

Applied Logotherapy for the Treatment of Post-Traumatic Stress Disorder in Men and
Women United States Army Veterans

by
Jenaya Rose Surcamp

A PROJECT

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Oregon State University
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This project explores the use of Viktor Frankl's logotherapy for the treatment of post-traumatic stress disorder in a population of men and women United States Army veterans. It explores the literature surrounding this treatment, specifically Frankl's book, *Man's Search for Meaning*, and argues a clinical application for this therapy could offer the greatest relief for sufferers of this mental health condition. With the application of this treatment in this clinical setting there could be further applications of this treatment in the future within more diverse populations.

Key Words: Logotherapy, Post-Traumatic Stress Disorder, PTSD, United States Army, Veterans, Treatment

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I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

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INTRODUCTION

I shall never forget how I was roused one night by the groans of a fellow prisoner, who threw himself about in his sleep, obviously having a horrible nightmare. Since I had always been especially sorry for people who suffered from fearful dreams or deliria, I wanted to wake the poor man. Suddenly I drew back the hand which was ready to shake him, frightened at the thing I was about to do. At that moment I became intensely conscious of the fact that no dream, no matter how horrible, could be as bad as the reality of the camp which surrounded us, and to which I was about to recall him.

-Viktor Frankl, *Man's Search for Meaning*, 2006

The popular book, *Man's Search for Meaning*, originally published by Viktor Frankl in 1959 begins with the statement "this book does not claim to be an account of facts and events but of personal experiences which millions of prisoners have suffered time and again. It is the inside story of a concentration camp, told by one of its survivors (Frankl, 2006, p. 3)." This statement, coupled with Frankl's foreshadowing dedication, "to the memory of my mother" serves to illustrate what his life and experiences during World War II must have included.

Viktor Frankl was born the second child to Gabriel and Elsa Frankl on March 26, 1905 in Vienna, Austria. From a very early age he was a happy, precocious child with a drive towards knowledge unparalleled by anyone else his age. He was gifted with great awareness, and could articulate his awareness of many academic topics. Due to his thirst for knowledge and desire to help others he quickly made up his mind to pursue education in medicine, focusing on neurology and psychiatry. It was his goal to obtain his medical license, as well as the prestige and knowledge that came with it, that ultimately forced him to push the limits of understanding when it came to finding meaning associated with his life. This search for meaning would ultimately become one of the pillars of his popular therapy, logotherapy, as well as an important personal quality that would aid him in the survival of the holocaust concentration camps he would later inhabit.

Beginning in 1943, Frankl, as well as his wife and mother, were sent to various ghettos, and ultimately concentration camps such as Auschwitz. Frankl's 65 year old mother was exterminated in the gas chambers at this camp almost immediately following their arrival. His wife was moved to the Bergen-Belsen camp where she died at the age of 24. Because of his shipment in cattle cars to Kaufering and Türkheim (secondary camps of Dachau), Viktor Frankl did not hear of their deaths until after his camp was liberated by the United States Army in April of 1945. Learning of the deaths of his loved ones quickly pitched Frankl into deep despair, one that could be aided only by the hope of publishing his story of life in a concentration camp and his idea of logotherapy. He had constructed a manuscript of this story during his time in camps, using stolen scraps of paper to record his thoughts. His story was finally published nine days after Frankl was hired at the Vienna Neurological Policlinic, working in collaboration with the University of Vienna Medical School. This book, *Ein Psycholog Erlebt Das Konzentrationslager*, was later translated into English, and became popular under the title *Man's Search for Meaning*. The volume was also published in twenty-one other languages and has sold more than nine million English translation copies by 1997 (Viktor Frankl-Institut, 2014).

The popularity of the book is partially due to the captivating subject matter outlined in the first section, experiences in a concentration camp, as well as the explanation of logotherapy in terms that the general population can understand. It is the first introduction to Viktor Frankl's popular therapy, and offers a comprehensive outline describing how the therapy works as well as how it was developed. Logotherapy is hailed as the third Viennese School of Psychotherapy following the earlier schools established by Freud and Adler. Frankl once laughingly suggested that the school of logotherapy

could be compared to psychoanalysis and Freud's ideology by stating that in "psychoanalysis a patient must lie down on a couch and tell you what things which sometimes are very disagreeable to tell" (Frankl, 2006, p. 98) while logotherapy could be playfully described with the statement "the patient may remain sitting erect but he must hear things which are very disagreeable to hear (Frankl, 2006, p. 98)." This comparison lacks much of the ideology that makes up logotherapy, but it does suffice to show that the schools of psychoanalysis are closely related while still differing in some important ways. In *Man's Search for Meaning*, Frankl states that the simple definition of his practice would be to say that "logotherapy focuses . . . on the future, that is to say, on the meanings to be fulfilled by the patient in his future (Frankl, 2006, p. 98)." It also centers more on breaking patterns of self-centeredness present in many schools of psychotherapy, and instead encouraging one to apply one's experiences, history, and hope for the future to a larger population, while searching for meaning at an individual level as well. Logotherapy relies upon the idea that man's primary driving force is to find the meaning of his life. It is by finding meaning and investigating the importance of what one has gone through that one is able to heal and move forward with one's life.

Logotherapy has incredible potential for the treatment of many mental health conditions. It may be uniquely suited for treatment of diseases such as Post-Traumatic Stress Disorder, especially because it was in situations of trauma that the ideology was developed. Other treatments for Post-Traumatic Stress Disorder include Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprogramming Therapy (EMDR), medication, or in some cases group therapy. These treatments are useful in

some cases, and both pros and cons exist regarding their use for each individual suffering from the disease.

Post-Traumatic Stress Disorder is defined by the National Institute of Mental Health as being a condition that develops after a distressing ordeal that involved physical harm or even the threat of physical harm. This harm does not necessarily have to be experienced by the person who develops this mental health condition; instead it may have happened to a person they are close to, or they may have simply witnessed the traumatic experience. Affected individuals may suffer many manifestations of the disease, including flashbacks, being aggressive or withdrawn, may experience nightmares, or sometimes may develop emotional issues, including susceptibility to violence (American Psychiatric Association, 2013). Because of the focus on finding meaning logotherapy may be especially important for the treatment of soldiers suffering from this condition. This paper will focus on a population of men and women United States Army veterans, and how applied logotherapy may aid in the treatment of their Post-Traumatic Stress Disorder symptoms.

SIGNIFICANCE

Significance of this topic relies on the assumption that those suffering from Post-Traumatic Stress Disorder (hereafter referred to with the acronym PTSD) are not only willing to but also desire to find a treatment for their mental health condition. With the application of logotherapy, veterans may be able to recover from the condition at more acceptable rates than with the use of other current therapies. It may also provide an alternative to the already implemented treatments, making a wider range of options available to those seeking care. If this therapy can be successfully applied, it would aid in the rehabilitation of many people who may have otherwise continued to suffer from this debilitating condition.

LIMITATIONS

Limitations of this study are similar to limitations that apply to other therapies. Many therapies that work for one person do not necessarily provide relief for others. While logotherapy offers a wide range of helpful therapeutic practices, and may be specially suited to those who have experienced suffering, it does not mean that it will be a universal cure for those experiencing symptoms of PTSD. Limitations would exist where participants were unable or unwilling to participate in treatments or approaches consistent with the ideas of logotherapy. Treatment and cure cannot occur in those unwilling to adhere to the approaches outlined by this therapy. For this specific population limitations might include an unwillingness or inability to discuss trauma which may have occurred in a classified operation during their term of service. They may also be incapable of mentally reliving traumatic situations which occurred, which would make this form of treatment possibly more harmful than helpful. Limitations are present on a more individual level, and would have to be addressed in each case before administering treatment.

Another difficulty in addressing this population is that Viktor Frankl never specifically dealt with men and women United States Army veterans as a population of interest. For this reason, literature written by him must be analyzed and applied to this population. It will be necessary to also review other literature and studies in which the needs of this population are outlined, as well as how treatment works. Various journal articles will be referenced, with special attention to those regarding clinical treatment of PTSD with the use of logotherapy (Southwick, 2006).

RESEARCH QUESTIONS

This paper will focus on the population of men and women United States Army veterans, and how logotherapy would be a suitable treatment for this group when it experiences PTSD. For this reason the research questions addressed will be limited to the smaller scope outlined below:

1. Do the pillars of logotherapy align with the needs of men and women veterans with PTSD?
2. How could logotherapy be applied to service men and women PTSD sufferers?
3. How can Frankl's definition of mental health- the tension between what has been achieved and what one still must overcome- align with treatment for service men and women with PTSD?
4. Could logotherapy be implemented with existing PTSD treatment programs for service men and women, creating a more comprehensive approach?
5. What limitations of logotherapy arise when applied to this population?

These questions will be addressed in the sections below, with special attention paid to the ideas of Viktor Frankl as presented in his 1959 book, *Man's Search for Meaning*. Other sources will be utilized when necessary, but for the major research questions this will be the main source of information. In order to accomplish this it is necessary to briefly review the literature, as accomplished in the following section.

REVIEW OF LITERATURE

When investigating the treatment of a mental health condition it is important to look at many individual options and to understand multiple approaches. Because mental illness manifests in different ways for each person, it is important to find a treatment that will fit each individual's expression of disease. Treatment for PTSD is a somewhat controversial topic, with new and innovative treatments coming available much more recently than logotherapy; it is important to understand how these treatments can both work together as well as stand alone for the treatment of this condition. Treatments currently in use include Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprogramming Therapy (EMDR), and medication, as well as some forms of group therapy.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a derivative of psychotherapy focusing on examining the relationships between one's thoughts and feelings and one's behaviors. It asks those suffering from mental illness (in this case PTSD) to examine their thoughts and actions and how those thoughts and actions relate to feelings and behaviors. By addressing the thoughts that trigger negative feelings and behaviors they can alter them and cope.

