at least as a potential – the will to find a purpose in their lives.<sup>64</sup> In evaluating the individual’s personal experience of the will to find a purpose, we must, however, be careful not to rely only to psychometric testing since, besides its advantages, it has considerable disadvantages. The benefits of psychometric testing can be considered as a general understanding of the typical reaction or experience to certain situations obtained from testing several individuals or groups, and possible resulting correlations between different situations and experiences. However, these results are general in nature at the best, and cannot tell about the individual's personal experience in their own situation. For example, the subjective experience of an Existential Vacuum can be described as a bare experience of emptiness, purposelessness and alienation, but its manifestations can vary greatly for each individual. Philosopher and psychiatrist Karl Jaspers has criticized the objectification of the individual with psychological studies conducted from the outside, which do explain and typify the individual's problems, but leave out the understanding of the individual's personal experiences, told by the individual themselves (McMillan 2010, 45-46). Also, Elisabeth Lukas presents the same type of criticism when criticizing the ICD 10 -classification system<sup>65</sup>, which, according

<sup>64</sup> see footnote 17.

<sup>65</sup> International Statistical Classification of Diseases and Related Health Problems (WHO). 11<sup>th</sup> version was approved 2019 and put to use 2022. See <https://icd.who.int/en> and <https://icd.who.int/browse10/2019/en>.

to her, completely ignores such disorders, that cannot be explained by typical psychopathological tests, focusing instead to those disorders that can be typified on the basis of behavior and reactions. Often, however, the received diagnosis is only the tip of the iceberg, which indicates the consequence, but not the cause. According to Lukas, the ICD 10 -classification does not identify numerous disorders, because their origin is not found in the manifestation of the disorder, i.e. in outwardly identifiable and typifiable features, but in what lies behind them, in the problems of the Noological dimension. Recognizing this, according to Lukas, requires taking a different approach, namely exploring the individual's situation through their own meaningful situations and people and through their own experiences of meaninglessness, emptiness or alienation (Lukas 2014a, 183-190, 260-271).

In his books, Frankl shares several examples of his physically or mentally ill patients who, in addition to their own illness, became aware of the position or attitude they had chosen to deal with their own illness.<sup>66</sup> This position or attitude did not arise from what it takes a stand or positions itself, i.e. the illness, but from what is in the area of the human Noological dimension: the freedom of will, the will to purpose and the responsibility for oneself and others. The will to purpose always requires the interaction between self-distancing and the situation, because no one can take a stand or attitude to their own condition from inside their own condition. For example, a person in an acute psychosis is unable to position themselves or take a stand on their own psychotic condition from inside their psychotic condition. But at times, a person can consciously take a stand to deal with their own condition and realize that they are much more than a person with a psychiatric illness. According to Viktor Frankl, the will to purpose cannot be derived from psychic activity; from this follows the conclusion that the will to purpose cannot be derived from the somatic (one's own corporeality) activity either, because the psychic dimension always has a causal connection to somatic reality, but not to the situational reality. The will to purpose is manifested only in the activity of the Noological dimension, as a result of the activity between self-distancing and the situation. the will to purpose also always requires free will: although all humans have a free will, according to Hegel<sup>67</sup> (Hegel 1980, 48), "really free is only he who *knows* that he is free". Hence, it is not enough that a person has a free will, they must also understand what exactly their free will means in terms of carrying their own life forward, but also from the perspective of responsibility.

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<sup>66</sup> e.g., Frankl 1986, 52, 68–69, 88-90, 90, 118, 124, 182-183, 187-188, 212-213, 223-224, 226-229, 248-250, 256, 271-272, 282.

<sup>67</sup> The philosopher Georg Wilhelm Friedrich Hegel (1770–1831) was a representative of German idealism. His works have widely influenced modern philosophy and social theory. Frankl also quoted Hegel in several of his books.

### 6.1.2 Conscience

Viktor Frankl called a person's conscience a purpose-organ (*Sinn-Organ*)<sup>68</sup>, which shows a person the direction towards purposes. Conscience should be understood specifically as a substance that necessarily belongs to a person's way-of-being, which exists in the same way as a person exists, corporeally-consciously-situationally.

Conscience as an ontological quality belongs to the subconscious part of the Noological dimension of consciousness, but its activity belongs to the conscious part of the Noological dimension of consciousness. Conscience is therefore connected to both the transcendental and situational reality. Conscience is a person's special human ability to recognize and trace the purposes hidden in each unique moment. Conscience itself (as an ontological quality) is infallible, but fallible in its actions: making wrong decisions and acting on them is often the result of a person choosing not to listen to the voice of their conscience.

Conscience is a human quality that all humans have. It is traditionally connected as part of moral conscious. Conscience as a research object belongs to the field of moral-, value- and educational philosophy. Frankl's view of conscience differs in some aspects from the current conceptions of conscience in theories of accountability<sup>69</sup> and the social self<sup>70</sup>, which will be discussed briefly.

American Stephen Darwall (1946-) is considered to be the creator of the theory of accountability. According to the theory of accountability, "*accountability means demands expressed by so-called reactive attitudes from actors to others and to themselves. In terms of morality, central reactive attitudes are at least reproach towards the other person who violated the moral norm and, correspondingly, guilt by the actor themselves, for violating the moral norm. - Accountability - is holding actors accountable with the help of reactive attitudes.*" (Nikanne 2019, 4, 9, translation mine.) In the case of conscience, the prevailing reactive attitude is guilt. The actions of conscience are thus generally seen in the expressions of experiencing guilt; experiences of guilt correspondingly help the individual to act responsibly. The theory of accountability considers conscience as an important part of moral conscious, but does not raise conscience to be a pre-determiner of moral action, as Frankl considers conscience to be.

American George Herbert Mead (1863–1931) is considered to be the creator of the theory of the construction of the social self. In the theory of the social self, the self is

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<sup>68</sup> Frankl 2014, 87. Organ means not only organ of a body, but also the musical instrument and a human voice as a "sound horn". Frankl apparently wanted to use the double-meaning word "Organ" to describe the fact that the conscience is the "sound horn" of purpose in a person, by its action as organically necessary as the other parts of the body.

<sup>69</sup> Darwall, S 2006: The Second-person standpoint: Morality, respect and accountability.

<sup>70</sup> Mead, George Herbert 1934: Mind, Self, and Society from the Standpoint of Social Behaviorist.

constructed from the self (subject self) and a generalized other (object self). *"The gaze of the "(generalized) other is a mirror, by looking into it, i.e. by identifying with the other's point of view, the subject looking into the mirror can see themselves as a certain kind of object, or as a mirror image. When an individual forms an image of themselves through another in this way, it arouses different reactions in them as a subject and thus determines their experienced world and conditions their actions."* (Nikanne 2019, 19, translation mine.) Conscience can, according to the theory, be considered as an image of oneself (subject self) representing the moral community by the generalized other (object self). For Viktor Frankl, the composition is the opposite: the conscience connected to transcendent reality is the ontologically and necessarily existing "sound horn of purpose" in humans and is always primary in relation to the situation. The act of conscience, on the other hand, arises in the interaction between self-distancing and the situation. From the perspective of the action of conscience, Frankl's concept of conscience approaches the theory of the social self, although for Frankl, the action of conscience is not based on morals internalized from the generalized other, otherwise as in the case of a distortion with experiencing purpose (for distortions, see chapter 7).

Frankl's contemporaries Sigmund Freud (1856–1939), Carl Gustav Jung (1875–1961) and Martin Heidegger (1889–1976) also have different conceptions of conscience compared to Frankl's conception of conscience. Frankl's and the German philosopher Friedrich Nietzsche's (1844–1900) conceptions of conscience, on the other hand, approach each other in that - like Frankl - Nietzsche regarded conscience as a positive resource that is always connected to the freedom of will, while Freud approached conscience from the perspective of suppressing desires and experiencing guilt (Miyasaki 2010, 449). For Freud, conscience represented the suppression of one's own desires from the pressure of the external world and the resulting bad conscience, which was individual's essential, fundamental and continuous experience of themselves in the world (ibid. 440–441). For Jung, conscience is divided into moral and ethical conscience, where the moral conscience follows the common norms contained in the collective subconscious, but the ethical conscience represents each individual's own "inner voice" (*Vox Dei*), which may be in conflict with the norms of the moral conscience (Rozuel 2010, 37–38). According to Jung, conscience therefore has a dual nature: on the one hand, the individuation process of an individual (becoming an independent and authentic person) includes internalizing and following community norms as an activity of moral conscience, on the other hand, questioning and possibly opposing these norms as an activity of ethical conscience.

Although Frankl did not separate conscience into moral (common to all) and ethical (to each individual), he too had the idea of the dual nature of conscience: on the one hand, conscience is infallible in its own existing - in that it is the "sound horn of purpose" that exists in all people - on the other hand, conscience is fallible in its actions, because a person, as part of their situation, is never infallible in relation to transcendental reality.

If human were infallible in relation to the transcendent, they would become part of the transcendental reality and thus become "an infallible God placing the infallible God". In this case, transcendental reality - reality that reaches beyond human perception - would turn into situational reality and the purposeful nature of life would disappear. At the same time, conscience as the "sound horn of purpose" would disappear. If each of us were infallible, i.e. our own gods, the world would be a battlefield of gods with no purpose or justification other than mutual bickering.

Heidegger divides conscience into two parts: popular, vulgar action of conscience (internalized compliance with the values, norms and customs of the community) and the constitutional, fundamental calling of Being, where conscience functions as a revealer of one's own authentic way-of-being. These two parts - vulgar and fundamental - are not separate from each other, but qualitatively different parts of the same conscience, of which only the first leads to the latter: a vulgar, popular conscience can lead any-human (*Das Man*) to hear the calling of their conscience to understand their selves as authentic, bare and thrown-into-the-world (*Dasein*). Ultimately, the fundamental conscience reveals a person's loneliness and absolute responsibility for being-in-the-world. According to Heidegger, human as *Dasein* always initially experiences guilt, which is not directed at any act in itself, but at the fact that they and only they as thrown-into-the-world are responsible for the right action in each situation. However, according to Heidegger, conscience does not tell how one should act in individual situations. Conscience is also not subject to the will, for it can act against a person's will; this makes conscience primary over will. (Nykänen 2005, 41–46.)

Although Frankl also regards responsibility as a fundamental experience, his perspective on responsibility contains optimism: "*Human responsibility rests on the 'activism of the future', the choosing of possibilities of the future, and the 'optimism of the past', the making these possibilities a reality and thereby rescuing them into the haven of the past.*" (Frankl 2010b, 176). Frankl – like Heidegger – also has guilt at the centre of conscience. But unlike Heidegger, Frankl's understanding of guilt is related to wrongdoing and the necessity of experiencing guilt in relation to actions, and not to the fundamental experience of guilt caused by the nature of being a human. Frankl's and Heidegger's views also differ regarding the connection between the will and the conscience. For Frankl, the freedom of will also works in relation to conscience; a person can decide not to listen to the voice of their conscience and make ethically wrong decisions, no matter how loud the "sound horn of purpose" screams. For Heidegger, the fundamental conscience is equal to the responsibility, guilt and care (*Sorge*) that are revealed in the authentic being of the individual. For Frankl, conscience is an inalienable part of a person - every person - even if a person chooses not to care about it.

What is the role of conscience in logotherapy? Since conscience is an inalienable part of a person, it follows that every person has a conscience. Some people are more sensitive to listening to the voice of their conscience than others; often those who listen to their conscience more sensitively are those whose Noological dimension has been activated for at least some time. Even if a person *vegetates*, i.e. lives their life on a psychic level, they still know what is meant by conscience. Logophilosophy can awaken and activate a person's Noological dimension so that a person knows how to listen to their conscience and strengthen their pre-moral understanding of values, which belongs in the conscience. From a logotherapist's perspective, it must be remembered that a person, whose Noological dimension has already been activated usually is the kind of person seeking for logotherapy, and logotherapy can only help a person whose Noological dimension has already been activated: the client, then, listens to their conscience and either acts in accordance with it or against it, or experiences a conflict of values that can lead to a distortion with experiencing a purpose. The free will that every person has makes it possible to act against their conscience, even if a person knows what is an action in accordance with conscience. If a person experiences uncertainty about which action is in accordance with their conscience or how to act according to their conscience, they either suffer from a distortion with experiencing a purpose (chapter 7) or from a deficient pre-moral understanding of values. A deficient pre-moral understanding of values can be the result of the fact that a person is initially committed to implementing purposes whose esteems are derived from (universal) values in an incomplete or distorted way. In this case, a person can experience social pressure or replace the voice of their conscience with the "voice of authority", in which case a person implements their purposes while being unsure whether the esteems on which the action is based really are esteems in accordance with their conscience; in other words, a person suffers from a distortion, where purpose has been distorted by the situation (in chapter 7.5). If a person with a deficient pre-moral understanding of values seeks logotherapy, the logotherapist can help the client strengthen the client's own pre-moral understanding of values with the value exercise presented in chapter 13.

### 6.1.3 Faith

According to Frankl, the human is a *homo religiosus*, a believing human. By this he means that a person has the ability in their Noological subconscious to orient their selves towards the transcendental reality. For Frankl, a relationship with the transcendent meant a relationship with God. According to him, in addition to the famous sentence of the French philosopher René Descartes (1596–1650) '*Cogito ergo sum*' - 'I think, therefore I exist' - should there be another equally important sentence:

"*Amo (Deum) ergo (Deus) est*" – I love (God), therefore (God) exists (Frankl 1996a, 66). It can be translated also the way which brings out Frankl's intention to relate human existence with God's existence: because I love God, I must also believe in God, and therefore both God and I must (in order to be able to love and believe) exist. "*I believe, therefore I exist*". For Frankl, faith was as *a priori*<sup>71</sup> a fact as a person's being-in-the-world, which includes the ability to orient towards the transcendent. For Frankl, religion meant a special way of this orientation towards the transcendent. However, from the perspective of logotherapy, it is necessary to make a distinction between faith and religion. Faith is belief in ultimate purpose (*Übersinn*): belief that it is purposeful that something exists rather than nothing (exists) (Frankl 2015a, 102–105). Religion, on the other hand, is to believe in the existence of one or some transcendent object(s) or phenomena, either so that after the creation of the world the object/phenomenon influences/affects the world and people's lives, or so that after the creation of the world the object/phenomenon no longer influences the world and people's lives. The first way of thinking is called Theism and the latter Deism. Frankl himself was a theist: he was a conventional Jew who followed the Jewish tradition and had a deep faith in God. He also valued his faith in God and his religion, making it clear that religion should never be used only as a tool in logotherapeutic treatment: - - "*a non-religious doctor is never entitled to use religion as a viable means for therapeutic purposes. After all, that would be lowering the value of religion - making religion something that is just good enough for maintaining or recovering health.*" (Frankl 2017, 57, translation mine.)

From the perspective of logotherapy, it is important that the logotherapist makes their own religious positioning clear to themselves. Belief in the ultimate purpose is a built-in premise of logotherapy, i.e. the belief, that every person has the will to find a purpose in their life. Also, If we didn't believe in the purposeful nature of life in general, wanting to find the purpose for our own life would, then, be insane as well. In this sense, it is clear that a logotherapist commits to faith, even if they don't commit to any religion. The logotherapist's own religious conviction - whether it is committed to any confessional religious instruction - is a private matter that can, but does not have to, be reflected in treatment. This applies only in the case that the client takes the initiative to deal with religious matters. A logotherapist, who is an agnostic or lacking conviction, stays within their own area of expertise only by treating religious questions as a special way of the ability to orient towards the transcendent, through which the client perceives their own faith in ultimate purpose. Religion is the realization of the ultimate purpose, in slightly different ways in different religions, but still always purpose-oriented. Frankl emphasizes the pure individuality of religious beliefs (Frankl 2011, 149-150). However, it must be remembered that ethical appeals or judgments cannot be made based on individuality, because one's own emotional life (i.e. the psychic

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<sup>71</sup> independent of or prior to any experience. In this book, the term *a priori* is used according to Immanuel Kant's (1724-1804) definition. See Internet Encyclopedia of Philosophy, <https://iep.utm.edu/apriori/>.

dimension) does not entitle one to define purposes, but only meanings. (cf. Frankl 2019, 29; 2011, 44). Religions concretely answer the question: Why is a person in the world? Faith answers the same question, but from a philosophical point of view: a person is in-the-world not to ask why, but to answer life that asks them (why a person is in the world). Carrying one's own life forward responsibly and implementing values is a purposeful life that answers the question posed by life (why are you in the world?) in every now-moment. Questions related to both faith and religion always boil down to experiencing a purpose or finding one. Regardless of whether the client and a therapist have the same or different religious beliefs or no religious beliefs at all, questions and problems of religion and faith should be dealt with, in logotherapy, from the perspective of experiencing purposes or finding purposes.

#### **6.1.4 The Defiant Power of Spirit**

The Defiant Power of Spirit is a quality of the conscious part of the Noological dimension of consciousness: an ability that arises from the functioning of the Noological dimension. A person cannot exercise this ability without the activity of the Noological dimension; this means that a person whose Noological dimension has not (yet) been activated does not have the functional basis necessary for using the Defiant Power of Spirit. According to Viktor Frankl, the Defiant Power of Spirit (*Trotzmacht des Geistes*) is the power through which human existentially transcends their selves (Frankl 2010a, 62–63). By this he means that in a certain situation - momentarily - a person can rise above their own psycho-physical limitations in order to act for someone or something they consider bearing value. The Defiant Power of Spirit therefore always requires action in accordance with values, i.e. purposeful action. "*When a person uses their Defiant Power of Spirit, they always use it in relation to the purpose-related values (creative values, experiential values and attitudinal values<sup>72</sup>). When using the Defiant Power of Spirit, a person is oriented to act for the benefit of another in ways that are in accordance with purpose-related values. In such a case, the person rises above their own psycho-physical limitations and puts the good of the other(s) before their own good in a situation that can cause psychological or physical pain or distress to the doer their selves.*" (Niiles-Mäki & Sadeaho 2022, 39.) The Defiant Power of Spirit is not the same as implementing a purpose-related value or purpose-related values in one's life: a person by no means always needs the Defiant Power of Spirit, but they can use it in a situation where it is necessary to overcome one's own psycho-physical limitations, for the Defiant Power of Spirit is always a potential quality in their Noological (dimension) (Frankl 2010a, 93-94). The Defiant Power of Spirit requires the

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<sup>72</sup> It must be remembered, that behind these purpose-related values are always the universal or objective values, to which the purpose-related values are committed.

implementation of purpose-related values, but implementing purpose-related values does not require the use of the Defiant Power of Spirit. For example, a person may find their selves in a situation where they decide to put another person's health, safety or well-being before their own in the face of a threatening situation or danger, thereby exposing their selves to physical and psychological harm. Instead, carrying one's own life forward while implementing values and making even unimaginably difficult ethical decisions according to one's conscience, is not the use of the Defiant Power of Spirit, but living purposefully and practicing logophilosophy in one's life.

From a logotherapist's point of view, it is important to distinguish the Defiant Power of Spirit from resilience and willpower. "*Resilience - - means the ability to withstand and adapt to such physical, psychological and psychosocial conditions that require a person's psycho-physical endurance. For example, coping with stressful situations is measured and explained by resilience* (Paul 2014, 163). - - *Resilience manifests itself in human activity as unconscious action, adaptation to prevailing conditions and (unconscious) tolerance of demanding conditions. Resilience can then be considered a physical-psychical property, the origin of which is in the subconscious part of the psychic dimension of consciousness.*" (Niiles-Mäki 2021, 68.) **Resilience** does not require action according to purpose/values, nor therefore even the activity of the Noological dimension, but it is a vital physical-psychical operating mechanism for humans<sup>73</sup>. Resilience is, for example, adapting to changing conditions that hinder human life, for example by adapting one's own actions and thinking as required by the environment. **Willpower** means conscious regulation and control of one's own physical and/or psychical forces. "*Willpower manifests itself in momentary action in a situation that requires conscious control or regulation of one's own physical or psychical forces for one's own benefit. Willpower can then be considered a psycho-physical property, the origin of which is in the conscious part of the psychic dimension of consciousness.*" (ibid. 68.) Willpower differs from resilience in that a person does not unconsciously adapt to the prevailing or changing circumstances, but awarely and momentarily regulates or controls their own actions, with the aim of achieving good or pleasure for their selves through their actions. Willpower is, for example, quitting or reducing smoking or binging on candy, with the intention of doing good for oneself. Willpower or resilience are not related to making any value judgments, i.e. reasoning and acting according to values, but, in the case of resilience, tolerating/conforming/adapting to any required situation and, in the case of willpower, achieving one's own good or pleasure by regulating and controlling one's own actions, even if the action would be contrary to one or all of the universal values. Resilience could be maintaining one's bodily functions by striving for having enough food (to survive), but willpower could be self-consciously starving oneself by eating less, with the aim of either feeling satisfied

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<sup>73</sup> and, quite certainly, for other beings as well, as discussed in the end of the chapter 4.1, the questions related to the dimensional ontology.

with the altered body or expressing one's feelings toward something important to oneself (so-called hunger strike). A logotherapist must be able to detect when their client's actions are not committed to purposeful activity, in the cases of actions based on resilience and willpower. A logotherapist cannot strengthen or help the client to exercise their resilience or willpower, but the functioning of these can be evaluated from the perspective of Noological dimension, through self-distancing. In this case, the logotherapist helps the client understand their own physical-psychical activity (resilience) and their psycho-physical activity (willpower) from the perspective of values and esteems: was your activity fair/honest/nice (behavior towards others) or appreciative/loving/good-intentioned? If not, could you have acted in a value-oriented manner in that situation? If you now think you could have, how would you act in a similar situation now and in the future?

In the case of the Defiant Power of Spirit, even though the ability belongs to the qualities of the conscious part of the Noological dimension of consciousness, a logotherapist cannot help the client to practice only the use of the Defiant Power of Spirit. Unlike the other qualities of the Noological dimension (the will to purpose, conscience and faith), the Defiant Power of Spirit is only used in momentary situations. When the logotherapist helps their client to practice their other qualities of the Noological dimension (which are in operation all the time when the Noological dimension is active), the ability to use the Defiant Power of Spirit in a particular situation where the client needs the ability, is strengthened at the same time. It may be that a logotherapist has a client who has never used their ability of the Defiant Power of Spirit, or a client whose Noological dimension has been activated very early in life precisely through the use of the Defiant Power of Spirit. If the distortion with experiencing a purpose revealed in surveying the client's life situation or in the Existential analysis do not reveal the experiences of using the Defiant Power of Spirit, it is probably pointless for a logotherapist to intentionally bring up the Defiant Power of Spirit as a quality of the Noological dimension. If experiences related to the use of the Defiant Power of Spirit do come up, they are always meaningful to the client and purposeful in terms of the client's entire life. In that case, these situations must be reviewed and, discussed about how the experience or experiences of using the Defiant Power of Spirit have changed the client: how they now relate to their own freedom of will and the purposeful nature of life in general. A logotherapist must also find out whether the experience/experiences of using the Defiant Power of Spirit is related to a distortion with experiencing a purpose, e.g. such that the experience of using the Defiant Power of Spirit has caused the client to lose a purpose, to find a new purpose that is in conflict with the situation, or to realize that their previous purposes were distorted or have been distorted by the situation. If the experience of using the Defiant Power of Spirit is related to a distortion with experiencing a purpose, the client can be helped with the means and methods described in chapters 9-13. If a logotherapist does

not find a point of convergence between the experience of using the Defiant Power of Spirit and a distortion with experiencing a purpose, or the distortion with experiencing a purpose is not detected - even if there were some signs of experience of using the Defiant Power of Spirit - there is no need to start logotherapy. In that case, depending on the client's situation, they can be guided to a GP or to psychotherapy, or they can be recommended to study logophilosophy (see chapters 11.2 and 12.2).

## 6.2 The agents of Noological dimension

The agents of Noological dimension refer to two operating mechanisms - self-distancing and self-transcendence - which, by their own action in relation to the situational or transcendental reality, reveal to the person their selves the existence of their Noological dimension and give rise to the abilities that were discussed in the previous chapter. Since the operating mechanisms of the Noological dimension of consciousness do not operate according to the causal principle, I have come to call these operating mechanisms as agents; an agent is then already a subject (actor) itself, because it works according to the principle of free will, in contrast to the operating mechanisms in the psychic dimension, which operate on a causal principle in relation to intra- and intersubjective reality. It should be stated that the operating mechanisms of the psychic dimension and the agents of the Noological dimension are both essential for the full functioning of a person's consciousness. Although a person can live their whole life without activating their Noological dimension (i.e. *vegetating*), it means, then, that a person's purely psychical activity of consciousness would be an activity without forming favorable or unfavorable connections of meaning. A vegetative person does create connections of causal understanding<sup>74</sup> and can act in the world on the basis of these, but does not reach outside of their psyche to: a) evaluate their own condition or situation and the limitations, opportunities and purposes it brings from the perspective of free will, or b) evaluate the purposeful consequences of their own actions for others, towards whom they reach out (value-oriented way of thinking and acting).

