Pastoral Nurture of the Elderly:
The 'Happy Memory' in Geriatric Logotherapy

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Logotherapy is a type of psychotherapeutic analysis and treatment which focuses on a *will to meaning*. It is founded upon the belief that striving to find meaning in one's life is the primary, most powerful motivating and driving force within the human experience. Sometimes called existential analysis (Frankl, 1967; 2004), logotherapy is the Third Viennese School of Psychotherapy founded by Viktor Frankl, the first and second schools were founded by Freud, called psychoanalysis, and Adler, called individual psychology (Frankl, 1963; 1969; 1997; 2001). In recent years, Victor E. Frankl has emerged as the leading proponent in psychotherapeutic circles of the centrality of the experience of "meaning" in mental health (Frankl, 1962a). Pastoral Logotherapy is the application of logotherapeutic analysis and treatment within the context of a spiritual understanding of the human situation and its relevance to mental health. Though not specifically faith-based, pastoral logotherapy is practiced within the context of a spiritual awareness of self-transcendent reality (Graber, 2004). Geriatric Logotherapy, then, is a sub-set of this analytical approach designed to address issues uniquely confronted in the pastoral encounter with the elderly.

According to Frankl, life has meaning under all circumstances, even in the direst situations. "What matters is not the meaning of life in general," Frankl suggested "but rather the specific meaning of a person's life at a given moment." Meaning is not "invented" but rather "detected," he points out. We can discover meaning in life in three different ways: (1) by doing a deed; (2) by experiencing a value

– nature, a work of art, another person, love, etc., and (3) by suffering. Frankl discounts the effective utility of the Second Viennese School of Psychotherapy, i.e., Alfred Adler and his notion of humankind's "will-to-power," by arguing that personal power in the face of suffering and in the absence of personal meaning has no visible function within the personality (Frankl, 1962b).

A concept of humanity is held, consciously or not, by every school of psychotherapy (Morgan, 2012). We see it in Freud, Adler, and Jung, and so likewise with Frankl. That concept of the human person, suggests Frankl, affects everything, all conceptual development, all theories of treatment, all clinical perceptions. Resulting from his wartime concentration camp experience, Frankl became convinced of the *sui generus* nature of the will-to-meaning, what he later developed as logotherapy (Frankl, 1958). We must elevate this concept of the person for critical analysis from the logotherapeutic perspective if we ever hope to understand the differences in psychotherapeutic modalities of treatment. "For," explains Frankl, "a psychotherapist's concept of man … can reinforce the patient's neurosis and, therefore, can be wholly nihilistic." For Frankl, there are three fundamental characteristics of human existence which converge to define the human person, namely, spirituality, freedom, and responsibility. This tripartite foundation inevitably affects every attempt to understand who we are and what we are to do. Frankl labored hard and long for a philosophical structure to logotherapy, believing that any model of psychotherapeutic analysis and treatment must have a strong philosophical basis (Frankl, 1961b).

Neither a proponent nor an opponent of a faith-based worldview *per se*, Frankl simply intends for spirituality not to be tied up with a specific notion of religion. Where faith helps a person through the day, Frankl has no objection to it. Where religious worldview and ethos stifle, cripple, or delude an individual, Frankl is opposed to it. What Frankl means by "spirituality" as a fundamental component of human nature is man's capacity for a sense of awe, wonder, and

mystery, even reverence, in one's assessing the meaning, value, and purpose of one's own personal life. The surprising feature about Frankl's psychotherapeutic formulations is that throughout he consistently makes inferential comments about the religious dynamic operative in his own theory while constantly omitting any specific reference to its fundamentally Jewish character (Frankl, 1957; 1961a). The connectedness of all things as experienced in moments of high sensitivity or even ecstasy is the role spirituality plays in the human character. A deeply felt sense of beauty, power, and wonder in the universe, a heightened experience of integrality, what I have in another place chosen to call "systemic integrality," constitutes what spirituality means in logotherapy (Morgan, 2009). "By helping prisoners then and patients later remember their past lives – their joys, sorrows, sacrifices, and blessings – he emphasized the "meaningfulness" of their lives as already lived (Frankl,1954)." Whether one is a theist, an atheist, or an agnostic, Frankl contends that the dynamics of spirituality can be equally and meaningfully operate within a person's life bringing value and purpose.

