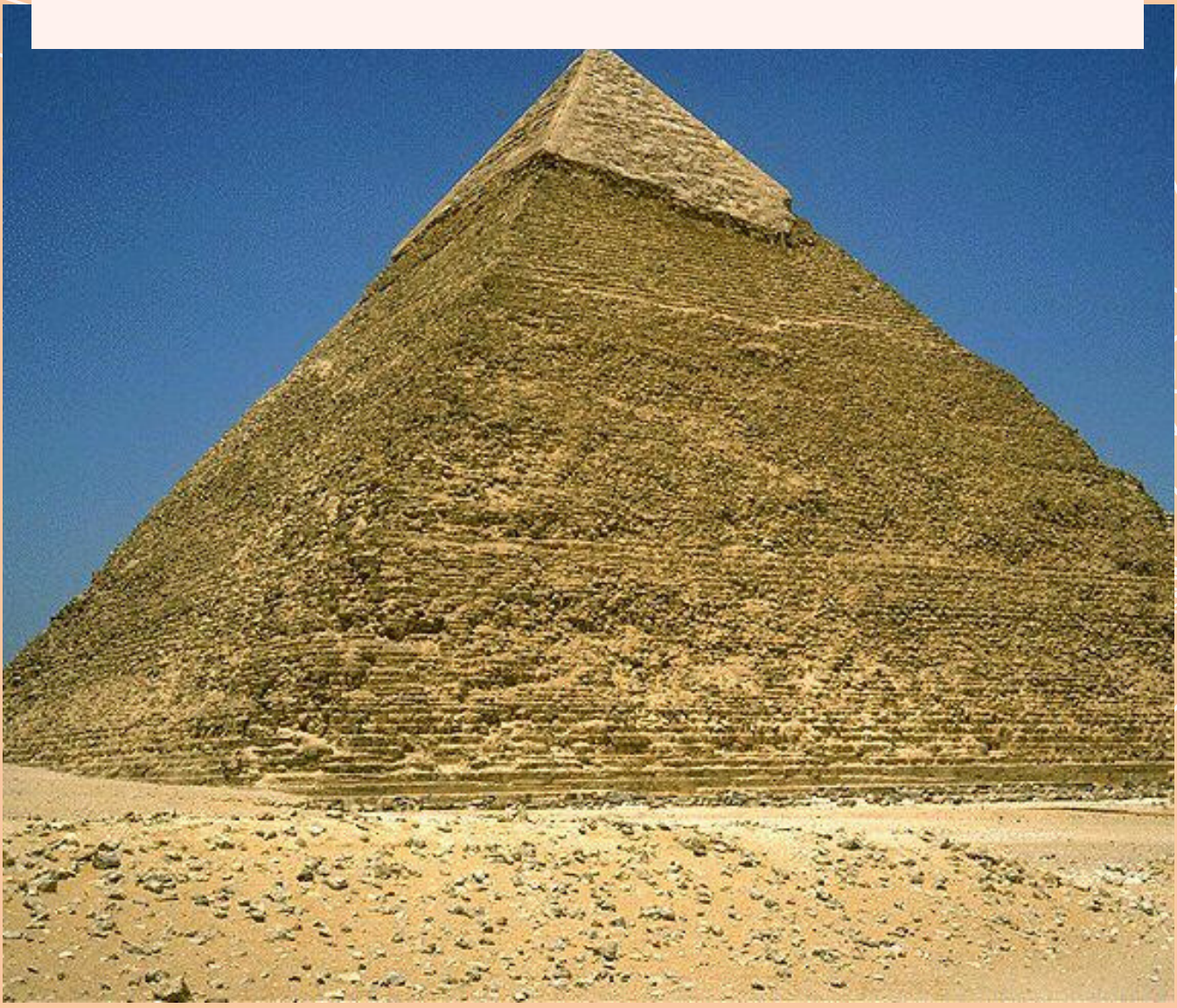
GLE International
Gesellschaft für Logotherapie und Existenzanalyse

The method of "Personal Existential Analysis"

LBM
Leben & Beruf
México



Alfried Längle, M.D., Ph.D.
International Society for Logotherapy and Existential Analysis, Vienna

The Method of "Personal Existential Analysis"

"All our presentations wait
to be supplemented, built on,
and thereby rectified"
S. FREUD
(quoted by Frankl 1983, 202 [1])

ABSTRACT

Existential analysis (V. Frankl) as clarification of possibilities for an existence that is appropriate to human dignity, gives a general anthropological frame for psychotherapeutical forms of intervention. In theory and practice the further development of the existential-analytical concept of person pointed to three basic faculties of personhood: they form the framework for a methodically structured procedure of existential analysis termed "personal existential analysis". This begins with personal conditions for existence, where personhood is unable to break through to a meaningful existence by obstruction of just those basic faculties. In addition to that, personal existential analysis offers a theoretical structure for the application of different psychotherapeutical forms of intervention and techniques.

