

THE ADJUNCTIVE USE OF LOGOTHERAPY WITH STRUCTURAL FAMILY THERAPY
IN HELPING INDIVIDUALS IN THE FAMILY SYSTEM DISCOVER MEANING

By

Rupert Eugene Kuhne III MDiv, PhD, EdS, LMFT

A Project Presented to the Viktor Frankl Institute of Logotherapy

In Partial Fulfillment of the Requirements for the

Diplomate in Logotherapy

January 2012

Approved By:

Supervising Diplomate

President,
Institute of Logotherapy

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ACKNOWLEDGEMENTS

I wish to express appreciation to the many individuals, couples, and families I have been privileged to work with. It is from the many hours of work with them, helping them to discover meaning and purpose in the midst of their life difficulties that has led to my interest in Logotherapy, culminating in the Diplomate Project for completion of my studies with the Viktor Frankl Institute.

I would like to thank Dr. Michael Winters for being my Diplomate Supervisor, for his logotherapeutic skills that have challenged, encouraged, and guided me in making a significant contribution in this project dissertation. Dr. Winters was instrumental in encouraging the importance of applied Logotherapy to family systems therapy which has led to the premise of the paper.

I would also like to thank Dr. Donovan Bessinger, a retired surgeon in Greenville, SC. Dr. Bessinger and I have met at regular intervals for discussions on noetic ideas, some of which have led to the interest of this project.

Lastly my heartfelt thanks and appreciation to Dr. Ann Graber, my professor and mentor/liason with The Graduate Theological Foundation who helped me begin my own logotherapy journey and has served as an encourager throughout my educational process.

ABSTRACT

Rupert E. Kuhne III MDiv, PhD, EdS

The Adjunctive Use of Logotherapy with Structural
Family Therapy in Helping Individuals in the
Family System Discover Meaning

(Supervisor, Michael Winters, PhD)

This purpose of this paper is to describe the use of Logotherapy with Structural Family Therapy in helping individuals in the family system discover meaning and purpose. The paper describes the basic model of Structural Family Therapy and some of its limitations for those individuals in the process of therapy seeking to understand meaning to their life difficulties. The paper then describes the model of Logotherapy and discusses its use for family members to discover meaning and purpose in their family dysfunction or difficulty. Though family members are not free from the dysfunctions and difficulties in the family system, each family member does have freedom to choose how they will respond to those difficulties or dysfunctions. Finally, three family case studies are presented in which Structural Family Therapy and Logotherapy are used collectively and with success.

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Chapter 1

Introduction of the Problem

Beth and Cecil Crowder (note: pseudonyms are used throughout to protect client confidentiality) came into the office seeking help for their only child John, a 22 year old, because they worried that John had low self esteem, had no ambition to further himself, no friends his own age, and worried that John will never be financially independent of them. They hoped that therapy would help John “find himself,” get some friends his own age, get a job and one day move out on his own. There were two sessions with Beth, Cecil, and John for the initial assessment and for evaluating the family system.

Beth had retired from teaching a few years earlier and Cecil was nearing retirement as a Principal of a school. Beth had a dominant personality and described how she had to do everything for John. She described scenario after scenario where John would go with her on every errand and activity and how concerned she was that he couldn't seem to do anything on his own. She kept asking me why John doesn't have a girlfriend and could I help him with growing up and getting a job, so that he wouldn't have to live at home for the rest of his life.

Cecil was passive in his personality. He was four years younger than Beth and soft spoken. He was just a few years shy of retirement from a school where he has been Principal for nearly 25 years. Cecil described his son John as being a good kid with a big heart and that he has a great love for older people. Cecil said that John had never really had friends his own age and worried that he was somehow underdeveloped socially or otherwise immature for his age. Cecil inquired if therapy could help John grow up and become more of a man.

It became apparent from the initial assessment that Cecil and Beth had dysfunctional patterns of communication and patterns of interaction between themselves and John for a long time. Beth was dominant and Cecil was passive. The communication patterns between mother and father were functional for them, but not healthy. Mom would always be the one who felt she had to take charge and make decisions, where Cecil and John were the passive followers of what mom proposed. Cecil and John acted in the initial assessment as if they were the ones being brought in for help by mom.

In the second session, I decided to challenge Beth's authority to see whether Cecil would come to her defense or whether John would react. My purpose in this was to try to unbalance the hierarchy of mom's power. When I questioned Beth about something she had said, both father and son lifted their heads and looked at me as if I had challenged God Himself. When I asked Cecil to explain more about the problem and what he would like to happen from family therapy, he simply deferred back to what Beth had said, even pointing to her and saying, "What she said." Both Beth and Cecil agreed that the problem was John and his lack of initiative and inquired whether I would meet alone with him to help "fix" him. They both said that after the second session they would not be coming back and that I would be meeting with John alone after that.

When I met with John for the first session by himself, he was quiet, shy, and hard to engage. The first three sessions were spent attempting to *join* with John, which is a term for establishing rapport, trust, and a relationship in therapy. As John began to open up and feel more comfortable sharing, he asked if what he shared in sessions was completely confidential or whether I was going to report to his parents what he shared. I went over the Informed Consent that John signed and explained, in detail, how important it was for confidentiality in counseling and that

everything John and I spoke about would not be shared with his parents unless John specifically requested something be shared. After that moment, John came to counseling with energy and excitement to share and explore.

Though John was 22 years old, his demeanor and appearance made him look more like an adolescent with low self esteem. He would hang his head low, not make eye contact when spoken to, and he would use improper English words, often using southern slang terms rather than correct pronunciation. John revealed what I had expected, that he and his mother were emotionally *enmeshed* with a lack of clear defined boundaries between mother and son. Beth was emotionally distant from Cecil and used her relationship with her son, John, as a mechanism to keep control of the family system. John expressed in session that he worried that he “would never be able to leave home because mom kept such a short leash on me.” John would talk about his dad as someone who doesn’t like being told what to do by mom but never spoke up against her, because, as his father would say “what else can I do?” Both dad and son are stuck with an overly controlling wife and mother, respectively.

Such is the need for Structural Family Therapy. Originally developed by Salvador Minuchin in the mid 1960s, Structural Family Therapy has become a familiar family therapy model to help individuals, couples, and families with the various problems they encounter.

John, Beth, and Cecil represent a typical family that would come for family therapy to address problems that can occur in a family system. In this case, the mother and father had been worried for their adult son whom they feared would never grow up, leave the home, get a full-time job, and have a life of independence. What this family didn’t fully realize was how much they had, in fact, contributed to the very problem they had brought to family therapy. This particular case

study will be shared throughout this paper to introduce Structural Family Therapy ideas and more will be shared in the family therapy case study in chapter five.

As therapy progressed with John, he grew in his understanding of his role in his family, the power struggles with his mother and his passive father, and that he had never stood up for himself in his life. In therapy, John developed a greater sense of understanding of himself and his own desire to one day become independent of his family, find a full-time job and live on his own. Despite this progress in therapy, John began to express concern for what his life meant within his family system, regardless of whether he ever moved out on his own or not. He began questioning what he believed in, where his life was going, and how he could live with the pressures he had experienced with his mother and father. As an only child, John felt so attached to his mother and father that he felt guilt and shame if he even thought about moving on with his life. He was emotionally and psychologically glued to his parents because of how he was raised and how they had controlled most of what he had experienced, even as they have criticized him for what they felt he lacked.