Complementing this sense of spirituality within the logotherapeutic model is a freedom which functions in the face of three things: (1) the instincts; (2) inherited disposition; and (3) environment. Frankl engages in a long and definitive discussion of freedom in his celebrated classic, *The Doctor and the Soul*, owing no doubt to his own personal encounter with the existential vacuum during his trying experiences in captivity. The converging of these three components of instincts, heredity, and environment constitutes the matrix out of which the human experience of freedom can grow and thrive in a person's life. To rise above one's instincts, says Frankl, is a distinctively human possibility and, unlike Freud's obsession with the power of instincts governing human behavior, Frankl specifically calls upon the responsible person to take his instincts in hand, use them but control them, for service to others. Likewise with heritage, one cannot deny one's own genetic

composition but in the acknowledging of it one asserts power over its domination. A determinist, Frankl was most certainly not. He believed in the human person's ability to respond responsibly to self-knowledge. He emphasizes not only the recollected past, but calls attention to the existential meaningfulness of suffering and tragedy in life as testimonies to human courage and dignity (Frankl, 1961c). By knowing one's instincts and one's genetic heritage comes a source of strength and power to control, direct, and utilize the primordial nature of these characteristics for the good of self and humanity.

Finally, Frankl was not a member of the "nurture" crowd of behavioral psychologists who would attribute, even blame, one's social and physical environment for the way individuals turn out in their maturity. These three fundamental components of freedom, namely, instincts, heritage, and environment, may be used by the human person to realize freedom if he becomes aware of them, embraces them, and directs them towards a meaningful purpose in life. In logotherapy, Frankl differentiates meaning and values. Values are socially held meanings whereas "meaning as the *sine qua non* of life is a unique experience and possession of every single individual in every moment of one's own life (Frankl, 1961d)."

Besides spirituality and freedom, however, there is responsibility. Having been greatly influenced in his formative years with the writings of the existentialists, not least being Kierkegaard, Sartre, and Heidegger, Frankl was most insistent that in order for a person to be fully human, he must exercise responsibility. The individual is responsible to his own conscience first and foremost, says Frankl. Conscience, he suggests, is a "thing in itself," it is *sui generis*. It is so fundamental to the human person that humanity cannot exist without it nor the human person remain human without it. Conscience has to do with the drive to do the right thing because it is the right thing to do. This is so fundamental to the human experience that without it neither humanity nor civilization itself could exist. Of course, the "origin" of conscience is a point of controversy and contention within

the various schools of psychotherapy and depth psychology.   The three schools of thought regarding the origins of ethics and moral behavior I have discussed at length elsewhere, first in my book *Naturally Good: A Behavioral History of Moral Development* (2005), and more specifically the three school as Ethical Theism, Ethical Humanism, and Ethical Naturalism in my book *Beyond Divine Intervention: The Biology of Right and Wrong* (2009).

More so with Frankl than with any other psychotherapist, the personal life story of each individual proved to be a major factor in the development of his own therapeutic system of theory and practice. Frankl contended that this will-to-meaning – as Freud argued for "pleasure" and Adler for "power" – pervades every secret recess of one's personal life.   Meaning, he pointed out, can be found in any situation within which we find ourselves (Frankl, 1953).   Freud's life, Adler's life, and Jung's life have all proven interesting and have in their own way shown how their life and work were integrated.   But with Frankl, it is inconceivable to imagine logotherapy as a school of thought being produced in the absence of his concentration camp experience.   The viability of his theory and the utility of his clinical practice both rely upon the life history of its creator.   Frankl's relevance to contemporary treatment in therapeutic settings is becoming increasingly recognized and appreciated within a broad spectrum of clinical practice. The impact of his therapeutic system of theory and treatment has yet to reach its maximum level of influence in contemporary counseling circles but the establishment of the Graduate Center for Pastoral Logotherapy at the Graduate Theological Foundation under the direction of Dr. Ann Graber (Graber, 2004) constitutes a major leap forward in this development.