In this therapy the therapist and patient work closely together in order to find what the problem is, as well as develop a goal for treatment. Symptoms are addressed as they arise, and related to the thoughts currently experienced by the patient. It is an active therapy, in which there is practice and thought occurring between treatment sessions focused on the continued well being of those seeking treatment. There are two often used forms of this therapy: cognitive therapy, and exposure therapy.

Cognitive therapy focuses on changing how one thinks of ones trauma and its aftermath. Cognitive therapy is similar to logotherapy, but does not focus on finding meaning for why one experiences trauma, and instead focuses on simply understanding how one feels about the trauma experienced, and why it affects life in the way it does. The sufferer is encouraged to think about the world and how thoughts and feelings arise in relation to trauma. It also helps sufferers to acknowledge that the trauma they experienced is not their fault and therefore not their burden to carry.

Exposure therapy hopes to help those suffering from PTSD have less fear about their memories. It encourages those in treatment to talk about their experiences repeatedly until they can control the feelings associated with these occurrences.

This therapy is optimal for those seeking to explain irrational beliefs. For a man or woman service member this belief may be that the violence experienced during their term of service will follow them home after their military service has ended. A therapist using CBT would help them challenge this belief and ultimately conquer the fear that they are still in a dangerous situation. Those in treatment are also encouraged to record thoughts that they have during their day that they associate with a trauma. This allows the patient and therapist to evaluate the random thoughts experienced throughout the day, and see how these patterns of negative thoughts affect the patient's feelings and behaviors.

Cognitive Behavioral Therapy is often considered a first line treatment for those suffering from PTSD. While it may work well for some, it may not delve deep enough to the root cause of the sufferer's symptoms in order to offer long term relief. It is a fairly easy treatment compared to others to start with, as it often only includes a talking treatment rather than expensive or possibly unnecessary procedures that many do not wish to attempt as a first choice of treatment (PTSD: National Center for PTSD, 2014).

This therapy may work well for some people suffering from PTSD, but may not address experiences at a deep enough level for others. In summary:

- CBT is an easy to use therapy which does not require controversial treatments.
- CBT is comparatively an inexpensive and noninvasive treatment option.
- It does not require the cooperation of other members such as family.
- It does not necessitate the person seeking treatment to enter a hospital or other treatment facility.

- This treatment may not work for those that cannot justify the trauma they experienced as it does not delve into the meaning of why they must have experienced the trauma in the first place.
- It may not offer relief in all cases, though it is a good starting point.
- The therapy is dependent on the therapist's involvement.

Eye Movement Desensitization and Reprogramming Therapy

Eye Movement Desensitization and Reprogramming Therapy (EMDR) belongs to a growing class of treatments termed exposure therapies. This group of therapeutic approaches includes therapies aimed at encouraging a patient to recall traumatic experiences in order to reduce the negative emotional reactions associated with those memories. They are instructed to address these memories and develop strategies to help them deal with the negative emotions they feel.

EMDR is the most recently developed method in this group. It was developed in 1989, and is described as a technique involving the identification of traumatic experiences, the exploration of emotions involved in the recollection of these experiences, followed by a series of therapeutic eye movements aimed at allowing the patient to focus on something other than the negative emotions while they discuss them with a therapist. These eye movements continue throughout therapy, allowing for an outlet and distraction from the discussion of otherwise painful thoughts and feelings. While the therapy does offer relief for many conditions, the reviews of its effectiveness for the treatment of PTSD in veteran populations is mixed at best.

It is somewhat difficult to effectively measure outcomes with this therapy. It depends heavily on one's perception of one's ability to control the emotions associated with PTSD, and self-report is a subjective way of evaluating the overall effectiveness of this treatment. Few studies have been completed dealing solely with PTSD patients, but those that have report a mixed bag of outcomes. A study conducted by the Stress Disorders Research Laboratory of the VA Medical Center in Honolulu, Hawaii, found that in three of their four Vietnam Veteran patients, EMDR offered substantial

improvement in their PTSD symptoms. These improvements were self-reported, as well as measured by intensive interviews and psychometric testing. Evidence of reductions in negative intrusive memories, avoidance, depression, as well as anxiety were recorded with notation of clinical improvement. These results showed positive outcomes for both behavioral and clinical behaviors, while on the other hand the physiological variables did not reflect this improvement. For most patients, negative emotions were still present; many just had a new way of dealing with the traumatic recollections (Carlson et al. 1996).

When EMDR is administered for a length of time consistent with other short-term therapies, and carried out following the protocol recommended in EMDR training, it can help to greatly alleviate some mainly subjective symptoms of PTSD. For more severe symptoms this therapy may fail to address the deeper level of emotional trauma that would be necessary for improvement. In summary:

- EMDR can be highly effective when administered correctly.
- It can be a great addition to other short term therapeutic practices.
- It is not as effective for treating physiological PTSD symptoms.
- It is dependent on the therapist providing a consistent therapy.
- It relies heavily on self-report.
- It is not easily measurable.
- It does not treat chronic PTSD as effectively as other therapies.
- Results concerning its effectiveness for treating PTSD in veteran populations are mixed at best.

Medications

PTSD is made up of biological, psychosocial, and social causes, each playing a role in the unique expression of an individual's disease. While medications can do little to address the psychosocial and social aspects of this disease, it can help alleviate the biological factors. There is more evidence of other therapeutic approaches being more beneficial, but for some medications may be preferred, or used in supplement with other treatments.

It is important to understand that in order for a drug to be approved or even considered for use in treating a condition, there must be evidence supporting its usefulness in treating that condition. The current evidence supports selective serotonin reuptake inhibitors (SSRIs) most strongly. Currently only two of these drugs are FDA approved for use in the treatment of PTSD. These are sertraline, commonly known as Zoloft, and paroxetine (Paxil). While other drugs show promise in the treatment of PTSD and its symptoms, there are differing levels of evidence to support the claim that they should be first line medications for the treatment of PTSD.

These medications typically act upon the neurotransmitters related to circuitry in the brain associated with fear and anxiety. These are not as specific as many doctor's would hope, and more specialized drugs with specific treatment of the symptoms most often experienced are being developed. At this moment these drugs do not eliminate symptoms fully, but provide symptom reduction instead. It is often recommended that symptom reduction with these medications should be supplemented with ongoing psychotherapy.

One potential downside toward using medications alone for the treatment of PTSD is that for veterans experiencing symptoms for prolonged periods it may be more difficult for medications to treat the symptoms. According to the National Center for PTSD, “Veterans whose PTSD symptoms have been present for many years pose a special challenge. Studies indicate they are more refractory to the beneficial effects of medications for PTSD symptoms” (Jeffreys, 2014). This challenge greatly limits the effective use of medications for the treatment of PTSD. In summary:

- Medications may be useful for the treatment of some symptoms related to PTSD.
- Medications may seem like an easier option for treating PTSD than seeking psychotherapeutic treatment for the disease.
- For some, the idea of a “quick fix” makes medication seem more appealing.
- Medication may be less expensive than seeking treatment from a therapist.
- Some insurance companies may not pay for some prescriptions related to PTSD treatment.
- Medications offer an incomplete treatment option and may not be suitable for long-term relief.

Group Therapy

Group therapy provides an interesting way to integrate ideas from many of the other treatment options. Group therapy can be implemented following any therapeutic technique, and can help those more apprehensive toward individual treatment find relief. This variant of therapy helps to make a welcoming environment for those suffering from PTSD, offering a place surrounded by those who not only understand their disease, but who are also seeking treatment themselves. This option may best suit people who are anxious about beginning therapy. It also may be good for those who are unable to pay for more expensive individual therapy.

Group therapy has proven to be highly effective as it offers a support system for those seeking treatment. For some, family and friends are unable to be the support that PTSD sufferers need to aid their treatment. This may be because they do not live in close proximity, they are unavailable for other reasons, or the sufferers may not feel that they wish to share their experiences with them. Group therapy can provide a safe, non judgmental environment in which to talk about their experiences, and one in which they can receive support from those who understand what they are going through.

Group therapy can be made up of any combination of the above mentioned therapies, and may even include ideas consistent with logotherapy. It can be tailored to the specific needs of the group by changing to address the symptoms of the sufferers.

There are both pros and cons associated with the use of group therapy for combat PTSD. In summary:

- Group therapy can offer a safe place for those suffering from PTSD to share their experience with those who understand.

- It can provide more social support and inclusion.
- It can provide a more effective way to administer to larger groups.
- It can be implemented in a clinical setting.
- Group therapy is much cheaper than individual therapy.
- It may not offer a long term solution to PTSD symptoms, as it is not tailored to an individual.
- It cannot address each person's specific needs in as much depth as some will need.
- It is dependent upon a suitable number of people being willing to sign up for group therapy.

Logotherapy

The most efficient way to investigate the effectiveness of logotherapy for the treatment of combat PTSD is to critically evaluate the literature surrounding this therapy. The most complete explanation of the ideology and administration of this therapy is present in Viktor Frankl's book, *Man's Search for Meaning*.

The first section of Viktor Frankl's work recounts his horrific and inhumane experiences during his time in a concentration camp. It is this section that outlines how he developed logotherapy, thinking that if he could just find a reason that he was suffering, he could find motivation to keep moving forward. He realized that with every atrocity committed against him, he could also find a way to justify why he must endure it. Logotherapy developed according to this principle. In the second section of his book he delves further into an explanation of the building blocks of logotherapy. It is this section that provides an outline of how logotherapy can be used to treat mental health conditions.

This second section begins with Frankl explaining how logotherapy came about, stating that the name itself gives away its definition; the Greek word *logos* means 'meaning' (logotherapy literally translates as 'meaning therapy'), and is the idea around which the entire therapy focuses. Frankl explains that this therapy is mostly interested in the idea that man can be confronted with the search for meaning in his life, and reoriented in order to find this elusive meaning. This section is then divided into subsections based on specific ideas important to the understanding of the therapy overall. We will now examine these ideas.

The Will to Meaning

Throughout his book Frankl argues that the primary motivation of man in life is to find meaning behind his experiences and to use that meaning as a driving force for his future. It is in this section that Frankl explains that this meaning is unique and specific to each individual. What one man values may be of little importance to another. Even those who have experienced similar things will find different meanings and values behind these experiences.