Structural Family Therapy, as a family systems theory, seeks to assess how each family member relates to the other. What Structural Family Therapy does not offer is a model or paradigm for discovering meaning of the struggles in life, in the family, and of how to respond to the stressors within a dysfunctional family system. John was looking for more than Structural Family Therapy could offer as a model of change. He was looking not only at how he could change but what life had for him afterwards and how he could respond to what life was asking of him during this time. Having found the limitations of this family therapy model, I would like to propose that Logotherapy can be used by the therapist practicing Structural Family Therapy to help

individuals that may be looking for more from their family therapy sessions as clients seek greater understanding and meaning despite their family dysfunctions.

My Therapy Practice

I am an ordained Presbyterian Church (USA) minister, licensed Marriage and Family Therapist, and Pastoral Counselor in private practice working for a non-profit organization dedicated to helping individuals, couples, and families find healing and wholeness in their life difficulties. I have degrees in theology, pastoral ministry, and marriage and family therapy. In my marriage and family therapy training, I chose *Structural Family Therapy* as my primary model that I would practice because my life experiences, pastoral counseling training, parish work, and own family background fit well into its theory and understanding. I have credentialed training in other therapeutic models including Trauma-Focused Cognitive Behavioral Therapy, Strategic Family Therapy, Solution-Focused Therapy, as well as Structural Family Therapy. I also employ pastoral counseling to those individuals looking for greater life meaning in their faith background or spiritual searching.

My pastoral counseling training shares some common elements with Logotherapy. Both rely on the *defiant power of the human spirit* in dealing with problems and circumstances beyond control. Pastoral counseling partners with those who utilize spiritual resources (Prayer, peace, meditation, scriptures, charity, or loving another) in finding meaning through their struggles , especially for those in extraordinary circumstances like terminal illness or those enduring intense suffering. More will be shared throughout this paper on these particular elements.

Chapter II

The Structural Family Therapy Model

What is Structural Family Therapy? Structural Family Therapy is an established therapeutic model of change in the patterns of family dynamics. Structural Family Therapy offers a blueprint and provides a basis for organizing strategies of treatment. There are three main components of structural family therapy: the family structure, family subsystems, and emotional/relational boundaries (Nichols & Schwartz, 2001. p.122).

Within the family structure, we typically refer to the expectations that establish rules in the family. If a daughter has an argument with another girl in the neighborhood and is hurt, the mother will go to the neighbors to complain. If a husband gets drunk on a Sunday night and has a hang-over on Monday morning; the wife might call him in sick at his work. If parents are having a loud emotional fight in the house, the children may interrupt them or have a fight to distract the parents from their arguing. These are structured sequences of events. They occur because there are established family norms or rules that have been set into motion over time. If one was to change the underlying structure that supported these rules, then ripple effects would occur in the family systems for possible change. These ripple effects could, in turn, threaten the other dynamics of the family system (Nichols & Schwartz, 2001. p.122).

All families have some sort of hierarchical structure, with adults and children having differing amounts of authority or power in the family system. Parents may understand their respective roles within the family system or may differ in those roles and such understanding which affects how they will exercise that authority. Depending on how the children understand their respective

roles in the family also dictates how the children will exercise the authority they have as well. Sometimes family members can exercise their respective power and can dominate another, in other times family members may have a pecking order with the less dominant ones well noted in the family. Older siblings may try to control younger siblings. A parent may try to control her child in what he experiences or understands. “Families have ways to silence or tune out anyone who has relatively little power in the family” (Rosenblatt, 2009. p.99).

Typically, families do not bring their understanding of their structural systems into the counseling room. What they tend to bring in is their chaos and confusion. The family structure needs to be discovered by the therapist, by observation in session and by a theoretical system of understanding. Families are differentiated into subsystems – based on generations, gender, function, and power which are demarcated by interpersonal boundaries, invisible barriers that regulate contact with others. (Nichols & Schwartz, 2001. p.123).

Boundaries in the family system can vary from rigid to enmeshed. Rigid boundaries are restrictive and permit little contact with outside subsystems, resulting in disengagement. Disengaged subsystems are independent but isolated; an advantage to this being a sense of autonomy. On the other hand, disengagement limits affection and support. Enmeshed subsystems offer a heightened sense of support but at the expense of having a sense of independence. Enmeshed parents offer their children closeness, but too much closeness cripples the children’s initiative, and threatens a child’s growing sense of individuation. Enmeshed relationships steal the autonomy of another in the name of connection. Parents can over dominate their children without realizing it, in the name of being protective. Consequently, parents can also be passive by not interjecting into their child’s life with an appropriate measure of nurture, discipline, and

providence which may lead to the child being more dominant in the family system. (Nichols & Schwartz, 2001. p.123).

“The family’s presenting problem might be that they do not spend enough quality time together. But underlying that and not articulated by anyone in the family might be a pattern of disrespectful communication, a system of unwillingness to compromise, or a family member’s overuse of alcohol” (Rosenblatt, 2009. p.108).

“What distinguishes a normal family isn’t an absence of problems, but a functional structure for dealing with them.” For the newly married couple, the structural requirements are accommodation and creation of boundaries in their interaction. The birth of a child can transform the family structure; the pattern of interaction between the parental subsystem and the child subsystem must be worked out and later modified to fit changing circumstances (Nichols & Schwartz, 2001. p.124).

Problems develop in family systems when the family or one of its members encounters external pressures (spouse loses job, the family moves, adolescent drug use) or when developmental transitions are reached (child graduates from school, child transitions into adolescence, parents retire). Healthy families acquiesce to the changed circumstances and adapt; less adaptive families increase the rigidity of structures that are no longer functional (become dysfunctional). In *disengaged* families, boundaries are rigid and the family fails to mobilize support when it’s needed. In *enmeshed* families, boundaries are diffused and family members become dependent on one another. Intrusive parents create difficulties by hindering the development of their children and interfering with their children’s ability to solve their own problems (Nichols & Schwartz, 2001. p.125).

How Does Structural Family Therapy Work?

Treatment in structural family therapy is designed to alter the organizational structure of the family so that its members can better deal with their own problems. The goal of therapy is structural change; problem-solving is a by-product and finding meaning through the process is not typically addressed.

“By adjusting boundaries and realigning subsystems, the therapist changes the behavior and experience of each of the family members and thus opens alternative patterns of interaction that can modify the family structure.” The therapist does not view the family as inherently flawed but is more interested in activating latent adaptive patterns already in the client’s repertoires.

Although every family is unique, families have common structural goals, namely the creation of an effective hierarchy. Parents are expected to be in charge: not to relate as equals to their children. With enmeshed families, the goal is to differentiate individuals and subsystems while strengthening the boundaries around them. With disengaged families, the goal is to increase interaction by making boundaries more permeable (Nichols & Schwartz, 2001. p.128).

Salvador Minuchin, in *Families and Family Therapy* (1974), listed three overlapping stages in Structural Family Therapy. The therapist (1) joins the family in a position of leadership; (2) maps the family’s underlying structure; (3) intervenes to transform this structure. This program is simple, in the sense that it follows a clear plan, but complicated because of the endless variety of family patterns. In general, the therapist follows the following steps with individuals, couples, and families:

- 1) Joining and accommodating

- 2) Working with family interactions
- 3) Mapping the family structural patterns of interactions
- 4) Highlighting and modifying relational interactions
- 5) Establishing boundaries with individuals in the family system
- 6) Unbalancing the family subsystems
- 7) Challenging unproductive assumptions in the family system

Most persons entering into therapy already accept a certain degree of authority or expertise from the therapist. The therapist usually has little trouble connecting with the individual client. This connection or sense of developed trust with the client is called *joining*. Not so with families.