According to Viktor Frankl, both self-distancing (*Selbstdistanzierung*) and self-transcendence (*Selbsttranszendenz*) as opposites of each other - and in this case also as each other's prerequisites - are the abilities that constitute a person and characterize a person as a person (Frankl 2014, 243). Their actions can therefore be considered primary in relation to the other properties of the Noological dimension (the will to purpose, conscience, faith and the Defiance Power of Spirit), which are called -

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<sup>74</sup> which belong to the content of psychic dimension of consciousness and refer to causal activity, that lacks the ability to orientate outside of itself (psychic dimension), towards situational and transcendental reality (through self-distancing and self-transcendence). Causal understanding is understanding according to cause-consequence principle, and not according to the principle of free will.

for the sake of clarity - the qualities of the Noological dimension. Both the agents and the qualities are abilities of the Noological dimension of consciousness: the qualities are born or developed in the interaction between agents and situational or transcendental reality. For example, faith arises when self-transcendence acts in connection with transcendental reality; I orientate towards a transcendental reality and then evaluate my own state (condition), situation and actions in relation to it. Conscience is developed when self-distancing acts in connection with transcendental reality, but the difference between conscience and faith only emerges through the use of these abilities: the activity of conscience is the activity of the conscious part of the Noological dimension of consciousness and is connected to situational reality, the activity of faith (believing) remains in the subconscious part of Noological dimension of consciousness and is connected to transcendental reality. Believing in a religious sense is different from belief in the sense of faith: believing in a religious (committed to a certain religion) sense is a special way of orientating towards the transcendent. As such a way it can also be the activity of the conscious part of the Noological dimension, where religion is practiced as part of situational reality. It is essential to understand that the qualities of the Noological dimension cannot exist without or before the agents, whose activities the Noological dimension is based on. For example, conscience cannot exist if the Noological dimension and its agents do not exist. Since all people have the Noological dimension - and in this case also a conscience - at least as a potential, it is probably more important to understand that conscience is not in action when the Noological dimension of human consciousness is not activated. It is also not possible that the Noological dimension is sometimes activated, sometimes not, and that conscience is sometimes in action, sometimes not. When the Noological dimension has been activated, it cannot be "switched off" according to the individual's current urge, just as the body or the psyche cannot be completely "temporarily inoperative" by one's own decision. If the Noological dimension is not activated, the conscience does exist as a potential, but it does not act. In this case, appealing to the conscience of a vegetating person is pointless. Activating the Noological dimension can only happen in oneself through self-distancing and self-transcendence. Self-distancing and self-transcendence as agents of Noological dimension are discussed in the following subchapters 6.2.1 and 6.2.2.

### **6.2.1 Self-distancing and distancing**

Self-distancing or self-detachment<sup>75</sup> (*Selbstdistanzierung* or *Selbst-Distanzierung*) is, according to Viktor Frankl, not only one of the abilities that constitute a person, but also the other of the fundamental-anthropological (*fundamental-antropologische*)

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<sup>75</sup> which is used in some English translations of Viktor Frankl's books.

characteristics required by logotherapy (Frankl 2015b, 119). Self-distancing can be seen as a prerequisite for such self-transcendence, which is intentional orientation towards others. In such an orientation, a person recognizes the quality of their own (human or other) relationships and knows how to set value contents in their relationships with others (van Wyk 2011, 56).<sup>76</sup>

*” Humor and heroism refer us to the uniquely human capacity of self-detachment. By virtue of this capacity man is capable of detaching himself not only from a situation but also from himself. He is capable of choosing his attitude toward himself. By so doing he really takes a stand toward his own somatic and psychic conditions and determinants. Understandably this is a crucial issue for psychotherapy and psychiatry, education and religion. For, seen in this light, a person is free to shape his own character, and man is responsible for what he may have made out of himself. What matters is not the features of our character or the drives and instincts per se, but rather the stand we take toward them. And the capacity to take such a stand is what makes us human beings.*

*Taking a stand toward somatic and psychic phenomena implies rising above their level and opening a new dimension, the dimension of noetic phenomena, or the noological dimension – in contradistinction to the biological and psychological ones. It is that dimension in which the uniquely human phenomena are located.”* (Frankl 1988, 17.)

Thus, the act of self-distancing reveals the existence of our Noological dimension. No matter how ill a person is psychically or somatically, according to Frankl, they have at least the potential to take a stand and position themselves not only in their condition, but also in their situation, from the perspective of free will. From the logotherapist's perspective, intentional practicing the ability of self-distancing, i.e. distancing, is an important part of the logotherapy process. When a client seeks logotherapy, their Noological dimension would have already been activated, in other words, the client should already be using their ability of self-distancing. If a therapist notices that the client's Noological dimension has not been activated, logotherapy is not recommended or even started. In this case, a logotherapist should guide the client - if the client has other disorders – to the appointment of a GP, psychologist or psychotherapist.

The intentional practice of self-distancing, i.e. distancing, means examining one's own actions from the perspective of implementing values: how my own actions in this state (condition) or situation are committed to universal values, and how I implement them responsibly and ethically (Niiles-Mäki & Sadeaho 2022, 35). The client can be encouraged, for example, to stop for a moment in a difficult situation to make an aware decision on how to approach the situation in accordance with universal values. At the same time, the client is encouraged to decide the next course of action from this new attitude from the perspective of free will: I decide to act/not act now in a certain way

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<sup>76</sup> See also Längle, Orgler & Kundi 2003.

of my own free will, understanding my responsibility. Implementing distancing can be exercised in therapy with real situations from the past or by inventing imaginary situations in which distancing would be necessary, e.g. a serious illness or fear of a serious illness, a bullying situation, anxiety, aggressive or hostile situations and a situation that causes intense sadness. During a therapy session, a logotherapist can also find their selves in a situation where distancing is necessary. For example, a therapist may experience strong sadness or anxiety during therapy due to their own or the client's state/condition or situation. In that case, a therapist should implement distancing in order to maintain the client's experience of safety and an appreciative encountering in a therapy session.

### 6.2.2 Self-transcendence

Self-transcendence (*Selbsttranszendenz* or *Selbst-Transzendenz*) is, according to Viktor Frankl, along with self-distancing the other of the abilities that constitute a person and characterize a person as a person.

*“According to Viktor Frankl, self-transcendence is the other “fundamental-anthropological” (fundamental-antropologische) characteristics that logotherapy requires (Frankl 2014, 213-215, Frankl 2015b, 119). By self-transcendence (Selbst-Transzendenz) Frankl means the fundamental human ability to reach outward towards the transcendent other beyond one's own rational reasoning and empirical perception, and appreciating or loving the other as themselves or itself (Frankl 2014, 213).” (Niiles-Mäki & Sadeaho 2022, 36.)*

Since self-transcendence is about the orientation of the self towards the transcendent, i.e. beyond one's own ability to think and to perceive, is self-transcendence always, necessarily, an activity that reveals the existence of the Noological dimension. Self-transcendence does not mean the activity of faith, i.e. a person's ability to orient towards the transcendental reality and the understanding, that in believing in the purposeful nature of life, the purposefulness of one's own life is also revealed. The action of self-transcendence, i.e. orientation towards the transcendent, always comes first, because transcendent is everything outside of a human that cannot be fully explained or understood with rational reasoning and empirical perception. Another person is also always transcendent to me, because I can never fully understand another person's special quality of being-in-the-world, their thinking, their connections of causal understanding and creating connections of meaning: their *horizon*. Self-transcendence is not, although, only the ability to orientate towards one or other transcendentals, but understanding one's own transcendence in relation to one or others: we can never explain or understand everything, even ourselves, because the

purposeful nature of life is not found in me or other individual beings, but in faith in the purposeful nature of life, i.e. in the relationship with transcendental reality. I am as transcendent to others as others are to me, and the realization of this otherness in the act of self-transcendence only makes me real and authentic as a unique and indelible person. If I experience another person outside of me as a unique and indelible individual and understand that I am one myself, this always leads to an appreciative encounter. A value-bearing attitude towards others and other beings is a value-centered way of thinking that leads to responsible action: I evaluate the consequences of my own actions for others, towards whom I reach out.

Self-transcendence - like self-distancing - manifests itself only in its own activity. In the same way, the whole human consciousness is manifested only in its own activity: we couldn't know anything about consciousness if its activity (e.g. learning, remembering, emotional reactions) did not reveal that consciousness exists. However, if a person's Noological dimension is not activated, there is no activity of self-transcendence, even though it exists as a potentiality in every person. What does this mean for logotherapy? Logotherapy can only help a person, whose Noological dimension has already been activated, i.e. an *existing* person. Activating the Noological dimension is the educational task of logophilosophy; logotherapy, on the other hand, helps a person who suffers from a distortion with experiencing a purpose or from its prolonged state (condition), i.e. Existential Vacuum. In order for a person to be able to experience the distortion with experiencing a purpose, they must have a will to purpose, even if the purpose did not (yet) exist. This, in turn, means that the agents constituting a person's Noological dimension - self-distancing and self-transcendence - are already in action and generate the qualities of Noological dimension, when they interact with situational and transcendental reality.

Self-transcendence can be intentionally practiced in encounters with others and other beings. Recognizing the other person as a unique and indelible individual can sometimes be challenging in situations where one's own values are in conflict with the other's values, or in situations where it is difficult to understand the other's ways of acting or the other's thinking, or in situations where the other does not show any signs of behavior that indicates the activity of the Noological - or the psychic - dimension. It also must be noted that self-transcendence as an intentional action does not selectively target only humans but all beings in the world, because the purposeful nature of life does not only apply to the human species. We must understand that we are (as yet) able to know almost nothing about the consciousness of another beings, and the uniqueness of one's being doesn't depend on how one person perceives another particular being's way of being-in-the-world. One can therefore intentionally practice self-transcendence in all kind of encounters, because everyone a person encounters is transcendent to them, regardless of the species.

## 7 WHAT ARE THE DISORDERS IN THE NOOLOGICAL DIMENSION?

### 7.1 What is meant by distortions with experiencing a purpose

According to Viktor Frankl, the Noological dimension of human consciousness cannot become ill in the same sense as the psychic dimension.

*" Thus we have seen that life, every life, in every situation and to the last breath has a meaning – retains a meaning. This is just as true about the life of a sick person – even when mentally sick; a so-called life not worth living does not exist. And even the trappings of psychosis conceal a real spiritual person, unassailable by mental disease. Only the means of communication with the outside world are inhibited by the disease, but the nucleus of man still remains indestructible." (Frankl 2010b, 233.)*

According to Frankl, the essence of a person - what makes a person human - is the Noological dimension of consciousness. This nucleus is healthy in all people. However, Frankl writes about spiritual/noetic distress, which is an essentially different disorder than psychical illness/disorder, and whose special manifestations are existential frustration and Existential Vacuum (ibid. 86). In existential frustration, implementing a purpose is hindered, and this causes the experience of frustration. The Existential Vacuum, in turn, is a prolonged state related to the distortion with experiencing a purpose, in which a person experiences their purpose as either lost or gone, their purposes are distorted or have been distorted by the situation, or a person has not found a purpose, i.e. there is no purpose or may never have been. The Existential Vacuum is discussed separately in chapter 8.

In his book 'On the Theory and Therapy of Mental Disorders', Frankl presents an alternative, "metapsychological" diagnostic system for mental disorders to the American DSM classification system<sup>77</sup> and the European ICD disease classification system<sup>78</sup>, which tries to take into account the whole person, including the Noological dimension. Frankl's system is a large and very ambitious project, the purpose of which was to show psychiatrists how, by combining a medical (clinical) and logotherapeutic framework, it is possible to explore, understand and describe human mental disorders, and partly to explain in a non-reductionist way how the disorders have arisen. Although most of the book deals with disorders of psychic origin (arising in the psychic dimension of consciousness), at the end of the book Frankl deals with noogenic neurosis, which has its origin in the Noological dimension of a person (Frankl 2004, 149–163). It must be remembered that Frankl was not only the founder of logotherapy, but also a neurologist and a psychiatrist. It was important for Frankl to present logotherapy in a medicalized form accepted by medical doctors: however, the result of creating his own

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<sup>77</sup> *Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Association; see: <https://web.archive.org/web/20160305055642/http://psy-gradaran.narod.ru/lib/clinical/DSM5.pdf>

<sup>78</sup> *International Statistical Classification of Diseases and Related Health Problems*, World Health Organization WHO.

diagnostical system was that Frankl more or less weakened the adequate understanding of his logothetical system of doctrines, logophilosophy, which is the basis of logotherapy. Since Frankl himself - having proven the shortcomings of psychiatry and psychology in his work - turned away from psychiatry and psychology to philosophy, his attempt to combine medicine, psychology and philosophy was not taken seriously either in the disciplines of medicine or philosophy. Instead, psychology as a young discipline could act as a bridge-builder between psychiatry (medicine) and philosophy, and adopted logotherapy as part of the field of psychology. Simultaneously, however, the philosophical basis of logotherapy was forgotten or considered too theoretical and challenging in a discipline that favors empirical research. But - logotherapy cannot be used or even understood correctly without its underlying theory, which is based on the philosophical questioning: How and why is a person in the world? Logophilosophy as a whole is about answering these questions. In order for logotherapy to be used in the treatment of disorders of the Noological dimension, it is necessary to return to the basis of logotherapy, namely logophilosophy, and to treat disorders of the Noological dimension of human consciousness correctly within the framework of the regional ontology. This framework shows, how to understand disorders of the Noological dimension - existential frustration and Existential Vacuum - as qualitatively different from psychical disorders. At the center of these disorders is the experiencing, non-experiencing or distorted experiencing of a purpose in relation to the agents of the Noological dimension and to the situation. In order to start distinguishing disorders and actually diagnosing and classifying the disorders of the Noological dimension of consciousness, there is a need for a Two-Stage Separation Diagnostics of disorders<sup>79</sup>, which allows a) to identify and distinguish the disorders of the Noological dimension of consciousness from the disorders of the parts of the psychic dimension of consciousness and b) a classification model, in which the distorted interpretations of the contents of meaning in relation to the situation, arising from the process of the agents, are qualitatively separated into their own categories. Separating them into their own categories is defended by the fact that distorted interpretations of the contents of meaning in relation to the situation require different treatment methods depending on the functional and/or the qualitative genesis of the distortion involved.<sup>80</sup>

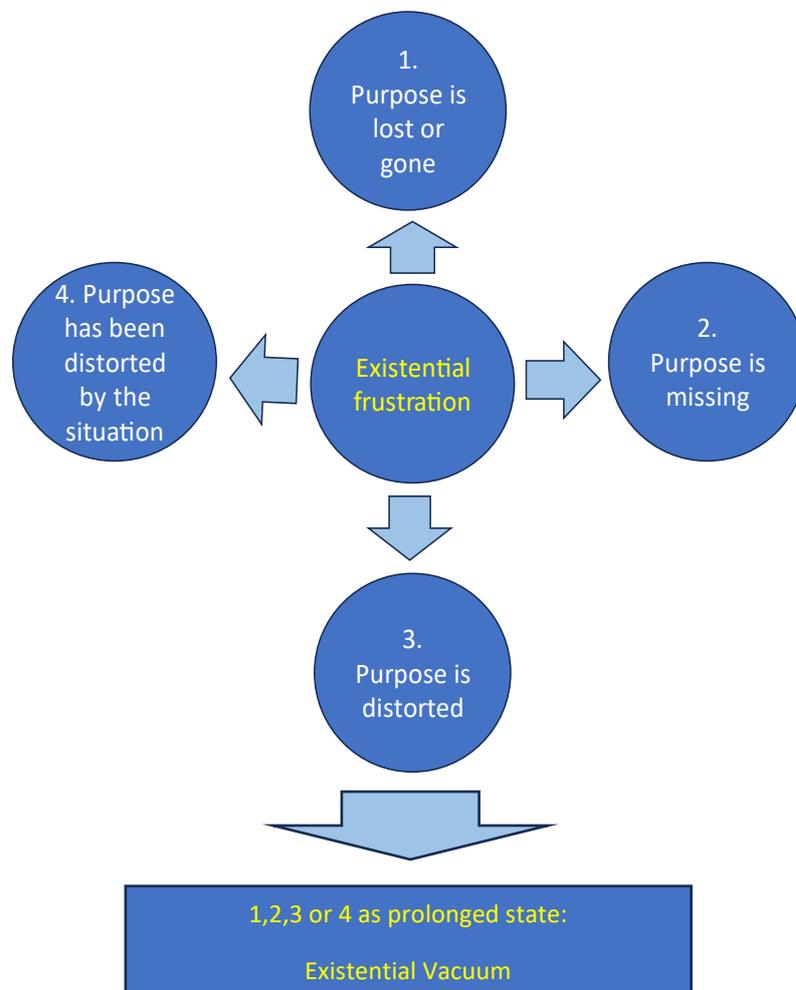
The existential frustration serves as a general description of those human experiences in which the experience of purpose is distorted. When a person experiences the loss or disappearance of purpose, the distortion or distorting of purpose, or the absence of

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<sup>79</sup> presented in chapters 7 (categorization of disorders), 11.2 (the first phase in Two-Stage Separation Diagnostics of disorders: a renewed model of Existential Analysis) and 12.2 (how to use the Two-Stage Separation Diagnostics of disorders: phase two).

<sup>80</sup> This is because the disorders of different dimensions are of different quality already on behalf of their contents of meaning; see chapter 5.3.

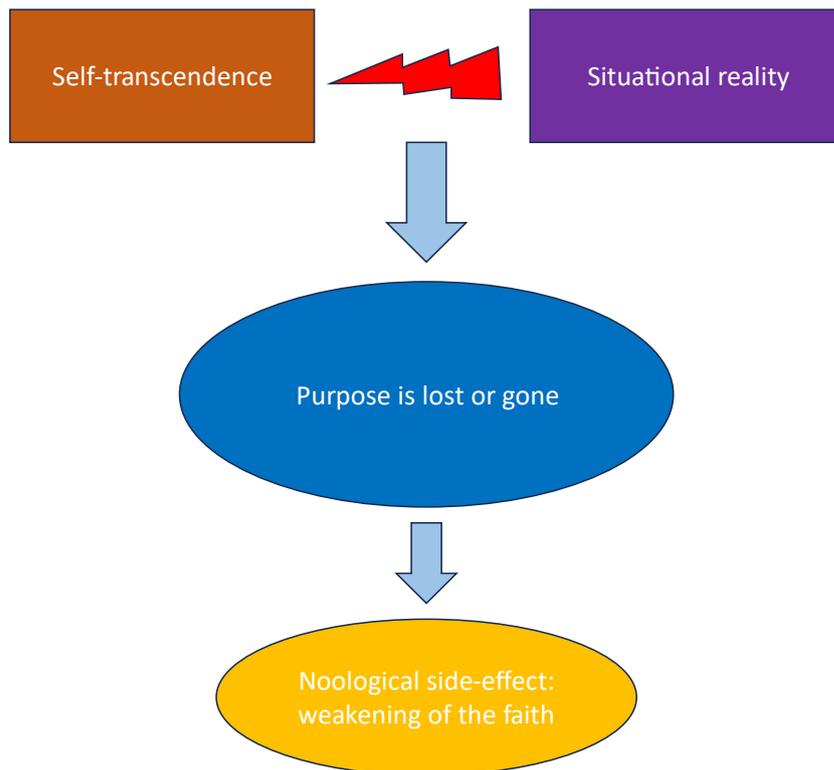
purpose, their experience of a purpose is hindered. However, this experience of hindering, i.e. existential frustration, is very different for different distortions related to experiencing a purpose, and the term frustration does not adequately describe all distortions related to experiencing a purpose. In addition to this, the genesis of distortions related to experiencing a purpose differ either functionally or qualitatively from each other. In the genesis of a distortion related to experiencing a purpose, the functional process means the conflict between one of the two agents of Noological dimension – either self-distancing or self-transcendence – and the situation. The qualitative process means the difference to which the conflict (in the activity) actually targets; where, for example, the particular conflict of the distortion of purpose is directed (or where it can be located) and what kind of manifestations that targeting causes in a person. Therefore, the distortions related to the experiencing a purpose must be classified into four main categories, which differ either functionally or qualitatively, or both functionally and qualitatively; see **picture 11**.



**Picture 11. The categorization of the disorders in the Noological dimension of consciousness. Niiles-Mäki 2021, 188.**

## 7.2 Purpose is lost or gone

In the 1<sup>st</sup> category, there is a conflict between self-transcendence of the Noological dimension of consciousness and the situation, where a change in the situation (loss or disappearance of something/someone meaningful to the self) changes the action of the self-transcendence so that even though the will to purpose exists, the purpose no longer exists, and the person feels that they are left without direction and destination.



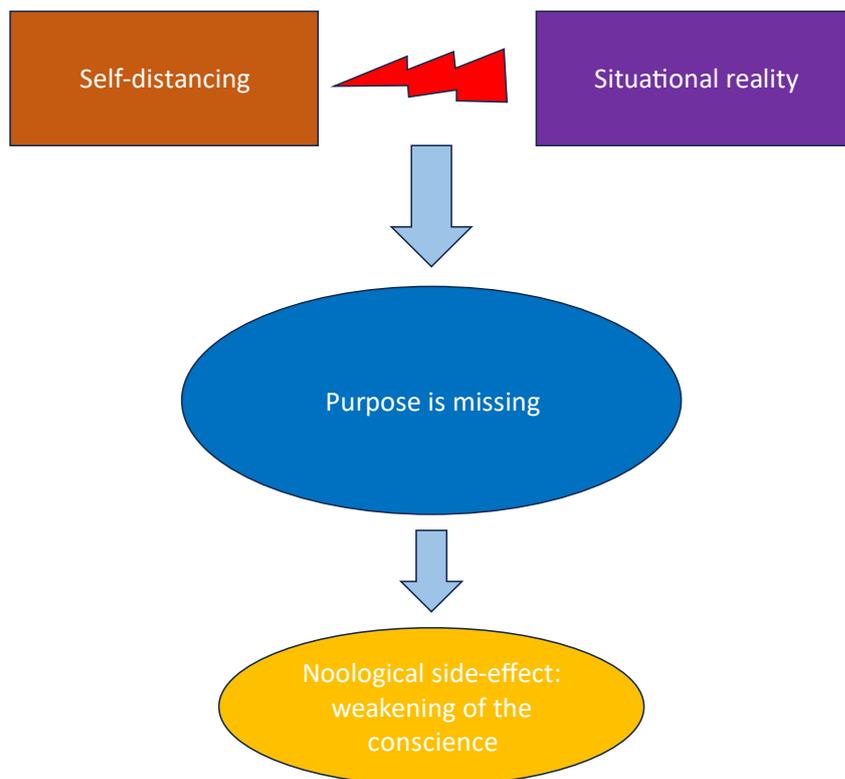
**Picture 12. The emergence of the 1<sup>st</sup> category distortion with experiencing a purpose.**

In such a situation, a person, by self-distancing, understands their situation and its reasons, but understanding does not bring relief for a person who has lost their purpose. For example, when a loved one dies, a person may feel that they have also lost the purpose of their own life, because loving another person and caring of their well-being may have seemed like the only purpose in their life, nor realizing this doesn't help the person to carry on with their life. Symptoms manifested in emotional life and behavior include depression and suicidal tendencies (aware or unconsciously), sometimes rarely also anger and aggression. The best form of logotherapy for a person who has lost a purpose is group therapy (in chapter 9.2.3), where a therapist guides the discussion and helps the group members – in an atmosphere of mutual appreciation - to practice the purpose-related values in their own lives, but where it is

possible to meet other people who have also lost their purpose in life. (Niiles-Mäki 2021, 188–189.)

### 7.3 Purpose is missing

In the 2<sup>nd</sup> category, there is a conflict between self-distancing of the Noological dimension of consciousness and the situation, where the perception of the self in relation to the situation is distorted either in such a way that **a)** the situation dissipates or fragments the experience of the self in the act of self-distancing or in such a way that **b)** the self, experienced in the act of self-distancing does not relate to the situation in a way , where a person would understand that they are part of their situation, but feel that they are detached from their situation.<sup>81</sup>



**Picture 13. The emergence of the 2<sup>nd</sup> category distortion with experiencing a purpose.**

The examples of these disorders of the 21st century can be considered **a)** a situation, where the situation dispels or fragments the experience of the self in the act of self-

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<sup>81</sup> The division into a) and b)-type distortions in the 2nd category of distortions is necessary, because in each type the conflict between self-distancing and the situation operates in different ways. This is a case of a qualitative difference in the genesis of the distortion. A)- and b) -type distortions also manifest as different symptoms in emotional life and behavior.

distancing (egoistic anonymity<sup>82</sup>), but also the so-called learned helplessness<sup>83</sup>. As an example, **b**) can be considered existential anxiety or the so-called Angst, which means experiencing the perceived self as detached from its situation in the act of self-distancing. Both disorders (a) and b)) are typical for young people or young adults, and they increase as society shifts more and more into virtual reality, which disconnects people from the concrete lifeworld with the concrete consequences of actions. Since actions are not perceived to have concrete consequences in the lifeworld, there is no need to understand right or wrong (or any moral principles), and therefore there is no need to bear responsibility for anyone or anything. In her dissertation, A. Paul describes a similar distortion with experiencing a purpose using the concept of "learned purposelessness" (*erlernten Sinnlosigkeit*) (Paul 2014, 196-198). In this distortion, one's own existence is not based on or attached to any purpose, because the will to purpose (the desire to find a purpose for life in general and for one's own life in particular) has never been awakened or - in the case of existential anxiety and Angst - it cannot find a point of attachment in the situation.

Symptoms manifested in emotional life and behavior are irresponsibility (**a**)), poverty of emotions (**a**)), lack of empathy (**a**)), irrational thinking and action (**a**) and **b**)), anxiety (**b**)) and depression (**b**)). For both types of distortions, the most recommended form of logotherapy is individual therapy (in chapter 9.2.1). In individual therapy, the most important starting point is to attach the client to a concrete situation in the act of self-distancing; first to the current concrete situation, which the client shares with a therapist, then exercises on attaching to the situation, which is shared with one's family, friends, colleagues or friends from school or a hobby, with members of one's place of residence, and finally to one's own real life (which includes all people, animals and nature). The most important thing is to make the client realize their unique (real and concrete) place in the world, where every person needs other people to be able to live, but also bears responsibility for other people, animals and nature. After this, the client should be helped to realize the purposefulness of their own life and guided to find the means by which the purpose-related values can be implemented in one's own life. (Niiles-Mäki 2021, 189.)

