

Logotherapy in Telephone Counseling

Logos (Greek: meaning, word), **therapeia** (Greek: service, care, medical treatment), i.e. applying meaning in psychological care or treatment.

Based on his philosophical thought, as well as personal experience, eminent Viennese neurologist and psychiatrist **Viktor E. Frankl (1905 – 1997)** came to the conclusion that the basic human need is search for meaning, thus supporting Nietzsche's famous sentence:

"If you know the why, you can live any how, i.e. he who has a why to live for can bear almost any how." (F. Nietzsche)

Historical Context: Vienna as the Capital of Psychotherapy

In the first half of the 20th century three schools of psychotherapy were developed in Vienna:

1. **Psychoanalysis by Sigmund Freud (1856 – 1939)** who claimed that man is a being whose basic need is will to pleasure: *Wille zum Lust*. This view was in accordance with the era in which human instincts (sexual, aggressive) were made taboo, which entailed the suppression of a whole range of frustrations. Due to this, Freud believed that a person would be relaxed and happy once these subconscious mechanisms were made conscious. Viktor Frankl was interested in finding out which particular element within a person determines what should be repressed and what should eventually come to surface. Why some people repress certain things which others do not.
2. **Individual psychology by Alfred Adler (1870 – 1937)** who claimed that man is a being whose basic need is will to power: *Wille zur Macht*. His argument for this was that each person has some physical deficiency which causes the "inferiority complex". In order to compensate for that complex, a person develops will to power (for example, Napoleon who was of short stature became a general and was later crowned emperor, hence the "Napoleon complex"). Here Frankl also questioned which element within a person determines whether they wanted to exert power over others or not. Why some people seek to compensate for their shortcomings by gaining power over others, while other people do not.
3. **Logotherapy by Viktor E. Frankl (1905 – 1997)** who came to the conclusion that the basic human need is will to meaning: *Wille zum Sinn*. Logotherapy is a psychotherapeutic approach based on the philosophical thought which stemmed from the positive branch of European existentialism, i.e. the works of **Kierkegaard, Scheler, Jaspers** and **Heidegger** (Frankl, 1994), as well as Viktor E. Frankl's long-standing experience as a neuropsychiatrist at the Vienna clinic. However, the most important source of his approach, embedded in the core of his philosophy, is certainly his four-year experience as a ghetto resident and concentration camp prisoner during World War II (Frankl, 2010). The most valuable message gained from this experience is that man is a horrible being capable of inventing such atrocities as gas chambers, but on the other hand, a being capable of entering the same chambers with a *Shema Yisrael* or *Our Father* on its lips.

The Figure of Viktor E. Frankl

Viktor Emil Frankl was born in Vienna on March 26th 1905 in a Jewish family as the second of three children. His father, who had to quit his study of medicine for financial reasons, worked as assistant minister in the Ministry of Social Service. We can only imagine how joyous he must have been when Viktor, even at a very young age, declared that he would become a doctor. His mother, a housewife, invested a lot of love and care in the whole family. There was an especially gentle bond between her and Viktor. She came from a well-known Prague family whose most prominent member was Rabi Low, a Talmudic teacher and person of extraordinary spiritual strength. It is for this reason that he received many visitors seeking help and his grave was an often visited site for a very long time. Our roots, i.e. all the people from our families, bear particular significance for our lives because they are the building blocks of our personal growth. Many personality traits, as well as life choices of Viktor Frankl can be traced back to his family roots.

Frankl graduated in medicine and wrote his doctoral dissertation in the fields of depression and suicide, areas of special interest in his professional career. In addition to this, he studied philosophy and earned his PhD with a thesis entitled "The Unconscious God". He became a professor of neurology and psychiatry at the University of Vienna. His sense of responsibility for the world he lived in was apparent even during his medicine study. At the beginning of his career as a doctor he established a youth counseling center. In Austria at the time, like in the whole Europe, there was a major economic crisis. There were no job opportunities for young people which made them feel useless. Within his counseling center, Frankl would direct them to volunteering in many different areas, which helped them regain the sense of meaning and importance in their lives. At that time, Frankl came to the conclusion that the need for meaning was a very important human need and began writing a book on the topic, which he finished just before being taken to a concentration camp. His friends procured him a visa for the USA; however, he had never used it because he could not bear to leave his parents to their forbidding faith. At the time he did have some power to protect them as he was the director of the Neurological Department of a Jewish hospital. But the hospital staff was soon dismissed and sent to a concentration camp. His wife sewed the book manuscript into his coat lining because it was precious to him. He did not count on having to hand over his belongings, including the coat, to the SS. In return he received a ragged camp uniform in the pocket of which he found a piece of paper with the beginning of the Jewish prayer *Shema Yisrael*. Frankl understood the message: he was given the opportunity to put his fundamental thesis that life has meaning regardless of the circumstances into practice. And indeed, he found meaning in each and every day: at the work site he gave "marriage counseling" to an SS officer with marital problems, in critical moments he offered his piece of bread to a fellow prisoner, while he was in charge of the section for typhus patients, he would find pieces of paper and started writing his book anew. He endured all the hardships in the hopes of seeing his family again, writing his book and conveying the message that even among the SS officers and camp guards there were people who maintained their humanity. He wanted to protect those people from the hatred which would inevitably ensue after the war. He had never seen his family again. In the camp he lost his parents, his brother and Tylli, the woman he had married just before being taken to the concentration camp and whose image accompanied him on his harrowing daybreak marches to the work site.

After returning from the camp he was all alone. And then it took him only nine days to write the book about his life in the camp. The most prominent characters in the book are precisely those people who fought to save others in spite of endangering their own lives. Frankl emphasized that aggression and hatred can be stopped only if somebody shuns the “eye-for-an-eye, a tooth-for-a-tooth” principle. Only in this way, by not returning evil, can the chain of Evil be broken. In the book he also laid down the postulates of logotherapy and it eventually became his most read book. The Croatian edition of “Man’s Search for Meaning” is entitled “Zašto se niste ubili?” (Why didn’t you kill yourself?). Shortly afterwards, he met Elly, a nurse at the Vienna polyclinic where he worked for several decades after the war. Not only was she his wife, but also his business associate who typed all his works at his dictation. Their marriage was crowned with daughter Gabriela and then later with two grandchildren, Katja and Alexander. Frankl shared a very special bond with his grandchildren, and Alexander made a documentary about his grandfather – “Viktor and I”.

Viktor Frankl lectured at 209 universities on five continents. He spent ten years in the USA. He was awarded 29 honorary doctorates, renouncing the 30th and dedicating it to his wife Elly. In his honor as the founding father of logotherapy, the Viktor Frankl Institute was established in Vienna in 1992, and he was bestowed the title of honorary citizen of Vienna in 1997. He gave lectures until the age of 85 and completed his autobiography when he reached 90. He died in Vienna on November 2nd 1997 after the final version of his first and most famous book “Man’s Search for Meaning” was published. In the book “The Doctor and the Soul” he wrote the following: “The responsibility of man is a terrifying, yet at the same time wonderful thing. Terrifying is the notion that at every moment I am responsible for my neighbor, that every decision I make – from the smallest to the biggest one – is irrevocable, and that at any given moment I take or miss an opportunity. Each moment offers thousands of possibilities, but I can choose just one – all others are lost forever. On the other hand, this is also a wonderful notion – my future and the future of all the people and things around me depend on my decisions at any time. What I realize at a particular moment and what I bring into my life becomes a reality shielded from transience and decay.”

Basic Concepts of Logotherapy

Spiritual dimension, free will, responsibility, conscience, self-transcendence, existential vacuum, noogenic neurosis, noodynamic arch, will to meaning

Spiritual Dimension

According to Frankl’s fourth thesis on human beings, the spiritual dimension is what sets them apart from all others. The spiritual dimension is inherently human. Questions like the following stem from this dimension: “Why? Why me? Why here? Why these particular parents? Why these circumstances? Why...What is the meaning in all of this? What is the purpose of my existence? What is the meaning of my life in general? What is the meaning of this particular moment in my life?” The spiritual dimension permeates our whole physical and psychological entities and it is not bound to anything particular. Rather, it is in a state of

constant flux and its activity is unpredictable, which means that we can have a completely unexpected reaction to a certain situation at the last moment.