Families enter into therapy with a natural sense of distrust. The therapist is viewed as an unwelcome outsider to the family system when requested to see the whole family, instead of just the identified patient.

“Some families resist coming to family therapy. Family members may come to family therapy but not all of them want to be there. Family members say they want change, but then they seem to fight change, or individual family members want other members of the family to change” (Rosenblatt, 2009. p.111). Family members may be defensive as they prepare themselves to being told they are doing something wrong. So, the therapist must first disarm the family defenses and ease anxiety. This is done by building alliances of understanding with each member of the family. Typically the therapist positions himself by seeking to understand each person’s role and function in the family. By listening to the family stories and concerns, the therapist is

building himself a “place” in the family – a role that he will then act upon and use to modify the patterns of interactions, shifting alliances, and restructuring the family system (Nichols & Schwartz, 2001. p.129-133).

Structural family therapists look for opportunities to modify family patterns of interaction quickly in the process of therapy. If too much time is taken in sessions, then the family establishes itself as the normative family (with their dysfunctions) and the therapist is pulled into the dysfunctions the family has so established. After the initial assessments, the therapist maps the family patterns of interactions, noting the authority subsystems, boundary issues, and the ways in which the family addresses problems (Nichols & Schwartz, 2001. p.133).

Although Structural Family Therapy is usually begun with the whole family, subsequent sessions may be held with individuals or subgroups to help strengthen their boundaries. Parents who never discuss anything privately apart from their children can have their boundaries strengthened by meeting alone with the therapist, sending a signal to the children that parental conversations can take place with another authority apart from them. *Unbalancing* is where the structural family therapist realigns relationships between subsystems by suggesting different boundaries. What often keeps family members stuck and resistant to healthy change is that members in conflict are balanced in opposition and as a result remain frozen in inaction. “In unbalancing, the therapist joins and supports one individual or subsystem” (Nichols & Schwartz, 2001. p.133). And this is where change can take place. The therapist uses this position to help shift the underlying structures of the subsystems. Therapists call this realigning the family system. Though the therapist acts to put this into motion, the resulting change is to empower or unbalance the subsystem to bring about healthier change for the family system.

Chapter III

Clinical Praxis of Structural Family Therapy

Having discussed the basics of Structural Family Therapy (SFT), I would like to now share my own version of it that I practice as a Licensed Marriage and Family Therapist and Pastoral Counselor. I have taken some of the key concepts and ideas from SFT and added some perspectives from my pastoral counseling training.

My Master's of Divinity in Theology and PhD in Ministry both included focused training in pastoral counseling which infuses mainstream psychology along with spiritual and religious beliefs to form a type of spiritual-psychotherapy that is called pastoral counseling. Pastoral counseling moves beyond the support or encouragement a religious community can offer, by providing psychologically sound therapy that weaves in the religious and spiritual dimension.

Due to the pressures of managed care and those who desire to use their insurance for payment of behavioral health services, SFT is not reimbursed as a solo counseling modality. Instead, one has to resort to more brief therapy modalities which can be versions of Solution Focused Therapy, Structural/Strategic, and Cognitive Behavioral Therapy and/or an eclectic mixture thereof. Most managed care companies only reimburse for individual sessions with a few offering to reimburse for family counseling involving more than one person at a time. So to practice SFT primarily with individuals, some creativity is used to envision the family system through the individual and seek to affect change accordingly.

Due to the nature of counseling being individually centered, the following model was developed to organize the main constructs of SFT into a more practical model:

(1) **MOM = DAD** (*line of demarcation*)

(2) **Child 1**

Child 2

In this case, mother and father in the family system are equal in terms of nurture, love, authority, discipline, and functioning of the family system. Though equal in power and authority, mother and father are different in the various roles they serve in the family system. In a traditional sense, mom is female and a wife and father is a male and is a husband. Mothers and fathers may also bring to the family various differences of educational and experiential talents that they can apply to the way they relate to their children.

Separating the parental subsystem from the children subsystem is a clear established and intentional boundary. I call this differential line the *line of demarcation* in that both the parents and the children are not supposed to ever cross this line to the other's side. Parents are like co-captains (officers) in the family system and the children are each individually privates (non-commissioned officers). There is a definitive line of authority between officers and privates. In this case, this *line of demarcation* is what establishes the authoritative relationship between the two parties in the family system. It is formed by the respect parents have of their children and the children have of their parents, in understanding the roles each serves in the family. Mother and father relate to the other in mutual respect. Children, likewise, relate to each other in respect due in part to differences in age, gender, maturity, and perhaps competition.

In my version of the SFT model, children in the family system, up until age 18 have but four primary responsibilities: to play, to learn, to grow in responsibility, and to gain preparation for living on their own through maturation. Children are not expected to be responsible for

financially supporting the family, for making executive family decisions, or otherwise replacing the parents in the family system. Likewise, parents are never to subvert themselves and their authority by lowering themselves behaviorally, emotionally, or even spiritually to equality with their children (crossing the line of demarcation) or elevating their children to become equal with them in their authority. The healthy functioning of the family works well when both parents and their children understand and enjoy their respective roles. When family's come for family therapy because of communication breakdowns, confusion of what roles to play in the family, or other dysfunctions, the therapist then realigns the family back to this basic structural model.

In this practical version of Structural Family Therapy, the marriage relationship between the husband and wife comes first in priority, denoted by the (1) in the above diagram. The second in priority is the relationship of the parents to the children, denoted by the (2) in the above diagram. This means that the relationship between the husband and the wife is vital to providing the necessary security, structure, vitality, emotional, and financial foundation for the family upon which the children then can depend. The children come second, in part, because of the hierarchy of authority and the hierarchy of need; the greater need being the structural support that the parents have in relationship with one another. Parents that typically raise the children first and their marriage second suffer many consequences later in life as husbands and wives sacrifice each other in the name of the greater good of the children. Children are raised but not with the healthiest understanding of roles, authority structures, and in turn finding a life partner in which to build a family, and thus in turn repeating the same cycle. Loving the children must come second to the parents loving each other.

As has been said, husband and wife share equal authority but may differ in their roles they serve in the family system. Those differing roles need to be continually negotiated so that proper balance is maintained emotionally, sexually, financially, spiritually, and psychologically. This ongoing negotiation exists between the parents from sharing common goals and developing visions for the future of the family system.

In the case mentioned in the beginning with Beth, Cecil, and John Crowder, John was identified as the problem by his parents. He has been seen individually for nearly 2 years addressing a number of issues related to increasing his individuation, understanding his own authority in his family system, setting of emotional and psychological boundaries with others, and navigating his relationship with his parents. During the last 2 years, John has not desired to have conjoint sessions with his parents so my version of SFT has been primarily to realign John in the context of his voice in the family system and the ways he understands himself in the larger context of his world.