## 7.4 Purpose is distorted

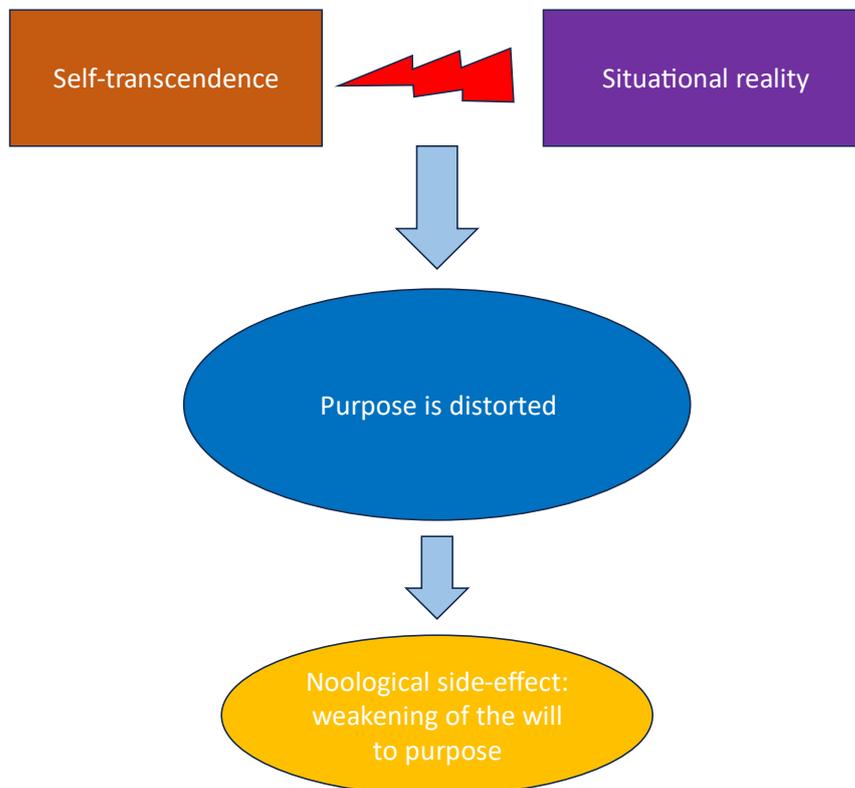
In the 3<sup>rd</sup> category, there is a conflict between self-transcendence of the Noological dimension of consciousness and the situation, where a person's life feels alien to

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<sup>82</sup> a condition, in which a person can, depending on the situation, adopt new identities according to their own good or pleasure. In the end, a person can end up in a situation where they don't recognize their selves, but also do not want to adopt an identity that would bear responsibility for their actions; see Niiles-Mäki 2021, 182–183.

<sup>83</sup> a state where a person doesn't have the ability to make decisions, doesn't recognize their freedom of will and doesn't feel responsible for their actions.

themselves, and when self-distancing, a person no longer recognizes the ways of implementing their purpose(s) as their own. Typically, a person living in such a state recognizes the existence of the will to purpose and the Defiant Power of Spirit in themselves, because they have used these abilities during their life so far, but now questions the purposes they have found outside of themselves.



**Picture 14. The emergence of the 3<sup>rd</sup> category distortion with experiencing a purpose.**

Such a person asks themselves: What is my relationship to the purposes I have implemented in my life? Why don't I recognize those purposes as my own anymore? What do I need to do/what should change in my life so that I can experience the will to find and implement purposes, to feel like I'm living a purposeful life again? Asking oneself is a healthy activity of self-distancing, where a person recognizes the conflict between self-transcendence and the situation in their own life mainly as an experience of alienation. An example of a distortion of purpose is a person suffering from burnout, a person who has created a purpose for their life out of success at work (this could mean financial success but mainly intellectual capital, academic fame or the appreciation or satisfaction of helping others). Such a person gives their all to their work and constantly demands more from themselves in order to meet their own criteria, because no work community or employer is as merciless as such a person is to

their selves. Since it is humanly impossible to be perfect even in one's work, one gets tired, still tries to exceed one's own resources with the help of the Defiant Power of Spirit<sup>84</sup>, but most often becomes physically ill due to self-neglect. Most of the time, it is only at this stage that a person becomes aware of questioning the purposes they have found and implemented in relation to their own situation – sadly, that often doesn't happen until at the doctor's appointment. It is therefore typical of this distortion that a person also has somatic symptoms (e.g. fatigue, headache, muscle aches, heart symptoms, overactivity of the autonomic nervous system) in addition to emotional and behavioral symptoms. Symptoms manifested in emotional life and behavior are depression, cynicism or anger in relation to distorted purposes, irrational thinking and action, and compensatory behavior → a person temporarily replaces their distorted purposes with an activity that can lead to overachievement (e.g. walking in the forest can lead to hours of hiking that eventually take up the entire of the day and all forces).

In experiencing distortion of purpose, the most recommended form of logotherapy is, at first, individual therapy (in chapter 9.2.1), because in most cases of this type of disorder, starting with group therapy can create overperforming and a competitive mentality (comparing one's own previous achievements and competing to see who "performs" the therapy most successfully). This leads to a worsening of the client's situation. In individual therapy, it would be recommended to use Frankl's methods of dereflection (in chapter 9.1.1) and paradoxical intention (in chapter 9.1.2) for psychosomatic symptoms, of which in dereflection the attention is drawn away from the symptoms of the client, and in paradoxical intention the attention of the client is drawn towards their own symptoms in a deliberately exaggerated way. It is important to note that in this disorder of a distorted purpose, psychosomatic symptoms are also the result of a disorder in the Noological dimension of consciousness, and therefore the symptoms should be treated with the methods of logotherapy. When the psychosomatic symptoms decrease, the form of logotherapy can be changed – at the discretion of the therapist - to group therapy (in chapter 9.2.3). In both individual therapy and group therapy (if the therapist so decides), the therapist can use the Socratic dialogue (chapter 9.1.3) and the logoanchoring method (in chapter 9.1.6), of which the latter means - -

*"bringing a meaningful experience as an anchor in a situation that is perceived as particularly distressing or frightening. The method uses multi-sensory processing with the aim of helping the client to get into a state where meaningful (anchoring) moments are experienced without aware control. Such experiences are those moments when*

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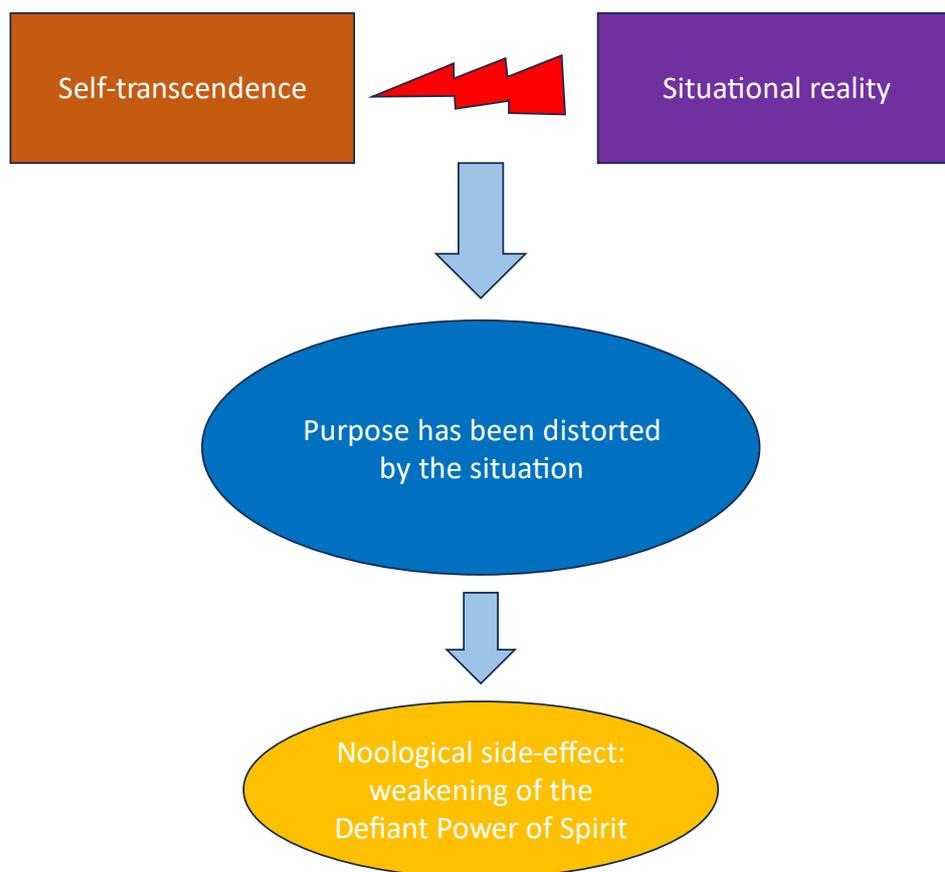
<sup>84</sup> in this particular distortion, a person already has found a purpose or purposes to implement in their work or other meaningful activity. The problem relies on the ways of making these original purposes applicable in a person's current work- or other activity environment. That's why using the Defiant Power of Spirit may help momentarily (but not in constant use – that, in fact, can cause a Burnout Syndrome).

*individuals have been in contact with the noblest and loftiest of what they are capable of, such as deeply meaningful moments in life, moments of intuitive knowing, glimpses of insight, as well as experiencing peak moments of altruistic love, boundless gratitude, creativity, faith, hope, holy and genuine moments".* (Graber 2004, 199, translation mine. Original book: Viktor Frankl's Logotherapy – Method of Choice in Ecumenical Pastoral Psychology, Graber 2004.)

It is to be noted, that using multi-sensory processing in the logoanchoring has a justified reason: the subconscious part of the Noological dimension of consciousness cannot be approached through aware choice. It follows, that in multi-sensory processing the client is using all their senses to get to a state where meaningful moments can be experienced without conscious control, experiencing these moments through their senses and using their senses to describe the moments as well. The method can be used in both individual therapy and group therapy. The aim of the logoanchoring method is to reduce excessive self-control and, as a result, to find new purpose-related possibilities by orienting oneself outside of the self, i.e. in the act of self-transcendence. (Niiles-Mäki 2021, 190–191.)

### **7.5 Purpose has been distorted by the situation**

In the 4<sup>th</sup> category, there is a conflict between self-transcendence and the situation, where the situation gives ready-made purposes to a person, who experiences that these purposes are against their own Noological subconscious. It follows, that the person is confused because they do not recognize themselves when they implement these purposes given from the outside.



**Picture 15. The emergence of the 4<sup>th</sup> category distortion with experiencing a purpose.**

A person suffering from such a distortion asks themselves: Who/what am I in relation to the purposes I have to implement in my life? The 4<sup>th</sup> class of distortions is actually about the fact that the person's conscience (which, according to Frankl, is a characteristic of the subconscious part of Noological dimension of human consciousness<sup>85</sup>) is revealed to a person in the act of self-distancing in such a way where the person realizes that they are something other than the "role" given to them by the situation. In such a distortion, their conscience therefore functions, as does the self-distancing as a place for the manifestation of their conscience, but the person is perhaps so intimidated, manipulated, brought up or just used to implement the purposes determined by the situation that they would try to numb their entire Noological dimension of consciousness by degenerating into *it*, a creature driven by drives and instincts, who acts only on a physical-psychic level, without making aware decisions. However, it is never a situation where a person lacks or can eliminate the functioning of the Noological dimension of consciousness. In this sense, the defence in Nazi trials used by the lower military ranked soldiers of the Nazi German army, seems ridiculous. The

<sup>85</sup> Frankl 2017, 23-29.

soldiers claimed that they were innocent victims because they were ignorant of the actual intentions of the army; they "blindly" obeyed the orders of their superiors without questioning or understanding them, and they were also forced or manipulated to act in a way that they "now" understand to be wrong. In other words, they claimed to have degenerated into creatures driven by drives and instincts who did not make aware decisions. Actually, this was an aware attempt to numb the Noological dimension of consciousness in a situation where the situation gave a purpose. But if one is able to implementing a purpose, even distorted one, by making aware decisions, that is already considered a sign of the existence of the Noological conscious and subconscious dimension (therefore also of the activity of their conscience) and of the will to purpose. No soldier who carried out the purposes of the Third Reich was an innocent victim, but a person who chose not to care about the realization of the activity of their conscience revealed in their self-distancing - moreover, they also decided to act against this realization.

An example of a 4<sup>th</sup> class distortion (the purpose is deliberately distorted by the situation) is a person who lives in a narrow ideological atmosphere or community, whose values and purposes their conscience, revealed in self-distancing, cannot accept, even if they already implemented them. Such a person experiences - paradoxically - feelings of isolation, inferiority and betrayal in relation to their situation, even though in self-distancing they realize that the implementation of the environment's purposes is (at least for them) wrong. Therefore, this is a case of **conflict of values**. It must be remembered, that the will to purpose is still there, and if one had enough the Defiant Power of Spirit, they would be able to detach their selves from implementing the purposes given by their environment. In emotional life and behavior, the symptoms manifest as a feeling of being an outsider, a desire to isolate, as anxiety, depression, addictions, and sometimes suicidality or regression of consciousness. As a form of logotherapy, group therapy works best (in chapter 9.2.3), except when the client is so regressed or isolated that it is not possible to make a contact in a therapy group. Treating such a person must then begin with individual therapy, using the suggestion- or appealing method (in chapter 9.1.4), the aim of which, as the name suggests, is to appeal to the subconscious part of the Noological dimension, particular to their conscience, and to awaken their conscience to act in a healthy way. The method is used as a suggestion, in which the client in a relaxed state - often in a lying position - listens to a therapist's voice and lets it affect them unconsciously, without fighting against it. The method can be used repeatedly to generate changes in one's own attitude to one's own situation, and as a result, to achieve changes in one's behavior as well.

Only after some favorable changes have occurred in the suggestion-method logotherapy, can the group therapy be started. However, it should be noted that, depending on the severity of the person's distortion, using the suggestion method can

be very intensive and long-lasting for a logotherapy. In group therapy it is recommended to use, in addition to the Socratic dialogue, also the logodrama method (in chapter 9.1.5), in which one orients themselves to the future by living their own life at a different age in different situations and according to the values that one would like to implement at that time. In logodrama, a person experiences the purpose of their life from the future, gradually understanding the uniqueness of their own life and the impact of their choices on other people's lives as well. The aim is to make the members of the group realize the healthy functioning of their own Noological dimension from 'past to present -perspective', and help to develop their own Defiant Power of Spirit in implementing their own purposes. Since all group members have experienced the implementation of distorted purposes in their lives, sharing the experience of finding new purposes strengthens group members' ability to reattach and trust such a situation, where everyone is considered unique and appreciated in implementing their chosen purposes.

## **8 EXISTENTIAL VACUUM AS PROLONGED STATE OF DISTORTION OF A PURPOSE<sup>86</sup>**

The Existential Vacuum is the result of a prolonged state of one of the four states of distortion with experiencing a purpose, presented in chapter 7. The Existential Vacuum is not a separate disorder from the distortions with experiencing a purpose, and it cannot consist of several or all distortions with experiencing a purpose experienced at the same time, because the distortions with experiencing a purpose cannot occur in the Noological dimension of consciousness at the same time. A person cannot, for example, suffer from the distortion of loss of a purpose and distortion of a deliberated distortion of a purpose at the same time, because in every experience of distortion with experiencing a purpose, we are dealing with an all-encompassing state of the Noological dimension of consciousness, where it is about a conflict between the activity of either self-transcendence or self-distancing and the situation. In that, the operation of the situation in relation to one of the operating principles of the Noological dimension or the operation of one of the operating principles of the Noological dimension in relation to the situation causes a state of perceived distortion with experiencing a purpose, which is specific and not analogous to other perceived states of distortions. For example, in the experience of losing a purpose, there is a conflict between self-transcendence and the situation, where a change in the situation (losing something/someone meaningful to oneself) changes the activity of self-transcendence. In the experience of distorted purpose, it is a conflict between self-transcendence and the situation, where a person's life feels alien to them, even though

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<sup>86</sup> The chapter is adapted from the text of Niiles-Mäki's (2021) dissertation, 195–200.

the situation has not changed anything. When such a person self-distances themselves, they no longer recognize the purposes they have found and implemented as their own, unlike in the experience of losing a purpose, where the purposes are clear and they have been recognized in the act of self-distancing. A distortion in which both of the agents of the Noological dimension of consciousness would be in conflict with the situation at the same time cannot logically exist, because an experience in which a purpose is missing or a person hasn't been able to discover it (in a conflict between self-distancing and the situation) and an experience in which the purpose is lost, distorted or has been distorted by the situation (a conflict between self-transcendence and the situation) cannot be simultaneously recognized as the same all-encompassing state in Noological dimension of consciousness.

During their life, a person can suffer from several distortions with experiencing a purpose, but not at the same time: for example, there can be a situation where a person loses their purpose, but finds new purposes and implements them. However, later in life, they find that their new purposes are distorted, and they no longer recognize these purposes as their own. In this case, the original distortion (the experience of loss of a purpose) has not been properly treated, and the discovery of new purposes has taken place in a way where the conflict between self-transcendence and the situation has, as it continues, forced the person to search for the so-called secondary purposes from outside the Noological dimension of consciousness. Secondary purposes are purposes that are not born from the need for self-transcendence to reorient to the situation, but from the need for self-preservation, the homeostatic principle<sup>87</sup>, which belongs to the psychic dimension of consciousness. In the case of this type of disorder, treating must begin with the initial experience of losing a purpose, which has led to implementing secondary purposes and the experience of distortion of a purpose in later life.

The Existential Vacuum is – in addition to the long-term state of distortion with experiencing a purpose – at the same time the starting point that enables a completely new approach not only to one's own life, but also to life in general. The Existential Vacuum is about a person's being-in-the-world specifically from the specific *horizon* of a person who is in the state of Existential Vacuum, i.e. from their specific place-of-being. Because a person living in an Existential Vacuum experiences their own place-of-being in the world (in relation to the situation) as wrong, lost or lacking, they have a longing for a place where they can feel at home. This longing can manifest in emotional life and behavior as a desire to break away from one's current (place-of-) being (also concretely from one's own "skin", i.e. corporeality), e.g. through addictive activities or

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<sup>87</sup> Homeostasis means the body's automatic striving for balance, and it also affects the psychic dimension of consciousness as psychological self-regulation. However, the homeostatic principle does not apply in the Noological dimension of consciousness, and, according to Frankl, can never be the ultimate directive principle of a human; see Frankl 1967, 42.

the use of substances that change the level of conscious, irrational (chaotic) thinking and behavior, or suicidality. In the Noological dimension, longing manifests as the will to a purpose (categories 1, 3 and 4 of distortions with experiencing a purpose) or a need to achieve the will to a purpose (category 2), but also as a doubt as to whether one's life or life at all can have a purpose. Searching for purposes, but also doubting their entire existence, is, according to Frankl, healthy and human, and in no sense a disease (Frankl 1967, 67). In this sense, the state of Existential Vacuum can be considered a healthy starting point for rediscovering one's own place-of-being, even if its manifestations in the psychic dimension are unfavorable. Unfavorable emotional and behavioral manifestations are actually a healthy reaction to a diseased condition and manifest (as becoming apparent to a person or becoming apparent in a person) only in the situation. The realization of this – which can only happen through redefining the relationship between the situation and the operating principles of the Noological dimension – changes a person's worldview so that they understand that they themselves are now the one who determines their place-of-being and their attitude towards the situation. At the same time, the longing ceases, and the act of self-transcendence turns into an aware intention to orientate towards others (people, animals, nature) as worthy and appreciated fellow beings.

Recognizing an Existential Vacuum in another person does not always require an Existential analysis<sup>88</sup> (because the state of EV involves a recognizable *modus operandi* of questioning of the purposefulness of all life), but always the expertise of a logotherapist. Although the Existential Vacuum is always accompanied by one or more of the aforementioned unfavorable manifestations related to emotional life and behavior, the unfavorable manifestations can also be symptoms of a psychosomatic illness or a disorder of the psychic dimension of consciousness. For this reason, it is more important, through questioning and discussion, to find the original distortion with experiencing of purpose, that has resulted in doubting the purpose of one's life - and the existence of the purpose of all life in general. Recognizing one's own Existential Vacuum, on the other hand, is possible for a person who has extensive knowledge of logophilosophy and particularly of the functioning of the operating principles of the whole consciousness in relation to the situation. In practice, this would mean experts both in logophilosophy and logotherapy.

A person suffering from an Existential Vacuum - identified by another person or identified by oneself - should always be helped to realize their own condition, which happens by helping the client redefine the relationship between the operating principles of the Noological dimension of their own consciousness and the situation; this is done, depending on the origin of the EV, by the methods mentioned for each description of the distortion with experiencing a purpose (chapter 7). The Existential

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<sup>88</sup> presented in chapter 11.

Vacuum as a disorder, but also as a healthy starting point for self-redefinition, differs from the distortions with experiencing a purpose in that it includes – due to its long duration – not only questioning the purpose of one's own life, but also questioning the purpose of life in general. For this reason, after the individual therapy, it would be important to encourage the client to read logothetical literature and discuss it, e.g. in a reading group, study group or in peer group therapy.

A logotherapist recommending appropriate literature should themselves be familiar with logothetical literature at least to the extent that they know how to guide the client to the range of literature corresponding to the client's mental level and corresponding to the source of their distortion (categories 1–4 of distortions with experiencing a purpose). Especially in the case of the Existential Vacuum, reading logothetical literature and discussing it helps a person to understand more broadly the purposefulness of life from their own place-of-being. A person living in an Existential Vacuum has an experience of missing something and the resulting longing for a place where they can feel at home. The Existential Vacuum, as its name suggests, is, however not a vacuum and does not need to be filled from the outside of it, but is a long-lasting state of distortion of a purpose with a certainty about the wrong location of one's own place-of-being or lack of it in relation to the situation. But - a person living in an Existential Vacuum has the best possible situation precisely because of this: thanks to the experience of lacking or missing and the longing that arises from it, as well as the agents of the Noological dimension of consciousness, they have – with the therapist's help - the opportunity to find within their selves, understood in a new way, the qualities that allow them to redefine their selves and change their worldview: the will to purpose, faith and the Defiant Power of Spirit. Re-understanding these qualities means re-asking about one's place-of-being and re-answering two logotherapeutically fundamental questions: How and why am I in the world? From a logotherapist's point of view, recognizing the state of the Existential Vacuum in the client can be quite clear, but treating the client must still always start from the origins of the Existential Vacuum: what distortion with experiencing a purpose (categories 1-4) has caused the EV? A logotherapist must be the one who recognizes the client's distortion and finds the right ways to help the client to answer the questions posed by life about their own place-of-being in the world and the purposeful nature of life in general. The client, then, must be the one who makes their own life decisions according to their free will, with eyes opened.

*“Logotherapy is neither teaching nor preaching. It is as far removed from logical reasoning as it is from moral exhortation. To put it figuratively, the role played by a logotherapist is that of an eye specialist rather than that of a painter. A painter tries to convey to us a picture of the world as he sees it; an ophthalmologist tries to enable us to see the world as it really is. The logotherapist's role consists of widening and*

*broadening the visual field of the patient so that the whole spectrum of potential meaning becomes conscious and visible to him.” (Frankl 2008, 114.)*

## **9 THE LOGOTHERAPEUTIC TREATMENT METHODS AND FORMS OF LOGOTHERAPY**

### **9.1 Treatment methods**

The Logotherapeutic treatment methods refer to methods that have been developed specifically for logotherapeutic helping, i.e. for treating disorders of the Noological dimension of human consciousness and for complementary treatment of disorders of the psychic dimension from the perspective of the Noological dimension. Although logotherapy focuses on purpose-centered problems, it can therefore also be applied in psychotherapy. However, it must be kept in mind that logotherapy is not suitable as the only form of therapy for people who do not experience the distortion of a purpose. Frankl, Lukas and Fabry emphasize<sup>89</sup> that logotherapy is not suitable as the only form of treatment when it comes to a purely psychosomatic or psychogenic illness<sup>90</sup>. However, logotherapy could be used as a complementary form of treatment after acute hospitalisation or pharmacological treatment or a combination of both has been started and a response to it has been detected.

*“According to Viktor Frankl's own research<sup>91</sup>, many people suffering from mental disorders have been initially misdiagnosed because the classic psychological image of humanity did not include the Noological or the soul as a separate part of the personality. The problems that arose from this area could only be returned to the psyche when diagnosed with either a psychosomatic or psychogenic disorder. The result, according to Frankl, was that the treatment according to the diagnosis did not work because it was directed at a disorder that did not exist or was only a by-product, a symptom, of the original problem. In his clinical work, Frankl focused his attention on these "incurable" patients and noticed precisely this weakness, a deficiency in the human image of psychology, which endangered the mental health of many people. He focused on studying his patients' problems from a completely new perspective and noticed that by understanding the origin of the problems as noological and describing the experience of purposelessness, it was possible to develop methods that help the patients' ability to carry their lives forward as self-responsible individuals. Frankl himself developed the methods of dereflection and paradoxical intention and used*

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<sup>89</sup> in "Finding meaning in life - Logotherapy" (ed. Fabry, Bulka and Sahakian 1979).