Frankl explains that for many there is a necessity to feel that man is living for something or someone. Feeling that one has another to live for is a motivating force for continued success and survival. To support this idea, Frankl cites a public opinion poll conducted in France in the early 1950s. Findings showed that eighty-nine percent of those polled agreed that man needed something for the sake of which to live. Sixty-one percent of these participants agreed that there was something or someone in their personal lives for which they would be willing to sacrifice their own lives. Frankl repeated this poll at his hospital department in Vienna, finding that results were the same among patients and personnel working there. This result serves to show that in different populations there are similarities in what people find important and what people are willing to die for. It is part of the human condition to find something worth living and dying for. Critics of logotherapy argue that finding meaning is nothing but a defense mechanism or a way for people to protect themselves behind the lie that they care so much about something or someone that they would sacrifice their own lives for it or them. Frankl offers rebuttal by stating, “but as for myself, I would not be willing to live merely for the sake of my ‘defense mechanisms,’ nor would I be ready to die merely for the sake of my ‘reaction

formations.’ Man, however is able to live and even to die for the sake of his ideals and values” (Frankl, 2006, pg. 99). It is this distinction that makes it clear that meaning and values play an important role in what drives man.

This section concludes with a reference to a study conducted by the National Institute of Mental Health. This study was done with 7,948 students at forty-eight different colleges across the nation. During polls students were asked what they considered of great importance in their lives. Sixteen percent felt that the most important thing in life was to make a lot of money, while a staggering seventy-eight percent felt that finding a purpose and meaning in their life was the most important thing. This further supports the idea that finding meaning in life, as Frankl suggests, is the primary driving force for man.

Existential Frustration

This short section outlines Frankl’s idea that man, on his search for meaning, can reach a point where that meaning can become frustrated. This existential frustration refers to the frustration of either existence itself, the meaning of one’s existence, or the frustration associated with the search for meaning in personal existence. This leads into Frankl’s concept of neuroses, as frustration can often be a form of neurosis. This neurosis and frustration concept is outlined in order to show that concepts of logotherapy pertain specifically to the human dimension and the quest for meaning.

Noögenic Neuroses

This concept arises from the idea that some neuroses arise not in a physiological sense, but sometimes exclusively in the mind (noös is the Greek word meaning ‘mind’). These neuroses arise from existential meanings associated with man’s search for meaning

rather than from conflicts between drives and instincts. Frankl argues that logotherapy is appropriate in these cases because it dares to “enter the specifically human dimension” (Frankl, 2006, pg. 102).

It is also in this section that Frankl argues that not every struggle, and not every frustration, is one that requires a logotherapeutic treatment. Some people face challenges that will not severely diminish their capacity to function. He argues that “not every conflict is necessarily neurotic; some amount of conflict is normal and healthy” (Frankl, 2006, pg. 102). It is only when these frustrations diminish one’s ability to function or to find the meaning in one’s struggle that is considered a neurosis that should be addressed using logotherapy. Frankl states that “suffering may be a human achievement, especially if suffering grows out of existential frustration” (Frankl, 2006, pg. 102). By moving past existential frustration, going through the process of suffering, and emerging with meaning in one’s life, it is possible to live productively and happily, free from neuroses.

Noö-Dynamics

Another important distinction raised within this section is the idea that while some seek meaning in their life and find it easily, some struggle in the search and tension can arise. Frankl argues that this inner tension is required in order to be mentally healthy. This idea can be described further with the argument that tension comes when people know they have accomplished much, but still have much to overcome before they can find meaning in life. The search for meaning can lead to strength. Frankl reiterates this point by stating “there is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions as the knowledge that there is meaning in one’s life” (Frankl, 2006, pg. 103-104). Within this subsection Frankl also repeats the

popular Nietzsche quote, “he who has a why to live for can bear almost any how” (Frankl, 2006, pg. 104). In the spirit of this belief, Frankl explains that those most likely to survive the camps, and those most likely to overcome adversity of any type in life, are those who have a perceived meaning to live for.

It is the tension between what one has already overcome, and what one must still strive to overcome, that keeps him mentally healthy. This tension is engrained in the human mind—it is important and necessary for mental wellbeing. Noö-dynamics is Frankl’s descriptive word to describe the existential dynamics of tension within man; he explains it as a polar field of tension in the mind, where one pole is represented by the meaning of life to be fulfilled, and the other by the man himself who must fulfill it. This tension is necessary not only in normal conditions, but also in those already suffering from mental neuroses. Frankl argues that by increasing the tension placed on individuals neurosis will lead them towards finding a deeper meaning for their lives, in turn establishing a deeper, stronger foundation for mental well being.

It is also part of noö-dynamics to evaluate the feelings of meaningless that many suffer from in their lives. Frankl argues that they “lack the awareness of a meaning worth living for. They are haunted by the experience of their inner emptiness, a void within themselves (Frankl, 2006, pg. 106).” It is this inner emptiness, the lack of meaning in life, that Frankl terms the existential vacuum.

The Existential Vacuum

The twentieth century ushered in a trend Frankl terms the existential vacuum. This depressive state is characterized by a lack of meaning associated with one’s life. The ability to search within oneself for a meaning to life and experiences is deadened by a

society in which it is deemed unimportant to search for meaning. There is more and more pressure to either do what others do and conform, or to do what others wish for you to do rather than seek out and make decisions on your own. In Frankl's experiences teaching in both Europe and America he polled students, asking whether they felt any degree of this existential vacuum. He found that around 25 percent of his European students felt some degree of meaninglessness, but that nearly 60 percent of American students felt they experienced the existential vacuum.

The existential vacuum, luckily, can be overcome. Through logotherapy one seeks to find meaning, and it is this meaning that is necessary in order to overcome the existential vacuum. Therefore, all therapies must be supplemented with logotherapy, or at least ideas consistent with logotherapeutic beliefs, in order to exit the existential vacuum. It is necessary to actively seek meaning in life in order for it to be found. It is likely, however, that patients experiencing the existential vacuum ask outright of their therapists what the meaning of their life is.

The Meaning of Life

It is arguably impossible for a therapist to tell a patient what is the meaning of life. Frankl explains that this is because "the meaning of life differs from man to man, from day to day and from hour to hour. What matters, therefore, is not the meaning of a person's life in general but rather the specific meaning of a person's life at a given moment" (Frankl, 2006, pg. 108). The meaning in one's life can constantly change. Throughout life there are changing drives for which one lives. At one point the most important thing to an individual may be pleasing his parents and siblings, and later his wife, but as he grows older and has children he may decide that the meaning of his life is

to be a good father. There can also be changes from day to day and hour to hour as Frankl stated. It is for this reason that it is necessary to continually search for the meaning of one's life, and to reevaluate what is of most importance.

Everyone has a unique set of skills and values which makes his task in life unique to him alone. It is important for those seeking logotherapeutic treatment to acknowledge that their goals and meanings belong to them alone. Each new experience in life presents a new problem to solve, a new meaning to discover. Frankl states that "ultimately, man should not ask what the meaning of his life is, but rather he must recognize that it is he who is asked. In a word, each man is questioned by life; to life he can only respond by being responsible. Thus, logotherapy sees in responsibility the very essence of human existence" (Frankl, 2006, pg. 109). Meaning is unique to the individual seeking it. Each individual finds meaning for his or her existence.

The Essence of Existence

The essence of one's existence is closely tied to his individual search for meaning in life. By searching for meaning, logotherapy challenges individuals to address responsibilities that are present in their lives, and in turn to choose which responsibilities they feel can lend their life the most significant meaning. By choosing which responsibilities are most important, they are able to seek out the greatest meaning in their life. Parents may be confronted with whether it is more meaningful that they be a good parent or a good employee. By choosing to be a good parent they address their responsibilities to their children. If they decide that being a good employee lends their life greater meaning, they would address their responsibilities to their employer. It is this constant evaluation of responsibility that lends meaning to life.

Logotherapy argues that meaning must be found outside one's self. It is not just internal struggles that define one's meaning in life, but rather how the individual's actions and responsibilities affect those around him and impact others that define his meaning. This therapy argues that when one forsakes his own feelings, and instead focuses on how he can give himself to a cause or how he can love another, he becomes more human and therefore more likely to find and continually develop meaning in life.

In this section Frankl also addresses his belief that there are three paths on which meaning can be found. He states that "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, pg. 111)." It is down one of these paths, or a combination of all that meaning can be found. The first path has been covered extensively in previous sections, but the second and third need further explanation.

The Meaning of Love

Love is the second path toward finding meaning in life. With love comes an understanding and perception of potential and meaning outside oneself. It is not likely that without loving someone we are able to see the potential within them. By opening up to someone with love (used here in a sense of ultimate togetherness rather than a combination of sexual drives), one is able to see unique potential not only for the other, but also for themselves. By loving someone meaning can be achieved both individually, and also in some cases for the individual who is being loved. For some, meaning can be found in their lives simply by knowing they have improved the lives of others by loving them.

The Meaning of Suffering

The third path to meaning can be far harder to understand for some. It is hard to imagine good coming from unavoidable suffering, but often through suffering one is able to find meaning in the darkest of situations. Frankl describes a time he was asked by an elderly man about the meaning of his suffering. He had recently lost his beloved wife, and was still overcome by feelings of meaninglessness associated with her passing. Frankl asked him how his wife would have handled the situation had he been the one to die, and his wife the one to live. He responded that his wife would have been devastated by his passing. Frankl then explained that perhaps this elderly man could find meaning in his suffering by knowing that he had saved his wife from experiencing the misery he was subject to. It was with this realization that the man was able to move past his grief and find a meaning outside that grief. For some, suffering ceases to be suffering once there is a meaning associated with it.