Individual sessions consist of addressing the main goals established by the patient in their crises of need and as successes are experienced by the client. After the immediate issues are addressed and as the patient desires to work further on themselves in light of their family system, psycho-education commences to develop a strategy to address the various goals in treatment. This can be done through structural and strategic therapy techniques as well as in cognitive behavioral therapy assignments. By this second phase of treatment, the patient is well versed in the language and use of the differing techniques to realign their relationships and perhaps even their family system in such a way that incorporates their needs.

Structural Family Therapy and the Search for Meaning

For all of SFT that is good and helpful for family therapy, it does not offer a way for individuals to discover meaning in their lives. Its limitations are in its reductionistic tendency to view family issues in light of relationship balancing. Structural Family Therapy does not account for an underlying value system in responding to family system problems. So when clients find the change desired, the limitations of the therapy are reached.

SFT is basically finished when change is reached. Sessions are scheduled around meeting with the individuals of the family system as well as family therapy sessions towards change. SFT ends its mission when the family system communicates that those unhealthy patterns are no longer at work. But there is more to be done in helping individuals, couples, and families beyond this point. If an individual or couple begins to express a desire to explore more of who they are meant to be in life, what the future holds for them, and more of a meaning-centered process, then SFT really does not help. Many-times in therapy, even when one goal is met or change is found, patients want to continue to address other issues inherent to their life. Where is the Structural Family Therapist going to find a resource that takes them beyond the family dynamics of change to contemplate meaning and purpose for those seeking it? And how can a therapist engage other capacities of a patient's own resources if the therapist doesn't have religious or spiritual training to incorporate into the therapeutic treatment?

So, what if there could be a meaning-centered model to follow that would add to any existing therapeutic model or eclectic mixture that could incorporate the ability to take into account the patient's own resources, be they spiritual, emotional, physical, or psychological. Enter Logotherapy, the brainchild of Dr. Viktor Frankl. Let us consider Logotherapy and how it not

only fits so well as an adjunctive therapy with SFT, but even helps individuals in the family system beyond the limitations of Structural Family Therapy.

Chapter IV

Logotherapy

Logotherapy's author, Viktor Frankl, used two words to describe his theory: *logos* being a Greek word that denoted "meaning" and *therapy* being a word that described to "search for." Put together, logotherapy, means "search for meaning." Thus, Logotherapy is a meaning-centered model of psychotherapy that utilizes one's own internal resources and the *defiant power of the human spirit* to determine one's own meaning in life despite the respective issues, problems, and sufferings in one's life (Frankl, 2006. p.97-99).

Logotherapy is based on three fundamental pillars that form the basis for the theory:

1. Freedom of Will
2. Will to Meaning
3. Meaning of Life

Freedom of Will is the concept that a person has the capacity of free choice. "According to logotherapy concepts every human being has freedom of will, at least potentially. This potential freedom of will can be restricted at times through illness, immaturity, or senility, or can be even repealed, but which does not change its fundamental existence" (Lukas, 1998. p. 5). This freedom is really the freedom of human will and "human freedom is not a freedom from conditions but rather, freedom to take a stand, to face whatever conditions might confront him" (Frankl, 1988. p.16).

In this case, Frankl asserts that the freedom one has is in choosing one's attitude toward a circumstance, the freedom to take a stand. Human beings are inherently free to choose how a given situation will be encountered and what meaning, if any, will be found in that given situation of life. "One of the essential qualities of human nature is to rise above, or grow beyond, the conditioning of biological, psychological, or sociological factors. Frankl maintains that there is no condition, no state of the severest psychosis that can totally rob a human being of freedom, however limited the remaining residue of freedom might be" (Graber, 2004. p.64).

Will to Meaning is the second pillar of Logotherapy. "The motivation concept of WILL TO MEANING means that every human being is inspired by a striving and yearning for meaning" (Lukas, 2000.p.5). The meaning that an individual can find is unique and specific to each person and can be fulfilled only by that one person and no one else (Graber, 2004. p.65). In order to consider the will to meaning, a person is capable of suffering and dealing with the difficulties of life and then to find one's own meaning though despite the suffering or difficulties that life brings. The fact that people have an innate desire to find meaning in their life circumstance is evidence that one has a Will to Meaning. Even the presence of despair in a person's circumstance from the lack of finding meaning, evidences one's desire to have life mean something. Frankl referred to this condition of lack of finding meaning, or the despair, as the Existential Vacuum. "Today people are spared tension. First of all, this lack of tension is due to that loss of meaning which I describe as the existential vacuum, or the frustration of the will to meaning" (Frankl, 1988. P.45). Whereas much of psychotherapy is to reduce tension of the mind in difficulties, the will to meaning is man's freedom to find meaning despite the tensions. Frankl said that every crisis was also an opportunity to discover meaning in the challenge of the situation (Graber, 2004. p.66).

Meaning of Life, the third pillar of Logotherapy, teaches that meaning is contained within the concrete experiences of daily life. Frankl believed that each individual was unique and could not be replaced by another, in that each individual has a special purpose to fulfill in life. Part of the Meaning of Life was to discover what one's purpose was, namely through how one responded to what life was asking of oneself (Graber, 2004. p.66).

In the practice of pastoral counseling it is noted that one has a mind, and body, and a soul or spirit. And there are internal resources that one can choose from each component to aid in healing. For instance, the placebo effect may come into play for physical symptom reduction or mental pains. Having faith in a higher power or an internal belief in a greater good can sometimes yield change.

In Logotherapy, Frankl speaks of dimensions of human existence. Our body, mind, and spirit are inseparable forming a whole unit. Frankl notes the significant contribution of what he called the spirit, or noös in order to differentiate it from being a religious notion of spirit. Frankl said that we have a body and a mind but we are spirit; we don't just have a spirit. We are noös. Frankl believed, "Hitherto psychotherapy has given too little attention to the spiritual reality of a man. For the aim of the psychotherapist should be to bring out the ultimate possibilities of the patient, to realize his latent values. The aphorism of the poet, Goethe, which might well be adopted as the maxim of psychotherapy, states, '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 become what they are capable of becoming'" (Frankl, 1983. p.8).

In Logotherapy one taps the resources of the noetic dimension, the very depth of spirit, in order to help them discover meaning and purpose through the varying difficulties that one experiences.

Frankl described the significance of the noetic with the phrase, *the defiant power of the human spirit*. It was this defiant power of the human spirit that enables a person to choose to discover meaning despite a terminal illness, despite a family member's death, despite a dysfunctional pattern of family communication, or despite a dominant mother who is emotionally enmeshed with her adult son.

Where Structural Family Therapy tends to reduce problems to enmeshed/diffuse emotional boundaries, unbalancing hierarchical systems, and charting the relational subsets in families for change, Logotherapy opposes reductionism to look at the complexities of the human condition and the choices a human being has in discovering their own Will to Meaning despite those complexities. Logotherapy uses the notion of transcendence, the ability to look outward from self to others, notably in the case of suffering the ability to look outward of the suffering to meaning. It is the self-transcendent aspect of Logotherapy that sets it apart from family systems thinking of simply creating change.

“Logotherapy states that man should not ask what the meaning of life is, but rather, must recognize that it is *he* who is being asked. *Life* is the questioner. Man must respond to life by courageously facing and responsibly carrying out the demands life places before him – thereby he finds fulfillment in life while living his vocation of destiny” (Graber, 2004. p.202).

According to Barnes (Barnes, 2005. p.7), the following are the basic tenants of Logotherapy:

- Life has meaning under all circumstances, even the most miserable ones.
- Our main motivation for living is our will to find meaning in life.

