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The Doctrine of Man in Contemporary Existential Psychiatry and its Adequacy in Christian Pastoral Counseling

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THE DOCTRINE OF MAN IN CONTEMPORARY
EXISTENTIAL PSYCHIATRY AND ITS
ADEQUACY IN CHRISTIAN PASTORAL
COUNSELING

A Research Paper Presented to the Faculty
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by
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CHAPTER I

INTRODUCTION

The Context of Existential Psychiatry

There can be no doubt that today in the field of psychiatry and of psychology there is a great deal of unrest, dissatisfaction, and flux of opinion. Much of this motion centers around the basic question that psychology and psychiatry have often neglected: What is the nature of man? E. Mansell Pattison gives us some indication of this unrest and its source when he points out that

During the first fifty years of this century, psychology seemed to be moving inexorably toward a materialistic, mechanistic, reductionistic view of man. Yet our own decade has challenged this attitude by movements that seek to re-evaluate our views of man; there are vigorous efforts to restore mind, consciousness, and soul to respectability.¹

It would indeed be an exhausting search to try to trace the social and historical origins of the various therapeutic disciplines and far beyond the scope of this paper. This paper is here concerned only with existentialism and its influence upon the contemporary psychiatric scene in a way described by Pattison above.

If psychiatry and its "reductionistic" tendencies of the past few decades had created a "gap," in the thinking and feeling of many therapists towards man, presumably the first thing to come along that could fill this gap would be sucked into the vacuum that had been created. Many feel that existentialism has filled this need. By definition, according to Allers, "all existentialist philosophers share a common concern for the being of the individual as such, in the concrete situation of his life."² Rollo

May, one of the major spokesmen for existential psychology in the United States, feels that only the nature of man is an adequate basis for understanding the art of psychotherapy. He chose an existential approach precisely because

The existential developments in our culture, whether in literature, art, philosophy or science, have precisely as their raison de l'être the seeking of this understanding of the nature and destiny of man.³

Elsewhere May further points out the effectiveness of existentialism in broadening the working base of psychotherapy:

The existentialists are centrally concerned with rediscovering the living person amid the compartmentalization and dehumanization of modern culture, and in order to do this they engage in depth psychological analysis. Their concern is not with isolated psychological reactions in themselves but rather with the psychological being of the living man who is doing the experiencing. That is to say, they use psychological terms with an ontological meaning.⁴

To show the contrast between "reductionistic" psychiatry and existential psychiatry in another way, it might be said that the former is concerned with the essence of personality, while the latter is concerned with the existence of personality. The former focuses upon objective and public data, while the latter focuses upon the subjective and personal data.⁵ The importance of this shift in psychiatry today can hardly be overemphasized. May shows his disdain of "reductionistic" theories of man's behavior by describing one of his fantasies of a Ph. D. in psychology on the eve of his death standing before St. Peter seeking entrance into heaven. May denounces this old school psychologist by putting these words into the mouth of St. Peter:

You have spent your life making molehills out of mountains--that's what you're guilty of. When man was tragic, you made him trivial. When he was picaresque, you called him picayune. When he suffered passively, you described him as simpering; and when he drummed up enough courage to act, you called it stimulus and response. Man had

passion; and when you were pompous and lecturing to your class you called it "the satisfaction of basic needs," and when you were relaxed and looking at your secretary you called it "release of tension." You made man over into the image of your childhood Erector Set or Sunday School maxims--both equally horrendous.⁶

From the above statements it may be concluded that psychiatry, sensing a lack of an adequate view of man to serve as a working base for therapy, has settled by and large for the views of man growing out of European existentialism.

Existential Psychiatry and Theology

Whenever a view of man is proposed, theologians stand with rapt attention. Existential Psychiatry, according to the Austrian Viktor Frankl,⁷ "is specifically designed to handle those suffering over the philosophical problems with which life confronts human beings."⁸ This sounds innocuous enough until the theologian realizes that "philosophical problems" most likely includes the majority of things which he feels he is qualified, if not called, to handle in his own study or office. Listening to Frankl a bit more may make the theologian-counselor frightened for his position:

Existential analysis and logotherapy aim at bringing the patient to the point of highest possible concentration and dedication. It is our business, then, to show how the life of every man has a unique goal to which only one single course leads.⁹

And again he says,

Existential analysis accordingly is designed to help the individual comprehend his responsibility to accomplish each of his tasks. The more he grasps the task character of life, the more meaningful will his life appear to him. While the man who is not conscious of his responsibility simply takes life as a given fact, existential analysis teaches people to see life as an assignment.¹⁰

Edward Farley sums up:

Philosophies such as existentialism offer a "philosophical faith" and a way for human beings to reflect on their deepest problems.

Doctors and psychiatrists not only address themselves to the body's illnesses but also to deeply rooted psychological problems demanding a totally new orientation or "new birth."¹¹

From the above there seems to be no doubt that existential psychiatry has not only a well defined problem in its anthropology, but also it has a well thought out solution. The theologian will be interested in examining both of these carefully. Man's dilemma will be examined in chapter II, and existential solutions or therapeutic goals will be reviewed in chapter III. In chapter IV both the goals and the problems will be examined from a Christian perspective to see if the solutions proposed by existential psychiatry are really adequate to meet the problems and accomplish the existential goal.

Science or Philosophy?

There is one other question that perhaps should be cleared up before proceeding any further. Existential psychiatry has been criticized not only from a theological point of view, but also from a scientific stance. The question is raised: Can anything which has such a non-empirical base as a defined "doctrine" of man possibly still be an empirical science? To answer this, the existentialists will first point out that

every method [in science] is based on certain presuppositions--assumptions about the nature of man, the nature of his experience, and so forth. These presuppositions are partially conditioned by our culture and by the particular point in history at which we stand.¹²

Pattison also points out that the "therapist's behavior and his results depend upon his conception of his patient."¹³ The existentialist says, "We are in effect being more scientific by putting our presuppositions on the table before the eyes of all, rather than hiding by claiming not to have them." Perhaps the most definitive statement in this regard comes

again from Rollo May:

It is well to remember that the existential movement in psychiatry and psychology arose precisely out of a passion to be not less but more empirical. Binswanger¹⁴ and others were convinced that the traditional scientific methods not only did not do justice to the data but actually tended to hide rather than reveal what was going on in the patient. The existential analysis movement is a protest against the tendency to see the patient in forms tailored to our own preconceptions or to make him over into the image of our own predilections. In this respect it stands squarely within the scientific tradition in its widest sense.¹⁵

Existential psychiatry, then, is not only not science watered down with philosophy, but it is, positively speaking, the only science adequate to deal with the problems of man, the whole man.

It is, of course, not the aim of logotherapy¹⁶ to take the place of existing psychotherapy, but only to complement it, thus forming a picture of man in his wholeness--which includes the spiritual dimension.¹⁷

Furthermore, it does not compete with or replace any previous scientific method (as seen above) but complements it. Rollo May notes that "Existential psychiatry . . . is an attitude, an approach to human beings, rather than a special school or group."¹⁸ He would probably agree that for any science to be able to deal adequately with man, the philosophical dimension and the spiritual dimension of man must have an integral part. The question then is not either science or philosophy, but the relationship between the two.

FOOTNOTES

¹E. M. Patteson, "Contemporary Views of Man in Psychology," Journal of Religion and Health, 4 (July, 1965), 354.

²Rudolf Allers, Faith, Reason and Modern Psychiatry: Sources for a Synthesis, edited by Francis J. Braceland (New York: P. J. Kenedy & Sons, 1955), p. 45.

³Rollo May, Psychology and the Human Dilemma (Princeton, N. J.: D. Van Nostrand Company, 1967), p. 87.

⁴Rollo May, Existence, A New Dimension in Psychiatry and Psychology (New York: Basic Books, Inc., 1958) pp. 14-15.

⁵Patteson, p. 349.

⁶May, Psychology, pp. 3-4.

⁷Dr. Viktor Frankl is a professor of neurology and psychiatry at the University of Vienna, and director of the neurological and psychotherapeutic department of the Vienna Polyclinic. His labors have resulted in his being known as the founder of the "third Viennese school of psychiatry," Freud having founded the first and Adler the second.

⁸Viktor E. Frankl, The Doctor and the Soul: An Introduction to Logotherapy (New York: Alfred A. Knopf, 1960), p. 33.

⁹Ibid., p. 63.

¹⁰Ibid., p. 66.

¹¹Edward Farley, Requiem for A Lost Piety: The Contemporary Search for the Christian Life (Philadelphia: The Westminster Press, 1966), p. 96.

¹²May, Existence, p. 29.

¹³Patteson, p. 361.

¹⁴Ludwig Binswanger (1881 -) was one of the early explorers in the field of existential analysis and a close personal friend of Sigmund Freud.

¹⁵May, Existence, p. 8.

¹⁶Frankl's own name for his particular type of clinical practice in existential psychiatry.

¹⁷Frankl, The Doctor, p. xi.

¹⁸Rollo May, "Existential Psychiatry: An Evaluation," Journal of Religion

and Health, 1 (October, 1961), 34. This point is further developed in May, Psychology, pp. 147-157. Zen Buddhism is an example of the psycho-therapeutic aspects of a philosophical movement. For a thorough study of this consult Alan W. Watts, Psychotherapy East and West (New York: New American Library, 1963), especially chapter 4.

CHAPTER II

MAN AND HIS DILEMMA IN EXISTENTIAL PSYCHIATRY

Viktor Frankl asserts that his system of psychiatry is grounded in anthropology. It's view of man attempts to conceptualize human nature in such a way that the resulting system "will satisfy both the empirical data of psychiatric research, and the theoretical needs of mental health."¹ This chapter, then, will examine man as seen ontologically by existential psychiatry, primarily as represented by Frankl.² Then human pathology will be examined in the same way.

The Ontological Conception of Man

Frankl firmly believes in a holistic view of man, that man cannot be separated into compartments which are isolated from each other. But he insists on supplementing this understanding with what he calls "dimensional ontology."³ Man can be viewed somewhat as a figure in solid geometry. If a person views a drinking glass, for example, he sees a different form according to the position from which he views it. It might be a circle, a rectangle, or a cylinder. A drinking glass is not known totally by any one of these images, but rather is at one and the same time all three of them. Frankl's "dimensional ontology" describes man with three such terms: He is physical, psychological, and spiritual.