To be clear, suffering is not necessary in the search for meaning, but rather one can find meaning in spite of his unavoidable suffering. Some will never experience the great sorrows associated with loss and miserable situations, but will still be able to find meaning in their lives. For others, suffering will be clear and present through many points in their life, but they will still be able to apply meaning to their experiences and grief.

The Super-Meaning

One of the final sections of this work covers the idea of meaning as something which can not be easily fathomed by the mind of man. Super-meaning refers to the meaning in life that is impossible to fathom for the simple reason that man lacks the mental capacity to do so. It does not mean that we should not seek meaning, but rather

that meaning is elusive, and for many it will simply be frustrating to seek a meaning they can never find. One thing that Frankl argues can bridge this gap is religion applied in one's life. Religion provides the individual with a supernatural and unfathomable level of meaning that cannot necessarily be explained, but simply believed in and accepted as truth. By accepting beliefs of a higher being meaning can be assigned to one's life in order to compensate for things that otherwise cannot be fathomed or explained.

Frankl's Conclusions

The second part of Frankl's book ends with a concise account of logotherapy as a clinical tool for the achievement of mental health. He explains and reiterates points presented earlier in the work, specifically that the search for meaning is a conscious choice. Meaning is as individual and diverse as each of the people seeking it.

Frankl explains that logotherapy can be applied to a wide variety of cases, so long as one is willing to address things that are normally suppressed, and those memories and feelings which may be painful to recall. Logotherapy offers a way for people to face their experiences and history, assign meaning, and move past them. He uses the examples presented during his time as a therapist to illustrate the ways in which logotherapy can aid those suffering from a wide variety of mental conditions, implying that no case is hopeless.

This final section of the book also brings to light one final belief necessary for the use of logotherapy, that of paradoxical intention. Paradoxical intention is the basis for logotherapeutic technique, dependent on the "twofold fact that fear brings about that which one is afraid of, and that hyper-intention makes impossible what one wishes (Frankl, 2006, pg. 124)." This idea can be illustrated with the example of someone

suffering from sleep neurosis. Paradoxical intention would state that those most fearful of lack of sleep will bring about sleeping problems simply by worrying about this possibility, and that the hyper-intention and focus on falling asleep will make it impossible to do so. This idea translates to all neuroses, and explains that through logotherapy it is necessary and possible to address the deeper meanings and causes behind specific neurosis.

It is with this explanation that Frankl concludes his book. The short explanation of logotherapy serves as a way for those hoping to find relief, and understand how people can move through suffering, to comprehend a treatment considered revolutionary. With this understanding individuals will have a better idea of the patient-doctor relationships that are necessary in order to treat mental health problems. With the real life examples provided by Frankl, especially those concerning his life in concentration camps, it is possible to understand not only the ideas associated with logotherapy, but also where the ideas came from, and how they can be applied to the lives of numerous individuals.

DISCUSSION OF RESEARCH QUESTIONS

The following five research questions serve as explanatory examples that aid in formulating an understanding of the importance of logotherapy when applied to a selected population, as well as to provide answers to questions concerning the therapy within the context of treatment of these individuals. The complexity of PTSD demands that these questions be explored not only regarding the population, but also the disease affecting them. The questions outlined in the preceding section titled research questions will be addressed by the following.

1. Do the pillars of logotherapy align with the needs of men and women veterans with PTSD?

Every therapeutic approach has unique foundations and ideas that differentiate it from others. For Freud's psychotherapy it would be that mental illness can be treated with psychological cures rather than medical means (Cukor, Spitalnick, Difede, Rizzo & Rothbaum, 2009). For logotherapy these pillars include the freedom of will, the will to meaning, and the meaning of life (Frankl, 2006).

The first of these pillars, the freedom of will, can be somewhat confusing. It opposes most current approaches to defining man in a psychotherapeutic sense. Many psychotherapists shy from the idea of confirming that man has freedom of will due to the fact that will can only provide a finite amount of strength to a person. They argue that we are all just human, and can only affect the events of our lives in the way that a normal man can. This is a common misconception, though. Frankl explains, "man's freedom is no freedom from conditions but rather freedom to take a stand on whatever conditions might confront him (Frankl, 1969)." Therefore, freedom of will argues that man possesses immeasurable strength when coupled with an unconquerable will. This pillar of logotherapy seeks to explain that a man may not be able to prevent things from happening to him in his life, but he can choose to address these events in any way that he feels right. He has the freedom to choose his reaction, and the freedom to take a stand against whatever faces him. This pillar could be especially important when working with a veteran population; veterans seem to be overall more acclimated to a degree of control over events. They may be accustomed to following orders, but many feel that these orders are ultimately what gives them the highest degree of control- control over the defense of their family and friends and life for those living in their country. This control does not

mean that these soldiers get to make all the decisions surrounding their service, but it does mean that they can choose to react to events in any way, allowing them the freedom of will that Frankl describes.

The second pillar of logotherapy, equally as controversial as the first, is the will to meaning. This pillar encompasses individual's meaning and values that they place on their own lives, meanings that are as unique and as specific as the individual who holds them. These are values that need to be fulfilled by the individuals who hold them rather than by others in their society; in order for the values of individuals to truly mean something to them, they must act upon them in their own lives. This pillar of logotherapy is controversial because of the belief held by many that we are only driven by our defense mechanisms, reaction formations and sublimations, and that these offer no meaning other than survival. Such believers argue that we form values and meaning in our lives simply to fulfill these needs, rather than ascribing them to the pillar of logotherapy that outlines the idea that values are what give our lives meaning overall. To reiterate this point we can return to the section in *Man's Search for Meaning* in which Frankl states, "but as for myself, I would not be willing to live merely for the sake of my 'defense mechanisms,' nor would I be ready to die merely for the sake of 'reaction formations.' Man, however, is able to live and even to die for the sake of his ideas and values!" (Frankl, 2006). This pillar is of great importance when relating to the population of women United States Army veterans. According to a study done by Pew Social and Demographic Trends, eight in every ten service members stated their reason for joining was simply the desire to serve their country and to supplement their education (Pattern & Parker, 2011). This suggests that serving the United States civilian population and being part of an armed

force serving the country are values held by returning veterans. These values are something that Frankl would argue are necessities to survival and accomplishment. Logotherapy states that in order for individuals to find meaning they must be able to relate a value they hold to the situation they are faced with. For veterans a value that many report they hold dear would simply be their ability to protect the people they hold dear (Pattern & Parker, 2011), offering a clue as to what they find meaningful in life.

This is perhaps one of the most hard to understand pillars of logotherapy. It is a complicated dynamic between what one has placed value in and what one pursues in one's life. One of the most important defining principles of this pillar is the tension between what one has already done and what still lies ahead. This struggle is not only encompassed by this pillar of logotherapy, but by the principles of logotherapy overall. Frankl argues that "mental health is based on a certain degree of tension, the tension between what one has already achieved and what one still ought to accomplish, or the gap between what one is and what one should become" (Frankl, 2006). This is an integral part of logotherapy for clinical application. Frankl's treatment outlines the use of finding one's inner drive and searching for what they still need to accomplish in order to move past previous trauma. This could also include finding the meaning in what one has already accomplished or struggled through in order to move forward in life. Experiences make up our past, but also what we must go through in our futures.

The final pillar of logotherapy is the meaning of life. This is possibly the most complicated to understand of the pillars, and one that Viktor Frankl argued can not completely be construed by even the most knowledgeable of doctors. This is because the meaning of life differs from individual to individual, and can ultimately only be

determined or felt at the core of each individual. It is not a question that can be explained to the masses, and instead one that can only be felt by the person himself. It further complicates things when Frankl explains that meanings can change throughout the lives of individuals. He states that “what matters is not what the meaning of life in general but rather the specific meaning of a person’s life at a given moment (Frankl, 2006).” Because everyone has his own specific mission or path in life there is no replacement for an individual. Each of our paths is uniquely our own, an important idea in this therapy. At each pivotal moment this question may arise in reversal. Frankl states,

Ultimately, man should not ask what the meaning of his life is, but rather he must recognize that it is he who is asked. In a word, each man is questioned by life; and he can only answer to life; to life he can only respond by being responsible. Thus, logotherapy sees in responsibility the very essence of human existence (Frankl, 2006, pg. 109).

This is an important idea when treating PTSD sufferers specifically. One of the most important things this pillar encompasses is the idea that our experiences are our own, and that each of our lives has a distinct meaning that is our own. We are the only ones who have lived through certain events and been affected by them in our individual ways. We are the only ones who have had a particular timeline of events throughout our lives. Furthermore we are the only ones who touch the lives of others in our own distinctive way. Logotherapy argues that these events are of the greatest importance, and that our lives are the only ones that will fill specific and significant niches.

The meaning of life can be discovered through three different paths. According to logotherapy we can find this meaning by “(1) 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). The first is clear for many- it is our deeds and

accomplishments that may give meaning to the lives we lead. We may feel that our lives have meaning because we have helped others through our jobs. We could feel that significance comes in the form of accomplishments when working in the community or with others less fortunate. The second of these approaches is more complicated. Frankl explains that 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), that we can find meaning in life. It may be the most important to some people’s lives that they find meaning through the relationships they create and the love they experience. It is through creating these relationships that they find fulfillment in their lives. It may also be important for these people to help those they love to accomplish and find the meaning of their own lives in order to find the meaning in their own.

According to logotherapy, the third way to find meaning in life is by suffering. This may be one of the strongest arguments in logotherapy, outlined by Viktor Frankl’s personal suffering during World War II. During this time Frankl was a prisoner of Nazi concentration camps, living through extreme suffering that claimed the lives as well as the mental health of many individuals. It is through these experiences that he gained insight into human suffering and developed this therapy. He argues that we must never forget that meaning can be found through hopeless situations and suffering,

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. When we are no longer able to change a situation—just think of an incurable disease such as an inoperable cancer—we are challenged to change ourselves (Frankl, 2006, pg. 112).