- We have freedom to find meaning in what we do and what we experience, or at least in the stand we take when faced with a situation of unchangeable suffering
- The human being is seen in Logotherapy as a totality comprised of body (*soma*), mind (*psyche*), and spirit (*noös*). We can neither understand a person nor facilitate healing in his/her life if we disregard the human spirit as a primary reservoir of strength and health.
- The spirit within us is our core of health containing our will to find meaning, our goal orientation, and our capacities for choice (beyond the instinctual), love (beyond the sexual), imagination, abstract thought, artistic creativity, religious faith, self-discovery, and transcendence.
- The search for meaning is seen as central to human existence.
- It is our innermost desire to make sense of our lives in spite of apparent chaos, injustice, suffering, and boredom.
- We are warned that our pursuit of meaning in life can be thwarted by affluence, hedonism, materialism, and the crumbling of traditional values. These roadblocks to meaning may result in inner emptiness, doubt, frustration, despair, and neurosis.
- Our attention is refocused toward the human spirit, not in a moral-religious sense, but as a resource of health.
- It focuses our attention on the quality of our life and on our goals, ideals, and potentials.
- It also focuses our attention on our ability to take control of our lives.

According to Barnes (Barnes, 2005. p.7), the aims of Logotherapy are to help us:

- Become aware of our spiritual resources, i.e., the resources of our inner spirit, which are available regardless of religious or secular beliefs.
- Make conscious these resources, which often are repressed, frustrated, or ignored.
- Use our ‘defiant power of the human spirit’ and stand up against adversity

Family systems thinking is geared to helping individuals, couples, and families resume a level of healthy functioning and relationship, but falls short of helping persons to understand the meaning and perhaps purpose within their role(s) in that system. Logotherapy offers the creative use of the body, mind, and noös, or spirit(ual) resources where typical family systems thinking relies on the body(soma) and mind (psyche) resources only. Logotherapy, then, appears to go beyond just fixing a mechanism that is broken but helping the system and individual evolve to deeper meanings as they relate to one another.

Discovery of Meaning in Logotherapy

As we have said, Logotherapy offers a model for helping a person discover meaning in their lives by considering the noetic resources within oneself, the ability to choose one’s attitude or response to any given situation or fate. “According to Logotherapy, we can discover this meaning in life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering” (Frankl, 2006. p.111)

The first way to discover meaning, by doing a work or deed, may seem obvious. “The second way of finding meaning in life is by experiencing something – such as goodness, truth and

beauty – by experiencing nature and culture or, last but not least, by experiencing another human being in his very uniqueness – by loving him” (Frankl, 2006. p.111).

The third way to experience meaning in life is to be faced with a hopeless situation that cannot be changed. “For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement” (Frankl, 2006. p.112). Frankl says that when we are facing such predicaments and we are unable to change them, then we are challenged to change ourselves. It is this changing of the self which is transcendent in nature, stepping out beyond our own abilities to become what we could become (Frankl, 2006. p.112-114).

Frankl spoke of those who could not find meaning in their life, regarding life as meaningless. He called this state of meaninglessness the *existential vacuum*. Such is the case for Logotherapy to help the person, who may be in the existential vacuum, to find meaning and purpose. Despair then results when unchangeable suffering is encountered and meaning cannot be found. Despair is suffering plus meaninglessness or suffering minus meaning (Frankl, 2006. p. 106-108).

A Word about Logotherapy and Pastoral Counseling

I believe that Logotherapy offers a greater humanistic understanding of the spirit(ual) resources than the religious institutions have offered towards in the practices of pastoral counseling. I believe that Logotherapy embraces the fullness of pastoral counseling and offers to partner with it in bringing the sciences of the noös/spirit(ual) understanding. I have searched for a long time for language, science, or thought that helped to bridge the religious understanding of the spiritual

and the experiential understanding of the spiritual as a resource for health, wholeness and meaning. Logotherapy seems to be this way of thinking and understanding.

I see no problems or hindrances in Logotherapy as an addition to other modern- day psychotherapies. Frankl's conceptualization of Logotherapy is often adjunctive and only occasionally the complete therapy.

Whatever psychotherapy practice one has, the goal is the same – health, wholeness, meaning, and purpose for the client. How we, as psychotherapists, go about bringing that health, wholeness, meaning, and purpose to/for the client is what the differing psychotherapies offer. Especially helpful in Logotherapy is its emphasis on personal empowerment of the individual to transcend their issues (if possible) or at least to be self-empowered to change attitude in the face of an unchangeable circumstance.

Logotherapy is a natural partner and even perhaps its own player in the field of psychotherapy. The challenge for many therapists trained in mechanistic therapy theories will be to weed through those mechanistic tendencies of thought to provide even more healing to those who seek their help.

Structural Family Therapy and Logotherapy Together in Practice

I don't mean to suppose that SFT is somehow lacking or insufficient as a practicing therapeutic model. What is apparent, both in the case studies to be presented and in my own practice, is that SFT has limitations. Those limitations do not necessarily inhibit SFT to help others, but those limitations do limit SFT's ability to help persons find more to their life than their role, their place, and their boundary.

What if those who seek help with the family system are actually looking for something much more meaningful than simply change? What if they come for help because they want a greater understanding of themselves in the midst of their individual, couple, or family issues? What if mothers and fathers who come for help with family problems are looking for more than their children to cease their bad behavior but are more concerned with issues of their children's character, value systems, individual choices, and peer relationships? SFT offers little to no assistance in helping parents navigate those charted waters. In fact, SFT offers little towards helping individuals, couples, or families delve into their own defiant power of their own human spirit to achieve meaningful change. It is this aspect of the spiritual, an inner resource without pathology, an aspect of the unity of the self that can be used to aid those striving for something more than just a healthy state of emotional balance.

So enters Logotherapy to help tap into those less understood qualities about what makes up a person, taking beyond the psychological understandings and physical limitations to include a realm much more powerful and limit-less – the spiritual or noetic dimension. When a husband is being challenged by his soon-to-be ex-wife during a divorce proceeding, he can find meaning in his life despite his boundaries being violated and his hierarchies being challenged. He can rise to a level of acceptance and see who he is as a person even in the deep emotional struggle of the divorce, even knowing that as he is being ultimately rejected by his life partner, he can find acceptance within himself. He can reach into this noetic dimension that he uncovers within himself and finds meaning and perhaps an acceptance of himself and his circumstance, maybe even a level of peace within his own chaos around him.

Let us continue to consider John and the Crowder family. John continues to come to therapy not because of having found change. That has already happened. He continues therapy because he is interested in who he is, what he is doing, why he does what he does, and how he can do it differently in such a manner that he achieves less dependency upon his parents (more individuation). I have been using Logotherapy with John, helping him find his own defiant power of his human spirit. John has continued to identify new ideas and beliefs that have challenged the older beliefs he previously held. John's story continues in the case study located in chapter five.

It is here that I believe Logotherapy helps to pick up where SFT has its limitations. For when a client or family system can come to connect with a value system or belief, then they can understand the unique defiant power of their human spirit to rise above their problems and understand their role in the change they seek, then the client can attribute meaning and/or purpose to the change they experience.

Chapter V

Case Studies

Case Family # 1: Cecil, Beth, and John Crowder

The beginning of this paper used this family as the background of example to introduce SFT.

