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Chapter 11

THE VIENNESE SCHOOL OF EXISTENTIAL ANALYSIS

THE SEARCH FOR MEANING AND AFFIRMATION OF LIFE

Alfried Längle

He who knows a 'why' for living, will surmount almost every 'how'.'

(Frankl [1, page 103] reformulating Nietzsche)

Historical Background

The present day Viennese school of Existential Analysis evolved out of Viktor Frankl's Logotherapy. The Viennese neurologist and psychiatrist Viktor E. Frankl (1905-1997) called the anthropological basis of Logotherapy 'Existential Analysis' and its practical application in the search of purpose and meaning 'Logotherapy'. Frankl founded this existential school in the 1920s (Frankl 1938, 1973). Logotherapy has been referred to as the 'Third Viennese School of Psychotherapy' following the psychotherapies of Freud and

Adler (Hofstätter 1998). Frankl's early interest in psychotherapy led to a personal correspondence with Sigmund Freud when Frankl was in his twenties. However Frankl did not train in psychoanalysis due to his dissent with Freud over he founded its anthropological foundations. Frankl went on to receive his psychotherapeutic training in Alfred Adler's school of Individual Psychology (Längle 1998a).

During these years of training in the late 1920s, Frankl's psychotherapeutic thinking took shape under the influence of Adlerian teachers Oswald Schwartz and Rudolf Allers (Frankl 1988). Frankl began a lifelong engagement with psychology and psychotherapy, developing a theory to combat what was called the growing 'psychologism' within the field. By 'psychologism', Frankl was referring to a 'pseudo-scientific procedure [that] presumes to analyze every act for its psychic origin, and on that basis to decree whether its content is valid or invalid' (Frankl 1973: 15). Frankl's interests focused on what he termed the 'specifically human' dimension. For Frankl, the intellectual, philosophical and spiritual capabilities of human beings indicate our fundamental need to search for meanings and values. He considered the 'will to meaning' our primary motivation, the active and deliberate search for meaning in our lives. He often contrasted the 'will to meaning' with Freud's 'will to pleasure' and what Frankl summarized as Adler's 'will to power' (Frankl 1985: VII f).

Frankl (1973) wrote his first full manuscript on Logotherapy prior to his deportation from Vienna to the concentration camps in 1941. Frankl (1985) attributes his survival of the horrors of the camps to three things. First, the relationship to his family, a relationship he

kept alive in his heart and mind; this included a strong hope that the family would be reunited. Second, Frankl's determination to re-write his lost manuscript; he attributes the creative and mental challenge of re-creating this manuscript from memory as an important factor in keeping him alive. And finally, Frankl acknowledged his strong faith in God. The re-constructed manuscript was written following Frankl's release and was eventually published in English as *The Doctor and the Soul* in 1955. Frankl also reported on the psychic and physical stages experienced by the inmates of the camps. His most famous report became the book, *Man's Search for Meaning* (1985).

Frankl had intended Logotherapy to act as a supplement to the psychotherapies of the 1930s rather than a comprehensive theory of its own. Logotherapy emphasizes the suffering that results when meaning is lost, and was thought of as a corrective for a growing trend towards 'psychologism' (Frankl 1967; 1973; 1988). Logotherapy is 'meaning therapy' or a 'psychotherapy centred on meaning' (*logos* means 'meaning' in Greek); and the search for meaning evokes a person's freedom and responsibility. According to Frankl, a person is not merely a physical being with psychological drives: a spiritual dimension (a third dimension of the human psyche in addition to the somatic and psychological dimensions) has to be added to address uniquely human qualities and capabilities that cannot be subsumed under physical or psychological processes. These uniquely human qualities bring us 'into existence'. Through this dimension our life is open to what is possible, meaningful and of value.

In the last 20 years, progress has been made in Existential Analysis through the work done by the Society for Logotherapy and Existential Analysis in Vienna, particularly in the areas of motivation and methodology (Längle 1990; 1994; Längle & Probst 1997; Längle ed. 1993). Today this form of Existential Analysis can be considered an independent and major current in psychotherapy. It has evolved from Logotherapy as a supplement to various psychotherapies into a full-fledged psychotherapeutic method (Stumm & Wirth eds. 1994; Stumm & Pritz eds. 2000). Apart from this development, classical Logotherapy continues to be taught in Europe and America focusing upon meaning-related problems (e.g. Lukas 2006). The remainder of the paper presents an overview of this Viennese form of Existential Analysis, describing its structural model (the four fundamental existential motivations), illustrated by a case study and commentary on psychopathology.