Key elements of the spiritual dimension: free will, responsibility, conscience, ability of self-transcendence, will to meaning

Free Will and Responsibility

We are the ones who at any given point in our lives have free will and power to decide among many possibilities. Even by choosing nothing, we are making a certain choice – not to choose. We alone are responsible for our choices. For this reason it is senseless to search for excuses and justifications for our character traits and activities, some of which would be conditioned by our genes and various psychological influences in early childhood. Naturally, this is not an argument to be entirely refuted. There are certain genes which make us more susceptible to some diseases, for example diabetes, rheumatism, etc. There are negative psychological influences that affect our development in childhood and adolescence. But the question is if we are truly helpless with regard to this. Is there really nothing we can do? In the case of genetic predisposition to a disease we can try to prevent its onset by various means (e.g. a healthy lifestyle). With negative influences in childhood and adolescence we can change our attitude, try to understand. We can turn the situation to our advantage if we know why we are doing it and invest enough zeal, effort and energy. This is much easier to accomplish if we visualize the goal in front of us. In the words of Viktor Frankl: “A person becomes what they choose at any moment.” If we look at the lives of great people like Mother Theresa, Pope John Paul II, Nelson Mandela and finally Viktor Frankl himself, we can see that they can serve as role models and inspiration for handling even the most difficult situations by making decisions and choosing what we want to become. "People are invited to be co-creators" (Frankl) which means they have the power to make the best out of themselves. Frankl compares man to a sculptor who is capable of molding a wonderful sculpture from sand, but also of chiseling absolutely nothing from a marble block. It all depends on personal viewpoint and free will.

Conscience

We make decisions with the help of our conscience, which is the most valuable and sophisticated spiritual instrument. We listen to it consciously and feel it intuitively. Just like a compass, it points us in the direction we should take in order to reach our goal. The choice of direction depends solely on us. Our spiritual freedom gives us the possibility of making our own choices and shaping our own views whereby we develop our personality through life, and it eventually becomes what we have made from it.

Self-transcendence

According to Frankl, people accomplish their deepest meaning by committing themselves to a certain YOU. In such a relationship of commitment, where we completely forget about

ourselves and give our love and devotion to another person, task or something that overwhelms us with beauty, we can find the deeper meaning of our existence.

Existential Vacuum and Noogenic Neurosis

If a person does not find their meaning, a feeling of emptiness arises, an "existential vacuum". If this emptiness is not filled with activities and things worth living for, weed will start growing in it, which means the person will likely develop the feelings of being a victim, excessive concerns for their health, different phobias or addictions, as well as deviant and criminal behavior. In his experience as a neuropsychiatrist, Frankl estimated that one quarter of clients comes to a psychiatrist because they cannot see the purpose of their existence and feels the existential vacuum. Frankl named this condition **noogenic neurosis (nous, Greek: meaning)**.

Will to Meaning

According to Viktor Frankl, a person can find meaning in three areas: a) area of experience b) area of activity and c) area of suffering (Frankl, 1993)

- a) We can find meaning in a rosebud blooming into a rose, in birdsong, babbling brooks, clouds, open sea, in other words by experiencing amazing diversity and natural beauty. We can also find meaning in the eyes of a person whom we feel on the same level with our feelings, thoughts and wishes. We can experience meaning by listening to Mozart, Chopin, Beethoven and other great composers, and by dancing and singing. Hence, we can discover meaning in experiencing beauty and love towards someone or something.
- b) Man is a creative being capable of engaging in some professional activity or hobby whereby he discovers meaning in his creativity.
- c) On the other side, life also entails suffering, guilt and eventually death. It is crucial for man to find meaning in this tragic triad (Frankl, 2005).

With regard to this approach, it is important to help a person in their growth and spiritual development to find meaning in life despite all else, starting as early as childhood. What is most important is to implement in them feelings of endowment and enthusiasm for life which they should regard as a challenging task they are able to tackle with motivation, strength and love. In the school environment, the basic tenets of logotherapy can be applied as **logopedagogy**.

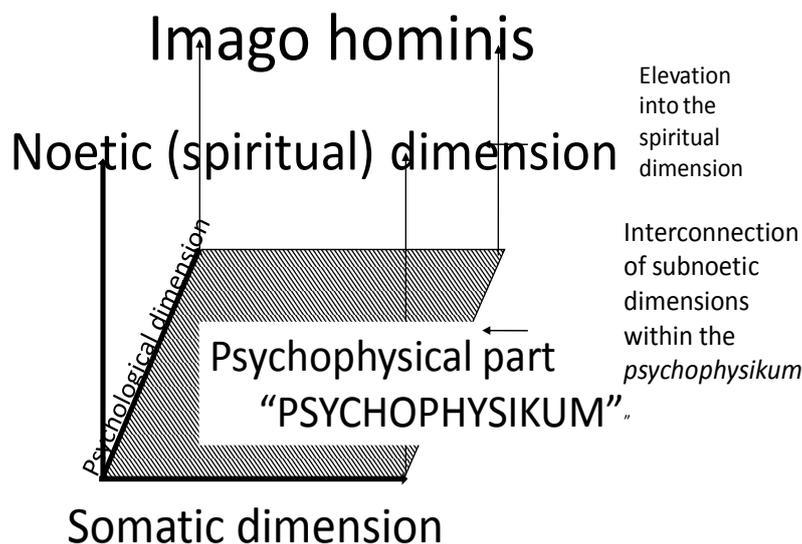
Noodynamics – Arch between Current State and Still Unrealized Opportunities

People are able to observe themselves from a distance and ask themselves: Am I satisfied with who I am at this moment? Am I right where I need to be in my life? Am I doing things I should be doing? What is the meaning of this situation? Which direction should I take and what are my long-term and short-term goals? If I could see myself now from the position of 2, 3 or 5 years ago, what would I see?

As a spiritual being, man strives for constant discovering and realizing new goals. We do not feel satisfied if we keep standing in the same spot, if our job has become a formal routine as well as our social relationships, if there is nothing that thrills us.

Latest studies in the field of neuroscience have shown that the brain is most active when we are exhilarated. In small children, the feeling of constant discovery and thrill encourages a sudden brain cell growth. This process continues for the whole lifetime in a certain way.

Elisabeth Lukas' Graph



Logotherapeutic Image of Man

The physical and psychological dimensions are interdependent, predictable and affect each other. For instance, mood changes influence the secretion of gastric juices, blood pressure, etc., and vice versa, physical changes such as fluctuations of blood sugar levels, thyroid hormones, body temperature, or poisoning lead to mood changes. This is called psychophysical parallelism. Our genetic heritage affects primarily our biological condition in addition to our proclivity to particular emotional reactions as part of a specific inborn temperament (Bauer, 2011). This is, however, not definitely determined because we can choose to cultivate the positive qualities of the temperament (e.g. in a choleric temperament, abilities of organization, animation and creativity can be encouraged, while anger and resentment can be avoided).

Similarly, we can deal with our family situation and wider social circle in different ways. Negative, as well as positive experiences cannot be erased and they are embedded in our personality. Nevertheless, in the present moment we have the possibility to observe ourselves from a distance and evaluate our experiences differently. We can take a different

point of view on a certain experience by asking questions such as: Why did I have this experience? How does it reflect on my life? How can I use the knowledge? If the situation had been different, would I have reacted the same? This is the activity of our **spiritual dimension** which is completely free. What we choose at a particular moment in time is unpredictable. Very often we even surprise ourselves with our last moment decisions.

But what is the origin of these components?

The somatic component derives from our genes, the psychological one is partly inherited through genes, but influences from different people in early childhood and later also play an important role.