Continuing on with the information that has already been shared throughout the paper, John was a 22 year old with a learning disability, low self esteem, dependent personality issues, social anxiety along with generalized anxiety disorder. He preferred relationships with older adults than his own peer group but always desired to have freedom from his parents and someday live on his own. As has been said before, SFT has been used with John and his parents to identify what some of the underlying problems have been. John and his mother Beth are emotionally enmeshed with the result being John not having the appropriate individuation and boundaries from his mother to make his own decisions independent of her. Rather, Beth tells John he has to accompany her on every outing, whereby she continues to lecture him about not having a job, insurance, and a girlfriend at every moment. Though Beth and Cecil exist above the line of demarcation in their roles as parents, they have not known what to do to allow room for John to move out of the family home and pursue a life direction on his own. Instead they have assumed his codependency upon themselves and have created the family structure that has kept him a somewhat “prisoner” of the family home.

To realign this family system would be to insist upon family therapy sessions, whereby I as therapist would confront Beth in front of John and Cecil and seek to get her to acknowledge her (and Cecil’s) culpability in keeping John at home. This in turn would turn focus upon Cecil, as to

why he had not stood up to Beth more and enabled John independence in John's youth. This would also challenge John to step up and try to either come to the defense of his mother and reject the therapist or conclude I was right and finally take a stand of independence for himself.

But, alas, none of this happened because John would not agree to family therapy sessions, even when it was strongly encouraged. In individual sessions, John acknowledged that he really wanted the safety and security of confidential individual sessions, saying that to invite his mother and father into sessions would take away what he has worked so hard to achieve. It is my opinion that John was referring to therapy being something which reflected the individuation he imagined, something entirely his own, separate from his family being included and a part of as with every other facet of his life.

Logotherapy has also been used with SFT in helping John. I introduced to John the concepts of meaning discovered by doing a work or deed, experiencing something or encountering someone, and by the attitude we take toward unavoidable suffering. John discussed if he could find meaning in his life even while he was stuck living with his parents. John began to explore some talents he had for carpentry, for making model cars, and for painting.

As therapy has progressed for John, John has been able to realize his carpentry gifts and start his own business making various items out of wood. He started small by making some wooden letter shapes and personalizing them for friends and family. This developed over time to a large folder of ideas where he has made corn-hole games, wooden bench-planters, wooden Kleenex box covers, to various thematic shapes like reindeer, turkeys, teeth, and Santa hats. This along with some rental income has allowed John increased independence, though he continues to live with his parents. He has been able to set better boundaries with some adult friends who had been

taking advantage of John's strong work ethic and has even begun to say "no" to his mother a few times. John's wood working talents have even landed him an apprenticeship job at a private furniture making plant. In John's world these are tremendous successes.

John comes to therapy once a week with a stack of notebooks where he has been journaling his thoughts and ideas over the course of therapy. His writing and communication have improved significantly. He has even started writing some songs and has suggested he would like to write a book one day.

According to SFT, John is understood in light of his role he serves in his family system until that time he leaves his family system to create his own family, either as an individual or with a partner. He serves as the only child and therapy has helped John address his position under his parents in authority but also with the desire to foster greater authority in his individuation. This has been accomplished not in leaving to live by himself (which he is not yet ready for emotionally) but in fostering increased dependence upon himself through employment and increased relationships with others, set with healthier boundaries. John has been able to strengthen his own sense of self through finding meaning through his work and his relationships with others. Though he still wishes to gain more "freedom" from his parents, he has tasted some of the change that he can continue experiencing.

In light of this, John presents for dependant personality disorder and social anxieties. Though his anxiety comes from his familial relationships and the stressors contained therein, he has been able to manifest creative abilities as a viable outlet of his own internal struggles. His creativity with wood and his writings have been able to utilize those anxiety energies to produce something meaningful to him. His dependency upon his parents seems to be a lack of trust in himself to step

out and succeed. Perhaps with some increased and tempered socialization along with more creativity successes, John may realize increased independence.

Case Family #2 – The Smith Family: Kris, David, and Duane

A) Kris Smith – 24 year old daughter

Kris Smith came to therapy because she was beginning to deal with the grieving process of her then terminally ill dying mother. Her mother had been diagnosed with breast cancer with metastasis and was in the final stages of a 2 year battle. Kris was a 22 year old graduate student preparing to be a school teacher. Kris lived at home with a father, younger brother, and younger sister (currently a sophomore in college). Kris had been referred by a previous client because the emotions of caring for her mother were affecting her work, school, and home life. The initial assessment with Kris revealed her presenting issue of Adjustment Disorder with Depression. Not long after the first counseling session, Kris's mother died, and the next 10 or so sessions addressed Kris's grief and exhaustion in being a caregiver and daughter.

Kris presented a number of issues that made her internal coping resources limited. Her family system was non-emotional and non-communicative. The sharing of feelings was highly discouraged and the family did not express positive emotions, only expressing negative emotions, anger, and passive aggressive tendencies. The father was employed by a company that required he travel to Europe frequently, so much so that he even lived apart from the family at 2-3 month intervals during the year. While dad was away, Kris and her brother would stay at home caring for mom. Kris expressed frustration with her inability to understand how she was going to cope with the various emotions welling up within her: how to live without her mother, how to

communicate with the family and displaced father, and then how to envision her life going forward with this tragedy. Her perceived meaning and purpose had been engulfed by the care of her mother and she had constantly been hoping for a favorable outcome of her mother's illness in the hopes that it kept the sense of familial continuity intact.

Structural Family Therapy with Kris sought to help her understand the changing roles she was serving in her family system and how with the death of her mother, the father would be able to re-enter with parental authority, how the dysfunctional communication patterns of the family would be affected, and how she was going to envision her future without her mother. I suggested that she consider inviting the father, brother, and other sister to a conjoint session but she refused. So family therapy was not possible in the traditional sense. She said that there was "little reason to bring the family together because the family has never been together and has never communicated so why even start now?" SFT understands this as the power of the homeostatic tension keeping the pathology in place because Kris cannot fathom going up against this system to alter it in any way. Structural Family Therapy would also be applied to her as an individual, even without seeing the whole family system in session. The family system was acknowledged *in absentia* but understood through the therapeutic process. It would be up to Kris to put voice and thought to each other family member in order to proceed. And this was what happened in the course of therapy until Kris got to a place where she wanted more.

Kris came to the session one day in mid-summer having understood her grief process, her changing roles in the family system, and realizing that she was well loved by her mother and even needed by other family members, even if they all couldn't express to one another those needs. But Kris came into this session looking for something more. She asked me how she was

going to move on in her life knowing that her mother's death will be forever a memory for her. It is here that Logotherapy came in to assist Kris in taking her therapy farther than SFT could offer.