Frankl's concept of the physical man is not distinct from commonly held views of evolutionary biologists and neuro-physicists. Therefore, this question need not be discussed here. Likewise with the psychological

dimension of man Tweedie suggests that

Frankl does not develop a theory of this psychic system in detail, but rather, presumes that this has been done sufficiently by others, and it is, instead, his task to counterbalance the onesidedness which has resulted from an overemphasis upon these drives. He believes that the observations of Freud, Adler, and Jung have thrown considerable light upon the psychic process of man, and have provided some very useful information.⁴

The main concern here is what is emphasized by Frankl, the spiritual dimension of man. Frankl sees his emphasis upon spirituality as the thing which characterizes his system in distinction to Freud. He states:

It is true that Freud once declared in conversation: "Humanity has always known that it possesses a spirit; it was my task to show that it has instincts as well." But I myself feel that humanity has demonstrated ad nauseam in recent years that it has instincts, drives. Today it appears more important to remind man that he has a spirit, that he is a spiritual being.⁵

Rollo May says nearly the same thing in asserting that the religious nature belongs in any psychological discussion of man.

What we are saying is simply that value (or more accurately, the act of valuing) is part of the structure of human experience itself. The problems of religion, thus, are not a special subject now brought in because of cultural whim in the temporary religious revival, but part and parcel of man's experience as man. [Italics added]⁶

Likewise, in examining mental patients, psychiatrist Edith Weigert finds that in the "sensitive, neurotic person [there is] a longing for the spiritual values . . . that can transcend the conflicts and make life meaningful and whole."⁷

All men have this spiritual dimension, even those who are not aware of it. Frankl calls this the "spiritual unconscious." He does not deny the existence or even the importance of the unconscious in the structure of man's personality, but he feels that Freud's emphasis upon the unconscious as being instinctual drives is not adequate. "More important that the unconscious psychic drives is the spiritual unconscious in man."⁸

In this sense, Frankl speaks of a "height" psychology to supplement the Freudian "depth" psychology.⁹

VanderVeldt summarizes the "spiritual unconscious" and further points out that it is clinically demonstrable:

Existential analysis . . . states that God is not a father-image but that the father is an image of God, and that the proof of this statement lies in the fact that an unprejudiced analysis of the unconscious depth of a man's psyche reveals his relation to God. Even when treating persons who profess to be decidedly irreligious, the existential analysts find what they call unconscious religion . . . an unconscious relationship to God.¹⁰

It is this religious or spiritual dimension that unifies the three spheres of a man's personality. "Some belief in purpose . . . serves in personality like a steel core in an electro-magnet--it unifies the lines of force and thus enables the magnet to exert effective power."¹¹

Frankl's holistic view of man (body, psyche, and spirit united on one person) leads to certain other characteristics that mark the human person and distinguish him from the rest of the animal kingdom. They are all carefully interwoven in a dynamic concept of the personality process. But they will have to be discussed individually, and hence somewhat artificially. The first of these characteristics is the concept of responsibility. Man is not autonomous. He stands in a relationship to something outside of himself. He is responsible to something or someone. Responsibility cannot have meaning if it is derived from man's own ego and super-ego. "Man's freedom and man's responsibility exist independently. But, in the last analysis, man cannot be responsible to himself alone. Behind his conscience stands an extra-human authority."¹² Man has tasks and assignments in his world context, and these must be acted upon, not arbitrarily, but with a view of transcendence that is revealed to him.¹³ There is a moral law, then, which

is not universal, but individual, coming to light in the specific situation of the person. Frankl asserts that

Human responsibility, which existential analysis strives to make men aware of, is a responsibility springing from the singularity and uniqueness of each man's existence. Man's existence is a responsibility springing from man's finiteness.¹⁴

Responsibility leads to a second characteristic, namely that man is not bound to the past, but is future-orientated. Man cannot really exist without a fixed point in the future. He must see life as heading somewhere. "Under normal conditions his entire present is shaped around that future point, directed toward it like iron filings toward the pole of a magnet."¹⁵ Douglas Fox contrasts this with "insight" psychology: "[In logotherapy] a man is understood, not in terms of some infantile trauma (or, at least, not in terms of that alone), but rather as a being who is going somewhere, aiming at something, intending something."¹⁶ This emphasis of Frankl's is hailed by Gordon Allport as a definite advancement over present day American psychology:

The chief shortcoming of American psychology up to now, I think, is its poverty in representing the future. While most people are absorbed in planning for . . . the future, psychology for the most part is busily engaged in tracing their lives backwards.¹⁷

Likewise, another American, Abraham Maslow, reaches a similar conclusion:

I think it fair to say that no theory of psychology will ever be complete that does not centrally incorporate the concept that man has his future within him, dynamically active at this present moment.¹⁸

It is not difficult to see the influence of European existentialism in the above opinions.

Man's responsibility and his future-directedness are not termini im-
potestatum, for man has the freedom to act in their behalf. The basic characteristic of freedom is a key concept in Frankl's psychiatric system.

Man is free to choose his course and direct his future existence. Frankl reacts violently against what he calls "pan-determinism." This is the view that holds that man is bound deterministically in his course. Rather, says Frankl, man is self-determining.

Man does not simply exist, but always decides what his existence will be, what he will become in the next moment. By the same token every human being has the freedom to change at any instant One of the main features of human existence is the capacity to rise above such conditions and transcend them.¹⁹

In another place Frankl asserts that

The freedom of decision, so-called freedom of the will, is for the unbiased person a matter of course; he has a direct experience of himself as free. The person who seriously doubts freedom of the will must either be hopelessly prejudiced by a deterministic philosophy or suffering from a paranoid schizophrenia, in which case he experiences his will as having been "made" unfree.²⁰

It appears quite obvious that Frankl takes a dim view of all who hold that the will is bound and man is determined. One reason for his doing so is that this is an escape from responsibility:

Neurotic fatalists . . . are prone to blame childhood educational and environmental influences for "making" them what they are and having determined their destinies. These persons are attempting to excuse their weaknesses of character. They accept these weaknesses as given facts, instead of seeing that having had such unfortunate early influences only makes it more incumbent upon them to practice self-restraint and seek to school themselves differently.²¹

Another reason why Frankl seems to reject determinism is that it inhibits ethical choice. "Fatalistic conclusions . . . are dangerous because they paralyze man's will to defy his inner destiny. The man who believes his fate is sealed is incapable of repealing it."²² Frankl, then, regards all moral despair as an ethical "weltschmerz" that could paralyze one's ethical actions.

It is important to caution here that Frankl is not speaking against a biological determinism. He realizes that man lives within his inherited

characteristics. But since the psychological and especially the spiritual dimensions of man are free, he speaks of man basically as having a freedom of the will. Nothing that happens to a man that is beyond his control is final; he is still free to accept one or another attitude concerning his circumstances.

Frankl's viewpoint here is definitely theological. He means that man can choose the moral good. Theologian Paul Johnson summarizes Frankl's position in this way:

There is a mood of helplessness and despair in some forms of recent theology which contend that man can do little or nothing for himself, that he is so infected by original sin or so feeble in his goodness and wisdom that he is virtually a prisoner of his evil impulses, enmities, and fatal estrangement.²³

In this viewpoint, Frankl is not essentially different from the majority opinion in American psychology today. There are no real exponents today of an evil view of man. Even Karl Menninger, who comes the closest, feels that a man's life is lived out in a struggle between the good and evil forces present in every person.²⁴ Carl Rogers is one of the strongest supporters of the view that man is by nature good.²⁵

Abraham Maslow does not seem to find such a strong position in the existentialists as was defined above. He feels that existentialists are trying to integrate the "higher" and the "lower" natures of man. He points out that Eastern and Western religions and philosophies have basically claimed that one must reach the "higher" by overcoming the "lower." "The existentialists however, teach that both are simultaneously defining characteristics of human nature. Neither can be repudiated; they can only be integrated."²⁶

Another characteristic essential to man's nature, according to Frankl,

is the "will to meaning." It is because of this concept that Frankl is regarded as the founder of the "Third Viennese School of Psychotherapy." Freud had spoken of a "will to pleasure" and Adler spoke of a "will to power." Frankl regards the "will to meaning" as an advancement beyond these systems. Man does not want basically pleasure or power, but he wants something, needs something to keep his life in focus. This must be a purpose for which to live. When man has such a purpose, his life has meaning, and this meaning "pulls" him into responsible and happy living. Frankl cites some opinion sampling in this respect:

A poll of public opinion was conducted a few years ago in France. The results showed that 89% of the people polled admitted that man needs "something" for the sake of which to live. Moreover, 61% conceded that there was something, or someone, in their own lives for whose sake they were even ready to die. I repeated this poll at my clinic in Vienna among both the patients and the personnel, and the outcome was practically the same as among the thousands of people screened in France; the difference was only 2%. In other words, the will to meaning is in most people fact, not faith.²⁷

The will to meaning is the true motivational factor in human personality.²⁸

This aspect will be discussed more fully in chapter III.

Frankl's writings in a few places seem to reveal an uneasiness in viewing man totally in an "individualistic" way. He occasionally hints at a social concept of man. Man cannot be fully understood outside of the human social context. Here is one such indication:

We have seen how the meaningfulness of human existence is based upon the uniqueness and singularity of the human person. We have seen further that creative values are actualized in the form of accomplishments that bear on community. Community in its turn confers existential meaning upon personal uniqueness and singularity.²⁹

The various spheres of man's personality have been examined, and certain basic characteristics or attributes such as responsibility, future-directedness, freedom, striving-for-meaning, and social orientation have been noted. The next question is: What happens when man does not function properly?