Viennese Existential Analysis – Overview and Aim

The Viennese type of Existential Analysis can be described as a phenomenological and person-oriented psychotherapy (in many ways it comes close to the theory of Carl Rogers). The word ‘existence’ lies at the core of Existential Analysis. Existence, from our perspective, denotes what can simply be called a ‘whole’ life. From an existential perspective, the realization of human existence is characterized by making decisions; this requires both freedom and responsibility. While an individual’s ‘existence’ is experienced as uniquely ‘one’s own’, the process of coming to a decision is further influenced by the contexts of that individual’s particular world. It is not merely the individual’s subjective

experience that is the focus of this Existential Analysis. This Existential Analysis stresses how continuous dialogues, relationships, and mutual influences between the individual and the world around him or her shape a meaningful existence (Frankl 1973: 160; 1959).

Fixations, distortions, one-sidedness and traumas influence an individual's experience, behaviour, emotions and perceptions. The aim of Existential Analysis is to guide a person towards experiencing their life authentically and freely. This is done through practical methods that help an individual to live with 'inner consent', or the ability to affirm what he or she is doing. We can summarize this aim as: helping people to recognize and come to terms with their behaviour and emotions and live with 'inner consent'. This description resonates with the Rogerian concept of congruence (e.g. Rogers 1961); however, existential analysis places more emphasis on the active decisions and commitments an individual exhibits, rather than the accompanying mood or organismic feeling. Phenomenological analysis of work with patients (Allport 1955; May 1979; Längle 2000) has shown over the years that this inwardly given (spoken and/or felt) consent is a highly complex achievement, wherein the individual brings together all the relevant layers of their existence into one simple 'yes' (what we term affirmation).

Existential Theory of Motivation

Difficulties in reaching inner consent (such as partial consent or not coming to terms with a particular experience) reveal more about the structure of human existence and the personal

needs that enable us to realize life in a fulfilling and rewarding way. As a result of my phenomenological investigations, I find that the structure of existence in my Phenomenological Investigations Analysis is made up of four dimensions and each of these dimensions corresponds to what we call fundamental human motivations. Human existence, according to existential psychotherapy in general, is motivated by more than sexual drives, the drive for power, equilibrium or freedom from tension. All of these common motivations are grouped around the following deeper motivations: finding a basis for being in the world; coming into a close relationship with what we experience as being our life; being oneself, by finding one's identity and authenticity; and re-orienting the constant changes within human existence into creative developments of 'becoming' (which corresponds to the existential concept of meaning) (Längle 1999; 2003a; Längle & Probst 1997: 149-169; Allport 1955). The social dimension is so fundamental that it finds its representation in all four motivations. We are primarily oriented to search for and discover answers in each of these categories. Becoming aware of our 'approach' to life and our existence, and responding to both by giving our personal answer (our consent) is the realization of each of these motivations. These four categories have historical analogies in Binswanger (1958), Boss (1963), Maslow (1954), Yalom (1980) and Epstein (1993), cf. also Grawe (1998) and a philosophical basis in Heidegger's 'Existentialien' (Heidegger 1962; Längle 2004). Frustration at these deeper levels of motivation leads to disturbing experiences like insecurity, apathy, emptiness, disappointment and boredom, meaninglessness (Frankl 1959; Längle & Probst 1995; Kolbe ed. 1992; Kundi et al. 2003) and can culminate in forms of psychopathology (for a historical overview cf. Frankl 1997; for a general introduction cf. Längle 1992a).

Because these four structural dimensions are fundamental aspects of human existence, human activity tends to orient itself (motivate itself) towards accessing, empowering, or strengthening a relationship to them. Therefore, the four structural dimensions of existence can be psychologically categorized as the four 'fundamental existential motivations'. While Frankl considered the search for meaning ('will to meaning') to be a person's deepest and primary motivation, the contemporary theory of this form of Existential Analysis has found three additional motivations that precede the motivation for meaning (Längle 2008).