The spiritual dimension cannot be inherited. According to Frankl, some Third Force is present at the moment of conception. A Force which bestows on us a spark of its Spirit. It is someone who sends us into this world as entirely new, unique, independent and free beings. This "**tertium datur**" is, according to Frankl, the transcendental component in which we are ultimately responsible for all our thoughts and actions. **For Frankl, man is a being with roots in the ground and wings in the sky.**

With this thesis Frankl rehumanized medicine by giving man the spiritual dimension back.

Relation of Logotherapy to Life Problems and Mental Disorders

Basics of Guided Conversation through Logotherapeutic Approach:

The Importance of Attitude to Life

Many things are dependent on the preexisting **attitude to life**. If we develop **victim mentality**, in a critical situation we will react as a victim searching for the culprit. On the other hand, if we develop the attitude that **life is a school** and the current situation just one of many school assignments, then we can find the strength to choose the most reasonable solution.

A reasonably solved assignment is the best illness prevention method as well as the best cure!

and unrepeatable! Therefore every therapeutic session, i.e. telephone counseling, is a **new creation**.

During the conversation we should offer the client:

a) relief:

Let the client open and share as much as they need to. We should let them talk uninterrupted by additional questions because it could make them leave out something important. Moreover, by telling their story the client becomes more relieved, their situation clarifies (**clarification**) and the most reasonable solution (**therapy**) emerges spontaneously.

b) analysis:

We use the logotherapeutic scheme to determine what cannot be changed or influenced (area of **destiny**) and what can (area of **freedom**). By posing questions, we try not to keep the client lingering in a painful or problematic area for too long in order to avoid them getting fixated on such content. We also try to ask questions about their successes, nice experiences and situations which made them happy, proud, etc.

c) therapy:

Together with the client, we search for the most reasonable solution for their situation. During the process we create the image of their psychological state and find out if we are dealing with a healthy person struggling with some existential problems or a person with some more or less pronounced mental disorders.

Logotherapy is not a panacea and also has its limits after which the client should be encouraged to visit a doctor or psychiatrist in case of mental disease. But how can we discover this? In the course of the conversation, the clients usually reveal facts about their psychiatric treatments or medicines they are taking. Of course, we do not interrupt the conversation, but we keep in mind potential possibilities or limitations of the person to change their situation. If the problems are of religious nature, we should direct them to an expert in that field, such as a priest or theologian.

Techniques:

Self-distancing – people's ability to observe themselves from a distance and take a point of view outside of themselves. Animals lack this ability. It is a specifically human spiritual ability, which enables people to step away from their symptoms, analyze and assess them and then opt for a different approach to their situation.

Application: difficult life situations, neuroses, addictions, only partially in psychoses

Change of attitude – the ability to change a negative attitude into a positive. Ability to find some meaning even in the negative, which might be difficult to realize at the particular moment.

Application: difficult life situations, neuroses, addictions, only partially in psychoses

Dereflection – distancing ourselves from the problems which preoccupy us (hyperreflexion). With dereflection people can discover some other content which is more relieving, useful and meaningful.

Application: difficult life situations, neuroses, addictions, only partially in psychoses

Paradoxical intention – opposite intention, we wish for precisely the thing we are most scared of to happen. The wish needs to be very intense and convincing. This technique employs the person's ability for humor and their creative spirit.

Application: fears, phobias, obsessive neuroses

The defiant power of the human spirit – people's ability to defy biological, psychological and social circumstances for a certain value.

Application: dire life conditions, losses, addictions

Self-transcendence – people are able to forget about themselves for the sake of someone or something very valuable.

Application: various interpersonal problems, situations related to various life assignments, addiction treatment

Therapeutic Procedure

1. Establish the problem

Socratic dialogue

2. Assess all the positive qualities of the person and find out what they would like to change

(1) Task for the client: Write down all your positive traits

What are you proud of in your life so far

(2) What would you like to change in yourself

3. What options do I have at my disposal

(1) Together with the logotherapist:

a) not change anything – what are the pluses and minuses of this option?

b) explore all possibilities, even the negative ones

c) assess the pluses and minuses of each individual solution

4. What is the most reasonable solution?

The therapist: Employ some of the therapeutic techniques

The client: Only the client knows what is most reasonable for them

The logotherapist helps the client understand the pluses and minuses of the chosen solution, but the choice depends on the client's personality, their values scale and motives behind a certain choice. The therapist should pay close attention to the client's abilities and not propose solutions which are inapplicable in the client's case.

At all events, the solution is an assignment the client has to complete. The therapist

should practice not taking over the client's assignments by telling them what the "best" solution for them would be. The client holds the key to the solution, and it is the therapist's task to lead them to the right door.

5. This is the solution I will choose!

Work out the first step with the therapist!

Application of Logotherapy in Different Mental Disorders and Life Problems

Logotherapy can be applied in all life situations and at every age. However, it should be clear when it is used as: a) method of choice, b) auxiliary method, c) supportive method.

- a) Logotherapy is applied as therapy of choice in all severe situations such as existential vacuum, noogenic neurosis, noogenic depression, difficult losses, suffering**
- b) It is applied as an auxiliary method in addictions, psychosomatic disorders as well as various neuroses**
- c) It is used as a supportive method in psychoses**

Psychiatric Credo:

A person maintains their human dignity regardless of the severity of their physical or mental disorders.

This view is of vital importance both for the patient and the staff who cares for them, but especially for their relatives. Logotherapy does not treat severe cases of mental disease, brain damage and similar, but it can provide help during lucid intervals and lead to a change of attitude towards the disease.

Logotherapy is applicable as individual psychotherapy, group psychotherapy and family psychotherapy (married couples, children and parents).

Individual psychotherapy

Case 1:

Dg.: Noogenic neurosis

NN, a 37 year old social worker, who was diagnosed with breast cancer. For now there are no metastases. She is in a good clinical condition with normal lab test. However, her mental condition is bad. Upon the first calling she was crying and very afraid because she feels her life is in danger. She is not married and lives with her mother. Her father died when she was 10 years old. She holds nice memories of him. The patient has a younger brother who is married and father of a 2-year-old little girl. She has always had a maternal relationship towards her six years younger brother.

He did not complete his economics study and works occasionally; otherwise he does not have a regular job. Sometimes he gambles, which worries the client.
After the initial conversation one Monday afternoon, we agreed that she would call when I am "on call" every 14 days. The summary of 6 interviews (3 months):

The problem:

Fear of death
Fear of disease and suffering
Bad relationship with her mother
Worry for her brother who occasionally gambles
Feeling of job dissatisfaction, which has amounted to an administrative routine (determining the amount of social assistance to those who require it, allocating money to foster families, taking care of alimony, placing people in nursing homes, etc.).

The treatment was carried out with the Socratic dialogue

- 1) **Phase of emotional relief**
- 2) **Clarification of the problem**
- 3) **Analysis of the situation:**
 - Detachment from oneself
 - The area that is destined
 - The area where there is a choice
 - Nodynamic arch (where I am at the moment and where I am supposed to be; what kind of person I am and what kind of person I am supposed to be)

Therapy: Change of attitude, dereflection

What can be learned from this example for practical application in telephone counseling?

1. Catharsis

A person should be allowed to "**cry it out**" and **tell their story to the end**, while we support them with an occasional neutral question like: "If I understood correctly, your father died when you were 10 years old?" or "Could you tell me how your illness was uncovered?"

2. Clarification

It is necessary to highlight the problem. This most often happens already in the phase of spontaneous storytelling.

What is it that burdens you the most?

The disease: Breast cancer; fear of pain and death

Fear of death: Will it be very painful?

Is there "something after?"