Human Pathology--Man's Existential Dilemma

Describing accurately human psychopathology is of supreme importance in existential psychiatry. Frankl, for example, believes that the most important step in successful psychotherapy is a proper diagnosis of the patient's trouble. It seems only natural that existential psychiatry would borrow heavily from existential philosophy in describing man's troubles. This is certainly true. It does not mean, however, that Frankl and others would see human psychopathology only in existential terms. Frankl, for example, accepts a rather standard definition of "psychosis," at least as far as European psychiatry goes, and feels that frequently there can be somatic etiology connected with psychic symptomatology.³⁰ But the largest area of disease category for Frankl is that of "neurosis." This is a state which arises and likewise expresses its symptomatology in the psychic state of the person. If the three basic aspects of man's personality³¹ are kept in mind, it is easy to see how various diseases express themselves in certain of these aspects. For example, some diseases may arise in man's psychological sphere, but express their symptomatology in the physical sphere. Since Frankl speaks of a spiritual aspect of man's personality, it would seem logical that there would be neuroses which would both arise and express themselves in this dimension. Frankl calls these the noogenic neuroses. Tweedie summarizes Frankl's reasoning:

In the spiritual dimension of man there often arises the condition in which the will to meaning is frustrated. This may be due to a moral conflict, to a specific spiritual problem, or to an existential crisis in development, such as may be observed in adolescence and the climacteric experience. Inasmuch as persons who are suffering under circumstances often refer to the emptiness and pointlessness of such in life, this is referred to . . . as existential vacuum.³¹

This describes the noogenic neuroses, and the remainder of this chapter will, as hinted by the above quotation, look at the symptomatology and the etiology, or causative factors, of these neuroses.

Frankl speaks of the "existential vacuum" as being one of the chief marks of human mental suffering today. It is a widespread phenomenon which is seen especially in boredom.

Let us think, for instance, of "Sunday neurosis," that kind of depression which afflicts people who become aware of the lack of content in their lives when the rush of the busy week is over and the void within themselves becomes manifest. Not a few cases of suicide can be traced back to this existential vacuum. Such widespread phenomena as alcoholism and juvenile delinquency are not understandable unless we recognize the existential vacuum underlying them. This is also true of the crises of pensioners and aging people.³³

Frequently the person who is bored asks the question: "What is the meaning of life?" To him, life seems meaningless. Frankl says that "among persons of this sort we would class, say someone who had lost a loved one around whom his life revolved, and who then despairingly raises the question of whether his own life any longer has meaning."³⁴ This kind of meaninglessness, however, is not always connected with a sudden crisis situation. It can grow slowly at certain times of life. An illustration can make that clear:

The problem of meaning . . . takes on this overwhelming urgency particularly at puberty, when the essential uncertainty of human life is suddenly revealed to young people maturing and struggling intellectually. A science teacher in a junior high school was once explaining that the life of organisms, and so of man also, was "in the final analysis nothing but" a process of oxidation, of combustion. One of his students suddenly sprang to his feet and passionately threw at him the question: "If that's so, then what kind of meaning does life have?"³⁵

Closely related to meaninglessness is loneliness. Freud, Rank, and many classical psychotherapists have suggested that all loneliness may really be separation anxiety.³⁶ This is the kind of anxiety a person

feels when he is about to leave familiar and secure surroundings for a new and adventurous existence where he is unknown and hence unloved. Sullivan and Fromm-Reichmann have suggested that this is related to conformity. May develops this point:

Loneliness is a common experience of those who conform, for while on one hand they are driven to conform because of loneliness, on the other, the validating of the self by means of becoming like everyone else reduces their sense of self and their experience of personal identity. The process makes for inner emptiness, thus causing greater loneliness.³⁷

Existential psychiatry uses no other term more frequently than the term "anxiety."³⁸ Anxiety is described by poets, philosophers, theologians, and psychiatrists, but it still remains somewhat of an enigma.³⁹ Rollo May describes anxiety as the "experience of the threat of imminent non-being."⁴⁰ It is to be sharply distinguished from fear. Fear is that experience which is directly tied to a feared object. A patient sitting in a dentist chair fears the dentist's drill. Anxiety, on the other hand, is not so connected. A person can go through life not knowing what he is afraid of, not perceiving anything as being dangerous to him. He simply has an inner anxiousness resulting from an inner conflict. He perceives a lack of well-being and wholesome relationship to life, but is unable to identify it. May elsewhere puts it somewhat differently:

We must now differentiate neurotic from normal anxiety Normal anxiety is anxiety which is proportionate to the threat, does not involve repression, and can be confronted constructively on the conscious level Neurotic anxiety, on the other hand, is a reaction which is disproportionate to the threat, involves repression and other forms of intrapsychic conflict, and is managed by various kinds of blocking-off activity and awareness.⁴¹

Psychiatrist Juan J. Lopez Ibor likewise sees anxiety as a threat of nothingness. This fear is seen in two basic forms: fear of madness and

fear of death. Both of them are essentially a fear of the "dissolution of the personality," or non-being.⁴²

Along with anxiety there is a second ontological dilemma which man faces. That is guilt. This is the condition of man when he fails to fulfill his life responsibilities. It is important to note that most existentialists do not say that a man simply "has guilt feelings," in the sense that it is his attitude that is most significant; existentialists say that a person is guilty. Rollo May describes four main characteristics of ontological guilt. The first is that everyone participates in it. No human being fully fulfills his own personality or life goals. The second is that such guilt does not come from cultural prohibitions. Man is not guilty because he disobeys mores; rather, he is guilty because he can see himself as a person who can choose or fail to choose. Thirdly, ontological guilt is not neurotic; that is, it is not repressed, but accepted and confessed. Finally, ontological guilt does not lead to symptoms, but can have a constructive effect upon the personality.⁴³ May's first characteristic is similar to the "existential frustration" of Frankl and to the "existential gap" of Maslow:

Existentialism . . . deals radically with the human predicament presented by the gap between human aspirations and human limitations (between what the human being is, what he would like to be, and what he could be). This is not far from the identity problem. A person is both actually and potentially.⁴⁴

Psychiatrist Edith Weigert perhaps gives the best overall description of man's existential dilemma. This may serve as a good summary of this section:

A person who grows up in such basic loneliness learns to repress the images of hope and trust in himself as well as in his world. He does not dare to dive into an unknown future, to grow, to experiment, testing the free play of his impulses in an expanding world. He cannot

learn from failures and transcends frustrations in the ever renewed hope and trust in a brighter future. When the lonely, distrustful child grows into adolescence, he misses the regenerative power of erotic experience. His anxieties and defensive cautions keep him in prolonged incestuous bondage. Sexual experience remains meaningless if it is not inspired by trusting love. The anxieties of basic loneliness flood the erotic fantasy life with sadistic and masochistic images and, threatened in his integrity, the discouraged person recoils deeper into this loneliness and does not reach the full life of mature manhood or womanhood.⁴⁵

Having looked at the symptomatology, this paper will now turn to the etiology, or causative factors, of man's frustration, loneliness, anxiety, guilt, and boredom, according to existential psychiatry.

At this point there is not unanimous agreement among specialists. Many reasons are cited for man's existential frustration. Frankl speaks of irresponsible living. A person makes the wrong choices in life, frequently because he does not see how his wrong choices lead him into further misery. For example, a person who is lonely frequently seeks what he considers to be love by visiting prostitutes. When such behavior develops as a pattern, his ability to really love and accept love is impaired by the very activity which he feels can meet his needs. Frankl believes that the most important thing for happy living is the ability to make the proper choice for the most fulfilling and authentic behavior. He theorizes that "when we set up pleasure as the whole meaning of life, we insure that in the final analysis life shall inevitably seem meaningless."⁴⁶ Meaninglessness comes about when the individual attempts to satisfy noetic needs by purely physical means. "Gratification of the sexual instincts affords pleasure, the eroticism of infatuation gives joy, but love brings happiness."⁴⁷ Love is on the spiritual level, eroticism on the psychological, and sexual gratification is purely physical. Man is not able to satisfy basic existential (noetic, or spiritual) needs without genuine love. Responsible living im-

plies that an individual chooses to meet needs with proper activities. This concept of Frankl's is rather revolutionary. It was seldom heard on the American scene until just recently when a new school of psychiatry known as "Reality Therapy" was developed by William Glasser. Glasser, like Frankl, maintains that people do not act irresponsibly because they are ill, they are ill because they act irresponsibly.⁴⁸

Another cause of man's existential dilemma is the repression of normal guilt. Man refuses to admit his humanity and face up to his failures to live the responsible life. Such repression of guilt causes a general anxiety. May believes "that much of modern man's experience of emptiness, his ennui and feeling of lack of zest and his experience that life is not worth living, are related to the repression of normal guilt."⁴⁹ One of the major promulgators of this view is O. Hobart Mowrer.

Mowrer is closely linked to the existential schools in correctly identifying the source of neurotic and psychotic illness as essentially a moral conflict. At some level of personality, guilt feelings are related to genuine guilt or wrong moral choice.⁵⁰

Mowrer believes that neuroses and psychoses result from behavior that violates a person's conscience. Guilt feelings in the emotionally disturbed person are normal and not to be lightly dismissed. Emotional problems result from misdeeds, rather than being the cause of them. "Sin, the basic problem, stems from repression of the conscience rather than from repression of instinctual drives."⁵¹ Frankl would extend Mowrer's concern and speak instead of a repressed spirituality or an unconscious God who is not allowed to be expressed in the person's personality.⁵²

Erich Fromm identifies the source of man's dilemma in his inability to love others as himself. Often this comes as a result of developed and nurtured ego-centricism.

There is no more convincing proof that the injunction "Love thy neighbor as thyself" is the most important norm for living, and that its violation is the basic cause of unhappiness and mental illness, than the evidence gathered by the psychoanalyst. Whatever complaints the neurotic patient may have, whatever symptoms he may present, are rooted in his inability to love⁵³

Rollo May identifies the basic cause of anxiety in this twentieth century as a loss of significance and of personal identity in the modern world. When Willie Loman in The Death of a Salesman is characterized as one who "never knew who he was," millions feel an identification with him. May cites a recent example of man's frustrated reaction to such loss of identity by quoting Mario Savio, the senior in philosophy who led the huge revolts and massive sit-ins at Berkeley:

There is a time when the operation of the machine [of collectivized education] becomes so odious, makes you so sick at heart that you can't take part . . . you've got to put your bodies upon the gears and upon the wheels, upon the levers, upon all the apparatus and you've got to make it stop⁵⁴

Students were reacting against their inner feelings of lack of significance and their feelings of worthlessness.

"The most striking symbol for the individual's sense of insignificance is, of course, the ever-present specter of thermonuclear war."⁵⁵ Such an imminent possibility reduces the person's feeling of self-worth and self-fulfillment to nil. He can often lose interest in life, in responsibility, in vocation, family, and future. Man's impotence in the face of such a threat "moved into anxiety, the anxiety into regression and apathy, these in turn into hostility, and the hostility into an alienation of man from man."⁵⁶ One might also consider modern "cybernation" as a force that causes people to doubt their worth and significance in life.