Key words: Existential psychotherapy, existential analysis, method, person

1. Introduction

The introduction of the concept of "personal existential analysis" is intended to be programmatic. Besides the "general" and "special" existential analysis – "special" pertaining to an anthropology or an anthropological and existential interpretation of certain clinical pictures in FRANKL´S (1982a, 39, 162) concept – there is now a new term. It stands for the application of existential analysis to the individual in therapeutic practice and in a person-oriented pedagogy of dialogue.

In another sense, "personal existential analysis" is programmatic in that it contains in itself a practical *method* for its application.

The method based on Frankl´s existential analysis was born out of introspective experience, theoretical reflection and phenomenological analysis. Drawing from Frankl´s anthropology, the development of a specific method was attempted which could be methodically described. It is applied to the individual and the motivating circumstances of his or her life. "Person" and "existence" are the central terms. The work focuses on the person as the center of existence.

"Personal existential analysis" (PEA) is mainly concerned with locating personhood in its authenticity and assisting its breakthrough in the context of its existence. The aim is openness to (SCHELER 1980, 381, 392 ff; SCHELER 1991, 38 f), and a personal exchange with, the world. Prior to all existence is the personal challenge found in a situation. Life becomes "existence" only by personal responses to the challenge and the offer of a situation (FRANKL 1982a, 71 ff; LÄNGLE 1987, 64 f; LÄNGLE 1988, 40 ff). Therefore PEA is genuine existential analysis in the tradition of Frankl, to which it adds a form and a practical method of application. Hence existential analysis is also applicable when existence is not proceeding smoothly and unhindered.

The term "analysis" is of course not completely correct in this case, even as a "rare" case of analysis (FRANKL 1984, 170). The procedure is just as much synthetic (Asogioli calls it "psychosynthesis") but it is essentially not that either, because the noetic is at the same time clearly defined *and* correlated, elementary *and* complete, hidden *and* visible.

Hence, PEA is an attempt to make the anthropological theory of Frankl´--s- existential analysis viable in practice. This in turn offers empirical validation and control of the usefulness of the theory.

From the perspective of theory of science, PEA as a method of psychotherapy has the express purpose of introducing the noetic to therapy – a dimension easily neglected and underrated in it´s importance in general psychotherapy.

For the existential analyst, PEA has yet another purpose: the practical procedure demanded by theory should be made transparent by a sequence of steps. Such a methodical structure does not deny the therapist and pedagogue his intuition. Certain rules and formal guidelines, however, relieve the pure intuition and improvisation demanded by Frankl´s logotherapy. Methodical structure adds to the practical application of existential analysis and makes it more teachable, while improving its efficiency. I am hoping for important results through the use of the Existence Scale (LÄNGLE ET AL 2000). Finally, this methodical structure might throw some light on when and where certain techniques should be applied in theory.

2. How was the Method Developed?

The development of the method in the last five years was determined by two factors: theoretical reflection on the concept of person and daily confrontation with people suffering from personal and existential deficits. Theoretically, I was guided by sifting, selecting and re-combining the theory of person. For this I am very grateful for the talks with Dr. Rolf Kühn, who provided valuable insights. On the other hand, I was guided by my patients. Describing and work-

ing on their different states of suffering, on their deficiencies and inhibitions, their assistance, hard work and my own putting-up with many a failure and well-meaning, but sometimes ineffective experiments, finally lead to the result now open to discussion. Without the sensitive, anticipating search of my patients for personal wholeness, this way could not have been found. I am gratefully obliged to them. Before this method began to take shape, I was much too quick with suggestions offered by the theory. This essentially counselling style of intervention, however, offered little help for some of my patient´s more difficult disturbances and more basic traumas. It tended to hamper the initiative to the patient´s own development.

I thus had little success with such disturbances and the whole issue of meaning was soon exhausted. Thanks to existential analysis, I knew what life should be, and it wasn´t hard to see what existential mistakes the patients were making. What I did not know, was how by means of existential analysis/logotherapy I could guide them in a development that would cause neurotic patterns to dissolve by themselves. Other methods and techniques suggested themselves. – But did a consistently applied existential analysis not have the potential to produce its own tailormade practice? If not, the theory would be an end in itself, and irrelevant for psychotherapy.

The following presentation of the method should begin with an outline of the theoretical background, followed by a description of the individual methodic steps.

3. Abstract of the Theory of Person

PEA goes back to Frankl´s existential analytic concept of person and existence (Frankl 1982b; 1984), according to which person can be seen as the noetic power *opening* to (Frankl 1984, 121) , but also *differentiating* from (Frankl 1982b, 115) the world, thus enabling the unmistakable unity and wholeness of "I" and "you" significant to personhood. From the outset, this polarity between openness and limitation forms the basis for intimacy and expression in a person. Differentiation enables that which is modestly hidden from public view as constituent of personhood. To adequately express ones own, through action, language and the giving-of-oneself, forms the basis of, and gives special value to human encounter. Thus seperated, to be oneself, and open, to transcend oneself, personhood is *fundamentally enabled for dialogue.*

This faculty for dialogue could be called the basic characteristic of personhood, presenting the starting point for further reflections. Thus language becomes a uniquely human trait. Man is surrounded by language as by the air that he breathes (41 10). Language is naturally also expressed in a glance, the tone of voice, mimicry, gesture, posture and by action.