Frankl further explains this phenomenon through the example of a physician friend and his suffering. His friend was happily married to his wife for many years, and extremely heartbroken after her death. He struggled with depression and to find the meaning of a life without her. Frankl listened to his stories of struggle and posed the question, what would have happened had you passed and your wife instead been left to live without you? The doctor replied that she would have been heartbroken, and that it would have been a terrible suffering for her. Frankl then explained to him that meaning could be found for his life in the suffering that he had endured after the loss of his wife, because through his suffering he had spared the suffering of his wife. This simple explanation saved the physician future suffering, instead giving meaning to his sacrifice and life. Logotherapy argues that “in some way, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice” (Frankl, 2006, pg. 113).

These pillars of logotherapy are specially suited for use with men and women United States Army veterans suffering from PTSD. These veterans find meaning in the sacrifices they make when joining the United States Army, and leaving behind their loved ones while serving their country. They find meaning in the suffering they experience, and in the hopefulness they feel when considering that they may prevent or reduce the suffering of others. They find meaning in the love of those they protect, as well as those serving beside them. It is through these experiences, their values, and their sufferings that they find meaning in the post-traumatic stress that plagues them. While other therapies have been attempted with some success, the pillars of logotherapy seem to be especially suited to address the mental health needs of these specific individuals.

Summary of Main Points

- The pillars of logotherapy include the freedom of will, the will to meaning, and the meaning of life.
- The search for finding what fits these pillars is the driving force behind this therapy.
- Freedom of will encompasses the idea that people have the ability to react to any situation in whichever way they see most fitting, an idea which may resonate with United States Army service men and women.
- Freedom of will does not mean that an individual has the ability to control all situations, but rather the ability to choose how they will react to any situation.
- Will to meaning encompasses the idea that individuals can assign meaning to any situation in their lives.
- Frankl argues that meaning is important, as it allows any person to hold values which give their lives meaning.
- The complex struggle between what one has already done and what one still must accomplish could be a driving force for moving forward after a traumatic experience.
- The final pillar, the meaning of life, is the most complex, for each individual has a different meaning for which to live.
- The meaning a person assigns to their life may change over time.
- Responsibility for one's life and actions is an important point Frankl makes in logotherapy. This is especially important for dealing with PTSD sufferers, as each

person must take responsibility for the experiences and actions of their lives in order to move past the trauma of a situation.

- There are three paths to find the meaning of life, as argued by Frankl:
 - By creating a work or doing a deed.
 - By experiencing something or encountering someone.
 - By the attitude we take toward unavoidable suffering.
 - This could be the most important distinction for PTSD sufferers, as many can not see that meaning is possible even after their suffering.

2. How could logotherapy be applied to service men and women PTSD sufferers?

Logotherapy literally means healing through meaning, a definition which lends special hope to those suffering from a condition that often robs their lives and experiences of meaning. Veterans in particular are frequently placed in situations in which the decisions they make or actions they are ordered to take will place them at risk for developing PTSD. The harsh reality of service life for members of the United States Army is that for an estimated 17% of all members their service will end in a diagnosis of PTSD. Some recent research suggests that this number is actually an underrepresentation of the number of men and women who are actually suffering from the disease, as 42% report feeling that they have symptoms of PTSD but do not seek out a diagnosis (Pattern & Parker, 2011). In recent years an increase in cases among women alone have been attributed to cases of sexual assault during their time in the military. A reported 71% of PTSD cases in women Army veterans will be due to sexual assault experienced during their time in the military (Hassija , Jakupcak, Maguen & Shipherd, 2012). Not only are these women subject to the horrors of combat related trauma, they are also put into a situation that increases their risk of sexual assault. Both of these factors greatly increase the risk of developing PTSD. Men and women alike are removed from their long standing support structures, and often those who are supposed to be their support system and trusted advisors are the ones inflicting this abuse. Loss of support is a primary contributor to development of PTSD.

With the enormous complexity of factors that contribute to the development of PTSD it seems hopeless to develop a treatment strategy that could possibly help a majority of these men and women. This is where logotherapy becomes a more suitable treatment than many others. Logotherapy demands that patients be “future-oriented, [and]

focus[es] on personal strengths” (Southwick, 2006). In a study conducted by Steven M. Southwick of Yale University School of Medicine in collaboration with the National Center for PTSD, he critically investigated the use of logotherapy by the PTSD program of the Connecticut Veterans’ Hospital and assisted with the implementation of programs.

He states:

We chose logotherapy because it directly addresses a number of problematic symptoms and/or worldviews commonly seen in this patient population, including a sense of foreshortened future, and external locus of control, guilt and survival guilt and existential loss of meaning. It is particularly important to address these issues with traumatized patients because they often serve as barriers to change. For example, patients who experience a state of foreshortened future may believe that therapy is useless since death is imminent; patients living with survival guilt may feel unworthy of treatment or a better life; those who develop an exaggerated external locus of control (as a result of overwhelming and uncontrollable life events) may feel they have no power to change because life is controlled by fate; and patients with an existential loss of meaning may believe that participation in therapy would be pointless (Southwick, 2006).

These are some of the many issues associated with combat related PTSD from which many men and women United States Army veterans suffer. With the focus of logotherapy being on these areas of the human mental capacity it is uniquely suited for the treatment of PTSD. Southwick’s study focuses on a clinical treatment of these symptoms with logotherapy, and cites three cases in which clinical logotherapy was applied to long term sufferers of PTSD who were veterans of armed forces.

In the first case Southwick describes a PTSD inpatient unit which provides a 4-month rehabilitation program which has been designed with adherence to logotherapy at its base. All patients admitted to this program have chronic PTSD associated with time spent serving in the Vietnam War. These patients “typically have histories of co-morbid substance abuse, depression, erratic employment, and failed marriages. Patients have received previous treatments (psychodynamic, psychotherapy, psychoeducation,

pharmacotherapy, exposure therapies, etc.) targeting symptom management with varying degrees of success” (Southwick, 2006). Many of these patients also report that one of their most significant struggles is to find meaning and purpose in their lives. It is important to note that these patients elect to use this program for the meaning centered focus, as they believe that this is one of the most significant issues that affects their mental well being. Southwick states that the main goal of this program is to help veterans reintegrate with their families as well as the communities in which they live. His treatment is designed for use in treatment groups which focus on PTSD psychoeducation and skill building, as well as programs which address substance abuse, anger management, and relaxation techniques. Logotherapy is also implemented with focus on reconnecting with family and finding meaning behind the suffering and experiences of these veterans. The basic tenets of logotherapy are taught to the patients over a ten week period, with special emphasis on how Viktor Frankl’s ideas can be related to the lives of the participants. Southwick continues with his explanation, stating:

Veterans also meet with at least one combat trauma survivor who has suffered through years of pain and anguish but has found a unique way to search for and to find meaning in life. For example, recent speakers have included a veteran who was blinded in Vietnam and now counsels other veterans who have recently lost their eyesight; a veteran who lost his leg during combat and now assists recent amputees; and a veteran who has struggled with the legal system (incarcerated for many years) but recently completed a PTSD Rehabilitation Program and is currently working and enrolled in college(Southwick, 2006).

These patients have not only struggled with PTSD and combat related trauma in their past, but they continue to immerse themselves in treatment in order to touch the lives of those still in need. It is important for service to the community to be part of treatment, as these examples illustrate. These veterans are able to discover meaning through service to others, creative outlets, and discovering or rediscovering activities that

gave them enjoyment in the past. Southwick also hypothesizes that this community service “helps veterans practice coping skills, reintegrate into community life, and counteract avoidant symptoms and institutionalization” (Southwick, 2006).

Another important aspect of this treatment is the focus on embracing the special expertise that these individuals have to offer. Southwick and other facilitators of the program often remind veterans of the fact that they are already “experts in many respects: experts in fear and psychological trauma, experts in personal and spiritual pain, experts in loss and failure, experts in hopelessness and emptiness, experts in coping with a society that rejects its injured members and experts in survival and resilience” (Southwick, 2006). The program is developed for community service assignments to work with the expertise of these individuals. Veterans may have the option to tutor underprivileged school children who often have been exposed to violence and trauma in their neighborhood or home. Some veterans who have experienced homelessness elect to serve with programs such as Habitat for Humanity. Still others choose to serve groups who are isolated or have experienced feelings of being shut out from the rest of society, such as elderly patients in care homes or shut-in situations.

This community service focus can offer even more benefit when veteran patients are allowed to develop the programs themselves. The program has had great success when allowing the participants to find a population they want to help, and then brainstorming in group sessions what can be done in order to offer some kind of relief. This gives veterans some extended control over the situation, an important step in shifting toward a more internal locus of control.

While many of these approaches have a more group centered concentration it is still possible for logotherapy to be applied in individual therapies. Southwick recalls a particular case in which a veteran of the Persian Gulf War requested treatment for his PTSD. He had served in the United States Army as an ICU nurse, and had been greatly affected by his time caring for wounded Iraqi children. He recalled that “the kids were missing their parts, arms, legs, and sometimes we had to cut off a foot or hand knowing they would be damaged goods with nowhere to go, not wanted” (Southwick, 2006). He felt personally accountable for those he had been unable to save, and helpless about the fact that all he had been able to do for some was to watch them die. This man constantly re-experienced his trauma in the form of flashbacks and nightmares. These symptoms led to more physical manifestations of his panic syndrome, including increased heart rate, shortness of breath, sweating, and feeling the need to flee on a frequent basis. He continued to explain his life, stating that he had lost interest in things that he had previously felt passionate about, most importantly his desire to help others as a pediatric nurse. He could no longer bear to see injured children because it reminded him of the children he had served in Iraq. This veteran viewed himself as weak, powerless, and on the verge of going crazy. Through all of this the man still had hope for a “future that is not all darkness” (Southwick, 2006). Southwick concluded that this man would most likely benefit from individual treatment using logotherapy.