Religious beliefs: the patient's "faith from childhood" does not help her

Bad relationship with her mother

Concern due to brother's gambling

Dissatisfaction with her job

3. Therapy

The area which cannot be changed – the area of destiny:

- a) Demographic data (gender, age, education, marital status, place of work).
Woman, 37 years old, social worker, single, employed at the Center for Social Work.
- b) Biological characteristics: Brown hair and eyes, average height
- c) Physical status: breast cancer, otherwise healthy
- d) Talents: love for children, a high level of empathy for everyone in her surrounding, leadership skills, enjoying nature, love for horses
- e) Temperament: By nature she is an open person who easily and eagerly establishes new contacts, likes to talk, quickly becomes enthusiastic for a person or idea, often changing her attitude towards it after a while.
- f) The psychological condition (at the time of the interview and before that): Currently she is in a state of increased internal tension; she is terrified, full of dark premonitions, and depressed. She has trouble sleeping and eating, decreased attention, concentration and volitional functions.
- g) Interpersonal relationships (at the time of the interview and before that):
Bad relationship with her mother
Patronizing attitude towards her brother
Maternal attitude towards her niece
Dissatisfaction at the workplace

The area, which can be changed - the area of freedom:

Ad a) **Attitude towards** demographic data: positive, negative or neutral

Ad b) **Attitude towards** biological characteristics: positive, negative or neutral

Ad c) **Attitude toward** the physical status: positive, negative or neutral

Ad e) **Attitude towards** own temperament: positive, negative or neutral

Ad f) **Current psychological state:** we leave it unchanged, **effort with the help of psychotherapy** to improve the psychological condition

Ad g) **Present state of interpersonal relationships:** remains the same, gets worse, **effort is invested** into improving the relationships

The client was willing to work on changes under "f" and "g".

Therapeutic methods:

Along with the Socratic dialogue, the following methods were used:

Change of attitude and dereflection

Change of attitude

Therapist: If you only had 6 months to live, would you want to change something in your life?

Client: If I knew that I would die soon, I would want to go in peace.

T: Does that mean that you would invest effort into improving your relationship with your mother?

Client: Certainly.

T: How would you do that? What would you be willing to do?

C: Well, I would tell her that I love her very much in spite of the fact that all I experienced from her was a lack of attention in childhood in addition to overly controlling behavior and lack of trust in puberty. I would tell her that I am trying to understand her and that I do not blame her. I would tell her that I know she always loved me and did the best that she knew and could.

If I had only 6 months left, I would try to organize my brother to get treatment in a rehabilitation facility. I would spend a lot of time with my niece so that we could take walks in nature every day, visit the zoo, and go on short trips. I would take time for my work colleagues and tell them that it was nice working with them despite the fact that the work was becoming monotonous.

T: These are wonderful plans. Would you be able to start realizing them?

C: I think I could.

T: What would be the first?

C: Well, I would go and visit my mother and invite her for a walk to the neighboring town where there is a silk painting workshop at the moment, which my mother has wanted to learn for a long time.

During the 3 months of psychotherapy, a surgery was performed and the patient endured it very successfully. After 6 months she completely recovered physically.

She concluded: "I am grateful for this disease which showed me how limited the time I have at my disposal is. I realized that the people around me are the most important and that if I show them even small signs of care and affection, love comes back in abundance."

Dereflection:

Out of love for the children she has never had, (along with a friend) she established a shelter for children from the area who have family problems. These children can come to the shelter for one or more days, and they can even stay for the whole school year.

She did not think about the illness or death any longer, but about life, and how much she alone can contribute to it.

It has been several years now. The shelter is developing nicely. As a gift, they also received ponies, which the children care for, and above all they learn about the values worth living for.

The children are listening to themselves and trying to give from themselves to others the best they can.

Change of attitude: Instead of fear and sadness because of the illness, she has become grateful because she got a lot of new life opportunities.

Dereflection: She shifted her attention from the disease to the children from dysfunctional families, trying to make something good for them.

Change of attitude, as well as dereflection have positively influenced the client's health.

Group training for psychological help staff

Group of 6-8 participants and leader

Question: Would you be able to find in your own past examples of change of attitude and dereflection, and what did it mean to you?

Answers: Everyone shares their experience, and explains what meaning each experienced situation had for them and what changes it brought about for each individual.

Question: Are there any current problems that could be dealt with by a change of attitude or dereflection?

Choose up to three or four situations (according to the number of participants), so that everyone can participate in finding the solution.

Role playing: 3 or 4 pairs of volunteers play the role of client and therapist. Each role play lasts for 30 - 45 min. (The exercise may be continued at the next meeting if not all participants get their turn).

Follow the Socratic approach closely; do not suggest solutions, but help each person to find the one most meaningful to them.

Change of Attitude

Case 2:

Dg.: Life crisis situation

Therapy: Change of attitude

A 38-year old manager is calling because she is not sure about her decision to have an abortion. This is her first pregnancy. She hasn't told anything to her husband yet. They have been married for five years. He is five years younger than her. He would like to become a father, but she is not ready to become a mother. Currently she has a very good job. She travels all the time, she is very successful at concluding business deals, everybody praises her. The pregnancy and the child would make this impossible for her. She does not want that. She has spoken with her gynecologist, who would perform the abortion no questions asked. Nobody would need to know

about it. And yet, before making the final decision she called us to share her dilemma with someone. Besides, she is afraid of the procedure, she is scared of narcosis. And what if something goes wrong? I understood that the person needed help in order to understand her situation more comprehensively.

Therapist: Do you plan to be a mother at all?

Client: Of course, but perhaps in a couple of years.

T: Do you think that your opportunities for getting pregnant after the abortion and after several years, when you are 40, would be the same, better or worse than today? She hesitated for a while and then said with a feeble voice:

C: Well, I know several girlfriends who got pregnant at the age of 40.

T: But had they had a termination of pregnancy before that?

C: Not to the best of my knowledge.

T: Are you aware that after a termination of pregnancy a large percentage of women cannot become pregnant again?

C: No, I am not aware of that.

T: Have you thought about what the termination of pregnancy actually is?

C: You get rid of an uncomfortable burden.

T: And what does this uncomfortable burden represent? You have said that you are 2 months pregnant. Have you ever watched online the development of the child in mother's womb?

C: I know what you mean. You are telling me that an 8-week old fetus is already a child which could be born in several months.

T: Of course! This is a child, which is not a part of your body. You only offer it food and warmth, like the earth offers it to wheat, but the child is a completely different person.

C: Of course...

T: Do you feel that you have a right to take life of this new person, who is so dependent on you? Do you think you would feel well if after this conversation you were to tell your gynecologist to remove the child from your body...?

C: Oh no, but I am afraid...

T: What are you afraid of?

C: I am afraid of giving birth, people say it is very painful, I am afraid I will not know how to be a mom...

T: You can eliminate the fear of giving birth at a course for pregnant women that every hospital organizes. Finally, delivery can be done under hypnosis as well... And the fear that you will not know how to be a good mom will disappear when you start thinking about the miracle that you are carrying, which is called the child. Now it already needs your love, it is sensitive to your voice, it hears you when you sing, it feels when you are worried, it feels well if you stroke it and direct some nice thought towards it...

C: Yes, this is how I could look at it as well.

T: I would like to hear a little bit more from you who would also be happy because of your child?

C: In any case, my husband, who wishes so much to become a father, but I was not in for it. Then, my parents, his parents.

T: Well, look how many people you can make happy with your decision to keep the pregnancy and deliver a child. Finally, this child will also be grateful for the life, and you will surely feel that you made a good decision and you will be happy for the life of your child and

the happiness of all the people you love. Isn't it much more than the trips that you will have missed in the meantime?

C: Of course, someone else will take the trip, and I will have my baby and make sure that I am a good mother to it...

The conversation lasted for approximately 90 minutes. I was tired but also happy...

The life of the child, the future of the young woman and indirectly also of her family depended on those 90 minutes... I was asking questions of her all the time and led a Socratic dialogue in which she actively participated. The responses were hers. On the basis of her responses, in other words, her contemplation, she changed the attitude towards the child, the pregnancy, the delivery and maternity. It was hard, but it was worth it!

Dereflection

Paradoxical Intention

Case 3:

Dg.: Phobia

Th.: Paradoxical intention

My duty was just coming to a close. I had 10 minutes to get ready and run to the bus stop. I did not want to be late because the next bus was only scheduled for two hours later. Then the crisis phone rang. I thought: "My duty is still on. My colleague may be late. Who knows who is calling and why. What if it is a matter of life and death?"