PEA defines personhood as *that which speaks in me.* Speaking to myself, I create the inner world of *self-distancing.* Speaking to another produces the outer world of *self-transcending* ("Co-world").

Owing to its dialogical nature, personhood is always in a process of *exchange with the world and in mutual exchange with itself and the world.* In this way man fundamentally realizes his "being a person", by bringing himself into a relationship with himself and the world, which in

turn com-plements him as "the other in him" (to become whole = to be healed). Therefore, personhood is always being in relation (to have relationship), brought about by the special way of encounter (LÄNGLE 1986, 55 ff). Encounter is no immovable or fixed relation but always in motion, a coming-out-of-oneself, with oneself; it is being drawn and taken out of oneself by the other into the "in-between" of communication. Encounter is dynamic, active and interactive. In personal words: exchange through encounter allows my own to be touched by the other, and adds my own to the other.

PEA wants to create relationship by encounter: relationship in the general sense that includes encounter with things, experiences, with earlier experiences, and with oneself. Thus it is the *general goal of PEA,* to lead man to encounter what concerns him: himself and others. Man should be able to enter into dialogue with himself and his world (LÄNGLE 1988, 10).

This description contains the traits of personhood emphasized by FRANKL (1959, 672-696): to be with, to be free, and to be responsible. Like light through a prism, freedom unfolds its inherent variety of colours through dialogue. It is revealed by what is uniquely my own, and – in as far as it is authentic – which I have been responsible for from the beginning. Besides, freedom is reflected in the unexpected, *surprising turn,* that every dialogue is essentially open for (BUBER 1973), in the same way as it is open to the *new,* the unknown, the unsuspected.

3.1 How the Person can be Reached through Dialogue

Dialogue, in the general sense mentioned above, is essential for the actualisation of personhood. Every dialogue, however, requires *three constituent elements.* They appear to be fundamental to a methodic conversation within the PEA, providing it with a structure:

1. Dialogue has an adressee – it wants to *adress.*
2. This adressee should *understand* what is said.
3. Finally, dialogue requires a *response.*

To be receptive, to understand and to answer, are three activities fundamental to personhood from the practical viewpoint of dialogue.

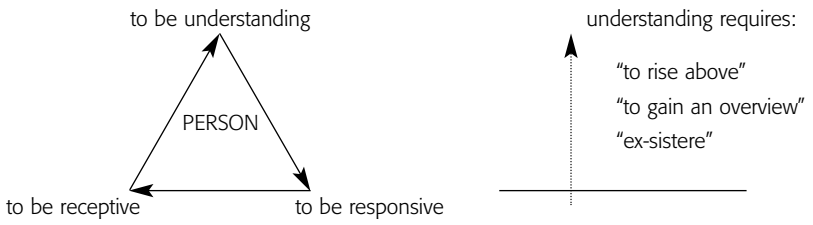


Figure 1: How personhood reveals itself and can be found in an encounter

Let us connect what has been said, to experience.

1. What do I experience when I am adressed? – By being spoken to ,I realize that now I am no longer able to escape the world unnoticed. I myself have been unmistakably addressed, sensing that nobody can substitute for this "I" and its effect. I have unavoidably been called into existence. This is all about me! I immediately become relevant and involved as person. Directly addressing you in my talk, for instance, will cause an immediate and intense personal awareness of yourself. It would perhaps even make you blush, although the question is completely harmless, because now it is up to you, to the position you take, and the saving of your face (as "surface" of personhood). Much can depend on that, like your position and respect in a group. Without being exposed to physical danger, this experience of being and feeling addressed may cause fear (in this case, perhaps, fear of embarassment). By being spoken to, however, I also experience the other side of being a person: the freedom of openness, of being tangible and alive, of the security and value of the relationship. To be receptive opens a world to me – my world.

2. What does *understanding* have to do with my person? – To be understood by another person, is one of the most healing and pleasant human experiences. One feels accepted as person. Somebody else notices what moves me.
   Only understanding leads to real encounter with the other person. Where I am able to understand another person, I will feel closeness to him or her. Whatever seperates, disappears; exchange begins to flow.
   Man often does not quite understand himself. That is when understanding is especially important: the understanding of the patient by the therapist. Facilitated by the therapist's understanding, the patient can start to understand himself.

3. "I feel spoken to" – "I feel understood" – a third statement could be: "I feel responded to". Instead of meeting a wall of silence, I have received an answer. The other has revealed himself to me.
   On the other hand, how intensely I experience loneliness, when my whispering, speaking, shouting, crying, and my retreating into silence does not meet an answer! How lonesome I feel even when the other understands, but refuses to answer, as so often happens in the breaking up of relationships. The answer does not have to be by speaking; a gesture can say more than words. Sometimes simply suffering with another person in "meaningful" silence can be more important than any words.

As we think about anwering, this would be the place to especially consider the child, lest we leave it without an answer too often. How should it know itself and realise its personhood, without a response? Only by encountering a person can it be lifted into the personal space where it can become a person. And to what extent am I as a grownup a person, if I am not responded to?