May also points out that anxiety can be caused by a discrepancy in a person's perception. He tries to evaluate himself by some constant

standard, but the standard starts to shift, and the person's source of orientation is of no value. Society is in such a flux today.

When the presuppositions in a society are themselves threatened, the individual has no basis on which to orient himself when he is confronted with a specific threat. Since the inner citadel of society itself is in a state of confusion and traumatic change during such specific threats which confront him. The result for the individual is profound disorientation, psychological confusion, and hence chronic or acute panic and anxiety.⁵⁷

This chapter has tried to show how man looks in the view of an existential psychiatrist.⁵⁸ Mention has been made of man's basic tri-phasic nature, his attributes, such as freedom and responsibility, and the basic "diseases" or symptoms of the many frustration-producing elements in man's modern world. The next step is to turn to an examination of the therapeutic goals and methods of existential analysis.

FOOTNOTES

¹Donald Tweedie, Jr., Logotherapy and the Christian Faith: An Evaluation of Frankl's Existential Approach to Psychotherapy (Grand Rapids, Michigan: Baker Book House, 1965), p. 51.

²Frankl's anthropology is the most explicit of the existentialists. Other men who are strongly attracted to the existential movement in psychology (Maslow, Rogers, Allport, May) will be cited in a supportive way.

³Douglas Fox, "Logotherapy and Religion," Religion in Life, 34 (Spring, 1965), 238.

⁴Tweedie, p. 54.

⁵Viktor Frankl, The Doctor and The Soul: An Introduction to Logotherapy (New York: Alfred A. Knopf, 1960), p. xvii. For a helpful discussion of the relationship of existential analysis to Freudian and Jungian psychology, see James H. VanderVeldt and Robert P. Odenwald, Psychiatry and Catholicism (New York: McGraw-Hill Book Company, 1952), pp. 129-133.

⁶Rollo May, "Existential Psychiatry: An Evaluation," Journal of Religion and Health, 1 (October, 1961), 39.

⁷Edith Weigert, "The Contribution of Pastoral Counseling and Psychotherapy to Mental Health," Journal of Pastoral Care, XV (Fall, 1961), 164.

⁸Tweedie, pp. 48-49.

⁹Ibid.

¹⁰VanderVeldt, p. 132.

¹¹Rollo May, The Art of Counseling (New York: Abingdon Press, 1939), p. 216.

¹²Frankl, The Doctor, p. xx.

¹³Cf. Tweedie, p. 61.

¹⁴Frankl, The Doctor, p. 85.

¹⁵Ibid., p. 116.

¹⁶Fox, p. 236.

¹⁷Gordon Allport, The Individual and His Religion: A Psychological Interpretation (New York: The Macmillan Company, 1950), pp. 129-131.

¹⁸Abraham Maslow, Existential Psychology, edited by Rollo May (New

York: Random House, 1961), p. 59.

¹⁹Viktor Frankl, Man's Search for Meaning: An Introduction to Logotherapy (New York: Washington Square Press, 1963), pp. 206-207.

²⁰Frankl, The Doctor, pp. 88-89.

²¹Ibid., pp. 98-99.

²²Ibid., pp. 92-93.

²³Paul Johnson, "Logotherapy: A Corrective for Determinism," The Christian Advocate, 5 (November 23, 1965), 13.

²⁴E. M. Patteson, "Contemporary Views of Man in Psychology," Journal of Religion and Health, 4 (July, 1965), 358.

²⁵Carl Rogers, On Becoming a Person: A Therapist's View of Psychotherapy (Boston: Houghton Mifflin Company, 1961), chapters 2 and 5.

²⁶Maslow, pp. 54-55.

²⁷Frankl, Man's Search, p. 155.

²⁸Donald Tweedie, "Logotherapy and the Christian Faith," The Gordon Review, 6 (Number 2, 1960), 55-56.

²⁹Frankl, The Doctor, p. 149.

³⁰Tweedie, Logotherapy, p. 76.

³¹Supra, pp. 7-9.

³²Tweedie, Logotherapy, pp. 93-94.

³³Frankl, Man's Search, pp. 169-170.

³⁴Frankl, The Doctor, p. 34.

³⁵Ibid., pp. 30-31.

³⁶Rollo May, Psychology and the Human Dilemma (Princeton, N. J.: D. Van Nostrand Company, 1967), p. 77.

³⁷Ibid.

³⁸Seward Hiltner and Karl Menninger, editors, Constructive Aspects of Anxiety (New York: Abingdon Press, 1963), passim.

³⁹Ibid., p. 69.

⁴⁰Rollo May, Existence, A New Dimension in Psychiatry and Psychology

(New York: Basic Books, Inc., 1958), p. 50.

⁴¹May, Psychology, p. 80.

⁴²Juan J. Lopez Ibor, Faith, Reason and Modern Psychiatry: Sources for a Synthesis, edited by Francis Braceland (New York: P. J. Kenedy & Sons, 1955), pp. 86, 89.

⁴³May, Existence, pp. 54-55.

⁴⁴Maslow. p. 54.

⁴⁵Weigert, p. 164.

⁴⁶Frankl, The Doctor, p. 42.

⁴⁷Ibid., p. 170.

⁴⁸William Glasser, Reality Therapy: A New Approach to Psychiatry (New York: Harper & Row, Publishers, 1965), pp. 13-16.

⁴⁹May, "Existential Psychiatry: An Evaluation," p. 40. Normal guilt is that guilt which is consistent with reality. Neurotic guilt is guilt which is unrealistic. For example, a wife may unnecessarily blame herself for her husband's death because she was not in the home at the time he died and, therefore, was unable to help him.

⁵⁰Donald Krill, "Psychoanalysts, Mowrer, and the Existentialists," Pastoral Psychology, 16 (October, 1965), 29.

⁵¹Ibid., pp. 27-28. For a detailed account of Mowrer's views, see O. Hobart Mowrer, The Crisis in Psychiatry and Religion (New York: D. Van Nostrand Company, 1961), chapters 2-5.

⁵²Tweedie, Logotherapy, pp. 48ff.

⁵³Erich Fromm, Psychoanalysis and Religion (New Haven: Yale University Press, 1950), pp. 86-87.

⁵⁴Cited in May, Psychology, p. 27.

⁵⁵Ibid., p. 30.

⁵⁶Ibid., p. 32.

⁵⁷Ibid., p. 70.

⁵⁸For a further discussion of the relationship between existential psychiatry and existential philosophy, see A. J. Ungersma, The Search for Meaning: A New Approach in Psychotherapy and Pastoral Psychology (Philadelphia: The Westminster Press, 1961), pp. 44-55.

CHAPTER III

THERAPEUTIC GOALS AND RESOURCES IN EXISTENTIAL ANALYSIS

The Goals of Existential Psychiatry

In seeking to evaluate any psychotherapeutic system, it is important to know what specific goals have been set forth by their respective therapists. This is not an easy task, for frequently the therapists themselves have not clearly defined their goals, and often may be unaware of exactly what goals they are trying to accomplish. In a number of places Frankl alludes to the ultimate purpose that he has in mind for his clients. First, "existential analysis . . . aims at bringing the patient to the point of highest possible concentration and dedication. It is our business . . . to show how the life of every man has a unique goal to which only one single course leads."¹ This is the goal of responsible living:

Existential analysis accordingly is designed to help the individual comprehend his responsibility to accomplish each of his tasks. The more he grasps the task character of life, the more meaningful will his life appear to him. While the man who is not conscious of his responsibility simply takes life as a given fact, existential analysis teaches people to see life as an assignment.²

The goal of responsible living, then, leads to the more ultimate goal of a meaningful life. The goals of logotherapy might be described frequently as the opposites of the existential dilemmas described above.³ The logotherapist recognizes these goals as spiritual:

It is, of course, not the aim of logotherapy to take the place of existing psychotherapy, but only to complement it, thus forming a picture of man in his wholeness--which includes the spiritual dimension. Such a therapy directed toward the human spirit will be indicated in cases where the patient turns to a doctor for help in his spiritual distress, not because of actual disease.⁴

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As a matter of fact, Frankl refers to his work as a "medical ministry."⁵ He believes that it is high time "that the medical profession forsook the tendency to become a group of technicians (i.e., 'mechanics') who deal with patients as if they were machines or psychic apparatuses instead of spiritual beings."⁶ He refers, of course, not just to psychiatrists, but to medical men in general.

Frankl claims that his objective is not to force his life goals or values upon the client, although this is a danger. Fox comments to this effect:

It is true, unfortunately, that Frankl's approach could . . . lead to a mere manipulation of the counselee, the imposing on the latter of a stronger man's sense of value. But Frankl explicitly disavows such a procedure.⁷

In Frankl's own words

Medical ministry is not intended to be a substitute for religion, nor even for psychotherapy as it has hitherto been known. Rather, as we have already said, it is to be a supplement. We have nothing to say, would have nothing to offer, to the religious person who finds security in the mystery of his metaphysics.⁸

However, Dr. Weisskopf-Joelson, who considers herself to be in the logotherapeutic tradition, seems to go beyond that view. Her goal is to provide a philosophy for life:

Psychoanalytic thinking is based upon the assumption that the successfully analyzed patient will automatically develop his own philosophy of life, or he will avail himself of a ready-made philosophy which is available in his culture. This assumption becomes more tenuous if the culture offers little by way of such philosophies Lack of strong comprehensive and consistent faith characterizes the entire world at the present time. Thus synthesis, following psychological analysis, cannot be left to chance. [*italics mine*]⁹

Frankl's goals lead ultimately also to self-actualization. One of his favorite quotations, appearing in almost every one of his discussions on psychotherapy, is Goethe's comment, "If we take people as they are, we

make them worse. If we treat them as if they were what they ought to be, we help them to become what they are capable of becoming."¹⁰

Rollo May describes his goals for therapy with somewhat similar terminology:

Our chief concern in therapy is with the potentiality of the human being. The goal of therapy is to help the patient actualize his potentialities. . . . The goal of therapy is not the absence of anxiety, but rather the changing of neurotic anxiety into normal anxiety, and the development of the capacity to live with and use normal anxiety. The patient after therapy may well bear more anxiety than he had before, but it will be conscious anxiety and he will be able to use it constructively. Nor is the goal the absence of guilt feeling, but rather the transformation of neurotic guilt into normal guilt, together with the development of the capacity to use this normal guilt creatively.¹¹

May hopes to give the patient a belief in "purpose" to make life meaningful.

