

Logotherapy as an Adjunctive Treatment for Chronic Combat-related PTSD: A Meaning-based Intervention

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Combat-related Post-traumatic Stress Disorder (PTSD) is often highly debilitating and affects nearly all areas of psychosocial functioning. Veterans with PTSD re-experience their traumas in the form of haunting intrusive memories, nightmares and flashbacks, and have chronic difficulty modulating arousal. As a way to cope with these symptoms, many survivors live isolated and avoidant lives, self-medicate with alcohol and substances of abuse, and numb themselves to emotional experiences and relationships with family and friends. Additionally, many combat veterans report survivor guilt, depression, affect dysregulation, and an altered world view in which fate is seen as uncontrollable and life is viewed as devoid of meaning. In this report we describe the use of logotherapy (healing through meaning) for the treatment of combat-related PTSD

Chronic combat-related Post-traumatic Stress Disorder (PTSD) is notoriously difficult to treat. While numerous therapeutic approaches have been tried in this population, success rates generally have been modest to moderate. Published therapeutic trials have included treatment with exposure therapies, cognitive processing therapies, psychodynamic psychotherapy, eye movement desensitization and reprocessing (EMDR), hypnotherapy, and pharmacotherapy (Foa et al., 2000, Silver SM and Rogers S, 2002, Wilson, Friedman and Lindy 2001). These therapies have primarily focused on the alleviation of specific symptoms of PTSD and of symptoms

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accompanying co-morbid psychiatric disorders. However, even when DSM symptoms respond to treatment, many veterans with PTSD, who have experienced the darkest side of human nature, are left with profound existential questions related to the loss of meaning in life. While less symptomatic, they may remain tormented and in some cases feel hopeless.

In this report we describe the use of logotherapy for the treatment of combat-related PTSD. Logotherapy is a meaning-centered psychotherapy that draws from the tradition of existential philosophy and is grounded in the professional work and extraordinary life experiences of its originator, Viktor Frankl. The literal meaning of logotherapy is “healing through meaning.” Logotherapy is sometimes referred to as the “third Viennese school of psychotherapy,” following Freud’s psychoanalysis and Adler’s individual psychology. Frankl rejected Freud’s notion of the pleasure principle and Adler’s concept of inferiority as the primary mechanisms motivating behavior, and believed that man, at his core, is motivated by a need to find meaning in life and that this need is primary rather than a “secondary rationalization” to drives.

Viktor Frankl developed his meaning-centered psychotherapy prior to World War II, but found his convictions later “tested” in the harshest of circumstances as an inmate for three years in four different Nazi concentration camps. He first wrote about these experiences in his book, *Man’s Search for Meaning* (Frankl 1959). Unlike the pessimism of other European existentialists and despite (or as Frankl might say, because of) his experiences, Frankl’s understanding of man is decidedly hopeful. Logotherapy is future-oriented, focuses on personal strengths and places responsibility for change on the patient. It has in common with later “transpersonal” psychologies, an emphasis on the human spirit and the notion that self-transcendence represents the height of human potential.

Several of the main tenets of logotherapy are expressed in what Frankl termed “tragic optimism,” optimism in the face of human suffering, guilt and even certain death. Tragic optimism encompasses the human potential to transform suffering into human achievement and guilt into meaningful action. Franklian psychotherapy directly addresses the dialectic of fate and freedom that may be expressed as follows: Even though we as human beings cannot often control the circumstances in our lives (fate), we can control our attitudes and responses to those circumstances. As one protégé of Frankl put it, “[T]he meaning of fate lies in our response to it. . . Chance decides what happens but we decide how to take it” (Lukas 2000).

Logotherapy is considered to be an adjunctive therapy, enhancing rather than supplanting other treatment approaches. Unlike traditional psychotherapies, which focus on psychopathology and psychological symptoms, logotherapy specifically addresses a patient's strengths and his or her personal search for meaning and purpose in life. As such, logotherapy does not specifically focus on symptoms, although symptom reduction may be the byproduct of a successful meaning-based therapy. Logotherapy is used across demographic and diagnostic categories and is particularly applicable when an individual faces an existential crisis.