I answered the phone and heard a male voice. The client was 33 years old; he was a performing artist, a singer in an ensemble, due to travel to Argentina in five days. He told me in an excited voice that the trip was very important to him and that he also ought to go for the sake of the ensemble, but he was afraid that he would not survive the trip, more specifically, that he would starve. He had already called various psychiatrists all over Slovenia, but no one knew how to help him and finally he called our line. His problem was that in every restaurant he sweated a lot. It was very embarrassing for him so he did not frequent restaurants, but prepared food at home. In Argentina this would not be possible because they would be staying in different hotels. The program was very tight, they would have practices and performances all day long and would be eating together in restaurants. The trip was planned to last for three weeks.

I remembered the paradoxical intention and said to him something along the following lines: "There is a method which can resolve your fear of sweating, and it is called paradoxical intention. It is a very efficient, but also a very unusual method. I shall describe it to you quickly because I am in a rush to catch a bus and do try it and call me back in three days." I gave him the number of the office that he did not know because he lived at the other end of Slovenia. "So, try to imagine that there is a sweating competition for the Guinness world records. You are so good at it that you will surely win. Go to a restaurant to have lunch for three consecutive days. Imagine that the panel measuring your sweating for the Guinness world records is sitting at the adjacent table. Try to sweat so much that your shirt is totally wet, that your forehead is sweating so that the sweat drips into the dish that you have

ordered. Try to convince them that no one in the world sweats faster and more than you." When he called me three days later he told me in an excited voice: "I do not know if you will be happy because I adhered to the instructions, but I could not sweat at all so my shirt remained dry and my forehead was also completely dry." "But then try to convince the panel in Argentina. Maybe you will succeed there." We both laughed. He promised that he will keep going to restaurants diligently in order to sweat so much that it would be enlisted in the Guinness world records.

Paradoxical Intention

Case 4:

Dg.: Phobia

Th.: Paradoxical intention

A 43-year old mining engineer is calling us because he is very worried for the future of his job. He has been working in a mine for 15 years. A week ago he felt a sudden fear before descending into the trench. He simply had an onset of a panic attack when he entered the elevator. He went to see his doctor because of this and she put him on sick leave, and also prescribed some tranquilizers. But he still feels an intensive fear if he only comes to think that he would have to enter the elevator.

After hearing about the details of the relations at work, which have lately worsened because the business was deteriorating, we tried to find together the solutions for his panic attacks. I proposed a paradoxical intention. I suggested that the client go to the mine on Sunday, when there are not many workers, and to try and explore his state. I advised that he take a pencil and a notebook and the blood pressure meter. Let him assume an attitude towards the problem as if it were a scientific research. He was suggested to take at each level (of which there were 10), when descending to the pit, his blood pressure, pulse, breathing frequency and the quantity of sweating, as well as the warmth of the skin.

We agreed that he would call me on Monday (3 days after the conversation). He called talking in an excited, but cheerful voice. He did all as we had agreed. At each level in the mine pit he took measurements of all given values and managed to descend to the tenth level.

I suggested that he repeat the exercise several more times.

He called 14 days later.

Panic attacks did not occur anymore. Now he already descends with the blood pressure meter and the notebook.

Case 5:

Dg.: Phobia

Th.: Paradoxical intention

A 30-year old crisis hotline volunteer seeks help because she suffers from claustrophobia.

Currently she is at a training seminar. She was assigned the only available room to spend the night in. The room is situated in the attic and has no windows. There is only artificial light in it. After she had entered the room, she went out quickly because she felt chest pain, difficulty breathing and strong fear.

I proposed **paradoxical intention**.

Let her remember the film about Casper, a small ghost from an English castle, who had a strong fear of any sound. Let her imagine her fear as a „little Casper“ who himself is afraid. Let her sit in the evening in her room and invite Casper to visit her. Let her draw on a paper what her fear, i.e., the „little Casper,, looks like. She should set a chair and a coffee cup for Casper. When Casper arrives, he will surely tremble with fear like a leaf, and this will be very funny to her. Let her hold his hands and start shaking together with him. They can dance together. This will also be very funny.

When she called me in the morning, she said that she had done all she could for Casper to come, but he must have been afraid more and he never showed up. She laughed and thanked me.

Exercise for volunteers on the telephone:

Identify their fear

Use paradoxical intention

The form of paradoxical intention depends on the client's personality:

competition (the Guinness world records)

scientific research (monitoring events)

laughter (sense of humor)

something else

An intensive wish to confront the fear is very important.

Group Logotherapy

Case 6:

Dg. Professional crisis

Th.: Dereflection as an individual therapy and a group therapy

C: I am a little bit embarrassed to call you because I am a psychologist by profession. However, the hotline is anonymous so I estimated that possibly I could tell you what bothers me, maybe you could give me a useful piece of advice?

T: I shall try, but first you have to tell me what bothers you.

C: Well, I am in a way fed up with the job I do at an addiction unit. In group work you always hear the same stories, all the time people talk about what someone was drinking and how much they were drinking and what negative consequences were for their health, for their

family and work. Always the same bunch of negative information, difficult stories full of violence, abuse, diseases and the like. After that I find it hard to work with other clients who need individual psychotherapy.

T: I would suggest a small game to play, in which you should say how you will feel at the end of the first part, and how you will feel at the end of the second part: I shall tell you the first story: once upon a time there was a little girl who was an only child. When she was younger, her parents got on well, but after her father returned from the war they no longer got on well. The father often went to the pub and came home drunk, he used to shout at the mother, and she was crying and crying. He would also knock over a chair or kick the dog ... How are you feeling?

C: Why this is what I hear every day and what makes me unhappy!

T: And how do your patients feel?

C: Well, looking at the expression on their faces I would say that they are sad, and sometimes also angry and ready to quickly criticize someone who tells such a story.

T: Alright. And now listen to another story. Once upon a time there was a little girl who was an only child. She had always loved her parents, but her love grew after her dad returned from the war. True to say, her father was in a wheelchair and could no longer carry her on his shoulders, but he often told her stories, which he made up himself. And all of them had a happy ending. He was good and well liked by the neighbors. And he was liked the most by his war comrades, whom he constantly encouraged and helped them resolve some of their issues. "I remember," the little girl was saying, "that at Christmas he organized a charity concert." She participated as well. Everybody was thrilled. The money that they had raised was intended for clothing of the children of one of his friends from the war who had six children and was the sole breadwinner. It was a wonderful Christmas... How are you feeling now?

C: Well, you reminded me of a similar story exactly from the place where I live and where there are a lot of people who went to the war as volunteers to defend their country. Some of them are able bodied, and some disabled. But, if it hadn't been for Danijel, all of them might have become mental invalids. Specifically, the society did not take care of them, but Danijel, who is a musician, formed a tamburica orchestra and a male choir. Tamburica is not difficult to learn, and as for singing, all of them have beautiful voices... It is a pleasure to listen to them!...

T: But look, when telling bad stories or listening to them it makes our brain create associations to similar nasty or difficult topics and we feel unhappy. However, when we listen to or tell a good story, associations to good stories appear in our brain and we feel good. We are also ready to mimic this good.

In other words, if you wish to feel well, you and your group should think of what nice things you have to say, what were nice things that happened to the group in the unit, whom they could praise, to which staff they should be grateful? How to express gratitude towards the staff in the unit? How to express gratitude to their families, to some of their members, who despite everything they have been through come to visit, who are engaged in the treatment, who listen to lectures about alcohol abuse and take examinations!

What would make your closest persons happy? So, if we use **dereflection** from the problems and see what else remains, we start to discover an uncharted land full of wonderful surprises!

C: Thank you! I shall really remember this conversation!

Scheme of Conducting Logotherapy Conversation for a Couple

A married couple in **individual psychotherapy** describes a conflict situation due to which both partners are angry or sad. The logotherapist leaves enough time to both wife and husband to describe the problem and express their feelings. In doing so, the therapist assesses whether there are the conditions and mutual desire to continue living together. **The therapist analyzes the foundations on which the relationship relies primarily emphasizing the positive aspects that support the connection between them.** It is necessary to determine whether the relationship is based on love. Besides the causes that have provoked the conflict it is necessary to present the mutual qualities they liked in the beginning of the relationship, the reasons why they chose that particular person.