Only such a purpose, even if fragmentary, is able to achieve personality health. Purpose is the unifying force in a person's life.¹²

Carl Rogers stands in this same tradition. The result of such therapy (existential) is that a person "becomes an autonomous human person, able to be what he is and to choose his course."¹³ He can confirm himself as a unique individual who is architect of his own future. He is free to face his own impulses and possibilities, even death, molding his own attitudes and eliminating his fears and frustrations.¹⁴

The Resources and Methods of Existential Psychiatry

The question logically arises: How does the existentialist move his client from the existential dilemma to the goals which have been set for him? For Frankl, man has an inner striving for meaning. The "will to meaning" is like an inner force that pulls the person in the direction of the goal. If one were to find an apt illustration of the nature of this force, it might be compared to a horse trying to pull a wagon with its breaks

locked. The work of the therapist is to release the breaks to free the "will to meaning" to carry the person toward wholeness. Frankl explains the origin of the term "logotherapy by pointing to logos, the Greek word for "meaning." "According to logotherapy, the striving to find a meaning in one's life is the primary motivational force in man."¹⁵ This force is one of the essences of a man's personality, and will be effective in his life unless some other force is present to hinder its operation.

The method of freeing a person's "will to meaning" is a logical one. Note Frankl's argumentation, for example, when dealing with a prospective suicide:

We are concerned here with demonstrating that it is our duty to convince the would-be suicide that taking one's own life is categorically contrary to reason, that life is meaningful to every human being under any circumstances. We believe that this can be done by objective argument and analysis of the problem on its own terms-- by the methods of logotherapy¹⁶

This is an educative process. Frankl maintains that "logotherapy is ultimately education to responsibility; and with this responsibility the patient must push forward independently towards the concrete meaning of his personal existence."¹⁷

A logotherapist teaches the acceptance of meaningful values. This can enable the person to find meaningful life experiences. Ungersma describes three types of values found in logotherapy: creative, experiential, and attitudinal.¹⁸ Each patient is shown how each of these value types can apply to his particular life situation. Creative values are those which contribute something of quality to the world's knowledge, to beauty, or to the welfare of mankind in general. Most people do not realize that they have potential to make such contributions. These values are not reserved only for the specially endowed. In the light of the vocational

unhappiness of many people, the logotherapist must show such people how they can creatively contribute to the welfare of others. Experiential values are those that a person can cultivate as he develops a sense of appreciation for the natural beauty of life: music, stimulating truth, nature, children, etc. Attitudinal values are perhaps the most significant for the logotherapist. Ungersma notes that here

the philosophical insight can become a precision tool of great therapeutic power in the hands of the skilled analyst, psychiatrist, or counselor. Where a life has been strictly limited as to creative and experiential values, it still can be led in therapy to achieve greatness in its attitudes Here it is the ärzliche Seelsorger, "the medical minister," in Frankl that leads him to put his main emphasis on the problem of human suffering Existential logotherapy is ready to meet man, however, when his creativity fails to give values to life and experience no longer gives meaning to it. A man can still find life purposive, and can demonstrate this by the way or manner in which he faces the inevitable or the way in which he handles suffering.¹⁹

In this regard, Frankl spends considerable time discussing the meaning of life, death and suffering. The meaning of life can never be discussed in the abstract. There is meaning of life for a given person in a given circumstance, and what is essential is that that person learn to recognize that he is the one who is being asked the question of meaning in that circumstance. "Each man is questioned by life; and he can only answer to life by answering for his own life."²⁰ But true psychotherapy can never rest after it has enabled a person to see meaning in life. It must also prepare a man for suffering, give him meaning in his suffering. Logotherapy avoids the "escapism" of some forms of therapy. "Escapism means evading reality, and it consists precisely in fleeing from the reality and from the predestined necessity of suffering, and from the possibility of filling that suffering with meaning."²¹ Frankl, of course, is speaking only of suffering which is unavoidable. Here the logotherapist is to

enable the sufferer to accept his fate and to realize positive attitudinal values. The chief requirement is a faith that "life's meaning is deeper than any circumstance."²² A frequently cited case of Frankl's well illustrates the thinking of the logotherapist:

A nurse in my clinic underwent a laparotomy which revealed an inoperable malignant tumor. In her despair, she called for me. In our discussion, it turned out that she was not so much in despair with respect to her illness, as in regard to her inability to go back to work. She loved her vocation above everything, and now was unable to perform it! What could I say to her in this situation? The situation of this nurse was really hopeless (she died one week later). However, I attempted to make it clear to her that to work eight or more hours in a day is no accomplishment, anyone can do that; but to be so willing to work as she was, and yet to be unable to do so, and, nevertheless, not to despair, that is a real achievement which few are able to carry out. So I asked her whether she would not be invalidating the service of thousands of patients, which she, as a nurse, had given, if she acted as if being ill had no meaning. As soon as she despaired in her situation, I told her, she made the meaning of a human life stand and fall upon how many hours a person works; and thus denied the ill and diseased every right to live, and every qualification for existence. In reality, she had been given a unique opportunity . . . to be an example of a true human being.²³

Suffering, and likewise death, cannot negate a man's possibility of finding meaning in life. "Finality, temporality, is therefore not only an essential characteristic of human life, but also a real factor in its meaningfulness."²⁴ One must never fail to see the historical character of life. Only facing the possible end of life can make the present life fully meaningful and fully human.²⁵

Viktor Frankl arrived at his meaning-philosophy completely through personal experience. During World War II, as a young Jewish psychiatrist, he was confined by the Nazis in a series of concentration camps, including Auschwitz and Dachau. His autobiography²⁶ tells of the development of his attitudes toward life's meaning while at these concentration camps. When first imprisoned, he attempted to take with him a manuscript that he had

been working on. But this was confiscated and destroyed. He then attempted to reconstruct the entire work on scraps of paper. This goal, no doubt, added to his meaning of life and enabled him to persevere many of the hardships.

To teach meaningful living to a client, a proper relationship must exist between the person and his doctor. The counselor-counselee relationship is very significant. Hora notes that

the existential psychotherapist does not "do" psychotherapy, he lives it. He meets his patient in the openness of an interhuman existential encounter. He does not seek to make interpretations, he does not evaluate and judge; he allows what is to be, so that it can reveal itself in the essence of its being, and then proceeds to elucidate what he understands.²⁷

Fox, likewise, sees the relationship as important and compares Frankl to Buber.

There is in Frankl a very Buberian involvement of the counselor in the meeting with the counselee; there is the approach of an authentic "Thou," willing to become a "presence" to the other, daring to open himself, to reveal that structure of thought and feeling by which he lives.²⁸

Rogers sees somewhat the same emphasis:

The essence of therapy, as I see it carried on by myself and by others, is a meeting of two persons in which the therapist is openly and freely himself and evidences this perhaps most fully when he can freely and acceptantly enter into the world of the other.²⁹

Rogers concludes that in the more successful therapies the counselor is reacting as his real self with real feelings, rather than as a manipulator of people and ideas.³⁰

Rollo May is similar to Frankl in his views of how to get a patient from the existential dilemma to meaningful existence. May, however, does not talk of a "will to meaning," but of an inner need to preserve centeredness of personality. Every individual has the need and the ability to establish

centeredness and from there to go out to establish meaningful relationships with other people.³¹ Like Frankl and Rogers, May also emphasizes the counselor-counselee relationship. He speaks of presence:

By this we mean that the relationship of the therapist and patient is taken as a real one, the therapist being not merely a shadowy reflector but an alive human being who happens, at that hour, to be concerned not with his own problems but with understanding and experiencing so far as possible the being of the patient.³²

Other therapists have different means for bringing about the therapeutic goals. Mowrer believes that "confession" and changed behavior which leads to a reconciliation with one's "significant others" will lead to increasing openness and authenticity of the self in relationships.³³ By the act of confessing one is healed. Today "it is possible to see a man's personality not simply as the product of innate disposition fashioned by environmental forces, but as something which he himself has achieved and which, therefore, he may also transform."³⁴ All of the existentialists have seen man as the source of his own strength and power for the healing of his being. Meaning, wholeness, authenticity--all these came out of a person's inner natural endowments. Likewise, Glasser's therapeutic technique assumes the same thing. He cures irresponsibility by telling, demanding that the patient be responsible. Then, as a therapist, he demonstrates faith in the person that he can "become what he really is--responsible."³⁵

Pattison points out the basic difference between the existentialists and the directive or behavioral therapies of Skinner and Eysenck. The latter hold that "human personality is a neurophysiological mechanism that can be modified by appropriate neurophysiological treatments."³⁶ Therefore, they apply physical treatments and conditioning to modify behavior.

"The whole axis of the treatment relationship is shifted from freedom, responsibility, and choice to one of mechanistic alteration of a naturalistic organism."³⁷

This chapter has examined the means by which the existential psychotherapists hope to achieve the goals they have established for their clients. It is now time to turn in the final chapter to a theological evaluation of existential psychiatry with an attempt to determine the kind of help such a system might provide the Christian pastoral counselor.

FOOTNOTES

¹Viktor Frankl, The Doctor and The Soul: An Introduction to Logotherapy (New York: Alfred A. Knopf, 1960), p. 63.

²Ibid., p. 66.

³Supra, pp. 13ff.

⁴Frankl, p. xi.

⁵Ibid., pp. 261ff.

⁶Donald Tweedie, Jr., "Logotherapy and the Christian Faith," The Gordon Review, 6 (No. 2, 1960), 58.

⁷Douglas Fox, "Logotherapy and Religion," Religion in Life, 34 (Spring, 1965), 243.

⁸Frankl, pp. 262-263.

⁹Cited in Tweedie, p. 59.

¹⁰Cited in Frankl, pp. 104-105.

¹¹Rollo May, Psychology and the Human Dilemma (Princeton, N. J.: D. Van Nostrand Company, 1967), p. 109.

¹²Rollo May, The Art of Counseling (New York: Abingdon Press, 1939), p. 216.

¹³Carl Rogers, Existential Psychology, edited by Rollo May (New York: Random House, 1961), p. 88.

¹⁴Ibid.

¹⁵Viktor Frankl, Man's Search for Meaning: An Introduction to Logotherapy (New York: Washington Square Press, 1963), p. 154.