<sup>90</sup> see Frankl: On the Theory and Therapy on Mental Disorders 2004.

<sup>91</sup> see Frankl 1986, 3-22 or Frankl 2014, 15-24.

*humor, Socratic dialogue and confrontation when treating patients as a doctor in Vienna before World War II. After being sent to a concentration camp during the World War II, he - based on his own experiences and those of his fellow prisoners - developed logotherapy in the direction of Existential analysis, where logotherapy expanded from a treatment method to a philosophical theory. During his time in the concentration camps, he also used logotherapy as a peer group therapy in conditions that undermined all humanity and realized that only the need to find a purpose - the will to a purpose - created the basis for staying alive in those shocking conditions. (Frankl 2008, 88–94 & 103-106.)” (Niiles-Mäki 2021, 98.)*

### 9.1.1 Dereflection

Dereflection is the other one of the clinical<sup>92</sup> treatment methods developed by Viktor Frankl. Dereflection refers to a method in which the attention of the person to be helped is turned away from the problem or disorder on which they have focused all their attention (*hyperreflexion*) and which therefore controls their entire activity either by preventing the ability to act or by essentially distorting the ability to act (Kocourek 1979, 87–94, Frankl 1986, 253- 265, Frankl 2004, 206-214). Frankl presents many examples of his patients suffering from obsessive-compulsive personality disorder, panic disorder, anxiety symptoms, sleep disorders, and sexual disorders. What they all have in common is that the patient observes their selves to the extent that they create a disorder for their selves, which is the result of some experience of failure in an earlier stage of life. It should be noted that the experience of failure only concerns the person's own experience of the matter, not others.

When trying to fight the disorder, the person focuses only on being the disorder or illness, forgetting that there is much more. Focusing the client's attention on other perceived meaningful things in life, the attention is drawn away from the disorder. What a therapist draws the client's attention to depends entirely on the client's own mental capacity and their ability to find a purpose in their life. This means introducing different purpose-related values to the client and exercises, that help the client get to know their selves as a unique person with the ability to create and experience meaningful things and to orient their selves outward towards the world and other people. Such a value-content orientation towards others is what Frankl calls self-transcendence (in chapter 6.2.2). At the same time, as if as a side effect, the disorder ceases to affect the person's life, either completely or partially, so that with the help of one's own attitude, the disorder no longer controls the client's life.

Case example:

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<sup>92</sup> Clinical method means a method based on medical science that relates to the treatment of health or a disease.

*“Gerhardt B, nineteen years old, suffered since he was six from a speech disturbance which began during a storm in which a bolt of lightning struck near him. For eight days he could not speak at all. He was given psychoanalytic treatment for five months, and took speech and breathing exercises for four additional months. We attempted to make one thing clear to him: that he would have to give up any ambition of becoming a good orator. We further explained that to the degree to which he became resigned to being a poor speaker, he would, as a matter of fact, improve his speech. For then he would pay less attention to the “how” and more to the “what” of his speech.” (Frankl 1986, 256.)*

Elisabeth Lukas considers dereflection to be an unnecessarily underestimated treatment method, as it achieves significant results in both individual and group therapy. According to her *“Dereflection is about ignoring, but an ignoring of something ignorable, which a reflection would make not better but worse. At the same time, it is more than just ignoring and a lot more than a “diversionary tactic”. It not only aims at looking away from oneself, but at looking beyond oneself, and the latter means an expansion of the Noological horizon, the reconstruction of self-transcendence and the discovery of new dimensions of value and purpose in the patient. Logotherapy is “discovery psychotherapy”. It does not worship the illusion of an “ideal world”. But it is looking for what is still whole, what can still be healed in our unhealed world, in order to hand it to restless, lost, desperate people who are deeply longing for salvation.” (Lukas 2014a, 203, translation mine.)*

### **9.1.2 Paradoxical Intention, humor and confrontation<sup>93</sup>**

Paradoxical intention is the other one of the clinical treatment methods developed by Viktor Frankl. Paradoxical intention refers to a method in which a therapist directs the attention of the client towards the disorder, with the intention of leading the client to a state where they can try to force their disorder to emerge at a given moment. The technique is based on psychopathology: according to Frankl (and medical science), it is common knowledge that an individual cannot consciously control the functioning of their autonomic nervous system, such as heart rate, breathing, sweating or digestion. In many disorders, however, it is the activity of the autonomic nervous system that is interpreted as an uncomfortable feeling or experience that triggers the disorder (at least according to James-Lange's theory of emotion).<sup>94</sup> For example, in phobias and obsessive-compulsive symptoms (Frankl 2004, 194–204), the disorder – which is based on a fear of something; in phobias, the fear of a situation or thing, and in compulsions,

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<sup>93</sup> The chapter is modified from Niiles-Mäki's (2021) dissertation, 99-100.

<sup>94</sup> for recent research, see Giraud, Tamè, Amir-Homayoun & Lenatti 2022: The role of the Somatosensory System in the generation and perception of emotions: a transcranial Alternated Current Stimulation study.

a fear of not doing a certain ritual - the triggered emotional state or experience is interpreted as so unpleasant that activity in accordance with it is avoided.

In his books, Frankl presents several compulsive activities, e.g. constant washing of hands, which is based on the fear of what will happen if the activity is not performed. Fear itself causes an excitation of the autonomic nervous system, which is interpreted as unpleasant. In this case, the client is advised to act in accordance with their fear: they must, for example, absorb bacteria into their selves as much as possible, directly infect their loved ones, float in the "open sea of bacteria" that is the world. Frankl emphasizes that humor and exaggeration must be used in connection with paradoxical intention, so that the client their selves understand the "absurdity" of their previous actions. Gradually, the fear dissipates, because one cannot consciously "order" the autonomic nervous system to speed up every time you have decided to, say, float in an open sea of bacteria. H.O. Gerz (Gerz 1979, 78) emphasizes that the client must be told what psychopathology the paradoxical intention is based on and how the client actually helps their selves. Paradoxical Intention therefore always requires a person's ability for self-distancing.

In many cases, Frankl also uses confrontation, i.e. confrontation or juxtaposition, instead of or to enhance the paradoxical intention. Especially for young people, confrontation is often effective: the young person's way of acting, behavior or attitudes are presented to them in an enhanced, exaggerated form so that when they are confronted with their own behavior or attitude, they realize the problems of they own attitude and know how to approach things from a new perspective. When an educator or a therapist hears attitudes from a young person or a client that he/she assess and interprets as dangerous, i.e. as threatening to the client or a young person their selves or others in some way, the educator or therapist must dare to confront and question these issues. The aim is for a young person or a client to understand that their behavior is not only a consequence of something that is given to them (e.g. loneliness, a quarrelsome home situation or poor school performance), but that their behavior is always the result of their own choice. Confrontation has been used relatively much in schools. Together with humor, it has been found to be an effective aid in correcting disruptive behavior when it comes to an open facing one another, and where there is questioning and disputing, but never manipulation or forcing.

Case example:

*"A young physician came to my department in the Polyclinic Hospital suffering from severe hidrophobia (fear of hyperhidrosis, i.e. fear of perspiring excessively). He had for a long time been troubled by disturbances of the autonomic nervous system. One day he happened to meet his chief on the street and, as he extended his hand in greeting, he noticed that he was perspiring more than usual. The next time he was in a similar situation he expected to perspire again, and this anticipatory anxiety precipitated*

*excessive sweating. It was a vicious circle; hyperhidrosis provoked hydrophobia, and hidrophobia, in turn, produced hyperhidrosis. In order to cut this circle we advised our patient, in the event that his anticipatory anxiety should recur, to resolve deliberately to show those whom he was with at the time how much he could really sweat. A week later he returned to report that whenever he met anyone who triggered his anticipatory anxiety, he said to himself: "I sweated out only a quart before, but now I'm going to pour out at least ten quarts!" What was the result of this paradoxical resolution? After suffering from his phobia for four years, he was able, after only one session, to free himself of it for good within one week." (Frankl 1986, 223–224.)*

The use of humor combined with paradoxical intention as a treatment method is effective, as observed in the previous example, but sometimes the client's abilities to practice self-distancing and understand humor may be less developed. Sometimes a therapist's ability to understand and use humor is also undeveloped or unsuitable for the context. In this case, the use of paradoxical intention as a treatment method does not meet its purpose. The following case example shows that not only is paradoxical intention suitable as a treatment method for all people, but its use also is not always appropriate for the context.

Case example:

*"I had a man in my department, a guard in a museum who could not stay on his job because he suffered from deadly fears that someone would steal a painting. During a round I made with my staff, I tried paradoxical intention with him: "Tell yourself they stole a Rembrandt yesterday and today they will steal a Rembrandt and a Van Gogh." He just stared at me and said: "But, Herr Professor, that's against the law!"" (Frankl 1988, 109.)*

### **9.1.3 Socratic method**

The Socratic method means a dialogue in which the client is led in a conversation to find their selves the answers to their questions, so that the client understands the inner power they have (the existence of free will and the Noological dimension) and the opportunity to make choices that this brings. As the name suggests, the ancient Greek philosopher Socrates - according to Plato's dialogues - used this method to make the interlocutor understand things from a completely new perspective, which led to the expansion of the person's own worldview and self-knowledge. Socrates compared himself to a midwife who assists in giving birth to new thinking. Even a therapist can think of themselves as a midwife who helps the client to see their own possibilities and that they are by no means just a victim of circumstances. Elisabeth Lukas emphasizes (Lukas 1979, 100-101) that in order for the therapy to be successful, a therapist must

genuinely care about their patient and face them as another person with freedom of will. In a therapy session, there usually is an authority (subject-object) relationship, but it is only used to shift the conversation towards the client's own realizations about the possibilities of choice. According to Viktor Frankl, the client must always be seen first as a suffering person, only then as a patient (Frankl 2018, 208–209). Instead of caring, Frankl uses the term 'love' in terms of the genuine facing of one another in a therapist – client relationship. The term 'love' describes well the unforced state of being, where the person themselves chooses to love as their own priority of life.

Case example:

*“A married couple H. and E. arrived at the logotherapist’s appointment because of problems in their marriage. Both said they still love each other, but in family life and marriage “when it rains, it pours”. In the Existential analysis (which can be used in a couple therapy only as applicable, as it is intended for individual analysis) it became apparent quite quickly that the parties of the couple were very different: H. was quiet and withdrawn, E. brought out her own position strongly and stated right at the beginning what was, in her opinion, the problem in marriage. When asking each of them separately to tell about the beginning of their relationship and their own perspective on the current state of the marriage - that is, how the beginning of their marriage has come to the current situation - it became clear that the expectations towards the other were now different than at the beginning of the relationship. With the questions “what qualities did you initially fall in love with in your spouse”, “why did you choose H/E as your spouse” and “how has he/she changed in terms of those qualities”, the therapist led the parties to understand that the other is still the same with the qualities that the other fell in love with and still love; it is a case of the situation changing so that when experiencing dissatisfaction with the current situation, the reason was sought for the other party's “inability to take responsibility” (withdrawing, quiet H.) and “taking over” (E., who strongly asserts her own position). When asked “what would you do differently now to change the situation”, both understood that they could act differently, of their own free will. The way H. and E. decided to act differently henceforth stemmed from their (forgotten) love for one another and the realization that their own free will enables them to choose another person again and again and enables their own way to act and position themselves in every now-moment from the present to the future.” (Niiles-Mäki & Sadeaho 2021, 66.)*

#### **9.1.4 Suggestion- or appealing method**

According to Elisabeth Lukas, the suggestion- or appealing method is used (Lukas 1979,101–102), when other methods of treating the client have failed. This means that

the client is either too simple-minded (mentally low-levelled), too young or old, or too sick in order for a therapist to be able to properly use other methods of logotherapy. The suggestion/appealing method must also stay within the client's own world of values and respect the client's right to self-determination. In the background of this is Frankl's idea that every person has an inner ability to understand good and evil and distinguish truth from falsehood, even if this ability is hidden for some reason. In the suggestion/appealing method, a therapist appeals to this ability - called conscience - inside of every person. Conscience is always connected to the purpose and meaning of life, it urges us to do things that belong to the purpose of the moments.<sup>95</sup>

The suggestion/appealing method is used as a suggestion, where the client in a relaxed state - often in a lying position - listens to the therapist's voice and allows it to affect them unconsciously, without fighting back. The method can be used repeatedly to bring about changes in one's attitude towards one's own situation, and as a result of this change also in one's behavior. In contrast to other methods, no exaggeration of any kind should be used in suggestion, because it can cause an internal conflict between the client's own world of values and the suggestion and make the situation even worse. Instead, subtle humor, when used correctly, can enhance the effect of suggestion by increasing the client's experience of a genuine encountering between the client and the therapist in a suggestion situation.

Case example:

*"Suffering from a chronic illness, client N. has been undergoing psychotherapy for some time due to feelings of hopelessness. The psychotherapist contacts the logotherapist because he feels that the purpose-oriented questions that "torment" the client are the key to accepting their own situation. The client cannot come to the logotherapist's appointment because of their somatic illness, so the logotherapist goes to the client, who, for now, lives in their own home. Pain, despair and suicidal thoughts rule the life of N., who is unable to see "any reason anywhere". The logotherapist understands that the somatic illness and the constant experience of physical pain have been the impetus for the client to slip into an Existential Vacuum. Despite that no mental disorder has been detected in N., the Existential Vacuum can appear as an experience of purposelessness, which the client manifests as symptoms in behavior and emotional life. The therapist must first find the specific category of the distortion of purpose that N. suffers from. In the case of N., it is about losing a purpose. For N., the purpose is not gone (for good), because N. lived a very purposeful life before their illness, but the illness caused the purpose to "disappear from sight"; so, it would have to be rediscovered. The therapist talks to N. in the way that their condition allows, so that N. - in as relaxed a state as possible - tells the therapist about the precious moments of their life, remembers the time before they got ill and the people/animals that were important to*

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<sup>95</sup> About the Purpose of the moments, see Niiles-Mäki & Sadeaho 2022, 57-58.

*them before getting ill and about the people/animals that are important to them now. The therapist tells N. that everyone's life has a purpose that we cannot understand ourselves, but we can believe in its existence. The therapist continues to talk about the uniqueness of each person and their own inalienable place in the world, which no one else can take away, not even after death. The therapist answers N.'s question, why they were given "such a horrible life" by recounting cases in which a person can find their purposes again, even if they now seem to have been lost. Even if one cannot fully understand the purpose of life and cannot see the purpose of one's own life right now, one can still find the purpose of the moment. The therapist tells N. that the purpose of the moments form the purpose of one's life, just as a pearl necklace is made up of individual pearls, all of which are necessary in making the string of pearls. Similarly, each person's life is necessary in the purposeful wholeness of all life.*

*In the following therapy sessions, the therapist alternates between the suggestion/appealing, dereflection and logoanchoring methods and the client practices to discover the purpose of the moments by practicing purpose-related values (creating/achieving something valuable (i.e. with value-content), experiencing or empathizing something valuable (i.e. with value-content), and taking a dignified (i.e. value-bearing) attitude), until the client realizes the purposefulness of their own life and pushes themselves up from the Existential Vacuum." (Niiles-Mäki & Sadeaho 2021, 67-68.)*

### **9.1.5 Logodrama**

Although the methods of logodrama and psychodrama share some similarities, their starting point, according to Sahakian, is clearly different (Sahakian 1979, 7). While in the psychodrama a person becomes enlivened with a current problem or a childhood experience, in the logodrama one orients to the future by enlivening one's own life at a different age in different situations and the values one would like to actualize then. In the logodrama, it is as if one experiences the purpose of one's life from the future, gradually understanding the uniqueness of one's life and the impact of one's choices on other people's lives as well. This is why the logodrama is perfect for using in group therapy. For example, in the group therapy for patients in palliative care or in the group therapy for patients' relatives, one can use the enlivening method to imagine one's own future - equally indeterminate for everyone, whether severely ill or not - where the kind of purposes one implements are also actualized in other people's lives in a meaningful way, creating gratitude and faith from sadness and loss, instead of bitterness and despair. Since each person is a unique individual, the stories and perspectives of others also as unique individuals bring into one's own life, in addition to experiencing empathy, a feeling of a genuine human encounter where everyone can

reveal their inner self. According to Sahakian (Sahakian 1986, 35), such an 'I - Thou' relationship means being genuinely present, in which a therapist and the client or clients experience a common experience and sense of genuine presence together.

Therapy starts with written assignments. At first, the group members are asked to write the most important things to them on paper by hand. Next, these things are put in "order of importance", i.e. everyone thinks about which things in their own life are most meaningful to them. Reflections and associations related to each meaningful thing are also written on paper. After that, group members think about how these things are related to their past, present and future. At this stage, meaningful things are tied to the time when they are or have been meaningful, and group members (including the therapist) reflect together about the moments that are/were meaningful to everyone. After this, the actual enlivening begins: everyone should imagine their selves in the near or more distant future (depending on their own situation) to see from that moment on what those meaningful things (events, experiences) have given them. Only after this can one turn from inner self to outside of oneself, to see how one can, with the help of their own experiences and the caring for others<sup>96</sup>, bring content and meaning to the lives of others, and thus find a purpose for life, no matter what it has been like before this moment. According to Sahakian, the logodrama should be used especially when a person hasn't – for some reason - realized the meanings of their life, or the purpose of their own life have been lost or hidden, e.g. due to their own or their loved one's crisis or health condition (Sahakian 1986, 38). The use of the logodrama in group therapy, thus, serves logotherapy's original perception of the human<sup>97</sup> in its purest form.

Case example:

*“Group therapy for people who had experienced burnout (the burnout group, which was first made up of people in individual therapy due to experienced burnout) started with a written task, in which the therapist instructed each member of the group to write on paper a list of things that are meaningful and important to them (people, animals, activities, hobbies, thoughts, science or works of art, etc.). Next, the group members could prioritize these things they had written so that the most important thing was 1<sup>st</sup>, the next most important thing was 2<sup>nd</sup>, and so on (but only up to 10). After this, the therapist asked each member of the group to think about why the issues in question were important to them, were those things also meaningful to them and why the person chose exactly those things for their list (i.e. “why exactly this matter or this thing was so important to me that it was included in the list”). Then the group members were given a task where they had to think about how these things on the list related to their own lives: past, present and future. When the thinking was finished, the therapist asked*

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<sup>96</sup> Frankl uses the word 'love' instead of caring; see chapter 9.1.3.

<sup>97</sup> for logotherapeutic perception of the human, see chapter 4.

each person to tell, according to their choice, about the things on their list that were important to them and their relation to the time (past, present, future) in question. The therapist then encouraged each member to tell a personal story that connected an important matter, time and place to each other. The therapist didn't ask why those things were important to each; arguments about things that are important to a person belong only to the person their selves, not to the whole group. This specific stage in therapy helped the group members getting to know each other without personal stories about their own experiences of burn out; the members of the group became interested in each other as unique persons who were much more than burnout sufferers.

In the following sessions of group therapy, the logodrama exercise was continued: the therapist asked the group members to imagine their lives 5, 10 and 20 years from now and to think about how the things written on the list have affected their lives as seen from that moment or what they have given them, e.g.: “when looking back now at the age of 50 (imaginatively), how do I see that art has influenced me and my life so far? What has art given me now when I’m 50?” The therapist then asked the group members to tell others about the things they had chosen from that precise future age they had chosen: at this point, the group members also started a discussion about how burnout does not mark their whole life, even though it has felt like it. The group members realized that burnout experience is one experience alongside all the experiences of a lifetime. It is noteworthy that none of the group members listed burnout among the five most important things of their life (some didn’t have burnout mentioned in the list at all). This caused a new realization: even if burnout does not control the whole life anymore, should the experience of burnout be on the list of important things, since it caused one’s own life to change? When the therapist asked how the group members’ life have changed and what kind of life everyone imagines for themselves in 10 years, one of the group members said: “it's up to me to decide how I let burnout affect me. I can use this experience to help others. I can make this something purposeful.” This opening for discussion led to many reflections on how the values have become clear and visible in each person's own life and how the previous purposes were now appearing freshly, as if as new opportunities.” (Niiles-Mäki & Sadeaho 2021, 69-70, modified.)

### 9.1.6 Logoanchoring<sup>98</sup>

In her book ‘Viktor Frankl’s Logotherapy – Method of Choice in Ecumenical Pastoral Psychology’ Ann V. Graber presents, in addition to other logotherapeutic treating methods, a method she developed herself, which she calls ‘the logoanchoring

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<sup>98</sup> The chapter is modified from Niiles-Mäki's dissertation (2021), 103-104.

technique'. It means bringing a meaningful experience as an anchor in a situation that is perceived as particularly oppressive or frightening. A meaningful experience can either come from the past or it can be imagined as part of one's future; e.g. Viktor Frankl himself, when he was on the verge of starvation in a concentration camp, imagined a situation in the future where he would give a lecture in a warm lecture hall to interested people who wanted to know about his survival and his life's work. Graber has used the method in her own work successfully, but she warns against using the method at the very beginning of therapy. Before introducing the method, a therapist should have enough background information about the client's life. Also, the relationship between a therapist and the client should be confidential and genuinely caring. The method uses multisensory processing with the aim of bringing the client to a state where meaningful (anchoring) moments are experienced without aware<sup>99</sup> control. Such experiences are those moments "*when individuals have been in contact with the noblest and most sublime of which they are capable, such as deeply meaningful moments in life, moments of intuitive knowing, flashes of insight, as well as experiencing peak moments of altruistic love, boundless gratitude, creativity, faith, hope, holy and genuine moments*" (Graber 2004, 199, translation mine). It is therefore the subconscious part of the Noological dimension of human consciousness that cannot be approached through aware or intentional choice. It must be kept in mind that a meaningful experience is always an experience that starts from the self and returns to the self (i.e. "what I consider important or valuable to myself is meaningful to me"), but purposefulness is always oriented outside the self, towards others. Although Graber does not make a specific distinction between meaningful and purposeful, and in the book meaning and purpose are often used as synonyms, the reader can distinguish between meaningful and purposeful based on the substantive content of the sentences.

With multisensory processing, the client can be guided safely to their area of Noological subconscious, so that the anchoring experience can rise freely from the world of the client's own experience. The processing begins by closing the eyes and starting a relaxation exercise, the purpose of which is to put the client outside of their own aware control. Next, the therapist asks the client to remember or imagine a moment when they felt/feel completely intact and full of life. After this, the therapist asks the client to experience that moment using all their senses and to describe, one sense at a time, how the experience feels. Graber emphasizes that the therapist must not guide the client in their own experiences, but the guidance that takes place during the processing ends when the client finds their own anchoring moment(s). The therapist must also give the client enough time to sense their experience and "be in it", before asking them to return to the present moment by slowly opening their eyes and becoming aware of their surroundings. After this will be discussed, how the found anchoring moment can

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<sup>99</sup> arguments for using 'aware' instead of 'conscious', see chapter 5.2.

be used in various difficult situations for the client. It would also be important for the client to concretize the anchoring experience, e.g. by writing about it or drawing/painting a picture of the moment. Graber emphasizes that the more senses the experience can be externalized in the area of Noological conscious, the better the logoanchor can be restored when the need arises. This means bringing the experience from the Noological subconscious to the conscious, by bringing the experience "out in the open" by e.g. writing or drawing.

The logoanchoring method can be applied to group therapy where the participants have experienced a traumatic experience or are currently in the middle of a crisis. In order to survive a crisis or trauma, people need peer support that puts the event in perspective and creates a safe sense of a community where everyone can share their experiences with others. In logoanchoring, all sensations and feelings are also allowed to rise to the surface, and they can be processed at the same moment as they rise to the Noological conscious. At the same time, it is possible to find experiences that are common to all and are collectively meaningful to all humanity, such as the experiences of unconditional love and gratitude, or the presence of transcendental (e.g. presence of God/divinity). Even such a member of a therapy group who doesn't dare, want or is able to participate in multisensory processing can find a common ground in these collective experiences, when a difficult moment comes.

Case example: an application of logoanchoring method

*"Lisa, a young woman I treated, had suffered some sad losses in the past two years. First, her mother died of cancer. It had been difficult for Lisa to watch her mother's condition deteriorate as the disease progressed. The family had barely come to terms with the mother's death when Lisa's father died of a sudden heart attack. Lisa's relationship with her father had been very close. "I felt my heart broken when my father died," Lisa said, "and I got bad bacterial endocarditis."*

*Weakened and incapacitated by a prolonged illness, she lost her job. Instead of competently doing the job so familiar to her, she suddenly found herself organizing the probate of the will and taking care of other completely confusing tasks related to her parents' legal affairs. Then her brother John, whom she loved dearly, asked Lisa if she could move in with him. John was terminally ill and wanted to be close to his sister. Lisa took care of John at home for months between hospital stays, until John died of a lung cancer. Lisa described stumbling: "John was my best friend since childhood. Suddenly I didn't have a family...I'm so alone...I'm afraid to be alone...I can't sleep...I miss them so much...I feel so abandoned...now there's no one who loves me anymore". Lisa was truly overwhelmed by grief and loss.*

*Step by step, I began to try the Socratic dialogue: "Lisa, let's look for a time in your life when you felt that you were loved, safe and a person who was cared for - and perhaps*

*cared for by others besides your family. Has there ever been such a time?" Lisa: "Yes...when I was a little child, a growing girl...our neighbors were Catholic and they had built a little chapel in their backyard. I was always welcomed there. I would often gather flowers and place them on a small altar and then sit there for hours talking to God and the Holy Mother. I really thought that God lived in that little sanctuary! I always felt at home there – completely safe, protected and loved!"*

*She had found a logoanchor! The dereflection of her current sadness and fear of being alone had started from a transition to an experience that had supported her in the past. We used that memory by making it vivid and accessible with multisensory images. She would access that memory whenever she felt abandoned or couldn't sleep. She was able to do it easily on her own right after the initial process she experienced at the therapy session." (Graber 2004, 202–203, translation mine.)*

### **9.1.7 Noogenic Activation**

The Noogenic Activation, or NA, developed by an American logotherapist and a clinical psychologist J.M. Rogina<sup>100</sup>, means a clinical method whose purpose is to activate and exercise the Noological dimension of the patient/client through a simple 7-step exercise. According to Rogina, the Noological dimension of human consciousness is the 'Medicine chest' of health and well-being, from which the patient/client can draw overall well-being. According to Rogina, all patients with mental disorders benefit from having their Noological dimension activated and being able to use the abilities of their Noological dimension. Rogina's 7-step model is a very simplified presentation of activating and practicing the Noological dimension, and the model does not take into account the fact that logotherapy as a specific therapy can only help those individuals whose Noological dimension has already been activated and who have a distortion with experiencing a purpose. The Noogenic Activation should, then, be understood as an "awakener" of the Noological dimension rather than as a clinical logotherapeutic treating method.