3.2 The Dealing of Person with Itself

Personhood is to be met "from without" in the encounter. The one who encounters is confronted with personhood, wherever he experiences man as receptive, understanding and responsive.

To encounter does not mean to lay hold of person, but simply touching on some form of its effect. Personhood is revealed to the one who encounters, while at the same time it remains hidden behind the limitations of unconditional subjectivity. (see above: the dialectic of essential openness and delimitation of personhood. This could be figuratively compared to the physiological structure of the eye, where the aperture – or pupil – is delineated by the iris. Only this construction allows sight, by guarding the innermost with the necessary boundary of its aperture.)

The question is whether person can experience itself. Here we agree with Scheler, who maintained that person could never be the object of its own inspection (SCHELER 1980, 386 ff; also FRANKL 1959, 676; FRANKL 1984, 85; WICKI 1991). Person cannot observe itself from a distance. But it can experience itself in an act (SCHELER 1980).

Extrapolating from Scheler's view (or perhaps simply specifying it), three parts can be detected in the performance of an act, desribing it's emergence, maturation and execution.

Incidentally, the three basic "external" activities of the person correspond to *three subjective modes of experience.* Being receptive is subjectively experienced as *being impressionable.* In an impression, which is always emotional, the person is seized by the logos of the opposite person. The mere impression, however, does not determine the exact proportions of external reality and internal attitude in the sensation. To be impressionable and to be adressed, could be termed *primary personal event* (analogous to Freud's primary processes). These immediate spontaneous sensations represent the raw material available for further personal-noetic processing, with the potential to cause significant affective resonance. Earlier, I already introduced them as "primary or original emotionality", to be recovered as a first step in therapy.

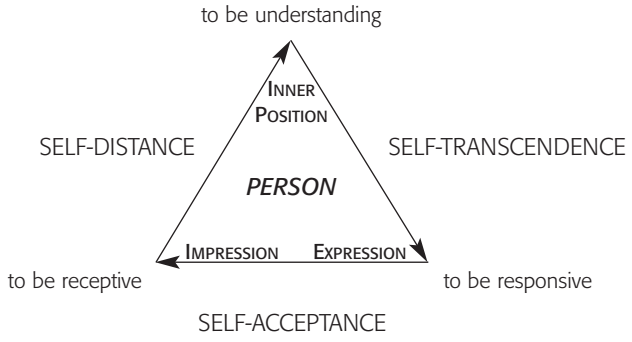


Fig. 2: The subjective side in the experience of a personal event

Before the person can respond, it requires the most personal and intimate it is capable of: taking an *inner position.* Here the noetic unconscious (FRANKL) flows together with the conscious (judgment) and the entire condition of body, soul and spirit. With taking this inner position, personhood unfolds out of its own center (conscience) by means of it´s world – and thereby creating its own world, with itself as the center. By taking this inner position, personhood enters the space opened before by the impression. With this position, the person realizes its essence: to be free out of the depths of final unconsciousness, which it can never fathom by itself. By taking an inner position, man is ahead of himself. Yet he remains a secret, ultimately unconscious of himself, as long as he lives. This unconsciousness, however, does not keep him from taking an inner position (e.g. spontaneously or emotionally or somatically). On the contrary: without this inner position, the person could not defend itself against parts of its consciousness (rules, norms, habits, etc.). Without an inner position, man would lose himself. What happens in this inner positioning? The primary sensation is related to everything, that is valuable to the person, everything it feels attached to, because it makes up its life. The person adds its own, with its value judgments to that spontaneous first impression. Therefore this step could be termed *"secondary or integrated emotionality"* (LÄNGLE 1989). Some distance is added to the always unilateral, primary sensation. By gaining an overview, it can now be related to the entirety of pertinent values. This relativizes primary sensations while assigning them their position in life´s biographical setup. This happens mainly by means of sensing: actively following inner tracks (as opposed to the more passive event of being impressed, which leads to the sensation). Thinking and consciousness can assist, as well as hamper this process.
As soon as such an original emotionality is integrated, the power of the impuls becomes willpower – a will which is rooted in feeling; not rationally deduced, although it is rationally understandable.

In the dialogical event, taking an inner position is essential. Contrary to an echo-like semblance of conversation (echolaly) or the meaningless façade of a salesman, dialogue lives from independent partners, each taking their own inner position. Inner positioning means creating connections between one´s own and the other. That is why inner positioning corresponds to understanding (see fig. 2), which is also essentially concerned with making connections. It is not possible to understand without inner positioning.
The person that has found its inner position, will not remain hidden. It is ready to act. It is urged to *express* itself by responding to and acting in the world. Addressed by the factual, it has personally transformed the impression while opening it to its own understanding. Now it wants to express what is bein said inside. It wants to penetrate back into the factual world by acting, in order to realize the "possible" world. This is how the person realizes itself. It realizes its possibilities in the world, and thereby realizes itself as possibility. This, in the end, makes it a personality.

4 The Area of Indication for "Personal Existential Analysis"

PEA is a profound therapeutical procedure which tries to mobilize personhood out of the depth of its feeling and the center of its sensing.