Employing specific techniques, such as self-distancing (learning to gain distance from and observe the self), paradoxical intention (wishing for or doing that which is feared), Socratic dialogue (interviewing designed to elicit the patient's own wisdom), and dereflection (redirecting attention from the self toward other people or meaningful goals), logotherapy promotes the adoption of a radically optimistic view of human potential (Frankl's tragic optimism) and the ability to transcend the self through pursuit of meaning that is specific to one's own life. For Frankl, one can "find meaning in a deed, in a work, or in love" or by the attitude that one adopts to a predicament that cannot be changed (Frankl 1988).

During the past 5 years, the PTSD program of the Connecticut Veterans' Hospital has utilized logotherapy as one of its treatments for chronic combat-related PTSD. 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, an external locus of control, guilt and survivor 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 sense 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.

In our clinical experience, many veterans with PTSD live with profound doubts about the meaning of a life dominated by suffering, guilt and death. This loss of meaning and purpose has pronounced effects on all areas of psychosocial functioning. It is also our experience that many veterans, when given the opportunity, are eager to engage in discussion about existential struggles. In fact, many want these struggles to be

understood, and they frequently bring core issues of meaning into the therapeutic dialogue. It is our belief that logotherapy provides an effective and structured paradigm for addressing these critical issues and in so doing provides an opportunity for healing and growth.

We now present three clinical cases that describe the use of logotherapy for the treatment of chronic combat-related PTSD. The first case focuses on logotherapy as applied in an inpatient PTSD treatment program; the second as applied in outpatient group therapy; the third case describes its use in individual treatment. All patients described in the three cases met DSM-IV criteria for lifetime and current PTSD.

CASE 1

The PTSD inpatient unit provides a 4-month psychosocial rehabilitative program (PRRP) that has been designed with logotherapy as its philosophical base. All patients have chronic PTSD and most are Vietnam War combat veterans. Typically, patients 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 reduction and symptom management with varying degrees of success. Most patients, however, are psychiatrically disabled (receive Social Security Disability Income and/or military compensation) and suffer significant angst relative to feeling that their lives lack meaning and purpose. These patients elect this program because of its meaning-centered focus. At the time of admission, patients are sufficiently stable so as not to require intensive inpatient psychiatric treatment.

The goal of the PRRP is to help veterans reintegrate with their families and their communities. The program includes treatment groups that focus on PTSD psychoeducation, psychosocial skill building, substance abuse, anger management and relaxation techniques. All veterans are also evaluated by a physician and treated with psychotropics as needed. Five years ago, we added logotherapy as an adjunct to the unit's existing psychosocial rehabilitation therapy. Logotherapy is consistent with psychosocial rehabilitation therapy as the goals of helping patients with chronic PTSD live full lives, reconnect with family members and reintegrate into community life are all paths to greater meaning fulfillment.

The basic tenets of logotherapy are taught to patients during a 10-week-long group treatment called "PTSD, Mid-life and Meaning." At the beginning of each session, a quotation is handed out to all veterans. Each

group member studies the same quotation in silence for 5 minutes and then we begin a discussion, where each veteran comments on what the quotation means to him/her personally. Each quotation is designed to reflect a core principle of logotherapy such as freedom of will, personal responsibility for shaping character, attitudes toward fate, the will to meaning and meaning fulfillment, and transformation of suffering.

The first quotation was selected from the writings of Viktor Frankl. "We must never forget that we may also find meaning in life when confronted by a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves" (Frankl 1959, p. 135).

During this first session, the life of Viktor Frankl is briefly described and his philosophy of life discussed. Quotations during the remaining weeks focus on the challenges that one must face when attempting to change one's attitude and on methods for change that others have found helpful. For example, we recommend taking small steps, such as completing at least one action each day that one knows, in his "heart of hearts", is "good" and "right." We adhere to Aristotle's observation that progressive steps define one's destiny—repeated small actions that are "good" or "right" sow habits, habits sow character, and character sows a destiny. One of the quotations distributed during the weekly sessions comes from Helen Keller. "I long to accomplish a great and noble task, but it is my chief duty to accomplish small tasks as if they were great and noble." (Lynberg 1991, p 76). In addition to studying and discussing quotations, 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 the PTSD Rehabilitation Program and is currently working and enrolled in college. All these veterans struggle daily with their own trauma symptoms and with their own search for meaning.

As a key component of logotherapy, all veterans are required to participate in community service for at least 10 to 20 hours each week.