Treatment for this man began with a logotherapeutic approach which emphasized the importance of his experiences during the Persian Gulf War. It also focused on establishing a personal connection between the therapist and the patient, an approach which Frankl argued is important in order to establish a relationship which would allow

the patient the comfort to reflect and grow. The patient and therapist worked to shift the perspective of this man's experiences away from those children he had been unable to save and towards those he had saved, as well as shifting his perception of himself as a weak person toward believing him to be immeasurably strong and able to help those in need even in his moments of fear and panic. With time the man was able to acknowledge that his greatest desires were to be a good husband, father, and caregiver, all of which were hindered by his feelings and beliefs. He realized that perhaps his flashbacks and visions of injured children in Iraq were not punishments for being unable to save them, but a reminder for the need of men and women like him who were willing to help those in need.

Logotherapy was able to alter the beliefs of this man and to give him a new sense of purpose in life. He was able to find new meaning for his military service and for the experiences he had during the war. He reported to his therapist that "he recognized that more than most of his peers, he carried with him a sense of life's tragedy and understanding of the depth of human suffering; he came to see that this understanding made him a better nurse and gave him a deeper connection to seriously ill and dying patients" (Southwick, 2006). This and the cases listed prior serve to illustrate how logotherapy can be used in therapeutic practice for the treatment of PTSD, specifically in veteran populations.

One of the most important aspects of this therapy is the way in which it addresses the root causes of PTSD by searching for the ways that trauma has affected the individual. It focuses on a widespread shift in thinking, one that allows patients to address multiple aspects of their trauma and simultaneously change their perceptions of the event

and their outlook on the future. It seeks to allow patients to change from an external locus of control to an internal locus of control where they believe that they can make decisions which will alter their fate. Through the use of volunteerism and community service projects veterans are able to see the difference they can make for children or others at risk. Part of their treatment effectively becomes to treat others. When veterans can see that they can affect change, they can more easily take control of their lives. This therapy also offers a way for veterans to see impending death as a reason to act and help others rather than a reason to give up hope. Many veterans enter the program feeling helpless and that their lives are meaningless. This therapy allows them to see that while death is inevitable, it is not a reason to give up living life; instead it encourages them to create a legacy of helping others and improving the lives of those who need it most. Approaches used in each of the cases presented by Southwick allowed veterans to find meaning in their experiences and a new meaning for their lives, as is consistent with logotherapeutic beliefs. One path to healing involves helping others in need and allowing those participating as patients to see themselves worthy of help and a second chance. For these reasons, logotherapy is specially suited to help veteran populations and for the treatment of PTSD overall.

Summary of Main Points

- Logotherapy is future oriented, focusing on a search for meaning and healing that is beneficial to finding relief for PTSD sufferers.
- Logotherapy directly addresses the most problematic symptoms reported by United States Army veterans suffering from PTSD.

- This therapy focuses on the individual and finding one's personal strengths, something that is very helpful for symptom relief of PTSD.
- Logotherapy is tailored to individuals finding meaning in their experiences rather than a therapist assigning meaning to these experiences. This may help sufferers move forward and establish a stronger understanding of their condition, as well as how to handle the day to day traumatic stressors common with recovery.
- This therapy requires those seeking treatment to fully immerse themselves in the treatment and forms a stronger basis of mental health than other treatments.
- Logotherapy requires patients to use expertise gained from their service in order to develop strong relationships with those in their communities.
- This therapy focuses on finding a new meaning of life for those who feel they have lost meaning.
- A therapy focused on finding meaning in life is specially suited to treating PTSD, a condition characterized by a loss of meaning in life.

3. How can Frankl's definition of mental health- the tension between what has been achieved and what one still must overcome- align with treatment for service men and women with PTSD?

In his work, *Man's Search for Meaning*, Viktor Frankl explains his perception of mental health as an inner equilibrium, a balance between what one has already achieved and what one must still seek to overcome. This notion can be applied to the treatment of PTSD through a logotherapeutic approach.

In order to understand how this definition of mental health can be applied to treatment, it is first important to understand what this definition implies for those who survive. According to Frankl those who felt that they had a reason to live or a task to fulfil were more likely to survive the traumas of concentration camps. He justifies this statement with a popular quote from Friedrich Nietzsche, "he who has a why to live for can bear almost any how" (Frankl, 2006, pg. 104), arguing that those who can find a reason to live are more likely to do so. He uses the example of his struggle to survive in the camps, stating that because of his intent to publish a manuscript detailing logotherapy he was more driven to survive. He continued to work towards this goal during his time at a camp in Bavaria by secretly writing the manuscript on small scraps of paper; it is Frankl's belief that with this small task he was able to overcome the despair that claimed the lives of so many.

This tension also has important implications for the use of logotherapy in the treatment of PTSD. PTSD is characterized by feelings of hopelessness (American Psychiatric Association, 2013) as well as loss of meaning in life. By addressing mental health as the balance between what has been accomplished and what one must still

accomplish, we can open a dialogue that will allow veterans to discuss their traumatic experiences during their term of service, and how it can allow them to move on. By recognizing what they have accomplished, and what their military service has allowed them to do, veterans and therapists can work together to find meaning in suffering. By discovering what must still be overcome, veterans may be able to assign meaning to their lives again. It is this search for meaning Frankl emphasizes which allows veterans to face what must still be overcome, two concepts that are deeply related to one another.

If we begin to look at mental health as a condition requiring tension, we are less likely to view those suffering from mental illness as somehow lesser beings. They can simply be viewed as people suffering from an inequality in their lives, or someone seeking balance between their experiences and their future. It is important to see those suffering from mental illness, especially those who have sacrificed their own lives and mental capacity for the protection and safety of others, as individuals deserving of help.

This new definition of mental illness may also allow for reduced stigmatization of those suffering from PTSD. Often a mental health condition is seen by those with no other knowledge as an incurable disease, something the sufferer has no hope of recovering from. This perception must be reversed in order to accommodate the treatment needs of not only veterans suffering from PTSD, but also those suffering from any form of mental illness.

The cause of PTSD is so individualized that it is nearly impossible to treat without addressing the needs of each person before developing a plan for therapy. A study published by the *Clinical Psychology Review* explains that “PTSD remains a difficult disorder to treat and identifying alternative treatment options is imperative. This is

particularly true for Veterans and active duty personnel” (Cukor, Spitalnick, Difede, Rizzo & Rothbaum, 2009, pg. 716). With the emphasis placed on the search for individualized meaning, logotherapy may be a more hopeful therapy for PTSD treatment in veteran populations than other widely used therapies. Frankl’s definition of mental health offers hope for those seeking relief of PTSD symptoms. These veterans have already survived incredibly traumatic situations and must now seek out a reason to explain their suffering and find the will to move forward. Logotherapeutic treatment can offer this necessary relief and help to establish the tension necessary for mental health. By forcing patients to seek out how their experiences translate to meaning in their life they may find that they still have much left to accomplish in life. The meaninglessness that accompanies PTSD for many may vanish as those seeking treatment acknowledge that they must have survived their experiences for a reason, and that they still have much left to do in their lives in order to establish continued meaningfulness. For many suffering from a mental health condition it is important not only to change our approach to treatment in order to accommodate their needs, but also to change our definition of what mental health is.

Summary of Main Points

- Viktor Frankl defines mental health as a tension between what one has already achieved and what one must still accomplish.
- Mental illness is present in service men and woman PTSD sufferers when they can no longer find meaning in life or any drive to accomplish more.
- Logotherapy allows for a differing view of mental illness with possible positive implication for the stigma surrounding mental illness.

- Treatment for PTSD in this population may become more likely if individuals no longer see mental illness as an incurable disease, or the individual person's situation as helpless.
- Veterans still have much to teach and accomplish, even if they cannot see this while suffering from the symptoms of PTSD.
- By showing these patients the possibility of all that they can do in life, it may be easier to help them overcome PTSD

4. Could logotherapy be implemented with existing PTSD treatment programs for service men and women, creating a more comprehensive or thorough approach for treatment?

Academic literature concerning the clinical application of logotherapy for the treatment of mental health conditions is surprisingly sparse. For a therapy that could offer relief of mental disturbances such as PTSD, there is surprisingly little known or proven about the treatment's uses. What little use the therapy has received is focused on a narrow scope of patients with few participants in each program. For this reason it is important to look at ways of adapting logotherapeutic treatments to work with therapies that have been tested and proven to offer relief, lest treatment with logotherapy not be the best option for the greatest number of people.

In his extensive literature Frankl states that he "saw logotherapy, with its emphasis on the meaning-dimension of human beings as an addition to other therapies" (Frankl, 2006, pg. 107), with the goal of enhancing techniques as opposed to replacing them. While Frankl saw similarities between his theories and those of Freud and Adler (founders of the other Viennese schools of therapy), he feels that their beliefs that the primary drivers of human existence are pleasure and power respectively, are flawed. Frankl feels that these drives are important, but that the main force driving man is his will to meaning. Frankl emphasizes that the use of this therapy is wide reaching, but that it can be supplemented with the views of other therapists in order to achieve mental health for all seeking treatment. He also makes it clear that logotherapy should be implemented in all cases, stating:

However, we will never succeed in having the patient overcome his condition if we have not supplemented the psychotherapeutic treatment with logotherapy. For

by filling the existential vacuum, the patient will be prevented from suffering further relapses. Therefore, logotherapy is indicated not only in noögenic cases, as pointed out above, but also in psychogenic cases, and sometimes even the somatogenic (pseudo-) neuroses. Viewed in this light, a statement once made by Magda B. Arnold is justified: 'Every therapy must in some way, no matter how restricted, also be logotherapy' (Frankl, 2006, pg. 108).

By explaining the importance of logotherapy in relation to other therapies, but also acknowledging the strengths of these treatment options, Frankl makes the point that each therapy has its uses, but that when used in concert with others they can offer the greatest amount of relief for those seeking help. With the reference to the existential vacuum (an idea presented by Frankl in his book and outlined in previous sections), as well as psychogenic cases (physical manifestations of mental illness) and somatogenic (physiological) neurosis, Frankl strengthens his argument that logotherapy has numerous applications.