Indications are:

1) Disorders of *personality development.* Especially in the case of internal or external *speechlessness,* or a missing *sense of values,* caused by rejected or unprocessed impression. This includes the entire picture of noogenic neurosis and existential vacuum.
2) In case of *missing or incomplete inner positioning.* Here patients feel a lack of inner freedom or complain about insecurities, fears, the inability to decide or assert oneself, insecurity of, or alienation from self (being unable to do what they want, or unable to understand what they do).
3) The third area of indication is a disturbed *responsive behaviour* in the relationship with others. Patients feel misunderstood; relationships tend to be fragile and full of conflict. Patients are unable to respond to the demands of the situation, to the demands and signals of a partner or they fail to give the proper response.

A *contraindication* would be a serious depression for lack of vital energy to take an inner position, and because the unilaterally negative mood generally distorts impressions. Whatever causes massive fears is a relative contraindication. Here the personality needs enforcement first, lest unnecessary resistances be provoked. Experiences with psychosis, scizophrenia, paranoia and organic psychosyndromes are not present.

5. "PEA" as a method

The model of personal dialogue forms the methodical sequence of "PEA", leading to four steps:

1. The description of relevant facts (entering a relation).
2. The awareness to initial impressions and sensations among the facts (self-acceptance).
3. The achievement of an understanding (by the therapist and the patient) resulting in the patient taking an inner position (self-distancing).
4. The attainment of an adequate response (self-transcendence).

This procedure leads to existential meaning, which makes "the best" out of given circumstances and is realized in answer to given facts. Hence the four steps of existential discovery of meaning will also be found in this method, as described elsewhere (LÄNGLE 1988, 42 ff):

1. by recognition,
2. by finding the intrinsic values,
3. by choosing and deciding, and
4. by the effect of acting.

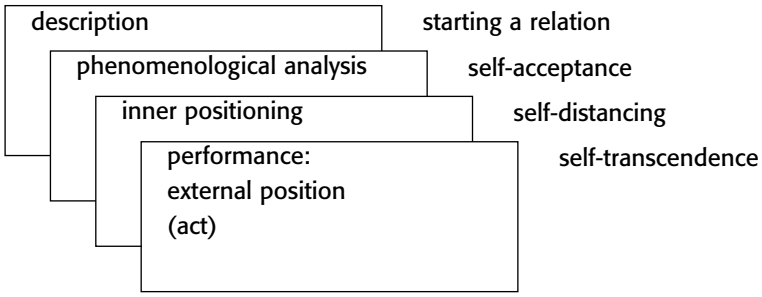


Fig. 3: The methodical steps of "PEA" and their anthropological implications

5.1 Description

Goal: Matter-of factness. Reality (truth) is always the basis for existential-analytical dialogue

Anthropological implications: starting a relation by talking about facts

Technical steps: reports, descriptions, narratives, statements
Visualizing concrete situations ("scenarios")

Methodic suggestions: emphatic questioning, clarifying of contradictions

Level of motivation: Searching for lebensraum ("will to be")

Assortment of typical questions: What happened? What is now? Who?-What?-Where?-Why?-How?-When? For how long? How often? What is it about (issue)? What do you want to say?

Further methods: diary, hypnotherapy, etc.

The descriptive phase is meant to gather information for the following psychotherapy. A report of the situation or the problem is necessary. Generally it includes the description of the circumstance and the anamnesis. Attention should be paid that impressions, opinions, wishes and explanations are not dominating. The patient should be rooted in the irrefutable facts. This necessary precision mostly requires a careful and empathically directed conversation. The patient´s suffering naturally tends to distort his vision, causing him to overlook important facts while tending to justify himself. The following two practical examples show that this phase can

often be very subtle. The therapist should keep in mind that verbalizing or describing (not reflecting on) circumstances always means admitting the event to oneself. Besides, this describing creates closeness to what has been told, so that emotional involvement is to be expected. This is precisely what is essential for the therapeutic process.

***

As an example, I remember the talks with a young man, whose self-destructive, suicidal tendencies to a large extent had resulted from the severe harshness he and his father had been brought up with. The patient loves, respects and fears his father. It took a long time until he could talk about the circumstances of his upbringing. He could neither describe nor talk about that time, sticking to general statements:"I really had a strict upbringing. – My father was a strict man. – You can't talk with him …" It took him several weeks of gaining confidence to say, what he had really done (mostly confidence in himself, to be able to bear the pain). It was quite understandable, that he could not speak sooner and describe what had happened, to himself and to me. Already at the age of 18 he had been kicked out by his father. He lived in shelters, shaken and abandoned. But even before then, his father had treated him with the same severity. To talk about such life-threatening experiences is only possible where there is enough support. How much courage and confidence it needs to talk about deeply engrained and terrible experiences. This can be demonstrated by another example. I was speaking with a young woman who kept people at a distance by a sickly-sweet affectation. In spite of many helpful relationships, she was very lonesome and secretly unhappy. She had not always been like that. It began soon after she turned 14. And that is precisely where she began to falter – when she was about to talk about her pastor. He seduced her, and did so several times in the following years, always under religious pretexts. As she noticed that she was not losing my respect, she could talk about it surprisingly quickly. She herself felt hardly anything during her report. She had succeeded in the description, but the entire emotional weight and meaning for her life had not yet entered the picture.