Community service is an integral part of the treatment, the purpose of which is to help veterans discover meaning through service to others, through creative endeavors, and through (re)discovering activities that offer enjoyment and personal fulfillment. Community service also helps veterans practice coping skills, reintegrate into community life, and counteract avoidant symptoms and institutionalization.

During orientation to community service, veterans are reminded that they are already experts in many respects: They are 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. We next pose the question, "What can you do and what will you do with your expertise?" Judith Herman has referred to this process as seeking a "survivor mission" which typically involves social action such as helping others who have been similarly victimized (Herman 1992, p. 207).

To assist veterans, we arrange community service settings that, in some way, call upon this special expertise. For example, veterans may tutor underprivileged school children, many of whom are exposed to violence and trauma in their inner city neighborhoods. Formerly homeless veterans may volunteer with Habitat for Humanity. Others have assisted elderly patients in one of the hospital's Nursing Care Home units or delivered Meals on Wheels to elderly shut-ins, who, like the veterans, tend to feel socially isolated and afraid. Following community service, veterans meet with staff for a scheduled processing group that focuses on ways to maximize learning and make meaning. The group also discusses any possible trauma-related symptoms that may have interfered with optimal learning and growth in the community service setting.

Consistent with the principles of logotherapy, we strongly believe that one path to healing involves participating in a worthy cause and in helping others who are in need. Often veterans enter the program believing that they must heal themselves before they can help others. However, our program operates on the belief that healing also comes from dedication to a worthy cause. In the words of Albert Einstein, "Only a life lived for others is worthwhile." In other words, by helping others one helps oneself.

Above the door of one of our group therapy rooms is the following inscription: "The dress rehearsal is over." The veterans have embraced this as the program's unofficial motto, one which challenges them to make their lives count and recast their experiences from the standpoint of a survivor, not a victim.

CASE 2

For the past several years, we have offered a weekly outpatient group that extends the logotherapy-based work of the residential program. Patients, who are receiving individual supportive psychotherapy and/or pharmacotherapy for chronic combat-related PTSD, are referred to the group, by their primary therapist in the hospital's outpatient mental health clinic, based on an identified need for adjunctive meaning-focused work. Some are graduates of the residential program (Case 1) and others have been treated in inpatient PTSD programs at other Veterans Hospitals; all group members receive concurrent psychiatric treatment in the outpatient mental health clinic. The group is open and ongoing with an average group size of six. Most dropouts have been due to relocating out of state; one dropout resulted from sustained substance relapse. Commitment to remaining sober is required of all group members.

Group members collaboratively develop and implement community service projects that are meaningful to members. Ideas for projects originate in brainstorming sessions. During the four years the group has existed, approximately ten projects have been undertaken. Some are annual (e.g., yearly holiday party for foster children and sponsoring a Little League team), some are ongoing (e.g., fundraising for a non-profit group that serves Cambodian refugees), and others are one-time (e.g., a weekend of helping a disabled veteran with home repairs). While the group is action-oriented and focused on meaning fulfillment, it also encompasses the elements of a traditional psychotherapy group, that is, using group process, reinforcing skills, exploring links between past and present, etc. The service work provides rich, "in the moment" experiences from which to explore issues of meaning and personal growth.

Projects tend to be generative, corrective, or redemptive and largely involve outreach to children, especially those who are disadvantaged, or others who have suffered trauma. The work carries personal significance and individualized meanings for each of the veterans. For example, the first project—a toy drive and holiday party for children in the foster care system—was meaningful to one veteran who had been abused as a child and wanted "the kids to know someone cares." For another group member, anguished over his inability as a soldier to help children orphaned by war, this work enabled him to effectively help children harmed by their circumstances. And, for a third veteran, the project provided a means for him to confront his regrets of not connecting with his own

children, due to longstanding trauma-related emotional numbing, and to work towards connection with his grandchildren.

Personal experiences of suffering, guilt, and loss in war are the impetus for much of the group's work. One group member, acting on his own, decided to devote a portion of his service-connected disability benefits to fund a partial scholarship in the name of his friend who died in Vietnam. This veteran, who has struggled with survivor guilt over the years, found a meaningful way to honor his friend who had planned to return to college after Vietnam.