There are variations of the schemes of conducting marital psychotherapy. Here are descriptions of 2 forms.

Variation A:

After the individual psychotherapy, the logotherapist schedules mutual therapy, which develops through 3 stages:

Phase 1:

The therapist's question addressed to the husband is: "What do you think has hurt your wife?"

The husband replies.

The therapist addresses the woman with the same question:

"What do you think has hurt your husband?"

The wife replies.

The control question to both of the partners: Did the partner guess the exact reason why you are hurt? Did he or she highlight an important problem?

If one partner or even both have not confirmed that the partner has identified the core of the problem, now they can express exactly the problem they are bothered with.

We proceed to

Phase 2:

The therapist asks the husband: "If you would find yourself in the same situation, would you be able to find a way not to hurt your wife?"

The husband replies. The therapist asks the same question to the woman, "If you would find yourself in the same situation, what could you do not to hurt your husband?"

The control question to both: "Would the step indicated by your partner truly be a relief for you and help you in avoiding a conflict?"

Maybe the partners will not agree. In that case they should themselves suggest a way that brings relief and a way to avoid a conflict. After they come round, we continue to the

Phase 3:

The therapist: Are you willing to accept the possibility when the next crisis arises not to behave as before, but meet the partner half-way, regardless of his/her response?

The therapist addresses this question individually to both of them.

If both partners eliminate that possibility, then marital therapy is terminated.

If only one partner changes something with himself or herself, it improves the relationship.

The concept of self-transcendence is typical in logotherapeutic counseling and is present throughout it. Namely, the question the logotherapist asks a partner is not "In your opinion, what bothers you about your partner?" but "In your opinion, what do you think bothers your partner about you?".

This enables identification with the partner's feelings and opinions, opens the possibility of understanding the partner's perceptions and his or her reactions to them.

In short, thereby a change in the original thinking arises. The partner does not ask himself or herself the question "What can I expect from my partner?" anymore, but "What is expected of me as a legal partner in the name of love and in the name of Logos?"

Variation B:

Phase 1:

The therapist asks the husband: "What change in your behavior would your wife like to see? What would make her happy?"

The husband replies: "I think that she would be very happy if I devoted more time to her, but as a manager I cannot afford it!"

The therapist does not dwell on this response to comment on it, but addresses the wife:

"What are you ready to change in your behavior to make your husband happy?"

"I should probably stop bothering him with my wishes. He spends so little time at home and even then he immediately has his head buried in his books! Which wife would put up with it?"

The therapist does not dwell on this response either but proceeds with the control question: "So, your husband has guessed that you would be happier if he were to spend more time at home!" The wife confirms. A question addressed to the husband follows:

"Has your wife also guessed that she is a nuisance?" The husband does not confirm, but explains: "She constantly walks around me asking me questions about insignificant things, so that I can hardly do what I planned to do. I have trouble concentrating because she is a nuisance, and I simply have to finish the work that I am doing."

Phase 2:

The therapist asks the husband: "Is there still a possibility for you to take some time for your wife without significantly damaging the work that you cannot afford to put aside?" "Maybe we could talk during lunch. At that time I am usually miles away in my thoughts. Maybe I could take her out to dinner once a week. On the way there we would certainly talk, and also during dinner. I know a good restaurant!"

Before commenting on this proposal the therapist addresses the wife: "Is there a possibility for you not to disturb your husband when he reads?" The wife proposes: "On Sundays afternoon I could relieve him of my expectations. But in that case I would like to have Saturdays for both of us to share."

If my husband were completely present in his thoughts during lunch and talked to me, I would be perfectly content. I know that he is very busy and that he has to complete his work. I do not want to disturb him. If he takes me out to dinner and possibly dance on Saturdays, I think I would be very happy with it."

The therapist commends both because they did not engage in bargaining, but they came up, out of love and understanding, with the solution which they will surely manage to implement.

An important note: A good marriage is possible only among people who also know how to live alone. If the partner is required all the time as a support or a crutch, this is then turned into a troublesome, dependency-laden relationship. The therapist's advice: separate for a while and try to live independently, without seeking the help from the partner. This is then the chance to see oneself from a distance, manage on one's own and seek a way to change a certain behavior for the better.

Phase 3:

The question and task for both: Are you ready to see through what you offered? What will be the first step? We'll have a follow-up session in 2-3 weeks.

Marital psychotherapy can be fully conducted only in the counseling center.
Elements of this therapy can still be used on the telephone as individual therapy.

Exercise 1: Socratic Dialogue

A Change of Attitude

Objective of the Exercise:

Helping the callers in the situation of an existential vacuum or a difficult loss

Trainers and a Group of Volunteers

The trainer explains to the group the Socratic dialogue method and the change of attitude method

Socrates, a famous Greek philosopher who lived in the 5th century B.C., loved his homeland and his people very much. He was concerned with what was happening to them. He noticed that the young did not respect the old, and the old were not a good role model for the young. Mutual respect was being lost, the real sense was missing, life's span was used for frivolities (various short-breathed pleasures: food, sex and similar). He decided to do something that he felt he could do and what he considered his mission. He started visiting villages and cities and talking especially to the young. The discussion was based on Socrates' asking provocative questions, to which he demanded an answer.

Viktor Frankl introduced this kind of a discussion into logotherapy as the Socratic dialogue.

Such a discussion is based on asking essential questions, and this can also be very well applied in telephone counseling.

**A different perspective is a method introduced into logotherapy by Elisabeth Lukas.
The different perspective is brought about by Socratic dialogue.**

The exercise is being taught in the phase of the preparation for work on crisis telephone

- The trainer engages in a discussion with one of the volunteers in order to illustrate the Socratic dialogue and the change of attitude
- The group of volunteers follows the discussion and at the end provides comments and asks questions
- The trainer distributes pieces of paper with numbers and determines the key by which pairs will be composed.
- The pairs perform the exercise
 - At the end of the dialogue the trainer comments on the course of the dialogue.
- The group follows the dialogue and in the end gives its comments and asks questions.
- Each pair should take turns.
- The training lasts until the volunteers feel sure that the method is clear to them and that they have mastered it (at least five exercises for each volunteer with different problems).

The trainer comments on each dialogue.

The Course of the Discussion:

1. The caller describes his problem.

The volunteer listens to him carefully using only short questions (active listening).

In this part of the discussion the caller feels emotional relief, a catharsis.

2. With the help of the volunteer the caller describes the main problem which he wants to discuss.

3. The volunteer, who knows the basics of logotherapy, analyzes together with the client what cannot be changed in a certain situation and belongs to the „area of fate“, and what can be changed and belongs to the „area of freedom“.

In doing so the volunteer asks essential questions (Socrates') to which the caller provides responses.

The key to the solution of the problem is with the caller. He feels and knows best what the best choice is for him that makes most sense.

Example:

A 17-year old high school student calls the crisis telephone and the following dialogue takes place:

The caller:

Can you tell me what the meaning of life is, my own life?

Does it mean that I will meet a person, as happened to my mum, who will not respect me, but will be inconsiderate, occasionally physically violent, a person who terrorizes and intimidates my younger brother, me and my mum? Towards the outside world we appear harmonious and our father boasts our school performance, but at home he keeps grumbling all the time, he is never satisfied and says that we are „good for nothing“ because we are „lazy and insolent“. The „insolent“ probably implies my occasional refusal to bring my father a bottle of beer from the shop, when I see that he is already drunk. My Mum succumbs to him wishing to „let the sleeping dogs lie“, and also „what would the neighbors say“ if she started to shout or called the police? My brother and I went to the Center for Social Welfare. They invited Mum, who did go there, but she did not want them to invite the father as well. She was afraid that after that things might get even worse. So the status quo remained in place.