When logotherapy is applied to the geriatric patient, there is a challenge to transform the central concepts of the therapeutic practice to the life situation of the individual whose life has, for all practical purpose, already been lived. Believing that logotherapy has, indeed, something yet to offer the geriatric patient, it is imperative that the

"will to meaning" not be only thought of as an agenda for future living but as a hermeneutic for "living in the moment." Existential episodes of happiness constitute what the clinician might imagine to be the practical application of logotherapy in dealing with older and elderly individuals (Morgan, 2006). Rather than seeking for that window of hope for the future which is so characteristic of this modality of therapeutic practice, the logotherapist must creatively search for "existential episodes of happiness," as I have chosen to call them, (i.e., remembered events in which the older person demonstrably attributes the experience of "happiness"). This approach, rather than focusing upon hope, focuses upon memories, times past which bring a moment of reflective happiness now. The existential character of the remembered happy event constitutes the possibility for a treasure trove of episodic happiness vignettes bringing comfort to the elderly facing a limited future.

Illustrative of this existential moment or window of happiness is the case of Mrs. Williams, a nursing home patient in her mid-80s suffering from acute and near debilitating depression. Other complicating health issues included high blood pressure, diabetes, and arthritis. A retired librarian for some twenty-plus years, Mrs. Williams came to the nursing home after falling in her home where she lived alone. The decision was made for institutional care in conjunction with family members (all distant cousins as she was widowed with no children). In meeting with her over several sessions, the therapist struggled with finding the "door of happy memories" through which to follow Mrs. Williams. Finally, during the third clinical session, some passing reference was made to her childhood farm life and swimming with her girlfriends in the cow pond behind the barn. As this passing reference seemed to cause her to pause and smile as she was formulaically reciting her "life's story" to the therapist, it became clear to the observing therapist that she enjoyed the memory and might enjoy elaborating upon it. The result was a meandering recollection of her childhood experiences with her

friends on the family farm which, she said, "I haven't thought of in years." Subsequent sessions always harped back to these happy memories and provided a substance to her solitary reflections beyond the therapy sessions.

Often, the geriatric patient needs assistance in conjuring these past episodes of happiness and the therapist then can employ what I have chosen to call "memory suggestions," (i.e., asking the individual to back track consciously in search of "illustrative events" in his or her life to which they themselves attribute a blissful and happy experience). However, an important key here for the therapist to keep in mind is "stress avoidance," that is, redirecting the individual away from remembered events in their past which clearly, by facial expression or voice intonation, suggest stress or anxiety or unhappiness (Morgan, 2010). Family history is quite frequently the source of these happiness episodes but the therapist is advised to watch carefully lest the family history stories drift downward into negative memories.

It is crucial that the therapist keep in mind the logotherapeutic agenda lest one imagine that the purpose and goal of the therapeutic session is to search out the "meaning and purpose of life" yet to be lived. With the older and elderly patient, the acutely practical nature of the existential utility and viability of therapy must always be kept in the forefront of the therapeutic encounter when employing logotherapeutic analysis. Though sometimes a challenge in dealing with the elderly (geriatric dementia often manifests itself in the individual's disinclination to converse), the therapist must employ what I have chosen to call "points of conversation" as an impetus and incentive for the geriatric patient to engage the therapist in the quest for existential episodes of happiness (Morgan, 1987). Places, times, and people constitute for me the three fundamental arenas within which the patient may find these points of conversation leading to the "discovery" and "revisiting" of happiness episodes in their earlier life.