The group's decision to raise money and provide support for a non-profit organization that aids Cambodian refugees arose from personal experiences of the horrors of war. One veteran felt called to action as restitution for the secret bombings of Cambodia by the United States that led to national instability in Cambodia and the rise of Pol Pot's brutal regime. Other veterans shared feelings of guilt about killing Vietnamese civilians or having to pull out of villages, thereby leaving inhabitants vulnerable to Viet Cong atrocities. One man regretted not having helped refugees after the fall of South Vietnam and saw this as "a second chance." Another veteran, who talked for the first time about defending against his guilt by continuing to dehumanize Vietnamese people, did not feel ready to help southeast Asians face-to-face, but did feel that taking part in fundraising allowed him to start facing his guilt and seeking redemption. Finally, a former medic, reclaiming a positive aspect of his military experience, felt committed to uphold the creed to help all in need.

Service work offers ways of transforming painful experiences into meaningful action. And, as these veterans age, they also tend to express normal concerns about the legacy they will leave. As one group member put it: "War is about destroying lives and everything beautiful. I was a kid then but now that I'm older, it just makes me want to create and build things and appreciate the beauty around me."

CASE 3

A 37-year-old Hispanic male presented for treatment at the urging of family members who found him irritable, angry, and anxious. Symptoms of PTSD started ten years earlier after his return from the Persian Gulf War where he had served as an ICU nurse for the United States Army. He initially addressed the symptoms by drinking alcohol but had become abstinent in the last few years. PTSD symptoms were related to his service in the Persian Gulf where his main duty was to care for injured Iraqi children: "The kids were missing their parts, arms, legs, and sometimes we

had to cut off a foot or a hand knowing they would be damaged goods with nowhere to go, not wanted.” He was horrified by the sight of their trauma and he felt helpless: “We had to watch a lot of them die. There was a refrigerator truck and half of the bodies were under the age of twelve.”

He reexperienced the trauma in the form of nightmares and flashbacks. Describing a three-year-old girl who had lost all her limbs, he lamented: “I see her face so vividly, like I was there, every day, just staring up at me, and I feel so helpless.” He was haunted by the vision and saw it as an unremitting reminder of his failure. Seeing these images inevitably led to panic symptoms including increased heart rate, shortness of breath, globus sensation, sweating, feeling the need to flee, fear of “going crazy”, de-realization. The panic attacks occurred many times per day.

He assiduously avoided all reminders of the Persian Gulf and although he had previously been drawn to pediatric nursing, he now found it intolerable. He felt detached and withdrew from other people: “Everything I do, I do alone. I haven’t been to a gathering of friends in years.” He saw his future as “nothing.”

He noted difficulty falling asleep, often lying in bed for hours, and he had frequent awakenings; total sleep was reduced to two to four hours per night despite pronounced daytime fatigue. Anger and irritability were increasing in intensity: “The littlest things set me off. I got pissed off at my boss and walked out for two days. I smashed my keyboard and my desk and almost broke my hand.” He was hypervigilant: “I’m on guard for days; I watch everything, everybody. I can’t sit in places like restaurants because I feel people watching me,” but denied other symptoms of paranoia or suspiciousness.

Our patient saw himself as weak, ineffective, powerless, out of control, and “on the verge of going crazy;” in fact, two weeks after the first visit, his girlfriend found him sitting outside in the rain, in his underwear, sobbing uncontrollably. He expressed a desire “just to see a future that is not all darkness.” He considered his service in the Gulf as worthless and himself a failure because he was unable to save many Iraqi children. He dreaded flashbacks and nightmares, continual reminders of his perceived inadequacies.

The initial therapeutic approach was supportive in nature. This included a detailed history, assessment of traumatic stress symptoms, the provision of a safe and protected environment, and discussions about current difficulties with anger, panic, irritability, re-experiencing symptoms and insomnia. Sertraline 200 mg/day helped decrease PTSD symptoms and divalproex 1500 mg/day reduced affect lability. While these

supportive and pharmacological interventions helped to stabilize our patient, he remained tormented and guilt-ridden about his Gulf War experiences. He saw life as meaningless.

Consistent with Frankl's desire for humanization of the healing process, the patient's treatment with logotherapy emphasized the importance of the encounter, the personal connection between the therapist and this patient. This was facilitated through the process of dereflection, shifting emphasis away from problems, symptoms, failures, and deficits, toward strengths, goals, solutions, and possibilities. The patient was able to consider a different perspective, shifting focus away from the children who died toward those who lived, and from himself as a weak person who experienced panic attacks toward one who persevered through this indignity in order to care for those in need.