They praise me at school, but maybe they know my story so that's why they are lenient. What after I graduate from high school? I have no idea?! But whatever faculty I choose and finish, I won't get a job, as there are no jobs. Therefore, why would I study at all? My Mum works as an accountant, she does not see her job as interesting. The only thing she has got from it is the monthly salary and colleagues, with whom she can share her grievances. My father is a construction technician, always in the field work, comes home grumpy and tipsy! The same thing, day in, day out. What is the point of it all?! In the end, many diseases start to bother you, you are visiting doctors all around and finally die! No, thank you very much for such a life. I don't want it! It seems to me that those girls that jumped from the church tower and ended their life like that did the "right thing"! But for that you need to be brave!

The volunteer:

Well, life hasn't been either simple or easy for you...

I would say that, despite the obstacles, you have been very brave... What do you think about that?

The caller: Well, I had to, there weren't many choices.

The volunteer: You really think there was no choice?

The caller: Maybe I could have left my home or killed myself by now...

The volunteer: And why didn't you do it?

C.: Who would look after my brother, then? It would also be hard because of my Mum, and it wouldn't have been all the same because of my Dad despite everything...

So you do care how your Mum feels and what's with your brother, and it is not all the same for your Dad either...

V.: What would happen if you killed yourself now?

C.: It would for sure hit them hard. That keeps me hanging on, all things considered. I still care about what will happen to them!

V.: Does it mean that a good reason is needed for life?

C.: I think you could say that.

V.: So you would live because of the care and love for your loved ones!
Is there anything or anyone else that you also love?

C.: I love the boy that I am in love with... I love to play the piano... I love the sea...

V.: So we could say that you love music, nature, you are in love... All that is a great basis for your future life path. What would you like to give to people around you, what would you like to give to the world, what difference would you like to make with your life in this world..?

C.: Huh, there is so much of it! If I had a magic wand, I would change the situation in my family, I would change people so that they do not use violence, I would change people to love and respect each other. I would abolish weapons and wars...

V.: Beautiful wishes. Unfortunately, you don't have a magic wand. You can still do some of that. For starters, you can do something good to someone who would be happy for it.

C.: I have an old aunt, who loves me very much and I am sure she would be happy if I visited her... Yes, I will do it this Sunday... And I will call her already today!
Thank you for talking to me!

The volunteer guided the caller according to the logotherapeutic discussion scheme:

Scheme:

1. What is my problem?
2. What are my talents, my abilities? What do I love, what can I do, what do I know?
3. What in the given situation do I have available - good and weak options (everything needs to be checked and evaluated)
4. Which of those things is the most meaningful one?
5. What might be the first step?

The Example Provided:

1. What is the caller's problem?

The caller doesn't see a meaning of her life. So, the issue here is the **existential vacuum and noogenic neurosis**

2. The volunteer asks Socratic questions:
How did the caller resolve the problem in the past?
She hasn't killed herself because of love and care
3. She has got available weak and good options
 - a) Weak: run away from home, kill herself
 - b) Good: resolve the problem

What are her abilities and talents?
She loves to play the piano, she loves the sea, and she is in love

What is her system of values?
What would she do if she could fulfill all her wishes?
There would be no violence! All people would respect each other!

What does life expect from her?
To do good things!

4. What would be the most meaningful thing to do at that moment?
To visit her aunt

5. What will be the first step?
She will visit her today

The trainer is analyzing the course of the conversation together with the group of volunteers.

A change of attitude: During the conversation the caller changed her attitude to life from a totally negative one to a responsible and happy one.

Exercise 2: Paradoxical Intention

Description of Method:

The paradoxical intention method is based on a psychological mechanism that is triggered during an anxious expectation and a strong emotional desire for attainment of a goal, in which we usually fail. Top athletes provide an illustrative example for this; when they are too strained to be successful, their performance in a game is frequently poor; an example from everyday life is our wish to prepare a delicious meal for the guests we have invited, and it turns out to be worse than usual. Another illustrative example is the one from school – when a teacher asks a child with a stutter to play the role of a stutterer at a school performance and the child, to own surprise and the surprise of everyone else, starts talking without a stutter.

Consequently, in the paradoxical intention method we wish specifically for things that we fear very much to happen to us so, paradoxically, exactly the opposite happens. This method may render a momentary disappearance of the symptoms, but it is good to repeat the exercise for some time.

To cause this strong desire for a paradoxical result, we can use the human sense of humor or our exploratory interest or our desire to achieve a record.

Application: state of fear, phobia, obsessive neurosis

Three Examples from the Practice of the Telephone Counseling

Example 1:

A 43-year old mining engineer is calling the crisis telephone because he is very worried for the future of his job. He has been working in a mine for 15 years. A week ago he felt a sudden **fear of descending into the trench**. He simply had an onset of a **panic attack when he entered the elevator** he was supposed to use to descend. He went to see his doctor because of this and she put him on sick leave, and also prescribed some tranquilizers. But he still feels an intensive fear if he only comes to think that he would have to enter the elevator.

After hearing about the details of the relations at work, which had lately worsened because the business was deteriorating, **we tried to find together the solution for his panic attacks**.

I described to him and proposed the **paradoxical intention method (doing the opposite)**.

We agreed that the client would go to the mine on Sunday, when there are not many workers there, and **try to explore his state**. I advised that he take a pencil and a notebook and also the blood pressure meter. Let him assume an attitude towards the problem as if it were a scientific research. He was suggested to take at each level (of which there were 10), when descending to the pit, his blood pressure, pulse, breathing frequency, and the quantity of sweating, as well as the warmth of the skin.

We agreed that he would call me back on Monday (3 days after the conversation).

He called talking in an excited, but cheerful voice. He did everything as we had agreed. At each level in the mine pit he took measurements of all given values and managed to descend to the tenth level.

I suggested that he repeat the exercise several more times.

He called 14 days later.

Panic attacks did not occur anymore. Now he already descends without the blood pressure meter and the notebook.

Example 2:

A 30-year old crisis hotline volunteer seeks help because she suffers from claustrophobia.

Currently she is at a training seminar. She was assigned the only available room to spend the night in. The room is situated in the attic and has no windows. There is only artificial light in it. After she had entered the room, she went out quickly because she felt chest pain, difficulty breathing and strong fear.

I described to her and proposed the paradoxical intention method (doing the opposite).

I suggested that she remember the film about Casper, a small ghost from an English castle, who had a strong fear of any sound. Let her imagine her fear as a „little Casper“ who himself is afraid. Let her draw on a piece of paper what her fear, i.e., the „little Casper“, looks like. Let her sit in her room and invite Casper to visit her. She should set a table, two chairs and two coffee cups. She should place the drawing into Casper’s place. **She should strongly wish for Casper to come for coffee.** When Casper arrives, he will surely tremble with fear like a leaf, and this will be very funny. Let her hold his hands and start shaking together with him. They can dance together. This will also be very funny.

When she called me the next morning, she said that she had done all she could for Casper to come, but he must have been afraid more and he never showed up. She laughed and thanked me.

Example 3:

My duty was just coming to a close. I had 10 minutes to get ready and run to the bus stop. I did not want to be late because the next bus was only scheduled for two hours later. Then the crisis telephone rang. I thought: „I am still on duty. My colleague may be late. Who knows who is calling and why. What if it is a matter of life and death?“ I answered the phone and heard a male voice. **The caller was 33 years old**, he was a performing artist, a singer in an ensemble, due to travel to Argentina in five days. He told me in an excited voice that the trip was very important to him and that he also ought to go for the sake of the ensemble, **but he was afraid that he would not survive the trip, more specifically, that he would starve.** He had already called various psychiatrists all over Slovenia, but no one knew how to help him and finally he called our hotline. His problem was that **he sweated a lot** in every restaurant. It was very embarrassing for him so he did not frequent restaurants, but prepared food at home. This would not be possible in Argentina because they would be staying in different hotels. The program was very tight, they would have practices and performances all day long and would be eating together in restaurants. The trip was planned to last for three weeks.