Kris identified various value systems she had. One was a strong work ethic and a "never give up" attitude, no matter what the circumstances may present. She saw that value in her mother as she fought with her cancer. Kris talked about what her mother would have wanted for her to do – and that was to be the best schoolteacher she could be. As Kris has been preparing to be the very best schoolteacher she could be, she felt it was important to focus on getting interviewed for various jobs that could fulfill this dream of hers and her mother. So Kris began interviewing and she interviewed with approximately 15 principals for about 20 jobs over the course of the summer. Kris's dream was to teach at a Title 1 School, which is a designation for an underprivileged, low-income school. After waiting the whole summer and not being called back by any of them she decided that even if she didn't get a fulltime job, she decided she would substitute teach until such a position came along. Logotherapy helped Kris realize that all the pain and suffering she endured caring for her Mom, along with watching the pain and suffering of her mother's struggle, that Kris *could* utilize this inner strength to endure the intense interviewing process; that she could reach down and continue searching for this future and her goal of being a teacher (like her mother). Therapy ensued to help Kris utilize her own defiant power of her human spirit to overcome her feelings of rejection, her perceived inadequacies, and to stay the course in trusting that she would eventually get a fulltime position. Kris finally did get a call back from a principal of a Title 1 school locally and is currently fulfilling her dream.

B) David Smith – 17 year old son

David was Kris' younger 17 year old brother, a rising senior in a local high school. He was referred by Kris during the summer to begin to deal with the death of his mother. David was experiencing panic attacks and generalized anxiety disorder symptoms. He was having difficulty sleeping and expressing his emotions. During the initial assessment a diagnosis of Generalized Anxiety Disorder was concluded and a visit to his doctor for a medication evaluation was suggested. David was placed on Zoloft 50mg daily and therapy began addressing the various aspects of his grief of the recent death of his mother. David, like Kris, talked about how the family does not communicate, how emotions are discouraged (except for negative ones), and how his own struggle was trying to find how to go on with his life (have a future) in light of his intense grief.

I used Structural Family Therapy with David to help him understand his role in the family system and to assist him in finding ways to express his feelings to help balance out the hierarchical changes that have occurred. Family therapy was suggested and David rejected the idea on similar grounds as Kris had, namely that "the family have never communicated well and why would it want to start now?" So SFT continued with Davis to help him learn about emotional and physical boundaries and talk about how he related to his sisters and father. David said he was looking forward to the time that Kris moved out of the home, whereby increasing his authority within the family system at home with his Dad.

David shared that during the illness of his mother that he had had sexual relations with his girlfriend and she had become pregnant at the very end of the previous year. In consultation with his mother and father, and his girlfriend's mother, David and his girlfriend decided to get an abortion. David's mother wanted to accompany him and the girlfriend to the abortion clinic as a

way of support during that difficult time. In the beginning of the next year, she went with David and his girlfriend and she sat in the waiting room next to people that were coughing and sick. Not long after that, David's mother's health quickly declined and then went to the hospital and died within a week's time. It was ruled that her death was the result of additional contamination while her immune system was suppressed. David shared that he felt responsible that he contributed to his mother's death by that experience which resulted in his anxiety, panic attacks, sleeplessness, and worry.

In treatment using SFT, David grew to understand his changing role in his family system and the structural change of authority from mom to dad. As David began to grasp these ideas and find a healthier balance in relating to his family system, he began to ask deeper questions about himself, his greater role in life, what the future offered for him, and what was the meaning of his life? This is not uncommon for persons who have lost a mother or father to a tragic illness or death.

Structural Family Therapy does not offer a paradigm for David to find meaning and purpose in his life. I introduced David to some of the basic concepts of Logotherapy and in the course of a few sessions, suggested his reading of *Man's Search for Meaning*, by Dr. Viktor Frankl. David read the book and we used the ensuing conversations to help David discover the noetic part of himself. David was encouraged that he had the ability to tap into the defiant power of his own human spirit in being able to understand both his mother's unconditional love for him and that any such events leading to her death would have been a circumstantial accident at best. He knew she was terminally ill and would have died within a short period of time should she have lived through the illness following the abortion. David found meaning in his own anxiety and suffering

and used his own love for his mother and his perception of her love for him to lower his constant worry over the unknown future. This permitted David to begin concentrating on the things he enjoyed like his hobbies, local friends in the neighborhood, and college preparation.

In the Fall of that year, another tragic event happened to David. He had decided that he wanted to end his relationship with his girlfriend and broke up with her on the phone (the Smith family doesn't communicate well), only to have her attempt suicide afterwards. David worried for her and called 911 and when EMS arrived at her house, she was bleeding from cuts to her arm. She was hospitalized in the psychiatric unit and put into treatment. David reported that during that whole ordeal, he never once had a panic attack or overt anxiety related to that experience with her. He regarded his ability to feel calm inside and at peace with himself, despite the circumstances, as evidence of his improvement and help. David notes finding his noetic side, tapping into his own inner resources of calm, peace, and love to manage himself and his relationships with others. David continues in therapy and regards Logotherapy as being useful in helping him.

C) Duane Smith – the father

Duane referred himself to therapy in the late Spring, after seeing some success with his daughter's experience with therapy and to determine if therapy would be helpful for his son, David. During the initial assessment Duane presented for Adjustment Disorder with Depression, with my own hypothesis that there were possibilities for Major Depressive Disorder Single Episode. Duane shared the familiar story that his children David and Kris had shared about the family system not being emotional, not being a family that communicates well, as well as the similar struggles with dealing with the death of the mother (Duane's wife).

Duane shared in therapy that he had been having marriage difficulties with his wife prior to her being diagnosed with cancer. Duane worked for a company that required he live overseas for extended periods and he had accepted the fact that he was the family financial provider but had not played the role of father in any traditional sense. The family unit for the past 10 years had consisted of mother, two sisters, and brother with a physically and somewhat emotionally displaced father. Structural Family Therapy was used with Duane to understand his role changes in the family system and his re-entry into the family unit as he sought to attempt the more traditional role of father. He understood that he had not been well received by the other family members and that there was resentment from his children for his displacement. SFT was helpful for Duane to work through the various changes that needed to take place for him to regain control of the family and to continue in continuity of love, nurture, and provision of the Smith family after mom's death.

Duane began the process of his grief. During the summer, Duane re-experienced his love for his deceased wife, coming into a deeper understanding of what it meant to be a parent, caring for the children, and being involved in all aspects of their life. Duane began to find some fulfillment in finding his role as the parent in the family and went through lots of emotions in understanding his wife, her life, her strengths, her mistakes, as well as his past love for her and for what the meaning of their life together was at that time.

But Duane also began to express a need for more in his therapy and SFT was not sufficient enough of a model to address his additional needs. Duane wanted to understand why he made the decisions he did, why he was focused on his occupation, choosing it over the family at times, and how he was going to go on with his life. Duane was also in a transitional place in life. Whereas

his children are growing up and moving out of the home, going to college, and finding new jobs, Duane was also preparing for the empty nest syndrome. Kris currently lives at home but is employed and looking for a place to live. David is living at home but is in his final year of high school with preparation for going to college out of state, and his other daughter is already out of the home at college fulltime in another city. So even as Duane processes his reintegration into the family system and finds his roles and new authority, he still has to address what changes will be occurring in those roles as his children leave the home.