Rogina's Seven Steps of the Noogenic Activation Practice:

*"1. Invite the patient to sit in a chair, take a few deep breaths to relax, and settle into a comfortable internal awareness of being safe and cared for. Their eyes may be closed or open, however they feel comfortable. Guide the patient to direct their attention to the healthy core within them: awareness of the human spirit, the medicine chest of their well-being. Remind them that they are the observer of their feelings and their thoughts and sensations. Remind them that they are spiritual beings and the custodians of the*

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<sup>100</sup> Rogina 2015, 1-7.

*uniquely human resources, the property of the human spirit. They observe their predicaments, but become aware that they are not the predicaments.*

*2. Remind the patient of the resources of the human spirit: willingness to search and possibly discover potential for meaning in the moments, conscience, love, commitment to tasks, compassion, acceptance, forgiveness, courage, patience, gratitude, and many more. Depending on the patient's needs at this particular moment in time, the clinician assists the patient to direct their attention to particular tools present in the medicine chest of the human spirit. It could be as simple as resolving to not change anything at this time to being willing to explore meaningful possibilities. It could be that the patient needs just to explore the terrain and landscape of the current predicament. Or, it could be that there is a meaningful urgency to act and engage behaviors toward change. The NA could also address the patient's urgency to move from despondency to some glimmer of hope that might be showing on the horizon of the patient's awareness.*

*3. Affirm the uniqueness of the patient in this particular moment of their life with many of their experiences, needs, wants, and aspirations. Assure the patient of the resources of the human spirit, who they authentically are, and of the process of regaining well-being.*

*4. Guide the patient, slowly and gradually, to affirm the reality of available choices. The clinician might assist the patient at this stage, for example, to realize the tension between the patient's attitudes toward flexibility as opposed to rigidity, black or white thinking. Ask the patient which of the two - flexibility or rigidity - is more attractive and which the patient desires to affirm. The patient might be more in need of realizing that they are not willing to tolerate uncertainty. They might feel a compulsive need to resolve any ambiguity. There is a need, then, to assist the patient to understand that they might gradually come to be able to tolerate some uncertainty and choose to stay there until more clarity is obtained. In other situations, the patient might be guided to consider their areas of freedom of making the choice to reduce their tendency to form self-injurious interpretations of particular experiences. The clinician could guide the patient, at this point of the NA procedure, and help them state something like, "I choose to reduce my emotional referencing, and I commit myself to increase my reality skills. I know that my emotions can create trouble and obscurity, contaminating my clarity of purpose. I know that some of my beliefs are distorted. I am willing to explore and create more realistic beliefs for myself."*

*5. Gradually begin making experiential shifts, depending on the patient's clinical needs, from passivity or from excessive stimulation, with increased referencing to responsibility for oneself and to others.*

*6. Help the patient continue to listen for possibilities for meaning with attentiveness to contextual cues, logo-hooks, exploring together appropriate action that might guide*

*them into a more hopeful future, clarifying their values worth pursuing because of the meaning possibilities that are beckoning them.*

*7. Encourage the patient to make a choice for a specific action, however small, but which is made in harmony with the patient's noetic referencing and personal values. The patient might need to be reminded that it is not their thoughts, their feelings, or their sensations that decide. It is they themselves, who decide; they choose to live a valued life." (Rogina 2015, 4–5.)*

The Noogenic Activation practice is suitable for use in, for example, a psychologist's or psychiatrist's appointments/therapy sessions. When logotherapeutic methods are applied in psychiatry or psychology, the starting point is always that the client has a mental illness, disorder or a problem that requires medical and/or psychological expertise and to which logotherapeutic methods can be additionally applied. At the logotherapist's therapy session, the Noogenic Activation practice is insufficient, because if a logotherapist has detected in a client a distortion with experiencing a purpose but no psychological disorder, awakening and activating the Noological dimension is not necessary any more. Logotherapy is aimed at those individuals and can help as the only form of therapy only those individuals whose Noological dimension has already been activated. Awakening, activating and practicing the Noological dimension is the educational mission of logophilosophy. The task of logotherapy, on the other hand, is to treat those individuals who suffer from acute or prolonged distortion with experiencing a purpose (presented in chapters 7 & 8).

## **9.2 Forms of Logotherapy**

Logotherapy can be used in individual therapy, couple therapy and in group therapy. Instead, it would be challenging, to say the least, to use logotherapy as the only form of therapy in family therapy, because logotherapy requires – in order to work adequately – the activation of the Noological dimension of human consciousness. It is possible that the Noological dimension is already activated at a young age, but from a logotherapist's point of view it is difficult to act based on this assumption, especially in situations where there are quite young children in the family. Family therapy often deals with the dynamics within the family and the symptoms of one family member, which at the same time reveals the unhealthiness of the whole family. Unhealthiness in the family may be associated with distortions with experiencing a purpose; e.g. a beloved family member or a person dear to the family may have passed away or otherwise left the family, and this has caused the family members to be adrift, devoid of direction and purpose. Even in such cases, a logotherapist cannot assume that the children of the family would take responsibility for their own actions caused by their own unhealthiness, not to mention bearing responsibility for the purposeful actions of

the whole family. For children and young individuals, it can be psychologically very damaging if they are assumed to be capable of issues, for which they do not yet have the necessary developmental prerequisites. Thus, a logotherapist cannot take the risk that the child's psychological development would be compromised during or as a result of logotherapy. Instead, a logotherapist can redirect the family to a family psychotherapy or to a psychoeducational therapy or - depending on the situation - suggest couple therapy or individual therapy to the parents or custodians.

### 9.2.1 Individual therapy

Individual therapy is logotherapy aimed at individuals, which begins with Existential analysis (presented in chapter 11). Sometimes the distortion with the client's experience of a purpose is revealed to a therapist so clearly that an Existential analysis is not needed, e.g. the client realizes that they have lost "the purpose of their life" or that they experience existential angst, in which - despite the will to purpose - no purpose for life is experienced. In these cases, a therapist can, depending on the category of a distortion with experiencing a purpose, proceed directly to either specific treatment methods or training the client's Noological dimension (chapter 13). However, the most important thing for a logotherapist is **facing the client in a subject-subject relationship**,<sup>101</sup> where both the client and a therapist meet in a common Noological dimension, i.e. they are oriented towards each other in the Noological dimension that is healthy in terms of its operating principles and similar in structure for all people.

### 9.2.2 Couples therapy

Logotherapeutic couples therapy differs from individual therapy in many respects. At the beginning of the therapy, a therapist should clarify for themselves what it is about: **a)** a distortion with experiencing a purpose experienced by the other party, which is also reflected in the first party and causes unhealthiness in both parties, **b)** a distortion with experiencing a purpose experienced by both parties, but which are of a different category (e.g. the other party has an experience of losing a purpose and the other has an experience of a distorted purpose), **c)** unhealthiness within the family, where the experiencing a purpose of the family unit is distorted, or **d)** partners "growing apart", in which one party uses their abilities of the Noological dimension and either lives a purposeful life or suffers from a distortion with experiencing a purpose and the other party's Noological dimension is either not activated or they are unable/do not know

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<sup>101</sup> presented in chapter 12.1.

how to practice their abilities of the Noological dimension. Sometimes the situation can be that both parties in a relationship state that they are living a purposeful life, but living together is perceived as unsatisfying. In that case, it is about that - although the parties meet each other in the Noological dimension and appreciate each other - the parties feel no chemistry between them, in other words, the psychological or somatic properties of the other are not considered attractive. In this situation, it is necessary to remind that even if all people in the world used their abilities of the Noological dimension, lived a purposeful life and treated each other with appreciation, not everyone is still suitable for each other's life partners. An intimate relationship is more than just facing one another in the Noological dimension.

In a couples therapy, a therapist can only use Existential analysis as applied, because Existential analysis is intended for exploring the individual's lifeworld and the problems revealed in it. A logotherapist must remember themselves and remind the couple that in every relationship there are two individuals who each have a free will and the resulting responsibility for their own actions, also in relation to their partner. The parties to a relationship should find out for themselves and for each other whether there is a will to continue the relationship and whether there is love for the other person; living in a relationship or continuing a relationship in itself shouldn't be an absolute value for anyone. As a logotherapist, listening to both parties – without interrupting – is the key to finding out the problem. In a couples therapy, one can practice listening to one's partner and putting oneself in the partner's (or other family member's) position: often this already helps the parties to understand why there would be unhealthiness in a relationship or in a family. Accepting another as themselves often means changing one's own attitude and being treated for one's own possible distortion with experiencing a purpose (**d**). If it is a distortion with experiencing a purpose either on one party to the couple or in both (**a**) and (**b**)), a therapist should recommend individual therapy to both parties even when only one of the parties to the couple suffers from a distortion. When a family as a family unit experiences a distortion with experiencing a purpose (**c**)), couples therapy means treating the parents or custodians of the family, depending on which distortion of the categorization of distortions is in question (chapters 7 & 8). If there is only one parent or custodian in the family, logotherapeutic treatment can only take place through individual therapy for the reasons mentioned in chapter 9.2. Concrete examples of couples therapy are presented in Maria & Edward Marshall's book 'Healing Ministry', where e.g. chapter III describes in detail the application of logotherapeutic principles in practicing couples therapy (Marshall, M & Marshall, E. 2013, 27–45).

### 9.2.3 Group therapy

Logotherapeutic group therapy is the most used and, according to many, the most effective form of logotherapy. Group therapy is suitable as a form of therapy for many distortions with experiencing a purpose and for Existential Vacuum, either as the only form of therapy or after individual therapy. *"Group therapy is peer therapy where usually 4-10 people together with a logotherapist discuss issues related to their own problem or situation and at the same time seek help from both the group and the therapist of the group. No one can be forced into logotherapeutic group therapy, and no one can be obliged to participate in it. Group therapy is aimed at people in a certain similar situation or individuals who have experienced a certain similar experience. They can thus be called as peers.*

*- - Everyone who seeks the group therapy experiences at that moment a distortion with experiencing a purpose, or lives in an Existential Vacuum: some fully aware of their anxiety and emptiness, others completely unaware of their own condition, yet knowing that something is wrong in their life. Many of them have the experience that their own life is someone else's life and that their own life has become so foreign to them that something is bound to change. When individuals join the group, they already have a feeling that their life has changed, or that they have changed in their own life. These two do not mean the same thing: in the first case, something has happened that has changed one's situation so that they do not recognize their selves in this new place-of-being where they are. In the second case, everything has remained seemingly the same, but a change has started to happen in them that they can't control. In the second case, the change can be so small that one can't awarely register it, but one can feel it as a vague anxiety, fear or threat." (Niiles-Mäki 2021, 116.)*

Logotherapeutic group therapy has been used in the treatment of many types of disorders and is also well suited as a complementary form of treatment for somatic diseases and psychological disorders.<sup>102</sup> The reason why logotherapeutic group therapy is successful is precisely because of facing others in a similar situation. But this is still not enough, otherwise logotherapeutic group therapy would not differ in any way from psychotherapeutic group therapies. The dynamic of the logotherapeutic group is, basically, based on the fact that the instructor of the group, a logotherapist, understands the significance of facing the other(s) for such a person who is alienated either from themselves (the conflict between the activity of self-distancing and the situation) or from their own place-of-being (the conflict between the activity of self-

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<sup>102</sup> For example, **Kang**, K-A., Im, J-I., Kim, H-S., Kim, S-J., Song, M-K. & Sim, S. 2009, 136–144; **Southwick**, Steve N.M., Gilmartin, Robi N., Mcdonough, Patrick & Morrissey, Paul, 2006, 111-214; **Robotmili**, S., Sohrabi, F., Shahrak, M.A. et al. 2015, 54–62; **Somov**, Pavel G 2007, 316-345; **Mohammadi**, F, Fard, F. D. & Heidari, H. 2014, 643-646; **Whiddon**, Michael F. 1983, 34-39; **Sodani**, M., Shogaeyan, M. & Neysi, A. 2012, 43-54; **Masoumeh** Alimohammadia, Parviz Sharifi-Daramadib & Shahnaz Noohi 2020, 286-299.

transcendence and the situation). It is also essential to recognize others as separate from oneself, understand them as their own unique individuals which gives the opportunity to also understand one's own uniqueness with one's own experiences. According to the Finnish philosopher Juha Varto<sup>103</sup>, a person can be so alienated from themselves, from their own being, that they cannot see the singularity that prevails in all communities. This means recognizing the other as truly another, as one's own individual being, and not just a part of me or something else. If the otherness of others is not truly experienced, a person cannot get to a situation where they can experience their own uniqueness, and thus find and realize their own purposes. If the other can testify on behalf of my singularity, I can be more confident in what they tell me when they talk about their own experience and its basis. This is how the meaning of the other is important, because without the otherness (singularity) of the other, I myself would not be able to create my own existence as an ethical person.

A constructive reaction to the uncertainty of one's own being is the first step that enables participation in logotherapeutic group therapy. If I recognize the singularity of myself and others, I can build trust in others - that is, in third parties - because the otherness is revealed in the relationship between me and the other, but in connection with the otherness of me and others, a trinity is revealed: my relationship with others and the relationship of others with me and the relationship of others with each other. In a group therapy, these encounters always contain ethical and emotional charges. That's why a therapist of the group should also always recognize their own singularity that resides in their selves in relation to others and third parties: the other is always transcendent to me, the one towards whom I am oriented in the Noological dimension, and others, always transcendent to me, are oriented towards me and each other in the Noological dimension. This is how the (noological) connection is created, which serves as the basis of a logotherapeutic group. In order for a genuine connection and encountering to be possible in the most ideal way, a logotherapist instructing the group should be a Wounded Healer<sup>104</sup>, because only through one's own experiences and the understanding that emerges from them is it possible to understand the experiences that other group members have. Only secondarily should a logotherapist master the treating methods suitable for a group therapy, which of them are certainly important, but not as important as genuine facing one another(s) and listening. Simply listening

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<sup>103</sup> Varto 2008, 108–109.

<sup>104</sup> A Wounded Healer (German: *verwundeten Heiler*) is a logotherapist who has experienced great suffering in their own life, and who has turned this suffering into victory with the help of Tragic Optimism and the Defiant Power of Spirit. A Wounded Healer is noologically very close to those they help, because they still have the memory of experienced suffering (Jackson 2001, 2,24,35). In order for Wounded healing to be specifically helpfulness, according to logotherapeutic activity, its starting points should be in tragic Triad (German: *tragische Triad*), i.e. suffering, guilt and death, and tragic Optimism (German: *tragische Optimismus*). Tragic Optimism is based on the question: How is it possible to say "yes" to life despite the tragic Triad of suffering, guilt and death? These three aspects of life are ones that none of us can avoid in our lives. According to Frankl, however, all people have an innate ability related to Noological dimension of consciousness to be optimistic even in tragic situations, since optimism belongs to the realm of hope. (Frankl 1988, 73.)

without interruption and asking questions that prove listening are often enough to create trust. Logotherapists are often warned that the group therapy discussion should not be allowed to "sidetrack" on the path of the actual topic at hand, but it is good to ask what would be so insignificant that it should be interrupted, or why a topic discussed would be so "sidetracked" in terms of group dynamics that it would not be appropriate to discuss, especially if the discussion is already ongoing? (Niiles-Mäki 2021, 116–117.) A logotherapist cannot dictate the group's functioning in advance or lock in the topics that, from a therapist's point of view, are appropriate for the discussion. Appropriateness arises from the group, not from a logotherapist. When being the instructor of a group therapy, a logotherapist must be primarily a human being, secondarily an instructor. A logotherapist should have logotherapeutic professional skills, but that only does not make them a good instructor of a logotherapeutic group therapy. The characteristics of a good logotherapist are discussed in chapter 10.

The most well-known and traditional example of a logotherapeutic group therapy is the dereflection group developed by logotherapist Elisabeth Lukas (born 1942), PhD in psychology. According to Lukas, dereflection - - *"often requires suffering to set in motion the spiritual development of a person. - - Dereflection is not so much an end as a beginning: the beginning of the evolution from "patient" to "human being".* (Lukas 2014b, 124.) The background idea of the dereflection group developed by Lukas is that both the psychic and the somatic are connected to each other in a way where a person's body immunity depends on the emotional state and the emotional state on the body immunity, i.e. the psychic and the physical are in mutual causation connection to each other. According to Lukas, when a person gets ill, the emotional state is the only variable we can influence, but the key factor in the emotional state is still the will. *"Psychosomatic research shows how deeply psychological moods influence the body and also how physical conditions can be positively affected through awareness and active willing. We can stabilize our emotions through focusing on positive aspects of the world around us. - - focusing on positive aspects in the world around stabilizes emotions and immunity, and thus prevents or reduces illness."* (Lukas 2014b, 89.)

In Lukas's dereflection group, the psychological healing process was started in such a way that at the very beginning the attention was drawn outside of oneself, promoting the group members' interest in things happening in the outside world. In order for this to happen, the commitment of the group members to the relevant method of operation was needed: *"To achieve our goal, I have to limit your freedom of speech somewhat. You may talk about whatever you want except your unsolved problems and the depressing descriptions of your illness. - - Not that I don't want to hear about your problems or that I expect you to "repress" them. I only ask you to consider the other participants who find it difficult to focus on positive aspects in their lives if constantly confronted by the negative. - - Topics for group discussions are ideas, suggestions, and*

*reports that mirror you – something pleasant you have experienced or thought about.”* (ibid., 90.) According to Lukas's description, after the ensuing silence Lukas herself decided to break the group's silence with poetry. She read a poem that sparked a discussion, and this inspired the group members in the following sessions to bring up positive elements that touched them in literature and art. Gradually - as new topics of discussion and new insights increased - the original symptoms of the group members began to dissipate on their own, as the members focused their interest on the events of the outside world instead of their own experiences being the focus of the group discussion.

Elisabeth Lukas studied as a logotherapist and was mentored by Viktor Frankl. Lukas developed logotherapy further on from her own regional ontological positioning in psychology and psychotherapy. In this sense, it is clear that in her work Lukas does not address logophilosophy that is the foundation of logotherapy or discuss about the philosophical questioning that permeates the entire field of logotherapy. Lukas also did not consider the Noological dimension of human consciousness to be qualitatively distinguishable from the psychic dimension, like Viktor Frankl. Lukas combined the Noological dimension with the psychic, but considered the Noological abilities (e.g. will) in the totality of human consciousness to be "superior" to the psychic abilities or, at least, capable of influencing them. Lukas' merits as a developer of logotherapy are her indisputable expertise in clinical psychology, the methodical application of logotherapeutic principles to psychotherapy and the psychometric research of logotherapy. However, Lukas' logotherapy is not pure franklian logotherapy, nor does it have to be. Logotherapy can also be applied well in psychology, and logotherapeutic methods can be well used in psychotherapies, as Lukas has proven with her research and her professionalism as a logotherapist. But - it must be kept in mind that logotherapy is situated ontologically in the field of philosophy and from this regional ontological framework it focuses primarily on treating disorders of the Noological dimension of human consciousness, i.e. treating those individuals who suffer from distortions with experiencing a purpose or those in a state of Existential Vacuum. Only secondarily is logotherapy applicable for other purposes.

## **10 WHAT IS PRESUPPOSED OF A GOOD LOGOTHERAPIST?**

Logotherapy is about helping a suffering person in an acute or prolonged situation. There are many kinds of suffering, and no one's suffering – no matter what kind – should be underestimated or called into question. Suffering has no hierarchy; even if one client's suffering seems much worse from a logotherapist's perspective than the others, a logotherapist still cannot know what the clients' mental structure is like, i.e.

how much physical, psychological and noological load each person can consciously bear and what kinds of things the person has already endured in their life so far. Quoting Viktor Frankl, *“Each of us has his own inner concentration camp... we must deal with, with forgiveness and patience – as full human beings; as we are and what we will become”* (Pattakos 2017, 24.)

Although logotherapy focuses on disorders of the Noological dimension of human consciousness, a logotherapist must understand the totality of all three aspects of a person's essence (physical/corporeal, conscious, situational), their mutual relationship and their dynamics. In addition to that, a logotherapist must especially understand the functioning of the whole of consciousness (the psychic + the Noological dimension), which is made up of qualitatively (properties and operating principles) different dimensions. A person is an entity of essence and an entity of consciousness. the psychic and the Noological dimension require the existence of each other and the existence of all aspects of being in order to function as an entity of consciousness. Even if some individuals do not have their Noological dimension activated, it is still there, waiting to be awakened. If a person, whose Noological dimension has not (yet) been activated, seeks logotherapy, a human error has happened and a logotherapist must not only know how to detect this error, but also guide the client to a more appropriate (psycho)therapy. It must be emphasized that a logotherapist cannot distinguish the Noological and psychic/psychological disorders or problems if a therapist doesn't have knowledge of how these qualitatively different dimensions function, what they are connected to, and how disturbances in the functioning of these different dimensions arise. A logotherapist therefore needs at least sufficient knowledge (e.g. major or minor degree) of psychology and a major degree in logotherapy to be able to work as a logotherapist.

In her book ‘Auch dein Leben hat Sinn’ Elisabeth Lukas has listed characteristics that can be presupposed of a good logotherapist. Lukas presents the characteristics as pairs of opposites, with which logotherapists can position their selves in they own work and get rid of the dichotomous good-bad or either-or attitude. According to Lukas, **a logotherapist should be both a pessimist and an optimist** (Lukas 2021, 227-229, translation mine): an optimist to believe in a person's humanity and what they can become, a pessimist to understand that all the world's problems will not go away with logotherapy alone. **A logotherapist must find out the reasons and ignore them** (ibid., 229-232, translation mine); they must both listen and understand the underlying causes of the distortion, and ignore them when knowing the causes would not change anything or would result in more harm than good to the person being treated. **A logotherapist must understand individuals who haven't had the opportunity for healthy development, but also those who have had all the opportunities, but haven't used them** (ibid., 232-234, translation mine). According to the pre-Socratic philosopher Heraclitus (535–475 BC), all people have the possibility for wisdom, but only a few are

capable of it.<sup>105</sup> A logotherapist should therefore not be judging anyone according to how they have used their own given opportunity. As the last pair of opposites, Lukas presents the characteristic according to which **a logotherapist must have their own value system, but must also accept other value systems as well** (Lukas 2021, 235-238, translation mine). Based on the ethically constructed basis of their own individuality, a logotherapist must also recognize the values, esteems and beliefs of singular others (and also of thirds in a group therapy), as well as be able to give answers to the questions and considerations regarding faith, value or ideology.

To this excellent list should be added two more opposite pairs of characteristics that a good logotherapist should at least have. First of all, a **good logotherapist must sense, in which situation to be silent and they must sense, when to speak up**. Especially in group therapy, a good situational awareness, i.e. discretion is required from a logotherapist. Every group and every group session is different, and a logotherapist cannot - and must not – know and control in advance at every moment which direction the discussion will turn. Sometimes the "side tracks" turn out to be the only right direction, where the therapy group members dare to open up to others about their experiences and feelings. This can result in a fruitful discussion about, for example, the ethics of different value- or belief systems. Secondly, **a good logotherapist must know how and when to show their own emotions and how, when and why to control them**. This opposite pair of characteristics is closely related to situational awareness: in some situations, the sympathy or joy shown by a logotherapist reinforces the experiences of the client or the members in group therapy by showing that emotions can be shown and that a logotherapist understands and shares the pain or joy of another(s) as a peer, without “stepping into someone else’s boots” (see chapter 14). In some situations, managing one's own emotions shows that a logotherapist is in control of a potentially chaotic situation and knows how to guide the client/group members out of the turmoil of emotions, using distancing. (Niiles-Mäki 2021, 118.)