Socratic questions attuned to the patient's struggles helped him to dereflect from symptoms, to realize that he was now strong enough to face his darkest fears, and to seek meaning through his suffering. Questions included: "What can you find that is worthwhile in these deeply painful experiences?" "What is worth working for? Living for?" "How can what you've learned help you deal more effectively with the future?" (Crumbaugh 1965).

Through Socratic dialogue, the patient began to realize that his most important goals were to be a good husband and father, and to serve others as a nurse; at the same time, he recognized that his current beliefs and feelings would hinder those goals. Searching for new perspectives, he came to understand that perhaps the visions of the limbless little girl were not curses from an angry God, but rather blessings reminding him of the great need for caretakers in the world. And the patient recognized that his own experience of feeling powerless in the face of illness and injury closely paralleled the feelings of his dying patients.

Logotherapy helped our patient to find a new sense of purpose in life and to attach new meaning to his military service. He recognized that more than most of his peers, he carried with him a sense of life's tragedy and an 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. He began to see himself as a strong person **because of** his symptoms, **succeeding against** the odds at school, work, and in his personal life despite bearing an enormous burden of anxiety that few of his colleagues would ever know. He started thinking of himself as a future father, planning to protect his children from the dangers of the world; he embraced this as a meaningful mission which

would give his life an important purpose. And most importantly, he came to believe that his own unique collection of experiences was essential to his existence and formed the basis of his sense of self and that he would not change them if given the opportunity: "People who had an easier life didn't turn out as well as me."

DISCUSSION

In this report, we have provided the rationale for and case examples of logotherapy as an adjunctive treatment for veterans with war-related PTSD. Each of the three examples describes logotherapy as a tool for addressing loss of meaning and purpose, a loss that frequently accompanies immersion in violent death and destruction and that affects all aspects of a survivor's life. By specifically focusing on trauma-related existential loss of meaning, logotherapy targets critical psychological issues that are often left largely unattended by traditional therapies.

Using examples from an inpatient rehabilitation program, an outpatient treatment group and an individual therapy case, we have attempted to demonstrate how logotherapy can be applied to the treatment of veterans with PTSD in a variety of therapeutic settings. Further, we have identified four core existential issues that veterans with PTSD typically contend with and that potentially serve as barriers to therapeutic change. These are a severely skewed external locus of control, a foreshortened sense of future, guilt and survivor guilt, and loss of meaning and purpose.

In these three cases the four core existential issues are addressed using therapist-guided, action-oriented interventions. First, in both inpatient and outpatient groups, shifts in locus of control are observed as veterans begin to view themselves less as victims of circumstances and more as agents of change. Volunteerism and group service work are effective in challenging deeply held beliefs about one's inability to effect change. As one veteran in the outpatient treatment group put it: "We came to this hospital initially to be taken care of as 'disabled veterans.' We're realizing more and more with each project we dream up and complete, that what we do really matters out there. You can see it in the faces of the people we help, especially the kids." One indicator of this group's success in helping members adopt a more internal locus of control is the group's transition from a therapist-led group to a more self-run entity. Group members now employ a "consultation model" where they call on staff and others outside of the group for guidance as needed. Another indicator of a shift in locus of control is the independent actions of some group members, for example, the member who initiated a college scholarship in his friend's honor.

Second, using a logotherapeutic approach, the debilitating feeling that death can occur at any moment (sense of foreshortened future) can be leveraged from a justification for inaction to a reason to act with heightened intention. The veterans in the inpatient rehabilitation program take to heart the inscription above the group therapy room door: "The dress rehearsal is over." A sense of foreshortened future becomes a catalyst for deciding on and acting upon the legacy one wishes to leave. This shift is typically gradual but apparent in statements veterans make. For example, a veteran in the inpatient program who volunteered as a school tutor and returned home on weekend passes said: "I never thought I'd look in the mirror and see a 52 year old staring back. Never dreamed I'd live this long and I feel like I've wasted a lot of time just waiting for the ax to fall. I think now that if I continue to practice doing that *one thing* every day that I know in my heart is right, maybe my life will have meant something. Those kids I tutor have taught me a lot about my own family and myself. They know when I'm supposed to arrive and they can't wait to see me and now I've got that with my grandkids. What's most important for me now is to be there for them, not let them down."