5.2. The phenomenological analysis

Goal: Grasping the essential in an impression

Anthropological implications: self-acceptance by accepting the spontaneous (including unwanted) sensation.

Technical steps: Phenomenological view, letting the observed object take effect. Recovering of the initial emotionality (the spontaneous sensations), discovering values ("wanting to will").

Methodical suggestions: Abandoning all explanations and interpretations as information that is not original.

Level of motivation: searching for the value of life. Basic value.

Assortment of typical questions: basic question: "How" is that for you?
* How does it feel? (looking for the spontaneous feeling) How are you dealing with it? – What do you like about it? – What bothers you?
* How does it affect you? (looking for the intentional object) How do you experience it? – What does it say to you? – What is his/her message to you?

Further methods e.g. painting or music therapy; elements of Gestalt therapy, elements of psychoanalysis, etc.

Facts form the framework for life´s events. Facts are not essential and decisive but only requirements and conditions for actual life. The essential part of facts for man is their effect on the person. In other words: their meaning for the one concerned is essential. In order to break through to the essence, facts must be left behind, and seen through to their depths. Such a phenomenological analysis gives depth as well to the therapeutic intervention. Without being receptive to the experience, without giving room to what has been felt, and (perhaps unconsciously) sensed, and (emotionally) accepting it (letting it be), or without perhaps becoming consciously aware of it, man cannot take up his life and live. He remains a stranger in his own house, directed by circumstances and mixedup in a net of emotions. He has to guard himself against them in order to function in society – functioning, in order to survive. Such "guarded" persons with their lack of emotion seem stiff and uptight. They are exposed to the fear of their own inner abyss (fear of life).
The search for and acceptance of immediate sensations can cause significant tension. It may reveal a discrepancy between reality and desire. It can cause a dynamic force of motivation as well as fear and defensiveness. Defensiveness is demonstrated by a lack of feeling, while looking at the facts, and by not being able to remember earlier sensations. Fear is an indication to proceed at a slower pace, enabling the patient to carefully raise his visor (or perhaps an intermittent therapy of fear is necessary). In both cases, the therapist needs to carefully accompany and support the patient. Furthermore, it may be helpful to proceed by alternating between the level of impression and the level of inner positioning (next step of the PEA).
In many cases, following the traces of an effect may lead directly to the biography the person has grown out of, constituting its personality (FRANKL 1984, 204). This background often illuminates why a situation could cause an initially incomprehensible effect.

5.3 Inner Positioning

Goal: to relate the new to the prevailing

Anthropological implications: self-distancing (Fankl), personification

Technical steps: Understanding and taking up a position (judging); integrating emotionality into the entirety of one's values (conscience); "being allowed to will"

Methodical suggestions: method of dialogue; double positioning (of the patient toward the content and of the therapist toward the patient's behaviour); method of direct speech, explanation, confrontation, interpretation.

Level of motivation: Searching for the right to live (justified existence)

Assortment of typical questions: basic question: "What do you make of it"?
* Do you understand it? What did he want with it? – What was it good for?
* How do you judge it? What do you say about it? – Do you think he/she has done the right thing? – What do you personally – deep down ("secretly") – really think of it? – Do you think it was right?
* What does it mean to you? What have you lost by it? – How important is it for your life today (… was it … then)?

Further methods: Rogerian psychotherapy etc.

Being touched emotionally creates great proximity to what is recognized. Therefore it influences, and has power over the person. Consequently, the person is called to free itself from the spell of being affected, in order to regain power over itself. The person gains sovereignty by taking up a position (as described above), for which judgments ("own opinions") are important. Judgments set limits. They grant the person superiority. Judgment sets the person free again. The person thereby re-creates itself and sets itself free from the precariousness of the impression. What is on hand, becomes available for use. Taking up a position means disassociation from the object and acceptance of existing facts. The sensation ("emotionality of the aspect" by being affected) is integrated into the entire system of existing personal values, and is no more the only decisive factor. Creating these personal (and also factual) connections leads to understanding what has been experienced. Emotion is integrated by association with other points of contact of the person ("conscience" as agent of "overall value judgments"). The taking up of directed occasional viewpoints by the therapist (possibly including "explanations") may help the patient to find his/her own position.

***

I would like to pass on a few statements from therapy with a 30-year-old man, from the phase of taking up positions for the first time.

Psychopathologically the patient is a socially-inhibited personality living in a symbiotic relationship with his wife. She suffers from a severe hysterical neurosis. It is a dangerous, but not infrequent combination. The following incidence may serve to demonstrate how destructive such relationships can be.

Because of a suicidal attempt (ca. 50 sleeping pills), the patient was in intensive care for several days and consequently hospitalized in a psychiatric clinic for protection and therapy. Two days after his release he went on a little outing, faithfully following an advice of his doctor. He wanted to preserve the distance he had gained during hospitalization. His wife, however, was determined to accompany him with their six-month-old baby.