Logotherapists - like psychotherapists - have their own training programs. The training programs of a logotherapist and a psychotherapist differ from each other in many ways, because the properties and operating mechanisms of the psychic and the Noological dimensions are qualitatively different. In the psychotherapist's training program, the regional ontological positioning of the Noological dimension or its separate quality in consciousness has not been taken into account, and the operating principles (i.e. agents) of the Noological dimension have not been under discussion. Also, the qualities of the Noological dimension (the will to a purpose, faith, conscience

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<sup>105</sup> “ Though this Word is true evermore, yet men are as unable to understand it when they hear it for the first time as before they have heard it at all. For, though all things come to pass in accordance with this Word, men seem as if they had no experience of them, when they make trial of words and deeds such as I set forth, dividing each thing according to its kind and showing how **it is what it is**. But other men know not what they are doing when awake, even as they forget what they do in sleep. Though **the logos** is common, the many live as if they had a wisdom of their own.”  
(<http://heraclitusfragments.com/files/ge.html> )

and the Defiant Power of Spirit) as qualitatively different properties (as in the psychic dimension) are not discussed. It must also be kept in mind that psychotherapies are ontologically situated in the field of psychology; logotherapy is ontologically situated in the field of philosophy. A logotherapist cannot call themselves a psychotherapist and a psychotherapist cannot call themselves a logotherapist unless they have completed both the degrees of a logotherapist and a psychotherapist. A Psychotherapist can apply logotherapeutic methods in their work, but only if they have the adequate understanding of logotherapy's theoretical background and the skills of distinguishing the psychic's and the Noological's properties and their disorders. If a logotherapist is not also a professional psychologist and/or a psychotherapist, it is not recommended to apply any of the methods used purely in psychotherapy. It must also be noted, that if a logotherapist can't detect any signs of a distortion with experiencing a purpose in a client, logotherapy can hardly be the right – or only - choice for a therapy.

## 11 EXISTENTIAL ANALYSIS AND LOGOTHERAPY<sup>106</sup>

### 11.1 What is meant by Existential analysis

Originally, Frankl himself only used the terms 'Existential analysis' (*Existenzanalyse*) and 'Logotherapy' (*Logotherapie*). The terms 'Existential analysis' and 'Logotherapy' were first introduced in the publication 'Zentralblatt für Psychotherapie' 10/1938 in Frankl's article 'Zur Geistigen Problematik der Psychoterapie' (Frankl 2005, 163–177). This article was already published in 1938, before Frankl was sent to a concentration camp and before the publication of 'Ärztliche Seelsorge', which is considered to be Frankl's logotheoretical Magnum Opus, in 1945. In the article, Frankl explains why the human images of psychoanalysis and individual psychology are not sufficient to explain and understand human existence. According to Frankl (Frankl 2005, 165–168), psychoanalysis that relies on the past and causality and individual psychology that relies on the future and final purpose-setting do not take into account the human present and the timeless (*Zeitlos*) or transcendental, supra-temporal (*Überzeitliches*) feature of existence (*existenz*) common to all people, namely the search for purposes.

To Frankl, Existential analysis meant understanding and explaining the human existence (*existenz*) from the perspective of the Noological dimension<sup>107</sup> of a person, and logotherapy was the application of this understanding and explanation in the

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<sup>106</sup> The chapter is modified from Niiles-Mäki's (2021) dissertation, 53–55 and 183-187.

<sup>107</sup> In his earliest publications, Frankl uses the term *geistige Sphäre* or *geistige Zentrum* (e.g. Frankl 2005, 175–176) but also the term *Geist* (Frankl 2015b, 206) for Noological dimension. Later, in his English publications, Frankl first switched to using the term 'Spiritual dimension', but because of the religious connotations of the term, started to use the term 'Noological dimension' in the future (Frankl 1988, 17–18,22,123).

profession of helping people. According to Frankl (Frankl 2010a, 58–59), Existential analysis was not only an ontic (*ontischer*) understanding of every human being, but also an ontological (*ontologischer*) explanation of existence. In this sense, Existential analysis meant for Frankl psychotherapeutic Anthropology (*psychotherapeutischen Anthropologie*, *ibid.* 59), an anthropology that predates all types of psychotherapy, not just logotherapy. Frankl considered logotherapy to be the most important form of psychotherapy in terms of explaining the whole person, alongside psychoanalysis and individual psychology. According to him (Frankl 2014, 28–29), psychoanalysis and individual psychology lacked the questions related to a person's way of being and existence in general, which define a person's humanity. Existential analysis as a psychotherapeutic Anthropology focused on human being as an ontic and existence as an ontological questions - thus creating the basis for a new way of understanding people from the perspective of helping them. For this new kind of helping based on psychotherapeutic Anthropology, which included Existential analysis and logotherapy, Frankl used the name 'Ärztliche Seelsorge'<sup>108</sup>. Literally translated, 'Ärztliche Seelsorge' means medical soul care, but Frankl meant by the term more the kind of care given by a doctor that focuses on helping a person from the perspective of their Noological dimension, rather than religious soul care with a medical aspect.

According to Viktor Frankl, Existential analysis and logotherapy were two sides of the same theory – logotherapy (i.e. logophilosophy). They therefore represent different aspects of logophilosophy, but are always connected to each other and together form logotherapy/logophilosophy (Frankl 2010b, 81). From this whole, logotherapy is a philosophical therapy focused on studying, understanding and treating disorders of the Noological dimension of human consciousness. Existential analysis means studying, understanding and explaining human existence, and more specifically distinguishing, studying, understanding and explaining the Noological dimension of human consciousness from a logothetical or logophilosophical framework. In the simplest terms, "*consciousness of responsibility is the foundation of human existence, and (that) existential analysis was the method for bringing out that consciousness*". (Frankl 1986, 176).

Since Viktor Frankl was a neurologist and a psychiatrist, he strove to develop diagnostics for mental disorders, especially for doctors, based on logophilosophy. In 'The Doctor and the Soul' (orig. 'Ärztliche Seelsorge') and 'On the Theory and Therapy of Mental Disorders' (orig. 'Theorie und Therapie der Neurosen') Frankl presented a classification system of diagnosing mental disorders<sup>109</sup> that took into account the Noological dimension of human consciousness, but remained in the structure of the

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<sup>108</sup> see Frankl 2014: Ärztliche Seelsorge (292-312), in English Frankl 1986: The Doctor and the Soul, where Frankl uses the term 'Medical Ministry' (267-284).

<sup>109</sup> More specifically, Frankl 2004, xxvi & xxx-xxxi and descriptions of disorders, 43–163; for descriptions of disorders, see also Frankl 1995, 77–252 and Frankl 2015c, 66–130.

European ICD<sup>110</sup> and American DSM<sup>111</sup> disease classification systems. The purpose of this was not only to create a new model for identifying mental disorders that also takes into account the Noological dimension of consciousness, but also to make a new kind of – logotherapeutic – form of treatment available especially to doctors, in a form that would be medically acceptable. Technically speaking, Frankl's diagnostic system can be considered the result of Existential analysis, but since Existential analysis, according to a simplified definition, is studying, explaining and understanding human existence from the perspective of the Noological dimension of consciousness, Frankl's diagnostic classification system must be considered more as an attempt to combine medicine and logotherapy specifically from the methodological basis of the discipline of medicine – not from the basis of logophilosophy. Also, Frankl's term 'Existential analysis' (*existenzanalyse*) gives a much more analytical and terminological image of the method itself about the content and use of the method that can be stated further on. Frankl adopted the term as a parallel to psychoanalysis,<sup>112</sup> which at that time – in the 1940s – was a generally recognized and widely used method of diagnosing and treating mental patients in Central Europe. By introducing his term 'Existential analysis', Frankl wanted to introduce logotherapy as an alternative treatment method to psychoanalysis, which he considered too reductionist. Paradoxically, when he had to justify the medical validity of logotherapy in the treatment of mental disorders, Frankl drifted further and further away from studying the operating principles and other contents of the Noological dimension of consciousness itself and moved closer to the reductionist method of studying and classifying mental disorders that he had previously turned away from. For this reason, this book does not address Frankl's own diagnostic classification system of mental disorders, but rather introduces the principles and use of Existential analysis from the philosophical perspective that Frankl had for studying and understanding the Noological dimension of human consciousness.

Frankl's Existential analysis was not an exact method, but rather a way to distinguish and understand the operating principles and characteristics of the Noological dimension of human consciousness as distinct from the operating principles and characteristics of the psychic dimension of consciousness. The conflict between a person's situation (existence) and the will to a purpose manifests itself as problems in purposes and values, and is concretized in the reasons and motives for actions (Frankl 2010a, 59–61 & 2010b, 64). Whether it is a case of existential frustration or an Existential Vacuum and thus a disorder of the Noological dimension of consciousness, it can be determined by Existential analysis: by finding out what kind of values and

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<sup>110</sup> The International Statistical Classification of Diseases and Related Health Problems, <https://www.who.int/standards/classifications/classification-of-diseases>. Frankl's own classification system for mental disorders should be interpreted within the framework of the previous, ICD-9 disease classification system (Frankl 2004, xxvii-xxviii, translator's notes).

<sup>111</sup> Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, American Psychiatric Publishing, Washington, DC.

<sup>112</sup> more specifically, see Raskob 2005, 41.

purposes the person in question has. Although several psychometric tests have been developed to measure people's experiences of the meaningfulness of their own lives, life control, experiencing values and experiencing the purposefulness of their own lives,<sup>113</sup> the tests only tell what has been asked, leaving out such situational factors that the test designers have not been able to include in the questions – simply even for practical reasons. Since disorders of the Noological dimension of consciousness are precisely about a conflict between the agents and the qualities of the conscious part of Noological dimension – self-distancing & self-transcendence, will to a purpose, the Defiant Power of Spirit, and the functioning of conscience – and the situation (which includes the situational factors), the tests do not, even at their best, tell anything other than that there are or are not problems. In order to better familiarize within the problem field of a specific person, a dialogue is the only method for putting Existential analysis into practice.

### **11.1.1 Viktor Frankl's Existential analysis: the methods of 'Preference of Values' and 'Common denominator'**

Frankl has several examples of dialogues he has with his patients, while finding out what kind of disorders the patient is suffering from.<sup>114</sup> According to Frankl, the authentic facing of the other in a dialogue enables understanding of the person through their personal history as told by the patient their selves. If the patient tells about their despair causing experiences of purposelessness and absurdity of life or the conflict between a purpose and the situation through their personal history, it is - at least - a disorder of the Noological dimension of consciousness, which needs further clarification. All of the dialogues with Frankl and his patients had in common the fact, that during them there was a realization (on the part of the patients their selves) that the perceived current situation that caused despair (and was experienced as, for example, anger, addictions, depression or suicidality) can change. Even if the situation that causes/caused despair itself never changes, the experience of the patients or the attitude towards their own situation may change. To reach this realization, Frankl used two methods: the preference of values<sup>115</sup> and the method of common denominator<sup>116</sup>. With the method of preference of values, Frankl tried to find and reveal the values that implicitly guided the actions of a patient (in a favorable or unfavorable direction), or which a patient had rejected or lost, or when a patient had never considered values in

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<sup>113</sup> For example, in "The Human Quest For Meaning - Theories, Research, and Applications" 2012 (ed. Paul T.P. Wong) and "Logotherapy and Existential Analysis - Proceedings of the Viktor Frankl Institute Vienna, Volume 1 2016 (ed. Alexander Batthyány).

<sup>114</sup> For example, in 'Logotherapie und Existenzanalyse' (2010), 'Ärztliche Seelsorge' (2014), 'On the Theory and Therapy on Mental Disorders' (2004), 'The Will to Meaning' (1988) and 'Psychotherapy and Existentialism' (1967).

<sup>115</sup> Frankl 1986, 277-279.

<sup>116</sup> Frankl 1986, 277-279.

their life. By (re)setting values and appraising them, a patient could understand the possible purpose of their own despairing situation, and the actual logotherapy could begin. An example of the preference of values from Frankl:

*"An old doctor consulted me in Vienna because he could not get rid of a severe depression caused by the death of his wife. I asked him, "What would have happened if you had died first and your wife would have had to survive you?" Whereupon he said: "This would have been terrible for her – how she would have suffered!" I then added, "Well, your wife has been spared this suffering and it was you who spared her. But now, as it were, you have to pay for it, by surviving and mourning her." The old man suddenly saw his plight in a new light, re-evaluating his suffering in the meaningful terms of a sacrifice for the sake of his wife". (Frankl 2010b, 118–119.)*

By the method of common denominator Frankl meant recognizing and comparing values with each other so that a person could find the common denominator(s) for the values in their life. This helped a person to recognize the meaningfulness of their own despairing situation and the purposefulness of the values through which they have created their own, valuable life and through which they also have the opportunity to change their attitude towards their own situation. Logotherapy could, then, be started from this situation. In her dissertation, M. Ungar has combined the method of common denominator with the Mountain range exercise<sup>117</sup> used in logotherapy. According to her, especially in the Mountain range exercise, the client can explore more deeply and expand their own value base (Ungar 1999, 220–222). Frankl has used the method of common denominator e.g., in the following way:

*"Another patient of mine whom I interviewed in one of my lectures expressed her concern with the transitoriness of life. "Sooner or later it will be over," she said, "and nothing will be left." I tried to bring her to recognize that the transitoriness of life does not detract from its meaningfulness. I was not successful so I tried a Socratic dialogue. "Have you ever met a man," I asked her, "for whose achievement and accomplishment you have a great respect?" "Certainly," she answered, "our family doctor was a unique person. How he cared for his patients, how he lived for them..." "He died?" I inquired. "Yes," she answered. "But his life was exceedingly meaningful, wasn't it," I asked. "If anyone's life is meaningful his life was," she said. "But wasn't this meaningfulness done away with at the moment at which his life was finished?" I asked her. "In no way," she answered, "nothing can alter the fact that his life was meaningful." But I continued challenging her: "And what if not a single patient ever remembers what he owes to your family doctor, due to lack of gratitude?" "It remains, she murmured." "Or due to the lack of memory?" "It remains." "Or due to the fact that one day the last patient will have died?" "It remains..." (Frankl 1988, 124-125.)*

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<sup>117</sup> Ernzen 1990, 133.

Existential analysis is – as Frankl’s case examples also show - about studying, understanding and explaining a person from the perspective of the Noological dimension of human consciousness. Existential analysis can only be put to practice in a dialogue where a therapist faces the client in an atmosphere of appreciation. An atmosphere of appreciation means that a therapist meets the client and guides the client specifically through the Noological dimension of consciousness, which is healthy in every person in terms of its basic functions, both for a therapist and the client. Through the client's personal history, a therapist gets an overall picture of what kind of distortions related to values and purposes (included in the qualities of the Noological dimension) the client may have, and guides the client in a conversation to talk about any experiences that have caused or cause despair and what kind of feelings they have evoked in them.

## **11.2 The first phase in Two-Staged Separation Diagnostics of disorders: a renewed model of Existential analysis**

Frankl’s Existential analysis is a meritorious method to bring out and study the Noological dimension of human consciousness and to understand and explain human existence from the perspective of this dimension. But because the whole world is changing rapidly, along with people's lives, this brings with it a whole new types of distortions of the Noological dimension of consciousness. Because of this, it has been necessary to create an Existential analysis model that takes into account the distortions related to experiencing a purpose that emerge from today's world. Since the world of the 21<sup>st</sup> century is radically different from Frankl's world in the 20<sup>th</sup> century, people's problems have also changed in content. The Noological dimension of a person's consciousness is always connected to the situation, due to which the disorders of the Noological dimension in particular have changed due to the contribution of the surrounding world. For this reason, there is a need for a such Existential analysis model, that can recognize today's purpose-centered disorders and separate them from today's psychological disorders.

The renewed Existential analysis model also relies on dialogue, but the model does not start from getting to know the client's personal history. It takes as a starting point the perception of oneself in relation to the situation that is revealed in self-distancing, because self-distancing can be considered a prerequisite for such self-transcendence, which is an intentional orientation towards others. In such an orientation, a person recognizes the quality of their own relationships (human or other) and knows how to set contents of value in their relationships with others (Van Wyk 2011, 56).<sup>118</sup> Since

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<sup>118</sup> See also Längle, Orgler & Kundi 2003: The existence scale. A new approach to assess the ability to find personal meaning in life and to reach existential fulfillment.

Existential analysis is about studying (or exploring) and understanding human existence from the Noological dimension of consciousness, familiarizing the client's personal history at the very beginning of Existential analysis can lead the dialogue to sidetracks, i.e. to such real or imagined experiences of the past which the client has already decided to connect to their current situation - on possibly wrong grounds. In order to reveal the client's situation in the first meeting between the client and a therapist in a common Noological dimension, it is necessary to start from the activities of the agents of the Noological dimension and their connection to the situation. Self-transcendence is already in action when the client is in dialogue with a therapist in an atmosphere of appreciation; in that situation a therapist and the client are also already part of each other's situation. Self-distancing takes place in this dialogue with the help of a set of 12 questions, which serves as the framework of the renewed Existential analysis. Only after this dialogue (which is introduced by the next 12 questions), if a disorder of the Noological dimension of consciousness is identified, the familiarizing with the client's personal history is carried out in a way chosen by the client (telling, writing, using a mind map, etc.). Surveying the client's personal history serves as additional information for a therapist in a situation where it has been decided to start logotherapy; thus, the analysis of the client's personal history is to be used in the second step of the Two-staged Separation Diagnostics of disorders when applying the classification model for distortions of the Noological dimension to the (Noological dimension's) disorders revealed by the analysis of the client's personal history.

The following 12 questions are only indicative, and not every therapist necessarily needs all (or any of) the questions to determine whether the client's disorder is purpose-centered or not. A lot also depends on the client's ability to self-distancing from the very beginning, and of course the intensity of the first meeting(s) between the client and a therapist and whether the dialogue takes place in an atmosphere of appreciation. Since it is a dialogue and not a question-and-answer situation, it is a therapist's task to guide the conversation so that during the conversation the client thinks about all the questions and answers the questions at their own pace, sometimes thinking about one question longer than another, sometimes answering the question only later in the conversation. However, each answer should also be followed by a discussion about *why* the client feels the matter is the way they have answered (unless this is already included in the question). If, as the dialogue progresses, the answers clearly reveal experiences of guilt, suffering, despair and/or anger, as well as the feeling that the situation that caused despair could not have been realistically or rationally influenced by oneself during the situation at the time, as well as the experiences of loss of purpose or distorted purpose in the present moment, it can be concluded that the client is suffering from a disorder of the Noological dimension of consciousness, and the second phase of the Two-Stage Separation Diagnostics of disorders<sup>119</sup> can be

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<sup>119</sup> presented in chapter 12.2.

started by surveying the personal history. The following 12-part set of questions should be conducted during the dialogue in order 1-12, as the questions are designed so that the client's thinking process progresses hermeneutically, progressing through answers and joint reflection to the realization of the possibility of change and the possibility of finding purposes outside oneself.

The renewed model of Existential analysis, 12-part set of questions (note the alternative questions):

1a. What was the event that made you come to the logotherapy appointment/feel that you need help/think that something is wrong? Write it on paper and then describe it in your own words.

Alternatively:

1b. What in your life situation caused you to come to the appointment? Describe in your own words.

2a. What did you think during the event - after the event?

Alternatively:

2b. What do you think about your life situation at the moment?

3a. Who else joined the event/was present during the event? How do you think they experienced the event? If no one else was present, imagine at least one person present during the event, and tell how they would have experienced the event from their own perspective.

Alternatively:

3b. Which other people/animals are affected by your life situation?

4a. How did your thoughts differ from the thoughts of other people present at the event (also those imagined)?

Alternatively:

4b. How do your thoughts about your life situation differ from the views of those who were/are affected by your life situation? How do they see your life situation?

5a. What previous things led to the event?

Alternatively:

5b. What previous events do you think have led to your current life situation?

6. Could you have influenced them (all)?

7a. What would your situation be like now if you could have influenced the things that preceded the event? How does it differ from your current situation now?

Alternatively:

7b. What would your life situation be like now if you could have influenced the events that preceded your current life situation? How is it different from the current one?

8. Do you currently have people whom you consider meaningful/precious/indispensable?

9. How would you like these people to remember you after you die?

10. What should change in order for you to become the person you want the meaningful/precious/indispensable people to remember you as?

11. Could you yourself change something in your situation?

12. How would a change in your situation affect the lives of your loved ones or important/valuable/important people to you?

Sometimes it can happen that the client does not say that they have noticed or they really have not noticed any problem or intervention (i.e. an event, that caused a disturbance of some kind) in their own life, although they have sought logotherapy or counselling. In this case, the question may be a) either a situation so locked-in that the client is not able to explicate it in the manner required by an Existential analysis, b) pure curiosity or a desire to understand the operating principles of one's own Noological dimension without experience of distortion of a purpose, or c) seeking logotherapy on the recommendation or pressure of someone perceived to be important somehow without one's own experience of distortion of a purpose. In the first case, a therapist has to start by surveying the personal history, with the aim of freeing the client's resources from self-observation towards settling into a therapy situation. In the second case, it can be either a desire to learn how to activate and train one's own Noological dimension of consciousness - in which case all logotherapy-related dialogue shared in the Noological dimension helps the client - or the client's desire to understand what logotherapy is all about, in which case guiding the client to logotherapy literature is quite a sufficient way of helping. In the third case, the client suffers because the will to purpose has never been awakened. In such a case,

performing an Existential analysis or going through a personal history would be as useful as banging your head against a wall. Instead, a therapist has to go directly to attaching the client to the concrete situation in self-distancing.

The set of 12 questions presented above serves in most therapy situations as a good auxiliary tool for a therapist performing an Existential analysis, but it is even more important to take notice the starting point of the Existential analysis: the perception of oneself in relation to the situation that is revealed in self-distancing. This starting point differs from the starting point of Frankl's original Existential analysis, which is the information obtained in the surveying of a personal history about the experiences of the purposelessness and absurdity of life, or the conflict between purpose and the situation, which causes despair. The renewed Existential analysis model is defended by the assumption that in the 21<sup>st</sup> century, more and more of the disorders related to the Noological dimension of consciousness are related to the relationship between self-distancing and the situation in oneself, which creates distortions related to a purpose so that the will to a purpose has not even been awakened (for example, egoistic anonymity<sup>120</sup>). Every therapist using Existential analysis in practice, can plan their own way of having a dialogue with the client from the perspective of the Noological dimension, so that the dialogue reveals the client's possible purpose-based disorder in self-distancing and self-transcendence in relation to the situation. In any case, both the traditional Franklian and the renewed Existential analysis have exactly the same purpose, to identify disorders in the Noological dimension of consciousness and to separate them from disorders in the psychic dimension of consciousness. Existential analysis, however, does not seek to identify or study disorders of the psychic dimension of consciousness, for an analysis like that falls within the scope of psychiatry, psychotherapies and psychoanalysis. Existential analysis belongs to the first phase of the Two-Staged Separation Diagnostics of disorders, where the aim is to study or explore, understand and explain human existence from the Noological dimension, and to identify and separate disorders of the Noological dimension of consciousness from disorders of the psychological dimension of consciousness. In the second phase of the Two-Stage Separation Diagnostics of disorders - where the actual logotherapy starts - the specific category of the distortion with experiencing a purpose is detected and a logotherapist decides on the appropriate treating methods for the therapy. The possible exercises used in therapy sessions (presented in chapter 13) do not belong to the second phase of the Two-Staged Separation Diagnostics, but to the logotherapy process itself.

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<sup>120</sup> chapter 7.3., footnote 82.

## 12 LOGOTHERAPY PROCESS

### 12.1 In session: facing the other<sup>121</sup> with subject–object or subject–subject - approach?

Unlike in psychoanalysis or psychotherapies, a logotherapist must face the client in an I-Thou<sup>122</sup> relationship or in a subject-subject relationship, and not in a therapist-client relationship or a subject-object relationship. The Noological dimension of consciousness is always connected to the situational reality, and in performing an Existential analysis at the first meeting, the Noological dimension of consciousness of both therapist and client is awarely shared by the same situation with the same operating principles of the Noological dimension. This is not the case when analysing and treating disorders of the psychic dimension of consciousness, because the psychic dimension is connected to its own dimension (intrasubjectivity) and to another person (or animal) through the feedback they give a person (intersubjectivity). In this case, it is clear that in psychoanalysis and psychotherapies, which study the psychic dimension of human consciousness, the therapy relationship must be a therapist-patient/client or a subject-object relationship. (Niiles-Mäki 2021, 182.) Although the POTT model<sup>123</sup> emphasizes *“the therapists’ ability to make purposeful and skillful use of their personal selves and life experiences within the professional role of therapist”* (Aponte & Kissil 2017), the professional role must still exist, and due to the fact that every individual’s psychic dimension does not orient outside of itself but stays in itself or in the intersubjective interaction between the ‘actor’ and the ‘receiver’, a psychotherapist or a psychoanalyst is bound to work as separated from their client’s psychic dimension, not to mention their intra- and intersubjective reality. This is why a psychotherapist or a psychoanalyst must *“recognize who they are and what they bring of their personal selves, good and bad, to the therapeutic encounter, enabling them to be open and vulnerable within themselves while simultaneously well-grounded and differentiated when engaged with clients”* (ibid. 2017). Due to the structural and functional differences in the Noological and psychic dimensions, also the so-called interactive therapy model is aimed at *“for both an interactionist understanding of the therapeutic relationship and an identification of vital interactional processes that impact the relationship, both negatively (threatening or weakening relationship and alliance) and positively (strengthening them)”* (Scarvaglieri 2020, 2). The emphasis also here is in a

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<sup>121</sup> Although ‘encountering’ is the traditional word used to describe the shaping of a relationship between a client and a therapist, the concept of ‘facing the other’ describes better the fact that in face-to-face -situation in a therapy session, both the client and the therapist are, as persons, genuinely transcendent to each other.

<sup>122</sup> The term is used here in philosopher Martin Buber’s (1878-1965) defined sense. *“Buber saw the meeting between I and Thou as the most important aspect of human experience because it is in relationship that we become fully human. When one meets another as Thou, the uniqueness and separateness of the other is acknowledged without obscuring the relatedness or common humanness that is shared.”* (Martin & Cowan 2019.)