It is also important to note what Frankl believes is most important in the treatment are the ideas of Paradoxical Intention, Dereflexion, and Socratic Dialogue, techniques which could be applied in conjunction with numerous therapies but which stem from logotherapy. These approaches are considered innovative, but advocates of logotherapy are hopeful of the outcomes associated with these techniques.

Paradoxical Intention can be described as a way to aid clients with PTSD get sleep that they often lack without the use of habit forming medications. While this is the use most associated with Paradoxical Intention, there are numerous potential applications for this treatment. For example, for veterans suffering from fear and anxiety related to their exposure to IEDs (Improvised Explosive Devices; commonly placed along roads and in areas with vehicle traffic) during their service this treatment would:

challenge clients with military-related PTSD to confront their fears regarding on-road travel through challenging clients to see how many times they can leave the relative safety of their homes for movement on roads via motor vehicles. The expectation of the veteran is that IEDs could be hidden in potholes, animal carcasses, and other clever places along their route; however, each time they make it to their destination and return home without encountering an IED, their anxiety and reluctance to driving should also decrease (Smith, 2012, pg. 6).

This part of logotherapy has distinct similarities to exposure therapy outlined in previous sections. By confronting their fears patients are able to address how realistic particular fears are, and in turn are able to readjust the expectation of certain events happening. When they do not encounter an IED in everyday driving, the expectation to encounter them, and the anxiety associated with this expectation, are likely to disappear.

Dereflection was present in Southwick's program in the form of community service. Dereflection allows patients to think more about how they can help those they are serving rather than obsess over the feelings associated with PTSD that they experience daily. While some treatment strategies advocate for the use of community service as a treatment, others believe that the benefit is not as clear. Some argue that community service "should not be required because few people understand the realities of self-less service in the defense of others more than military-members (Smith, 2012, pg. 6)." While the benefit of community service and Dereflection techniques within this population are debated by treatment specialists, there are no known or perceived downfalls to employing this technique.

The final technique that Frankl stresses as important for treatment of all mental health issues is Socratic Dialogue. Whether implemented with logotherapy or another technique he believes it is important that this form of talk therapy be used. Socratic Dialogue deals with the assumption that while a therapist is trained in ways to help care

for a patient, the only one able to address trauma and cope with experiences is the person who lived through them in the first place. According to Paul Welter, a popular therapist interested in how the search for meaning and other counseling techniques interact, “the therapist, in essence, does not presume to know the right solution for the client and accepts that the only one who truly knows how to cope is the client. This puts the client in a position of power and autonomy over his or her own reality. At this point, the client is sufficiently in control of his or her own perceptions regarding the traumatic event” (Smith, 2012, pg. 7). Multiple therapeutic approaches place power in the hands of the patient, feeling that without this autonomy mental health will be hard to achieve.

The use of logotherapy can easily be implemented with other programs in order to achieve mental health for patients seeking PTSD treatment. With a widespread array of treatment options the likelihood of individuals finding a way to move past their PTSD symptoms is increased. While logotherapy offers multiple options for those seeking relief, it is best to not narrow the scope of treatment and possibly miss a therapeutic option that would work for a veteran suffering from PTSD.

Summary of Main Points

- Many of the ideas presented by Viktor Frankl in logotherapy can be combined with other treatment options.
- Frankl believes that as long as the patient is the leader of the treatment that the ideas of Paradoxical Intention, Dereflection, and Socratic Dialogue can be applied to other treatments.
 - Paradoxical Intention aids clients in seeing that some particular fears are not worth fearing.

- Dereflection allows patients to see how they can help others rather than continue to obsess over their manifestations of PTSD.
- Socratic Dialogue: a therapist should be well trained, but should allow the patient to lead discussions and explore meanings in their life and find ways to cope.
- Frankl's belief was that it is important not to narrow the scope of possible treatments, so long as logotherapeutic practices are implemented in conjunction with others.
- Group therapy could be implemented following logotherapeutic beliefs (Southwick, 2006).
- Some of the logotherapeutic practices are outlined in order to make the use of medications unnecessary, but could offer some help to those already using medication.
- All options for treatment should be thoroughly explored in order to find the best fit for the service men and woman seeking treatment.

5. What limitations of logotherapy arise when applied to this population?

While logotherapy offers treatment options consistent with the needs most often associated with women army veterans seeking PTSD relief, it is not a cure all for each individual suffering from this disorder. Some treatments offer more relief for individual sufferers than logotherapy does. Because mental health is so individual and personal, it is impossible to have a treatment that works for each and every person without making changes to accommodate needs of each patient. For some there may be the need to supplement with other therapies, and for others logotherapy may not offer any relief at all.

Spirituality

Logotherapy was founded on the principles of spirituality, and is dependent on the assumption that spirituality is also a part of the patient's life. For some it is possible to find meaning without having defined spiritual beliefs, but Frankl argues that spirituality is the best way to find this meaning and the most successful.

Scope of the Problem

Logotherapy is also limited in the treatment of specific types of psychosis associated with PTSD, namely "in extreme cases in which individuals are experiencing severe psychotic states and reality testing is poor because of active hallucinations, delusional systems, or both, symptoms must be managed via other methods (e.g. medication) prior to application of logotherapeutic principles" (Schulenberg, Hutzell, Nassif, & Rogina, 2008, pg. 450). Before the administration of medications, symptoms may be too severe to treat. In these cases, logotherapeutic approaches could be applied after relief from symptoms is observed. While therapy could be delayed for the PTSD

sufferer, logotherapy may be beneficial for family and support groups during the beginning wait stage and offer relief for those struggling with how they can help their loved one.

Dependent on Active Participation

Logotherapy is also dependent on the whole-hearted participation of the individual seeking treatment. Without the conscious search for meaning, and the desire for symptom relief, there can be no cure for their PTSD. Logotherapy is concerned with the idea of attitude and changing one's perception of one's fate and the meaning of one's suffering. Without a conscious change in attitude there can be no relief. Frankl recalls an illustrative story showing how attitude alters one's perception of events, and how a pessimist cannot find happiness, stating:

The pessimist resembles a man who observes with fear and sadness that his wall calendar, from which he daily tears a sheet, grows thinner with each passing day. On the other hand, the person who attacks the problems of life actively is like a man who removes each successive leaf from his calendar and files it neatly and carefully away with its predecessors, after first having jotted down a few diary notes on the back. He can reflect with pride and joy on all the richness set down in these notes, on all the life he has already lived to the fullest. What will it matter to him if he notices that he is growing old? Has he any reason to envy the young people whom he sees, or wax nostalgic over his own lost youth? What reasons has he to envy a young person? For the possibilities that a young person has, the future which is in store for him? 'No, thank you,' he will think. 'Instead of possibilities, I have realities in my past, not only the reality of work done and love loved, but of sufferings bravely suffered. These sufferings are the things of which I am most proud, though these are things which cannot inspire envy' (Frankl, 2006, pg. 121-122).

For individuals unable to adopt this view on their lives and sufferings, logotherapy can offer only very limited relief from PTSD. This treatment, more than many others, is completely dependent on the willingness of patients to change their

attitudes and to confront their past. Significant limitations exist when this cannot be achieved.

Lack of Evidence

Another consideration is that logotherapy is a fairly new approach for treating mental health disorders such as PTSD. Little is shared among academic sources as to how the treatment could work in certain situations, and for this reason some limitations may be reached until more is known. Without more studies resembling those of Southwick, it is impossible to know the not yet apparent problems associated with the use of this therapy.

While supporters of logotherapy do not see logotherapy as limited, instead arguing that “each human being has internal resources, or strengths, that may be applied in any given situation” (Schulenberg et al., 2008, pg. 450), some limits do exist. Even though therapists believe that logotherapeutic treatment can work for anyone, its success is ultimately dependent upon the beliefs and perceptions of the patient. Even with this consideration, logotherapy offers significant hope for men and women United States Army Veterans seeking PTSD treatment, and should not be quickly deemed an insignificant option.

Summary of Main Points

- Logotherapy allows for the application of other therapeutic ideas or synthesis with other practices.
- It is mainly problematic when used with people who do not accept the core beliefs of the therapy.

- Logotherapy may not be a suitable treatment for those suffering from severe psychosis resulting from PTSD.
- Those unable to or unwilling to lead the search for meaning in their treatment may not find relief through this therapy.
- Unfortunately there is a lack of evidence supporting the use of this therapy for the treatment of PTSD among men and women service members, as it is a fairly new application of the therapy.
- More studies are necessary in order to see how the therapy can be used.
- Studies for use of this therapy should include larger treatment populations in order to see how well the therapy works for larger groups of people.
- There is little understanding of mental illness overall, and it is difficult to conclusively term someone “mentally healthy” after any treatment.

CONCLUSIONS

Frankl's work, *Man's Search for Meaning*, concludes with the statement "our generation is realistic, for we have come to know man as he really is. After all, man is that being who invented the gas chambers of Auschwitz; however, he is also that being who entered those gas chambers upright, with the Lord's Prayer or the Shema Yisrael on his lips" (Frankl, 2006, pg. 134). It is this sentiment which is reiterated again and again throughout this book. The idea that man is inimitably suited not only to seeking out meaning, but also to assigning specific meanings and justifying actions through meaning, is unique to logotherapy. For those experiencing mental health issues, relief may be found in an explanation of why they must have lived through suffering.

A therapy that was established with a foundation in suffering and unfathomable sacrifice is one uniquely suited to treating conditions associated with similar experiences. For United States Army veterans, logotherapy would offer relief through treatment that would address the root causes of PTSD associated with their time in the military. Due to the distinctive belief of logotherapy that suffering can be a conduit through which meaning is found, it could offer an alternative therapy better suited to finding justification of suffering experienced. It could also offer relief for those who feel a certain degree of guilt associated with their term of service in the military. Logotherapy would seek to establish a basis of mental health by reducing symptoms, and aiding the search for individual meaning in a life that is plagued by PTSD.