So they set out for the Semmering, some 80 km from Vienna. During their walk, the wife became angry because she had expected the afternoon to be different. She began to attack her husband heavily, telling him he was not a real man, without an ounce of self-esteem. He should ask his therapist, how long it would take until he could live without her so that she could get a divorce. His silence only served to aggravate her even more, sending her into a rage: she accused him of being mentally disturbed, like his friend X, leaving her as the only normal person. Her attacks finally culminated in her insistence, that should he ever try to commit suicide again, he ought to at least do it right.

So far the incredible scene. It is hard enough to believe, that a woman with three small children could insult her husband so bitterly immediately after his release from psychiatric care. But what did he do? – He kept silent. To the end. He did not have the courage to say anything. He listened to her. He began to believe her. He was deeply affected. When she finally left him alone on his walk and disappeared into a café, he realized, how the cliffs of the Semmering began to draw him like magnets. He was overcome by an almost intolerable desire, to jump off a cliff and put an end to his misery. In order to escape this, and in his desperation, he called his mother in Vienna from a telephone booth. He told her, he was on an outing at the Semmering, along with his wife and the baby, and asked her how she was and what she was doing. No word of what had happened, not the tiniest hint of his suicidal tendencies, lest "she be worried"!

The next day he showed up for his appointment for the first time after his release from the hospital (he had been with me twice before hospitalization). After his report I asked him what position he took: "What do you say about your wife´s behaviour?" – "That´s the way she is. – She has always been that way. – It´s hard for her, being with the children all the time. – She had different expectations, before we drove up the Semmering."

These were his answers. Are these answers really inner positions? They are, of course, judgments and opinions, but not about the situation and not on the basis of the feelings he expe-

rienced. That is why they fall short existentially. – These oppinions are general statements. He does not take up a stance toward the concrete effect, which the behaviour of his wife has on him now. The fear of losing his wife (something she has seen through for the longest time) is like a wall in front of the concrete position, which is in this case, certainly loaded with conflict. He remains alone behind this wall, without a relationship to her. In this case, it is more a stance toward his fear than toward his wife. In this way he can keep his fear at bay for a short time, but not his wife. He remains at her mercy.

The following section of a conversation impressively demonstrates how much the patient was both missing a personal focus in himself, and independence in the relationship to his wife. It was impossible for him to be open to what the situation would show him. His defenselessness becomes apparent. The lack of personal position leaves only dependence.
After the patient had talked about his deathwish for a while, he came back to the behaviour of his wife, which apparently still concerned him. But there was not a trace of surprise, rage, anger or critique. To give him an idea of possibly taking up a position, I again asked him:

Th.: "What do you say about it? What do you say about what your wife said and did?"
P.: "I don´t understand. I don´t even understand your question!?"
Th.: "Is it good or bad, right or wrong in your opinion? Do I like, what she says and does?"
P.: "That means I would have to have a point of view! – It all depends on the point of view! I can´t just have a purely subjective point of view!"
Th.: "You should try just that: find your own purely subjective point of view!"
P.: "But then … then I would end up having to decide if I should leave her...(patient becomes restless, scared) … I never thought about that, not once. (…) If my children would be taken from me, murder would be on my mind … That leaves me with only one alternative (sic!): to kill myself or her (his wife). But that would be no solution, because I can´t live without her anyway. The thought is unrealistic, because, because –."
Th.: "I believe you … To think about it does not mean, you have to seperate … You could find out, just for yourself, what was going on there. That would hardly mean you´d have to do something right away …".

After nine months of working on understanding and taking a position, he was independent enough to tell his wife, during a quarrel, for the first time: "If it goes on like this, I will soon get a divorce!" He had slowly become capable of personal responsive behaviour. – In our context, this leads us to the last step of the method.

5.4 The Responding Performance (Act)

Goal: self-actualization as preparation to carry out existence

Anthropological implications: self-transcendence (Frankl), expression as holistic involvement of the person, integrated existence, future orientation, meaning

Technical steps: plan of action

Methodical suggestions: Playing through scenarios

Level of motivation: meaning in life: "will to act" – "will to find meaning"(Frankl)

Assortment of typical questions: basic question: "What do you want to do?"
* What would you like do do most of all in this case? What can you do/tell him/her? Who do you do it for?
* How do you want to do that? What means are available to you? – Are they adequate? – Can you take the responsibility for what you intend to do? – What will it lead to? What is he/she going to say?
* What will you tell him/her? Could you tell me the way you would tell him/her (directly)? What will happen because of it?

Further techniques: behavioural therapy, psychodrama, systemic methods, strategic methods, concentrative movement therapy etc.