<sup>123</sup> see e.g. Aponte & Kissil 2017 or ‘Encyclopedia of Couple and Family Therapy: The Person of the Therapist Training Model’ 2020.

therapist's perspective; it cannot be anywhere else. But – in logotherapy, the perspective comes from momentarily shared Noological dimension, which is possible through becoming a part of each other's situational reality in a therapy session. This, of course, requires both self-transcendence and self-distancing.

The ethics required by a logotherapy process can only exist in a dialogue where recognition prevails, i.e. trust that the other person will be understood as an other (i.e. as transcendent), not the same (as me, with my own experiences and thoughts) and that I, as a therapist, in my own trust in the other, will act for the benefit of the other. Acting for the good of another does not mean utilitarianism, but a desire brought by experiencing the other as appreciated. For the philosopher Emmanuelle Levinas (1905-1995), desiring another is different from benefiting from another materially, physically or mentally. Desiring another is admitting that I, as a therapist, am not self-sufficient, but flawed and incomplete. Instead, the other is always so different in their own otherness, that their place-of-being in the world reveals something that is not there in me or my place-of-being. I don't need the other to complete me, but together we are the ones in which being-in-the-world is revealed as something that is already an essence in itself. For Levinas, the essence of a human is therefore primary over existence. (Levinas 1985, 95-101.<sup>124</sup>)

According to the logotherapeutic concept, happiness is not an end in itself, or even a purpose, for life. But neither is suffering. And suffering in itself does not ennoble anyone to realize any more than before. Suffering and happiness are opposites of each other that alternate in life. These are not meant to be striven for, because they happen without any striving. Only one's own realization of this gives a person the starting point to choose the way of living that gives life a purpose, that is beyond happiness and suffering. Thus, the purpose of life is much more than just happiness or suffering, which we - inevitably - carry with us in our lives.

Realizing the meaning of one's own life does not yet mean living an ethical life, because we are always attached to other people who are transcendent to us. How we face the otherness of others only gives us a face as people who live a purposeful life. My choices always affect others as well, because I am also a mother, daughter, sister, wife, cousin to someone else. The way we approach others – and the thirds - based on our own choices, only makes our own life purposeful and at the same time ethical. (Niiles-Mäki 2021, 113.) In terms of facing the other in a therapy, this means that both a therapist and the client are incomplete and transcendent to each other in a therapy session. Only together, in dialogue, does change occur in both, where a therapist must be the one who bears the ethical responsibility in this encountering, i.e. makes the choice to act for the benefit of the other. A logotherapist cannot know anything certain about their client's essence and their experience of being-in-the-world in advance; a therapist can

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<sup>124</sup> see also Levinas, Emmanuel 1988: *Totalité et Infini: Essai sur l'extériorité*, Kluwer Academic Publishers, Dordrecht.

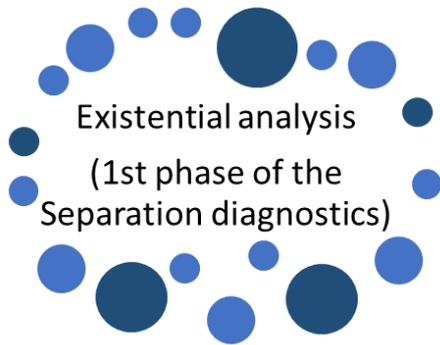
only orient oneself to the client based on their own choices. A therapist recognizes the client as a stranger to them, a stranger who is completely different from a therapist with their own essence and experiences of being-in-the-world. Neither of them is on a more sure footing in their existence in this world: both are unique in their imperfection. What connects therapist and client, I and Thou, or subject and subject, is the situational reality. Both are in the same situational reality in the therapy session, so they are part of each other's situational reality; then they share the same situation. And since the Noological dimension of consciousness is always connected to the situational reality, a shared experience of change can be possible. Both a logotherapist and the client experience their being-in-the-world in different ways, but in encounters they can complement each other's experience in a way that creates something new for each of them. This new is experienced in the common, shared situation, and both a therapist and the client carry this new with them in their Noological dimension always in their further situations. It must be remembered that in order for the created new to happen - that is, for a change to happen - a therapist and the client must face each other in the Noological dimension. A therapist must guide the client to the Noological dimension, if the client is not there yet at the beginning of a therapy. Guiding to the Noological dimension takes place by activating the client's self-distancing. The best way to do this is Existential analysis (see chapter 11.2). A logotherapist has the professional skills and the attitude of recognition (attitude of love in Viktor Frankl). Otherwise, a therapist is unique in their own imperfection, just like the person seeking therapy (who can also be a therapist). There is no reason for a logotherapist to show one's own expertise or introduce logophilosophical theories, but to focus on hearing what the other person has to say. Only by recognizing the otherness of the other and by lovingly positioning oneself towards them can expansion and clarification take place, which is only guided or facilitated by the methods of logotherapy.

## **12.2 How to use the Two-Staged Separation Diagnostics of disorders: phase two**

The Two-Staged Separation Diagnostics of disorders refers to a diagnostic process in which, in the first phase (Existential analysis), it is distinguished whether the client has a distortion with experiencing a purpose (categories 1–4) or an Existential Vacuum, i.e. whether or not a therapist recognizes that the client has a distortion or an Existential Vacuum related to the experience of purpose. At this stage of diagnostics, a therapist does not need to try to diagnose which specific distortion it is; it is enough that a therapist recognizes/does not recognize a possible distortion or an Existential Vacuum.

In the second phase of the Separation Diagnostics of disorders, logotherapy is started with a client in whom a therapist has detected a distortion or an Existential Vacuum. At this stage, a logotherapist must also distinguish which specific distortion with

experiencing a purpose is involved. Also, in the case of an Existential Vacuum, a therapist should identify what specific distortion has caused the Existential Vacuum. **Picture 16** illustrates the beginning of a therapy process or the decision and implementation for not starting a therapy process. If, during the Existential analysis, a therapist realizes that the client has a distortion with experiencing a purpose or a state of Existential Vacuum - which is the result of a prolonged state of a specific distortion – a therapist can present their early diagnosis and their proposal to start therapy to the client already after the Existential analysis has ended. If, during an Existential analysis, a therapist realizes that the client either a) has symptoms indicating a disorder of the psychic dimension or b) does not have any manifestations indicating a distortion with experiencing a purpose, a therapist is obliged to act after their diagnosis (distortion with experiencing a purpose was not detected) in the alternative ways shown in the **picture 16** (a, b or c). If a therapist is uncertain about the client's situation and cannot make a diagnosis after an Existential analysis, a therapist can suggest a re-visit within two weeks. A logotherapist always has responsibility for the client, and in such a case a therapist cannot leave the client "hanging" even after an Existential analysis. It may be that the client has a serious disorder in the psychic dimension, which a logotherapist does not detect, and as a logotherapist also does not have the qualifications to properly treat the psychological disorder. The only exception to this is a logotherapist who is also a psychologist or a psychotherapist. (Niiles-Mäki 2021, 193–194.)



A distortion with experiencing a purpose is not detected and **logotherapy does not begin**. In such case:

- a) the client is directed to psychotherapy, if a disorder of the psychic dimension is suspected
- b) the client will be given information about logotherapy for the purposes of potential self-studying
- c) a therapist discusses with the client about the reasons, for which the client sought logotherapy. A therapist suggests a re-visit.

**Logotherapy begins.**

a) A diagnosis about the specific distortion with experiencing a purpose is made (2nd phase of the Separation diagnostics):

1. Purpose is lost or gone
2. Purpose is missing
3. Purpose is distorted
4. Purpose has been distorted by the situation

- b) A therapist clarifies for themselves, which concrete remedies to use :
- the most optimal form of logotherapy
  - the most optimal treatment methods concerning the diagnosed distortion

**Picture 16. The beginning of a logotherapy process using the Two-Stage Separation Diagnostics of disorders. Niiles-Mäki 2021, 194, modified.**

Although logotherapy as a specific form of therapy is aimed in this handbook specifically at treating a person suffering from disorders of the conscious part of the Noological dimension of consciousness, logotherapy can be used more generally in such disorders, where appealing to the agents of the Noological dimension (self-distancing, self-transcendence) and qualities (the will to purpose, conscience, faith and the Defiant Power of Spirit) can make desired changes in thinking and behavior. A therapist can also use logotherapeutic methods in dealing with individually problematic situations or difficult experiences that occur in the stages of the life cycle. In no case - when used competently! - can logotherapy cause harm to any person with the Noological dimension of consciousness, as its purpose is to strengthen a person's understanding of the uniqueness of their own life and all life, and to help find and implement purposes, through which it is possible to make the world a better place in

the future. (Niiles-Mäki 2021, 194–195.)

### 12.3 Therapy process in action: from first session to termination of therapy

Logotherapy differs from psychotherapies and psychoanalysis or other psychodynamic therapies in terms of its framework of the regional ontology. However, the whole therapeutic process itself follows the general pattern of the psychotherapeutic stages: an introductory visit (early stage), the begin of treatment (middle stage), treatment sessions (the late stage) and the termination of therapy (the termination stage).<sup>125</sup>

The actual logotherapy starts when a therapist makes the decision whether to start logotherapy with the client. Before this, a therapist has already carried out an Existential analysis and/or personal life history surveying, i.e. the first stage of the Separation Diagnostics of disorders, with the client at the first visit or re-visit<sup>126</sup> (early stage). In psychotherapy, this first therapy session is called a commitment session. The term "commitment" includes the important consideration that the client is also getting to know not only the therapy session itself, but also the therapist, and is making their own decision to start therapy with this particular therapist. Sometimes a logotherapist and the client cannot find common ground - on the part of a therapist, the client or perhaps both - even when both or one has decided that logotherapy should be initiated. In this case, a logotherapist advises the client to contact another logotherapist (who is known to the initial logotherapist and whose contact information the initial logotherapist has). It is the client's own responsibility whether they act on the instructions given by an initial logotherapist.

Logotherapy begins with the unravelling of problem areas or distressing events that have previously emerged in conducting client's Existential analysis and/or surveying client's personal life history (the second stage of Separation Diagnostics of disorders, i.e. middle stage). If necessary, a logotherapist should bring or return the client to the operating area of the Noological dimension if they feel that the client is becoming too emotionally involved, i.e. if the client has dived too deep into the operating area of the psychic dimension. This is done through self-distancing, self-transcendence or practicing values: "how do you see the event/your life now, from the present moment? How do you perceive yourself to have changed because of the event/your life? What things do you value now/at the time of the event/past? Have your values changed looking back from this present moment? What things did you appreciate then and appreciate now in other people or animals? Who do you appreciate and why? How do you think other people saw you in your past/at the time of the event and how do they

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<sup>125</sup> For the stages of psychotherapy, see e.g. Ranjha, A. 2020: Stages of Psychotherapy, <https://psychologyroots.com/stages-of-psychotherapy/>

<sup>126</sup> See picture 16.

see you now?" During the discussion, a logotherapist should become clear about the type of distortion or a prolonged distortion in experiencing a purpose that the client is suffering from. Sometimes this does not become clear during the first or second session of the therapy itself, but requires several treatment sessions. Once it becomes clear to a logotherapist which category of distortion (1-4) is in question, a logotherapist must decide which form of therapy is most optimal for the client and either begin with that therapy form or continue individual therapy until the most optimal form of therapy is available. A logotherapist must then also decide which treatment methods would be the most appropriate both a) in the light of the client's specific situation and b) in relation to the diagnosed distortion in experiencing a purpose. It must be remembered that treatment methods are not only secondary to the dialogue in "facing the other", but also require an understanding of the method and its purpose. A logotherapist cannot use a treatment method in therapy which they have not internalised and which they would not know how to use in their selves. Furthermore, the use of logotherapeutic treatment methods must not be static, i.e. one method may be suitable for a certain situation but not for another, even if that one method is considered the most optimal in terms of a specific distortion.

When using the treatment method, a logotherapist should not tell the client the methodological basis or purpose of the method, as this can lead to the client's pressure to "perform" the method, resulting in a "method first" situation: both client and therapist no longer share the same situation within their dialogue, but only the endeavour of performance or implementation of the treatment method. This undermines the 'ethics of facing the other' which underpins the whole therapeutic process (chapter 12.1).

The course of the logotherapy process after diagnosis, i.e. deciding on the form of therapy and outlining the treatment methods depends largely on where a therapist has ended up with the client on these issues. Logotherapy can be short or long-term therapy; sometimes logotherapy can last for only one session, either at the therapist's or the client's discretion. The most important thing would be that during the therapy there should happen some favourable and lasting changes in the client's experience of purposefulness in their life and in carrying their own life forward (the late stage). If during the therapy, there happens no favourable change at all, a logotherapist has to consider three possibilities: a) the client's Noological dimension is only seemingly activated: the client is functioning from the perspective of the psychic dimension, using concepts whose meaning they have not even been internalised; b) the client has a mental disorder or illness that draws them into an intrasubjective reality, even if logotherapy provides some momentary help in the client's life; or c) a logotherapist must question their own professionalism as a logotherapist. In all these cases, the ongoing logotherapy is not helping the client sufficiently, so for the sake of the client, logotherapy should be terminated and in the case of b) and c), the client should also

be referred to an appropriate treatment.

When a logotherapist has a professional belief that there has happened favourable and lasting change in the client in terms of experiencing a purpose in their life and carrying their life forward, it is time to terminate the therapy (the termination stage). This is done by telling the client that they are ready to carry their life forward and ready to use their Noological dimension content also in future life situations, that can cause suffering. Therapy cannot be ended "just like that"; a logotherapist must give the client (and themselves!) time to process the letting go of both the other person and the therapy. In practice, a logotherapist is recommended to terminate the therapy by having one more session after the decision to terminate the therapy, where the client can process their feelings about the end of therapy, and where the client can practise facing difficult issues after the therapy using the contents of the Noological dimension. If the client ends therapy unexpectedly, it is up to the client to assess their own ability to carry their life forward in a purposeful way, as well as the work of letting go associated with the end of their therapy. If the client tells a logotherapist that they are ending therapy, a therapist will begin the work of letting go immediately; instead, the client may have begun the work of letting go a lot earlier. Again, it is the client's responsibility to assess how favourable and lasting a change in the experience of purposefulness in life and in carrying their own life forward has been brought by the therapy up till now. The most ideal way to terminate the therapy is for both the client and a therapist to come to a shared understanding that the client's ability to carry their own life forward has been enhanced and strengthened in a sustained and purposeful way.

### **13 LOGOTHERAPEUTIC EXERCISES TO USE IN THERAPY**

Therapy exercises can be divided into so-called for independent exercises, i.e. exercises performed independently between therapy sessions, and in-session exercises, i.e. exercises performed during a therapy session. Independent exercises are always dismantled during the next therapy session. Thematically, the therapy exercises can be divided into exercises concerning 1) purpose-related values, 2) pre-moral sense of value, 3) conscience and faith, 4) self-transcendence and 5) the purpose of the moments. The most ideal outcome of therapy can be considered the client's ability or skill to carry their own life forward in a purposeful way. However, this ability or skill to carry one's own life forward in a purposeful way cannot be practiced with any individual exercise, but is achieved through the cooperation of a therapist and the client, where – depending on the client – different treating methods and forms of therapy (in chapter 9) and exercises are used. However, the most important "method" is always 'facing the other', i.e. encounter (chapter 12.1). No treating method, form of

therapy, or exercise will have a favorable effect unless this encounter between a therapist and the client is an encounter between the subject and the subject, the 'I' and the 'Thou' in a shared Noological dimension where the appreciation is mutual.

**1)** The purpose of practicing the purpose-related values is to make the client understand the effect of their own actions on experiencing the purposefulness of their own life. Practicing the purpose-related values is a long-term activity, to which the client can always return if they wish; for this reason, a therapist should give instructions for performing the exercise as independent exercises. There are three types of purpose-related values: a) creative values (Niiles-Mäki & Sadeaho 2022, 47-48), b) experiential values (ibid. 48-49) and c) attitudinal values (ibid. 49-50). A) Practicing the creative values is about doing something or achieving (creating) something for the sake of the act or the thing itself, with the purpose of producing something good for others with the act or the thing. For example, helping another person or another being-in-the-world or perhaps creating a handbook for logotherapists is doing or creating, where the purpose is directed outside of oneself, towards the good of others. The significance of the act or achievement in itself is not important or even worth noting; an act or achievement - if its purpose is to produce good for others - is done while forgetting oneself, for the sake of one or others. When a therapist asks the client to do or achieve something that will bring good to others, they can instruct the client to act according to the situation at hand; for example, there may be a person at the same time in the store who needs empathic attention or help with a shopping bag at that exact moment. In one's own work, a situation may arise where one can act in such a way that the good of others comes before one's own. Adopting a cat or a dog from difficult circumstances can do good not only for the cat or the dog, but also for others. Donating your own work, output or money where it is needed, is an act for the sake of others.

**2)** The purpose of practicing the pre-moral sense of value is, as the name implies, to train the client's pre-moral sense of value, which may be deficient or weakened. The pre-moral sense of value is a part of one's conscience, so the activation or strengthening of the pre-moral sense of value simultaneously functions as developing the functioning of one's own conscience. The exercises of pre-moral sense of value can be done partly during the therapy session (tasks 1-6, below) and partly as an independent exercise (task 7, below).

An exercise in pre-moral sense of values:

1. For each universal value, write five esteems derived from this universal value. (Universal values: goodness, truth, beauty, love and justice.)
2. Tell how these esteems (e.g. nice behavior towards others) are related to the suitable universal value, i.e. how the action according to the esteem is an action according to the chosen universal value.

3. View all your esteems. Do they have contradictions with each other; does action according to one esteem exclude action according to another esteem? If so, what causes it? Which esteem(s) must be rejected as wrongly derived?
4. Review all your values and esteems. Do they have contradictions with each other; does the esteem derived from one universal value exclude the esteem derived from another universal value (e.g. beauty → nice behavior towards others vs. honesty ← truth). If so, what causes it? Which esteem(s) must be rejected as wrongly derived?
5. Take a closer look at the esteems you rejected, or alternatively, for each universal value, list its non-value (e.g. truth, truthfulness: non-value untruth, falsehood) and derive some esteem from each universal non-value (e.g. untruth, falsehood → dishonesty, lying). Think about how you can detect from your own actions whether it is an action in accordance with the esteem derived from a universal value or a non-value.
6. How can you strengthen your pre-moral sense of values in the future so that you act in accordance with universal values?
7. Write a “conscience diary” for a week: describe your observations of how you have acted in accordance with or against universal values. Think about how your conscience manifests itself in the text you write.

When dismantling the exercise during the therapy session, a therapist must remember that universal values do not contradict each other. Nor should there be any conflict between universal values and esteems derived from them, or between esteems derived from different universal values. A person's actions can only be purposeful when a person carries their own life forward bearing values, i.e. by implementing values in their own life. Here, conscience works as the "sound horn of purpose", which should sometimes shout outright when a person acts according to wrongly derived esteems. Still, it is each person's own decision whether to listen to the voice of their conscience or not.

**3)** The purpose of practicing conscience and faith is to clarify the central position of one's own conscience in understanding and implementing one's purposes. The exercise can be done both independently and during a therapy session. From the perspective of logotherapy, there are three types of purposes: a) the ultimate purpose (Niiles-Mäki & Sadeaho 2022, 51–52), b) the purpose of one's life (ibid., 54–56) and c) the purpose of the moments (ibid., 57–68). A) The ultimate purpose is crystallized in the belief that life in general has a purpose: the fact that something exists rather than nothing exists has a purpose. According to Viktor Frankl, every person believes in the purpose of being (in-the-world) either awarely or unconsciously. B) Searching, finding and implementing the purposefulness of one's life are the humanness of a person's humanity, because human only becomes a person through these. Understanding the

purpose of one's life always requires that a person believes in the ultimate purpose: if everything in the world has a purpose, my being-in-the-world also must have a purpose. C) The purpose of the moments are those momentary situations in which the purposefulness of one's life becomes apparent and hopefully realized by the person.

Conscience is a quality of the Noological dimension that permeates both the conscious and subconscious part of the Noological dimension. For this reason, practicing conscience is always connected to the practicing of faith (but not necessarily religion!). The pre-moral sense of value is a part of a person's conscience, but also the will to purpose and the Defiant Power of Spirit are essentially part of the functioning of conscience. In this sense, conscience is the human quality that combines all the qualities of the Noological dimension of a human in its own activity. Practicing conscience and faith can be concretely done in situations where a person is confronted with the challenging sides of life: one's own or others' misfortunes, facing death, facing one's own mortality (by thinking or in e.g. "close call"- situations) and ethical conflict situations which forces one to listen to the voice of conscience. A therapist can instruct the client on the 'thought exercise of own mortality' as follows: "when you go to sleep, think about whether you would be ready to die during the night with a "clear conscience", i.e. without regret or guilt for your actions or omissions. If not, think about what you can still do to be ready to face death with a clear conscience. Write these things down for yourself. If you wake up in the morning, start acting on the things you wrote down, don't just leave things as a burden on your conscience. Repeat the exercise as often as possible at bedtime, even when you feel confident that you are ready to face death with a clear conscience." The activity of conscience can also be concretely practiced in situations of ethical conflict: a therapist can ask the client to tell about situations in which the client had experienced a strong conflict in relation to their environment, and go through the situations, instructing the client to look for the values, esteems and non-values that emerged in the situation. After this, each situation is reconstructed anew so that the client tells how they would now act (or react, or say) in the situation, while listening to their conscience.

**4)** The purpose of the self-transcendence exercise is to make the client understand that one can awarably change one's own actions to be purposeful. The exercise can be done independently or during a therapy session. Self-transcendence means an aware and value-bearing orientation out of oneself towards others (human- or other beings). It can be practiced, e.g. concretely, by facing others with appreciation, even those that are perceived as threatening or unpleasant to oneself for one reason or another. These encounter situations can be practiced as imagery exercises (in session) or in one's own everyday life. Through the exercises, the client can gain an understanding of how one's own appreciative action can not only change the situation, but also create an experience of implementation of the purposefulness of one's life.

5) The purpose of practicing the purpose of the moments is to make the client realize that the purposefulness of one's life can be found in every unique and non-repeatable moment that offers a person the experience of purposefulness. The purpose of life cannot be pursued directly: the purpose of life is always transcendent for humans, i.e. beyond human perception and understanding. Also, the purposefulness of each person's own life can be difficult to grasp as a whole. In theory, every person understands the nature of the purpose of their own life ("because all life has a purpose, so my life must also have a purpose"), but it is difficult to find a concrete grip on *how* this purposefulness can be seen in one's own life. The purpose of the 'purpose of the moments' is to create a concrete connection for a person with the overall purpose of life, because purposeful moments are lived concretely, in every present moment. It is important to remember that in the logotherapeutic context the moment means every experienced now-moment, not measured time. The moment of experiencing a purpose can be oriented from here to the past or the future: a person now realizes how a certain choice or life situation in the past brought about something that they now perceive as purposeful or find now purposeful in nature. A person now realizes how the choice they make in this moment, in this situation, can change their future or the future of the other/others in a decisive way. The most important thing in realizing the purpose of the moment is that it guides a person to orient themselves towards the world, open to the possibility of living their own I-World relationship with the world in accordance with the purpose (Niiles-Mäki & Sadeaho 2022, 58.) In the purpose of a moment, a person realizes here-and-now why exactly they are in the world as they are, and how exactly they are in the world as they are. This is why the concrete practicing of realizing the purpose of the moments is so important.

The purpose of the moments can be practiced during a therapy session by asking the client to think about what kind of purposes the choices they made in the past, can offer them now. The client may feel that they have made wrong choices in their life; a therapist should, then, remind the client that every choice made in the past was the right or only possible choice for them at the time, in that particular situation. No one makes an aware choice that they simultaneously feel is wrong or worse than other possible choices that could be made at that moment. The client may also feel that they have been a victim of circumstances; a therapist should then remind that every present moment contains the opportunity to change the direction of one's own life, and although the past cannot be changed, one can change one's attitude towards one's past experiences by realizing, that the life one has lived has shaped them into the unique and indelible individual that they are at this particular moment.

The purpose of the moments can be practiced independently so that a therapist asks the client to think in concrete situations, how they can choose their action or actions here-and-now in such a way that the action/deed is value-bearing. One's own action or deed does not always bring about a positive change or even a positive reaction in

others. The most important thing is, however, that the client themselves **makes a value-bearing choice and acts accordingly**; then they are the one who realizes that they can at least change the direction of their own life in a purposeful way, **with every aware choice they make**.

Realizing the purpose of the moment can be practiced in every here-and-now-moment not only through choices, but also through experience. Every person's life offers countless opportunities to experience a purpose of the moments. Often these opportunities are passed up without noticing or understanding the opportunity that presents itself. A therapist can ask the client to stop for a moment and sense the reality outside their selves, to sensitize their selves to what reality has to say to them. The surrounding reality does not always signal to a person, but by sensitizing their selves to be receptive, a person gives the opportunity to realize the purpose of the moment when it is presented to them in an experience. This therapy exercise can be practiced both in a therapy session and independently for a period of, e.g. a month. Usually, when the client commits to practicing the exercise, within a week, they notice the purpose of one or more moments that they would not have noticed or understood before.

In the logotherapist training program, the exercises described above are always first practiced on oneself. After that, in peer groups are practiced how to apply them concretely on clients in therapy. Logotherapist training program also includes other exercises for the therapists' own use, which are not included in this handbook. It is crucial, that logotherapy students and professional logotherapists practice on themselves and in peer groups, for in logotherapeutic training program it is emphasized, that no one should be treated as they had only an instrumental value for someone else. Practicing with actual client(s) is using a client as a means to a personal goal, and therefore not ethical in the logotherapeutic framework. Practicing in a peer group is an ethical choice, because in a peer group all of the participants are committed to the same goal, to become good logotherapists. In this position, they all treat each other with intrinsic value.