1. A person is basically motivated by the *Fundamental Question of Existence*: I am – can I be? Such a question takes into account both the concrete circumstances (facts) of my being here in the first place, as well as my own power to bear or change the actual conditions of my life. To do so we need three main prerequisites: 'protection' – a secure physical and emotional base- , space and support from others. A person experiences these to the highest degree when they feel accepted by others. This in turn enables a person to embrace an accepting attitude towards themselves and others. Feeling accepted generates a sense of security about one's very existence. Without the experience of security, a person essentially fights for their very existence. Disturbances at this existential level lead to anxiety problems and form the psychic component of schizophrenia (Längle 1996; 1997).

2. A person is motivated by the *Fundamental Question of Life*: I am alive – do I like this? This question involves one's relationship to life. Do we relate positively to life,

are we literally ‘attracted’ to life, to such a degree that we can give our consent to live? This also means being able to live with pleasure, passion and suffering. The prerequisite of experiencing the value of life is, I would argue, having relationships, taking time and experiencing closeness to what is of value for oneself. These experiences in turn, enable a person to devote themselves to other people, to their community, to social action. Feeling and experiencing the value of one’s own life resonates with a deep feeling that it is good that ‘I’ exist (it is good that ‘I’ am here). Not being able to come to terms with this dimension turns life into a burden; to live without inner consent is the existential equivalent of being depressive (Längle 2003b; Nindl 2001).

3. A person is motivated by the *Fundamental Question of Being Oneself:* I am myself – do I feel distinctive and unique? Do I feel I am allowed and encouraged to be the way I am, to behave the way I do? Do I experience appreciation, respect and esteem for my own worth (Längle 1998c)? These experiences and feelings arise as the result of attention, justice, recognition and appreciation, the respective prerequisites of this dimension. This in turn enables a person to actively ‘hold their own’, to delineate their own identity from another’s and to recognize and respect another person’s worth. Disturbances at this level lead to the histrionic complex of symptoms and to the main personality disorders (Längle ed. 2002; Tutsch 2003; Probst & Probst 2002).

4. A person is motivated by the *Fundamental Question of continuous becoming and change*: I am here for a while – to what end? For what purpose? In what greater

capacities or contexts do I see myself? What do I live *for*? What is my perspective in a world and life where all is continuously changing – is there a valuable outcome? This dimension of existence deals with our inherent desire to turn our contributions to life into a meaningful whole; to become fruitful in life. A person experiences meaning when they feel they are engaged in worthwhile tasks or are oriented towards possibilities waiting to unfold in the future. This type of 'existential meaning' (Frankl 1973; Längle 1992b) may be found in societal or ambient tasks, worthwhile and needed work, fulfilling valuable duties, adopting positive attitudes towards unchangeable situations, as well as enjoying pleasant situations, encounters, nature, art etc. (Frankl 1973: 42ff.; Längle 2007).

A further type of meaning that does not depend upon our own activity is called 'ontological meaning'. This relates to the meaning of being itself (e.g. what is the meaning of my life? Or what is the meaning of having a particular illness?) These meta-questions, if you will, find their answers in philosophy, faith or religion (Frankl 1973; Längle 1998b). Experiences and feelings at this fourth dimension of existence enable a person to synchronize themselves with the world. In addition, they enable a person to discover and realize his or her unique and personal meaning in each and every situation. Disturbances at this level can lead to an inclination to suicide and dependency (Debats 1996; Längle & Probst 1997).

Existential Analysis in Practice

This Viennese Existential Analysis is a phenomenological approach. During sessions, the therapist is guided by what the patient is saying, and no attempt is made to interpret what the patient is saying. Rather, the therapist simply tries to *understand* what is being conveyed from the present context. Further, Existential Analysis focuses on the establishment of a dialogical exchange between the patient and his or her world. (Längle 2004)

This Existential Analysis views the individual as firmly imbedded in the circumstances of his or her life. As I see it, from an Existential Analytic perspective, psychic 'disease' is caused by a partial isolation: this means we call disease the constant disturbance in experiencing dialogical exchange and relational connections a person has (subjectively and/or objectively) (Längle 1992). If psychotherapy detaches a person artificially from the connections of his or her life (for example, by concentrating solely on psychic processes like drives, emotions, perceptions, desires, transferences or disease), this will lead in our view to a distortion of human existence as 'whole' (Frankl 1967; 1959; Heidegger 1962; Längle 2004).