Consider the example of a woman returning from the most recent war in Afghanistan. During her time in the military she was part of an army transport convoy responsible for moving materials between towns and camps. As part of this transport

convoy she was responsible for the lives of those around her. Four months into her deployment she lost a close friend and fellow service member to a roadside explosion. Upon her return to the United States she was haunted by feelings she may have been able to do something to prevent the suffering of her friend. She no longer felt worthy of the family she returned to, and was unable to find joy as she previously had in parenting and her spouse. She felt somewhat responsible for the death of a close friend. With each positive experience she took part in upon her return, she was plagued by thoughts of how her friend could no longer see his family, no longer take part in activities that he once loved, or watch his children grow up. She was troubled by thoughts of her responsibility for his death, even though she was not blamable.

This story is not unrealistic. Every year according to the Pentagon nearly 180,000 people join the United States Army (Smith & Smith, 2013). As more people join the armed forces, more people are exposed to combat trauma and face the possible development of PTSD symptoms. Women are joining at increased rates. With this influx of women and the expansion of job possibilities within the military, more and more women are facing experiences which require them to not only make decisions that affect their immediate future, but also impact their mental well being in the long term. With the increasing number of women going into the military, and the growing incidence of PTSD within the population it is necessary to find a way to address the need for greater variety of therapies offered- not only for men, but women as well. Women are typically faced with more risk factors associated with the development of PTSD, and yet no changes have been made in the types of therapies offered in recent years.

Logotherapy offers a technique that would allow these veterans not only to address the experiences which influenced the development of PTSD symptoms, but also to find a way to move past them. Meaning can be found in the suffering of these individuals, as well as the love they feel for the country and family they are tasked with defending. Because of the ultimate sacrifice that these individuals make for the well being of not only those they care for, but also their country as a whole, it is necessary to make an effort to find a therapy that will offer them relief.

In order to limit the shortcomings of this therapy, it is necessary to implement an individualized treatment program for each veteran that focuses on their greatest chance to move past PTSD. For some, this may include not only logotherapy, but a synthesis of other treatment options.

Viktor Frankl offers insight into the human dimension of meaning. He outlines a therapy which can be implemented alone in a great number of cases, and argues that it will strengthen other therapies when implemented together with them. Due to the pillars of logotherapy, and their solid alignment with the needs of this focused population, it is important to implement logotherapy for the good of a population seeking relief from PTSD. Meaning can be found in the darkest of situations; it is the job of logotherapists to open our eyes to the search for meaning, and to guide patients through the treatment process with the hope of eventually reaching optimal mental health—a careful tension between what one has accomplished, and what one must still seek to achieve.

PERSONAL VIEWPOINTS

This project brought to light a subject which I believe to be of the greatest importance in our present day community. Mental health is an often neglected topic in the United States, typically stigmatized or forgotten in the search to cure more recognizable diseases. In areas which health care is easily accessed, those suffering from mental conditions are still neglected. This is especially true of diseases such as PTSD which have not always been considered a treatable condition. For all populations suffering from PTSD treatment is important, but one of the groups most near and dear to me, veterans, this is especially true.

My family has a deep and far reaching history of service in the various branches of the United States Military. Extending to the American Civil War a member of family has fought in nearly every war the United States of America has known. It is a family legend of questionable truth that our family was found on either side of the Civil War, leading to the changing of the Surcamp surname. The story is that two brothers, both Surcamp were fighting for opposite sides of the war. The father of these two men disowned both for their inability to agree and their willingness to fight their own families, leading to one brother changing his name from Surcamp to Surkamp.

The history of service extends past the Civil War. During World War II my great grandfather, William Remoir, served in the United States Army. On June 6, 1944 he was one of 73,000 men who followed orders to storm the beaches of Normandy in the infamous D-Day attack. Not only did he partake in this event, but as a member of the 101st infantry division he was one of the first members of the Army to land on the beach. I know little of his term of service other than that it was something that haunted him his

entire life. He was honorably discharged after fifteen years of service, the official reason was reported as shellshock (later to be known as PTSD) and nerve damage associated with his service. He spent his entire life unable to spend time in areas that would trigger episodes of PTSD, including areas in which camera flashes would remind him of gunfire. On his deathbed he was plagued by flashbacks of his service in Europe, especially the bombing of a civilian church that he witnessed. Following orders, members of his company bombed a church in which families were singing Christmas carols, a memory which haunted him every holiday. I am eternally grateful for the service my Great Grandpa Bill offered this country, but cannot help but wonder how his life would have been different had mental health services such as logotherapy been available to him.

My grandfather, Robert Chambers, as well as his brother, Christopher Chambers, served in the United States Marine Corps during the Vietnam War. My great uncle took my grandfather's tour of service in 1968 shortly after the birth of my aunt, and unfortunately was killed. My grandfather was tormented by guilt associated with this event, and suffered from PTSD and feelings of responsibility for the death of his brother. He experienced twenty years of alcoholism, for which he sought treatment in the early 1990's. He is a proud veteran to this day, but still has difficulty with the emotions surrounding these experiences.

With greater services available to these veterans it may be possible that family members or others that I personally know would have been able to move past the experiences that haunted them. My great grandfather may have found meaning in the lives that he had saved, and the deaths that he had prevented. He may have been able to acknowledge that his service in the military prevented someone else from suffering the

same fate he did. He did nothing but follow orders, but may have saved someone else from experiencing the same things he did. He also allowed his family to live a life in Oregon which would not have been possible if he did not have the income provided by the military. His sacrifice enabled my great aunt and great uncle to enroll in college and graduate with degrees, something that never would have been possible otherwise. The sacrifice of my great uncle in allowing my grandfather to stay home with his family rather than be deployed to Vietnam allowed my mother, aunts, and uncles to grow up with a father. He may have found meaning and relief in knowing that the sacrifice of his brother allowed him to be a father and provider for his family.

While these meanings do not reduce the suffering experienced, the realizations would allow those suffering to at least acknowledge that their experiences are unique to themselves, and that they may find meaning in them. I do not believe that all cases of PTSD can be cured, simply for the fact that one must believe treatment can help, and be willing to embark in the treatment in order to be able to find relief. I do however feel that by implementing various therapies there is a better chance that those suffering from PTSD would find relief in some form of therapy. Because there is not a singular approach to treatment it is important to explore various options and produce a individualized treatment for each person.

My interest in logotherapy began with a class through the Oregon State University Honors College. This course, instructed by Dr. Raymond Tricker, delved into the issues surrounding mental health in society. Not only did we discuss our experiences with mental health, we also discussed the stigma and other issues surrounding mental health services in our country and elsewhere. It was in this class, in a section addressing

resiliency that the book *Man's Search for Meaning* by Viktor Frankl was introduced. In my free time I decided to read the short work and was immediately absorbed in the subject matter. I had never before considered how one's perception of events can shape the way in which one responds to them. After reading the book and trying to understand all that Frankl had experienced I began wondering how his experience and ideas could be applied to specific mental health conditions. Due to my experiences with military related PTSD within my family, as well as my knowledge of the limited number of treatment options for this condition, I decided to investigate the special needs associated with this issue within the population of men and women United States Army Veterans. I chose this population after reading material that showed the greater incidence of PTSD in this population, as well as increased number of risk factors associated with the development of PTSD during their terms of service. Women make up a smaller percentage of the entire armed forces, but a much larger proportion of women develop mental illness after their terms of service, so their struggles were considered when writing this paper as well. I was interested in factors of service that influence this, and if women have special risks associated with the United States Army. After research involving PTSD overall, as well as reading literature associated with what veterans face in their service I decided to investigate how logotherapy would be suited to this population, while still considering the bigger picture for civilian uses in the future.

With this research I have come to believe that logotherapy would be an important type of therapy to implement, either alone or in supplement to other therapy options. One of the most unique and striking things about logotherapy is the way it was developed. Born from struggle and suffering, it does not have to seek a way to explain the human

emotions of grief, but instead is based solely upon them. For all veterans who have served in any branch of the military, sacrifices were made; it may have been in the sacrifice they made leaving their families or loved ones, or sacrifices made during their service. They may have had to sacrifice their morals or values to follow orders. They may have sacrificed their bodies, or in some cases their lives. For all, these experiences can lend meaning to a life that is otherwise considered meaningless, suffering from Frankl's idea of the existential vacuum. This is what makes logotherapy so unique. It does not assume that suffering is a purely detrimental experience, but rather something that presents an opportunity for growth. Suffering is not something unexpected when using logotherapy, rather something that is accounted for at the very basis of the therapy. It is interesting that such a therapy has not been used previously in order to address diseases of suffering.

This research project allowed me to investigate an issue that I found extremely interesting. I am incredibly concerned with the issue of mental health, and the lack of services offered to those suffering from mental illness. I feel that those suffering from mental illness are often neglected, and that not enough resources are allotted for the development of treatment options. It also allowed me to focus on a population which I feel is neglected, especially considering the great number of sacrifices the population must make. As the number of men and women entering the military grows or remains steady each year, especially with the expanding job opportunities placing service members in traumatic situations and the increasing risk of sexual assault in the military, it is important to readdress the services offered to veterans exiting the military. Logotherapy would not be beneficial to only veterans either; anyone suffering from

PTSD could benefit from exploring the source of their suffering, and how it has influenced their future.

This project also allowed me to think of future implications of the use of this treatment. If even one person suffering from PTSD can find relief through the use of logotherapy, would it not be worth implementing? While it would be beneficial to look toward prevention of mental illness, both for the sake of human suffering as well as monetary reasons, it is currently imperative that services be implemented for those already facing the reality of PTSD. It is important to prevent future cases of PTSD for those serving in the military, but it is also incredibly important that we address cases already present rather than continuing to neglect this population. Through the use of logotherapy relief from suffering associated with PTSD symptoms can be found for a greater number of men and woman United States Army veterans. A greater number of options for treatment would allow more sufferers to find relief. With more time and resources it would be interesting to see how a clinical trial could be designed in order to provide clinical relevance to the ideas presented by this research project. My hypothesis would be that through this treatment, service members who have been unable to find support may have a renewed opportunity to find relief from PTSD.

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