I remembered the paradoxical intention and said to him something along the following lines:

There is a method which can resolve your fear of sweating, and it is called paradoxical intention – doing the opposite. It is a very efficient, but also a very unusual method. I shall

describe it to you quickly because I am in a rush to catch a bus. Do try it and call me back in three days, when I shall answer the hotline again. So, try to imagine that there is **a sweating competition for the Guinness world records**. You are so good at it that you will surely win. Go to a restaurant to have lunch for three consecutive days. Imagine that the panel measuring your sweating for the Guinness world records is sitting at the adjacent table. Try to sweat so much that your shirt is totally wet, that your forehead is sweating so much that the sweat drips into the dish that you have ordered. Try to convince them that no one in the world sweats faster and more than you. When he called me three days later he told me in an excited voice: "I do not know if you will be happy because I adhered to the instructions, but I could not sweat at all so my shirt remained dry and my forehead was also completely dry." "But then, try to convince the panel in Argentina. Maybe you will succeed there." We both laughed. He promised that he would keep going to restaurants diligently in order to sweat so much that it would be enlisted in the Guinness world records.

Training of Volunteers

For work with people calling the crisis hotline

Objective of the Exercise:

Getting rid of irrational fears

Method:

Step 1: The trainer suggests that each volunteer from the volunteer group describe some of their fears.

Step 2: The trainer describes the paradoxical intention method (by reading and commenting on the above cases or others that he or she has prepared)

The form of paradoxical intention depends on the person seeking help on the telephone:

a) competition (the Guinness world records)

b) scientific research (monitoring events)

c) laughter (sense of humor)

something else

Step 3:

The volunteer chooses the form of paradoxical intention

Step 4:

The trainer role-plays with each volunteer the counselor and the caller, who is calling because of an irrational fear.

An intensive desire to face the fear, i.e., the situation that causes fear, is very important.

Step 5:

After the volunteer masters the exercise, he or she may apply it to psychological assistance.

Step 6:
Case management under supervision

Exercises:

Ad a) Competition

Tools: a table, a chair, a plate of soup

Fear of Sweating in the Restaurant

Instructions to the Caller:

- Sit at the table with a plate of soup
- Imagine that sitting at the adjacent table there is a panel that enters the level of sweating in the restaurant for the Guinness world records.

You wish to win at the competition

- Try your best to maximize your sweating

- Call the volunteer on the hotline and report:

Has the exercise helped you to stop sweating in the restaurant?

- **Case management under supervision**

Ad b) Scientific Research:

Tools: a notebook, a pencil, a blood pressure meter, a thermometer

Literature about various risks when riding an elevator

Fear of Elevators

Instructions to the Caller:

- Write a short article: What are the realistic risks of riding an elevator and how can one protect himself?

- *Make a strong wish to experience the fear of elevators in order to be able to do the research.*

- Draw your fear!

- Imagine that you are riding an elevator to the 10th floor and strongly wish to experience the fear that you have drawn. Besides, look at the drawing!
- Take your blood pressure
- Take your pulse
- Take your temperature
- Measure the frequency of your inhaling and exhaling
- Mark the fear emotion from 1 to 10
- Record all values into the notebook

- Ride an elevator twice a day and note down the data agreed

**- Call the volunteer on the hotline and report:
Has the exercise helped you reduce the fear of elevators?**

- Case management under supervision

Ad c) Sense of Humor:

Tools: a paper, a pencil, crayons, a balloon or a plush cat or a balloon with a drawing of a ghost etc.

A table, a chair, coffee cups, a needle, a plush dog, a drum etc.

Fear of Fear

Instructions to the Caller:

- Take a piece of paper and crayons! Draw your fear! It should be terrible!
- Set a table and two chairs. Put two coffee cups and the drawing of your fear on the table!
- Invite your fear to coffee!

Make a strong wish for your fear to „come for coffee“

- Tell the fear under what conditions it can come (clean shoes, clean nails, combed hair etc.)
- If it does not fulfill the conditions, it will be punished (use your creativity):
- The fear is the balloon, you can prick it
- Fear can be like a cat, and you will summon a terrible dog!
- Fear can be a little ghost (Casper, a scared little ghost) whom you will scare off by drumming!
- If the fear is very good, you will hug it, to console it or something....

**Call the volunteer on the hotline and report:
Has the exercise helped you to reduce the fear of fear?**

Case management under supervision.

Exercise3: Dereflexion

Training of Volunteers in Telephone Counseling

- **Dereflexion**
- **Dereflexion entails diverting attention**
- **Indication** for its application are states of **hyper-reflection**, i.e. excessive preoccupation with a certain problem, illness, deficiency, various addictions, which prevents a person from focusing on their healthy parts and all the possibilities within them and around them.

Hence, dereflexion helps to divert the person's attention to something they know and are able to do, which encourages their spiritual growth and development, as well as adoption of new models of behavior.

Objective of the Training:

Teaching volunteers to apply dereflexion in dealing with persons suffering from excessive preoccupation with unhealthy matters or addiction.

Tools: Paper and pencil

Group of 6-8 volunteers and a trainer

Method:

Step 1: The trainer describes an example of hyper-reflection and how successful dereflexion was conducted.

Example:

A 37 year old social worker, unmarried and living in her own apartment. She is **feeling very dissatisfied with her job, which has amounted to an administrative routine** (determining the amount of social assistance to those who require it, allocating money to foster families, taking care of alimony, placing people in nursing homes, etc.). **She cannot stop thinking about it (hyper-reflection)**. When she meets her friends, they always discuss her work-related problems. For the past year, she has also been constantly talking about her job dissatisfaction with her mother and brother. She called the crisis hotline to ask for advice.

Step 2: The trainer and one volunteer act out the situation:

The trainer asks the volunteer to put themselves into the role of the caller and describe their problem and how they feel about it.

Then the trainer asks the **essential question:**

Trainer: What would you do in the same situation if you had only one year left to live? What would you like to leave behind?

Volunteer: I would like to go in peace.

Trainer: What does that mean for you?

Volunteer: I would like to be remembered for the good I had done. When I reflect on my loved ones, I am aware that I do not have a good relationship with my mother and I have not visited my father, who lives in the same city, for a year now.

Trainer: Well, what do you think should be done about it?

Volunteer: Clearly, I will consider what I can do in order to get closer to my mother, but also how to improve the relationship with my father.

Trainer: What makes your mother happy?

Volunteer: Now that I think about it, I would say she really enjoys drawing. Maybe I could take her to the drawing course which starts in a month. And I would also join the course so we could have an activity we both share and enjoy. Regarding my father, I would simply invite him for lunch at my home.

Trainer: If you joined your mother in the drawing course, what do you think the two of you would talk about?

Volunteer: Well, we would certainly discuss drawing techniques, the people we would meet and our impressions from the course.

Trainer: If this situation was real, do you think you would talk less about your job dissatisfaction?

Volunteer: Yes, I am certain.

Trainer: Is there anything you could do about it at the moment?

Volunteer: I will go to my mother and see if she agrees to my proposal. I am convinced she will be thrilled about it as much as I will.

The trainer analyzes the case:

The problem: The person obsessively thinks about her job, which bothers her and she would like to change it. Therefore, the problem is excessive preoccupation, i.e. hyper-reflection.

The trainer asks the caller the essential question which diverts her attention from the problem to an area where she could make some positive changes. She forgets about her job dissatisfaction because she discovered a positive activity she could get involved in and include her mother as well, thereby improving their problematic relationship. Hence, dereflection was applied and attention was diverted from the problem to important relationships in life, as well as a positive activity (drawing).

Step 3: The trainer addresses the volunteers: Would you be able to find examples of hyper-reflection and dereflection in your own past, and what does it mean to you?

Step 4: Each of the volunteers writes down an example either from their own life or the life of a person they know, who is preoccupied by a certain problem which prevents them from seeing anything else and solving the problem.

Step 5: The trainer leads a Socratic dialogue, using dereflection on every volunteer, analyzing and commenting on the course of the conversation along the way.

Step 6: The group listens attentively. They ask questions and give comments.

Step 7: Role playing: 3 or 4 pairs of volunteers play the roles of callers and volunteers on the crisis hotline. Each role play lasts for 30 – 45 minutes. (The exercise may be continued at the next meeting if all participants do not get their turn).