¹⁶Frankl, The Doctor, pp. 57-58.

¹⁷Viktor Frankl, "The Concept of Man in Psychotherapy," Pastoral Psychology, 6 (November, 1955), p. 20.

¹⁸A. J. Ungersma, The Search for Meaning: A New Approach in Psychotherapy and Pastoral Psychology (Philadelphia: The Westminster Press, 1961), pp. 28ff.

¹⁹Ibid., p. 30.

²⁰Frankl, Man's Search, p. 172.

²¹Frankl, "The Concept of Man," p. 8.

²²Donald Tweedie, Jr., Logotherapy and the Christian Faith: An Evaluation of Frankl's Existential Approach to Psychotherapy (Grand Rapids: Baker Book House, 1965), p. 143.

²³Cited in Tweedie, Logotherapy, p. 143.

²⁴Frankl, The Doctor, p. 73.

²⁵Ibid.

²⁶For an interesting account of Frankl's experiences in the concentration camp, see The Doctor, pp. 109-133, and especially Man's Search for Meaning, which is the most complete autobiography written by Frankl. A careful consideration of these works will enable the reader to see how Frankl arrived at many of his conclusions.

²⁷T. Hora, "The Process of Existential Psychotherapy," Psychiatric Quarterly, 34 (Spring, 1960), 498-499.

²⁸Fox, p. 243.

²⁹Rogers, Existential, p. 88.

³⁰Ibid., p. 89.

³¹Rollo May, Existential Psychology (New York: Random House, 1961), p. 77.

³²Rollo May, Existence, A New Dimension in Psychiatry and Psychology (New York: Basic Books, Inc., 1958), p. 80.

³³Donald Krill, "Psychoanalysts, Mowrer, and the Existentialists," Pastoral Psychology, 16 (October, 1965), 28. See also two books by O. Hobart Mowrer, The Crisis in Psychiatry and Religion (New York: D. Van Nostrand Company, 1961), chapters 8 and 10, and The New Group Therapy (New York: D. Van Nostrand Company, 1964), pp. 1-116.

³⁴Rudolf Allers, Faith, Reason and Modern Psychiatry: Sources for a Synthesis, edited by Francis Braceland (New York: P. J. Kenedy & Sons, 1955), pp. 52-53.

³⁵William Glasser, Reality Therapy: A New Approach to Psychiatry (New York: Harper & Row, Publishers, 1965), passim.

³⁶E. Mansell Pattison, "Contemporary Views of Man in Psychology," Journal of Religion and Health, 4 (July, 1965), pp. 362-363.

³⁷Ibid.

CHAPTER IV

EXISTENTIAL ANALYSIS AND CHRISTIAN PASTORAL COUNSELING

Theology and Psychology

It is now time to look at existential psychiatry through the eyes of theologians. The theological nature of existential psychiatry with its carefully worked out anthropology was pointed out in chapter I. In chapter II the existential concept of man's dilemma was noted, and in chapter III the soteriological means for easing this dilemma was examined. The question now arises: What relevance could such a topic have when examined theologically, and what justification is there for such an examination? Existential psychiatrists are aware of the fact that many of the problems they handle are purely within the realm of the spiritual and the theological. Edith Weigert shows how existential psychiatry stands at the border between religion and psychiatry:

There are many individuals who do not suffer from illnesses defined by a medical diagnosis; they are suffering from ill-defined unhappiness, loneliness, rootlessness, meaninglessness of living; they may not want to face their religious or spiritual conflicts: they may avoid the church and turn to a psychotherapist for help. Others who still have some emotional attachment to a church and a prejudice against psychiatry may turn with the very same problems to a minister.¹

Likewise, Frankl points out that a special aptitude is needed on the part of the existential psychiatrist to diagnose properly spiritual problems.

He says,

To be concerned about the meaning of life is not necessarily a sign of disease or of neurosis. It may be; but then again, spiritual agony may have very little connection with a disease of the psyche. The proper diagnosis can be made only by someone who can see the spiritual side of man. [Italics mine]²

Frequently existential psychiatry treats cases that could better be treated by the church, according to Frankl's own admission. He tells of a patient who had a phobic reaction which developed into a physical symptom. The patient's fear was based on latent guilt. She was "cured" through logotherapy. Frankl then adds this concluding paragraph:

Before embarking on their discussion, the doctor expressly asked this patient whether she had asked help of a priest and had confessed. She said that she had not and would not think of doing so. Yet to our mind this particular matter was a purely moral one and we hazard the assumption that if the woman had been a believer and had gone to confession, her conscience would have been relieved far more than any medical ministry could relieve it.³

Existential therapy is being offered as a surrogate for religion, at least for those who refuse to relate to any present religious tradition. For such people Frankl has developed existential therapy to "help the individual comprehend his responsibility to accomplish each of his tasks," to teach him to "grasp the task character of life," and to "see life as an assignment."⁴

Not only psychiatrists, but also pastors are forced to walk in this "no man's land" between psychiatry and religion. A. J. Ungersma warns that

The pastor, regardless of whether he has been trained in psychotherapy or counseling, cannot escape the responsibilities of working in the field of pastoral psychology. Even should he want to escape, his people will not let him. If he resists their interests and needs here, he finds himself isolated and insulated, preaching an ethic that does not get through to ethos.⁵

The relationship between the work of pastor and psychiatrist is well established, then, and each must come to study and evaluate the modes of thought of the other.

The Faith of Existential Psychiatry and the Christian Faith:

Some Negative Observations

The first question in examining existential psychiatry theologically must be: Is its view of man adequate and Biblical? Tweedie believes that there is a close affinity to a Christian view of man in logotherapeutic anthropology. He points out that both have a holistic view of man, and yet both see man in different phases such as "soul, body, and spirit."⁶ Yet, there is a notable Biblical element missing: That man is created in the image of God. Allers insists that for man to completely understand himself psychologically "he will have to realize anew, and with the totality of his being, that he is made in the image and likeness of his Creator."⁷ The Bible is not a revelation of systematic anthropology, but one emphasis comes through again and again:

that man is unique with respect to the rest of creation, that he is a spiritual creature, that he is made after the image of God. This image is not clearly detailed in the Scriptures, but it includes, at least, a unique potentiality of man to commune and have fellowship with God.⁸

If man has an imago Dei, then this must be given him by a Creator who both stands outside of man and holds man responsible to Him. Existential psychiatry not only fails to define the imago Dei, but fails to acknowledge the nature of the God whose image man bears and to whom he is responsible. Frankl, himself, admits this: "Existential analysis also remains noncommittal on the question of 'to what' a person should feel responsible--whether to his God or his conscience or his society or whatever higher power."⁹

Another emphasis in the Biblical tradition not seen in existential psychiatry is the natural inclination of man toward evil. Tweedie suggests that the phrase "will to meaning" be supplemented by the phrase "will to sin," and continues to point out that

It is a central aspect of biblical teaching, and one having abundant empirical evidence, that man has within him a negative motivation in

reference to the dictates of his conscience. The Apostle Paul expresses it as being unable to do what one should do, and persisting in doing what one should not.¹⁰

Krill likewise points out that "to live such authentic existence is by no means a simple rational process. For there is also in man the temptation toward sloth, comfort, security--to view himself as a completed, righteous being."¹¹ While the existentialists would say that man has within himself the power to effect his own healing and meet his deepest existential longings, Christian theology says that because of the "will to sin" man is not able to rescue himself. This must always come from outside of him.

We want to become what we are; we have an inner compulsion to be ourselves But we cannot become what we are, unaided. There is a deep irony about the concept of self-realization We have this compulsion to self-actualization, or self-realization, yet the more we concentrate on realizing ourselves the more impossible it becomes. For the way to self-realization is not doing what we please The way to self-realization is not by having our own way; instead, it is the way of the cross.¹²

Theologians would agree that the existentialists have not presented an adequate doctrine of man. Kierkegaard, using existential language, sums up the situation. Like the existentialists, he also has diagnosed man's malady as bondage, loss of freedom to be his true self. In attempting to be free, man secures a false freedom, one that causes him to try to seize his own life by his own intelligence, or his own strength. Such a struggle to pull one's self up by the boot straps cannot free a person, but can only draw him further into bondage. Man cannot heal himself.¹³ And so, existentialism, while it may afford deeper perspectives into a man's personality, does not produce a Christian concept of man.¹⁴

This leads us to a further question: Does existential psychiatry really provide adequate goals for man's existential dilemma, and are adequate means

for reaching these goals given? Tweedie claims that the goal of Christian psychotherapy is the transformation of personality. He quotes Paul: "Be not conformed to the world, but be transformed by the renewing of your mind."¹⁵ Tweedie is hinting at ethical responsibility as a proper goal. There can be no doubt that existential psychiatry refuses to speak of a specific ethic to which a person should be transformed. Frankl says that

Existential analysis equally forbears to say what a person should feel responsible for--for the realization of which values, for the fulfillment of which personal tasks, for which particular meaning to life. On the contrary, the task of existential analysis consists precisely in bringing the individual to the point where he can of his own accord discern his own proper tasks.¹⁶

In commenting on this aspect of existential analysis, Tweedie points out by way of contrast that Christian theology has specific goals and a specific ethic:

Also for the Christian there is the necessity for grounding one's life in an objective realm of meaning and values. However, the Christian world and life view is very specific in terms of its value system. It affirms that God has revealed the true standard of values in the ten commandments of the moral law, and that these are binding upon all men everywhere.¹⁷

This world was created by a transcendent deity who assigns specific tasks for each man and according to the specific talents of each man. When such tasks are fulfilled, the individual will reach the optimum of self-actualization.¹⁸ In existential analysis the ethical (law) demand is removed from man's awareness and he is guilty no longer to someone outside of himself, but to himself alone. Likewise, the goals of assisting the patient to be able to work, to enjoy life, to be able to suffer, are not spiritual enough for the spiritual man. Faith should be the real goal. "One wonders why suffering is so important over against faith, in logotherapeutic teachings, inasmuch as suffering cannot be construed as an end in itself."¹⁹