The preparation to practical action is an essential part of therapy. To leave the patient alone with it is often asking too much. To know what should be done does not yet mean to know how. By what means, in which way, and when should what be done? What can the patient trust himself with – what changes can he expect from his environment? How should a day be started and structured? What could help him with that? The accompaniment by the therapist will often remain necessary for a long time for such practical, behavioural or systemic/strategic reflections and attempts. Some patients are quick and sure in their orientation, but somewhat weak, clumsy, helpless and lacking imagination in carrying out their intentions. Finally, the therapist should demonstrate solidarity where the patient occasionally is frustrated by his environment, or falls back into old behavioural patterns, and not leave him alone.
The time between therapeutical appointments is of great value to expand, and let the patient experience, the autonomy aimed at in therapy. I frequently end a session by leaving the patient with an immediate, concrete task, to bring him to an openness for a still missing meaning and

for life in the future. Existential-analytic therapy is not only understanding, feeling, recognizing and taking up a position, but also practicing, experimenting and acting. A therapy often begins with tasks involving the patient with himself: memories, feelings, standpoints, a new structure for the day or for recreation and sport activities. Later they shift to the external world: Encountering certain people, conversations with parents, siblings, friends and partners. It may be about dealing with a child differently, or consulting with the boss. In other cases it might be a matter of changing a working style or an attempt to deal with oneself differently (e.g. solitude).

6. Conclusion

PEA is an attempt to exploit the cornerstones of personal self-actualization in therapy. Should the method actually contain essential ways of approaching and dealing with the person, it would naturally lend a general structure to psychotherapy which, to a large extent, would be independent of orientations of specific schools of thought. This makes good sense because every psychotherapy wants to reach and mobilize the center and essence of man. This is where different schools meet, however different their approaches might be. (In a similar way the basic variables of Rogerian psychotherapeutic conversation were used by many schools of therapy.) This possible asset of PEA, to lend a general methodic framework to personal psychotherapy, could be interpreted as a weakness for existential analysis itself, because PEA lacks the orientation of a specific school. Or is existential analysis so fundamental in it´s concept, that it should be placed prior to the splitting up of psychotherapy into different points of emphasis?

Many questions as to application and indication remain open. For instance, it is not yet completely clear whether the method can be used in the same way with different diagnoses, or whether specifications dependent upon the diagnose are necessary. So far, experience has shown that patients with fear need more time and attention for the description (first step of PEA), which they have a harder time attending to, because of their fearful tendency to avoidance. Involvement with the irreproachable facts of life makes the missing support tangible for them. On the other hand, depressive patients have a negatively distorted impression of their reality and need correction on a second level, the level of being affected. Hysterical patients lack personal positioning ("escapism") and are in need of the therapist´s resistance, in order to penetrate to their own, real center.

With them, the therapist will have to stress the third step of PEA, enabling "personal" positions related to values, instead of frequent and hollow pre-judices. For patients with personality disorders, the emphasis should perhaps be put on the integral level of expression and on their disturbed existential mode of behaviour. In this way, different points of emphasis begin to emerge for application, although they would still need verification and further experience. In any case, the task of PEA lies in the forefront of personal existence and in the preparation of geniune existentiality. Existential-analytic psychotherapy wants to enable man to find personal

expression in, and have a personal effect on, his world. He should be a partner taking up a position in the system of his relationships. The power of person is designed for an existential field of tension. For the person, this is the world, for which it is responsible. Where this interaction is successful, the patient experiences that which brings healing. Indeed, this meaningful effect in the world could be his destiny.

References

- Buber M (1973) Das dialogische Prinzip. Heidelberg: Lambert Schneider
- Frankl VE (1959) Grundriß der Existenzanalyse und Logotherapie. In. Frankl VE, v Gebsattel VE, Schultz JH (Eds) Handbuch der Neurosenlehre und Psychotherapie. München: Urban & Schwarzenberg
- Frankl VE (1982a) Ärztliche Seelsorge. Wien, Deuticke, 10
- Frankl VE (1982b) Der Wille zum Sinn. Bern: Huber.
- Frankl VE (1983) Theorie und Therapie der Neruosen. München: Reinhardt
- Frankl VE (1984) Der leidende Mensch. Anthropologische Grundlagen der Psychotherapie. Bern: Huber
- Längle A (1986) Existenzanalyse der therapeutischen Beziehung und Logotherapie in der Begegnung. In: Tagungsbericht der GLE, 2, 1, 55-75, Wien
- Längle A (1987) Sinnvoll leben. Angewandte Existenzanalyse. St. Pölten: NP
- Längle A (1988) Entscheidung zum Sein. Logotherapie in der Praxis. München: Piper
- Längle A (1989) Wertberührung. Anleitung, Bedeutung und Wirkung des Fühlens in der existenzanalytischen Therapie. Vortrag bei der Herbsttagung der GLE. Innsbruck, 29.9.1989, published in: Längle A (1993) (Ed) Wertbegegnung. Phänomene und methodische Zugänge. Tagungsbericht der GLE 1+2, 7. Vienna: GLE, 22-59
- Längle A, Orgler Ch, Kundi M (2000) *Existenzskala.* Göttingen: Beltz
- Scheler M (1980) Der Formalismus in der Ethik und die materiale Wertethik. Bern: Franke, 6°
- Scheler M (1991) Die Stellung des Menschen im Kosmos. Bonn. Bouvier, 10°
- Wicki B (1991) Die Existenzanalyse von Viktor E. Frankl als Beispiel zu einer anthropologisch fundierten Pädagogik. Bern: Haupt

Address of the author:

Alfried Längle, M.D., Ph.D.
Ed. Suess-Gasse 10
A-1150 Vienna, Austria
alfried.laengle@existenzanalyse.org