Since life happens in the present, Existential Analysis *begins* with what is currently at issue for the patient. However, all of the patient's experiences, be they from the present or the past are treated in order to 'open a future' for the patient and in order to highlight the possible requirements, the possible options that are necessary to step forward into the

future. We have mentioned that Existential Analysis views human life as 'coming into existence'. How is existence barred?

1. It may be that burdens or specific events of the past come to overshadow the present. In such cases, Existential Analysis uses the *biographical method* (Kolbe ed. 1992) – a phenomenological approach to overcoming 'undigested' past events. In contrast to psychoanalysis, the approach of Existential Analysis is neither archeological (Freud) nor historical: instead of a systematic screening of a patient's past, Existential Analysis is a 'project analysis' (Sartre 1958), focusing on the future dimension of life, stimulating engagement with its challenges and reflection on its values. This also involves the exploration of those areas of a patient's life that prove to be a hindrance in their present life. Past suffering(s) are the object of Existential Analytic work only so far as they obstruct a patient's current life. It should be noted that what may obstruct or hinder a patient's present life may be caused by long-held and life-hampering attitudes towards losses, conflicts or traumas. Existential Analysis focuses on these attitudes and how they may in turn produce psychological disturbances and suffering (Längle 1994).

2. Trauma, suffering and distorted attitudes do not constitute the only reason for an unfulfilled life. Those who seek aid and external assistance frequently do not fully realize their own *abilities and resources*. In such cases, Existential Analysis aims at encouraging a patient's unique abilities, their emotions, self-acceptance and approach towards themselves (Längle 1994; ed. 1993).

3. Some people suffer from a very different deficiency; these patients are not suffering because of past events or an inability to recognize their own abilities and resources, these are patients who lack a *'Why'* in their lives. A variety of experiences, including grave loss and crisis, can lead to feelings of emptiness, to a life lacking in orientation and devoid of meaning (Frankl 1973; 1988; Längle 1992; 2007).

When a person's life has become hampered, the therapist and patient look for a 'track of life' within the Existential Analytic dialogue. Therapist and patient try to overcome the impediment of trauma and suffering, and uncover an authentic direction and orientation for the patient. When new possibilities for leading a meaningful life are discovered, Existential Analysis turns into 'Logotherapy': this means treating the disturbance by assisting in the search for, and realization of, meaning. The following case study will illuminate this point.

A Case Study

Mrs. M., 40 and single, has been suffering from depression for years. 'One day I am certainly going to kill myself. That day is not far off. Nothing doing anyway.' Her despair becomes the central theme for the coming sessions. The 'nothing doing' stands out: she believes that only doing something *useful* can possess meaning. But useful for whom? We begin with this strong conviction about what is meaningful. If life does not correspond to

her ideas and wishes, she feels it worthless. It becomes evident how her ‘concept of life’ is rigid and lacks an open exchange and dialogue with the world. For Mrs M., life should be of service otherwise it is no life.

This track proves right and leads to her *‘pre-existential’ attitude* towards life as I call it: ‘*Life must be as I want it - otherwise I won’t keep going*.’ In her anger and defiance she develops suicidal ideas.

Doesn’t this attitude show a depressive ‘violation’ of life in its despair to come to a true life? For who loves what one ‘violates’? We speak about the fact that life does not conform to the conditions we would like to impose upon it. Life is never at my service since, in the end, I am here to tackle my life instead of waiting for it (‘existential twist’ - Frankl 1973). But she remains in thrall to her emotions: ‘*There is terrible anger in me that life is like that. It was not me, after all, who has brought me into the world. That is outrageous: I am here without being asked and cannot even expect anything*.’ – Our wrestling for a new attitude towards life becomes understandable as the background of her life. For twenty years, the patient has held onto the same assumptions, that particular needs have to be fulfilled before she is willing to accept life. She wants to have a partner and children - she is still waiting. In the meantime, she has become petrified in her anger. After years of disappointment, she seeks relief in alcohol and tranquillisers, and since they do not give her peace of mind, she longs for death.