Many have commented that existential psychiatry, in addition to not providing adequate goals for the spiritual man, has also not provided a proper means to reach its own goals. How does one overcome dread, despair, or anxiety? Maslow criticizes the existentialists for not having a definitive answer to this question. He calls such talk a "high I. Q. whimpering on a cosmic scale, for which the only remedy seems to be a stiff upper lip!"²⁰ Tweedie claims that there is an answer to these existential dilemmas which existential psychiatry has not expressed. The Christian believes that "the meaning of suffering . . . has been clearly set forth in the vicarious suffering of Jesus Christ. This is the theme that is the need of the heart of the suffering patient."²¹ With sharp insight he states that

In the area of unavoidable suffering, the Bible offers the comfort and solace of eternity with God as the objective ground for which Logotherapy, at best, can offer only a vague existential hope. Man can endure every hardship, and every tribulation that his destiny dictates when he can, by faith, affirm with the Apostle Paul that the "suffering of this present time cannot be compared with the glory that will be revealed." It is a most significant contribution of Logotherapy to emphasize the value potentiality of necessary suffering, but it is only the biblical world view which gives it its rational.²²

Likewise with guilt, "Frankl . . . gives little space to the consideration of the resultant despairing sense of guilt that is such a significant human experience."²³ In the Christian world view, true guilt is the consequence of disobeying God, the result of sinful choice. It is considered the divine warning to man of his failure to be responsible and should never be analyzed or psychologized away.²⁴ Logotherapy has said that only a being who has responsibility can become guilty. But the remedy for objective guilt, which comes from a failure before objective responsibility, is lacking.²⁵ The theologian, of course, has his answer for the existential dilemmas, including guilt. Perry LeFevre summarizes Kierkegaard's theological re-

sponse:

[Christ] does disclose us to ourselves so that we see what we really are, in such a way that we are ready to accept healing because we realize that we can do nothing ourselves; second, because he also shows us what God is--that God is for us, that he forgives us. When we accept God's forgiveness, we act in faith. We acknowledge God as God. In this moment of acknowledgement we are restored to integrity; we receive a new self. In that moment and for that moment we are free.²⁶

Ultimately, then, the theologian sees the greatest weakness in existential psychiatry's resources to be the lack of an understanding of God's unique deliverance in Christ. The existentialists have demonstrated a need for "salvation" and have attempted to provide one in logotherapy. But this is a humanized, or secular, salvation. This is the major theological criticism that Thomas C. Oden makes of the existential system of Carl Rogers:

If Christian theology centers in the kerygmatic announcement that God has once for all acted to reclaim his broken creation, Rogers' secular theology remains a dekerygmaticized, secular affirmation of the human possibility for redemption, omitting any overt proclamation of any divine deed. In therapy there is no cosmic salvation event which forms the basis of one's knowledge of the ground of acceptance, as in Christian worship. The therapeutic process limits itself strictly to the assumption that some accepting reality is being mediated through a special interpersonal relationship, without braving the question of the source of acceptance as a fundamental question of being. Consequently Rogers develops a soteriology without a Christology, i.e., a view of the saving process without a historical event which once for all manifests and defines that saving process and gives the history of salvation a center in time and space.²⁷

Oden does not suggest that psychotherapy is made ineffective because it lacks a language about God. Rather, he suggests that in this lacuna of a limited humanism Christian humanism can pick up the thread "affirming all that has been said about therapy, but completing it with the proclamation of the self-disclosure of God as the ontological basis of the whole process."²⁸ Rogers and all existentialists, then, have overestimated man's ability to reach ultimate self-fulfillment apart from God's delivering activity.

Existential Psychiatry and Pastoral Counseling:

Some Positive Observations

Some of the negative reactions of theologians to existential psychiatry has been shown. But there have been many positive comments and evaluations of the usefulness of this mode of psychotherapy within the context of pastoral counseling. Following is an examination of some of these considerations.

Existential psychiatry does not try to cover up the great problems of life by smothering the surface symptomatology. It takes life and its problems seriously. Rollo May feels that one of the major contributions of existential analysis, both in psychotherapy and in religious counseling, "is in helping people frankly to admit and confront their Angst, hostility, and guilt, to face the facts of destructiveness and evil psychologically as well as culturally in our world."²⁹ Likewise, Abraham Maslow has commented on the preoccupation of the existentialist writers with what he calls the "seriousness and profundity of living" which is to be contrasted to the "shallow and superficial life, which is . . . a defense against the ultimate problems of life."³⁰

Such a serious estimate of life develops from the awareness of the validity of the transcendent and the spiritual nature of man. Tweedie notes that

An old, and in modern times little considered, point of view is becoming more prominent in the contemporary scene. It is that the essence of man is not to be discovered as a material or psychological mechanism, but only through a transcendent point of reference. Man is a spiritual, existential entity whose problems will only be properly understood and dealt with when his true religious characteristics are brought to the focus of attention.³¹

And again

Logotherapy is not a Christian anthropology in any technical sense, but it has the same basic emphases in its presentation. Here is an anthropological direction for which the Christian therapist may be truly thankful inasmuch as it presents a picture of man as an essentially spiritual existence, and from the setting of modern clinical psychiatry.³²

Ungersma shows that religion must not only rejoice at this development within psychotherapy, but must also pick up its own responsibility:

In existentialism, philosophy is ready to speak of man in terms of transcendence, a subject upon which religion should be expert, for in this frontierland its spiritual researchers have done considerable exploration. And when existential analysis in logotherapy is ready to speak of "leaving the door open" to transcendental values, suggesting a validity to what lies beyond as well as the limitations of therapy, religion must be ready to pass through the door to test validity, for this is its particular providence. The day may yet come when psychology will be enabled to take down its defenses against the spiritual dimension of man that it erected in the days of its adolescent rebellion.³³

Robert C. Leslie commends existential analysis to pastoral counselors for a similar reason:

Tested in the rigors of concentration camp living, logotherapy offers a philosophy of life and a method of counseling which is more consistent with a basically Christian view of life than any other existing system in the current therapeutic world.³⁴

How then will the pastoral counselor use the methods of existential psychiatry, and what supplementation must he make? First, there exists a common base, and that is the need of the person who comes for help. This need is for genuine love and concern to be present on the part of the pastor or psychiatrist. Psychiatrist Edith Weigert believes that "at the bottom of the most desperately lonely perversion there still glows the hidden yearning for redeeming love, and pastor as well as psychotherapist is able to rekindle this concealed glowing by the sensitivity of his understanding."³⁵ The practical common base is human love and understanding.

The love that the pastor or psychiatrist will express toward a patient or a parishoner often demands that the person find fulfillment of his needs in the act of confession. Frequently a person is unable to accept love and understanding until the prior attitude of confession and self-disclosure has been reached.³⁶ Weigert again makes the point that a counselee approaches his pastor with a need for confession. He does not always express such a need verbally, but he does feel the existential hurt resulting from his own awareness that he does not make use of his abilities but considers himself a failure. He expresses himself in terms that are more psychological than theological. But a superficial application of either psychology or theology will not help much.

The psychiatrist as well as the pastoral counselor in our time has arrived at the conviction that a change in inner attitude of the patient . . . can take place only when he is able to confess . . . what is hidden from his awareness.³⁷

A minister as well as a psychiatrist can be helpful to prepare the way for this kind of a change of attitude. He must remove the obstacles of conflict, abolish the network of lies, illusions, and self-deceptions by the painful process of confession.³⁸ To be effective, two things are required. One, that pastor and counselee have to invest much time and energy in confession. An empty ritual will not reach the depth of individual suffering.³⁹ Secondly, there must be "a frank admission that . . . the source of the commandments" that have been broken and cause guilt is "God the Father." "It is not merely a sense of guilt, nurtured and whipped-up as it were by a cruel superego, which as such remains almost totally unconscious and beyond the control of reason and will."⁴⁰ Guilt is real, and to overcome it takes real love and real acceptance and real forgiveness!

When talking about real forgiveness we are talking about the relation-

ship between God and man. As Zilboorg points out, "Psychology as a scientific discipline can shed no light whatsoever on the relations between man and God."⁴¹ This is the realm of theology. Theologians believe that ultimately the goal is for the person to feel, not the love of the psychiatrist or pastor alone, but the love of God which stands behind him, empowers him, and works through him. "The love of God that forgives, heals, and saves us from despair is the meaning we seek most of all. Only by such love does life have meaning great enough to fulfill the deepest need of every life."⁴² Weigert points to the "healing and reconciling power of love" as being therapeutic,⁴³ but the theologian insists that the source and reality and power of that love must be known.

This is the essence of the psychodynamics of the Christian faith and must be spelled out further. The pastor does not relate his own love alone. His concern and acceptance are mirrors of what he believes to be a more cosmic truth.

In the Judaeo-Christian tradition the original understanding of salvation was that God unconditionally accepts the sinner, and this in spite of his sin. But this is only the negative half of the truth. The positive half is that God accepts, not merely, "to save the sinner from hell," but because he knows the ultimate potential and meaning of which the sinner's life is capable. In the matter of establishing relationship, the pastoral counselor of course carries the matter into the transcendent realm, for he believes that God also is involved in the relationship and that God seeks to establish or accomplish his purpose in and through human relationship.⁴⁴

The relationship is not an end in itself, but is a means to another end, the transcendental relationship. But the process is cyclical. The person who stands in a whole relationship with the transcendental likewise is freed to stand in a healing relationship with other men. This becomes a communal relationship.⁴⁵ Thomas C. Oden spells out the precise working of this communal relationship: "God is known in Christ as the source of all

comfort, who meets us in all our afflictions with his divine comfort, thus enabling us to comfort others with the comfort with which we ourselves have been comforted by God."⁴⁶

Does this mean that the source of comfort (God) must always be spelled out? Oden suggests that

As "the kingdom of God does not consist in talk but in power" (I cor. 4:20), likewise psychotherapy does not consist merely in talk, but in the power mediated through this unique personal relationship, which finally consists in making transparent the power of the accepting reality present in life itself."⁴⁷

However, Oden demonstrates that in Christian theology healing (therapeia) must be ballanced with proclamation (Kerygma). He demonstrates at length the number of New Testament passages which link these two terms together as one work:

The Servant-Messiah was remembered as one who uniquely blended the dual ministries of kerygma and therapeia in genuine involvement with the world. He "went throughout all Galilee, preaching in their synagogues and casting out demons." (Mark 1:39) Great multitudes of people came "to hear him and to be healed of their diseases" (Luke 6:17) According to Luke's Gospel, "They departed and went throughout the villages, preaching the gospel and healing everywhere."⁴⁸