Third, the cases contain examples of veterans whose feelings of guilt now motivate them to take meaningful action. For example, the veteran who has quietly struggled with guilt feelings over not helping civilians in Vietnam, now finds "another chance" in helping Cambodian refugees. The veteran who initiated a scholarship in memory of his friend killed in combat, transforms his survivor guilt, ensuring that both of their lives count. In contrast, survivor guilt, when left unattended, often leads to feelings of despair and fuels acts of self-destruction. In the case of the veteran who initiated the scholarship, he feels his survivor guilt contributed to prior abuse of alcohol and believes that honoring his friend helps to keep him sober.

Finally, veterans' struggles with existential void and their desires for meaning fulfillment are hailed as central to treatment in the three case examples. In each case, through a variety of means, including Socratic dialogue, topical discussion using quotations, volunteerism, collective service projects, and group process, veterans are helped to understand disruptions in meaning and to (re)discover meanings. Meanings are highly individualized and specific to one's own life, as the cases illustrate, but share common themes. For example, for some veterans, meanings are found in reaching beyond oneself toward a cause or other people, particularly in ways that draw upon the veteran's own experience of trauma and suffering. The veteran who delivers Meals on Wheels to a frightened

elderly woman understands her fear at a deep level because of his own hypervigilance and fear. In this way his own symptoms facilitate his ability to empathically connect with her. Similarly, in the individual case example (case 3), the veteran comes to understand that his own suffering deepens his empathy and broadens his capacities as a nurse. Meaning can also be found in redemptive acts as the examples above illustrate. Additionally, volunteer work and service projects naturally open up opportunities for meaning with respect to family and community relationships. For example, tutoring kids, attending Little League games as the team sponsors, and throwing parties for foster children have each provided veterans opportunities for discovery (identifying regrets as a father or a son, discovering a playful side latent for many years) and connection (prizing a “second chance” with grandchildren). Meanings are found in newly discovered competencies; in the outpatient treatment group, each member contributes uniquely to the collective process and fills a valued role in the group (writer, spokesman, computer expert) in contrast to previous negative identities (“psych” patient, disabled veteran).

Certainly, many of the elements in the logotherapeutic approach to treating combat-related PTSD are not new. Both group cases (case 1 and case 2), for example, encompass many of the “therapeutic factors” known to be elements of effective group psychotherapy as identified by Irvin Yalom. These include: instillation of hope, universality, sharing of information, altruism, corrective recapitulations, socialization, imitative behaviors, interpersonal learning, catharsis, and what he terms “existential factors” (Yalom 1985).

The group models presented in the present report, however, differ somewhat from more traditional psychotherapy groups in two ways. First, while each of these therapeutic factors is important, four factors – hope, altruism, corrective experiences, and existential factors – are emphasized and intentionally evoked through therapist guided discussion and action-oriented interventions. Second, the action component extends the therapeutic frame in ways that we find effective both in helping veterans recognize their capacities and in offering new meaning potentials.

We believe that meaning-related issues are a central and neglected aspect of treatment and study in combat veterans with chronic PTSD. While these findings are preliminary and based on case examples and clinical observations alone, they suggest that research on use of logotherapy as an adjunctive treatment in addressing trauma-related existential loss of meaning merits further investigation. Logotherapeutic models of

treatment (individual and group, inpatient and outpatient) need to be further developed and studied.

Controlled studies should include measures of PTSD symptoms and comorbid conditions, such as depression and substance use, and psychosocial functioning. Valid and reliable instruments measuring subjective sense of well being, meaning and purpose, and “existential vacuum” are available and appropriate for use in research (Crumbaugh 1977, Crumbaugh et al., 1976, Hutzell 1989, Stark 1985). It is not yet clear whether the models presented here for combat-related PTSD will have utility in the treatment of other traumatized populations.

Finally, we have observed that when veterans express greater meaning fulfillment, they appear more accepting of and less deterred by their symptoms. We see a dramatic example of this in the outpatient group of veterans as they prepare for the yearly holiday party for foster children. Veterans who are highly phobic of crowds have proudly shared “war” stories of entering toy stores during the holiday rush, and enduring panic symptoms, while “on a mission” to locate a hard-to-find toy that a child really wants. Similarly, the veteran in the individual case (case 3) began to see his post-traumatic stress as a “heavy gift” and to view himself as a stronger person **because of** his symptoms. In our experience, logotherapy offers the combat veteran who struggles with existential issues, hope for “healing through meaning.”

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