In cases where the patient's assumptions and attitudes have made them literally passive, Existential Analysis, as with many psychotherapies, begins by trying to understand the biography and the experiences that have led to such attitudes. It is of therapeutic value if this woman can come to understand why she has become like this. This would give her greater access to herself and install an inner relationship with herself. These are all procedures for establishing the second existential motivation (the relationship one has to life), that is fundamentally disturbed in depression. Otherwise, how could she give up this attitude with which the greatest part of her life and her failure has been intimately tied up? It is essential through this biographical work to uncover her true struggle for a fulfilling and meaningful life. For the first time she understands that she does not bear sole responsibility for not having achieved a fulfilling life. She begins to understand how the many setbacks and reverses she has suffered throughout her life have hindered her and we come to respect her for not having given up her struggle for a meaningful life. Subsequently we work through these wounds by using the method of Personal Existential Analysis (Längle 2000; 2003c). As a result she can see for the first time how her life can in fact turn out well.

We also work 'paradoxically' in order to instil in her how vital and necessary it is to gain some distance from her demanding attitudes about life - for they are blocking much of her activity. I ask her: *'What would you do, if you knew from now on that your demands will never be fulfilled?'* At this point, the patient has gained a relationship to her life: '*Strangely enough, I think about this frequently. If I knew that I was going to be alone for the rest of my life, I could live more easily. Sometimes I feel annoyed that my desire is so strong.*' Haltingly and tentatively, the patient lets herself be guided during the next couple of hours

to a new and open (phenomenological) attitude, i.e. to take life as it comes. Only then can she deal with it in a meaningful way. We try out the 'first' existential meaning of life, viz. to make the best out of the givens of existence. I offer: *'Do you want to try just for today to say yes to your life - and with this yes, to turn your life, as it is now, into the partner for whom you have longed for such a long time?'* She resolved, though with some hesitation, to renounce any man and to consciously live alone for a whole day. This gave her some breathing space. Soon one day became several days. She started sensing the calm she had been longing for. It was not the calm of annihilation, but a calm arising from the protection against her conditional desires. With her 'conditional' attitude, she had driven life away. Her newly achieved equanimity finally permitted her to become truly alive.

A process such as the one described can take months and sometimes, with particularly hardened attitudes, it can take years. Loosening hardened attitudes requires process interventions like the method of Personal Existential Analysis – PEA (Längle 2003c) and structural work, like, in this case, strengthening the patient's relationship to his or her life (second fundamental motivation). This can be achieved through the patient's work on experiencing his or her life as valuable and meaningful.

Conclusion

In the past 25 years, the approach of Frankl's Logotherapy has been expanded through the work of the Society for Logotherapy and Existential Analysis based in Vienna (GLE-

International, Vienna). This expansion has resulted in substantial theoretical and practical changes. This form of Existential Analysis is no longer centred solely on the process of finding meaning, as it was in Frankl's Logotherapy. The theory is broader in scope, based on *four* fundamental existential themes that give rise to a complex motivational theory, a better understanding of existential contents contained in suffering and a theory of emotions; it also involves the development of the ego-structures and of coping--mechanisms, as well as dealing with their fixation which forms what is generally called psychopathology. Frankl's innovative concept of meaning is not overshadowed but incorporated into Existential Analysis. The development of a specific theory and method of processing painful or traumatic experiences (PEA) supplements the structural model of Existential Analysis, which consists in the Fundamental Existential Motivations.

This new phenomenological processing method, the Personal Existential Analysis (PEA), combined with half a dozen new methods and techniques such as the Will Strengthening Method, the Meaning Finding Method, the Method of Personal Positioning, the Mourning Steps, the Regretting and Forgiving Steps, the Method of Dealing with Aggression etc., has enlarged the methodology substantially (Längle 1994; 2000; 2003c). The implication of the fundamental existential structures has broadened the application of Existential Analysis and improved its effectiveness (Längle 1999; ed. 2000; Existenzanalyse 2000). These new developments have also completely changed the training program in structure, self-experience, and duration. It now lasts five to six years part-time. In addition, current research is dealing with understanding personality disorders and subsequent appropriate therapies (Längle ed. 2002; Existenzanalyse 2002). Empirical studies are also currently

being undertaken on the effectiveness of psychotherapeutic practice and training, the safeguarding of quality in terms of therapy, and the effectiveness of therapy in hospital settings (Längle et al. 2000; Existenzanalyse 2000; 2001).

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