Another example of geriatric logotherapy is the case of Dr. Watson, a retired philosophy professor living alone in his home as a widower with two adult children living far away. Dr. Watson is in his late 80s, was once a nationally recognized scholar, author of several books, but these days finds reading increasingly difficult owing to glaucoma and writing virtually impossible due to arthritis in both hands. Reduced to sitting on his expansive front porch when weather permits and before the fireplace otherwise, Dr. Watson has sunk into a debilitating depression resulting in a consistent failure to eat regularly or to converse over the phone with friends and family. A concerned son precipitated the contact with a logotherapist who made an initial home visit, finding the above situation. Dr. Watson had essentially "given up," as he put it, because of an inability to read or write, his life's work and passion. When the therapist encouraged the professor to "tell me about your life's work," Dr. Watson commenced slowly and deliberately rattling off his educational background, teaching appointments, books written, conferences attended, all with little passion and near expressionless. However, when the therapist asked about specific colleagues mentioned in the monotone narrative, he noticed that the patient became somewhat animated, enthusiastic, even excited to relate story after story involving colleagues, happy stories, fun stories, all leading to an extremely productive journey through time and people of importance. Subsequent sessions centered upon the same topics with the results that Dr. Watson began calling old friends, inviting other retired colleagues in town to come for morning coffee and chat. The door of happy memories had been opened and entered and Dr. Watson's life took on renewed vitality.

One of the greatest challenges for the logotherapist is to acknowledge and own the inevitable reality of the brevity of life left to the elderly patient. The therapeutic goal here is clearly not some form of contrived "cure" for what might be the presenting symptoms of depression which is most commonly the driving force in seeking help for the patient either by the patient or the family or residential

institutional staff responsible for caring for the patient.   A cure certainly is not what is sought here, but rather, beyond and after the notion of a cure for the aged patient, there is an urgent need for the identification of the "rightful place for palliative care" in such situations. A quest for existential happiness, episodic joy from happy memories, constitutes the driving force in the therapeutic encounter with the geriatric patient who most commonly is suffering from depression.

A concluding illustration of the value of geriatric logotherapy and its use in existential counseling is the case of Miss Horton, an elderly spinster school teacher from a small town, whose life had been synonymous with teaching elementary school children, living in the background, watching them grow up, move away, establish families, and launch careers. Now nearly 90 years old residing in an assisted living facility in her little town, she had drifted into depression owing to a lack of social stimulus (most other residents were suffering from acute and severely debilitating geriatric dementia). Her health had declined gradually owing to heart problems and toward the end of her life she had taken to the bed and was less and less willing to converse, even with the nurses. The nursing director called in the logotherapist (based on the therapist's reputation in dealing with geriatric dementia) and from the beginning the initial encounter was fruitless, bordering on hopeless. As the therapist explored Miss Horton's social life through interviews with nursing staff who knew the patient's personal history and in the therapist's search for the "magic door" that would introduce happy memories and reflective thoughts of joys gone by, it occurred to him that since her life had been lived for the children she taught, why not get some of those children, now adults, to come say goodbye to her in her closing days of life. It worked wonders. Through the local school, the therapist was able to contact several of her past students, now parents and successful people, to come for a visit. Since most people are uncomfortable visiting someone on their death bed, the therapist always arranged to be present, coaching the

visitor to help Miss Horton "remember" episodes in the classroom and on the playground in which she was a major player and to share with her, as she lay mute but alert, the stories of their own lives as they left school and entered the world, always with reference to her contribution to their own personal lives. The results were remarkable, not that she lived much longer, for she did not, but during the closing weeks of her life, she became conversant, sitting up in bed, asking about this student and that student, remembering to the therapist more and more "happy moments" in her teaching life that brought a twinkle to her eyes and a smile on her face.

The practicality and professional humility of Viktor Frankl is evidenced in his quick and ready willingness to acknowledge the therapeutic limits of logotherapy, never claiming it to be a comprehensive analytical modality for all types of mental illness. Unlike other schools of thought which too frequently presume to be the panacea for all mental disorders, logotherapy has self-consciously identified its arenas of success and knows those in which it has little or no value. The distinctions center around psychogenic and biogenic classifications. Certainly and with little contradiction, logotherapy has a long clinical history of effective use in the treatment of psychogenic depression. When applied to the treatment of the elderly, not as a curative but as a palliative therapy, there is a promise of great success. When it is not hope for the future which is being sought but rather an effective and celebrative address to the existential realities confronting the elderly patient who is facing decline and death, the quest for those "happy moments" conjured in the patient's memory constitute a promising field of treatment. Geriatric logotherapy is uniquely constructed to do just that.

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