It is here that Logotherapy has been most helpful to Duane. Duane, too, wanted to read *Man's Search for Meaning* by Dr. Viktor Frankl. This led to conversations in therapy about his own meaning and purpose to his life, what life was asking him at this time, and what he wanted the future to look like for him. Duane embraced the ideas of the body, mind, and spirit and noted that he had not been listening to his spirit. He wanted to begin exploring his religious side again and connecting with others. He wanted to begin finding his life here in the US. His life of travel had created two lives for him: one in the US at home which he felt alone and largely not a part of, and another home in Europe where he had another set of friends and a pseudo-family; going back and forth between two countries created additional conflict for Duane. Duane acknowledged that he could continue to process the love he had had for his wife, even though she had died and that he could continue a sort of ethereal relationship with her while she was in "heaven." He imagined her looking upon him in support and encouragement as he sought to care for the children in her absence. Duane found helpful the notion that though his body and mind suffer from the tragedy of his wife's death, that there is an internal resource within him that is not sick and that he can tap those resources within himself for his own well-being. He feels he has improved his quality of life with some of the changes that have happened, though he continues to

recognize his deepened grief and sadness, even as the holidays approach. Though Duane continues in the grief process, he feels much more at peace with himself and his life now relying on some internal resources from his spirit.

Case Family #3: Mary Wilson, Billy and William Jones

A) William Jones - father

William Jones, a 43 year old mechanical engineer, came to an initial session on the referral of his attorney for possible family therapy following a heated emotional battle for primary custodial change of his son Billy from his mother to himself. William suffered from Asperger's Syndrome, which is one of the Autistic Spectrum Disorders. The mother, Mary, was a 44 year old woman who suffered from Bi-Polar II Disorder along with Generalized Anxiety Disorder. Mary and William had never gotten married when their son Billy was born and Mary had received full custody of Billy at that time. Now at age 15, Billy's grades had declined and William suggested to Mary that he could help Billy improve his grades if he had full custody of him. After the initial session with William, I suggested family therapy to address the family changes and to review the roles each was serving in the family system. William kindly refused further therapy. His Asperger's Syndrome made interaction very uncomfortable and awkward for him. He preferred not to go any further with therapy.

Two months went by and William called me for another session because his son Billy, now in his full custody had become deeply depressed and was threatening suicidal behavior. William and Mary admitted Billy to a residential psychiatric facility for evaluation and treatment and arranged for me to see Billy upon release. During the initial evaluation of Billy, he was found to

have Major Depressive Disorder, Single Episode that he described came from the radical move from living with his mother to living with his father fulltime. He described his father as being non-emotional, cold, difficult to relate to, and task driven just for school. Billy said his Dad put too much pressure on him to do school work and wouldn't talk with him, discuss his feelings, nor take the effort to understand how he felt. Billy told how his mother would have depressive episodes and anxiety attacks but also how she would comfort Billy, care for him, and talk with him about his problems. I was shocked to learn that during the court battle for custody, neither lawyer had consulted a family therapist to help with the process even considering the deep emotional problems each parent faced.

SFT therapy was used to help this family. The initial session was met with all family members present in order to understand more of the underlying problems. Mom and Dad were not married. Mary was married to another man for 14 years and had other children by him. William had remained single all these years, being uncomfortable with women, and people in general. William noted that he had no friends and did not associate with anyone other than co-workers. He acknowledged that he suffered from Asperger's Syndrome and accepted this as his lot in life. He seemed to have a focused attitude on improving Billy's grades in school and a procedure for doing just that.

SFT understands the Jones' family problems in light of how mom and dad are not working together and not sharing common discipline, nurture, and support but have, in fact, worked against the other. This had disrupted Billy's confidence in their leadership and had put pressure on Billy to have to attempt to realign his parents himself. Thus his acting out, lowered grades, and suicidal behaviors were in response to the change that was made without his consent. Billy

enacted his “authority” by disrupting the family system and calling to attention that he was indeed emotionally in control.

During the individual session with Billy, he acknowledged having some of his father’s and mother’s traits: some Asperger’s like behaviors and mannerisms along with a general depressive-like mood, though Billy also acknowledged that he had friends, was well liked at school, and liked to talk. Billy also noted that he thinks he is very smart and that both his parents do not give him enough credit, evening noting that “Mom is passive-aggressive and Dad is task oriented, but neither understands me for who I am inside.”

Individual sessions addressed Billy’s need to be heard, coping strategies for dealing with his anger and helping Billy to understand his father. For every two individual sessions with Billy, there would follow one conjoint family session to address family communication systems, feedback from improvements, and additional questions to one another. The Jones family were very much onboard with these conjoint sessions, faithfully meeting every appointment. The conjoint sessions were also the time that Billy and William could communicate and be coached in therapy how to better communicate and listen to the other.

During one of the individual sessions, Billy began to inquire about himself, the purposes for his life, his deep love for mankind and his desire to help others. Billy had two sides to himself: one was like any 15 year old and the other was a very introspective, transcendent part of himself where he wanted to discuss deeper things like God, the universe, how the love of mankind changes the world, and his drawings. During these sessions, SFT found its limitations and Logotherapy was used to help Billy consider the greater picture of his life. Billy saw the book *Man’s Search for Meaning* on the shelf and asked if he could take it home and read it. At the

next session, he noted that he wanted to read and re-read it a few times to be able to discuss the concepts. He liked, especially, the aspect of the noetic dimension, that though his mind and body struggled and suffered that there was a part of him that was not troubled and not broken. We explored in sessions how he could tap those resources within himself to not only cope with his stressors but also to reach out beyond his circumstances to something greater. The following session we briefly had a conjoint session and then Billy wanted to meet alone for a few minutes. He told me that he had met a girl at school and was beginning to like her and spend time with her.

At the next individual session, Billy began asking questions about why being in like/love with someone all of a sudden makes a person want to do the best they can do in life. Specifically for him, Billy noted that he felt compelled to improve his schoolwork without his dad or mom making him, as well as to have a better attitude in life towards everyone, and to love others more. Billy wanted to know why he felt this way and what about loving another brought this quality out of him. By this time he had read the book, *Man's Search for Meaning*, and we discussed some of Frankl's concepts of how meaning is derived in life. According to Frankl, "We can discover this meaning in life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering" (Frankl, 2006. p.111). Billy found this idea from Frankl in that experiencing his girlfriend enabled him to discover more meaning in his life.

Therapy is nearing completion with the Jones' family. According to SFT, healthy change has been achieved by the realigning of the family system, teaching better communication skills, by aligning mother and father in better positions of authority and communicating to Billy that both

mother and father are strong enough to emotionally support him wherever he may live. But here again, Billy has asked for more than SFT could offer. He inquired into the spirit(ual) or noetic aspects of meaning to his life and found through Logotherapy that his relationship with his girlfriend is one way to discover meaning for him. Now he looks forward to finding meaning in his schoolwork and in choosing how he responds to his life in his attitude. These qualities SFT cannot directly address.

Chapter VI

Conclusion

The purpose of this paper was to show that the use of Logotherapy could add to the limitations of a Structural Family Therapy to further help individuals, couples, and families.

Structural Family therapy made its mark on family systems theory because it offers a model for effectual change within the context of family systems and it does that well. But at times, those who are searching for more than just change need tools and resources that can help them discover those other elements for which they may search. It is here that Logotherapy becomes the primary therapy rather than just adjunct. Logotherapy is flexible in its use. It can be used along with any other therapy for those wishing to discover meaning in the course of treatment or it can stand alone as its own.

It was also the purpose of this paper to site some clinical examples of the use of Logotherapy along with Structural Family Therapy in helping actual patients discover meaning. I have been practicing SFT as my primary model of family therapy since 2003 and there are many success stories of its efficacy for helping those who have sought for change in their lives. Logotherapy is not a replacement model. Rather, Logotherapy can be a resource that helps therapists and clients use the defiant power of the human spirit to find meaning in the midst of their own struggles and hardships in life.

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