## 14 WHAT IS EMPATHY?

### 14.1 Wounded Healer and tragic Triad

A Wounded Healer<sup>127</sup> (*verwundeten Heiler*) is a logotherapist who has experienced great suffering in their own life, and who has turned this suffering into victory with the help of tragic Optimism and the Defiant Power of Spirit. A Wounded Healer is noologically very close to those they help, because a Wounded Healer still has the personal memory of experienced suffering (Jackson 2001, 2,24,35). In order for wounded healing to be specifically helpful according to logotherapeutic activity, its starting points should be in the so-called tragic Triad (*tragische Triad*) i.e. suffering, guilt and death, and tragic Optimism (*tragische Optimismus*). Tragic Optimism is based on the question: How is it possible to say "yes" to life despite the tragic Triad of suffering, guilt and death? These three aspects of life are ones that none of us can avoid in our lives. However, according to Frankl, all people have an innate ability related to the Noological dimension of consciousness to be optimistic even in tragic situations, because optimism belongs to the area of hope. (Frankl 1988, 73.) Where there is life, there is also hope: there is always the possibility of change, because life changes all the time, and the possibilities to change one's own life are – if externally limited, internally – unlimited. Hope, love and faith as personal and transcendental experiences belong to the subconscious part of the Noological dimension,<sup>128</sup> and they cannot be ordered or forced to emerge when a person wants to. Nevertheless, they always exist in every person, waiting to be made possible.

Suffering, guilt and death are present in every person's life. One's suffering is perceived as not less than the other's, even if the cause of the suffering is a lesser thing. We cannot and must not belittle the suffering of another, even if ours was caused by much worse experiences than the other's. The amount of suffering is not standard as quantity for anyone, and some suffer much more in their lives than others; yet suffering is an equally grueling experience for everyone. The same is true of guilt and death: none of us can avoid our own death and that of our loved ones, no matter how much we want to. None of us live on such an ethically secure basis that our own actions do not sometimes cause guilt. All of us (except very young children) carry the experiences of pain, guilt and death, and in every encounter we carry them with us as automatically as the clothes we wear. However, the concept of a Wounded Healer means much more than the aforementioned carrying of pain, guilt and death. Viktor Frankl himself serves

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<sup>127</sup> *Verwundeten Heiler* (Wounded Healer) is originally from C.G. Jungian concept. Frankl used the concept in a slightly different way than Jung, who also tied the concept to the realization of the doctor's own unconscious activity in treating patients. See Jung 1993, 92–93 & 98–99, Jung 1984, § 366 and Hofmann, L. & Roesler, C. 2010, 10–12.

<sup>128</sup> Faith, hope and love are the three pillars of Christianity (see 1 Corinthians 13:13) and used in pastoral logotherapy as opposite forces for the three pillars in tragic Triad, as an answer to the question placed by tragic Optimism. More about pastoral logotherapy and spiritual counselling, see Graber 2004, Okan & Eksi 2017 & Edmondson 2021.

as a good example of a Wounded Healer: in his tragic suffering, he saw hope as an optimism that helped him find a purpose not only for his own life, but for life in general. From this emerged the Defiant Power of Spirit that allowed him to survive and allowed him to help many others to survive in impossible circumstances.<sup>129</sup>

The roles and therapeutic starting point of a psychotherapist and psychoanalyst are very different from that of a logotherapist. In the first mentioned, a therapist treats the person's consciousness's problems as psychological disorders, in the second, the psychoanalyst treats the person's problems as somatic-psychic disorders. Logotherapy, on the other hand, helps people who suffer from disorders of the Noological dimension of consciousness. These disorders, which appear in distortions with experiencing a purpose and in a state of Existential Vacuum, are often (but not always!) disguised as psychological problems, e.g. problematic behavior, addictions, depression or suicidality. Only a dialogue with the client helps to distinguish what kind of disturbance it is. In this dialogue, a logotherapist must be in a person to a person, facing the other person in an atmosphere of genuine caring and empathy, where there is also room for a logotherapist's answers. For example, in logotherapeutic peer group therapy, every participant is already wounded in some way, both a therapist and the participants, but only the logotherapist as a Wounded Healer, despite their own experiences, can share with the other members of the group something that is extremely valuable for the future: the certainty that, just like the therapist themselves, everyone in the group can survive - regardless of the quality or quantity of one's suffering - with the help of hope and the Defiant Power of Spirit. Everyone can find one's own purposes for life, no matter how long it may be. In this sense, the Wounded Healer could just be the best possible logotherapist: they have already fought at least one battle, and has not fallen. (Niiles-Mäki 2021, 114–116.)

## 14.2 Empathy in Psychology, Philosophy and Logotherapy

Empathy is a crucially important ability for a therapist. But what exactly is empathy? According to Cambridge Dictionary<sup>130</sup>, empathy means “*the ability to share someone else's feelings or experiences by imagining what it would be like to be in that person's situation*”. Over the past recent decades, empathy has been studied a great deal in the fields of psychology, education and social sciences.<sup>131</sup> There is also philosophical

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<sup>129</sup> Viktor Frankl gave a keynote lecture ‘Argumente für einen tragischen Optimismus’ (‘the Case for a Tragic Optimism’) in 1983 at Third World Congress of Logotherapy at the University of Regensburg, Germany. In his lecture Frankl presented the basic doctrines concerning the tragic Triad and the tragic Optimism. For original lecture, see Frankl 2018, 51-63.

<sup>130</sup> <https://dictionary.cambridge.org/dictionary/english/empathy>

<sup>131</sup> For example, Gardner, J. 2023, Mairon, N., Abramson, L., Knafo-Noam, A., Perry, A., & Nahum, M. 2023, Overgaauw, S., Rieffe, C., Broekhof, E., Crone, E. A., & Güroğlu, B. 2017, Clark A. J. 2010, Cuff, B. M. P., Brown, S. J., Taylor, L., & Howat, D. J. 2016, Riess H. 2017 and Hall, J. A. & Schwartz, R. 2019.

research<sup>132</sup> on empathy, but the philosophical perspective on empathy differs somewhat from psychology's understanding of empathy. Psychologically defined, empathy is *"understanding a person from his or her frame of reference rather than one's own, or vicariously experiencing that person's feelings, perceptions, and thoughts. Empathy does not, of itself, entail motivation to be of assistance, although it may turn into sympathy or personal distress, which may result in action. In psychotherapy, therapist empathy for the client can be a path to comprehension of the client's cognitions, affects, motivations, or behaviors."* (APA Dictionary of Psychology<sup>133</sup>.) As simplified, empathy consists of two parts, affective and cognitive empathy. *"Cognitive empathy refers to the ability to understand and recognize other people's feelings, while affective empathy refers to the emotional experience evoked by an emotional stimulus that matches the original perceived feeling of another individual* (Cuff et al. 2016). *The affective side of empathy has been found to develop before the ability to experience cognitive empathy, and children under the age of one have already been found to react to another baby's cry by becoming alarmed themselves, which has been assumed to be related to mimicry and somatosensory-motor skills resonance between self and other* (Decety, 2011). *Instead, the development of cognitive empathy requires a longer development-related maturation of the brain, especially for the prefrontal cortex, which is responsible for, among other things, action control and self-regulation* (van Noordt & Segalowitz, 2012). *With these differences, it has been thought that the ability for cognitive empathy is not necessarily tied to experiencing affective empathy."* (Kuula 2019, 5, translation mine.)

Psychological studies have therefore established that affective empathy has a neural basis. This has also been confirmed in multidisciplinary mirror neuron research.<sup>134</sup> Affective empathy could rather be called a reaction of the nervous system, which is considered a feeling. It could then be considered a somatic-psychic characteristic of a person. Instead, cognitive empathy, which is the ability to understand and recognize another person's emotional states and the ability to help identify with another's feelings and situation, is something more complicated. For a therapist, using cognitive empathy may not come naturally in the same way as using affective empathy.<sup>135</sup> Fortunately, cognitive empathy can be trained, and empathy can become a skill. Since the ability to empathize is essential for all therapists, it is also necessary to know how to distinguish sympathy, or compassion, from the ability to empathize. Sympathy is a

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<sup>132</sup> e.g. Fernandez, A. & Sahavi, D. 2021, Camassa, M. 2015, May, J. 2017, Maibom, H. 2009, Krueger, J. 2013, Empathy (eds. Coplan, A. & Goldie, P.) 2011 and Brencio, F. 2015. In Finnish also Kauppinen, A. 2016, Liikala, E. 2020 and Ruonakoski, E. 2011.

<sup>133</sup> <https://dictionary.apa.org/empathy>

<sup>134</sup> See Gallese, V. 2001, 33-50 & 2003, 171-180 and Ferrari, P. & Rizzolatti, G. 2014.

<sup>135</sup> The trait of affective empathy may be deficient or distorted if the person suffers from a psychological disorder that has a detectable biological basis, e.g. a functional disorder of the brain or a structural brain damage. See e.g. Surguladze & Bergen-Cico 2020.

feeling<sup>136</sup> that arises momentarily from what another person tells, from another person's condition or from another person's situation. When experiencing sympathy, the pleasure or displeasure of another is experienced as one's own (favourable or unfavourable) feeling, and one does not identify with the other's feeling. Therefore, sympathy does not mean affective empathy, where the emotional state of another is reached in one's own emotional reaction. A therapist can feel sympathy for the client, but this is not enough in the therapy situation – at least in the case of logotherapy. Sympathy is a therapist's own momentary emotional state towards the client's story, their condition or their situation. Since the purpose is to help the client, cognitive empathy is necessarily needed. Cognitive empathy is a multidimensional ability,<sup>137</sup> which includes not only cognitive (related to information processing) but also other properties of the psychic dimension, such as psychological self-regulation and motivation, and some agents and qualities of Noological dimension, such as self-distancing and the pre-moral sense of value. Cognitive empathy should, actually, be called as 'aware empathy of consciousness' because of its multidimensionality. According to Wagaman, Geiger, Shockley and Segal (2015), the components of the totality of empathy - affective and cognitive empathy - are: 1. affective response, 2. self-other awareness, 3. perspective taking and 4. emotion regulation. Each of these components belongs to the totality of empathy. We could say, that empathy as a whole is not just an ability but definitely a skill that can be learned. (Wagaman, Geiger, Shockley & Segal 2015, 203–204.)

Philosophy approaches the study of empathy through the so-called 'problem of other minds': How can I know that others have a soul (mind, consciousness) like myself? Philosophers have approached the problem from different perspectives. There are five suggestions for the solution of the problem of other minds: analogy-inference theory, simulation theory, perception theory, theory-theory and interaction theory. **Analogy-inference theory** is based on the idea that just as my own behavior is the result of the activity of the mind, I can also infer from the behavior of another person the activity of the mind they have, that causes that behavior (Krueger 2013, 246–247). According to the **simulation theory**, I can use my own imagination to simulate another person's state, condition or situation, to understand the other from my own perspective: I imaginatively step into "the other's boots" (ibid., 247). According to the

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<sup>136</sup> i.e. emotion, which is a feeling or an emotional state. Sympathy as an emotion could function between affective and cognitive empathy as an emotional state, where the told story, state or situation of another is not only experienced affectively, but as one's own genuine emotion. The emotion arising in the situation (feeling of sympathy) is an already made conclusion or assessment (judgment), one part of which is an affective reaction (for more on the subject, see Solomon 2009, 1–18). The feeling of sympathy is still not cognitive empathy, because in sympathy one does not put their self in the other's position, understanding what the other is saying or understanding the state or condition, or the situation of the other on a psychic-noological level.

<sup>137</sup> In addition to cognitive empathy, intelligence and creativity are also developmentally multidimensional abilities. In their operation, they require the activation of both the psychic and the Noological dimensions of consciousness, and their origin cannot be returned to just one dimension. See Niiles-Mäki 2021, 70, footnote 112.

phenomenological **theory of perception**, I can intentionally<sup>138</sup> get "inside" another's mind, or rather what the other means; I can experience a direct, intentional relationship when I orient myself towards another person and understand them in this direct relationship, based on my own mental perception and my own being-in-the-world, but without stepping into "the other's boots" (Camassa 2015, 59–60). According to **theory-theory**, I use my knowledge about the functioning and mechanisms of the mind in order to understand the functioning of another's mind, and at the same time I combine my own knowledge with how I myself process what the other person presents in the most constructive and favorable way. (Krueger 2013, 247.) According to **interaction theory**, I interpret the behavior of another in a mutual and simultaneous relationship with the other in a situation where we both share the same experience in a shared world and understand each other in this interactive experience (Avramides 2020, 3.2, Krueger 2013, 248).

Among the philosophical solutions to the problem of other minds, the model according to simulation theory approaches psychology's concept of affective empathy. Instead, the model according to theory-theory is almost the same as psychology's understanding of cognitive empathy. In the **logotherapeutic encountering model**, the method of I-Thou encountering formed by cognitive empathy/aware empathy of consciousness (theory-theory), interaction theory and phenomenological perception theory is implemented: a therapist's own understanding of the world, their *horizon* and their own way of being-in-the-world are interpreted for them in a situation where a therapist and the client share the same reality (in a therapy session). In this shared reality, or situation, they face one another in such a way that they are also part of each other's Noological dimension, however without stepping into "the other's boots", i.e. without being part of the other's somatic and/or psychic being. A logotherapist therefore does not put themselves in the "other's boots", i.e. does not become part of the client's physicality or the client's psychological emotional states, but meets the client in the Noological dimension where both the client and the therapist are together. **From the perspective of empathy, this means that facing the other in the Noological dimension enables one to put themselves in the other's position and understand the other as a person who a) experiences suffering, b) has the will to find purposes, c) uses their conscience and d) has their own freedom of will.** It should be noted, that the client's situation may be diverse, with somatic and/or psychological problems that may arise primarily in the therapy situation. It is essential for a logotherapist to remember that, although a person is a whole in their corporeal-conscious-noological essence, corporeality or the psychic dimension of consciousness do not affect the functioning of the Noological dimension, but the client can be guided from the somatic-psychic level to noological, where the client can take a stand and position themselves in their own state, condition or situation. In this situation, a logotherapist is the one who

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<sup>138</sup> here the concept is used in the sense as defined by phenomenology.

leads or rather walks alongside the client on a path that leads the client to the realization of their own state, condition or situation. From a logotherapist's view, empathic encountering can be described as following: *"There is an almost simultaneous sequence, in which the other and his pain constitute an event in front of me, that while taking place and happening break the continuity of my experience. Empathy, thus, is a fracture in the continuity of the single through which the other enters predominantly in sight, where looking becomes seeing, among all senses the most specially connected to the activities of the mind"* (Brenco 2015, 288, Arendt, 1978, 209).

An empathic encountering therefore always affects both a logotherapist and the client; in the I-Thou encounter, the client becomes visible to a therapist and also feels that they themselves become visible to a therapist in a way that affects everything that happens in therapy from that moment on, whether it is seeing and hearing the other person, a dialogue, methodical helping or practicing logotherapeutic exercises. In a therapy session, establishing an empathic contact with the client comes probably the most naturally to the Wounded Healer, who in the encounter recognizes their own pain or suffering in the fracture that the client's pain or suffering causes in them. The skill to empathize and face the other empathically can also be practiced. The skill to empathize is strengthened in the active functioning of one's own Noological dimension. This active functioning is practiced through the practicing of logophilosophy. A logotherapist can practice empathic encountering e.g. by practicing the exercises presented in chapter 13 ('Logotherapy exercises to use in therapy'). A logotherapist, and especially one who is studying to become a logotherapist, should always practice the exercises in the book on their own first, because a logotherapist cannot use exercises in therapy sessions or for the client to do independently, unless they have not first internalized their purpose and effectiveness. Only in this way a logotherapist can, in helping the other, experience an event of the fracture in their selves, that enables them to recognize the transcendent purpose of the moment.

## 15 AFTERWORD

In 2021, my dissertation was published under the name *'Logotherapy as Philosophical therapy – philosophical background, area of applicability, applied methods, Two-Stage Separation Diagnostics of disorders'*<sup>139</sup>. In the dissertation, I aimed to verify

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<sup>139</sup> Niiles-Mäki, Anne 2021: Logoterapia filosofisena terapiamuotona – Filosofinen tausta, käyttöalue, menetelmät, häiriöiden kaksivaiheinen erotusdiagnostiikka, open science publication: [https://jyx.jyu.fi/bitstream/handle/123456789/78040/978-951-39-8863-0\\_vaitos12112021.pdf?sequence=1&isAllowed=y](https://jyx.jyu.fi/bitstream/handle/123456789/78040/978-951-39-8863-0_vaitos12112021.pdf?sequence=1&isAllowed=y)

that a) there really is a separate Noological dimension with its subconscious and conscious parts in human consciousness, a dimension which is not originated from the psychic dimension of human consciousness, b) this dimension differs qualitatively from the psychic dimension (with its subconscious and conscious parts), c) there can be such disorders in the Noological dimension, that are essentially connected to distortions with experiencing a purpose, and that d) the best way to study, understand and explain these distortions is through logotherapy.

The Noological dimension of human consciousness cannot get ill in the same way as the psychic dimension of consciousness. This is due to the fact that only the agents in the Noological dimension, self-transcendence and self-distancing, operate in the same way for all people everywhere and at all times. Therefore, all human beings have the ability and the will to orient themselves outside of themselves, towards others. All human beings also have the ability to take a stand or position themselves in their own condition, state or situation in the way they choose. These abilities exist – at least as potentials - regardless of a person's intelligence or developmental capabilities, and their existence is not affected by somatic illnesses or psychological disorders. While researching Frankl and more generally through the literature of logotherapy about why there are situations where medicine, psychiatry or psychology are unable to cure or ease the suffering or anxiety experienced by a person, and coming to the conclusion about the actual existence of the Noological dimension, there seemed to be an essential contradiction between the existence of these disorders and the nature of the Noological dimension as something, which is fundamentally healthy and the same for everyone. If Noological dimension is healthy and cannot get ill, then what are these non-somatic and non-psychic disorders if not illnesses of the Noological dimension? The problem emerges from using the concept of 'illness'. Ailments related to the human body (corporeality) are called illnesses, but mental disorders are also called illnesses<sup>140</sup>. The concept of illness is always connected to somatic in one way or another; as long as the connection between a person's psyche and body is considered only and only as mutual causation, one can talk about somatic, psychosomatic and psychological illnesses in a coherent manner. However, it is possible - according to the theories of ontological emergence and the interventionist theory derived from this (in chapter 2.2) – that mental states (i.e. the psyche,  $\psi\upsilon\chi\eta$ ) would have their own level of emergence, which would not be the effect of mutual causation, but the effect of downward causation. In this case, mental disorders, i.e. disorders of the psychic dimension of consciousness, would be something completely different in quality and dynamics than, for example, disorders of the brain state. In this case, disorders of the psychic dimension of consciousness should in no way be confused with illnesses, which are therefore related to the human body (e.g. human brain state). We should talk

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<sup>140</sup> according to APA; <https://www.psychiatry.org/patients-families/what-is-mental-illness>

about disorders of the psychic dimension of human consciousness and disorders of the Noological dimension, not illnesses. Only in illnesses where the change in the brain state and the change in behavior are always in mutual causation, we can talk about a mental illness. According to current research, only psychoses can be such illnesses<sup>141</sup>.

The psychic dimension of human consciousness has its own dynamics, which psychologists strive to study, understand and explain. The disturbances of this dimension spring from the dimension's own internal structure, and they affect, or at least appear, also in the human body somatically. Disorders of the Noological dimension of consciousness can be found in the operation of the Noological dimension, which functions according to its own dynamics. Disturbances of this dimension are different in quality from disorders of the psychic dimension, but they also affect, or at least manifest themselves, in the psychic dimension and through this also embody (as behavior and reactions). It should be remembered, that **disorders in the Noological dimension, i.e. distortions with experiencing a purpose**, do not arise from the internal structure of the Noological dimension, i.e. its agents (self-transcendence and self-distancing) and qualities (will to purpose, conscience, faith and the Defiant Power of Spirit), but **are a healthy reaction to a sick situation**. They are always connected to the situational reality and its functioning, that affects our experience of the purposefulness of our life. This means that although distortions of the Noological dimension can be classified into four main categories of distortion with experiencing a purpose, these main categories do not provide a medical or psychiatric diagnosis based on symptoms (i.e. causes for reactions) considered as unfavorable. The diagnosis is purely a description related to the experience of a purpose at a given time, based on which a logotherapist can orient themselves towards treating the client in the best possible way.

Why, then, to treat clients experiencing these distortions, if they are just a healthy reaction to a sick situation? If these distortions are not addressed in time with the means of logotherapy, the person can slip into an Existential Vacuum, which is both the most serious and the most renewing state-of-being. An Existential Vacuum is a human state-of-being whose background lies in one of the above-mentioned four distortions with experiencing a purpose, as a prolonged status. Distortions with experiencing a purpose cannot appear in the Noological dimension at the same time, because the purposes – if they are genuine purposes bearing universal values - cannot simultaneously be lost or gone, distorted, completely absent or be deliberately distorted by the situation. A person living in an Existential Vacuum has, as alternatives, either the destruction of the self (either partially or completely), or to

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<sup>141</sup> According to National Institute of Mental Health, “Psychosis appears to result from a complex combination of genetic risk, differences in brain development, and exposure to stressors or trauma.” (<https://www.nimh.nih.gov/health/publications/understanding-psychosis>)

generate a completely new state-of-being. Self-destruction means the inability to understand and interpret the signals emerging from one's own experiences, which do tell that something is wrong in one's state-of-being. The signals can either manifest through the body as a physical or somatic illness or appear as psychic symptoms, e.g. depression or suicidality. If these signals are not understood, medication is often used as the only treatment. However, the medication does not affect purpose-centered distortions of the Noological dimension, but only the brain state and the behavior (and not necessarily mental states, i.e. disorders of the psychic dimension). In such a situation, self-destruction manifests itself in e.g. self-flagellation, overeating, suicide attempts, self-cutting, incautious behavior (e.g. recklessness), apathy and addictions.

If one can understand the signals emerging from one's own experiences, the beginning of something new has already been established. Even when self-destruction is already ongoing, some radical change (self-driven, e.g. close-call situations or externally, e.g. imprisonment) can bring about an understanding of one's own state-of-being. In such a situation, the person turns outwards towards something else, looking for reasons which could explain what is the matter. Often this other is other people, but not always. Other can be other beings, literature, nature, music or art. The realization that something is wrong in me or in the world creates a desire to rebuild, from a completely new foundation, one's own place-of-being in the world. This reconstruction is logotherapy, and its foundation is in the Existential Vacuum. An Existential Vacuum thus makes it possible to experience an existence in which a person has reconstructed their self, i.e. their purposeful place in the world and their I-world-relation to the world, and can then express their self in their life in the way they chooses.

*“As soon as we project human beings into the dimension of a psychology conceived strictly scientifically, we cut them off from the world of potential reasons. What is left instead of reasons are causes. The difference? Reasons motivate me to act in the way I choose. Causes determine my behavior unwillingly and unwittingly, whether I know it or not. When I cut onions I weep. My tears have a cause. But I have no reason to weep. When a loved one dies I have a reason to weep.” (Frankl 1986, 295.)*

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What is logotherapy based on? How does logotherapy differ from psychotherapies or other traditional forms of therapy? What disorders does logotherapy help with? These are the questions to which the 'Handbook for logotherapists' gives a clear and consistent answer. The Handbook starts from two logotherapeutic premisses, according to which *there is a Noological dimension in human consciousness, which differs from the psychic dimension of consciousness and human has a will to purpose*. These premisses are basic assumptions set by Viktor Frankl himself. 'Handbook for Logotherapists' aims to verify these premisses by starting with studying the Noological dimension of human consciousness in relation to the psychic dimension. Based on research, the Handbook draws e.g. the following conclusions: **a)** The Noological dimension differs in its function and content from the psychic dimension, **b)** the human will to purpose is a characteristic of the Noological dimension that cannot be found in the psychic dimension, and **c)** there can be disorders in the Noological dimension that originate from the experienced conflict between the functioning of (the agents of) the Noological dimension (self-distancing and self-transcendence) and the situational reality.

Purpose cannot be invented, but is to be found outside of a person, in the situational reality. Searching, finding, realizing and implementing purposes always involve the functioning of both self-transcendence and self-distancing. That is why self-distancing and self-transcendence are the primary agents of the Noological dimension. However, the process of searching, finding and implementing a purpose can become corrupted, as purpose may be missing, it may be lost or gone, it may be distorted, or the situation may have distorted the purpose, even if the functioning of the agents of the Noological dimension is healthy. Although these distortions with experiencing a purpose often manifest themselves unfavorably also in a person's somatic condition and in the functioning of the psychic dimension in many different ways, they are - nevertheless - distortions that are a person's healthy reaction to a sick state or situation, and their basis is in the Noological dimension of consciousness. With the help of logotherapy, it is possible to separate disorders of the Noological dimension from disorders of the psychic dimension, to detect what kind of distortion with experiencing a purpose is involved, and to treat a particular distortion with logotherapy's own treatment methods. 'Handbook for logotherapists' shows why logotherapy as a specific form of therapy is the most appropriate aid for the treatment of purpose-centered distortions and demonstrates, how these distortions can be detected and treated with logotherapeutic tools.



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