Therefore, kerygma complements therapeia by witnessing to the latent and hidden source of healing, God Himself. Healing without proclamation would be like the election of a president without it reaching the newspapers. This proclamation is not an announcement of the idea of healing, but an announcement of the One who has healed and continues to heal, Jesus Christ.⁴⁹

Oden provides a concise summary:

To affirm that Jesus is the Christ is to affirm that the reality which we meet in the now is the reconciling, forgiving, renewing reality which is proclaimed and celebrated in the therapeutic ministry of Jesus of Nazareth. Thus if psychotherapy exists in quest for the Christ, the kerygma announces the end of all our Christ quests.⁵⁰

Kerygmatic healing comes to the world from God through the instrumen-

tality of the church or Christian community and its instruments, the means of grace. Through the church God is relating to the world. Therefore, the church must be acting toward men as God acts. Browning posits several theses to explain this relationship theologically:

1. It is God's primordial nature to be related to the world in the sense of feeling its feelings.
2. This primordial relationship would partake of the nature of rapport.
3. The concept of unconditioned empathic acceptance also has implications for an understanding of God as creator.
4. Whether empathic acceptance is seen from the perspective of creation or soteriology, it follows as an implication of this analogy when applied eminently to God that empathic acceptance should be the most pervasive datum impinging upon each individual's experiencing, and for this reason the form of empathic acceptance should constitute the image of God in man.
5. Applying the therapeutic relation to God means that not even the fall of man can qualify God's capacity to be empathically accepting.⁵¹

The pastor reflects this nature of God in his pastoral work, but more; he also demonstrates the objective validity of God's acceptance by using the means by which the Spirit convicts man of God's truthful love and acceptance. William Hulme shows that the Scripture performs this function:

The incarnation of the Word in Christ is both a finished work and an ongoing process. Its purpose is to unite the human with the divine in the individual personality. This union is a dynamic rather than a static condition and requires the continuous reception of the testimony of the Spirit to maintain and expand its realization. As a means through which the Holy Spirit works to release the creative powers of personality, the Bible can serve as the needed inspirational support for the counseling process⁵²

The Spirit likewise uses the sacrament of Holy Communion. Zilboorg points out that the sacrament of communion is an incorporation of the nature and likeness of Christ into the will or self-concept of the person. The process of such a change in self-concept (from guilt to forgiveness) requires an understanding of the saving relationship of the person to Christ. At the same time, the reception of the image of Christ into the self-concept of the person is an admission or confession that the person sees himself in a

new and redeemed light.⁵³

Hulme points out that communion also demonstrates the dimension of Christianity called fellowship.⁵⁴ The whole person must see himself as an accepted member of a larger body. In this case, it is the Christian church. Paul Barkman draws heavily upon the Book of James to demonstrate that healing (therapeia) is closely connected with a group or community of concerned, believing individuals.

Is any sick among you? Let him call the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord; And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he have committed sins, they shall be forgiven him. Confess your faults one to another, and pray one for another, that ye may be healed. The effectual fervent prayer of a righteous man availeth much.⁵⁵

Barkman believes that no man can see himself as others see him. Therefore, he is dependant upon the community to reflect, share, and communicate with him.

The perceptive reader already sees these concepts imbedded in James' treatment of healing. The sick person is to call the brethren. He could pray, and he should (5:13); but when he is sick he is supposed to call for others to pray with him too (5:14-16). There is individual responsibility here, but only up to a point.

.....
Please notice also that the elders whom James mentions are to be good therapists in the sense that they accept the sick friend and his sins. There is no hint here of advice or admonition from the elders. They are to pray for the afflicted one. One does not pray for someone in this way unless he is known to have a problem. The elders evidently recognize that there is something worth praying about, but since the sick one has asked for help, there is no further need to judge what he has already judged by asking for help. He is already willing. He has not rebelled. The elders do the proper thing. They listen and pray.⁵⁶

Here, then, the process of healing the existential dilemma of man belongs to the community of believers. James, as well as existential psychiatry, believes that deep inner concerns must be brought out before another person. This is the way God has chosen, through the church and its means, to reach

man with His healing. "The church must return to its true healing ministry, and every Christian must become more skillful in his ability to listen, love and support."⁵⁷

If it is true that "much of the anxiety and illness of our time is due to the loss of community, to the inevitable conflicts engendered by multiple membership in groups with conflicting patterns,"⁵⁸ then it is also true that the restoration of community in the church would be one of the most effective preventative measures that the church might take for the preservation of mental health and the growth of persons into a more meaningful life.⁵⁹

The theological conclusions of this paper might be summarized by saying that clergymen recognize that God's healing of existential dilemmas occurs on many different levels in many different situations, but ultimately, man's dilemma cannot be fully solved without a realization of the unique healing process introduced by God Himself into human history in the Person of Jesus Christ. Theologians are thankful for the insights of existential psychiatry and for the many common concerns for the healing of man that exist between the two disciplines of psychiatry and theology, but they likewise point out that pastoral counseling finds its unique "fulfillment there where the Strange Word is heard, where the Third Party enters the conversation, where people know themselves to be standing in God's presence."⁶⁰ Only in this way can one fully treat the "spiritual phase" of man's personality.

FOOTNOTES

- ¹Edith Weigert, "The Contribution of Pastoral Counseling and Psychotherapy to Mental Health," Journal of Pastoral Care, XV (Fall, 1961), 160.
- ²Viktor Frankl, The Doctor and the Soul: An Introduction to Logotherapy (New York: Alfred A. Knopf, 1960), p. ix.
- ³Ibid., p. 263.
- ⁴Ibid., p. 66.
- ⁵A. J. Ungersma, The Search for Meaning; A New Approach in Psychotherapy and Pastoral Psychology (Philadelphia: The Westminster Press, 1961), p. 144.
- ⁶Donald Tweedie, Jr., Logotherapy and the Christian Faith: An Evaluation of Frankl's Existential Approach to Psychotherapy (Grand Rapids, Michigan: Baker Book House, 1965), pp. 161ff.
- ⁷Rudolf Allers, Faith, Reason and Modern Psychiatry: Sources for a Synthesis, edited by Francis Braceland (New York: P. J. Kenedy & Sons, 1955), p. 57.
- ⁸Tweedie, p. 163.
- ⁹Frankl, p. 269.
- ¹⁰Tweedie, pp. 165-166.
- ¹¹Donald Krill, "Psychoanalysts, Mowrer, and the Existentialists," Pastoral Psychology, 16 (October, 1965), 33.
- ¹²Harry Goodykoontz, The Persons We Teach (Philadelphia: The Westminster Press, 1965), pp. 99-100.
- ¹³Perry LeFevre, Understandings of Man (Philadelphia: The Westminster Press, 1966), p. 103.
- ¹⁴E. Mansell Patteson, "Contemporary Views of Man in Psychology," Journal of Religion and Health, 4 (June, 1965), 360.
- ¹⁵Donald Tweedie, The Christian and the Couch: An Introduction to Christian Logotherapy (Grand Rapids, Michigan: Baker Book House, 1963), p. 187.
- ¹⁶Frankl, p. 269.
- ¹⁷Tweedie, Logotherapy, p. 165.
- ¹⁸Ibid., p. 167.
- ¹⁹Ibid., p. 172.

²⁰Abraham Maslow, Toward a Psychology of Being (New York: D. Van Nostrand Company, 1962), p. 15.

²¹Tweedie, Logotherapy, p. 173.

²²Ibid., p. 178.

²³Ibid., pp. 167-168.

²⁴Ibid.

²⁵Ibid., p. 169.

²⁶LeFevre, pp. 103-104.

²⁷Thomas C. Oden, Kerygma and Counseling: Toward a Covenant Ontology For Secular Psychotherapy (Philadelphia: The Westminster Press, 1966), pp. 110-111.

²⁸Ibid.

²⁹Rollo May, "Existential Psychiatry: An Evaluation," Journal of Religion and Health, 1 (October, 1961), 35.

³⁰Maslow, p. 13.

³¹Tweedie, Logotherapy, p. 154.

³²Ibid., p. 163.

³³Ungersma, pp. 156-157.

³⁴Robert C. Leslie, Jesus and Logotherapy, (Nashville: Abingdon Press, 1965), p. 9.

³⁵Weigert, p. 165.

³⁶Rollo May, The Art of Counseling (New York: Abingdon Press, 1939), Chapter IV presents a lengthy and helpful case study on the importance of confession.

³⁷Weigert, p. 162.

³⁸Ibid., p. 165.

³⁹Ibid., p. 162.

⁴⁰Gregory Zilboorg, Faith, Reason and Modern Psychiatry: Sources for a Synthesis, edited by Francis Braceland (New York: P. J. Kenedy & Sons, 1955), pp. 118-119.

⁴¹Ibid., p. 106.

⁴²Paul E. Johnson, "Logotherapy: A Corrective for Determinism," The Christian Advocate, 5 (November 23, 1961), 13.

⁴³Weigert, p. 165.

⁴⁴Ungersma, p. 69.

⁴⁵Reuel Howe, The Miracle of Dialogue (New York: The Seabury Press, 1965), p. 115.

⁴⁶Oden, p. 161.

⁴⁷Ibid., p. 162.

⁴⁸Ibid., p. 153.

⁴⁹Ibid., p. 152.

⁵⁰Ibid., p. 170.

⁵¹Don S. Browning, Atonement and Psychotherapy (Philadelphia: The Westminster Press, 1966), p. 206.

⁵²William E. Hulme, Counseling and Theology (Philadelphia: Muhlenberg Press, 1956), p. 206.

⁵³Zilboorg, p. 118.

⁵⁴Hulme, p. 236.

⁵⁵James 5:14-16 (KJV).

⁵⁶Paul Barkman, Man in Conflict (Grand Rapids, Michigan: Zondervan Publishing House, 1965), pp. 146-147.

⁵⁷Ibid., p. 151.

⁵⁸Paul Maves, The Church and Mental Health (New York: Charles Scribner's Sons, 1953), p. 96.

⁵⁹Howard J. Clinebell, Jr., Mental Health Through Christian Community (New York: Abingdon Press, 1965), is an excellent study of the congregational resources for prevention of mental illness and promotion of the growth of persons in a Christian context.

⁶⁰Heije Faber and Ebel van der Schoot, The Art of Pastoral Conversation (New York: Abingdon Press, 1965), p. 175.

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